

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

FORM APPROVED
OMB NO. 0938-0050

WORKSHEET S
PARTS I & II

| | | | | | | | | |
|--|---|--------------|---|----------------|---|-------------------------|---|------------------|
| HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX | I | PROVIDER NO: | I | PERIOD | I | INTERMEDIARY USE ONLY | I | DATE RECEIVED: |
| COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY | I | 14-1308 | I | FROM 5/ 1/2008 | I | --AUDITED --DESK REVIEW | I | / / |
| | I | | I | TO 4/30/2009 | I | --INITIAL --REOPENED | I | INTERMEDIARY NO: |
| | I | | I | | I | --FINAL 1-MCR CODE | I | |
| | | | | | | I 00 - # OF REOPENINGS | I | |

ELECTRONICALLY FILED COST REPORT DATE: 9/28/2009 TIME 12:16

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:
WASHINGTON COUNTY HOSPITAL 14-1308
FOR THE COST REPORTING PERIOD BEGINNING 5/ 1/2008 AND ENDING 4/30/2009 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

ECR ENCRYPTION INFORMATION
DATE: 9/28/2009 TIME 12:16

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PI ENCRYPTION INFORMATION
DATE: 9/28/2009 TIME 12:16

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OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

PART II - SETTLEMENT SUMMARY

| | TITLE V | A | TITLE XVIII | B | TITLE XIX | |
|-------|-----------------|---|-------------|----------|-----------|---|
| | 1 | 2 | 3 | 4 | | |
| 1 | HOSPITAL | 0 | 29,396 | -320,398 | | 0 |
| 3 | SWING BED - SNF | 0 | 49,394 | 0 | | 0 |
| 9 .02 | RHC III | 0 | 0 | 34,788 | | 0 |
| 100 | TOTAL | 0 | 78,790 | -285,610 | | 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.

MCRIF32 1.18.0.0 ~ 2552-96 20.0.118.0

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 705 SOUTH GRAND AVENUE P.O. BOX:
 CITY: NASHVILLE STATE: IL ZIP CODE: 62263- COUNTY: WASHINGTON

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

| COMPONENT 0 | COMPONENT NAME 1 | PROVIDER NO. 2 | NPI NUMBER 2.01 | DATE CERTIFIED 3 | PAYMENT SYSTEM (P,T,O OR N) | | |
|----------------------------|----------------------------|----------------|-----------------|------------------|-----------------------------|-----|---|
| | | | | | V XVIII | XIX | |
| 02.00 HOSPITAL | WASHINGTON COUNTY HOSPITAL | 14-1308 | | 12/ 1/2000 | N | 0 | 0 |
| 04.00 SWING BED - SNF | WASH. CO. SWING BEDS | 14-2308 | | 8/18/2000 | N | 0 | 0 |
| 08.00 HOSPITAL-BASED OLTC | WASH. CO. EXTENDED CARE | | | | | | |
| 14.02 HOSPITAL-BASED RHC 3 | GRAND STREET - RHC | 14-3472 | | 8/ 1/2005 | N | 0 | N |

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 5/ 1/2008 TO: 4/30/2009

18 TYPE OF CONTROL 1 2
11

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
20 SUBPROVIDER

OTHER INFORMATION

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

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

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

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

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

21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL; UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA \$5105 OR MIPPA \$147? (SEE INSTRUC) ENTER "Y" FOR YES, AND "N" FOR NO. N

21.07 DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MIPPA \$147? ENTER "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N

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

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

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

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

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

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

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

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

24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY) / /

24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /

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

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

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

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

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

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

25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(c)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS)
 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01.
 SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.

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

27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. Y 8/18/2000

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

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

| | 1 | 2 | 3 | 4 |
|-------|------|--------|--------|---|
| 28.02 | 0 | 0.0000 | 0.0000 | |
| | 0.00 | 0 | | |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

MISCELLANEOUS COST REPORT INFORMATION

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

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

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

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

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

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

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

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

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL V XVIII XIX
 36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) 1 2 3
 N N N

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

TITLE XIX INPATIENT SERVICES

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

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

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

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N
 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: 42,382
 PAID LOSSES: 0
 AND/OR SELF INSURANCE: 0
 54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N
 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N
 56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 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. DATE Y OR N LIMIT Y OR N FEES
 0 1 2 3 4
 N 0.00 0
 56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE. 0.00 0
 56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0
 56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0
 57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N
 58 ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. N
 58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).
 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

01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORTING PERIOD FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES AND "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(C)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3, (SEE INSTRUC). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COL. 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUC).

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MULTICAMPUS

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

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

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

SETTLEMENT DATA

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

/ /

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 9/27/2009
I 14-1308 I FROM 5/ 1/2008 I WORKSHEET S-3
I I TO 4/30/2009 I PART I

| COMPONENT | NO. OF BEDS | BED DAYS AVAILABLE | CAH HOURS | TITLE V | I/P DAYS / O/P VISITS / TRIPS | TITLE XVIII | NOT LTCH N/A | TITLE XIX | TOTAL |
|----------------------------------|-------------|--------------------|-----------|---------|-------------------------------|-------------|--------------|-----------|-------|
| | 1 | 2 | 2.01 | 3 | 4 | 4.01 | 5 | | |
| 1 ADULTS & PEDIATRICS | 25 | 9,125 | 10,979.00 | | 300 | | | 45 | |
| 2 HMO | | | | | | | | | |
| 2 01 HMO - (IRF PPS SUBPROVIDER) | | | | | | | | | |
| 3 ADULTS & PED-SB SNF | | | | | 1,580 | | | | |
| 4 ADULTS & PED-SB NF | | | | | | | | | |
| 5 TOTAL ADULTS AND PEDS | 25 | 9,125 | 10,979.00 | | 1,880 | | | 45 | |
| 11 NURSERY | | | | | | | | 22 | |
| 12 TOTAL | 25 | 9,125 | 10,979.00 | | 1,880 | | | 67 | |
| 13 RPCH VISITS | | | | | | | | | |
| 17 OTHER LONG TERM CARE | 33 | 12,045 | | | | | | | |
| 18 HOME HEALTH AGENCY | | | | | | | | | |
| 20 AMBULATORY SURGICAL CENTER (| | | | | | | | | |
| 21 HOSPICE | | | | | | | | | |
| 23 CORF | | | | | | | | | |
| 24 RURAL HEALTH CLINIC | | | | | | | | | |
| 24 01 RURAL HEALTH CLINIC 2 | | | | | | | | | |
| 24 02 RURAL HEALTH CLINIC 3 | | | | | 2,565 | | | | |
| 25 TOTAL | 58 | | | | | | | | |
| 26 OBSERVATION BED DAYS | | | | | | | | | 8 |
| 27 AMBULANCE TRIPS | | | | | | | | | |
| 28 EMPLOYEE DISCOUNT DAYS | | | | | | | | | |
| 28 01 EMP DISCOUNT DAYS -IRF | | | | | | | | | |

| COMPONENT | TITLE XIX OBSERVATION BEDS ADMITTED | I/P DAYS / NOT ADMITTED | O/P VISITS / TOTAL ALL PATS | / TRIPS / TOTAL OBSERVATION BEDS ADMITTED | DISCHARGES / NOT ADMITTED | INTERNS & RES. FTES / TOTAL | RES. FTES / LESS I&R REPL NON-PHYS ANES |
|----------------------------------|-------------------------------------|-------------------------|-----------------------------|---|---------------------------|-----------------------------|---|
| | 5.01 | 5.02 | 6 | 6.01 | 6.02 | 7 | 8 |
| 1 ADULTS & PEDIATRICS | | | 431 | | | | |
| 2 HMO | | | | | | | |
| 2 01 HMO - (IRF PPS SUBPROVIDER) | | | | | | | |
| 3 ADULTS & PED-SB SNF | | | 1,608 | | | | |
| 4 ADULTS & PED-SB NF | | | 108 | | | | |
| 5 TOTAL ADULTS AND PEDS | | | 2,147 | | | | |
| 11 NURSERY | | | 41 | | | | |
| 12 TOTAL | | | 2,188 | | | | |
| 13 RPCH VISITS | | | | | | | |
| 17 OTHER LONG TERM CARE | | | 11,081 | | | | |
| 18 HOME HEALTH AGENCY | | | | | | | |
| 20 AMBULATORY SURGICAL CENTER (| | | | | | | |
| 21 HOSPICE | | | | | | | |
| 23 CORF | | | | | | | |
| 24 RURAL HEALTH CLINIC | | | | | | | |
| 24 01 RURAL HEALTH CLINIC 2 | | | | | | | |
| 24 02 RURAL HEALTH CLINIC 3 | | | 9,321 | | | | |
| 25 TOTAL | | | | | | | |
| 26 OBSERVATION BED DAYS | | | 8 | | | 114 | |
| 27 AMBULANCE TRIPS | | | | | | | |
| 28 EMPLOYEE DISCOUNT DAYS | | | | | | | |
| 28 01 EMP DISCOUNT DAYS -IRF | | | | | | | |

| COMPONENT | I & R FTES NET | FULL TIME EMPLOYEES ON PAYROLL | EQUIV NONPAID WORKERS | TITLE V | DISCHARGES TITLE XVIII | TITLE XIX | TOTAL ALL PATIENTS |
|----------------------------------|----------------|--------------------------------|-----------------------|---------|------------------------|-----------|--------------------|
| | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| 1 ADULTS & PEDIATRICS | | | | | 105 | 23 | 173 |
| 2 HMO | | | | | | | |
| 2 01 HMO - (IRF PPS SUBPROVIDER) | | | | | | | |
| 3 ADULTS & PED-SB SNF | | | | | | | |
| 4 ADULTS & PED-SB NF | | | | | | | |
| 5 TOTAL ADULTS AND PEDS | | | | | | | |
| 11 NURSERY | | | | | | | |
| 12 TOTAL | | 114.76 | | | 105 | 23 | 173 |
| 13 RPCH VISITS | | | | | | | |
| 17 OTHER LONG TERM CARE | | 17.66 | | | | | 34 |
| 18 HOME HEALTH AGENCY | | | | | | | |
| 20 AMBULATORY SURGICAL CENTER (| | | | | | | |
| 21 HOSPICE | | | | | | | |
| 23 CORF | | | | | | | |
| 24 RURAL HEALTH CLINIC | | | | | | | |
| 24 01 RURAL HEALTH CLINIC 2 | | | | | | | |
| 24 02 RURAL HEALTH CLINIC 3 | | 12.86 | | | | | |
| 25 TOTAL | | 145.28 | | | | | |
| 26 OBSERVATION BED DAYS | | | | | | | |
| 27 AMBULANCE TRIPS | | | | | | | |
| 28 EMPLOYEE DISCOUNT DAYS | | | | | | | |
| 28 01 EMP DISCOUNT DAYS -IRF | | | | | | | |

RHC 3

ADDRESS AND IDENTIFICATION

1 STREET: 705 SOUTH GRAND AVENUE
 1.01 CITY: NASHVILLE STATE: IL ZIP CODE: 62263 COUNTY: WASHINGTON
 2 DESIGNATION (FOR FQHCs ONLY) - ENTER "R" FOR RURAL OR "U" FOR URBAN

SOURCE OF FEDERAL FUNDS:

| | GRANT AWARD | DATE |
|--|-------------|------|
| 3 COMMUNITY HEALTH CENTER (SECTION 339(d), PHS ACT) | 1 | 2 |
| 4 MIGRANT HEALTH CENTER (SECTION 329(d), PHS ACT) | | / / |
| 5 HEALTH SERVICES FOR THE HOMELESS (SECTION 340(d), PHS ACT) | | / / |
| 6 APPALACHIAN REGIONAL COMMISSION | | / / |
| 7 LOOK-ALIKES | | / / |
| 8 OTHER (SPECIFY) | | / / |

PHYSICIAN INFORMATION:

| | PHYSICIAN NAME | BILLING NUMBER |
|--|-----------------------|----------------|
| 9 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT | DR. ALFONSO URDANETA | L79586 |
| 9.01 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT | DR. MOHAMMED SIDDIQUI | K01625 |
| 9.02 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT | DR. KEITH JENKINS | K37095 |
| 9.03 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT | DR. MARC ZERBE | L87043 |
| 9.04 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT | KAREN KLEBBER | K14455 |
| 9.05 PHYSICIAN(S) FURNISHING SERVICES AT THE CLINIC OR UNDER AGREEMENT | RACHEL AHOLT | R03844 |

| | PHYSICIAN NAME | HOURS OF SUPERVISION |
|--|----------------|----------------------|
| 10 SUPERVISORY PHYSICIAN(S) AND HOURS OF SUPERVISION DURING PERIOD | | |

11 DOES THIS FACILITY OPERATE AS OTHER THAN AN RHC OR FQHC? IF YES, INDICATE NUMBER OF OTHER OPERATIONS IN COLUMN 2 (ENTER IN SUBSCRIPTS OF LINE 12 THE TYPE OF OTHER OPERATION(S) AND THE OPERATING HOURS.) N

FACILITY HOURS OF OPERATIONS (1)

| TYPE OPERATION | SUNDAY | | MONDAY | | TUESDAY | | WEDNESDAY | | THURSDAY | | FRIDAY | | SATURDAY | |
|----------------|--------|----|--------|------|---------|------|-----------|------|----------|------|--------|------|----------|----|
| | FROM | TO | FROM | TO | FROM | TO | FROM | TO | FROM | TO | FROM | TO | FROM | TO |
| 12 CLINIC | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| | | | 730 | 1900 | 730 | 1900 | 730 | 1900 | 730 | 1900 | 730 | 1900 | | |

(1) ENTER CLINIC HOURS OF OPERATIONS ON SUBSCRIPTS OF LINE 12 (BOTH TYPE AND HOURS OF OPERATION). LIST HOURS OF OPERATION BASED ON A 24 HOUR CLOCK. FOR EXAMPLE: 8:00AM IS 0800, 6:30PM IS 1830, AND MIDNIGHT IS 2400

HAVE YOU RECEIVED AN APPROVAL FOR AN EXCEPTION TO THE PRODUCTIVITY STANDARD? N

14 IS THIS A CONSOLIDATED COST REPORT DEFINED IN THE RURAL HEALTH CLINIC MANUAL? IF YES, ENTER IN COLUMN 2 THE NUMBER OF PROVIDERS INCLUDED IN THIS REPORT, COMPLETE LINE 15 AND COMPLETE ONLY ONE WORKSHEET SERIES M FOR THE CONSOLIDATED GROUP. IF NO, COMPLETE A SEPARATE WORKSHEET S-8 FOR EACH COMPONENT ACCOMPANIED BY A CORRESPONDING WORKSHEET M SERIES. N

15 PROVIDER NAME: PROVIDER NUMBER:

| | TITLE V | TITLE XVIII | TITLE XIX |
|--|---------|-------------|-----------|
| 16 HAVE YOU PROVIDED ALL OR SUBSTANTIALLY ALL GME COSTS. IF YES, ENTER IN COLUMNS 2, 3, AND 4 THE NUMBER OF PROGRAM VISITS PERFORMED BY INTERNS & RESIDENTS. | N | | |

17 HAS THE HOSPITALS' BED SIZE CHANGED TO LESS THAN 50 BEDS DURING THE YEAR FOR COST REPORTING PERIODS OVERLAPPING 7/1/2001? IF YES, SEE INSTRUCTIONS. N

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I 14-1308 I

I PERIOD: I FROM 5/ 1/2008 I TO 4/30/2009 I
I PREPARED 9/27/2009 I WORKSHEET A

| COST CENTER | COST CENTER DESCRIPTION | SALARIES 1 | OTHER 2 | TOTAL 3 | RECLASS- IFICATIONS 4 | RECLASSIFIED TRIAL BALANCE 5 |
|-------------|---|---------------|------------|------------|-----------------------------|------------------------------------|
| | GENERAL SERVICE COST CNTR | | | | | |
| 1 | 0100 OLD CAP REL COSTS-BLDG & FIXT | | | | | |
| 2 | 0200 OLD CAP REL COSTS-MVBLE EQUIP | | | | | |
| 3 | 0300 NEW CAP REL COSTS-BLDG & FIXT | | | | | 343,544 |
| 4 | 0400 NEW CAP REL COSTS-MVBLE EQUIP | | | | | 430,050 |
| 5 | 0500 EMPLOYEE BENEFITS | 60,060 | 1,302,169 | 1,362,229 | | 1,362,229 |
| 6 | 0600 ADMINISTRATIVE & GENERAL | 956,625 | 857,732 | 1,814,357 | 121,276 | 1,935,633 |
| 7 | 0700 MAINTENANCE & REPAIRS | 115,900 | 442,834 | 558,734 | | 558,734 |
| 9 | 0900 LAUNDRY & LINEN SERVICE | | 84,958 | 84,958 | | 84,958 |
| 10 | 1000 HOUSEKEEPING | 188,799 | 32,385 | 221,184 | | 221,184 |
| 11 | 1100 DIETARY | 206,332 | 182,199 | 388,531 | -135,597 | 252,934 |
| 12 | 1200 CAFETERIA | | | | 135,597 | 135,597 |
| 14 | 1400 NURSING ADMINISTRATION | 80,841 | 1,272 | 82,113 | | 82,113 |
| 15 | 1500 CENTRAL SERVICES & SUPPLY | 56,776 | 186,818 | 243,594 | -175,269 | 68,325 |
| 16 | 1600 PHARMACY | 124,707 | 562,052 | 686,759 | -532,812 | 153,947 |
| 17 | 1700 MEDICAL RECORDS & LIBRARY | 172,733 | 23,563 | 196,296 | | 196,296 |
| 18 | 1800 SOCIAL SERVICE | | | | 3,794 | 3,794 |
| 20 | 2000 NONPHYSICIAN ANESTHETISTS | 202,806 | | 202,806 | | 202,806 |
| 25 | 2500 ADULTS & PEDIATRICS | 844,365 | 39,716 | 884,081 | -37,338 | 846,743 |
| 33 | 3300 NURSERY | | 244 | 244 | 16,180 | 16,424 |
| 36 | 3600 OTHER LONG TERM CARE | 499,273 | 27,681 | 526,954 | | 526,954 |
| | ANCILLARY SRVC COST CNTRS | | | | | |
| 37 | 3700 OPERATING ROOM | 241,030 | 116,754 | 357,784 | | 357,784 |
| 38 | 3800 RECOVERY ROOM | | | | | |
| 39 | 3900 DELIVERY ROOM & LABOR ROOM | | 795 | 795 | 17,364 | 18,159 |
| 40 | 4000 ANESTHESIOLOGY | | 108,642 | 108,642 | | 108,642 |
| 41 | 4100 RADIOLOGY-DIAGNOSTIC | 235,879 | 374,047 | 609,926 | 20,280 | 630,206 |
| 42 | 4200 RADIOLOGY-THERAPEUTIC | | | | | |
| 42.01 | 4201 ONCOLOGY | | | | | |
| 44 | 4400 LABORATORY | 289,115 | 413,861 | 702,976 | | 702,976 |
| 49 | 4900 RESPIRATORY THERAPY | 32,362 | 44,526 | 76,888 | | 76,888 |
| 50 | 5000 PHYSICAL THERAPY | 586,229 | 11,996 | 598,225 | | 598,225 |
| 51 | 5100 OCCUPATIONAL THERAPY | | | | | |
| 51.01 | 5101 CARDIAC REHAB | 13,778 | 735 | 14,513 | | 14,513 |
| 53 | 5300 ELECTROCARDIOLOGY | 6,694 | 14,247 | 20,941 | | 20,941 |
| 55 | 5500 MEDICAL SUPPLIES CHARGED TO PATIENTS | | | | 175,269 | 175,269 |
| 56 | 5600 DRUGS CHARGED TO PATIENTS | | | | 532,812 | 532,812 |
| 59 | 3550 OP GERO PSYCH | | 2,084 | 2,084 | | 2,084 |
| | OUTPAT SERVICE COST CNTRS | | | | | |
| | EMERGENCY | 277,403 | 933,970 | 1,211,373 | | 1,211,373 |
| 62 | 6200 OBSERVATION BEDS (NON-DISTINCT PART) | | | | | |
| 63 | 4950 OTHER OUTPATIENT SERVICE COST CENTER | | | | | |
| 63.50 | 6310 RURAL HEALTH CLINIC | | | | | |
| 63.51 | 6311 RURAL HEALTH CLINIC 2 | | | | | |
| 63.52 | 6312 RURAL HEALTH CLINIC 3 | 1,468,546 | 213,506 | 1,682,052 | -141,556 | 1,540,496 |
| | OTHER REIMBURS COST CNTRS | | | | | |
| 64 | 6400 HOME PROGRAM DIALYSIS | | | | | |
| 65 | 6500 AMBULANCE SERVICES | | | | | |
| 66 | 6600 DURABLE MEDICAL EQUIP-RENTED | | | | | |
| 67 | 6700 DURABLE MEDICAL EQUIP-SOLD | | | | | |
| 69 | 6900 CORF | | | | | |
| 70 | 7000 I&R SERVICES-NOT APPRVD PRGM | | | | | |
| 71 | 7100 HOME HEALTH AGENCY | | | | | |
| | SPEC PURPOSE COST CENTERS | | | | | |
| 82 | 8200 LUNG ACQUISITION | | | | | |
| 83 | 8300 KIDNEY ACQUISITION | | | | | |
| 84 | 8400 LIVER ACQUISITION | | | | | |
| 85 | 8500 HEART ACQUISITION | | | | | |
| 85.01 | 8510 PANCREAS ACQUISITION | | | | | |
| 86 | 8600 OTHER ORGAN ACQUISITION | | | | | |
| 88 | 8800 INTEREST EXPENSE | | | | | |
| 89 | 8900 UTILIZATION REVIEW-SNF | | | | | |
| 90 | 9000 OTHER CAPITAL RELATED COSTS | | | | | |
| 92 | 9200 AMBULATORY SURGICAL CENTER (D.P.) | | | | | |
| 93 | 9300 HOSPICE | | | | | |
| 95 | SUBTOTALS | 6,660,253 | 6,752,380 | 13,412,633 | -0- | 13,412,633 |
| | NONREIMBURS COST CENTERS | | | | | |
| 96 | 9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN | | | | | |
| 96.02 | 9602 UNUSED SPACE | | | | | |
| 96.03 | 9603 NON-REIMBURSABLE HOME HEALTH | | | | | |
| 96.04 | 9604 OUTPATIENT CLINIC | 7,344 | 6,159 | 13,503 | | 13,503 |
| 97 | 9700 RESEARCH | | | | | |
| 98 | 9800 PHYSICIANS' PRIVATE OFFICES | | | | | |
| 98.01 | 9801 PHYSICIANS' CLINIC | | | | | |
| 98.02 | 9802 WASHINGTON COUNTY HEALTH CENT | | | | | |
| 99 | 9900 NONPAID WORKERS | | | | | |
| 101 | TOTAL | 6,667,597 | 6,758,539 | 13,426,136 | -0- | 13,426,136 |

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I
I 14-1308 I
I I

I PERIOD: I PREPARED 9/27/2009
I FROM 5/ 1/2008 I WORKSHEET A
I TO 4/30/2009 I

| COST CENTER | COST CENTER DESCRIPTION | ADJUSTMENTS | NET EXPENSES FOR ALLOC |
|-------------|---|-------------|------------------------|
| | | 6 | 7 |
| | GENERAL SERVICE COST CNTR | | |
| 1 | 0100 OLD CAP REL COSTS-BLDG & FIXT | | |
| 2 | 0200 OLD CAP REL COSTS-MVBLE EQUIP | | |
| 3 | 0300 NEW CAP REL COSTS-BLDG & FIXT | | 343,544 |
| 4 | 0400 NEW CAP REL COSTS-MVBLE EQUIP | | 430,050 |
| 5 | 0500 EMPLOYEE BENEFITS | -16,841 | 1,345,388 |
| 6 | 0600 ADMINISTRATIVE & GENERAL | -6,760 | 1,928,873 |
| 7 | 0700 MAINTENANCE & REPAIRS | | 558,734 |
| 9 | 0900 LAUNDRY & LINEN SERVICE | | 84,958 |
| 10 | 1000 HOUSEKEEPING | | 221,184 |
| 11 | 1100 DIETARY | | 252,934 |
| 12 | 1200 CAFETERIA | -28,511 | 107,086 |
| 14 | 1400 NURSING ADMINISTRATION | | 82,113 |
| 15 | 1500 CENTRAL SERVICES & SUPPLY | | 68,325 |
| 16 | 1600 PHARMACY | | 153,947 |
| 17 | 1700 MEDICAL RECORDS & LIBRARY | -1,548 | 194,748 |
| 18 | 1800 SOCIAL SERVICE | | 3,794 |
| 20 | 2000 NONPHYSICIAN ANESTHETISTS | | 202,806 |
| 25 | 2500 ADULTS & PEDIATRICS | | 846,743 |
| 33 | 3300 NURSERY | -75 | 16,349 |
| 36 | 3600 OTHER LONG TERM CARE | | 526,954 |
| | ANCILLARY SRVC COST CNTRS | | |
| 37 | 3700 OPERATING ROOM | | 357,784 |
| 38 | 3800 RECOVERY ROOM | | |
| 39 | 3900 DELIVERY ROOM & LABOR ROOM | | 18,159 |
| 40 | 4000 ANESTHESIOLOGY | | 108,642 |
| 41 | 4100 RADIOLOGY-DIAGNOSTIC | -9,873 | 620,333 |
| 42 | 4200 RADIOLOGY-THERAPEUTIC | | |
| 42.01 | 4201 ONCOLOGY | | |
| 44 | 4400 LABORATORY | -21,478 | 681,498 |
| 49 | 4900 RESPIRATORY THERAPY | | 76,888 |
| 50 | 5000 PHYSICAL THERAPY | | 598,225 |
| 51 | 5100 OCCUPATIONAL THERAPY | | |
| 51.01 | 5101 CARDIAC REHAB | | 14,513 |
| 53 | 5300 ELECTROCARDIOLOGY | -12,867 | 8,074 |
| 55 | 5500 MEDICAL SUPPLIES CHARGED TO PATIENTS | | 175,269 |
| 56 | 5600 DRUGS CHARGED TO PATIENTS | | 532,812 |
| 3 | 3550 OP GERO PSYCH | | 2,084 |
| | OUTPAT SERVICE COST CNTRS | | |
| 6100 | EMERGENCY | -145,802 | 1,065,571 |
| 62 | 6200 OBSERVATION BEDS (NON-DISTINCT PART) | | |
| 63 | 4950 OTHER OUTPATIENT SERVICE COST CENTER | | |
| 63.50 | 6310 RURAL HEALTH CLINIC | | |
| 63.51 | 6311 RURAL HEALTH CLINIC 2 | | |
| 63.52 | 6312 RURAL HEALTH CLINIC 3 | -95,512 | 1,444,984 |
| | OTHER REIMBURS COST CNTRS | | |
| 64 | 6400 HOME PROGRAM DIALYSIS | | |
| 65 | 6500 AMBULANCE SERVICES | | |
| 66 | 6600 DURABLE MEDICAL EQUIP-RENTED | | |
| 67 | 6700 DURABLE MEDICAL EQUIP-SOLD | | |
| 69 | 6900 CORF | | |
| 70 | 7000 I&R SERVICES-NOT APPRVD PRGM | | |
| 71 | 7100 HOME HEALTH AGENCY | | |
| | SPEC PURPOSE COST CENTERS | | |
| 82 | 8200 LUNG ACQUISITION | | |
| 83 | 8300 KIDNEY ACQUISITION | | |
| 84 | 8400 LIVER ACQUISITION | | |
| 85 | 8500 HEART ACQUISITION | | |
| 85.01 | 8510 PANCREAS ACQUISITION | | |
| 86 | 8600 OTHER ORGAN ACQUISITION | | |
| 88 | 8800 INTEREST EXPENSE | | -0- |
| 89 | 8900 UTILIZATION REVIEW-SNF | | -0- |
| 90 | 9000 OTHER CAPITAL RELATED COSTS | | -0- |
| 92 | 9200 AMBULATORY SURGICAL CENTER (D.P.) | | |
| 93 | 9300 HOSPICE | | |
| 95 | SUBTOTALS | -339,267 | 13,073,366 |
| | NONREIMBURS COST CENTERS | | |
| 96 | 9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN | | |
| 96.02 | 9602 UNUSED SPACE | | |
| 96.03 | 9603 NON-REIMBURSABLE HOME HEALTH | | |
| 96.04 | 9604 OUTPATIENT CLINIC | | 13,503 |
| 97 | 9700 RESEARCH | | |
| 98 | 9800 PHYSICIANS' PRIVATE OFFICES | | |
| 98.01 | 9801 PHYSICIANS' CLINIC | | |
| 98.02 | 9802 WASHINGTON COUNTY HEALTH CENT | | |
| 99 | 9900 NONPAID WORKERS | | |
| 101 | TOTAL | -339,267 | 13,086,869 |

| LINE NO. | COST CENTER DESCRIPTION | CMS CODE | STANDARD LABEL FOR NON-STANDARD CODES |
|----------|--------------------------------------|----------|---------------------------------------|
| | GENERAL SERVICE COST | | |
| | OLD CAP REL COSTS-BLDG & FIXT | 0100 | |
| 2 | OLD CAP REL COSTS-MVBLE EQUIP | 0200 | |
| 3 | NEW CAP REL COSTS-BLDG & FIXT | 0300 | |
| 4 | NEW CAP REL COSTS-MVBLE EQUIP | 0400 | |
| 5 | EMPLOYEE BENEFITS | 0500 | |
| 6 | ADMINISTRATIVE & GENERAL | 0600 | |
| 7 | MAINTENANCE & REPAIRS | 0700 | |
| 9 | LAUNDRY & LINEN SERVICE | 0900 | |
| 10 | HOUSEKEEPING | 1000 | |
| 11 | DIETARY | 1100 | |
| 12 | CAFETERIA | 1200 | |
| 14 | NURSING ADMINISTRATION | 1400 | |
| 15 | CENTRAL SERVICES & SUPPLY | 1500 | |
| 16 | PHARMACY | 1600 | |
| 17 | MEDICAL RECORDS & LIBRARY | 1700 | |
| 18 | SOCIAL SERVICE | 1800 | |
| 20 | NONPHYSICIAN ANESTHETISTS | 2000 | |
| | INPAT ROUTINE SRVC C | | |
| 25 | ADULTS & PEDIATRICS | 2500 | |
| 33 | NURSERY | 3300 | |
| 36 | OTHER LONG TERM CARE | 3600 | |
| | ANCILLARY SRVC COST | | |
| 37 | OPERATING ROOM | 3700 | |
| 38 | RECOVERY ROOM | 3800 | |
| 39 | DELIVERY ROOM & LABOR ROOM | 3900 | |
| 40 | ANESTHESIOLOGY | 4000 | |
| 41 | RADIOLOGY-DIAGNOSTIC | 4100 | |
| 42 | RADIOLOGY-THERAPEUTIC | 4200 | |
| 42.01 | ONCOLOGY | 4201 | RADIOLOGY-THERAPEUTIC |
| 44 | LABORATORY | 4400 | |
| 49 | RESPIRATORY THERAPY | 4900 | |
| 50 | PHYSICAL THERAPY | 5000 | |
| 51 | OCCUPATIONAL THERAPY | 5100 | |
| 51.01 | CARDIAC REHAB | 5101 | OCCUPATIONAL THERAPY |
| 53 | ELECTROCARDIOLOGY | 5300 | |
| 55 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 5500 | |
| 56 | DRUGS CHARGED TO PATIENTS | 5600 | |
| 59 | OP GERO PSYCH | 3550 | PSYCHIATRIC/PSYCHOLOGICAL SERVICES |
| | OUTPAT SERVICE COST | | |
| | EMERGENCY | 6100 | |
| | OBSERVATION BEDS (NON-DISTINCT PART) | 6200 | |
| 63 | OTHER OUTPATIENT SERVICE COST CENTER | 4950 | OTHER OUTPATIENT SERVICE COST CENTER |
| 63.50 | RURAL HEALTH CLINIC | 6310 | RURAL HEALTH CLINIC ##### |
| 63.51 | RURAL HEALTH CLINIC 2 | 6311 | RURAL HEALTH CLINIC ##### |
| 63.52 | RURAL HEALTH CLINIC 3 | 6312 | RURAL HEALTH CLINIC ##### |
| | OTHER REIMBURS COST | | |
| 64 | HOME PROGRAM DIALYSIS | 6400 | |
| 65 | AMBULANCE SERVICES | 6500 | |
| 66 | DURABLE MEDICAL EQUIP-RENTED | 6600 | |
| 67 | DURABLE MEDICAL EQUIP-SOLD | 6700 | |
| 69 | CORF | 6900 | |
| 70 | I&R SERVICES-NOT APPRVD PRGM | 7000 | |
| 71 | HOME HEALTH AGENCY | 7100 | |
| | SPEC PURPOSE COST CE | | |
| 82 | LUNG ACQUISITION | 8200 | |
| 83 | KIDNEY ACQUISITION | 8300 | |
| 84 | LIVER ACQUISITION | 8400 | |
| 85 | HEART ACQUISITION | 8500 | |
| 85.01 | PANCREAS ACQUISITION | 8510 | |
| 86 | OTHER ORGAN ACQUISITION | 8600 | |
| 88 | INTEREST EXPENSE | 8800 | |
| 89 | UTILIZATION REVIEW-SNF | 8900 | |
| 90 | OTHER CAPITAL RELATED COSTS | 9000 | |
| 92 | AMBULATORY SURGICAL CENTER (D.P.) | 9200 | |
| 93 | HOSPICE | 9300 | |
| 95 | SUBTOTALS | | OLD CAP REL COSTS-BLDG & FIXT |
| | NONREIMBURS COST CEN | | |
| 96 | GIFT, FLOWER, COFFEE SHOP & CANTEEN | 9600 | |
| 96.02 | UNUSED SPACE | 9602 | GIFT, FLOWER, COFFEE SHOP & CANTEEN |
| 96.03 | NON-REIMBURSABLE HOME HEALTH | 9603 | GIFT, FLOWER, COFFEE SHOP & CANTEEN |
| 96.04 | OUTPATIENT CLINIC | 9604 | GIFT, FLOWER, COFFEE SHOP & CANTEEN |
| 97 | RESEARCH | 9700 | |
| 98 | PHYSICIANS' PRIVATE OFFICES | 9800 | |
| 98.01 | PHYSICIANS' CLINIC | 9801 | PHYSICIANS' PRIVATE OFFICES |
| 98.02 | WASHINGTON COUNTY HEALTH CENT | 9802 | PHYSICIANS' PRIVATE OFFICES |
| 99 | NONPAID WORKERS | 9900 | |
| 101 | TOTAL | | OLD CAP REL COSTS-BLDG & FIXT |

RECLASSIFICATIONS

| | | |
|------------------------|---|-------------------------------------|
| PROVIDER NO: 141308 | PERIOD: FROM 5/ 1/2008 TO 4/30/2009 | PREPARED 9/27/2009 WORKSHEET A-6 |
|------------------------|---|-------------------------------------|

| EXPLANATION OF RECLASSIFICATION | INCREASE | | | | |
|---------------------------------------|-------------|--------------------------------------|------------|---------|---------|
| | CODE (1) | COST CENTER | LINE NO | SALARY | OTHER |
| | 1 | 2 | 3 | 4 | 5 |
| 1 TO RECLASS DRUG COST | A | DRUGS CHARGED TO PATIENTS | 56 | | 532,812 |
| 2 TO RECLASS MED SUPPLY | B | MEDICAL SUPPLIES CHARGED TO PATIENTS | 55 | | 175,269 |
| 3 TO RECLASS CAFE COST | C | CAFETERIA | 12 | 72,010 | 63,587 |
| 4 TO RECLASS SOCIAL SVC | D | SOCIAL SERVICE | 18 | 3,794 | |
| 5 TO RECLASS DIRECTOR'S SALARY | E | RADIOLOGY-DIAGNOSTIC | 41 | 20,280 | |
| 6 TO RECLASS PROF LIABILITY INSURANCE | F | ADMINISTRATIVE & GENERAL | 6 | | 141,556 |
| 7 L&D AND NURSERY | G | NURSERY | 33 | 16,180 | |
| 8 | | DELIVERY ROOM & LABOR ROOM | 39 | 17,364 | |
| 36 TOTAL RECLASSIFICATIONS | | | | 129,628 | 913,224 |

(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:
141308

PERIOD:
FROM 5/ 1/2008
TO 4/30/2009

PREPARED 9/27/2009
WORKSHEET A-6

| EXPLANATION OF RECLASSIFICATION | CODE | | DECREASE | | SALARY | OTHER | A-7 REF 10 |
|---------------------------------------|------|-------------|------------|--|---------|---------|------------------|
| | (1) | COST CENTER | LINE NO | | | | |
| 1 TO RECLASS DRUG COST | A | 6 | 16 | | | 532,812 | |
| 2 TO RECLASS MED SUPPLY | B | | 15 | | | 175,269 | |
| 3 TO RECLASS CAFE COST | C | | 11 | | 72,010 | 63,587 | |
| 4 TO RECLASS SOCIAL SVC | D | | 25 | | 3,794 | | |
| 5 TO RECLASS DIRECTOR'S SALARY | E | | 6 | | 20,280 | | |
| 6 TO RECLASS PROF LIABILITY INSURANCE | F | | 63.52 | | | 141,556 | |
| 7 L&D AND NURSERY | G | | 25 | | 33,544 | | |
| 36 TOTAL RECLASSIFICATIONS | | | | | 129,628 | 913,224 | |

(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: 141308

PERIOD: FROM 5/ 1/2008 TO 4/30/2009

PREPARED 9/27/2009 WORKSHEET A-6 NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : TO RECLASS DRUG COST

Table with 4 columns: LINE, COST CENTER, LINE, AMOUNT. Shows increase for DRUGS CHARGED TO PATIENTS (56) totaling 532,812.

Table with 4 columns: COST CENTER, LINE, AMOUNT. Shows decrease for PHARMACY (16) totaling 532,812.

RECLASS CODE: B
EXPLANATION : TO RECLASS MED SUPPLY

Table with 4 columns: LINE, COST CENTER, LINE, AMOUNT. Shows increase for MEDICAL SUPPLIES CHARGED TO PA (55) totaling 175,269.

Table with 4 columns: COST CENTER, LINE, AMOUNT. Shows decrease for CENTRAL SERVICES & SUPPLY (15) totaling 175,269.

RECLASS CODE: C
EXPLANATION : TO RECLASS CAFE COST

Table with 4 columns: LINE, COST CENTER, LINE, AMOUNT. Shows increase for CAFETERIA (12) totaling 135,597.

Table with 4 columns: COST CENTER, LINE, AMOUNT. Shows decrease for DIETARY (11) totaling 135,597.

RECLASS CODE: D
EXPLANATION : TO RECLASS SOCIAL SVC

Table with 4 columns: LINE, COST CENTER, LINE, AMOUNT. Shows increase for SOCIAL SERVICE (18) totaling 3,794.

Table with 4 columns: COST CENTER, LINE, AMOUNT. Shows decrease for ADULTS & PEDIATRICS (25) totaling 3,794.

RECLASS CODE: E
EXPLANATION : TO RECLASS DIRECTOR'S SALARY

Table with 4 columns: LINE, COST CENTER, LINE, AMOUNT. Shows increase for RADIOLOGY-DIAGNOSTIC (41) totaling 20,280.

Table with 4 columns: COST CENTER, LINE, AMOUNT. Shows decrease for ADMINISTRATIVE & GENERAL (6) totaling 20,280.

RECLASS CODE: F
EXPLANATION : TO RECLASS PROF LIABILITY INSURANCE

Table with 4 columns: LINE, COST CENTER, LINE, AMOUNT. Shows increase for ADMINISTRATIVE & GENERAL (6) totaling 141,556.

Table with 4 columns: COST CENTER, LINE, AMOUNT. Shows decrease for RURAL HEALTH CLINIC 3 (63.52) totaling 141,556.

RECLASS CODE: G
EXPLANATION : L&D AND NURSERY

Table with 4 columns: LINE, COST CENTER, LINE, AMOUNT. Shows increase for NURSERY (33) and DELIVERY ROOM & LABOR ROOM (39) totaling 33,544.

Table with 4 columns: COST CENTER, LINE, AMOUNT. Shows decrease for ADULTS & PEDIATRICS (25) totaling 33,544.

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

| DESCRIPTION | BEGINNING | PURCHASES | ACQUISITIONS | TOTAL | DISPOSALS AND RETIREMENTS | ENDING BALANCE | FULLY DEPRECIATED ASSETS |
|-----------------------|------------|-----------|--------------|---------|---------------------------------|-------------------|--------------------------------|
| | BALANCES | | DONATION | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 1 LAND | 62,855 | | | | | 62,855 | |
| 2 LAND IMPROVEMENTS | 362,379 | | | | | 362,379 | |
| 3 BUILDINGS & FIXTURE | 8,926,032 | 43,389 | | 43,389 | | 8,969,421 | |
| 4 BUILDING IMPROVEMEN | | | | | | | |
| 5 FIXED EQUIPMENT | 324,036 | 49,461 | | 49,461 | 1,188 | 372,309 | |
| 6 MOVABLE EQUIPMENT | 5,480,266 | 842,867 | | 842,867 | 191,025 | 6,132,108 | |
| 7 SUBTOTAL | 15,155,568 | 935,717 | | 935,717 | 192,213 | 15,899,072 | |
| 8 RECONCILING ITEMS | | | | | | | |
| 9 TOTAL | 15,155,568 | 935,717 | | 935,717 | 192,213 | 15,899,072 | |

III - RECONCILIATION OF CAPITAL COST CENTERS

| * | DESCRIPTION | GROSS ASSETS 1 | COMPUTATION OF RATIOS CAPITLIZED GROSS ASSETS | | RATIO 4 | ALLOCATION OF OTHER CAPITAL OTHER CAPITAL | | | TOTAL 8 |
|---|----------------------|-------------------|--|----------------|------------|--|------------|--------------------|------------|
| | | | LEASES 2 | FOR RATIO 3 | | INSURANCE 5 | TAXES 6 | RELATED COSTS 7 | |
| 1 | OLD CAP REL COSTS-BL | | | | | | | | |
| 2 | OLD CAP REL COSTS-MV | | | | | | | | |
| 3 | NEW CAP REL COSTS-BL | 9,227,729 | | 9,227,729 | .644885 | | | | |
| 4 | NEW CAP REL COSTS-MV | 5,081,386 | | 5,081,386 | .355115 | | | | |
| 5 | TOTAL | 14,309,115 | | 14,309,115 | 1.000000 | | | | |

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

| * | DESCRIPTION | DEPRECIATION 9 | LEASE 10 | INTEREST 11 | INSURANCE 12 | TAXES 13 | OTHER CAPITAL RELATED COST 14 | TOTAL (1) |
|---|----------------------|-------------------|-------------|----------------|-----------------|-------------|-------------------------------------|-----------|
| | | | | | | | | 15 |
| 1 | OLD CAP REL COSTS-BL | | | | | | | |
| 2 | OLD CAP REL COSTS-MV | | | | | | | |
| 3 | NEW CAP REL COSTS-BL | 343,544 | | | | | | 343,544 |
| 4 | NEW CAP REL COSTS-MV | 430,050 | | | | | | 430,050 |
| 5 | TOTAL | 773,594 | | | | | | 773,594 |

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

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

| * | DESCRIPTION | DEPRECIATION 9 | LEASE 10 | INTEREST 11 | INSURANCE 12 | TAXES 13 | OTHER CAPITAL RELATED COST 14 | TOTAL (1) |
|---|----------------------|-------------------|-------------|----------------|-----------------|-------------|-------------------------------------|-----------|
| | | | | | | | | 15 |
| 1 | OLD CAP REL COSTS-BL | | | | | | | |
| 2 | OLD CAP REL COSTS-MV | | | | | | | |
| 3 | NEW CAP REL COSTS-BL | 343,544 | | | | | | 343,544 |
| 4 | NEW CAP REL COSTS-MV | 430,050 | | | | | | 430,050 |
| 5 | TOTAL | 773,594 | | | | | | 773,594 |

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

ADJUSTMENTS TO EXPENSES

I PROVIDER NO: I 14-1308
I

I PERIOD: I PREPARED 9/27/2009
I FROM 5/ 1/2008 I WORKSHEET A-8
I TO 4/30/2009 I

| DESCRIPTION (1) | (2) BASIS/CODE | AMOUNT | EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED | | WKST. A-7 REF. 5 |
|-----------------|-------------------|----------|--|---------|------------------|
| | | | COST CENTER | LINE NO | |
| 1 | 1 | 2 | 3 | 4 | |
| 1 | | | OLD CAP REL COSTS-BLDG & | 1 | |
| 2 | | | OLD CAP REL COSTS-MVBLE E | 2 | |
| 3 | | | NEW CAP REL COSTS-BLDG & | 3 | |
| 4 | | | NEW CAP REL COSTS-MVBLE E | 4 | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 | A | -7,917 | ADMINISTRATIVE & GENERAL | 6 | |
| 10 | | | | | |
| 11 | | | | | |
| 12 | A-8-2 | -181,597 | | | |
| 13 | | | | | |
| 14 | A-8-1 | | | | |
| 15 | | | | | |
| 16 | | | | | |
| 17 | | | | | |
| 18 | | | | | |
| 19 | | | | | |
| 20 | | | | | |
| 21 | | | | | |
| 22 | | | | | |
| 23 | | | | | |
| 24 | | | | | |
| 25 | A-8-3/A-8-4 | | RESPIRATORY THERAPY | 49 | |
| 26 | A-8-3/A-8-4 | | PHYSICAL THERAPY | 50 | |
| 27 | A-8-3 | | | | |
| 28 | | | UTILIZATION REVIEW-SNF | 89 | |
| 29 | | | OLD CAP REL COSTS-BLDG & | 1 | |
| 30 | | | OLD CAP REL COSTS-MVBLE E | 2 | |
| 31 | | | NEW CAP REL COSTS-BLDG & | 3 | |
| 32 | | | NEW CAP REL COSTS-MVBLE E | 4 | |
| 33 | | | NONPHYSICIAN ANESTHETISTS | 20 | |
| 34 | | | | | |
| 35 | A-8-4 | | OCCUPATIONAL THERAPY | 51 | |
| 36 | A-8-4 | | **COST CENTER DELETED** | 52 | |
| 37 | B | -28,412 | CAFETERIA | 12 | |
| 38 | B | -1,548 | MEDICAL RECORDS & LIBRARY | 17 | |
| 39 | B | -2,926 | ADMINISTRATIVE & GENERAL | 6 | |
| 40 | B | -75 | NURSERY | 33 | |
| 41 | B | -7,597 | ADMINISTRATIVE & GENERAL | 6 | |
| 42 | B | -8,423 | LABORATORY | 44 | |
| 43 | B | -725 | ADMINISTRATIVE & GENERAL | 6 | |
| 44 | B | -99 | CAFETERIA | 12 | |
| 45 | A | -29,365 | ADMINISTRATIVE & GENERAL | 6 | |
| 46 | A | 62,286 | ADMINISTRATIVE & GENERAL | 6 | |
| 47 | A | -16,535 | ADMINISTRATIVE & GENERAL | 6 | |
| 48 | A | -95,512 | RURAL HEALTH CLINIC 3 | 63.52 | |
| 49 | A | -16,841 | EMPLOYEE BENEFITS | 5 | |
| 49.01 | B | -3,981 | ADMINISTRATIVE & GENERAL | 6 | |
| 49.02 | | | | | |
| 49.03 | | | | | |
| 49.04 | | | | | |
| 50 | | -339,267 | | | |

(1) Description - all chapter references in this column pertain to CMS Pub. 15-I.
 (2) Basis for adjustment (see instructions).
 A. Costs - if cost, including applicable overhead, can be determined.
 B. Amount Received - if cost cannot be determined.
 (3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.
 Note: See instructions for column 5 referencing to worksheet A-7

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO:
I 14-1308
I

I PERIOD:
I FROM 5/ 1/2008 I PREPARED 9/27/2009
I TO 4/30/2009 I WORKSHEET A-8-2
I GROUP 1

| WKSHT A | 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 41 | ULTRASOUND | 8,953 | 8,953 | | | | | |
| 2 41 | RADIOLOGY-DIAGNOSTIC | 920 | 920 | | | | | |
| 3 44 | LABORATORY | 13,055 | 13,055 | | | | | |
| 4 53 | ELECTROCARDIOLOGY | 12,867 | 12,867 | | | | | |
| 5 61 | EMERGENCY | 908,722 | 145,802 | 762,920 | | | | |
| 6 | | | | | | | | |
| 7 | | | | | | | | |
| 8 | | | | | | | | |
| 9 | | | | | | | | |
| 10 | | | | | | | | |
| 11 | | | | | | | | |
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| 27 | | | | | | | | |
| 28 | | | | | | | | |
| 29 | | | | | | | | |
| 30 | | | | | | | | |
| 101 | TOTAL | 944,517 | 181,597 | 762,920 | | | | |

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I PERIOD: I PREPARED 9/27/2009
 I 14-1308 I FROM 5/ 1/2008 I WORKSHEET A-8-2
 I I TO 4/30/2009 I GROUP 1

| WKSHT A LINE NO. 10 | COST CENTER/ PHYSICIAN IDENTIFIER 11 | COST OF MEMBERSHIPS & CONTINUING EDUCATION 12 | PROVIDER COMPONENT SHARE OF COL 12 13 | PHYSICIAN COST OF MALPRACTICE INSURANCE 14 | PROVIDER COMPONENT SHARE OF COL 14 15 | ADJUSTED RCE LIMIT 16 | RCE DIS- ALLOWANCE 17 | ADJUSTMENT 18 |
|---------------------------|---|---|---|--|---|--------------------------------|--------------------------------|------------------|
| 1 41 | ULTRASOUND | | | | | | | 8,953 |
| 2 41 | RADIOLOGY-DIAGNOSTIC | | | | | | | 920 |
| 3 44 | LABORATORY | | | | | | | 13,055 |
| 4 53 | ELECTROCARDIOLOGY | | | | | | | 12,867 |
| 5 61 | EMERGENCY | | | | | | | 145,802 |
| 6 | | | | | | | | |
| 7 | | | | | | | | |
| 8 | | | | | | | | |
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| 27 | | | | | | | | |
| 28 | | | | | | | | |
| 29 | | | | | | | | |
| 30 | | | | | | | | |
| 101 | TOTAL | | | | | | | 181,597 |

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 9/27/2009
 I 14-1308 I FROM 5/ 1/2008 I NOT A CMS WORKSHEET
 I I TO 4/30/2009 I

| LINE NO. | COST CENTER DESCRIPTION | STATISTICS CODE | STATISTICS DESCRIPTION | | |
|----------|-------------------------------|-----------------|------------------------|------------|-------------|
| | GENERAL SERVICE COST | | | | |
| | OLD CAP REL COSTS-BLDG & FIXT | 1 | SQUARE | FEET | NOT ENTERED |
| | OLD CAP REL COSTS-MVBLE EQUIP | 2 | DOLLAR | VALUE | NOT ENTERED |
| 3 | NEW CAP REL COSTS-BLDG & FIXT | 3 | SQUARE | FEET | ENTERED |
| 4 | NEW CAP REL COSTS-MVBLE EQUIP | 4 | DOLLAR | VALUE | ENTERED |
| 5 | EMPLOYEE BENEFITS | 5 | GROSS | SALARIES | ENTERED |
| 6 | ADMINISTRATIVE & GENERAL | -6 | ACCUM. | COST | NOT ENTERED |
| 7 | MAINTENANCE & REPAIRS | 7 | SQUARE | FEET | ENTERED |
| 9 | LAUNDRY & LINEN SERVICE | 8 | POUNDS OF | LAUNDRY | ENTERED |
| 10 | HOUSEKEEPING | 9 | SQUARE | FEET | ENTERED |
| 11 | DIETARY | 10 | MEALS | SERVED | ENTERED |
| 12 | CAFETERIA | 11 | FTES | | ENTERED |
| 14 | NURSING ADMINISTRATION | 12 | DIRECT | NRSING HRS | ENTERED |
| 15 | CENTRAL SERVICES & SUPPLY | 13 | COSTED | REQUIS. | ENTERED |
| 16 | PHARMACY | 14 | COSTED | REQUIS. | ENTERED |
| 17 | MEDICAL RECORDS & LIBRARY | 15 | GROSS | CHARGES | ENTERED |
| 18 | SOCIAL SERVICE | 16 | TIME | SPENT | ENTERED |
| 20 | NONPHYSICIAN ANESTHETISTS | 17 | ASSIGNED | TIME | ENTERED |

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 9/27/2009
 I 14-1308 I FROM 5/ 1/2008 I WORKSHEET B
 I I TO 4/30/2009 I PART I

| COST CENTER DESCRIPTION | NET EXPENSES FOR COST ALLOCATION | OLD CAP REL C | OLD CAP REL C | NEW CAP REL C | NEW CAP REL C | EMPLOYEE BENE | SUBTOTAL |
|----------------------------------|----------------------------------|---------------|---------------|---------------|---------------|---------------|------------|
| | | OSTS-BLDG & | OSTS-MVBLE E | OSTS-BLDG & | OSTS-MVBLE E | FITS | |
| | 0 | 1 | 2 | 3 | 4 | 5 | 5a.00 |
| 001 GENERAL SERVICE COST CNTR | | | | | | | |
| 002 OLD CAP REL COSTS-BLDG & | | | | | | | |
| 003 OLD CAP REL COSTS-MVBLE E | | | | | | | |
| 004 NEW CAP REL COSTS-BLDG & | 343,544 | | | 343,544 | | | |
| 005 NEW CAP REL COSTS-MVBLE E | 430,050 | | | | 430,050 | | |
| 006 EMPLOYEE BENEFITS | 1,345,388 | | | 663 | 249 | 1,346,300 | |
| 007 ADMINISTRATIVE & GENERAL | 1,928,873 | | | 80,057 | 127,280 | 193,083 | 2,329,293 |
| 008 MAINTENANCE & REPAIRS | 558,734 | | | 48,156 | 2,493 | 23,932 | 633,315 |
| 009 LAUNDRY & LINEN SERVICE | 84,958 | | | 4,551 | 1,232 | | 90,741 |
| 010 HOUSEKEEPING | 221,184 | | | 2,085 | 279 | 38,984 | 262,532 |
| 011 DIETARY | 252,934 | | | 8,539 | 2,471 | 27,736 | 291,680 |
| 012 CAFETERIA | 107,086 | | | 4,194 | | 14,869 | 126,149 |
| 014 NURSING ADMINISTRATION | 82,113 | | | 663 | 157 | 16,693 | 99,626 |
| 015 CENTRAL SERVICES & SUPPLY | 68,325 | | | 3,818 | 3,752 | 11,723 | 87,618 |
| 016 PHARMACY | 153,947 | | | 3,310 | 9,178 | 25,750 | 192,185 |
| 017 MEDICAL RECORDS & LIBRARY | 194,748 | | | 4,892 | 4,101 | 35,667 | 239,408 |
| 018 SOCIAL SERVICE | 3,794 | | | 442 | | 783 | 5,019 |
| 020 NONPHYSICIAN ANESTHETISTS | 202,806 | | | | | | 202,806 |
| 025 INPAT ROUTINE SRVC CNTRS | | | | | | | |
| 033 ADULTS & PEDIATRICS | 846,743 | | | 30,666 | 11,756 | 166,592 | 1,055,757 |
| 036 NURSERY | 16,349 | | | 1,361 | | 3,364 | 21,074 |
| 037 OTHER LONG TERM CARE | 526,954 | | | 45,866 | 8,684 | 103,093 | 684,597 |
| 038 ANCILLARY SRVC COST CNTRS | | | | | | | |
| 039 OPERATING ROOM | 357,784 | | | 15,727 | 24,959 | 49,769 | 448,239 |
| 040 RECOVERY ROOM | | | | | | | |
| 041 DELIVERY ROOM & LABOR ROO | 18,159 | | | 1,246 | | | 1,246 |
| 042 ANESTHESIOLOGY | 108,642 | | | 2,928 | | 3,610 | 24,697 |
| 043 RADIOLOGY-DIAGNOSTIC | 620,333 | | | 25,628 | 5,029 | 41,877 | 155,548 |
| 044 RADIOLOGY-THERAPEUTIC | | | | | 207,032 | 52,893 | 905,886 |
| 045 01 ONCOLOGY | | | | | | | |
| 046 LABORATORY | 681,498 | | | 10,137 | 2,560 | 59,698 | 753,893 |
| 049 RESPIRATORY THERAPY | 76,888 | | | 2,391 | 681 | 6,682 | 86,642 |
| 050 PHYSICAL THERAPY | 598,225 | | | 9,911 | 2,796 | 121,048 | 731,980 |
| 051 OCCUPATIONAL THERAPY | | | | | | | |
| 052 01 CARDIAC REHAB | 14,513 | | | | | 2,845 | 17,358 |
| 053 ELECTROCARDIOLOGY | 8,074 | | | 291 | 1,436 | 1,382 | 11,183 |
| 055 MEDICAL SUPPLIES CHARGED | 175,269 | | | | | | 175,269 |
| 056 DRUGS CHARGED TO PATIENTS | 532,812 | | | | | | 532,812 |
| 057 OP GERO PSYCH | 2,084 | | | 2,743 | 107 | | 4,934 |
| 058 OUTPAT SERVICE COST CNTRS | | | | | | | |
| 061 EMERGENCY | 1,065,571 | | | 16,280 | 7,107 | 57,280 | 1,146,238 |
| 062 OBSERVATION BEDS (NON-DIS | | | | | | | |
| 063 OTHER OUTPATIENT SERVICE | | | | | | | |
| 064 50 RURAL HEALTH CLINIC | | | | | | | |
| 065 51 RURAL HEALTH CLINIC 2 | | | | | | | |
| 066 52 RURAL HEALTH CLINIC 3 | 1,444,984 | | | 12,111 | 2,616 | 285,431 | 1,745,142 |
| 067 OTHER REIMBURS COST CNTRS | | | | | | | |
| 068 HOME PROGRAM DIALYSIS | | | | | | | |
| 069 AMBULANCE SERVICES | | | | | | | |
| 070 DURABLE MEDICAL EQUIP-REN | | | | | | | |
| 071 DURABLE MEDICAL EQUIP-SOL | | | | | | | |
| 072 CORF | | | | | | | |
| 073 I&R SERVICES-NOT APPRVD P | | | | | | | |
| 074 HOME HEALTH AGENCY | | | | | | | |
| 075 LUNG ACQUISITION | | | | | | | |
| 076 SPEC PURPOSE COST CENTERS | | | | | | | |
| 077 KIDNEY ACQUISITION | | | | | | | |
| 078 LIVER ACQUISITION | | | | | | | |
| 079 HEART ACQUISITION | | | | | | | |
| 080 01 PANCREAS ACQUISITION | | | | | | | |
| 081 OTHER ORGAN ACQUISITION | | | | | | | |
| 082 AMBULATORY SURGICAL CENTE | | | | | | | |
| 083 HOSPICE | | | | | | | |
| 084 SUBTOTALS | 13,073,366 | | | 338,656 | 425,955 | 1,344,784 | 13,062,867 |
| 085 NONREIMBURS COST CENTERS | | | | | | | |
| 086 GIFT, FLOWER, COFFEE SHOP | | | | 1,226 | | | 1,226 |
| 087 02 UNUSED SPACE | | | | | | | |
| 088 03 NON-REIMBURSABLE HOME HEA | | | | | | | |
| 089 04 OUTPATIENT CLINIC | 13,503 | | | 3,662 | 3,729 | 1,516 | 22,410 |
| 090 RESEARCH | | | | | | | |
| 091 PHYSICIANS' PRIVATE OFFIC | | | | | | | |
| 092 01 PHYSICIANS' CLINIC | | | | | | | |
| 093 02 WASHINGTON COUNTY HEALTH | | | | | 366 | | 366 |
| 094 NONPAID WORKERS | | | | | | | |
| 095 CROSS FOOT ADJUSTMENT | | | | | | | |
| 096 NEGATIVE COST CENTER | | | | | | | |
| 097 TOTAL | 13,086,869 | | | 343,544 | 430,050 | 1,346,300 | 13,086,869 |

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 9/27/2009
 I 14-1308 I FROM 5/ 1/2008 I WORKSHEET B
 I I TO 4/30/2009 I PART I

| COST CENTER DESCRIPTION | ADMINISTRATIVE & GENERAL | MAINTENANCE & REPAIRS | LAUNDRY & LINEN SERVICE | HOUSEKEEPING | DIETARY | CAFETERIA | NURSING ADMINISTRATION |
|----------------------------------|--------------------------|-----------------------|-------------------------|--------------|---------|-----------|------------------------|
| | 6 | 7 | 9 | 10 | 11 | 12 | 14 |
| 001 GENERAL SERVICE COST CNTR | | | | | | | |
| 002 OLD CAP REL COSTS-BLDG & | | | | | | | |
| 003 OLD CAP REL COSTS-MVBLE E | | | | | | | |
| 004 NEW CAP REL COSTS-BLDG & | | | | | | | |
| 005 NEW CAP REL COSTS-MVBLE E | | | | | | | |
| 006 EMPLOYEE BENEFITS | | | | | | | |
| 007 ADMINISTRATIVE & GENERAL | 2,329,293 | | | | | | |
| 008 MAINTENANCE & REPAIRS | 137,129 | 770,444 | | | | | |
| 009 LAUNDRY & LINEN SERVICE | 19,648 | 16,333 | 126,722 | | | | |
| 010 HOUSEKEEPING | 56,845 | 7,482 | | 326,859 | | | |
| 011 DIETARY | 63,156 | 30,648 | | 13,242 | 398,726 | | |
| 012 CAFETERIA | 27,315 | 15,053 | | 6,504 | 139,201 | 314,222 | |
| 014 NURSING ADMINISTRATION | 21,572 | 2,380 | | 1,028 | | 3,180 | 127,786 |
| 015 CENTRAL SERVICES & SUPPLY | 18,972 | 13,701 | | 5,920 | | 6,361 | |
| 016 PHARMACY | 41,613 | 11,880 | | 4,082 | | 5,718 | |
| 017 MEDICAL RECORDS & LIBRARY | 51,838 | 17,559 | | 7,587 | | 18,215 | |
| 018 SOCIAL SERVICE | 1,087 | 1,586 | | 685 | | 257 | |
| 020 NONPHYSICIAN ANESTHETISTS | 43,913 | | | | | | |
| 025 INPAT ROUTINE SRVC CNTRS | | | | | | | |
| 033 ADULTS & PEDIATRICS | 228,599 | 110,061 | 25,000 | 51,809 | 46,957 | 67,047 | 54,502 |
| 036 NURSERY | 4,563 | 4,886 | | 3,163 | | 546 | 175 |
| 037 OTHER LONG TERM CARE | 148,233 | 164,615 | 67,116 | 71,127 | 209,562 | 56,734 | 45,480 |
| 038 ANCILLARY SRVC COST CNTRS | | | | | | | |
| 039 OPERATING ROOM | 97,055 | 56,446 | 5,427 | 24,389 | 3,006 | 13,686 | 10,845 |
| 040 RECOVERY ROOM | 270 | 4,471 | | 1,932 | | | |
| 041 DELIVERY ROOM & LABOR ROO | 5,348 | 10,510 | 2,053 | 4,541 | | 610 | 188 |
| 042 ANESTHESIOLOGY | 33,680 | | | | | 3,213 | |
| 043 RADIOLOGY-DIAGNOSTIC | 196,148 | 91,979 | 6,622 | 39,742 | | 16,898 | |
| 044 RADIOLOGY-THERAPEUTIC | | | | | | | |
| 045 01 ONCOLOGY | | | | | | | |
| 046 LABORATORY | 163,237 | 36,380 | | 15,719 | | 22,424 | |
| 049 RESPIRATORY THERAPY | 18,760 | 8,581 | | 3,708 | | 3,245 | 2,483 |
| 050 PHYSICAL THERAPY | 158,493 | 35,569 | 11,305 | 15,369 | | 36,752 | |
| 051 OCCUPATIONAL THERAPY | | | | | | | |
| 052 01 CARDIAC REHAB | 3,758 | | | | | | |
| 053 ELECTROCARDIOLOGY | 2,421 | 1,046 | | 452 | | 546 | 439 |
| 055 MEDICAL SUPPLIES CHARGED | 37,950 | | | | | | |
| 056 DRUGS CHARGED TO PATIENTS | 115,368 | | | | | | |
| 057 OP GERO PSYCH | 1,068 | 9,843 | | 4,253 | | | |
| 061 OUTPAT SERVICE COST CNTRS | | | | | | | |
| 062 EMERGENCY | 248,190 | 58,429 | 7,700 | 25,246 | | 16,802 | 13,674 |
| 063 OBSERVATION BEDS (NON-DIS | | | | | | | |
| 063 OTHER OUTPATIENT SERVICE | | | | | | | |
| 063 50 RURAL HEALTH CLINIC | | | | | | | |
| 063 51 RURAL HEALTH CLINIC 2 | | | | | | | |
| 063 52 RURAL HEALTH CLINIC 3 | 377,868 | 43,465 | 1,118 | 18,781 | | 41,121 | |
| 064 OTHER REIMBURS COST CNTRS | | | | | | | |
| 065 HOME PROGRAM DIALYSIS | | | | | | | |
| 066 AMBULANCE SERVICES | | | | | | | |
| 067 DURABLE MEDICAL EQUIP-REN | | | | | | | |
| 067 DURABLE MEDICAL EQUIP-SOL | | | | | | | |
| 069 CORF | | | | | | | |
| 070 I&R SERVICES-NOT APPRVD P | | | | | | | |
| 071 HOME HEALTH AGENCY | | | | | | | |
| 082 LUNG ACQUISITION | | | | | | | |
| 083 SPEC PURPOSE COST CENTERS | | | | | | | |
| 084 KIDNEY ACQUISITION | | | | | | | |
| 084 LIVER ACQUISITION | | | | | | | |
| 085 HEART ACQUISITION | | | | | | | |
| 085 01 PANCREAS ACQUISITION | | | | | | | |
| 086 OTHER ORGAN ACQUISITION | | | | | | | |
| 092 AMBULATORY SURGICAL CENTE | | | | | | | |
| 093 HOSPICE | | | | | | | |
| 095 SUBTOTALS | 2,324,097 | 752,903 | 126,341 | 319,279 | 398,726 | 313,355 | 127,786 |
| 096 NONREIMBURS COST CENTERS | | | | | | | |
| 096 GIFT, FLOWER, COFFEE SHOP | 265 | 4,399 | | 1,901 | | | |
| 096 02 UNUSED SPACE | | | | | | | |
| 096 03 NON-REIMBURSABLE HOME HEA | | | | | | | |
| 096 04 OUTPATIENT CLINIC | 4,852 | 13,142 | 381 | 5,679 | | 867 | |
| 097 RESEARCH | | | | | | | |
| 098 PHYSICIANS' PRIVATE OFFIC | | | | | | | |
| 098 01 PHYSICIANS' CLINIC | | | | | | | |
| 098 02 WASHINGTON COUNTY HEALTH | 79 | | | | | | |
| 099 NONPAID WORKERS | | | | | | | |
| 101 CROSS FOOT ADJUSTMENT | | | | | | | |
| 102 NEGATIVE COST CENTER | | | | | | | |
| 103 TOTAL | 2,329,293 | 770,444 | 126,722 | 326,859 | 398,726 | 314,222 | 127,786 |

COST ALLOCATION - GENERAL SERVICE COSTS

| COST CENTER DESCRIPTION | CENTRAL SERVI CES & SUPPLY | PHARMACY | MEDICAL RECOR DS & LIBRARY | SOCIAL SERVIC E | NONPHYSICIAN ANESTHETISTS | SUBTOTAL | I&R COST POST STEP-DOWN ADJ |
|----------------------------------|----------------------------|----------|----------------------------|-----------------|---------------------------|------------|-----------------------------|
| | 15 | 16 | 17 | 18 | 20 | 25 | 26 |
| 001 GENERAL SERVICE COST CNTR | | | | | | | |
| 002 OLD CAP REL COSTS-BLDG & | | | | | | | |
| 003 OLD CAP REL COSTS-MVBLE E | | | | | | | |
| 004 NEW CAP REL COSTS-BLDG & | | | | | | | |
| 005 NEW CAP REL COSTS-MVBLE E | | | | | | | |
| 006 EMPLOYEE BENEFITS | | | | | | | |
| 007 ADMINISTRATIVE & GENERAL | | | | | | | |
| 009 MAINTENANCE & REPAIRS | | | | | | | |
| 010 LAUNDRY & LINEN SERVICE | | | | | | | |
| 011 HOUSEKEEPING | | | | | | | |
| 012 DIETARY | | | | | | | |
| 014 CAFETERIA | | | | | | | |
| 015 NURSING ADMINISTRATION | | | | | | | |
| 016 CENTRAL SERVICES & SUPPLY | 132,572 | | | | | | |
| 017 PHARMACY | | 255,478 | | | | | |
| 018 MEDICAL RECORDS & LIBRARY | 61 | | 334,668 | | | | |
| 020 SOCIAL SERVICE | | | | 8,634 | | | |
| 025 NONPHYSICIAN ANESTHETISTS | | | | | 246,719 | | |
| 033 INPAT ROUTINE SRVC CNTRS | | | | | | | |
| 036 ADULTS & PEDIATRICS | 23,111 | 383 | 7,255 | 7,080 | | 1,677,561 | |
| 037 NURSERY | 106 | | 198 | 691 | | 35,402 | |
| 038 OTHER LONG TERM CARE | 15,361 | 3 | 18,367 | 863 | | 1,482,058 | |
| 039 ANCILLARY SRVC COST CNTRS | | | | | | | |
| 040 OPERATING ROOM | 17,356 | 129 | 15,259 | | | 691,837 | |
| 041 RECOVERY ROOM | | | 133 | | | 8,052 | |
| 042 DELIVERY ROOM & LABOR ROO | 512 | | 619 | | | 49,078 | |
| 044 ANESTHESIOLOGY | 660 | | 5,962 | | 246,719 | 445,782 | |
| 049 RADIOLOGY-DIAGNOSTIC | 2,702 | 454 | 85,811 | | | 1,346,242 | |
| 050 RADIOLOGY-THERAPEUTIC | | | | | | | |
| 051 01 ONCOLOGY | | | | | | | |
| 055 LABORATORY | 3,298 | 78 | 69,118 | | | 1,064,147 | |
| 061 RESPIRATORY THERAPY | 813 | | 5,433 | | | 129,665 | |
| 063 PHYSICAL THERAPY | 1,440 | 218 | 30,002 | | | 1,021,128 | |
| 069 OCCUPATIONAL THERAPY | | | | | | | |
| 070 01 CARDIAC REHAB | | | 1,125 | | | 22,241 | |
| 071 ELECTROCARDIOLOGY | 1,274 | | 3,753 | | | 21,114 | |
| 075 MEDICAL SUPPLIES CHARGED | 48,435 | | 20,253 | | | 281,907 | |
| 082 DRUGS CHARGED TO PATIENTS | 377 | 253,979 | 35,842 | | | 938,378 | |
| 083 OP GERO PSYCH | 102 | | 111 | | | 20,311 | |
| 085 OUTPAT SERVICE COST CNTRS | | | | | | | |
| 086 EMERGENCY | 14,335 | 203 | 18,809 | | | 1,549,626 | |
| 087 OBSERVATION BEDS (NON-DIS | | | | | | | |
| 088 OTHER OUTPATIENT SERVICE | | | | | | | |
| 090 50 RURAL HEALTH CLINIC | | | | | | | |
| 091 51 RURAL HEALTH CLINIC 2 | | | | | | | |
| 092 52 RURAL HEALTH CLINIC 3 | 2,576 | 12 | 16,618 | | | 2,246,701 | |
| 093 OTHER REIMBURS COST CNTRS | | | | | | | |
| 094 HOME PROGRAM DIALYSIS | | | | | | | |
| 095 AMBULANCE SERVICES | | | | | | | |
| 096 DURABLE MEDICAL EQUIP-REN | | | | | | | |
| 097 DURABLE MEDICAL EQUIP-SOL | | | | | | | |
| 098 CORF | | | | | | | |
| 099 I&R SERVICES-NOT APPRVD P | | | | | | | |
| 100 HOME HEALTH AGENCY | | | | | | | |
| 101 LUNG ACQUISITION | | | | | | | |
| 102 SPEC PURPOSE COST CENTERS | | | | | | | |
| 103 KIDNEY ACQUISITION | | | | | | | |
| 104 LIVER ACQUISITION | | | | | | | |
| 105 HEART ACQUISITION | | | | | | | |
| 106 01 PANCREAS ACQUISITION | | | | | | | |
| 107 OTHER ORGAN ACQUISITION | | | | | | | |
| 108 AMBULATORY SURGICAL CENTE | | | | | | | |
| 109 HOSPICE | | | | | | | |
| 110 SUBTOTALS | 132,519 | 255,459 | 334,668 | 8,634 | 246,719 | 13,031,230 | |
| 111 NONREIMBURS COST CENTERS | | | | | | | |
| 112 GIFT, FLOWER, COFFEE SHOP | | | | | | 7,791 | |
| 113 02 UNUSED SPACE | | | | | | | |
| 114 03 NON-REIMBURSABLE HOME HEA | | | | | | | |
| 115 04 OUTPATIENT CLINIC | 53 | 19 | | | | 47,403 | |
| 116 RESEARCH | | | | | | | |
| 117 PHYSICIANS' PRIVATE OFFIC | | | | | | | |
| 118 01 PHYSICIANS' CLINIC | | | | | | | |
| 119 02 WASHINGTON COUNTY HEALTH | | | | | | 445 | |
| 120 NONPAID WORKERS | | | | | | | |
| 121 CROSS FOOT ADJUSTMENT | | | | | | | |
| 122 NEGATIVE COST CENTER | | | | | | | |
| 123 TOTAL | 132,572 | 255,478 | 334,668 | 8,634 | 246,719 | 13,086,869 | |

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 9/27/2009
 I 14-1308 I FROM 5/ 1/2008 I WORKSHEET B
 I I TO 4/30/2009 I PART I

| COST CENTER DESCRIPTION | | TOTAL |
|-------------------------|------------------------------|------------|
| | | 27 |
| | GENERAL SERVICE COST CNTR | |
| 001 | OLD CAP REL COSTS-BLDG & | |
| 002 | OLD CAP REL COSTS-MVBLE E | |
| 003 | NEW CAP REL COSTS-BLDG & | |
| 004 | NEW CAP REL COSTS-MVBLE E | |
| 005 | EMPLOYEE BENEFITS | |
| 006 | ADMINISTRATIVE & GENERAL | |
| 007 | MAINTENANCE & REPAIRS | |
| 009 | LAUNDRY & LINEN SERVICE | |
| 010 | HOUSEKEEPING | |
| 011 | DIETARY | |
| 012 | CAFETERIA | |
| 014 | NURSING ADMINISTRATION | |
| 015 | CENTRAL SERVICES & SUPPLY | |
| 016 | PHARMACY | |
| 017 | MEDICAL RECORDS & LIBRARY | |
| 018 | SOCIAL SERVICE | |
| 020 | NONPHYSICIAN ANESTHETISTS | |
| | INPAT ROUTINE SRVC CNTRS | |
| 025 | ADULTS & PEDIATRICS | 1,677,561 |
| 033 | NURSERY | 35,402 |
| 036 | OTHER LONG TERM CARE | 1,482,058 |
| | ANCILLARY SRVC COST CNTRS | |
| 037 | OPERATING ROOM | 691,837 |
| 038 | RECOVERY ROOM | 8,052 |
| 039 | DELIVERY ROOM & LABOR ROO | 49,078 |
| 040 | ANESTHESIOLOGY | 445,782 |
| 041 | RADIOLOGY-DIAGNOSTIC | 1,346,242 |
| 042 | RADIOLOGY-THERAPEUTIC | |
| 042 | 01 ONCOLOGY | |
| 044 | LABORATORY | 1,064,147 |
| 049 | RESPIRATORY THERAPY | 129,665 |
| 050 | PHYSICAL THERAPY | 1,021,128 |
| 051 | OCCUPATIONAL THERAPY | |
| 051 | 01 CARDIAC REHAB | 22,241 |
| 053 | ELECTROCARDIOLOGY | 21,114 |
| 055 | MEDICAL SUPPLIES CHARGED | 281,907 |
| 055 | DRUGS CHARGED TO PATIENTS | 938,378 |
| 055 | OP GERO PSYCH | 20,311 |
| | OUTPAT SERVICE COST CNTRS | |
| 061 | EMERGENCY | 1,549,626 |
| 062 | OBSERVATION BEDS (NON-DIS | |
| 063 | OTHER OUTPATIENT SERVICE | |
| 063 | 50 RURAL HEALTH CLINIC | |
| 063 | 51 RURAL HEALTH CLINIC 2 | |
| 063 | 52 RURAL HEALTH CLINIC 3 | 2,246,701 |
| | OTHER REIMBURS COST CNTRS | |
| 064 | HOME PROGRAM DIALYSIS | |
| 065 | AMBULANCE SERVICES | |
| 066 | DURABLE MEDICAL EQUIP-REN | |
| 067 | DURABLE MEDICAL EQUIP-SOL | |
| 069 | CORF | |
| 070 | I&R SERVICES-NOT APPRVD P | |
| 071 | HOME HEALTH AGENCY | |
| 082 | LUNG ACQUISITION | |
| | SPEC PURPOSE COST CENTERS | |
| 083 | KIDNEY ACQUISITION | |
| 084 | LIVER ACQUISITION | |
| 085 | HEART ACQUISITION | |
| 085 | 01 PANCREAS ACQUISITION | |
| 086 | OTHER ORGAN ACQUISITION | |
| 092 | AMBULATORY SURGICAL CENTE | |
| 093 | HOSPICE | |
| 095 | SUBTOTALS | 13,031,230 |
| | NONREIMBURS COST CENTERS | |
| 096 | GIFT, FLOWER, COFFEE SHOP | 7,791 |
| 096 | 02 UNUSED SPACE | |
| 096 | 03 NON-REIMBURSABLE HOME HEA | |
| 096 | 04 OUTPATIENT CLINIC | 47,403 |
| 097 | RESEARCH | |
| 098 | PHYSICIANS' PRIVATE OFFIC | |
| 098 | 01 PHYSICIANS' CLINIC | |
| 098 | 02 WASHINGTON COUNTY HEALTH | 445 |
| 099 | NONPAID WORKERS | |
| 101 | CROSS FOOT ADJUSTMENT | |
| 102 | NEGATIVE COST CENTER | |
| 103 | TOTAL | 13,086,869 |

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 9/27/2009
 I 14-1308 I FROM 5/ 1/2008 I WORKSHEET B
 I I TO 4/30/2009 I PART III

| COST CENTER DESCRIPTION | DIR ASSGND NEW CAPITAL REL COSTS | OLD CAP REL C OSTs-BLDG & | OLD CAP REL C OSTs-MVBLE E | NEW CAP REL C OSTs-BLDG & | NEW CAP REL C OSTs-MVBLE E | SUBTOTAL | EMPLOYEE BENE FITS |
|----------------------------------|----------------------------------|---------------------------|----------------------------|---------------------------|----------------------------|----------|--------------------|
| | 0 | 1 | 2 | 3 | 4 | 4a | 5 |
| 001 GENERAL SERVICE COST CNTR | | | | | | | |
| 002 OLD CAP REL COSTS-BLDG & | | | | | | | |
| 003 OLD CAP REL COSTS-MVBLE E | | | | | | | |
| 004 NEW CAP REL COSTS-BLDG & | | | | | | | |
| 005 NEW CAP REL COSTS-MVBLE E | | | | | | | |
| 006 EMPLOYEE BENEFITS | | | | 663 | 249 | 912 | 912 |
| 007 ADMINISTRATIVE & GENERAL | | | | 80,057 | 127,280 | 207,337 | 131 |
| 008 MAINTENANCE & REPAIRS | | | | 48,156 | 2,493 | 50,649 | 16 |
| 009 LAUNDRY & LINEN SERVICE | | | | 4,551 | 1,232 | 5,783 | |
| 010 HOUSEKEEPING | | | | 2,085 | 279 | 2,364 | 26 |
| 011 DIETARY | | | | 8,539 | 2,471 | 11,010 | 19 |
| 012 CAFETERIA | | | | 4,194 | | 4,194 | 10 |
| 014 NURSING ADMINISTRATION | | | | 663 | 157 | 820 | 11 |
| 015 CENTRAL SERVICES & SUPPLY | | | | 3,818 | 3,752 | 7,570 | 8 |
| 016 PHARMACY | | | | 3,310 | 9,178 | 12,488 | 17 |
| 017 MEDICAL RECORDS & LIBRARY | | | | 4,892 | 4,101 | 8,993 | 24 |
| 018 SOCIAL SERVICE | | | | 442 | | 442 | 1 |
| 020 NONPHYSICIAN ANESTHETISTS | | | | | | | |
| 025 INPAT ROUTINE SRVC CNTRS | | | | | | | |
| 033 ADULTS & PEDIATRICS | | | | 30,666 | 11,756 | 42,422 | 113 |
| 036 NURSERY | | | | 1,361 | | 1,361 | 2 |
| 037 OTHER LONG TERM CARE | | | | 45,866 | 8,684 | 54,550 | 70 |
| 038 ANCILLARY SRVC COST CNTRS | | | | | | | |
| 039 OPERATING ROOM | | | | 15,727 | 24,959 | 40,686 | 34 |
| 040 RECOVERY ROOM | | | | 1,246 | | 1,246 | |
| 041 DELIVERY ROOM & LABOR ROO | | | | 2,928 | | 2,928 | 2 |
| 042 ANESTHESIOLOGY | | | | | 5,029 | 5,029 | 28 |
| 042 01 RADIOLOGY-DIAGNOSTIC | | | | 25,628 | 207,032 | 232,660 | 36 |
| 042 01 RADIOLOGY-THERAPEUTIC | | | | | | | |
| 044 ONCOLOGY | | | | | | | |
| 044 LABORATORY | | | | 10,137 | 2,560 | 12,697 | 40 |
| 049 RESPIRATORY THERAPY | | | | 2,391 | 681 | 3,072 | 5 |
| 050 PHYSICAL THERAPY | | | | 9,911 | 2,796 | 12,707 | 82 |
| 051 OCCUPATIONAL THERAPY | | | | | | | |
| 051 01 CARDIAC REHAB | | | | | | | 2 |
| 053 ELECTROCARDIOLOGY | | | | 291 | 1,436 | 1,727 | 1 |
| 055 MEDICAL SUPPLIES CHARGED | | | | | | | |
| 056 DRUGS CHARGED TO PATIENTS | | | | | | | |
| 061 OP. GERO PSYCH | | | | 2,743 | 107 | 2,850 | |
| 062 OUTPAT SERVICE COST CNTRS | | | | | | | |
| 062 EMERGENCY | | | | 16,280 | 7,107 | 23,387 | 39 |
| 062 OBSERVATION BEDS (NON-DIS | | | | | | | |
| 063 OTHER OUTPATIENT SERVICE | | | | | | | |
| 063 50 RURAL HEALTH CLINIC | | | | | | | |
| 063 51 RURAL HEALTH CLINIC 2 | | | | | | | |
| 063 52 RURAL HEALTH CLINIC 3 | | | | 12,111 | 2,616 | 14,727 | 194 |
| 064 OTHER REIMBURS COST CNTRS | | | | | | | |
| 064 HOME PROGRAM DIALYSIS | | | | | | | |
| 065 AMBULANCE SERVICES | | | | | | | |
| 066 DURABLE MEDICAL EQUIP-REN | | | | | | | |
| 067 DURABLE MEDICAL EQUIP-SOL | | | | | | | |
| 069 CORF | | | | | | | |
| 070 I&R SERVICES-NOT APPRVD P | | | | | | | |
| 071 HOME HEALTH AGENCY | | | | | | | |
| 082 LUNG ACQUISITION | | | | | | | |
| 083 SPEC PURPOSE COST CENTERS | | | | | | | |
| 084 KIDNEY ACQUISITION | | | | | | | |
| 084 LIVER ACQUISITION | | | | | | | |
| 085 HEART ACQUISITION | | | | | | | |
| 085 01 PANCREAS ACQUISITION | | | | | | | |
| 086 OTHER ORGAN ACQUISITION | | | | | | | |
| 092 AMBULATORY SURGICAL CENTE | | | | | | | |
| 093 HOSPICE | | | | | | | |
| 095 SUBTOTALS | | | | 338,656 | 425,955 | 764,611 | 911 |
| 096 NONREIMBURS COST CENTERS | | | | | | | |
| 096 02 GIFT, FLOWER, COFFEE SHOP | | | | 1,226 | | 1,226 | |
| 096 03 UNUSED SPACE | | | | | | | |
| 096 04 NON-REIMBURSABLE HOME HEA | | | | | | | |
| 096 04 OUTPATIENT CLINIC | | | | 3,662 | 3,729 | 7,391 | 1 |
| 097 RESEARCH | | | | | | | |
| 098 PHYSICIANS' PRIVATE OFFIC | | | | | | | |
| 098 01 PHYSICIANS' CLINIC | | | | | | | |
| 098 02 WASHINGTON COUNTY HEALTH | | | | | 366 | 366 | |
| 099 NONPAID WORKERS | | | | | | | |
| 101 CROSS FOOT ADJUSTMENTS | | | | | | | |
| 102 NEGATIVE COST CENTER | | | | | | | |
| 103 TOTAL | | | | 343,544 | 430,050 | 773,594 | 912 |

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 9/27/2009
 I 14-1308 I FROM 5/ 1/2008 I WORKSHEET B
 I I TO 4/30/2009 I PART III

| COST CENTER DESCRIPTION | ADMINISTRATIVE & GENERAL | MAINTENANCE & REPAIRS | LAUNDRY & LINEN SERVICE | HOUSEKEEPING | DIETARY | CAFETERIA | NURSING ADMINISTRATION |
|----------------------------------|--------------------------|-----------------------|-------------------------|--------------|---------|-----------|------------------------|
| | 6 | 7 | 9 | 10 | 11 | 12 | 14 |
| 001 GENERAL SERVICE COST CNTR | | | | | | | |
| 002 OLD CAP REL COSTS-BLDG & | | | | | | | |
| 003 OLD CAP REL COSTS-MVBLE E | | | | | | | |
| 004 NEW CAP REL COSTS-BLDG & | | | | | | | |
| 005 NEW CAP REL COSTS-MVBLE E | | | | | | | |
| 006 EMPLOYEE BENEFITS | | | | | | | |
| 007 ADMINISTRATIVE & GENERAL | 207,468 | | | | | | |
| 009 MAINTENANCE & REPAIRS | 12,214 | 62,879 | | | | | |
| 010 LAUNDRY & LINEN SERVICE | 1,750 | 1,333 | 8,866 | | | | |
| 011 HOUSEKEEPING | 5,063 | 611 | | 8,064 | | | |
| 012 DIETARY | 5,625 | 2,501 | | 327 | 19,482 | | |
| 014 CAFETERIA | 2,433 | 1,229 | | 160 | 6,801 | 14,827 | |
| 015 NURSING ADMINISTRATION | 1,921 | 194 | | 25 | | 150 | 3,121 |
| 016 CENTRAL SERVICES & SUPPLY | 1,690 | 1,118 | | 146 | | 300 | |
| 017 PHARMACY | 3,706 | 970 | | 101 | | 270 | |
| 018 MEDICAL RECORDS & LIBRARY | 4,617 | 1,433 | | 187 | | 860 | |
| 020 SOCIAL SERVICE | 97 | 129 | | 17 | | 12 | |
| 025 NONPHYSICIAN ANESTHETISTS | 3,911 | | | | | | |
| 033 INPAT ROUTINE SRVC CNTRS | | | | | | | |
| 036 ADULTS & PEDIATRICS | 20,361 | 8,983 | 1,749 | 1,278 | 2,294 | 3,163 | 1,330 |
| 037 NURSERY | 406 | 399 | | 78 | | 26 | 4 |
| 038 OTHER LONG TERM CARE | 13,203 | 13,434 | 4,695 | 1,756 | 10,240 | 2,677 | 1,111 |
| 039 ANCILLARY SRVC COST CNTRS | | | | | | | |
| 040 OPERATING ROOM | 8,645 | 4,607 | 380 | 602 | 147 | 646 | 265 |
| 041 RECOVERY ROOM | 24 | 365 | | 48 | | | |
| 042 DELIVERY ROOM & LABOR ROO | 476 | 858 | 144 | 112 | | 29 | 5 |
| 044 ANESTHESIOLOGY | 3,000 | | | | | 152 | |
| 049 RADIOLOGY-DIAGNOSTIC | 17,471 | 7,507 | 463 | 980 | | 797 | |
| 051 RADIOLOGY-THERAPEUTIC | | | | | | | |
| 051 01 ONCOLOGY | | | | | | | |
| 044 LABORATORY | 14,540 | 2,969 | | 388 | | 1,058 | |
| 049 RESPIRATORY THERAPY | 1,671 | 700 | | 91 | | 153 | 61 |
| 050 PHYSICAL THERAPY | 14,117 | 2,903 | 791 | 379 | | 1,734 | |
| 051 OCCUPATIONAL THERAPY | | | | | | | |
| 051 01 CARDIAC REHAB | 335 | | | | | | |
| 053 ELECTROCARDIOLOGY | 216 | 85 | | 11 | | 26 | 11 |
| 055 MEDICAL SUPPLIES CHARGED | 3,380 | | | | | | |
| 055 DRUGS CHARGED TO PATIENTS | 10,276 | | | | | | |
| 055 OP GERO PSYCH | 95 | 803 | | 105 | | | |
| 061 OUTPAT SRVC COST CNTRS | | | | | | | |
| 062 EMERGENCY | 22,106 | 4,769 | 539 | 623 | | 793 | 334 |
| 063 OBSERVATION BEDS (NON-DIS | | | | | | | |
| 063 OTHER OUTPATIENT SERVICE | | | | | | | |
| 063 50 RURAL HEALTH CLINIC | | | | | | | |
| 063 51 RURAL HEALTH CLINIC 2 | | | | | | | |
| 063 52 RURAL HEALTH CLINIC 3 | 33,656 | 3,547 | 78 | 463 | | 1,940 | |
| 064 OTHER REIMBURS COST CNTRS | | | | | | | |
| 065 HOME PROGRAM DIALYSIS | | | | | | | |
| 066 AMBULANCE SERVICES | | | | | | | |
| 067 DURABLE MEDICAL EQUIP-REN | | | | | | | |
| 067 DURABLE MEDICAL EQUIP-SOL | | | | | | | |
| 069 CORF | | | | | | | |
| 070 I&R SERVICES-NOT APPRVD P | | | | | | | |
| 071 HOME HEALTH AGENCY | | | | | | | |
| 082 LUNG ACQUISITION | | | | | | | |
| 083 SPEC PURPOSE COST CENTERS | | | | | | | |
| 084 KIDNEY ACQUISITION | | | | | | | |
| 084 LIVER ACQUISITION | | | | | | | |
| 085 HEART ACQUISITION | | | | | | | |
| 085 01 PANCREAS ACQUISITION | | | | | | | |
| 086 OTHER ORGAN ACQUISITION | | | | | | | |
| 092 AMBULATORY SURGICAL CENTE | | | | | | | |
| 093 HOSPICE | | | | | | | |
| 095 SUBTOTALS | 207,005 | 61,447 | 8,839 | 7,877 | 19,482 | 14,786 | 3,121 |
| 096 NONREIMBURS COST CENTERS | | | | | | | |
| 096 02 GIFT, FLOWER, COFFEE SHOP | 24 | 359 | | 47 | | | |
| 096 03 UNUSED SPACE | | | | | | | |
| 096 04 NON-REIMBURSABLE HOME HEA | | | | | | | |
| 096 04 OUTPATIENT CLINIC | 432 | 1,073 | 27 | 140 | | 41 | |
| 097 RESEARCH | | | | | | | |
| 098 PHYSICIANS' PRIVATE OFFIC | | | | | | | |
| 098 01 PHYSICIANS' CLINIC | | | | | | | |
| 098 02 WASHINGTON COUNTY HEALTH | 7 | | | | | | |
| 099 NONPAID WORKERS | | | | | | | |
| 101 CROSS FOOT ADJUSTMENTS | | | | | | | |
| 102 NEGATIVE COST CENTER | | | | | | | |
| 103 TOTAL | 207,468 | 62,879 | 8,866 | 8,064 | 19,482 | 14,827 | 3,121 |

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 9/27/2009
 I 14-1308 I FROM 5/ 1/2008 I WORKSHEET B
 I I TO 4/30/2009 I PART III

| COST CENTER DESCRIPTION | CENTRAL SERVI CES & SUPPLY | PHARMACY | MEDICAL RECOR DS & LIBRARY | SOCIAL SERVIC E | NONPHYSICIAN ANESTHETISTS | SUBTOTAL | POST STEPDOWN ADJUSTMENT |
|----------------------------------|----------------------------|----------|----------------------------|-----------------|---------------------------|----------|--------------------------|
| | 15 | 16 | 17 | 18 | 20 | 25 | 26 |
| 001 GENERAL SERVICE COST CNTR | | | | | | | |
| 002 OLD CAP REL COSTS-BLDG & | | | | | | | |
| 003 OLD CAP REL COSTS-MVBLE E | | | | | | | |
| 004 NEW CAP REL COSTS-BLDG & | | | | | | | |
| 005 NEW CAP REL COSTS-MVBLE E | | | | | | | |
| 006 EMPLOYEE BENEFITS | | | | | | | |
| 007 ADMINISTRATIVE & GENERAL | | | | | | | |
| 009 MAINTENANCE & REPAIRS | | | | | | | |
| 010 LAUNDRY & LINEN SERVICE | | | | | | | |
| 011 HOUSEKEEPING | | | | | | | |
| 012 DIETARY | | | | | | | |
| 014 CAFETERIA | | | | | | | |
| 015 NURSING ADMINISTRATION | | | | | | | |
| 016 CENTRAL SERVICES & SUPPLY | 10,832 | | | | | | |
| 017 PHARMACY | | 17,552 | | | | | |
| 018 MEDICAL RECORDS & LIBRARY | 5 | | 16,119 | | | | |
| 020 SOCIAL SERVICE | | | | 698 | | | |
| 025 NONPHYSICIAN ANESTHETISTS | | | | | 3,911 | | |
| 033 INPAT ROUTINE SRVC CNTRS | | | | | | | |
| 036 ADULTS & PEDIATRICS | 1,888 | 26 | 350 | 572 | | 84,529 | |
| 037 NURSERY | 9 | | 10 | 56 | | 2,351 | |
| 038 OTHER LONG TERM CARE | 1,255 | | 885 | 70 | | 103,946 | |
| 039 ANCILLARY SRVC COST CNTRS | | | | | | | |
| 040 OPERATING ROOM | 1,418 | 9 | 735 | | | 58,174 | |
| 041 RECOVERY ROOM | | | 6 | | | 1,689 | |
| 042 DELIVERY ROOM & LABOR ROO | 42 | | 30 | | | 4,626 | |
| 044 ANESTHESIOLOGY | 54 | | 287 | | | 8,550 | |
| 042 RADIOLOGY-DIAGNOSTIC | 221 | 31 | 4,129 | | | 264,295 | |
| 042 RADIOLOGY-THERAPEUTIC | | | | | | | |
| 044 01 ONCOLOGY | | | | | | | |
| 049 LABORATORY | 269 | 5 | 3,330 | | | 35,296 | |
| 050 RESPIRATORY THERAPY | 66 | | 262 | | | 6,081 | |
| 051 PHYSICAL THERAPY | 118 | 15 | 1,445 | | | 34,291 | |
| 051 OCCUPATIONAL THERAPY | | | | | | | |
| 053 01 CARDIAC REHAB | | | 54 | | | 391 | |
| 055 ELECTROCARDIOLOGY | 104 | | 181 | | | 2,362 | |
| 061 MEDICAL SUPPLIES CHARGED | 3,959 | | 976 | | | 8,315 | |
| 063 DRUGS CHARGED TO PATIENTS | 31 | 17,450 | 1,727 | | | 29,484 | |
| 063 OP GERO PSYCH | 8 | | 5 | | | 3,866 | |
| 061 OUTPAT SERVICE COST CNTRS | | | | | | | |
| 062 EMERGENCY | 1,171 | 14 | 906 | | | 54,681 | |
| 062 OBSERVATION BEDS (NON-DIS | | | | | | | |
| 063 OTHER OUTPATIENT SERVICE | | | | | | | |
| 063 50 RURAL HEALTH CLINIC | | | | | | | |
| 063 51 RURAL HEALTH CLINIC 2 | | | | | | | |
| 063 52 RURAL HEALTH CLINIC 3 | 210 | 1 | 801 | | | 55,617 | |
| 064 OTHER REIMBURS COST CNTRS | | | | | | | |
| 065 HOME PROGRAM DIALYSIS | | | | | | | |
| 065 AMBULANCE SERVICES | | | | | | | |
| 066 DURABLE MEDICAL EQUIP-REN | | | | | | | |
| 067 DURABLE MEDICAL EQUIP-SOL | | | | | | | |
| 069 CORF | | | | | | | |
| 070 I&R SERVICES-NOT APPRVD P | | | | | | | |
| 071 HOME HEALTH AGENCY | | | | | | | |
| 082 LUNG ACQUISITION | | | | | | | |
| 083 SPEC PURPOSE COST CENTERS | | | | | | | |
| 084 KIDNEY ACQUISITION | | | | | | | |
| 085 LIVER ACQUISITION | | | | | | | |
| 085 HEART ACQUISITION | | | | | | | |
| 085 01 PANCREAS ACQUISITION | | | | | | | |
| 086 OTHER ORGAN ACQUISITION | | | | | | | |
| 092 AMBULATORY SURGICAL CENTE | | | | | | | |
| 093 HOSPICE | | | | | | | |
| 095 SUBTOTALS | 10,828 | 17,551 | 16,119 | 698 | | 758,544 | |
| 096 NONREIMBURS COST CENTERS | | | | | | | |
| 096 GIFT, FLOWER, COFFEE SHOP | | | | | | 1,656 | |
| 096 02 UNUSED SPACE | | | | | | | |
| 096 03 NON-REIMBURSABLE HOME HEA | | | | | | | |
| 096 04 OUTPATIENT CLINIC | 4 | 1 | | | | 9,110 | |
| 097 RESEARCH | | | | | | | |
| 098 PHYSICIANS' PRIVATE OFFIC | | | | | | | |
| 098 01 PHYSICIANS' CLINIC | | | | | | 373 | |
| 098 02 WASHINGTON COUNTY HEALTH | | | | | | | |
| 099 NONPAID WORKERS | | | | | | | |
| 101 CROSS FOOT ADJUSTMENTS | | | | | 3,911 | 3,911 | |
| 102 NEGATIVE COST CENTER | | | | | | | |
| 103 TOTAL | 10,832 | 17,552 | 16,119 | 698 | 3,911 | 773,594 | |

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 9/27/2009
 I 14-1308 I FROM: 5/ 1/2008 I WORKSHEET B
 I TO 4/30/2009 I PART III

| COST CENTER DESCRIPTION | TOTAL |
|----------------------------------|---------|
| | 27 |
| 001 GENERAL SERVICE COST CNTR | |
| 002 OLD CAP REL COSTS-BLDG & | |
| 003 OLD CAP REL COSTS-MVBLE E | |
| 004 NEW CAP REL COSTS-BLDG & | |
| 005 NEW CAP REL COSTS-MVBLE E | |
| 006 EMPLOYEE BENEFITS | |
| 007 ADMINISTRATIVE & GENERAL | |
| 009 MAINTENANCE & REPAIRS | |
| 010 LAUNDRY & LINEN SERVICE | |
| 011 HOUSEKEEPING | |
| 012 DIETARY | |
| 014 CAFETERIA | |
| 015 NURSING ADMINISTRATION | |
| 016 CENTRAL SERVICES & SUPPLY | |
| 017 PHARMACY | |
| 018 MEDICAL RECORDS & LIBRARY | |
| 020 SOCIAL SERVICE | |
| 025 NONPHYSICIAN ANESTHETISTS | |
| 033 INPAT ROUTINE SRVC CNTRS | 84,529 |
| 036 ADULTS & PEDIATRICS | 2,351 |
| 037 NURSERY | 103,946 |
| 038 OTHER LONG TERM CARE | |
| 039 ANCILLARY SRVC COST CNTRS | 58,174 |
| 040 OPERATING ROOM | 1,689 |
| 041 RECOVERY ROOM | 4,626 |
| 042 DELIVERY ROOM & LABOR ROO | 8,550 |
| 044 ANESTHESIOLOGY | 264,295 |
| 049 RADIOLOGY-DIAGNOSTIC | |
| 050 RADIOLOGY-THERAPEUTIC | |
| 051 01 ONCOLOGY | |
| 053 LABORATORY | 35,296 |
| 055 RESPIRATORY THERAPY | 6,081 |
| 056 PHYSICAL THERAPY | 34,291 |
| 057 OCCUPATIONAL THERAPY | |
| 058 01 CARDIAC REHAB | 391 |
| 059 ELECTROCARDIOLOGY | 2,362 |
| 061 MEDICAL SUPPLIES CHARGED | 8,315 |
| 062 DRUGS CHARGED TO PATIENTS | 29,484 |
| 063 OP GERO PSYCH | 3,866 |
| 064 OUTPAT SERVICE COST CNTRS | |
| 065 EMERGENCY | 54,681 |
| 066 OBSERVATION BEDS (NON-DIS | |
| 067 OTHER OUTPATIENT SERVICE | |
| 068 50 RURAL HEALTH CLINIC | |
| 069 51 RURAL HEALTH CLINIC 2 | |
| 070 52 RURAL HEALTH CLINIC 3 | 55,617 |
| 071 OTHER REIMBURS COST CNTRS | |
| 072 HOME PROGRAM DIALYSIS | |
| 073 AMBULANCE SERVICES | |
| 074 DURABLE MEDICAL EQUIP-REN | |
| 075 DURABLE MEDICAL EQUIP-SOL | |
| 076 CORF | |
| 077 I&R SERVICES-NOT APPRVD P | |
| 078 HOME HEALTH AGENCY | |
| 079 LUNG ACQUISITION | |
| 080 SPEC PURPOSE COST CENTERS | |
| 081 KIDNEY ACQUISITION | |
| 082 LIVER ACQUISITION | |
| 083 HEART ACQUISITION | |
| 084 01 PANCREAS ACQUISITION | |
| 085 OTHER ORGAN ACQUISITION | |
| 086 AMBULATORY SURGICAL CENTE | |
| 087 HOSPICE | |
| 088 SUBTOTALS | 758,544 |
| 089 NONREIMBURS COST CENTERS | |
| 090 GIFT, FLOWER, COFFEE SHOP | 1,656 |
| 091 02 UNUSED SPACE | |
| 092 03 NON-REIMBURSABLE HOME HEA | |
| 093 04 OUTPATIENT CLINIC | 9,110 |
| 094 RESEARCH | |
| 095 PHYSICIANS' PRIVATE OFFIC | |
| 096 01 PHYSICIANS' CLINIC | |
| 097 02 WASHINGTON COUNTY HEALTH | 373 |
| 098 NONPAID WORKERS | |
| 099 CROSS FOOT ADJUSTMENTS | 3,911 |
| 101 NEGATIVE COST CENTER | |
| 102 TOTAL | 773,594 |
| 103 | |

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 9/27/2009
 I 14-1308 I FROM 5/ 1/2008 I WORKSHEET B-1
 I I TO 4/30/2009 I

| COST CENTER DESCRIPTION | OLD CAP REL C | OLD CAP REL C | NEW CAP REL C | NEW CAP REL C | EMPLOYEE BENE | RECONCILIATION |
|------------------------------|---------------|---------------|---------------|---------------|-----------------|----------------|
| | OSTS-BLDG & | OSTS-MVBLE E | OSTS-BLDG & | OSTS-MVBLE E | FITS | |
| | (SQUARE FEET | (DOLLAR VALUE | (SQUARE FEET | (DOLLAR VALUE | (GROSS SALARIES | |
| | 1 | 2 | 3 | 4 | 5 | 6a.00 |
| 001 GENERAL SERVICE COST | | | | | | |
| 002 OLD CAP REL COSTS-BLD | | | | | | |
| 003 OLD CAP REL COSTS-MVB | | | | | | |
| 004 NEW CAP REL COSTS-BLD | | | 68,393 | | | |
| 005 NEW CAP REL COSTS-MVB | | | | 424,445 | | |
| 006 EMPLOYEE BENEFITS | | | 132 | 246 | 6,520,053 | |
| 007 ADMINISTRATIVE & GENE | | | 15,938 | 125,621 | 935,091 | -2,329,293 |
| 009 MAINTENANCE & REPAIRS | | | 9,587 | 2,461 | 115,900 | |
| 010 LAUNDRY & LINEN SERVI | | | 906 | 1,216 | | |
| 011 HOUSEKEEPING | | | 415 | 275 | 188,799 | |
| 012 DIETARY | | | 1,700 | 2,439 | 134,322 | |
| 014 CAFETERIA | | | 835 | | 72,010 | |
| 015 NURSING ADMINISTRATIO | | | 132 | 155 | 80,841 | |
| 016 CENTRAL SERVICES & SU | | | 760 | 3,703 | 56,776 | |
| 017 PHARMACY | | | 659 | 9,058 | 124,707 | |
| 018 MEDICAL RECORDS & LIB | | | 974 | 4,048 | 172,733 | |
| 020 SOCIAL SERVICE | | | 88 | | 3,794 | |
| 025 NONPHYSICIAN ANESTHET | | | | | | |
| 033 INPAT ROUTINE SRVC CN | | | | | | |
| 036 ADULTS & PEDIATRICS | | | 6,105 | 11,603 | 806,797 | |
| 037 NURSERY | | | 271 | | 16,291 | |
| 038 OTHER LONG TERM CARE | | | 9,131 | 8,571 | 499,273 | |
| 039 ANCILLARY SRVC COST C | | | | | | |
| 040 OPERATING ROOM | | | 3,131 | 24,634 | 241,030 | |
| 041 RECOVERY ROOM | | | 248 | | | |
| 042 DELIVERY ROOM & LABOR | | | 583 | | 17,483 | |
| 044 ANESTHESIOLOGY | | | | 4,963 | 202,806 | |
| 049 RADIOLOGY-DIAGNOSTIC | | | 5,102 | 204,333 | 256,159 | |
| 050 RADIOLOGY-THERAPEUTIC | | | | | | |
| 055 01 ONCOLOGY | | | | | | |
| 056 LABORATORY | | | 2,018 | 2,527 | 289,115 | |
| 059 RESPIRATORY THERAPY | | | 476 | 672 | 32,362 | |
| 061 PHYSICAL THERAPY | | | 1,973 | 2,760 | 586,229 | |
| 062 OCCUPATIONAL THERAPY | | | | | | |
| 063 01 CARDIAC REHAB | | | | | 13,778 | |
| 066 ELECTROCARDIOLOGY | | | 58 | 1,417 | 6,694 | |
| 069 MEDICAL SUPPLIES CHAR | | | | | | |
| 070 DRUGS CHARGED TO PATI | | | | | | |
| 071 OP GERO PSYCH | | | 546 | 106 | | |
| 072 OUTPAT SERVICE COST C | | | | | | |
| 073 EMERGENCY | | | 3,241 | 7,014 | 277,403 | |
| 074 OBSERVATION BEDS (NON | | | | | | |
| 075 OTHER OUTPATIENT SERV | | | | | | |
| 076 50 RURAL HEALTH CLINIC | | | | | | |
| 077 51 RURAL HEALTH CLINIC 2 | | | | | | |
| 078 52 RURAL HEALTH CLINIC 3 | | | 2,411 | 2,582 | 1,382,316 | |
| 079 OTHER REIMBURS COST C | | | | | | |
| 080 HOME PROGRAM DIALYSIS | | | | | | |
| 081 AMBULANCE SERVICES | | | | | | |
| 082 DURABLE MEDICAL EQUIP | | | | | | |
| 083 DURABLE MEDICAL EQUIP | | | | | | |
| 084 CORF | | | | | | |
| 085 I&R SERVICES-NOT APPR | | | | | | |
| 086 HOME HEALTH AGENCY | | | | | | |
| 087 LUNG ACQUISITION | | | | | | |
| 088 SPEC PURPOSE COST CEN | | | | | | |
| 089 KIDNEY ACQUISITION | | | | | | |
| 090 LIVER ACQUISITION | | | | | | |
| 091 HEART ACQUISITION | | | | | | |
| 092 01 PANCREAS ACQUISITION | | | | | | |
| 093 OTHER ORGAN ACQUISITI | | | | | | |
| 094 AMBULATORY SURGICAL C | | | | | | |
| 095 HOSPICE | | | | | | |
| 096 SUBTOTALS | | | 67,420 | 420,404 | 6,512,709 | -2,329,293 |
| 097 NONREIMBURS COST CENT | | | | | | |
| 098 GIFT, FLOWER, COFFEE | | | 244 | | | |
| 099 02 UNUSED SPACE | | | | | | |
| 100 03 NON-REIMBURSABLE HOME | | | | | | |
| 101 04 OUTPATIENT CLINIC | | | 729 | 3,680 | 7,344 | |
| 102 RESEARCH | | | | | | |
| 103 PHYSICIANS' PRIVATE O | | | | | | |
| 104 01 PHYSICIANS' CLINIC | | | | | | |
| 105 02 WASHINGTON COUNTY HEA | | | | 361 | | |
| 106 NONPAID WORKERS | | | | | | |
| 107 CROSS FOOT ADJUSTMENT | | | | | | |
| 108 NEGATIVE COST CENTER | | | | | | |
| 109 COST TO BE ALLOCATED | | | 343,544 | 430,050 | 1,346,300 | |
| 110 (WRKSHT B, PART I) | | | | | | |
| 111 UNIT COST MULTIPLIER | | | 5.023087 | | .206486 | |
| 112 (WRKSHT B, PT I) | | | | | | |
| 113 COST TO BE ALLOCATED | | | | 1.013205 | | |

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 9/27/2009
 I 14-1308 I FROM 5/ 1/2008 I WORKSHEET B-1
 I I TO 4/30/2009 I

| COST CENTER DESCRIPTION | OLD CAP REL C | OLD CAP REL C | NEW CAP REL C | NEW CAP REL C | EMPLOYEE BENE | RECONCILIATION |
|---|---------------|----------------|---------------|----------------|------------------|----------------|
| | OSTS-BLDG & | OSTS-MVBLE E | OSTS-BLDG & | OSTS-MVBLE E | FITS | |
| | (SQUARE FEET | (DOLLAR)VALUE | (SQUARE)FEET | (DOLLAR)VALUE | (GROSS)SALARIES | |
| | 1 | 2 | 3 | 4 | 5 | 6a.00 |
| NONREIMBURS COST CENT (WRKSHT B, PART II) | | | | | | |
| 106 UNIT COST MULTIPLIER (WRKSHT B, PT II) | | | | | | |
| 107 COST TO BE ALLOCATED (WRKSHT B, PART III) | | | | | .912 | |
| 108 UNIT COST MULTIPLIER (WRKSHT B, PT III) | | | | | .000140 | |

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 9/27/2009
 I 14-1308 I FROM 5/ 1/2008 I WORKSHEET B-1
 I I TO 4/30/2009 I

| COST CENTER DESCRIPTION | ADMINISTRATIVE & GENERAL | MAINTENANCE & REPAIRS | LAUNDRY & LINEN SERVICE | HOUSEKEEPING | DIETARY | CAFETERIA | NURSING ADMINISTRATION |
|------------------------------|--------------------------|-----------------------|-------------------------|-----------------|------------------|-----------|------------------------|
| | (ACCUM. COST) | (SQUARE FEET) | (POUNDS OF LAUNDRY) | (SQUARE FEET) | (MEALS SERVED) | (FTES) | (DIRECT NRSING HRS) |
| | 6 | 7 | 9 | 10 | 11 | 12 | 14 |
| 001 GENERAL SERVICE COST | | | | | | | |
| 002 OLD CAP REL COSTS-BLD | | | | | | | |
| 003 OLD CAP REL COSTS-MVB | | | | | | | |
| 004 NEW CAP REL COSTS-BLD | | | | | | | |
| 005 NEW CAP REL COSTS-MVB | | | | | | | |
| 006 EMPLOYEE BENEFITS | | | | | | | |
| 007 ADMINISTRATIVE & GENE | 10,757,576 | | | | | | |
| 009 MAINTENANCE & REPAIRS | 633,315 | 42,736 | | | | | |
| 010 LAUNDRY & LINEN SERVI | 90,741 | 906 | 34,560 | | | | |
| 011 HOUSEKEEPING | 262,532 | 415 | | 41,961 | | | |
| 012 DIETARY | 291,680 | 1,700 | | 1,700 | 72,423 | | |
| 014 CAFETERIA | 126,149 | 835 | | 835 | 25,284 | 9,781 | |
| 015 NURSING ADMINISTRATIO | 99,626 | 132 | | 132 | | 99 | 91,144 |
| 016 CENTRAL SERVICES & SU | 87,618 | 760 | | 760 | | 198 | |
| 017 PHARMACY | 192,185 | 659 | | 524 | | 178 | |
| 018 MEDICAL RECORDS & LIB | 239,408 | 974 | | 974 | | 567 | |
| 020 SOCIAL SERVICE | 5,019 | 88 | | 88 | | 8 | |
| 025 NONPHYSICIAN ANESTHET | 202,806 | | | | | | |
| 033 INPAT ROUTINE SRVC CN | | | | | | | |
| 036 ADULTS & PEDIATRICS | 1,055,757 | 6,105 | 6,818 | 6,651 | 8,529 | 2,087 | 38,874 |
| 037 NURSERY | 21,074 | 271 | | 406 | | 17 | 125 |
| 038 OTHER LONG TERM CARE | 684,597 | 9,131 | 18,304 | 9,131 | 38,064 | 1,766 | 32,439 |
| 039 ANCILLARY SRVC COST C | | | | | | | |
| 040 OPERATING ROOM | 448,239 | 3,131 | 1,480 | 3,131 | 546 | 426 | 7,735 |
| 041 RECOVERY ROOM | 1,246 | 248 | | 248 | | | |
| 042 DELIVERY ROOM & LABOR | 24,697 | 583 | 560 | 583 | | | 134 |
| 044 ANESTHESIOLOGY | 155,548 | | | | | 19 | |
| 049 RADIOLOGY-DIAGNOSTIC | 905,886 | 5,102 | 1,806 | 5,102 | | 100 | |
| 050 RADIOLOGY-THERAPEUTIC | | | | | | 526 | |
| 051 ONCOLOGY | | | | | | | |
| 055 LABORATORY | 753,893 | 2,018 | | 2,018 | | 698 | |
| 056 RESPIRATORY THERAPY | 86,642 | 476 | | 476 | | 101 | 1,771 |
| 059 PHYSICAL THERAPY | 731,980 | 1,973 | 3,083 | 1,973 | | 1,144 | |
| 061 OCCUPATIONAL THERAPY | | | | | | | |
| 063 01 CARDIAC REHAB | 17,358 | | | | | | |
| 063 50 ELECTROCARDIOLOGY | 11,183 | 58 | | 58 | | 17 | 313 |
| 063 51 MEDICAL SUPPLIES CHAR | 175,269 | | | | | | |
| 063 52 DRUGS CHARGED TO PATI | 532,812 | | | | | | |
| 064 OP GERO PSYCH | 4,934 | 546 | | 546 | | | |
| 065 OUTPAT SERVICE COST C | | | | | | | |
| 066 EMERGENCY | 1,146,238 | 3,241 | 2,100 | 3,241 | | 523 | 9,753 |
| 067 OBSERVATION BEDS (NON | | | | | | | |
| 067 50 OTHER OUTPATIENT SERV | | | | | | | |
| 067 51 RURAL HEALTH CLINIC | | | | | | | |
| 067 52 RURAL HEALTH CLINIC 2 | | | | | | | |
| 067 52 RURAL HEALTH CLINIC 3 | 1,745,142 | 2,411 | 305 | 2,411 | | 1,280 | |
| 068 OTHER REIMBURS COST C | | | | | | | |
| 069 HOME PROGRAM DIALYSIS | | | | | | | |
| 070 AMBULANCE SERVICES | | | | | | | |
| 071 DURABLE MEDICAL EQUIP | | | | | | | |
| 071 DURABLE MEDICAL EQUIP | | | | | | | |
| 072 CORF | | | | | | | |
| 073 I&R SERVICES-NOT APPR | | | | | | | |
| 074 HOME HEALTH AGENCY | | | | | | | |
| 075 LUNG ACQUISITION | | | | | | | |
| 076 SPEC PURPOSE COST CEN | | | | | | | |
| 077 KIDNEY ACQUISITION | | | | | | | |
| 078 LIVER ACQUISITION | | | | | | | |
| 079 HEART ACQUISITION | | | | | | | |
| 080 01 PANCREAS ACQUISITION | | | | | | | |
| 080 OTHER ORGAN ACQUISITI | | | | | | | |
| 081 AMBULATORY SURGICAL C | | | | | | | |
| 082 HOSPICE | | | | | | | |
| 083 SUBTOTALS | 10,733,574 | 41,763 | 34,456 | 40,988 | 72,423 | 9,754 | 91,144 |
| 084 NONREIMBURS COST CENT | | | | | | | |
| 084 02 GIFT, FLOWER, COFFEE | 1,226 | 244 | | 244 | | | |
| 084 03 UNUSED SPACE | | | | | | | |
| 084 03 NON-REIMBURSABLE HOME | | | | | | | |
| 084 04 OUTPATIENT CLINIC | 22,410 | 729 | 104 | 729 | | 27 | |
| 085 RESEARCH | | | | | | | |
| 085 01 PHYSICIANS' PRIVATE O | | | | | | | |
| 085 01 PHYSICIANS' CLINIC | | | | | | | |
| 085 02 WASHINGTON COUNTY HEA | 366 | | | | | | |
| 086 NONPAID WORKERS | | | | | | | |
| 086 CROSS FOOT ADJUSTMENT | | | | | | | |
| 086 NEGATIVE COST CENTER | | | | | | | |
| 086 COST TO BE ALLOCATED | 2,329,293 | 770,444 | 126,722 | 326,859 | 398,726 | 314,222 | 127,786 |
| 086 (WRKSH B, PART I) | | | | | | | |
| 086 UNIT COST MULTIPLIER | | 18.027986 | 3.666725 | 7.789590 | 5.505516 | 32.125754 | 1.402023 |
| 086 (WRKSH B, PT I) | 216526 | | | | | | |
| 086 COST TO BE ALLOCATED | | | | | | | |

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 9/27/2009
 I 14-1308 I FROM 5/ 1/2008 I WORKSHEET B-1
 I I TO 4/30/2009 I

| COST CENTER DESCRIPTION | ADMINISTRATIVE & GENERAL | MAINTENANCE & REPAIRS | LAUNDRY & LINEN SERVICE | HOUSEKEEPING | DIETARY | CAFETERIA | NURSING ADMINISTRATION |
|---|--------------------------|-----------------------|-------------------------|-----------------|------------------|-----------|-------------------------|
| | (ACCUM. COST) | (SQUARE FEET) | (POUNDS OF) LAUNDRY | (SQUARE FEET) | (MEALS) SERVED | (FTES) | (DIRECT) NRSING HRS) |
| | 6 | 7 | 9 | 10 | 11 | 12 | 14 |
| NONREIMBURS COST CENT (WRKSHT B, PART II) | | | | | | | |
| 106 UNIT COST MULTIPLIER (WRKSHT B, PT II) | | | | | | | |
| 107 COST TO BE ALLOCATED (WRKSHT B, PART III) | 207,468 | 62,879 | 8,866 | 8,064 | 19,482 | 14,827 | 3,121 |
| 108 UNIT COST MULTIPLIER (WRKSHT B, PT III) | .019286 | 1.471336 | .256539 | .192178 | .269003 | 1.515898 | .034243 |

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 9/27/2009
 I 14-1308 I FROM 5/ 1/2008 I WORKSHEET B-1
 I I TO 4/30/2009 I

| COST CENTER DESCRIPTION | CENTRAL SERVI | PHARMACY | MEDICAL RECOR | SOCIAL SERVIC | NONPHYSICIAN |
|------------------------------|-----------------|------------------|-----------------|---------------|-----------------|
| | CS & SUPPLY | CS & SUPPLY | DS & LIBRARY | E | ANESTHETISTS |
| | (COSTED REQUIS. | (COSTED)REQUIS. | (GROSS)CHARGES | (TIME)SPENT | (ASSIGNED)TIME |
| | 15 | 16 | 17 | 18 | 20 |
| 001 GENERAL SERVICE COST | | | | | |
| 002 OLD CAP REL COSTS-BLD | | | | | |
| 003 OLD CAP REL COSTS-MVB | | | | | |
| 004 NEW CAP REL COSTS-BLD | | | | | |
| 005 NEW CAP REL COSTS-MVB | | | | | |
| 006 EMPLOYEE BENEFITS | | | | | |
| 007 ADMINISTRATIVE & GENE | | | | | |
| 009 MAINTENANCE & REPAIRS | | | | | |
| 010 LAUNDRY & LINEN SERVI | | | | | |
| 011 HOUSEKEEPING | | | | | |
| 012 DIETARY | | | | | |
| 014 CAFETERIA | | | | | |
| 015 NURSING ADMINISTRATIO | | | | | |
| 016 CENTRAL SERVICES & SU | 143,585 | | | | |
| 017 PHARMACY | | 535,957 | | | |
| 018 MEDICAL RECORDS & LIB | 66 | | 20,774,800 | | |
| 020 SOCIAL SERVICE | | | | 100 | |
| 025 NONPHYSICIAN ANESTHET | | | | | 100 |
| 033 INPAT ROUTINE SRVC CN | | | | | |
| 036 ADULTS & PEDIATRICS | 25,031 | 803 | 450,400 | 82 | |
| 037 NURSERY | 115 | | 12,300 | 8 | |
| 038 OTHER LONG TERM CARE | 16,637 | 7 | 1,140,175 | 10 | |
| 039 ANCILLARY SRVC COST C | | | | | |
| 040 OPERATING ROOM | 18,798 | 271 | 947,229 | | |
| 041 RECOVERY ROOM | | | 8,280 | | |
| 042 DELIVERY ROOM & LABOR | 554 | | 38,432 | | |
| 044 ANESTHESIOLOGY | 715 | | 370,098 | | 100 |
| 049 RADIOLOGY-DIAGNOSTIC | 2,927 | 952 | 5,326,461 | | |
| 051 RADIOLOGY-THERAPEUTIC | | | | | |
| 055 01 ONCOLOGY | | | | | |
| 056 LABORATORY | 3,572 | 163 | 4,290,657 | | |
| 059 RESPIRATORY THERAPY | 881 | | 337,260 | | |
| 061 PHYSICAL THERAPY | 1,560 | 458 | 1,862,414 | | |
| 062 OCCUPATIONAL THERAPY | | | | | |
| 063 01 CARDIAC REHAB | | | 69,845 | | |
| 063 ELECTROCARDIOLOGY | 1,380 | | 232,985 | | |
| 063 MEDICAL SUPPLIES CHAR | 52,457 | | 1,257,220 | | |
| 063 DRUGS CHARGED TO PATI | 408 | 532,812 | 2,224,983 | | |
| 063 OP GERO PSYCH | 111 | | 6,860 | | |
| 061 OUTPAT SERVICE COST C | | | | | |
| 062 EMERGENCY | 15,526 | 425 | 1,167,584 | | |
| 063 OBSERVATION BEDS (NON | | | | | |
| 063 OTHER OUTPATIENT SERV | | | | | |
| 063 50 RURAL HEALTH CLINIC | | | | | |
| 063 51 RURAL HEALTH CLINIC 2 | | | | | |
| 063 52 RURAL HEALTH CLINIC 3 | 2,790 | 26 | 1,031,617 | | |
| 064 OTHER REIMBURS COST C | | | | | |
| 064 HOME PROGRAM DIALYSIS | | | | | |
| 065 AMBULANCE SERVICES | | | | | |
| 066 DURABLE MEDICAL EQUIP | | | | | |
| 067 DURABLE MEDICAL EQUIP | | | | | |
| 069 CORF | | | | | |
| 070 I&R SERVICES-NOT APPR | | | | | |
| 071 HOME HEALTH AGENCY | | | | | |
| 082 LUNG ACQUISITION | | | | | |
| 083 SPEC PURPOSE COST CEN | | | | | |
| 084 KIDNEY ACQUISITION | | | | | |
| 085 LIVER ACQUISITION | | | | | |
| 085 HEART ACQUISITION | | | | | |
| 085 01 PANCREAS ACQUISITION | | | | | |
| 086 OTHER ORGAN ACQUISITI | | | | | |
| 092 AMBULATORY SURGICAL C | | | | | |
| 093 HOSPICE | | | | | |
| 095 SUBTOTALS | 143,528 | 535,917 | 20,774,800 | 100 | 100 |
| 096 NONREIMBURS COST CENT | | | | | |
| 096 GIFT, FLOWER, COFFEE | | | | | |
| 096 02 UNUSED SPACE | | | | | |
| 096 03 NON-REIMBURSABLE HOME | | | | | |
| 096 04 OUTPATIENT CLINIC | 57 | 40 | | | |
| 097 RESEARCH | | | | | |
| 098 PHYSICIANS' PRIVATE O | | | | | |
| 098 01 PHYSICIANS' CLINIC | | | | | |
| 098 02 WASHINGTON COUNTY HEA | | | | | |
| NONPAID WORKERS | | | | | |
| CROSS FOOT ADJUSTMENT | | | | | |
| NEGATIVE COST CENTER | | | | | |
| 103 COST TO BE ALLOCATED | 132,572 | 255,478 | 334,668 | 8,634 | 246,719 |
| (PER WRKSHT B, PART | | | | | |
| 104 UNIT COST MULTIPLIER | | .476676 | | 86.340000 | |
| (WRKSHT B, PT I) | .923300 | | .016109 | | 2,467.190000 |
| 105 COST TO BE ALLOCATED | | | | | |

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 9/27/2009
 I 14-1308 I FROM 5/ 1/2008 I WORKSHEET B-1
 I I TO 4/30/2009 I

| COST CENTER DESCRIPTION | CENTRAL SERVI | PHARMACY | MEDICAL RECOR | SOCIAL SERVIC | NONPHYSICIAN |
|---|-----------------|------------------|-----------------|---------------|-----------------|
| | CES & SUPPLY | | DS & LIBRARY | E | ANESTHETISTS |
| | (COSTED REQUIS. | (COSTED)REQUIS. | (GROSS)CHARGES | (TIME)SPENT | (ASSIGNED)TIME |
| | 15 | 16 | 17 | 18 | 20 |
| NONREIMBURS COST CENT (PER WRKSHT B, PART UNIT COST MULTIPLIER (WRKSHT B, PT II) | | | | | |
| 106 | | | | | |
| 107 COST TO BE ALLOCATED (PER WRKSHT B, PART UNIT COST MULTIPLIER (WRKSHT B, PT III) | 10,832 | 17,552 | 16,119 | 698 | 3,911 |
| 108 | | | | | |
| | .075440 | .032749 | .000776 | 6.980000 | 39.110000 |

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 9/27/2009
 I 14-1308 I FROM 5/ 1/2008 I WORKSHEET C
 I I TO 4/30/2009 I PART I

| WKST A LINE NO. | COST CENTER DESCRIPTION | WKST B, PT I COL. 27 | THERAPY ADJUSTMENT | TOTAL COSTS | RCE DISALLOWANCE | TOTAL COSTS |
|--------------------|---|-------------------------|-----------------------|----------------|---------------------|----------------|
| | | 1 | 2 | 3 | 4 | 5 |
| 25 | INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS | 1,677,561 | | 1,677,561 | | |
| 33 | NURSERY | 35,402 | | 35,402 | | |
| 36 | OTHER LONG TERM CARE ANCILLARY SRVC COST CNTRS | 1,482,058 | | 1,482,058 | | |
| 37 | OPERATING ROOM | 691,837 | | 691,837 | | |
| 38 | RECOVERY ROOM | 8,052 | | 8,052 | | |
| 39 | DELIVERY ROOM & LABOR ROO | 49,078 | | 49,078 | | |
| 40 | ANESTHESIOLOGY | 445,782 | | 445,782 | | |
| 41 | RADIOLOGY-DIAGNOSTIC | 1,346,242 | | 1,346,242 | | |
| 42 | RADIOLOGY-THERAPEUTIC | | | | | |
| 42 | 01 ONCOLOGY | | | | | |
| 44 | LABORATORY | 1,064,147 | | 1,064,147 | | |
| 49 | RESPIRATORY THERAPY | 129,665 | | 129,665 | | |
| 50 | PHYSICAL THERAPY | 1,021,128 | | 1,021,128 | | |
| 51 | OCCUPATIONAL THERAPY | | | | | |
| 51 | 01 CARDIAC REHAB | 22,241 | | 22,241 | | |
| 53 | ELECTROCARDIOLOGY | 21,114 | | 21,114 | | |
| 55 | MEDICAL SUPPLIES CHARGED | 281,907 | | 281,907 | | |
| 56 | DRUGS CHARGED TO PATIENTS | 938,378 | | 938,378 | | |
| 59 | OP GERO PSYCH | 20,311 | | 20,311 | | |
| 61 | OUTPAT SERVICE COST CNTRS EMERGENCY | 1,549,626 | | 1,549,626 | | |
| 62 | OBSERVATION BEDS (NON-DIS | 88,170 | | 88,170 | | |
| 63 | OTHER OUTPATIENT SERVICE | | | | | |
| 63 | 50 RURAL HEALTH CLINIC | | | | | |
| 63 | 51 RURAL HEALTH CLINIC 2 | | | | | |
| 63 | 52 RURAL HEALTH CLINIC 3 | 2,246,701 | | 2,246,701 | | |
| 64 | OTHER REIMBURS COST CNTRS | | | | | |
| 64 | HOME PROGRAM DIALYSIS | | | | | |
| 65 | AMBULANCE SERVICES | | | | | |
| 66 | DURABLE MEDICAL EQUIP-REN | | | | | |
| 67 | DURABLE MEDICAL EQUIP-SOL | | | | | |
| 101 | SUBTOTAL | 13,119,400 | | 13,119,400 | | |
| 102 | LESS OBSERVATION BEDS | 88,170 | | 88,170 | | |
| 103 | TOTAL | 13,031,230 | | 13,031,230 | | |

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 9/27/2009
 I 14-1308 I FROM 5/ 1/2008 I WORKSHEET C
 I I TO 4/30/2009 I PART I

| WKST A E 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 | 362,051 | | 362,051 | | | |
| 33 | NURSERY | 12,300 | | 12,300 | | | |
| 36 | OTHER LONG TERM CARE | 1,140,175 | | 1,140,175 | | | |
| | ANCILLARY SRVC COST CNTRS | | | | | | |
| 37 | OPERATING ROOM | 28,285 | 893,161 | 921,446 | .750817 | .750817 | |
| 38 | RECOVERY ROOM | 1,594 | 6,686 | 8,280 | .972464 | .972464 | |
| 39 | DELIVERY ROOM & LABOR ROO | 31,317 | 1,854 | 33,171 | 1.479545 | 1.479545 | |
| 40 | ANESTHESIOLOGY | 51,731 | 318,367 | 370,098 | 1.204497 | 1.204497 | |
| 41 | RADIOLOGY-DIAGNOSTIC | 94,082 | 4,946,967 | 5,041,049 | .267056 | .267056 | |
| 42 | RADIOLOGY-THERAPEUTIC | | | | | | |
| 42 | 01 ONCOLOGY | | | | | | |
| 44 | LABORATORY | 273,899 | 3,948,854 | 4,222,753 | .252003 | .252003 | |
| 49 | RESPIRATORY THERAPY | 132,653 | 193,049 | 325,702 | .398109 | .398109 | |
| 50 | PHYSICAL THERAPY | 345,180 | 1,406,524 | 1,751,704 | .582934 | .582934 | |
| 51 | OCCUPATIONAL THERAPY | | | | | | |
| 51 | 01 CARDIAC REHAB | | 69,845 | 69,845 | .318434 | .318434 | |
| 53 | ELECTROCARDIOLOGY | 12,042 | 204,866 | 216,908 | .097341 | .097341 | |
| 55 | MEDICAL SUPPLIES CHARGED | 82,695 | 1,151,318 | 1,234,013 | .228447 | .228447 | |
| 56 | DRUGS CHARGED TO PATIENTS | 662,959 | 1,492,738 | 2,155,697 | .435301 | .435301 | |
| 59 | OP GERO PSYCH | | 6,860 | 6,860 | 2.960787 | 2.960787 | |
| | OUTPAT SERVICE COST CNTRS | | | | | | |
| 61 | EMERGENCY | | 1,161,089 | 1,161,089 | 1.334632 | 1.334632 | |
| 62 | OBSERVATION BEDS (NON-DIS | | 75,798 | 75,798 | 1.163223 | 1.163223 | |
| 63 | OTHER OUTPATIENT SERVICE | | | | | | |
| 63 | 50 RURAL HEALTH CLINIC | | | | | | |
| 63 | 51 RURAL HEALTH CLINIC 2 | | | | | | |
| 63 | 52 RURAL HEALTH CLINIC 3 | | 976,643 | 976,643 | 2.300432 | 2.300432 | |
| | OTHER REIMBURS COST CNTRS | | | | | | |
| 64 | HOME PROGRAM DIALYSIS | | | | | | |
| 65 | AMBULANCE SERVICES | | | | | | |
| 66 | DURABLE MEDICAL EQUIP-REN | | | | | | |
| 67 | DURABLE MEDICAL EQUIP-SOL | | | | | | |
| 101 | SUBTOTAL | 3,230,963 | 16,854,619 | 20,085,582 | | | |
| 102 | LESS OBSERVATION BEDS | | | | | | |
| 103 | TOTAL | 3,230,963 | 16,854,619 | 20,085,582 | | | |

| A NO. | COST CENTER DESCRIPTION | TOTAL COST | CAPITAL COST | OPERATING | CAPITAL REDUCTION | OPERATING COST | COST NET OF |
|----------|---------------------------|------------------------------|-------------------------------------|----------------------------------|----------------------|--------------------------|-------------------------------------|
| | | WKST B, PT I COL. 27 1 | WKST B PT II & III, COL. 27 2 | COST NET OF CAPITAL COST 3 | | REDUCTION AMOUNT 5 | CAP AND OPER COST REDUCTION 6 |
| 37 | ANCILLARY SRVC COST CNTRS | | | | | | |
| 37 | OPERATING ROOM | 691,837 | 58,174 | 633,663 | | | 691,837 |
| 38 | RECOVERY ROOM | 8,052 | 1,689 | 6,363 | | | 8,052 |
| 39 | DELIVERY ROOM & LABOR ROO | 49,078 | 4,626 | 44,452 | | | 49,078 |
| 40 | ANESTHESIOLOGY | 445,782 | 8,550 | 437,232 | | | 445,782 |
| 41 | RADIOLOGY-DIAGNOSTIC | 1,346,242 | 264,295 | 1,081,947 | | | 1,346,242 |
| 42 | RADIOLOGY-THERAPEUTIC | | | | | | |
| 42 | 01 ONCOLOGY | | | | | | |
| 44 | LABORATORY | 1,064,147 | 35,296 | 1,028,851 | | | 1,064,147 |
| 49 | RESPIRATORY THERAPY | 129,665 | 6,081 | 123,584 | | | 129,665 |
| 50 | PHYSICAL THERAPY | 1,021,128 | 34,291 | 986,837 | | | 1,021,128 |
| 51 | OCCUPATIONAL THERAPY | | | | | | |
| 51 | 01 CARDIAC REHAB | 22,241 | 391 | 21,850 | | | 22,241 |
| 53 | ELECTROCARDIOLOGY | 21,114 | 2,362 | 18,752 | | | 21,114 |
| 55 | MEDICAL SUPPLIES CHARGED | 281,907 | 8,315 | 273,592 | | | 281,907 |
| 56 | DRUGS CHARGED TO PATIENTS | 938,378 | 29,484 | 908,894 | | | 938,378 |
| 59 | OP GERO PSYCH | 20,311 | 3,866 | 16,445 | | | 20,311 |
| | OUTPAT SERVICE COST CNTRS | | | | | | |
| 61 | EMERGENCY | 1,549,626 | 54,681 | 1,494,945 | | | 1,549,626 |
| 62 | OBSERVATION BEDS (NON-DIS | 88,170 | | 88,170 | | | 88,170 |
| 63 | OTHER OUTPATIENT SERVICE | | | | | | |
| 63 | 50 RURAL HEALTH CLINIC | | | | | | |
| 63 | 51 RURAL HEALTH CLINIC 2 | | | | | | |
| 63 | 52 RURAL HEALTH CLINIC 3 | 2,246,701 | 55,617 | 2,191,084 | | | 2,246,701 |
| | OTHER REIMBURS COST CNTRS | | | | | | |
| 64 | HOME PROGRAM DIALYSIS | | | | | | |
| 65 | AMBULANCE SERVICES | | | | | | |
| 66 | DURABLE MEDICAL EQUIP-REN | | | | | | |
| 67 | DURABLE MEDICAL EQUIP-SOL | | | | | | |
| 101 | SUBTOTAL | 9,924,379 | 567,718 | 9,356,661 | | | 9,924,379 |
| 102 | LESS OBSERVATION BEDS | 88,170 | | 88,170 | | | 88,170 |
| 103 | TOTAL | 9,836,209 | 567,718 | 9,268,491 | | | 9,836,209 |

| PT A NO. | COST CENTER DESCRIPTION | TOTAL CHARGES | OUTPAT COST TO CHRGRATIO | I/P PT B COST TO CHRGRATIO |
|-------------|---------------------------|------------------|-----------------------------|-------------------------------|
| | | 7 | 8 | 9 |
| | ANCILLARY SRVC COST CNTRS | | | |
| 37 | OPERATING ROOM | 921,446 | .750817 | .750817 |
| 38 | RECOVERY ROOM | 8,280 | .972464 | .972464 |
| 39 | DELIVERY ROOM & LABOR ROO | 33,171 | 1.479545 | 1.479545 |
| 40 | ANESTHESIOLOGY | 370,098 | 1.204497 | 1.204497 |
| 41 | RADIOLOGY-DIAGNOSTIC | 5,041,049 | .267056 | .267056 |
| 42 | RADIOLOGY-THERAPEUTIC | | | |
| 42 | 01 ONCOLOGY | | | |
| 44 | LABORATORY | 4,222,753 | .252003 | .252003 |
| 49 | RESPIRATORY THERAPY | 325,702 | .398109 | .398109 |
| 50 | PHYSICAL THERAPY | 1,751,704 | .582934 | .582934 |
| 51 | OCCUPATIONAL THERAPY | | | |
| 51 | 01 CARDIAC REHAB | 69,845 | .318434 | .318434 |
| 53 | ELECTROCARDIOLOGY | 216,908 | .097341 | .097341 |
| 55 | MEDICAL SUPPLIES CHARGED | 1,234,013 | .228447 | .228447 |
| 56 | DRUGS CHARGED TO PATIENTS | 2,155,697 | .435301 | .435301 |
| 59 | OP GERO PSYCH | 6,860 | 2.960787 | 2.960787 |
| | OUTPAT SERVICE COST CNTRS | | | |
| 61 | EMERGENCY | 1,161,089 | 1.334632 | 1.334632 |
| 62 | OBSERVATION BEDS (NON-DIS | 75,798 | 1.163223 | 1.163223 |
| 63 | OTHER OUTPATIENT SERVICE | | | |
| 63 | 50 RURAL HEALTH CLINIC | | | |
| 63 | 51 RURAL HEALTH CLINIC 2 | | | |
| 63 | 52 RURAL HEALTH CLINIC 3 | 976,643 | 2.300432 | 2.300432 |
| | OTHER REIMBURS COST CNTRS | | | |
| 64 | HOME PROGRAM DIALYSIS | | | |
| 65 | AMBULANCE SERVICES | | | |
| 66 | DURABLE MEDICAL EQUIP-REN | | | |
| 67 | DURABLE MEDICAL EQUIP-SOL | | | |
| 101 | SUBTOTAL | 18,571,056 | | |
| 102 | LESS OBSERVATION BEDS | 75,798 | | |
| 103 | TOTAL | 18,495,258 | | |

| A NO. | COST CENTER DESCRIPTION | TOTAL COST | CAPITAL COST | OPERATING | CAPITAL REDUCTION | OPERATING COST | COST NET OF |
|----------|---------------------------|------------------------------|-------------------------------------|----------------------------------|----------------------|--------------------------|-------------------------------------|
| | | WKST B, PT I COL. 27 1 | WKST B PT II & III, COL. 27 2 | COST NET OF CAPITAL COST 3 | | REDUCTION AMOUNT 5 | CAP AND OPER COST REDUCTION 6 |
| | ANCILLARY SRVC COST CNTRS | | | | | | |
| 37 | OPERATING ROOM | 691,837 | 58,174 | 633,663 | | | 691,837 |
| 38 | RECOVERY ROOM | 8,052 | 1,689 | 6,363 | | | 8,052 |
| 39 | DELIVERY ROOM & LABOR ROO | 49,078 | 4,626 | 44,452 | | | 49,078 |
| 40 | ANESTHESIOLOGY | 445,782 | 8,550 | 437,232 | | | 445,782 |
| 41 | RADIOLOGY-DIAGNOSTIC | 1,346,242 | 264,295 | 1,081,947 | | | 1,346,242 |
| 42 | RADIOLOGY-THERAPEUTIC | | | | | | |
| 42 | 01 ONCOLOGY | | | | | | |
| 44 | LABORATORY | 1,064,147 | 35,296 | 1,028,851 | | | 1,064,147 |
| 49 | RESPIRATORY THERAPY | 129,665 | 6,081 | 123,584 | | | 129,665 |
| 50 | PHYSICAL THERAPY | 1,021,128 | 34,291 | 986,837 | | | 1,021,128 |
| 51 | OCCUPATIONAL THERAPY | | | | | | |
| 51 | 01 CARDIAC REHAB | 22,241 | 391 | 21,850 | | | 22,241 |
| 53 | ELECTROCARDIOLOGY | 21,114 | 2,362 | 18,752 | | | 21,114 |
| 55 | MEDICAL SUPPLIES CHARGED | 281,907 | 8,315 | 273,592 | | | 281,907 |
| 56 | DRUGS CHARGED TO PATIENTS | 938,378 | 29,484 | 908,894 | | | 938,378 |
| 59 | OP GERO PSYCH | 20,311 | 3,866 | 16,445 | | | 20,311 |
| | OUTPAT SERVICE COST CNTRS | | | | | | |
| 61 | EMERGENCY | 1,549,626 | 54,681 | 1,494,945 | | | 1,549,626 |
| 62 | OBSERVATION BEDS (NON-DIS | 88,170 | | 88,170 | | | 88,170 |
| 63 | OTHER OUTPATIENT SERVICE | | | | | | |
| 63 | 50 RURAL HEALTH CLINIC | | | | | | |
| 63 | 51 RURAL HEALTH CLINIC 2 | | | | | | |
| 63 | 52 RURAL HEALTH CLINIC 3 | 2,246,701 | 55,617 | 2,191,084 | | | 2,246,701 |
| | OTHER REIMBURS COST CNTRS | | | | | | |
| 64 | HOME PROGRAM DIALYSIS | | | | | | |
| 65 | AMBULANCE SERVICES | | | | | | |
| 66 | DURABLE MEDICAL EQUIP-REN | | | | | | |
| 67 | DURABLE MEDICAL EQUIP-SOL | | | | | | |
| 101 | SUBTOTAL | 9,924,379 | 567,718 | 9,356,661 | | | 9,924,379 |
| 102 | LESS OBSERVATION BEDS | 88,170 | | 88,170 | | | 88,170 |
| 103 | TOTAL | 9,836,209 | 567,718 | 9,268,491 | | | 9,836,209 |

| PT A NO. | COST CENTER DESCRIPTION | TOTAL CHARGES | OUTPUT COST TO CHRGRATIO | I/P PT B COST TO CHRGRATIO |
|-------------|---------------------------|------------------|-----------------------------|-------------------------------|
| | | 7 | 8 | 9 |
| | ANCILLARY SRVC COST CNTRS | | | |
| 37 | OPERATING ROOM | 921,446 | .750817 | .750817 |
| 38 | RECOVERY ROOM | 8,280 | .972464 | .972464 |
| 39 | DELIVERY ROOM & LABOR ROO | 33,171 | 1.479545 | 1.479545 |
| 40 | ANESTHESIOLOGY | 370,098 | 1.204497 | 1.204497 |
| 41 | RADIOLOGY-DIAGNOSTIC | 5,041,049 | .267056 | .267056 |
| 42 | RADIOLOGY-THERAPEUTIC | | | |
| 42 | 01 ONCOLOGY | | | |
| 44 | LABORATORY | 4,222,753 | .252003 | .252003 |
| 49 | RESPIRATORY THERAPY | 325,702 | .398109 | .398109 |
| 50 | PHYSICAL THERAPY | 1,751,704 | .582934 | .582934 |
| 51 | OCCUPATIONAL THERAPY | | | |
| 51 | 01 CARDIAC REHAB | 69,845 | .318434 | .318434 |
| 53 | ELECTROCARDIOLOGY | 216,908 | .097341 | .097341 |
| 55 | MEDICAL SUPPLIES CHARGED | 1,234,013 | .228447 | .228447 |
| 56 | DRUGS CHARGED TO PATIENTS | 2,155,697 | .435301 | .435301 |
| 59 | OP GERO PSYCH | 6,860 | 2.960787 | 2.960787 |
| | OUTPAT SERVICE COST CNTRS | | | |
| 61 | EMERGENCY | 1,161,089 | 1.334632 | 1.334632 |
| 62 | OBSERVATION BEDS (NON-DIS | 75,798 | 1.163223 | 1.163223 |
| 63 | OTHER OUTPATIENT SERVICE | | | |
| 63 | 50 RURAL HEALTH CLINIC | | | |
| 63 | 51 RURAL HEALTH CLINIC 2 | | | |
| 63 | 52 RURAL HEALTH CLINIC 3 | 976,643 | 2.300432 | 2.300432 |
| | OTHER REIMBURS COST CNTRS | | | |
| 64 | HOME PROGRAM DIALYSIS | | | |
| 65 | AMBULANCE SERVICES | | | |
| 66 | DURABLE MEDICAL EQUIP-REN | | | |
| 67 | DURABLE MEDICAL EQUIP-SOL | | | |
| 101 | SUBTOTAL | 18,571,056 | | |
| 102 | LESS OBSERVATION BEDS | 75,798 | | |
| 103 | TOTAL | 18,495,258 | | |

COMPUTATION OF TOTAL RPCH INPATIENT ANCILLARY COSTS

I PROVIDER NO: I PERIOD: I PREPARED 9/27/2009
 I 14-1308 I FROM 5/ 1/2008 I WORKSHEET C
 I I TO 4/30/2009 I PART III

| A NO. | COST CENTER DESCRIPTION | TOTAL COST WKST B, PT I COL. 27 1 | TOTAL ANCILLARY CHARGES 2 | TOTAL INP ANCILLARY CHARGES 3 | CHARGE TO CHARGE RATIO 4 | TOTAL INPATIENT COST 5 |
|----------|---------------------------|--|------------------------------------|--|-----------------------------------|---------------------------------|
| | ANCILLARY SRVC COST CNTRS | | | | | |
| 37 | OPERATING ROOM | 691,837 | 921,446 | | | |
| 38 | RECOVERY ROOM | 8,052 | 8,280 | | | |
| 39 | DELIVERY ROOM & LABOR ROO | 49,078 | 33,171 | | | |
| 40 | ANESTHESIOLOGY | 445,782 | 370,098 | | | |
| 41 | RADIOLOGY-DIAGNOSTIC | 1,346,242 | 5,041,049 | | | |
| 42 | RADIOLOGY-THERAPEUTIC | | | | | |
| 42 | 01 ONCOLOGY | | | | | |
| 44 | LABORATORY | 1,064,147 | 4,222,753 | | | |
| 49 | RESPIRATORY THERAPY | 129,665 | 325,702 | | | |
| 50 | PHYSICAL THERAPY | 1,021,128 | 1,751,704 | | | |
| 51 | OCCUPATIONAL THERAPY | | | | | |
| 51 | 01 CARDIAC REHAB | 22,241 | 69,845 | | | |
| 53 | ELECTROCARDIOLOGY | 21,114 | 216,908 | | | |
| 55 | MEDICAL SUPPLIES CHARGED | 281,907 | 1,234,013 | | | |
| 56 | DRUGS CHARGED TO PATIENTS | 938,378 | 2,155,697 | | | |
| 59 | OP GERO PSYCH | 20,311 | 6,860 | | | |
| | OUTPAT SERVICE COST CNTRS | | | | | |
| 61 | EMERGENCY | 1,549,626 | 1,161,089 | | | |
| 62 | OBSERVATION BEDS (NON-DIS | 88,170 | 75,798 | | | |
| 63 | OTHER OUTPATIENT SERVICE | | | | | |
| 63 | 50 RURAL HEALTH CLINIC | | | | | |
| 63 | 51 RURAL HEALTH CLINIC 2 | | | | | |
| 63 | 52 RURAL HEALTH CLINIC 3 | 2,246,701 | 976,643 | | | |
| | OTHER REIMBURS COST CNTRS | | | | | |
| 64 | HOME PROGRAM DIALYSIS | | | | | |
| 65 | AMBULANCE SERVICES | | | | | |
| 66 | DURABLE MEDICAL EQUIP-REN | | | | | |
| 67 | DURABLE MEDICAL EQUIP-SOL | | | | | |
| 101 | TOTAL | 9,924,379 | 18,571,056 | | | |

COMPUTATION OF OUTPATIENT COST PER VISIT -
RURAL PRIMARY CARE HOSPITAL

I PROVIDER NO: I PERIOD: I PREPARED 9/27/2009
I 14-1308 I FROM 5/ 1/2008 I WORKSHEET C
I I TO 4/30/2009 I PART V

| A NO. | COST CENTER DESCRIPTION | TOTAL COST WKST B, PT I COL. 27 1 | PROVIDER-BASED PHYSICIAN ADJUSTMENT 2 | TOTAL COSTS 3 | TOTAL ANCILLARY CHARGES 4 | TOTAL OUTPATIENT CHARGES 5 | RATIO OF OUT- PATIENT CHRGS TO TTL CHARGES 6 | TOTAL OUT- PATIENT COSTS 7 |
|----------|---------------------------|--|--|---------------------|------------------------------------|-------------------------------------|---|-------------------------------------|
| | ANCILLARY SRVC COST CNTRS | | | | | | | |
| 37 | OPERATING ROOM | 691,837 | | 691,837 | 921,446 | | | |
| 38 | RECOVERY ROOM | 8,052 | | 8,052 | 8,280 | | | |
| 39 | DELIVERY ROOM & LABOR ROO | 49,078 | | 49,078 | 33,171 | | | |
| 40 | ANESTHESIOLOGY | 445,782 | | 445,782 | 370,098 | | | |
| 41 | RADIOLOGY-DIAGNOSTIC | 1,346,242 | 9,873 | 1,356,115 | 5,041,049 | | | |
| 42 | RADIOLOGY-THERAPEUTIC | | | | | | | |
| 42 | 01 ONCOLOGY | | | | | | | |
| 44 | LABORATORY | 1,064,147 | 13,055 | 1,077,202 | 4,222,753 | | | |
| 49 | RESPIRATORY THERAPY | 129,665 | | 129,665 | 325,702 | | | |
| 50 | PHYSICAL THERAPY | 1,021,128 | | 1,021,128 | 1,751,704 | | | |
| 51 | OCCUPATIONAL THERAPY | | | | | | | |
| 51 | 01 CARDIAC REHAB | 22,241 | | 22,241 | 69,845 | | | |
| 53 | ELECTROCARDIOLOGY | 21,114 | 12,867 | 33,981 | 216,908 | | | |
| 55 | MEDICAL SUPPLIES CHARGED | 281,907 | | 281,907 | 1,234,013 | | | |
| 56 | DRUGS CHARGED TO PATIENTS | 938,378 | | 938,378 | 2,155,697 | | | |
| 59 | OP GERO PSYCH | 20,311 | | 20,311 | 6,860 | | | |
| | OUTPAT SERVICE COST CNTRS | | | | | | | |
| 61 | EMERGENCY | 1,549,626 | 145,802 | 1,695,428 | 1,161,089 | | | |
| 62 | OBSERVATION BEDS (NON-DIS | 88,170 | | 88,170 | 75,798 | | | |
| 63 | OTHER OUTPATIENT SERVICE | | | | | | | |
| 63 | 50 RURAL HEALTH CLINIC | | | | | | | |
| 63 | 51 RURAL HEALTH CLINIC 2 | | | | | | | |
| 63 | 52 RURAL HEALTH CLINIC 3 | | | | | | | |
| | OTHER REIMBURS COST CNTRS | | | | | | | |
| 64 | HOME PROGRAM DIALYSIS | | | | | | | |
| 65 | AMBULANCE SERVICES | | | | | | | |
| 66 | DURABLE MEDICAL EQUIP-REN | | | | | | | |
| 67 | DURABLE MEDICAL EQUIP-SOL | | | | | | | |
| 101 | TOTAL | 7,677,678 | 181,597 | 7,859,275 | 17,594,413 | | | |
| 102 | TOTAL OUTPATIENT VISITS | | | | | | | |
| 103 | AGGREGATE COST PER VISIT | | | | | | | |
| 104 | TITLE V OUTPATIENT VISITS | | | | | | | |
| 105 | TITLE XVIII OUTPAT VISITS | | | | | | | |
| 106 | TITLE XIX OUTPAT VISITS | | | | | | | |
| 107 | TITLE V OUTPAT COSTS | | | | | | | |
| 108 | TITLE XVIII OUTPAT COSTS | | | | | | | |
| | TITLE XIX OUTPAT COSTS | | | | | | | |

TITLE XVIII, PART B

HOSPITAL

| Cost Center Description | Cost/Charge Ratio (C, Pt I, col. 9) | Cost/Charge Ratio (C, Pt I, col. 9) | Cost/Charge Ratio (C, Pt II, col. 9) | Outpatient Ambulatory Surgical Ctr | Outpatient Radiology |
|---|-------------------------------------|-------------------------------------|--------------------------------------|------------------------------------|----------------------|
| | 1 | 1.01 | 1.02 | 2 | 3 |
| (A) ANCILLARY SRVC COST CNTRS | | | | | |
| 37 OPERATING ROOM | .750817 | | .750817 | | |
| 38 RECOVERY ROOM | .972464 | | .972464 | | |
| 39 DELIVERY ROOM & LABOR ROOM | 1.479545 | | 1.479545 | | |
| 40 ANESTHESIOLOGY | 1.204497 | | 1.204497 | | |
| 41 RADIOLOGY-DIAGNOSTIC | .267056 | | .267056 | | |
| 42 RADIOLOGY-THERAPEUTIC | | | | | |
| 42 01 ONCOLOGY | | | | | |
| 44 LABORATORY | .252003 | | .252003 | | |
| 49 RESPIRATORY THERAPY | .398109 | | .398109 | | |
| 50 PHYSICAL THERAPY | .582934 | | .582934 | | |
| 51 OCCUPATIONAL THERAPY | | | | | |
| 51 01 CARDIAC REHAB | .318434 | | .318434 | | |
| 53 ELECTROCARDIOLOGY | .097341 | | .097341 | | |
| 55 MEDICAL SUPPLIES CHARGED TO PATIENTS | .228447 | | .228447 | | |
| 56 DRUGS CHARGED TO PATIENTS | .435301 | | .435301 | | |
| 59 OP GERO PSYCH | 2.960787 | | 2.960787 | | |
| OUTPAT SERVICE COST CNTRS | | | | | |
| 61 EMERGENCY | 1.334632 | | 1.334632 | | |
| 62 OBSERVATION BEDS (NON-DISTINCT PART) | 1.163223 | | 1.163223 | | |
| 63 OTHER OUTPATIENT SERVICE COST CENTER | | | | | |
| 63 50 RURAL HEALTH CLINIC | | | | | |
| 63 51 RURAL HEALTH CLINIC 2 | | | | | |
| 63 52 RURAL HEALTH CLINIC 3 | | | | | |
| OTHER REIMBURS COST CNTRS | | | | | |
| 64 HOME PROGRAM DIALYSIS | | | | | |
| 65 AMBULANCE SERVICES | | | | | |
| 66 DURABLE MEDICAL EQUIP-RENTED | | | | | |
| 67 DURABLE MEDICAL EQUIP-SOLD | | | | | |
| 101 SUBTOTAL | | | | | |
| 102 CRNA CHARGES | | | | | |
| 103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES | | | | | |
| 104 NET CHARGES | | | | | |

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

TITLE XVIII, PART B

HOSPITAL

| Cost Center Description | 4 Other Outpatient Diagnostic | 5 All Other (1) | 6 Outpatient Ambulatory Surgical Ctr | 7 Outpatient Radiology | 8 Other Outpatient Diagnostic |
|---|--|--------------------|---|------------------------------|--|
| (A) ANCILLARY SRVC COST CNTRS | | | | | |
| 37 OPERATING ROOM | | 425,675 | | | |
| 38 RECOVERY ROOM | | 1,136 | | | |
| 39 DELIVERY ROOM & LABOR ROOM | | | | | |
| 40 ANESTHESIOLOGY | | 124,415 | | | |
| 41 RADIOLOGY-DIAGNOSTIC | | 1,876,497 | | | |
| 42 RADIOLOGY-THERAPEUTIC | | | | | |
| 42 01 ONCOLOGY | | | | | |
| 44 LABORATORY | | 1,597,419 | | | |
| 49 RESPIRATORY THERAPY | | 93,342 | | | |
| 50 PHYSICAL THERAPY | | 563,347 | | | |
| 51 OCCUPATIONAL THERAPY | | | | | |
| 51 01 CARDIAC REHAB | | 57,905 | | | |
| 53 ELECTROCARDIOLOGY | | 117,434 | | | |
| 55 MEDICAL SUPPLIES CHARGED TO PATIENTS | | 508,676 | | | |
| 56 DRUGS CHARGED TO PATIENTS | | 907,557 | | | |
| 59 OP GERO PSYCH | | 6,860 | | | |
| 61 OUTPAT SERVICE COST CNTRS | | | | | |
| 61 EMERGENCY | | 385,698 | | | |
| 62 OBSERVATION BEDS (NON-DISTINCT PART) | | 56,631 | | | |
| 63 OTHER OUTPATIENT SERVICE COST CENTER | | | | | |
| 63 50 RURAL HEALTH CLINIC | | | | | |
| 63 51 RURAL HEALTH CLINIC 2 | | | | | |
| 63 52 RURAL HEALTH CLINIC 3 | | | | | |
| 64 OTHER REIMBURS COST CNTRS | | | | | |
| 64 HOME PROGRAM DIALYSIS | | | | | |
| 65 AMBULANCE SERVICES | | | | | |
| 66 DURABLE MEDICAL EQUIP-RENTED | | | | | |
| 67 DURABLE MEDICAL EQUIP-SOLD | | | | | |
| 101 SUBTOTAL | | 6,722,592 | | | |
| 102 CRNA CHARGES | | | | | |
| 103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES | | | | | |
| 104 NET CHARGES | | 6,722,592 | | | |

(A) WORKSHEET A LINE NUMBERS

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

TITLE XVIII, PART B

HOSPITAL

| Cost Center Description | All Other | Hospital I/P Part B Charges | Hospital I/P Part B Costs |
|---|-----------|--------------------------------|------------------------------|
| | 9 | 10 | 11 |
| (A) ANCILLARY SRVC COST CNTRS | | | |
| 37 OPERATING ROOM | 319,604 | | |
| 38 RECOVERY ROOM | 1,105 | | |
| 39 DELIVERY ROOM & LABOR ROOM | | | |
| 40 ANESTHESIOLOGY | 149,857 | | |
| 41 RADIOLOGY-DIAGNOSTIC | 501,130 | | |
| 42 RADIOLOGY-THERAPEUTIC | | | |
| 42 01 ONCOLOGY | | | |
| 44 LABORATORY | 402,554 | | |
| 49 RESPIRATORY THERAPY | 37,160 | | |
| 50 PHYSICAL THERAPY | 328,394 | | |
| 51 OCCUPATIONAL THERAPY | | | |
| 51 01 CARDIAC REHAB | 18,439 | | |
| 53 ELECTROCARDIOLOGY | 11,431 | | |
| 55 MEDICAL SUPPLIES CHARGED TO PATIENTS | 116,206 | | |
| 56 DRUGS CHARGED TO PATIENTS | 395,060 | | |
| 59 OP GERO PSYCH | 20,311 | | |
| 61 OUTPAT SERVICE COST CNTRS | | | |
| 61 EMERGENCY | 514,765 | | |
| 62 OBSERVATION BEDS (NON-DISTINCT PART) | 65,874 | | |
| 63 OTHER OUTPATIENT SERVICE COST CENTER | | | |
| 63 50 RURAL HEALTH CLINIC | | | |
| 63 51 RURAL HEALTH CLINIC 2 | | | |
| 63 52 RURAL HEALTH CLINIC 3 | | | |
| 64 OTHER REIMBURS COST CNTRS | | | |
| 64 HOME PROGRAM DIALYSIS | | | |
| 65 AMBULANCE SERVICES | | | |
| 66 DURABLE MEDICAL EQUIP-RENTED | | | |
| 67 DURABLE MEDICAL EQUIP-SOLD | | | |
| 101 SUBTOTAL | 2,881,890 | | |
| 102 CRNA CHARGES | | | |
| 103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES | | | |
| 104 NET CHARGES | 2,881,890 | | |

(A) WORKSHEET A LINE NUMBERS

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

TITLE XVIII, PART B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

| | | |
|---|--|---------|
| 1 | DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES | 1 |
| 2 | PROGRAM VACCINE CHARGES | .435301 |
| 3 | PROGRAM COSTS | 3,372 |
| | | 1,468 |

TITLE XVIII PART A HOSPITAL OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

| | | |
|----|---|-------|
| 1 | INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN) | 2,261 |
| 2 | INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS) | 545 |
| 3 | PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) | 7 |
| 4 | SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) | 538 |
| 5 | TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | 1,072 |
| 6 | TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | 536 |
| 7 | TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | 69 |
| 8 | TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | 39 |
| 9 | TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS) | 300 |
| 10 | SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | 1,057 |
| 11 | SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | 523 |
| 12 | SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 13 | SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | |
| 14 | MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS) | |
| 15 | TOTAL NURSERY DAYS (TITLE V OR XIX ONLY) | |
| 16 | NURSERY DAYS (TITLE V OR XIX ONLY) | |

SWING-BED ADJUSTMENT

| | | |
|----|--|-----------|
| 17 | MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| | MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 19 | MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | 112.36 |
| 20 | MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | 117.98 |
| 21 | TOTAL GENERAL INPATIENT ROUTINE SERVICE COST | 1,677,561 |
| 22 | SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 23 | SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 24 | SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | 7,753 |
| 25 | SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | 4,601 |
| 26 | TOTAL SWING-BED COST (SEE INSTRUCTIONS) | 1,256,046 |
| 27 | GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST | 421,515 |

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

| | | |
|----|---|----------|
| 28 | GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES) | 362,051 |
| 29 | PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) | 11,263 |
| 30 | SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) | 350,788 |
| 31 | GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO | 1.164242 |
| 32 | AVERAGE PRIVATE ROOM PER DIEM CHARGE | 1,609.00 |
| 33 | AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE | 652.02 |
| 34 | AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL | 956.98 |
| 35 | AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL | 1,114.16 |
| 36 | PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT | 7,799 |
| 37 | GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL | 413,716 |

TITLE XVIII PART A HOSPITAL OTHER
 II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 759.11
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 227,733
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 227,733

| | TOTAL I/P COST 1 | TOTAL I/P DAYS 2 | AVERAGE PER DIEM 3 | PROGRAM DAYS 4 | PROGRAM COST 5 |
|---|------------------------|------------------------|--------------------------|----------------------|----------------------|
| 42 NURSERY (TITLE V & XIX ONLY) | | | | | |
| 43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS | | | | | |
| 44 INTENSIVE CARE UNIT | | | | | |
| 45 CORONARY CARE UNIT | | | | | |
| 46 BURN INTENSIVE CARE UNIT | | | | | |
| 47 SURGICAL INTENSIVE CARE UNIT OTHER SPECIAL CARE | | | | | |
| 48 PROGRAM INPATIENT ANCILLARY SERVICE COST | | | | | 1 |
| 49 TOTAL PROGRAM INPATIENT COSTS | | | | | 125,185 352,918 |

PASS THROUGH COST ADJUSTMENTS

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

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST
 REPORTING PERIOD (SEE INSTRUCTIONS) 802,379
 61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST
 REPORTING PERIOD (SEE INSTRUCTIONS) 397,015
 62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS 1,199,394
 63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE
 COST REPORTING PERIOD
 64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE
 COST REPORTING PERIOD
 65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

TITLE XVIII PART A HOSPITAL OTHER

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

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

1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BED DAYS 114
 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 773.42
 85 OBSERVATION BED COST 88,170

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 9/27/2009
 I 14-1308 I FROM 5/ 1/2008 I WORKSHEET D-4
 I COMPONENT NO: I TO 4/30/2009 I
 I 14-1308 I

TITLE XVIII, PART A

HOSPITAL

OTHER

| Wkst A NO. | COST CENTER DESCRIPTION | RATIO COST TO CHARGES 1 | INPATIENT CHARGES 2 | INPATIENT COST 3 |
|---------------|---|-------------------------------|---------------------------|------------------------|
| 25 | INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS | | 211,763 | |
| 37 | ANCILLARY SRVC COST CNTRS OPERATING ROOM | .750817 | | |
| 38 | RECOVERY ROOM | .972464 | | |
| 39 | DELIVERY ROOM & LABOR ROOM | 1.479545 | | |
| 40 | ANESTHESIOLOGY | 1.204497 | | |
| 41 | RADIOLOGY-DIAGNOSTIC | .267056 | 44,751 | 11,951 |
| 42 | RADIOLOGY-THERAPEUTIC | | | |
| 42 | 01 ONCOLOGY | | | |
| 44 | LABORATORY | .252003 | 95,149 | 23,978 |
| 49 | RESPIRATORY THERAPY | .398109 | 27,176 | 10,819 |
| 50 | PHYSICAL THERAPY | .582934 | 13,047 | 7,606 |
| 51 | OCCUPATIONAL THERAPY | | | |
| 51 | 01 CARDIAC REHAB | .318434 | | |
| 53 | ELECTROCARDIOLOGY | .097341 | 7,720 | 751 |
| 55 | MEDICAL SUPPLIES CHARGED TO PATIENTS | .228447 | 32,560 | 7,438 |
| 56 | DRUGS CHARGED TO PATIENTS | .435301 | 143,906 | 62,642 |
| 59 | OP GERO PSYCH | 2.960787 | | |
| 61 | OUTPAT SERVICE COST CNTRS EMERGENCY | 1.334632 | | |
| 62 | OBSERVATION BEDS (NON-DISTINCT PART) | 1.163223 | | |
| 63 | OTHER OUTPATIENT SERVICE COST CENTER | | | |
| 63 | 50 RURAL HEALTH CLINIC | | | |
| 63 | 51 RURAL HEALTH CLINIC 2 | | | |
| 63 | 52 RURAL HEALTH CLINIC 3 | | | |
| | OTHER REIMBURS COST CNTRS | | | |
| 64 | HOME PROGRAM DIALYSIS | | | |
| 65 | AMBULANCE SERVICES | | | |
| 66 | DURABLE MEDICAL EQUIP-RENTED | | | |
| 67 | DURABLE MEDICAL EQUIP-SOLD | | | |
| 101 | TOTAL | | 364,309 | 125,185 |
| 102 | LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES | | | |
| 103 | NET CHARGES | | 364,309 | |

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 9/27/2009
 I 14-1308 I FROM 5/ 1/2008 I WORKSHEET D-4
 I COMPONENT NO: I TO 4/30/2009 I
 I 14-Z308 I

TITLE XVIII, PART A

SWING BED SNF

OTHER

| A NO. | COST CENTER DESCRIPTION | RATIO COST | INPATIENT | INPATIENT |
|----------|---|------------|-----------|-----------|
| | | TO CHARGES | CHARGES | COST |
| | | 1 | 2 | 3 |
| 25 | INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS | | | |
| 37 | ANCILLARY SRVC COST CNTRS OPERATING ROOM | .750817 | | |
| 38 | RECOVERY ROOM | .972464 | | |
| 39 | DELIVERY ROOM & LABOR ROOM | 1.479545 | | |
| 40 | ANESTHESIOLOGY | 1.204497 | | |
| 41 | RADIOLOGY-DIAGNOSTIC | .267056 | 29,576 | 7,898 |
| 42 | RADIOLOGY-THERAPEUTIC | | | |
| 42 | 01 ONCOLOGY | | | |
| 44 | LABORATORY | .252003 | 113,827 | 28,685 |
| 49 | RESPIRATORY THERAPY | .398109 | 30,480 | 12,134 |
| 50 | PHYSICAL THERAPY | .582934 | 332,133 | 193,612 |
| 51 | OCCUPATIONAL THERAPY | | | |
| 51 | 01 CARDIAC REHAB | .318434 | | |
| 53 | ELECTROCARDIOLOGY | .097341 | 3,011 | 293 |
| 55 | MEDICAL SUPPLIES CHARGED TO PATIENTS | .228447 | 50,135 | 11,453 |
| 56 | DRUGS CHARGED TO PATIENTS | .435301 | 392,241 | 170,743 |
| 59 | OP GERO PSYCH | 2.960787 | | |
| 61 | OUTPAT SERVICE COST CNTRS EMERGENCY | 1.334632 | | |
| 62 | OBSERVATION BEDS (NON-DISTINCT PART) | 1.163223 | | |
| 63 | OTHER OUTPATIENT SERVICE COST CENTER | | | |
| 63 | 50 RURAL HEALTH CLINIC | | | |
| 63 | 51 RURAL HEALTH CLINIC 2 | | | |
| 63 | 52 RURAL HEALTH CLINIC 3 | | | |
| | OTHER REIMBURS COST CNTRS | | | |
| 64 | HOME PROGRAM DIALYSIS | | | |
| 65 | AMBULANCE SERVICES | | | |
| 66 | DURABLE MEDICAL EQUIP-RENTED | | | |
| 67 | DURABLE MEDICAL EQUIP-SOLD | | | |
| 101 | TOTAL | | 951,403 | 424,818 |
| 102 | LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES | | | |
| 103 | NET CHARGES | | 951,403 | |

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 9/27/2009
 I 14-1308 I FROM 5/ 1/2008 I WORKSHEET E
 I COMPONENT NO: I TO 4/30/2009 I PART B
 I 14-1308 I I

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1 MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS) 2,883,358
 1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).
 1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.
 1.03 ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.
 1.04 LINE 1.01 TIMES LINE 1.03.
 1.05 LINE 1.02 DIVIDED BY LINE 1.04.
 1.06 TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)
 1.07 ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.
 2 INTERNS AND RESIDENTS
 3 ORGAN ACQUISITIONS
 4 COST OF TEACHING PHYSICIANS
 5 TOTAL COST (SEE INSTRUCTIONS) 2,883,358

COMPUTATION OF LESSER OF COST OR CHARGES

REASONABLE CHARGES
 6 ANCILLARY SERVICE CHARGES
 7 INTERNS AND RESIDENTS SERVICE CHARGES
 8 ORGAN ACQUISITION CHARGES
 9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.
 10 TOTAL REASONABLE CHARGES
 CUSTOMARY CHARGES
 11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS
 12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).
 13 RATIO OF LINE 11 TO LINE 12
 14 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)
 15 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST
 16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES
 17 LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC) 2,912,192
 17.01 TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)

COMPUTATION OF REIMBURSEMENT SETTLEMENT

CAH DEDUCTIBLES 17,686
 18.01 CAH ACTUAL BILLED COINSURANCE 1,029,471
 LINE 17.01 (SEE INSTRUCTIONS)
 19 SUBTOTAL (SEE INSTRUCTIONS) 1,865,035
 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 1,865,035
 24 PRIMARY PAYER PAYMENTS 1,101
 25 SUBTOTAL 1,863,934

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26 COMPOSITE RATE ESRD
 27 BAD DEBTS (SEE INSTRUCTIONS) 72,715
 27.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) 72,715
 27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES 60,122
 28 SUBTOTAL 1,936,649
 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 1,936,649
 33 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)
 34 INTERIM PAYMENTS 2,257,047
 34.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)
 35 BALANCE DUE PROVIDER/PROGRAM -320,398
 36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2

TO BE COMPLETED BY CONTRACTOR

50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)
 51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
 52 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY
 53 TIME VALUE OF MONEY (SEE INSTRUCTIONS)
 54 TOTAL (SUM OF LINES 51 AND 53)

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO: I PERIOD: I PREPARED 9/27/2009
 I 14-1308 I FROM 5/ 1/2008 I WORKSHEET E-1
 I COMPONENT NO: I TO 4/30/2009 I
 I 14-1308 I I

TITLE XVIII HOSPITAL

| DESCRIPTION | INPATIENT-PART A | | P A R T B | |
|--|------------------|---------|------------|-----------|
| | MM/DD/YYYY | AMOUNT | MM/DD/YYYY | AMOUNT |
| | 1 | 2 | 3 | 4 |
| 1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER | | 271,197 | | 2,265,162 |
| 2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO. | | NONE | | NONE |
| 3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1) | | | | |
| ADJUSTMENTS TO PROVIDER .01 | | | | |
| ADJUSTMENTS TO PROVIDER .02 | | | | |
| ADJUSTMENTS TO PROVIDER .03 | | | | |
| ADJUSTMENTS TO PROVIDER .04 | | | | |
| ADJUSTMENTS TO PROVIDER .05 | | | | |
| ADJUSTMENTS TO PROGRAM .50 | 11/21/2008 | 12,045 | 11/21/2008 | 8,115 |
| ADJUSTMENTS TO PROGRAM .51 | | | | |
| ADJUSTMENTS TO PROGRAM .52 | | | | |
| ADJUSTMENTS TO PROGRAM .53 | | | | |
| ADJUSTMENTS TO PROGRAM .54 | | | | |
| SUBTOTAL | | -12,045 | | -8,115 |
| 4 TOTAL INTERIM PAYMENTS | | 259,152 | | 2,257,047 |
| TO BE COMPLETED BY INTERMEDIARY | | | | |
| 5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1) | | | | |
| TENTATIVE TO PROVIDER .01 | | | | |
| TENTATIVE TO PROVIDER .02 | | | | |
| TENTATIVE TO PROVIDER .03 | | | | |
| TENTATIVE TO PROGRAM .50 | | | | |
| TENTATIVE TO PROGRAM .51 | | | | |
| TENTATIVE TO PROGRAM .52 | | | | |
| SUBTOTAL | | NONE | | NONE |
| DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1) | | 29,396 | | 320,398 |
| 7 TOTAL MEDICARE PROGRAM LIABILITY | | 288,548 | | 1,936,649 |

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

TITLE XVIII SWING BED SNF

| DESCRIPTION | INPATIENT-PART A | | P A R T B | |
|--|------------------|-------------|-----------------|-------------|
| | MM/DD/YYYY 1 | AMOUNT 2 | MM/DD/YYYY 3 | AMOUNT 4 |
| 1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER | | 1,533,312 | | |
| 2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO. | | NONE | | NONE |
| 3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1) | | | | |
| ADJUSTMENTS TO PROVIDER .01 | | | | |
| ADJUSTMENTS TO PROVIDER .02 | | | | |
| ADJUSTMENTS TO PROVIDER .03 | | | | |
| ADJUSTMENTS TO PROVIDER .04 | | | | |
| ADJUSTMENTS TO PROVIDER .05 | | | | |
| ADJUSTMENTS TO PROGRAM .50 | | | | |
| ADJUSTMENTS TO PROGRAM .51 | | | | |
| ADJUSTMENTS TO PROGRAM .52 | | | | |
| ADJUSTMENTS TO PROGRAM .53 | | | | |
| ADJUSTMENTS TO PROGRAM .54 | | | | |
| SUBTOTAL | | NONE | | NONE |
| 4 TOTAL INTERIM PAYMENTS | | 1,533,312 | | |
| TO BE COMPLETED BY INTERMEDIARY | | | | |
| 5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1) | | | | |
| TENTATIVE TO PROVIDER .01 | | | | |
| TENTATIVE TO PROVIDER .02 | | | | |
| TENTATIVE TO PROVIDER .03 | | | | |
| TENTATIVE TO PROGRAM .50 | | | | |
| TENTATIVE TO PROGRAM .51 | | | | |
| TENTATIVE TO PROGRAM .52 | | | | |
| SUBTOTAL | | NONE | | NONE |
| 6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1) | | 49,394 | | |
| 7 TOTAL MEDICARE PROGRAM LIABILITY | | 1,582,706 | | |

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

CALCULATION OF REIMBURSEMENT SETTLEMENT
SWING BEDS

I PROVIDER NO: I PERIOD: I PREPARED 9/27/2009
I 14-1308 I FROM 5/ 1/2008 I
I COMPONENT NO: I TO 4/30/2009 I WORKSHEET E-2
I 14-2308 I I

TITLE XVIII SWING BED SNF

| COMPUTATION OF NET COST OF COVERED SERVICES | | PART A | PART B |
|---|---|-----------|--------|
| | | 1 | 2 |
| 1 | INPATIENT ROUTINE SERVICES - SWING BED-SNF (SEE INSTR) | 1,211,388 | |
| 2 | INPATIENT ROUTINE SERVICES - SWING BED-NF (SEE INSTR) | | |
| 3 | ANCILLARY SERVICES (SEE INSTRUCTIONS) | 429,066 | |
| 4 | PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS) | | |
| 5 | PROGRAM DAYS | 1,580 | |
| 6 | INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS) | | |
| 7 | UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY | | |
| 8 | SUBTOTAL | 1,640,454 | |
| 9 | PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS) | | |
| 10 | SUBTOTAL | 1,640,454 | |
| 11 | DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMOUNTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES) | | |
| 12 | SUBTOTAL | 1,640,454 | |
| 13 | COINSURANCE BILLED TO PROGRAM PATIENTS (FROM PROVIDER RECORDS)(EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES) | 57,748 | |
| 14 | 80% OF PART B COSTS | | |
| 15 | SUBTOTAL | 1,582,706 | |
| 16 | OTHER ADJUSTMENTS (SPECIFY) | | |
| 17 | REIMBURSABLE BAD DEBTS | | |
| 17.01 | REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS) | | |
| 18 | TOTAL | 1,582,706 | |
| 19 | SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS) | | |
| 20 | INTERIM PAYMENTS | 1,533,312 | |
| 20.01 | TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY) | | |
| 21 | BALANCE DUE PROVIDER/PROGRAM | 49,394 | |
| 22 | PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2. | | |

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 9/27/2009
 I 14-1308 I FROM 5/ 1/2008 I WORKSHEET E-3
 I COMPONENT NO: I TO 4/30/2009 I PART II
 I 14-1308 I I

PART II - MEDICARE PART A SERVICES - COST REIMBURSEMENT HOSPITAL

| | | |
|------|--|---------|
| 1 | INPATIENT SERVICES | 352,918 |
| 1.01 | NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT | |
| 2 | ORGAN ACQUISITION | |
| 3 | COST OF TEACHING PHYSICIANS | |
| 4 | SUBTOTAL | 352,918 |
| 5 | PRIMARY PAYER PAYMENTS | |
| 6 | TOTAL COST. FOR CAH (SEE INSTRUCTIONS) | 356,447 |

COMPUTATION OF LESSER OF COST OR CHARGES

| | | |
|----|--|--|
| 7 | REASONABLE CHARGES | |
| 8 | ROUTINE SERVICE CHARGES | |
| 9 | ANCILLARY SERVICE CHARGES | |
| 9 | ORGAN ACQUISITION CHARGES, NET OF REVENUE | |
| 10 | TEACHING PHYSICIANS | |
| 11 | TOTAL REASONABLE CHARGES | |
| 12 | CUSTOMARY CHARGES | |
| 12 | AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS | |
| 13 | AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e) | |
| 14 | RATIO OF LINE 12 TO LINE 13 (NOT TO EXCEED 1.000000) | |
| 15 | TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS) | |
| 16 | EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST | |
| 17 | EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES | |

COMPUTATION OF REIMBURSEMENT SETTLEMENT

| | | |
|-------|--|---------|
| 18 | DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS | |
| 19 | COST OF COVERED SERVICES | 356,447 |
| 20 | DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT) | 76,866 |
| 21 | EXCESS REASONABLE COST | |
| 22 | SUBTOTAL | 279,581 |
| 23 | COINSURANCE | |
| 24 | SUBTOTAL | 279,581 |
| 25 | REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES (SEE INSTRUCTIONS)) | 8,967 |
| 25.01 | ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) | 8,967 |
| 25.02 | REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES | 8,967 |
| 26 | SUBTOTAL | 288,548 |
| 27 | RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION | |
| 28 | OTHER ADJUSTMENTS (SPECIFY) | |
| 29 | AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS | |
| 30 | SUBTOTAL | 288,548 |
| 31 | SEQUESTRATION ADJUSTMENT | |
| 32 | INTERIM PAYMENTS | 259,152 |
| 32.01 | TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY) | |
| 33 | BALANCE DUE PROVIDER/PROGRAM | 29,396 |
| 34 | PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2. | |

| ASSETS | | GENERAL FUND | SPECIFIC PURPOSE FUND | ENDOWMENT FUND | PLANT FUND |
|----------------|--|-----------------|-----------------------------|-------------------|---------------|
| | | 1 | 2 | 3 | 4 |
| CURRENT ASSETS | | | | | |
| 1 | CASH ON HAND AND IN BANKS | 276,899 | | | |
| 2 | TEMPORARY INVESTMENTS | | | | |
| 3 | NOTES RECEIVABLE | | | | |
| 4 | ACCOUNTS RECEIVABLE | 2,016,189 | | | |
| 5 | OTHER RECEIVABLES | 227,437 | | | |
| 6 | LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE | | | | |
| 7 | INVENTORY | 246,304 | | | |
| 8 | PREPAID EXPENSES | 208,983 | | | |
| 9 | OTHER CURRENT ASSETS | 57,817 | | | |
| 10 | DUE FROM OTHER FUNDS | | | | |
| 11 | TOTAL CURRENT ASSETS | 3,033,629 | | | |
| FIXED ASSETS | | | | | |
| 12 | LAND | 282,301 | | | |
| 12.01 | LAND IMPROVEMENTS | | | | |
| 13 | LESS ACCUMULATED DEPRECIATION | | | | |
| 13.01 | LESS ACCUMULATED DEPRECIATION | | | | |
| 14 | BUILDINGS | 5,128,597 | | | |
| 14.01 | LESS ACCUMULATED DEPRECIATION | | | | |
| 15 | LEASEHOLD IMPROVEMENTS | | | | |
| 15.01 | LESS ACCUMULATED DEPRECIATION | | | | |
| 16 | FIXED EQUIPMENT | | | | |
| 16.01 | LESS ACCUMULATED DEPRECIATION | | | | |
| 17 | AUTOMOBILES AND TRUCKS | | | | |
| 17.01 | LESS ACCUMULATED DEPRECIATION | | | | |
| 18 | MAJOR MOVABLE EQUIPMENT | | | | |
| 18.01 | LESS ACCUMULATED DEPRECIATION | | | | |
| 19 | MINOR EQUIPMENT DEPRECIABLE | | | | |
| 19.01 | LESS ACCUMULATED DEPRECIATION | | | | |
| 20 | MINOR EQUIPMENT-NONDEPRECIABLE | | | | |
| 21 | TOTAL FIXED ASSETS | 5,410,898 | | | |
| OTHER ASSETS | | | | | |
| 22 | INVESTMENTS | 1,260,955 | | | |
| 23 | DEPOSITS ON LEASES | | | | |
| 24 | DUE FROM OWNERS/OFFICERS | | | | |
| 25 | OTHER ASSETS | | | | |
| 26 | TOTAL OTHER ASSETS | 1,260,955 | | | |
| | TOTAL ASSETS | 9,705,482 | | | |

| | GENERAL FUND | SPECIFIC PURPOSE FUND | ENDOWMENT FUND | PLANT FUND |
|-------------------------------------|--|-----------------------|----------------|------------|
| | 1 | 2 | 3 | 4 |
| LIABILITIES AND FUND BALANCE | | | | |
| CURRENT LIABILITIES | | | | |
| 28 | ACCOUNTS PAYABLE | 569,955 | | |
| 29 | SALARIES, WAGES & FEES PAYABLE | 674,850 | | |
| 30 | PAYROLL TAXES PAYABLE | | | |
| 31 | NOTES AND LOANS PAYABLE (SHORT TERM) | 220,841 | | |
| 32 | DEFERRED INCOME | 3,921 | | |
| 33 | ACCELERATED PAYMENTS | | | |
| 34 | DUE TO OTHER FUNDS | | | |
| 35 | OTHER CURRENT LIABILITIES | 128,354 | | |
| 36 | TOTAL CURRENT LIABILITIES | 1,597,921 | | |
| LONG TERM LIABILITIES | | | | |
| 37 | MORTGAGE PAYABLE | | | |
| 38 | NOTES PAYABLE | 2,280,000 | | |
| 39 | UNSECURED LOANS | | | |
| 40.01 | LOANS PRIOR TO 7/1/66 | | | |
| 40.02 | ON OR AFTER 7/1/66 | | | |
| 41 | OTHER LONG TERM LIABILITIES | 315,989 | | |
| 42 | TOTAL LONG-TERM LIABILITIES | 2,595,989 | | |
| 43 | TOTAL LIABILITIES | 4,193,910 | | |
| CAPITAL ACCOUNTS | | | | |
| 44 | GENERAL FUND BALANCE | 5,511,572 | | |
| 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 | 5,511,572 | | |
| 52 | TOTAL LIABILITIES AND FUND BALANCES | 9,705,482 | | |

STATEMENT OF CHANGES IN FUND BALANCES

I PROVIDER NO: I PERIOD: I PREPARED 9/27/2009
 I 14-1308 I FROM 5/ 1/2008 I WORKSHEET G-1
 I I TO 4/30/2009 I

| | GENERAL FUND | | SPECIFIC PURPOSE FUND | |
|--|--------------|-----------|-----------------------|---|
| | 1 | 2 | 3 | 4 |
| 1 FUND BALANCE AT BEGINNING OF PERIOD | | 5,405,825 | | |
| 2 NET INCOME (LOSS) | | 115,272 | | |
| 3 TOTAL | | 5,521,097 | | |
| 4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY) | | | | |
| 5 ADDITIONS (CREDIT ADJUSTM | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 TOTAL ADDITIONS | | | | |
| 11 SUBTOTAL | | 5,521,097 | | |
| 12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY) | | | | |
| 13 PRIOR PERIOD ADJUSTMENTS | | 9,525 | | |
| 14 | | | | |
| 15 | | | | |
| 16 | | | | |
| 17 | | | | |
| 18 TOTAL DEDUCTIONS | | 9,525 | | |
| 19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET | | 5,511,572 | | |

| | ENDOWMENT FUND | | PLANT FUND | |
|--|----------------|---|------------|---|
| | 5 | 6 | 7 | 8 |
| 1 FUND BALANCE AT BEGINNING OF PERIOD | | | | |
| 2 NET INCOME (LOSS) | | | | |
| 3 TOTAL | | | | |
| 4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY) | | | | |
| 5 ADDITIONS (CREDIT ADJUSTM | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 TOTAL ADDITIONS | | | | |
| 11 SUBTOTAL | | | | |
| 12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY) | | | | |
| 13 PRIOR PERIOD ADJUSTMENTS | | | | |
| 14 | | | | |
| 15 | | | | |
| 16 | | | | |
| 17 | | | | |
| 18 TOTAL DEDUCTIONS | | | | |
| 19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET | | | | |

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 9/27/2009
 I 14-1308 I FROM 5/ 1/2008 I WORKSHEET G-2
 I I TO 4/30/2009 I PARTS I & II

PART I - PATIENT REVENUES

| REVENUE CENTER | INPATIENT 1 | OUTPATIENT 2 | TOTAL 3 |
|---|----------------|-----------------|------------|
| GENERAL INPATIENT ROUTINE CARE SERVICES | | | |
| 1 00 HOSPITAL | 450,400 | | 450,400 |
| 4 00 SWING BED - SNF | 401,265 | | 401,265 |
| 5 00 SWING BED - NF | | | |
| 8 00 OTHER LONG TERM CARE | 1,140,175 | | 1,140,175 |
| 9 00 TOTAL GENERAL INPATIENT ROUTINE CARE | 1,991,840 | | 1,991,840 |
| INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS | | | |
| 15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP | | | |
| 16 00 TOTAL INPATIENT ROUTINE CARE SERVICE | 1,991,840 | | 1,991,840 |
| 17 00 ANCILLARY SERVICES | 1,731,095 | 17,918,402 | 19,649,497 |
| 18 00 OUTPATIENT SERVICES | | 669,318 | 669,318 |
| 18 50 RURAL HEALTH CLINIC | | | |
| 18 51 RURAL HEALTH CLINIC 2 | | | |
| 18 52 RURAL HEALTH CLINIC 3 | | 1,031,617 | 1,031,617 |
| 19 00 HOME HEALTH AGENCY | | | |
| 20 00 AMBULANCE SERVICES | | | |
| 21 00 CORF | | | |
| 22 00 AMBULATORY SURGICAL CENTER (D.P.) | | | |
| 23 00 HOSPICE | | | |
| 24 00 NURSERY | 12,300 | | 12,300 |
| 25 00 TOTAL PATIENT REVENUES | 3,735,235 | 19,619,337 | 23,354,572 |

PART II-OPERATING EXPENSES

| | | | |
|--------------------------------|---------|------------|--|
| 26 00 OPERATING EXPENSES | | 13,426,136 | |
| ADD (SPECIFY) | | | |
| 27 00 BAD DEBT | 578,314 | | |
| 28 00 | | | |
| 29 00 | | | |
| 30 00 | | | |
| 31 00 | | | |
| 32 00 | | | |
| 33 00 TOTAL ADDITIONS | | 578,314 | |
| DEDUCT (SPECIFY) | | | |
| 34 00 INTEREST EXPENSE | 118,082 | | |
| 35 00 | | | |
| 36 00 | | | |
| 37 00 | | | |
| 00 TOTAL DEDUCTIONS | | 118,082 | |
| 40 00 TOTAL OPERATING EXPENSES | | 13,886,368 | |

STATEMENT OF REVENUES AND EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 9/27/2009
 I 14-1308 I FROM 5/ 1/2008 I WORKSHEET G-3
 I I TO 4/30/2009. I

| DESCRIPTION | | |
|-------------|---|------------|
| 1 | TOTAL PATIENT REVENUES | 23,354,572 |
| 2 | LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS | 9,977,005 |
| 3 | NET PATIENT REVENUES | 13,377,567 |
| 4 | LESS: TOTAL OPERATING EXPENSES | 13,886,368 |
| 5 | NET INCOME FROM SERVICE TO PATIENTS | -508,801 |
| | OTHER INCOME | |
| 6 | CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC. | 82,764 |
| 7 | INCOME FROM INVESTMENTS | 30,844 |
| 8 | REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE | |
| 9 | REVENUE FROM TELEVISION AND RADIO SERVICE | |
| 10 | PURCHASE DISCOUNTS | |
| 11 | REBATES AND REFUNDS OF EXPENSES | 9,166 |
| 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 | 305,085 |
| 24 | RENTAL | 5,582 |
| 24.01 | GRANT REVENUE | 308,714 |
| 24.02 | | |
| 25 | TOTAL OTHER INCOME | 742,155 |
| 26 | TOTAL | 233,354 |
| | OTHER EXPENSES | |
| 27 | INTEREST EXPENSE | 118,082 |
| 28 | | |
| 29 | | |
| 30 | TOTAL OTHER EXPENSES | 118,082 |
| 31 | NET INCOME (OR LOSS) FOR THE PERIOD | 115,272 |

ANALYSIS OF PROVIDER-BASED RURAL HEALTH CLINIC/
FEDERALLY QUALIFIED HEALTH CENTER COSTS

I PROVIDER NO: I PERIOD: I PREPARED 9/27/2009
I 14-1308 I FROM 5/ 1/2008 I WORKSHEET M-1
I COMPONENT NO: I TO 4/30/2009 I
I 14-3472 I I

RHC 3

| | COMPENSATION 1 | OTHER COSTS 2 | TOTAL 3 | RECLASSIFI- CATION 4 |
|--|-------------------|------------------|------------|----------------------------|
| 1 FACILITY HEALTH CARE STAFF COSTS | | | | |
| 1 PHYSICIAN | 1,468,546 | | 1,468,546 | -300,678 |
| 2 PHYSICIAN ASSISTANT | | | | 63,173 |
| 3 NURSE PRACTITIONER | | | | |
| 4 VISITING NURSE | | | | |
| 5 OTHER NURSE | | | | 197,560 |
| 6 CLINICAL PSYCHOLOGIST | | | | |
| 7 CLINICAL SOCIAL WORKER | | | | |
| 8 LABORATORY TECHNICIAN | | | | |
| 9 OTHER FACILITY HEALTH CARE STAFF COSTS | | | | |
| 10 SUBTOTAL (SUM OF LINES 1-9) | 1,468,546 | | 1,468,546 | -39,945 |
| 11 COSTS UNDER AGREEMENT | | | | |
| 11 PHYSICIAN SERVICES UNDER AGREEMENT | | 28,875 | 28,875 | |
| 12 PHYSICIAN SUPERVISION UNDER AGREEMENT | | | | |
| 13 OTHER COSTS UNDER AGREEMENT | | 100 | 100 | |
| 14 SUBTOTAL (SUM OF LINES 11-13) | | 28,975 | 28,975 | |
| 15 OTHER HEALTH CARE COSTS | | | | |
| 15 MEDICAL SUPPLIES | | 8,038 | 8,038 | |
| 16 TRANSPORTATION (HEALTH CARE STAFF) | | 9,204 | 9,204 | |
| 17 DEPRECIATION-MEDICAL EQUIPMENT | | | | |
| 18 PROFESSIONAL LIABILITY INSURANCE | | 141,556 | 141,556 | -141,556 |
| 19 OTHER HEALTH CARE COSTS | | | | |
| 20 ALLOWABLE GME COSTS | | | | |
| 21 SUBTOTAL (SUM OF LINES 15-20) | | 158,798 | 158,798 | -141,556 |
| 22 TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21) | 1,468,546 | 187,773 | 1,656,319 | -181,501 |
| 23 COSTS OTHER THAN RHC/FQHC SERVICES | | | | |
| 23 PHARMACY | | 26 | 26 | |
| 24 DENTAL | | | | |
| 25 OPTOMETRY | | | | |
| 26 ALL OTHER NONREIMBURSABLE COSTS | | | | |
| 26 NONALLOWABLE GME COSTS | | | | |
| 27 TOTAL NONREIMBURSABLE COSTS (SUM OF LINES 23-27) | | 26 | 26 | |
| 29 FACILITY OVERHEAD | | | | |
| 29 FACILITY COSTS | | 14,337 | 14,337 | |
| 30 ADMINISTRATIVE COSTS | | 11,370 | 11,370 | 39,945 |
| 31 TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30) | | 25,707 | 25,707 | 39,945 |
| 32 TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31) | 1,468,546 | 213,506 | 1,682,052 | -141,556 |

ANALYSIS OF PROVIDER-BASED RURAL HEALTH CLINIC/
FEDERALLY QUALIFIED HEALTH CENTER COSTS

I PROVIDER NO: I PERIOD: I PREPARED 9/27/2009
I 14-1308 I FROM 5/ 1/2008 I WORKSHEET M-1
I COMPONENT NO: I TO 4/30/2009 I
I 14-3472 I I

RHC 3

| | RECLASSIFIED TRIAL BALANCE 5 | ADJUSTMENTS 6 | NET EXPENSES FOR ALLOCATION 7 |
|--|---------------------------------------|------------------|--|
| 1 FACILITY HEALTH CARE STAFF COSTS | | | |
| 2 PHYSICIAN | 1,167,868 | | 1,081,638 |
| 3 PHYSICIAN ASSISTANT | 63,173 | -86,230 | 63,173 |
| 4 NURSE PRACTITIONER | | | |
| 5 VISITING NURSE | | | |
| 6 OTHER NURSE | 197,560 | | 197,560 |
| 7 CLINICAL PSYCHOLOGIST | | | |
| 8 CLINICAL SOCIAL WORKER | | | |
| 9 LABORATORY TECHNICIAN | | | |
| 10 OTHER FACILITY HEALTH CARE STAFF COSTS | | | |
| 10 SUBTOTAL (SUM OF LINES 1-9) | 1,428,601 | -86,230 | 1,342,371 |
| 11 COSTS UNDER AGREEMENT | | | |
| 11 PHYSICIAN SERVICES UNDER AGREEMENT | 28,875 | | 28,875 |
| 12 PHYSICIAN SUPERVISION UNDER AGREEMENT | | | |
| 13 OTHER COSTS UNDER AGREEMENT | 100 | | 100 |
| 14 SUBTOTAL (SUM OF LINES 11-13) | 28,975 | | 28,975 |
| 15 OTHER HEALTH CARE COSTS | | | |
| 15 MEDICAL SUPPLIES | 8,038 | | 7,908 |
| 16 TRANSPORTATION (HEALTH CARE STAFF) | 9,204 | -130 | 9,204 |
| 17 DEPRECIATION-MEDICAL EQUIPMENT | | | |
| 18 PROFESSIONAL LIABILITY INSURANCE | | | |
| 19 OTHER HEALTH CARE COSTS | | | |
| 20 ALLOWABLE GME COSTS | | | |
| 21 SUBTOTAL (SUM OF LINES 15-20) | 17,242 | -130 | 17,112 |
| 22 TOTAL COST OF HEALTH CARE SERVICES (SUM OF LINES 10, 14, AND 21) | 1,474,818 | -86,360 | 1,388,458 |
| 23 COSTS OTHER THAN RHC/FQHC SERVICES | | | |
| 23 PHARMACY | 26 | | 26 |
| 24 DENTAL | | | |
| 25 OPTOMETRY | | | |
| 26 ALL OTHER NONREIMBURSABLE COSTS | | | |
| NONALLOWABLE GME COSTS | | | |
| TOTAL NONREIMBURSABLE COSTS (SUM OF LINES 23-27) | 26 | | 26 |
| 29 FACILITY OVERHEAD | | | |
| 29 FACILITY COSTS | 14,337 | -9,152 | 5,185 |
| 30 ADMINISTRATIVE COSTS | 51,315 | | 51,315 |
| 31 TOTAL FACILITY OVERHEAD (SUM OF LINES 29 AND 30) | 65,652 | -9,152 | 56,500 |
| 32 TOTAL FACILITY COSTS (SUM OF LINES 22, 28 AND 31) | 1,540,496 | -95,512 | 1,444,984 |

ALLOCATION OF OVERHEAD
TO RHC/FQHC SERVICES

I PROVIDER NO: I PERIOD: I PREPARED 9/27/2009
I 14-1308 I FROM 5/ 1/2008 I WORKSHEET M-2
I COMPONENT NO: I TO 4/30/2009 I
I 14-3472 I I

RHC 3

VISITS AND PRODUCTIVITY

| | NUMBER OF FTE PERSONNEL 1 | TOTAL VISITS 2 | PRODUCTIVITY STANDARD(1) 3 | MINIMUM VISITS 4 |
|---|--|-------------------|--|------------------------|
| POSITIONS | | | | |
| 1 | PHYSICIANS | 3.01 | 7,514 | 4,200 |
| 2 | PHYSICIAN ASSISTANTS | .08 | 174 | 2,100 |
| 3 | NURSE PRACTITIONERS | .65 | 1,633 | 2,100 |
| 4 | SUBTOTAL (SUM OF LINES 1-3) | 3.74 | 9,321 | 1,365 |
| 5 | VISITING NURSE | | | 14,175 |
| 6 | CLINICAL PSYCHOLOGIST | | | |
| 7 | CLINICAL SOCIAL WORKER | | | |
| 8 | TOTAL FTES AND VISITS (SUM OF LINES 4-7) | 3.74 | 9,321 | |
| 9 | PHYSICIAN SERVICES UNDER AGREEMENTS | | | |
| DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES | | | | |
| 10 | TOTAL COSTS OF HEALTH CARE SERVICES (FROM WORKSHEET M-1, COLUMN 7, LINE 22) | 1,388,458 | | |
| 11 | TOTAL NONREIMBURSABLE COSTS (FROM WORKSHEET M-1, COLUMN 7, LINE 28) | 26 | | |
| 12 | COST OF ALL SERVICES (EXCLUDING OVERHEAD) (SUM OF LINES 10 AND 11) | 1,388,484 | | |
| 13 | RATIO OF RHC/FQHC SERVICES (LINE 10 DIVIDED BY LINE 12) | .999981 | | |
| 14 | TOTAL FACILITY OVERHEAD (FROM WORKSHEET M-1, COLUMN 7, LINE 31) | 56,500 | | |
| 15 | PARENT PROVIDER OVERHEAD ALLOCATED TO FACILITY (SEE INSTRUCTIONS) | 801,717 | | |
| 16 | TOTAL OVERHEAD (SUM OF LINES 14 AND 15) | 858,217 | | |
| 17 | ALLOWABLE GME OVERHEAD (SEE INSTRUCTIONS) | | | |
| 18 | SUBTRACT LINE 17 FROM LINE 16 | 858,217 | | |
| 19 | OVERHEAD APPLICABLE TO RHC/FQHC SERVICES (LINE 13 X LINE 18) | 858,201 | | |
| 20 | TOTAL ALLOWABLE COST OF RHC/FQHC SERVICES (SUM OF LINES 10 AND 19) | 2,246,659 | | |
| | | | GREATER OF COL. 2 OR COL. 4 5 | |
| POSITIONS | | | | |
| 1 | PHYSICIANS | | | |
| 2 | PHYSICIAN ASSISTANTS | | | |
| 3 | NURSE PRACTITIONERS | | | |
| 4 | SUBTOTAL (SUM OF LINES 1-3) | 14,175 | | |
| 5 | VISITING NURSE | | | |
| 6 | CLINICAL PSYCHOLOGIST | | | |
| 7 | CLINICAL SOCIAL WORKER | | | |
| 8 | TOTAL FTES AND VISITS (SUM OF LINES 4-7) | 14,175 | | |
| 9 | PHYSICIAN SERVICES UNDER AGREEMENTS | | | |

(1) THE PRODUCTIVITY STANDARD FOR PHYSICIANS IS 4,200 AND 2,100 FOR ALL OTHERS. IF AN EXCEPTION TO THE STANDARD HAS BEEN GRANTED (WORKSHEET S-8, LINE 13 EQUALS "Y"), COLUMN 3, LINES 1 THRU 3 OF THIS WORKSHEET SHOULD BE BLANK. THIS APPLIES TO RHC ONLY.

COMPUTATION OF PNEUMOCOCCAL AND
INFLUENZA VACCINE COST

I PROVIDER NO: I PERIOD: I PREPARED 9/27/2009
I 14-1308 I FROM 5/ 1/2008 I WORKSHEET M-4
I COMPONENT NO: I TO 4/30/2009 I
I 14-3472 I I

TITLE XVIII

RHC 3

| | PNEUMOCOCCAL 1 | INFLUENZA 2 |
|--|-------------------|----------------|
| 1 HEALTH CARE STAFF COST (FROM WORKSHEET M-1, COLUMN 7, LINE 10) | 1,342,371 | 1,342,371 |
| 2 RATIO OF PNEUMOCOCCAL AND INFLUENZA VACCINE STAFF TIME TO TOTAL HEALTH CARE STAFF TIME | | .000430 |
| 3 PNEUMOCOCCAL AND INFLUENZA VACCINE HEALTH CARE STAFF COST (LINE 1 X LINE 2) | | 577 |
| 4 MEDICAL SUPPLIES COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (FROM YOUR RECORDS) | | 433 |
| 5 DIRECT COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 3 PLUS LINE 4) | | 1,010 |
| 6 TOTAL DIRECT COST OF THE FACILITY (FROM WORKSHEET M-1, COLUMN 7, LINE 22) | 1,388,458 | 1,388,458 |
| 7 TOTAL OVERHEAD (FROM WORKSHEET M-2, LINE 16) | 858,217 | 858,217 |
| 8 RATIO OF PNEUMOCOCCAL AND INFLUENZA VACCINE DIRECT COST TO TOTAL DIRECT COST (LINE 5 DIVIDED BY LINE 6) | | .000727 |
| 9 OVERHEAD COST - PNEUMOCOCCAL AND INFLUENZA VACCINE (LINE 7 X LINE 8) | | 624 |
| 10 TOTAL PNEUMOCOCCAL AND INFLUENZA VACCINE COST AND ITS (THEIR) ADMINISTRATION (SUM OF LINES 5 AND 9) | | 1,634 |
| 11 TOTAL NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS (FROM YOUR RECORDS) | | 73 |
| 12 COST PER PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTION (LINE 10 DIVIDED BY LINE 11) | | 22.38 |
| 13 NUMBER OF PNEUMOCOCCAL AND INFLUENZA VACCINE INJECTIONS ADMINISTERED TO PROGRAM BENEFICIARIES | | 28 |
| 14 PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (LINE 12 X LINE 13) | | 627 |
| 15 TOTAL COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (SUM OF COLUMNS 1 AND 2, LINE 10) (TRANSFER THIS AMOUNT TO WORKSHEET M-3, LINE 2) | | 1,634 |
| 16 TOTAL PROGRAM COST OF PNEUMOCOCCAL AND INFLUENZA VACCINE AND ITS (THEIR) ADMINISTRATION (SUM OF COLUMNS 1 AND 2, LINE 14) (TRANSFER THIS AMOUNT TO WORKSHEET M-3, LINE 20) | | 627 |

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES
 RHC FQHC

I PROVIDER NO: I PERIOD: I PREPARED 9/27/2009
 I 14-1308 I FROM 5/ 1/2008 I WORKSHEET M-5
 I COMPONENT NO: I TO 4/30/2009 I
 I 14-3472 I I

RHC 3

| DESCRIPTION | P A R T | | B AMOUNT |
|--|------------|-----|----------|
| | MM/DD/YYYY | 1 2 | |
| 1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER | | | 259,810 |
| 2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO. | | | NONE |
| 3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1) | | | |
| ADJUSTMENTS TO PROVIDER .01 | 11/21/2008 | | 18,676 |
| ADJUSTMENTS TO PROVIDER .02 | | | |
| ADJUSTMENTS TO PROVIDER .03 | | | |
| ADJUSTMENTS TO PROVIDER .04 | | | |
| ADJUSTMENTS TO PROVIDER .05 | | | |
| ADJUSTMENTS TO PROGRAM .50 | | | |
| ADJUSTMENTS TO PROGRAM .51 | | | |
| ADJUSTMENTS TO PROGRAM .52 | | | |
| ADJUSTMENTS TO PROGRAM .53 | | | |
| ADJUSTMENTS TO PROGRAM .54 | | | |
| ADJUSTMENTS TO PROGRAM .99 | | | |
| SUBTOTAL | | | 18,676 |
| 4 TOTAL INTERIM PAYMENTS | | | 278,486 |
| TO BE COMPLETED BY INTERMEDIARY | | | |
| 5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1) | | | |
| TENTATIVE TO PROVIDER .01 | | | |
| TENTATIVE TO PROVIDER .02 | | | |
| TENTATIVE TO PROVIDER .03 | | | |
| TENTATIVE TO PROGRAM .50 | | | |
| TENTATIVE TO PROGRAM .51 | | | |
| TENTATIVE TO PROGRAM .52 | | | |
| TENTATIVE TO PROGRAM .99 | | | |
| SUBTOTAL | | | NONE |
| 6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1) | | | 34,788 |
| 7 TOTAL MEDICARE PROGRAM LIABILITY | | | 313,274 |

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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