

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT
 CERTIFICATION AND SETTLEMENT SUMMARY

WORKSHEET S
 PARTS I & II

INTERMEDIARY [] AUDITED DATE RECEIVED _____ [] INITIAL [] RE-OPENING
 USE ONLY: [] DESK REVIEWED INTERMEDIARY NO. _____ [] FINAL [] MCR CODE

PART I - CERTIFICATION

CHECK _____ ELECTRONICALLY FILED COST REPORT DATE: _____
 APPLICABLE BOX _____ MANUALLY SUBMITTED COST REPORT TIME: _____

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 IN 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 REHAB INSTITUTE OF ST. LOUIS (26-3028) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 06/01/2008 AND ENDING 05/31/2009, 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.

(SIGNED) _____
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

| | TITLE V 1 | TITLE XVIII | | TITLE XIX 4 | |
|-----|------------------------------------|-------------|-------------|----------------|-----|
| | | PART A 2 | PART B 3 | | |
| 1 | HOSPITAL | 278873 | | -70118 | 1 |
| 2 | SUBPROVIDER I | | | | 2 |
| 3 | SWING BED - SNF | | | | 3 |
| 4 | SWING BED - NF | | | | 4 |
| 5 | SKILLED NURSING FACILITY | | | | 5 |
| 6 | NURSING FACILITY | | | | 6 |
| 7 | HOME HEALTH AGENCY | | | | 7 |
| 8 | OUTPATIENT REHABILITATION PROVIDER | | | | 8 |
| 9 | HEALTH CLINIC | | | | 9 |
| 100 | TOTAL | 278873 | | -70118 | 100 |

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 657 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: HEALTH CARE FINANCING ADMINISTRATION, 7500 SECURITY BOULEVARD, N2-14-26, BALTIMORE, MARYLAND 21244-1850, AND TO THE OFFICE OF THE INFORMATION AND REGULATORY AFFAIRS, OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, D.C. 20503.

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 4455 DUNCAN AVE
 1.01 CITY: ST. LOUIS

STATE: MO

P.O.BOX:
 ZIP CODE: 63110-

COUNTY: ST. LOUIS

1
 1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

| COMPONENT 0 | COMPONENT NAME 1 | PROVIDER NUMBER 2 | DATE CERTIFIED 3 | PAYMENT SYSTEM (P,T,O OR N) | | | 2 | |
|----------------|----------------------------------|------------------------------|------------------------|--------------------------------|------------|----------|---|----|
| | | | | V 4 | XVIII 5 | XIX 6 | | |
| 2 | HOSPITAL | REHAB INSTITUTE OF ST. LOUIS | 26-3028 | 04/02/2001 | N | P | O | 2 |
| 3 | SUBPROVIDER I | | | | | | | 3 |
| 4 | SWING BEDS - SNF | | | | | | | 4 |
| 5 | SWING BEDS - NF | | | | | | | 5 |
| 6 | HOSPITAL-BASED SNF | | | | | | | 6 |
| 7 | HOSPITAL-BASED NF | | | | | | | 7 |
| 8 | HOSPITAL-BASED OLTC | | | | | | | 8 |
| 9 | HOSPITAL-BASED HHA | | | | | | | 9 |
| 11 | SEPARATELY CERTIFIED ASC | | | | | | | 11 |
| 12 | HOSPITAL-BASED HOSPICE | | | | | | | 12 |
| 14 | HOSP-BASED RHC | | | | | | | 14 |
| 15 | OUTPATIENT REHABILITATION PROVID | | | | | | | 15 |
| 16 | RENAL DIALYSIS | | | | | | | 16 |

| | | | | |
|----|------------------------------------|------------------|----------------|----|
| 17 | COST REPORTING PERIOD (MM/DD/YYYY) | FROM: 06/01/2008 | TO: 05/31/2009 | 17 |
| 18 | TYPE OF CONTROL | 1 | 2 | 18 |

TYPE OF HOSPITAL/SUBPROVIDER

| | | | |
|----|---------------|---|----|
| 19 | HOSPITAL | 5 | 19 |
| 20 | SUBPROVIDER I | | 20 |

OTHER INFORMATION

| | | | | | | |
|-------|--|----|---|-------|-------|-------|
| 21 | INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING 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 | | |
| 21.01 | DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106? | NO | | 21.01 | | |
| 21.02 | HAS YOUR FACILITY RECEIVED GEOGRAPHIC RECLASSIFICATION? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, REPORT IN COLUMN 2 THE EFFECTIVE DATE. | | | 21.02 | | |
| 21.03 | ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy)(SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. | 1 | N | Y | 41180 | 21.03 |
| 21.04 | FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL. | 1 | | | | 21.04 |
| 21.05 | FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL. | 1 | | | | 21.05 |
| 21.06 | DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR A SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105 OR MIPPA 147? (SEE INSTRUCTIONS). ENTER 'Y' FOR YES AND 'N' FOR NO. | NO | | | | 21.06 |
| 21.07 | DOES THIS HOSPITAL QUALIFY AS AN SCH WITH UNDER 100 BEDS OR FEWER BEDS UNDER MIPPA 147? ENTER 'Y' FOR YES AND 'N' FOR NO (SEE INSTRUCTIONS). | NO | | | | 21.07 |
| 22 | ARE YOU CLASSIFIED AS A REFERRAL CENTER? | NO | | | | 22 |
| 23 | DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW | NO | | | | 23 |
| 23.01 | IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. | | | | | 23.01 |
| 23.02 | IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. | | | | | 23.02 |
| 23.03 | IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. | | | | | 23.03 |
| 23.04 | IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. | | | | | 23.04 |
| 23.05 | IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. | | | | | 23.05 |
| 23.06 | IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. | | | | | 23.06 |
| 23.07 | IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. | | | | | 23.07 |
| 24 | IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COL. 2. AND TERMINATION IN COL. 3. | | | | | 24 |
| 24.01 | IF THIS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COL 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COL 3. | | | | | 24.01 |
| 25 | IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R? | NO | | | | 25 |
| 25.01 | IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4? | NO | | | | 25.01 |
| 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. | NO | | | | 25.02 |
| 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. | NO | | | | 25.03 |
| 25.04 | ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2 | NO | | | | 25.04 |
| 25.05 | HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME 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) | NO | | NO | | 25.05 |
| 25.06 | HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT 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) | NO | | NO | | 25.06 |

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

| | | | | | |
|--|---|------------|---------|----|-------|
| 26 | IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. 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 |
| 26.01 | ENTER THE APPLICABLE SCH DATES: | BEGINNING: | ENDING: | | 26.01 |
| 26.03 | IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA. | | | | 26.03 |
| 26.04 | IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS): | BEGINNING: | ENDING: | | 26.04 |
| 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. | | | NO | 27 |
| 28 | IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02. | | | | 28 |
| 28.01 | IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st | | | | 28.01 |
| 28.02 | ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY. | | | | 28.02 |
| <p>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 INSTRUCTIONS)</p> | | | | | |
| 28.03 | STAFFING | 0.00 | | N | 28.03 |
| 28.04 | RECRUITMENT | 0.00 | | N | 28.04 |
| 28.05 | RETENTION OF EMPLOYEES | 0.00 | | N | 28.05 |
| 28.06 | TRAINING | 0.00 | | N | 28.06 |
| 28.07 | OTHER (SPECIFY) | | | | 28.07 |
| 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? | | | NO | 29 |
| 30 | DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff. | | | NO | 30 |
| 30.01 | IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70. | | | | 30.01 |
| 30.02 | IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? | | | | 30.02 |
| 30.03 | IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000) | | | | 30.03 |
| 30.04 | IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE 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. | | | | 30.04 |
| 31 | IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). | | | NO | 31 |
| MISCELLANEOUS COST REPORTING INFORMATION | | | | | |
| 32 | IS THIS AN ALL-INCLUSIVE RATE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2. | | | NO | 32 |
| 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. | | | NO | 33 |
| 34 | IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40(f)(1)(i) TEFRA? | | | NO | 34 |
| 35 | HAVE YOU ESTABLISHED A NEW SUBPROVIDER I (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? | | | NO | 35 |
| <p style="text-align: right;">V XVIII XIX</p> <p style="text-align: right;">1 2 3</p> | | | | | |
| PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL | | | | | |
| 36 | DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? | NO | YES | NO | 36 |
| 36.01 | DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320? | NO | NO | NO | 36.01 |
| 37 | DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? | NO | NO | NO | 37 |
| 37.01 | IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE? | | | | 37.01 |

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

| | | | |
|---------------------------------------|--|----------------------------------|---------------------------------|
| TITLE XIX INPATIENT HOSPITAL SERVICES | | | |
| 38 | DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? | YES | 38 |
| 38.01 | IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? | YES | 38.01 |
| 38.02 | DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? | NO | 38.02 |
| 38.03 | ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? | NO | 38.03 |
| 38.04 | DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? | NO | 38.04 |
| 40 | ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COLUMN 2 THE HOME OFFICE PROVIDER NUMBER. (SEE INSTRUCTIONS) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE. | YES 019005 | 40 |
| 40.01 | NAME: HEALTHSOUTH CORPORATION | FI/CONTRACTOR'S NAME: CAHABA GBA | FI/CONTRACTOR'S NUMBER: 10101 |
| 40.02 | STREET: 3660 GRANDVIEW PARKWAY, SUITE 200 | | P.O.BOX: 40.02 |
| 40.03 | CITY: BIRMINGHAM | | STATE: AL ZIP CODE: 35243 40.03 |
| 41 | ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? | YES | 41 |
| 42 | ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? | YES | 42 |
| 42.01 | ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? | YES | 42.01 |
| 42.02 | ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? | YES | 42.02 |
| 43 | ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS? | NO | 43 |
| 44 | IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY? | NO | 44 |
| 45 | HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2. | NO | 45 |
| 45.01 | WAS THERE A CHANGE IN THE STATISTICAL BASIS? | | 45.01 |
| 45.02 | WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? | | 45.02 |
| 45.03 | WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD? | | 45.03 |
| 46 | IF YOU ARE PARTICIPATING IN THE NHCQM DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE. | | 46 |

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

| | PART A | PART B | OUTPATIENT ASC | OUTPATIENT RADIOLOGY | OUTPATIENT DIAGNOSTIC | | | | |
|-------|---|------------|----------------|----------------------|-----------------------|--------------|----------|---------|----|
| | 1 | 2 | 3 | 4 | 5 | | | | |
| 47 | HOSPITAL | N | N | N | N | 47 | | | |
| 48 | SUBPROVIDER I | N | N | N | N | 48 | | | |
| 49 | SKILLED NURSING FACILITY | N | N | N | N | 49 | | | |
| 50 | HOME HEALTH AGENCY | N | N | | | 50 | | | |
| 52 | DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? | | | | NO | 52 | | | |
| 52.01 | IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV. | | | | NO | 52.01 | | | |
| 53 | IF THIS IS 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. | | | | | 53 | | | |
| 53.01 | MDH PERIOD: | BEGINNING: | | ENDING: | | 53.01 | | | |
| 54 | LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 71984 PAID LOSSES: 233587 AND/OR SELF INSURANCE: | | | | | 54 | | | |
| 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. | | | | NO | 54.01 | | | |
| 55 | DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO. | | | | NO | 55 | | | |
| 56 | ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002. | | | DATE 0 / / | Y/N 1 NO | LIMIT 2 0.00 | Y/N 3 NO | FEEES 4 | 56 |
| 57 | ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? | | | | NO | 57 | | | |
| 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% 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. | | | | YES | 58 | | | |
| 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 IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? 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 INSTRUCTIONS) | | | | YES NO | 58.01 | | | |
| 59 | ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS) | | | | NO | 59 | | | |

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
(CONTINUED)

| | | | | | | | | |
|-----------------|--|--------|------------|------|----------------|--|--|-------|
| 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) | NO | | | | | | 60 |
| 60.01 | IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.) | | | | | | | 60.01 |
| MULTICAMPUS | | | | | | | | |
| 61 | DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5. | NO | | | | | | 61 |
| | COUNTY: | STATE: | ZIP CODE | CBSA | FTE/ CAMPUS | | | |
| | 1 | 2 | 3 | 4 | 5 | | | |
| SETTLEMENT DATA | | | | | | | | |
| 63 | 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 COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy) | YES | 08/15/2009 | | | | | 63 |

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

| COMPONENT | -----DISCHARGES----- | | | | TOTAL ALL PATIENTS | |
|---|----------------------|-------------------|-----------------|------|--------------------|----|
| | TITLE V 12 | TITLE XVIII 13 | TITLE XIX 14 | 15 | | |
| 1 HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS | | 843 | 298 | 1678 | | 1 |
| 2 HMO XIX | | | | | | 2 |
| 3 HOSPITAL ADULTS & PEDS - SWING BED SNF | | | | | | 3 |
| 4 HOSPITAL ADULTS & PEDS - SWING BED NF | | | | | | 4 |
| 5 TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS | | | | | | 5 |
| 6 INTENSIVE CARE UNIT | | | | | | 6 |
| 7 CORONARY CARE UNIT | | | | | | 7 |
| 8 BURN INTENSIVE CARE UNIT | | | | | | 8 |
| 9 SURGICAL INTENSIVE CARE UNIT | | | | | | 9 |
| 10 OTHER SPECIAL CARE (SPECIFY) | | | | | | 10 |
| 11 NURSERY | | | | | | 11 |
| 12 TOTAL HOSPITAL | | 843 | 298 | 1678 | | 12 |
| 13 RPCH VISITS | | | | | | 13 |
| 14 SUBPROVIDER I | | | | | | 14 |
| 15 SKILLED NURSING FACILITY | | | | | | 15 |
| 16 NURSING FACILITY | | | | | | 16 |
| 17 OTHER LONG TERM CARE | | | | | | 17 |
| 18 HOME HEALTH AGENCY | | | | | | 18 |
| 20 ASC (DISTINCT PART) | | | | | | 20 |
| 21 HOSPICE (DISTINCT PART) | | | | | | 21 |
| 23 O/P REHAB PROVIDER | | | | | | 23 |
| 24 RHC I | | | | | | 24 |
| 25 TOTAL | | | | | | 25 |
| 26 OBSERVATION BED DAYS | | | | | | 26 |
| 27 AMBULANCE TRIPS | | | | | | 27 |
| 28 EMPLOYEE DISCOUNT DAYS | | | | | | 28 |

HOSPITAL WAGE INDEX INFORMATION

| PART II - WAGE DATA | | AMOUNT REPORTED | RECLASS. OF SALARIES FROM WKST. A-6 | ADJUSTED SALARIES (COL.1 + COL.2) | PAID HOURS RELATED TO SALARY IN COL.3 | AVERAGE HOURLY WAGE (COL.3 / COL.4) | DATA SOURCE | WORKSHEET S-3 PART II |
|---------------------|--|--------------------|--|--|--|--|-----------------------|--------------------------|
| 1 | SALARIES | 1 | 2 | 3 | 4 | 5 | 6 | |
| 1 | TOTAL SALARIES | 13856523 | | | 589014.40 | | | 1 |
| 2 | NON-PHYSICIAN ANESTHETIST PART A | | | | | | | 2 |
| 3 | NON-PHYSICIAN ANESTHETIST PART B | | | | | | | 3 |
| 4 | PHYSICIAN - PART A | | | | | | | 4 |
| 4.01 | TEACHING PHYSICIAN SALARIES | | | | | | | 4.01 |
| 5 | PHYSICIAN - PART B | | | | | | | 5 |
| 5.01 | NON-PHYSICIAN - PART B | | | | | | | 5.01 |
| 6 | INTERNS & RESIDENTS (IN APPR PGM) | | | | | | | 6 |
| 6.01 | CONTRACT SERVICES, I&R | | | | | | | 6.01 |
| 7 | HOME OFFICE PERSONNEL | | | | | | | 7 |
| 8 | SNF | | | | | | | 8 |
| 8.01 | EXCLUDED AREA SALARIES | | 11711 | | 374.40 | | | 8.01 |
| | OTHER WAGES & RELATED COSTS | | | | | | | |
| 9 | CONTRACT LABOR | 212118 | | | 5266.16 | | INVOICES | 9 |
| 9.01 | PHARMACY SERVICES UNDER CONTRACT | | | | | | | 9.01 |
| 9.02 | LABORATORY SERVICES UNDER CONTRACT | | | | | | | 9.02 |
| 9.03 | MANAGEMENT AND ADMINISTRATIVE SERVICES | | | | | | | 9.03 |
| 10 | CONTRACT LABOR: PHYSICIAN PART A | 325019 | | | 2266.00 | | INVOICES/TIME STUDIES | 10 |
| 10.01 | TEACHING PHYSICIAN UNDER CONTRACT | | | | | | | 10.01 |
| 11 | HOME OFFICE SALARIES & WAGE REL COSTS | 1213284 | | | 18473.54 | | HO ALLOCATION | 11 |
| 12 | HOME OFFICE: PHYSICIAN PART A | | | | | | | 12 |
| 12.01 | TEACHING PHYSICIAN SALARIES | | | | | | | 12.01 |
| | WAGE-RELATED COSTS | | | | | | | |
| 13 | WAGE RELATED COSTS (CORE) | 3331882 | | | | | CMS 339 | 13 |
| 14 | WAGE RELATED COSTS (OTHER) | | | | | | CMS 339 | 14 |
| 15 | EXCLUDED AREAS | 2818 | | | | | CMS 339 | 15 |
| 16 | NON-PHYSICIAN ANESTHETIST PART A | | | | | | CMS 339 | 16 |
| 17 | NON-PHYSICIAN ANESTHETIST PART B | | | | | | CMS 339 | 17 |
| 18 | PHYSICIAN PART A | | | | | | CMS 339 | 18 |
| 18.01 | PART A TEACHING PHYSICIANS | | | | | | CMS 339 | 18.01 |
| 19 | PHYSICIAN PART B | | | | | | CMS 339 | 19 |
| 19.01 | WAGE RELATED COSTS (RHC/FQHC) | | | | | | | 19.01 |
| 20 | INTERNS & RESIDENTS (IN APPR PGM) | | | | | | CMS 339 | 20 |
| | OVERHEAD COSTS - DIRECT SALARIES | | | | | | | |
| 21 | EMPLOYEE BENEFITS | | | | | | | 21 |
| 22 | ADMINISTRATIVE & GENERAL | 2245640 | -11711 | | 94140.80 | | | 22 |
| 22.01 | ADMINISTRATIVE & GENERAL UNDER CONTACT | | | | | | | 22.01 |
| 23 | MAINTENANCE & REPAIRS | | | | | | | 23 |
| 24 | OPERATION OF PLANT | 240146 | | | 14060.80 | | | 24 |
| 25 | LAUNDRY & LINEN SERVICE | | | | | | | 25 |
| 26 | HOUSEKEEPING | 257723 | | | 23358.40 | | | 26 |
| 26.01 | HOUSEKEEPING UNDER CONTRACT | | | | | | | 26.01 |
| 27 | DIETARY | 486332 | | | 34403.20 | | | 27 |
| 27.01 | DIETARY UNDER CONTRACT | | | | | | | 27.01 |
| 28 | CAFETERIA | | | | | | | 28 |
| 29 | MAINTENANCE OF PERSONNEL | | | | | | | 29 |
| 30 | NURSING ADMINISTRATION | 407935 | | | 14102.40 | | | 30 |
| 31 | CENTRAL SERVICES AND SUPPLY | | | | | | | 31 |
| 32 | PHARMACY | | | | | | | 32 |
| 33 | MEDICAL RECORDS & MEDICAL RECORDS LIBR | 172947 | | | 8424.00 | | | 33 |
| 34 | SOCIAL SERVICE | 308471 | | | 12334.40 | | | 34 |
| 35 | OTHER GENERAL SERVICE | | | | | | | 35 |

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
PART III

| PART III - HOSPITAL WAGE INDEX SUMMARY | | AMOUNT REPORTED | RECLASS. OF SALARIES FROM WKST. A-6 | ADJUSTED SALARIES (COL.1 + COL.2) | PAID HOURS RELATED TO SALARY IN COL.3 | AVERAGE HOURLY WAGE (COL.3 / COL.4) | | WORKSHEET S-3 PART III |
|--|---|--------------------|--|--|--|--|--|---------------------------|
| 1 | | 1 | 2 | 3 | 4 | 5 | | |
| 1 | NET SALARIES | 13856523 | | 13856523 | 589014.40 | 23.52 | | 1 |
| 2 | EXCLUDED AREA SALARIES | | 11711 | 11711 | 374.40 | 31.28 | | 2 |
| 3 | SUBTOTAL SALARIES (LINE 1 MINUS LINE 2) | 13856523 | -11711 | 13844812 | 588640.00 | 23.52 | | 3 |
| 4 | SUBTOTAL OTHER WAGES & REL COSTS | 1750421 | | 1750421 | 26005.70 | 67.31 | | 4 |
| 5 | SUBTOTAL WAGE-RELATED COSTS | 3331882 | | 3331882 | | 24.07% | | 5 |
| 6 | TOTAL (SUM OF LINES 3 THRU 5) | 18938826 | -11711 | 18927115 | 614645.70 | 30.79 | | 6 |
| 7 | NET SALARIES | | | | | | | 7 |
| 8 | EXCLUDED AREA SALARIES | | | | | | | 8 |
| 9 | SUBTOTAL SALARIES (LINE 7 MINUS LINE 8) | | | | | | | 9 |
| 10 | SUBTOTAL OTHER WAGES & REL COSTS | | | | | | | 10 |
| 11 | SUBTOTAL WAGE-RELATED COSTS | | | | | | | 11 |
| 12 | TOTAL (SUM OF LINES 9 THRU 11) | | | | | | | 12 |
| 13 | TOTAL OVERHEAD COSTS | 4119194 | -11711 | 4107483 | 200824.00 | 20.45 | | 13 |

NHCMQ DEMONSTRATION STATISTICAL DATA
 STATISTICAL DATA

WORKSHEET S-7

| GROUP | M3PI REVENUE CODE | SERVICES PRIOR TO JANUARY 1 | | SERVICES ON OR AFTER JANUARY 1 | | TOTAL |
|-------|-------------------------|--------------------------------|------|-----------------------------------|------|-------|
| | | RATE | DAYS | RATE | DAYS | |
| 1 | 2 | 3 | 3.01 | 4 | 4.01 | 5 |
| 1 | RVC/RUC | | | | | 1 |
| 2 | RVB/RUB | | | | | 2 |
| 3 | RVA/RUA | | | | | 3 |
| 3.01 | RUX | | | | | 3.01 |
| 3.02 | RUL | | | | | 3.02 |
| 4 | RHD/RVC | | | | | 4 |
| 5 | RHC/RVB | | | | | 5 |
| 6 | RHB/RVA | | | | | 6 |
| 6.01 | RVX | | | | | 6.01 |
| 6.02 | RVL | | | | | 6.02 |
| 7 | RHA/RHC | | | | | 7 |
| 8 | RMC/RHB | | | | | 8 |
| 9 | RMB/RHA | | | | | 9 |
| 9.01 | RHX | | | | | 9.01 |
| 9.02 | RHL | | | | | 9.02 |
| 10 | RMA/RMC | | | | | 10 |
| 11 | RLB/RMB | | | | | 11 |
| 12 | RLA/RMA | | | | | 12 |
| 12.01 | RMX | | | | | 12.01 |
| 12.02 | RML | | | | | 12.02 |
| 13 | SE3/RLB | | | | | 13 |
| 14 | SE2/RLA | | | | | 14 |
| 14.01 | RLX | | | | | 14.01 |
| 15 | SE1/SE3 | | | | | 15 |
| 16 | SSC/SE2 | | | | | 16 |
| 17 | SSB/SE1 | | | | | 17 |
| 18 | SSA/SSC | | | | | 18 |
| 19 | CD2/SSB | | | | | 19 |
| 20 | CD1/SSA | | | | | 20 |
| 21 | CC2 | | | | | 21 |
| 22 | CC1 | | | | | 22 |
| 23 | CB2 | | | | | 23 |
| 24 | CB1 | | | | | 24 |
| 25 | CA2 | | | | | 25 |
| 26 | CA1 | | | | | 26 |
| 27 | IB2 | | | | | 27 |
| 28 | IB1 | | | | | 28 |
| 29 | IA2 | | | | | 29 |
| 30 | IA1 | | | | | 30 |
| 31 | BB2 | | | | | 31 |
| 32 | BB1 | | | | | 32 |
| 33 | BA2 | | | | | 33 |
| 34 | BA1 | | | | | 34 |
| 35 | PE2 | | | | | 35 |
| 36 | PE1 | | | | | 36 |
| 37 | PD2 | | | | | 37 |
| 38 | PD1 | | | | | 38 |
| 39 | PC2 | | | | | 39 |
| 40 | PC1 | | | | | 40 |
| 41 | PB2 | | | | | 41 |
| 42 | PB1 | | | | | 42 |
| 43 | PA2 | | | | | 43 |
| 44 | PA1 | | | | | 44 |
| 45 | DEFAULT RATE | | | | | 45 |
| 46 | TOTAL | | | | | 46 |

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

| COST CENTER | | SALARIES 1 | OTHER 2 | TOTAL 3 | RECLASSI- FICATIONS 4 | RECLASS. TRIAL BALANCE 5 | ADJUST- MENTS 6 | NET EXP FOR ALLOCATION 7 | |
|------------------------------|---|---------------|------------|------------|-----------------------------|-----------------------------------|-----------------------|-----------------------------------|--------|
| GENERAL SERVICE COST CENTERS | | | | | | | | | |
| 3 | 0300 NEW CAP REL COSTS-BLDG & FIXT | | 1298351 | 1298351 | 56258 | 1354609 | 330065 | 1684674 | 3 |
| 4 | 0400 NEW CAP REL COSTS-MVBLE EQUIP | | 602333 | 602333 | 10974 | 613307 | -22166 | 591141 | 4 |
| 5 | 0500 EMPLOYEE BENEFITS | | 3561929 | 3561929 | 71371 | 3633300 | -294521 | 3338779 | 5 |
| 6 | 0600 ADMINISTRATIVE & GENERAL | 2245640 | 3704250 | 5949890 | -925184 | 5024706 | 3554936 | 8579642 | 6 |
| 8 | 0800 OPERATION OF PLANT | 240146 | 347765 | 587911 | 493692 | 1081603 | -164304 | 917299 | 8 |
| 9 | 0900 LAUNDRY & LINEN SERVICE | | 168718 | 168718 | -3713 | 165005 | | 165005 | 9 |
| 10 | 1000 HOUSEKEEPING | 257723 | 75824 | 333547 | 8263 | 341810 | | 341810 | 10 |
| 11 | 1100 DIETARY | 486332 | 505190 | 991522 | 5806 | 997328 | -46257 | 951071 | 11 |
| 12 | 1200 CAFETERIA | | | | | | | | 12 |
| 14 | 1400 NURSING ADMINISTRATION | 407935 | 6953 | 414888 | -2772 | 412116 | -125 | 411991 | 14 |
| 17 | 1700 MEDICAL RECORDS & LIBRARY | 172947 | 19356 | 192303 | | 192303 | -555 | 191748 | 17 |
| 18 | 1800 SOCIAL SERVICE | 308471 | 1565 | 310036 | | 310036 | -190 | 309846 | 18 |
| 23 | 2300 I&R SERVICES-OTHER PRGM COSTS A INPATIENT ROUTINE SERV COST CENTERS | | | | 67550 | 67550 | | 67550 | 23 |
| 25 | 2500 ADULTS & PEDIATRICS ANCILLARY SERVICE COST CENTERS | 4664948 | 159468 | 4824416 | 224456 | 5048872 | -84039 | 4964833 | 25 |
| 41 | 4100 RADIOLOGY-DIAGNOSTIC | | 164729 | 164729 | | 164729 | -78637 | 86092 | 41 |
| 41.01 | 4101 RADIOLOGY SUA | | | | | | | | 41.01 |
| 44 | 4400 LABORATORY | | 233461 | 233461 | -50973 | 182488 | | 182488 | 44 |
| 44.01 | 4401 LAB SERVICES UNDER ARRANGEMENT | | | | 50973 | 50973 | -15176 | 35797 | 44.01 |
| 49 | 4900 RESPIRATORY THERAPY | 310448 | 17438 | 327886 | | 327886 | -151 | 327735 | 49 |
| 50 | 5000 PHYSICAL THERAPY | 2192521 | 274136 | 2466657 | -17962 | 2448695 | -11380 | 2437315 | 50 |
| 51 | 5100 OCCUPATIONAL THERAPY | 1531084 | 174822 | 1705906 | 8356 | 1714262 | -3244 | 1711018 | 51 |
| 52 | 5200 SPEECH PATHOLOGY | 692771 | 11556 | 704327 | 284 | 704611 | -244 | 704367 | 52 |
| 55 | 5500 MEDICAL SUPPLIES CHARGED TO PAT | 37896 | 462830 | 500726 | 14745 | 515471 | -8580 | 506891 | 55 |
| 56 | 5600 DRUGS CHARGED TO PATIENTS | 307661 | 776729 | 1084390 | 4972 | 1089362 | -2860 | 1086502 | 56 |
| 59 | 3550 PSYCHOLOGY OUTPATIENT SERVICE COST CENTERS | | | | | | | | 59 |
| 62 | 6200 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS | | | | | | | | 62 |
| 71 | 7100 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS | | | | | | | | 71 |
| 88 | 8800 INTEREST EXPENSE | | 490191 | 490191 | | 490191 | -490191 | | 88 |
| 90 | 9000 OTHER CAPITAL RELATED COSTS | | 30633 | 30633 | -30633 | | | | 90 |
| 95 | 9500 SUBTOTALS NONREIMBURSABLE COST CENTERS | 13856523 | 13088227 | 26944750 | -13537 | 26931213 | 2662381 | 29593594 | 95 |
| 98 | 9800 PHYSICIANS' PRIVATE OFFICES | | | | | | | | 98 |
| 100 | 7950 GUEST MEALS | | | | | | | | 100 |
| 100.01 | 7951 NRCC - MARKETING | | | | 13537 | 13537 | | 13537 | 100.01 |
| 101 | TOTAL | 13856523 | 13088227 | 26944750 | | 26944750 | 2662381 | 29607131 | 101 |

RECLASSIFICATIONS

| EXPLANATION OF RECLASSIFICATION ENTRY | CODE | COST CENTER | INCREASE | | OTHER |
|---------------------------------------|------|-------------------------------|----------|--------|-----------|
| | | | LINE # | SALARY | |
| 1 | 2 | 3 | 4 | 5 | |
| 1 INSURANCE | A | NEW CAP REL COSTS-BLDG & FIXT | 3 | | 30625 1 |
| 2 INSURANCE | A | NEW CAP REL COSTS-MVBLE EQUIP | 4 | | 5974 2 |
| 3 MARKETING | B | NRCC - MARKETING | 100.01 | 11711 | 1826 3 |
| 4 PHYSICIAN FEES | C | ADULTS & PEDIATRICS | 25 | | 231719 4 |
| 5 UTILITIES | D | OPERATION OF PLANT | 8 | | 379950 5 |
| 6 DRUG RECLASS | E | DRUGS CHARGED TO PATIENTS | 56 | | 4972 6 |
| 7 DRUG RECLASS | E | ADMINISTRATIVE & GENERAL | 6 | | 36 7 |
| 8 FOOD SUPPLIES | F | DIETARY | 11 | | 5864 8 |
| 9 FOOD SUPPLIES | F | | | | 9 |
| 10 FOOD SUPPLIES | F | | | | 10 |
| 11 FOOD SUPPLIES | F | | | | 11 |
| 12 LINENS | G | DIETARY | 11 | | 139 12 |
| 13 LINENS | G | HOUSEKEEPING | 10 | | 5982 13 |
| 14 HOUSEKEEPING | H | HOUSEKEEPING | 10 | | 2281 14 |
| 15 HOUSEKEEPING | H | LAUNDRY & LINEN SERVICE | 9 | | 2375 15 |
| 16 HOUSEKEEPING | H | | | | 16 |
| 17 HOUSEKEEPING | H | | | | 17 |
| 18 HOUSEKEEPING | H | | | | 18 |
| 19 SECURITY | I | OPERATION OF PLANT | 8 | | 114253 19 |
| 20 RECLASS DAY TREATMENT | J | OCCUPATIONAL THERAPY | 51 | | 1141 20 |
| 21 RECLASS DAY TREATMENT | J | SPEECH PATHOLOGY | 52 | | 284 21 |
| 22 RECLASS PLANT OP | K | | | | 22 |
| 23 RECLASS PAYROLL TAXES | P | | | | 23 |
| 24 FRANCHISE TAX | Q | EMPLOYEE BENEFITS | 5 | | 71371 24 |
| 25 MEDICAL SUPPLIES | R | MEDICAL SUPPLIES CHARGED TO P | 55 | | 23293 25 |
| 26 MEDICAL SUPPLIES | R | | | | 26 |
| 27 MEDICAL SUPPLIES | R | | | | 27 |
| 28 PAYROLL TAXES | S | | | | 28 |
| 29 SALARY RECLASS | T | | | | 29 |
| 30 SALARY RECLASS | T | | | | 30 |
| 31 SALARY RECLASS | T | | | | 31 |
| 32 SALARY RECLASS | T | | | | 32 |
| 33 SALARY RECLASS | T | | | | 33 |
| 34 SALARY RECLASS | T | | | | 34 |
| 35 SALARY RECLASS | T | | | | 35 |
| 36 SUBTOTAL | | | | 11711 | 882085 36 |

RECLASSIFICATIONS

| EXPLANATION OF RECLASSIFICATION ENTRY | CODE | COST CENTER | DECREASE | SALARY | OTHER | WKST A-7 |
|--|------|-------------------------------|----------|--------|--------|----------|
| | | | LINE # | | | REF. |
| | 1 | 6 | 7 | 8 | 9 | 10 |
| 1 INSURANCE | A | ADMINISTRATIVE & GENERAL | 6 | | 36599 | 12 1 |
| 2 INSURANCE | A | | | | | 12 2 |
| 3 MARKETING | B | ADMINISTRATIVE & GENERAL | 6 | 11711 | 1826 | 3 |
| 4 PHYSICIAN FEES | C | ADMINISTRATIVE & GENERAL | 6 | | 231719 | 4 |
| 5 UTILITIES | D | ADMINISTRATIVE & GENERAL | 6 | | 379950 | 5 |
| 6 DRUG RECLASS | E | DIETARY | 11 | | 197 | 6 |
| 7 DRUG RECLASS | E | MEDICAL SUPPLIES CHARGED TO P | 55 | | 4811 | 7 |
| 8 FOOD SUPPLIES | F | ADMINISTRATIVE & GENERAL | 6 | | 1013 | 8 |
| 9 FOOD SUPPLIES | F | ADULTS & PEDIATRICS | 25 | | 2032 | 9 |
| 10 FOOD SUPPLIES | F | OCCUPATIONAL THERAPY | 51 | | 47 | 10 |
| 11 FOOD SUPPLIES | F | NURSING ADMINISTRATION | 14 | | 2772 | 11 |
| 12 LINENS | G | LAUNDRY & LINEN SERVICE | 9 | | 6088 | 12 |
| 13 LINENS | G | MEDICAL SUPPLIES CHARGED TO P | 55 | | 33 | 13 |
| 14 HOUSEKEEPING | H | ADMINISTRATIVE & GENERAL | 6 | | 48 | 14 |
| 15 HOUSEKEEPING | H | ADULTS & PEDIATRICS | 25 | | 79 | 15 |
| 16 HOUSEKEEPING | H | PHYSICAL THERAPY | 50 | | 314 | 16 |
| 17 HOUSEKEEPING | H | MEDICAL SUPPLIES CHARGED TO P | 55 | | 3704 | 17 |
| 18 HOUSEKEEPING | H | OPERATION OF PLANT | 8 | | 511 | 18 |
| 19 SECURITY | I | ADMINISTRATIVE & GENERAL | 6 | | 114253 | 19 |
| 20 RECLASS DAY TREATMENT | J | PHYSICAL THERAPY | 50 | | 1425 | 20 |
| 21 RECLASS DAY TREATMENT | J | | | | | 21 |
| 22 RECLASS PLANT OP | K | | | | | 22 |
| 23 RECLASS PAYROLL TAXES | P | | | | | 23 |
| 24 FRANCHISE TAX | Q | ADMINISTRATIVE & GENERAL | 6 | | 71371 | 24 |
| 25 MEDICAL SUPPLIES | R | ADULTS & PEDIATRICS | 25 | | 5152 | 25 |
| 26 MEDICAL SUPPLIES | R | PHYSICAL THERAPY | 50 | | 16223 | 26 |
| 27 MEDICAL SUPPLIES | R | OCCUPATIONAL THERAPY | 51 | | 1918 | 27 |
| 28 PAYROLL TAXES | S | | | | | 28 |
| 29 SALARY RECLASS | T | | | | | 29 |
| 30 SALARY RECLASS | T | | | | | 30 |
| 31 SALARY RECLASS | T | | | | | 31 |
| 32 SALARY RECLASS | T | | | | | 32 |
| 33 SALARY RECLASS | T | | | | | 33 |
| 34 SALARY RECLASS | T | | | | | 34 |
| 35 SALARY RECLASS | T | | | | | 35 |
| 36 SUBTOTAL | | | | 11711 | 882085 | 36 |

RECLASSIFICATIONS

| EXPLANATION OF RECLASSIFICATION ENTRY | CODE | INCREASE | | | |
|---------------------------------------|------|-------------------------------|--------|--------|------------|
| | | COST CENTER | LINE # | SALARY | |
| | 1 | 2 | 3 | 4 | 5 |
| 1 SALARY RECLASS | T | | | | 1 |
| 2 SERVICES UNDER ARRANGEMENT | U | LAB SERVICES UNDER ARRANGEMEN | 44.01 | | 50973 2 |
| 3 OPC RECLASS | W | OCCUPATIONAL THERAPY | 51 | | 9180 3 |
| 4 RESIDENT SUPPORT AGREEMENT | X | I&R SERVICES-OTHER PRGM COSTS | 23 | | 67550 4 |
| 5 | | | | | 5 |
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| 32 | | | | | 32 |
| 33 | | | | | 33 |
| 34 | | | | | 34 |
| 35 | | | | | 35 |
| 36 TOTAL RECLASSIFICATIONS | | | | 11711 | 1009788 36 |

RECLASSIFICATIONS

| 1 | EXPLANATION OF RECLASSIFICATION ENTRY | CODE | COST CENTER | DECREASE | | | WKST A-7 REF. |
|----|---------------------------------------|------|--------------------------|----------|--------|---------|---------------|
| | | | | LINE # | SALARY | OTHER | |
| 1 | | 1 | 6 | 7 | 8 | 9 | 10 |
| 1 | SALARY RECLASS | T | | | | | 1 |
| 2 | SERVICES UNDER ARRANGEMENT | U | LABORATORY | 44 | | 50973 | 2 |
| 3 | OPC RECLASS | W | ADMINISTRATIVE & GENERAL | 6 | | 9180 | 3 |
| 4 | RESIDENT SUPPORT AGREEMENT | X | ADMINISTRATIVE & GENERAL | 6 | | 67550 | 4 |
| 5 | | | | | | | 5 |
| 6 | | | | | | | 6 |
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| 32 | | | | | | | 32 |
| 33 | | | | | | | 33 |
| 34 | | | | | | | 34 |
| 35 | | | | | | | 35 |
| 36 | TOTAL RECLASSIFICATIONS | | | | 11711 | 1009788 | 36 |

ANALYSIS OF CHANGES DURING COST REPORTING
 PERIOD IN CAPITAL ASSET BALANCES OF HOSPITAL
 AND HOSPITAL HEALTH CARE COMPLEX CERTIFIED
 TO PARTICIPATE IN HEALTH CARE PROGRAMS

WORKSHEET A-7
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

| DESCRIPTION | BEGINNING BALANCES 1 | ----- ACQUISITIONS ----- | | | DISPOSALS AND RETIREMENTS 5 | ENDING BALANCE 6 | FULLY DEPRECIATED ASSETS 7 | |
|--------------------------|----------------------------|--------------------------|---------------|------------|--------------------------------------|------------------------|-------------------------------------|---|
| | | PURCHASE 2 | DONATION 3 | TOTAL 4 | | | | |
| 1 LAND | | | | | | | | 1 |
| 2 LAND IMPROVEMENTS | | | | | | | | 2 |
| 3 BUILDINGS AND FIXTURES | 18372696 | | | | | 18372696 | | 3 |
| 4 BUILDING IMPROVEMENTS | 906372 | | | | | 906372 | | 4 |
| 5 FIXED EQUIPMENT | | | | | | | | 5 |
| 6 MOVABLE EQUIPMENT | 3644348 | 128154 | | 128154 | 11662 | 3760840 | | 6 |
| 7 SUBTOTAL | 22923416 | 128154 | | 128154 | 11662 | 23039908 | | 7 |
| 8 RECONCILING ITEMS | | | | | | | | 8 |
| 9 TOTAL | 22923416 | 128154 | | 128154 | 11662 | 23039908 | | 9 |

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS III & IV

| DESCRIPTION | COMPUTATION OF RATIOS | | | | ALLOCATION OF OTHER CAPITAL | | | TOTAL |
|---------------------------------|-----------------------|--------------------|------------------------|----------|-----------------------------|-------|-----------------------------|---------|
| | GROSS ASSETS | CAPITALIZED LEASES | GROSS ASSETS FOR RATIO | RATIO | INSURANCE | TAXES | OTHER CAPITAL-RELATED COSTS | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | |
| 1 OLD CAP REL COSTS-BLDG & FIXT | | | | .000000 | | | | 1 |
| 2 OLD CAP REL COSTS-MVBLE EQUIP | | | | .000000 | | | | 2 |
| 3 NEW CAP REL COSTS-BLDG & FIXT | 19279068 | | 19279068 | .836768 | | 25633 | | 25633 3 |
| 4 NEW CAP REL COSTS-MVBLE EQUIP | 3760840 | | 3760840 | .163232 | | 5000 | | 5000 4 |
| 5 TOTAL | 23039908 | | 23039908 | 1.000000 | | 30633 | | 30633 5 |

| DESCRIPTION | SUMMARY OF OLD AND NEW CAPITAL | | | | | | | TOTAL |
|---------------------------------|--------------------------------|--------|----------|-----------|-------|-----------------------------|-----------|-------|
| | DEPREC-IATION | LEASE | INTEREST | INSURANCE | TAXES | OTHER CAPITAL-RELATED COSTS | | |
| | 9 | 10 | 11 | 12 | 13 | 14 | | |
| 1 OLD CAP REL COSTS-BLDG & FIXT | | | | | | | 1 | |
| 2 OLD CAP REL COSTS-MVBLE EQUIP | | | | | | | 2 | |
| 3 NEW CAP REL COSTS-BLDG & FIXT | 920144 | 131444 | 565033 | 30625 | 37428 | | 1684674 3 | |
| 4 NEW CAP REL COSTS-MVBLE EQUIP | 367740 | 210126 | | 5974 | 7301 | | 591141 4 | |
| 5 TOTAL | 1287884 | 341570 | 565033 | 36599 | 44729 | | 2275815 5 | |

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

| DESCRIPTION | SUMMARY OF OLD AND NEW CAPITAL | | | | | | | TOTAL |
|---------------------------------|--------------------------------|--------|----------|-----------|-------|-----------------------------|-----------|-------|
| | DEPREC-IATION | LEASE | INTEREST | INSURANCE | TAXES | OTHER CAPITAL-RELATED COSTS | | |
| | 9 | 10 | 11 | 12 | 13 | 14 | | |
| 1 OLD CAP REL COSTS-BLDG & FIXT | | | | | | | 1 | |
| 2 OLD CAP REL COSTS-MVBLE EQUIP | | | | | | | 2 | |
| 3 NEW CAP REL COSTS-BLDG & FIXT | 658905 | 639446 | | | | | 1298351 3 | |
| 4 NEW CAP REL COSTS-MVBLE EQUIP | 392207 | 210126 | | | | | 602333 4 | |
| 5 TOTAL | 1051112 | 849572 | | | | | 1900684 5 | |

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

| DESCRIPTION | BASIS 1 | AMOUNT 2 | EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED | | WKST A-7 REF 5 |
|--|--------------------|-------------|--|---------------|----------------------|
| | | | COST CENTER 3 | LINE NO. 4 | |
| 1 INVESTMENT INCOME-OLD BLDGS & FIXTURES | | | OLD CAP REL COSTS-BLDG & FIXT | 1 | 1 |
| 2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT | | | OLD CAP REL COSTS-MVBLE EQUIP | 2 | 2 |
| 3 INVESTMENT INCOME-NEW BLDGS & FIXTURES | | | NEW CAP REL COSTS-BLDG & FIXT | 3 | 3 |
| 4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT | | | NEW CAP REL COSTS-MVBLE EQUIP | 4 | 4 |
| 5 INVESTMENT INCOME-OTHER | | | | | 5 |
| 6 TRADE, QUANTITY, AND TIME DISCOUNTS | | | | | 6 |
| 7 REFUNDS AND REBATES OF EXPENSES | | | | | 7 |
| 8 RENTAL OF PROVIDER SPACE BY SUPPLIERS | | | | | 8 |
| 9 TELEPHONE SERVICES (PAY STATIONS EXCL) | | | | | 9 |
| 10 TELEVISION AND RADIO SERVICE | | | | | 10 |
| 11 PARKING LOT | | | | | 11 |
| 12 PROVIDER-BASED PHYSICIAN ADJUSTMENT | WKST A-8-2 | -82568 | | | 12 |
| 13 SALE OF SCRAP, WASTE, ETC. | | | | | 13 |
| 14 RELATED ORGANIZATION TRANSACTIONS | WKST A-8-1 | 2586072 | | | 14 |
| 15 LAUNDRY AND LINEN SERVICE | | | | | 15 |
| 16 CAFETERIA - EMPLOYEES AND GUESTS | | | | | 16 |
| 17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS | | | | | 17 |
| 18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS | | | | | 18 |
| 19 SALE OF DRUGS TO OTHER THAN PATIENTS | | | | | 19 |
| 20 SALE OF MEDICAL RECORDS AND ABSTRACTS | | | | | 20 |
| 21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.) | | | | | 21 |
| 22 VENDING MACHINES | | | | | 22 |
| 23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES | | | | | 23 |
| 24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT | | | | | 24 |
| 25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL | WKST A-8-4 | | RESPIRATORY THERAPY | 49 | 25 |
| 26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL | WKST A-8-4 | | PHYSICAL THERAPY | 50 | 26 |
| 27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION | WKST A-8-3 | | HOME HEALTH AGENCY | 71 | 27 |
| 28 UTIL REVIEW-PHYSICIANS' COMPENSATION | | | UTILIZATION REVIEW-SNF | 89 | 28 |
| 29 DEPRECIATION--OLD BUILDINGS & FIXTURES | | | OLD CAP REL COSTS-BLDG & FIXT | 1 | 29 |
| 30 DEPRECIATION--OLD MOVABLE EQUIPMENT | | | OLD CAP REL COSTS-MVBLE EQUIP | 2 | 30 |
| 31 DEPRECIATION--NEW BUILDINGS & FIXTURES | | | NEW CAP REL COSTS-BLDG & FIXT | 3 | 31 |
| 32 DEPRECIATION--NEW MOVABLE EQUIPMENT | | | NEW CAP REL COSTS-MVBLE EQUIP | 4 | 32 |
| 33 NON-PHYSICIAN ANESTHETIST | | | NONPHYSICIAN ANESTHETISTS | 20 | 33 |
| 34 PHYSICIANS' ASSISTANT | | | | | 34 |
| 35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL | WKST WKST A-8-4 | | OCCUPATIONAL THERAPY | 51 | 35 |
| 36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL | WKST WKST A-8-4 | | SPEECH PATHOLOGY | 52 | 36 |
| 37 INTEREST | A | -32967 | INTEREST EXPENSE | 88 | 11 37 |
| 38 DEPRECIATION | A | 1317 | NEW CAP REL COSTS-MVBLE EQUIP | 4 | 9 38 |
| 39 PROPERTY TAX | A | 11795 | NEW CAP REL COSTS-BLDG & FIXT | 3 | 13 39 |
| 40 PROPERTY TAXES | A | 2301 | NEW CAP REL COSTS-MVBLE EQUIP | 4 | 13 40 |
| 40.10 PROPERTY TAX BOOKED TO RENT | A | -13317 | NEW CAP REL COSTS-BLDG & FIXT | 3 | 10 40.10 |
| 41 MISCELLANEOUS INCOME | B | -16331 | NEW CAP REL COSTS-BLDG & FIXT | 3 | 11 41 |
| 42 MISCELLANEOUS INCOME | B | -25098 | ADMINISTRATIVE & GENERAL | 6 | 42 |
| 42.01 MISC INCOME | B | -44405 | DIETARY | 11 | 42.01 |
| 42.02 MISCELLANEOUS INCOME | B | -380 | MEDICAL RECORDS & LIBRARY | 17 | 42.02 |
| 42.03 MISCELLANEOUS INCOME | B | -2860 | DRUGS CHARGED TO PATIENTS | 56 | 42.03 |
| 42.04 MISCELLANEOUS INCOME | B | -7215 | PHYSICAL THERAPY | 50 | 42.04 |
| 43 NON ALLOWABLE PHYSICIAN PAYMENT | A | -60669 | ADMINISTRATIVE & GENERAL | 6 | 43 |
| 43.01 NONALLOWABLE EXPENSES | A | -563765 | ADMINISTRATIVE & GENERAL | 6 | 43.01 |
| 43.02 NONALLOWABLE EXPENSES | A | -5 | OPERATION OF PLANT | 8 | 43.02 |
| 43.03 NONALLOWABLE EXPENSES | A | -140 | ADULTS & PEDIATRICS | 25 | 43.03 |
| 43.04 NONALLOWABLE EXPENSES | A | -211 | PHYSICAL THERAPY | 50 | 43.04 |
| 43.05 NONALLOWABLE EXPENSES | A | -65 | OCCUPATIONAL THERAPY | 51 | 43.05 |
| 43.06 NONALLOWABLE EXPENSES | A | -190 | SPEECH PATHOLOGY | 52 | 43.06 |
| 44 LOBBYING EXPENSES | A | -1527 | ADMINISTRATIVE & GENERAL | 6 | 44 |
| 44.01 LOBBYING EXPENSES | A | -382 | EMPLOYEE BENEFITS | 5 | 44.01 |
| 44.02 LOBBYING EXPENSES | A | -600 | ADMINISTRATIVE & GENERAL | 6 | 44.02 |
| 44.03 LOBBYING | A | -12192 | ADMINISTRATIVE & GENERAL | 6 | 44.03 |
| 45 PATIENT PHONES | A | -25962 | ADMINISTRATIVE & GENERAL | 6 | 45 |
| 45.01 PATIENT PHONES | A | -6283 | EMPLOYEE BENEFITS | 5 | 45.01 |
| 46 PATIENT PHONES | A | -15006 | NEW CAP REL COSTS-MVBLE EQUIP | 4 | 9 46 |
| 46.01 PATIENT PHONES | A | -4536 | ADMINISTRATIVE & GENERAL | 6 | 46.01 |
| 46.02 PATIENT TV | A | -1044 | NEW CAP REL COSTS-MVBLE EQUIP | 4 | 9 46.02 |
| 46.03 PATIENT TV | A | -12397 | OPERATION OF PLANT | 8 | 46.03 |
| 47 PRINTING | A | -6667 | ADMINISTRATIVE & GENERAL | 6 | 47 |
| 47.01 PRINTING | A | -63 | OPERATION OF PLANT | 8 | 47.01 |

PROVIDER NO. 26-3028 REHAB INSTITUTE OF ST. LOUIS
 PERIOD FROM 06/01/2008 TO 05/31/2009

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2009.08
 10/27/2009 14:30

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

| DESCRIPTION | BASIS 1 | AMOUNT 2 | EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED | | WKST A-7 REF 5 |
|---------------------------------------|------------|-------------|--|---------------|----------------------|
| | | | COST CENTER 3 | LINE NO. 4 | |
| 47.02 PRINTING | A | -1852 | DIETARY | 11 | 47.02 |
| 47.03 PRINTING | A | -42 | NURSING ADMINISTRATION | 14 | 47.03 |
| 47.04 PRINTING | A | -175 | MEDICAL RECORDS & LIBRARY | 17 | 47.04 |
| 47.05 PRINTING | A | -190 | SOCIAL SERVICE | 18 | 47.05 |
| 47.06 PRINTING | A | -1331 | ADULTS & PEDIATRICS | 25 | 47.06 |
| 47.07 PRINTING | A | -151 | RESPIRATORY THERAPY | 49 | 47.07 |
| 47.08 PRINTING | A | -2355 | PHYSICAL THERAPY | 50 | 47.08 |
| 47.09 PRINTING | A | -69 | OCCUPATIONAL THERAPY | 51 | 47.09 |
| 47.10 PRINTING | A | -54 | SPEECH PATHOLOGY | 52 | 47.10 |
| 47.11 PRINTING | A | -8580 | MEDICAL SUPPLIES CHARGED TO PAT | 55 | 47.11 |
| 47.14 LEGAL FEES | A | -2918 | ADMINISTRATIVE & GENERAL | 6 | 47.14 |
| 48 TRANSPORTATION - SALARIES | A | -38267 | OPERATION OF PLANT | 8 | 48 |
| 48.01 TRANSPORTATION - BENEFITS | A | -8156 | EMPLOYEE BENEFITS | 5 | 48.01 |
| 48.02 TRANSPORTATION - OTHER | A | -11488 | OPERATION OF PLANT | 8 | 48.02 |
| 48.03 PATIENT TRANSPORT. DEPRECIATION | A | -3200 | NEW CAP REL COSTS-MVBLE EQUIP | 4 | 9 48.03 |
| 49 | | | | | 49 |
| 49.01 INSURANCE ADJUSTMENT - MEDICAL | A | -208160 | EMPLOYEE BENEFITS | 5 | 49.01 |
| 49.02 INSURANCE ADJUSTMENT | A | 18246 | ADMINISTRATIVE & GENERAL | 6 | 49.02 |
| 49.03 INSURANCE ADJUSTMENT | A | -71540 | EMPLOYEE BENEFITS | 5 | 49.03 |
| 49.04 PROFESSIONAL FEES | A | -165977 | ADMINISTRATIVE & GENERAL | 6 | 49.04 |
| 49.05 CONTRACT SERVICES | A | -38302 | ADMINISTRATIVE & GENERAL | 6 | 49.05 |
| 49.06 CONTRACT SERVICES | A | -1885 | RADIOLOGY-DIAGNOSTIC | 41 | 49.06 |
| 49.12 ALLOWABLE FRA EXPENSES | A | 1549096 | ADMINISTRATIVE & GENERAL | 6 | 49.12 |
| 49.14 WAYPORT | A | -4677 | ADMINISTRATIVE & GENERAL | 6 | 49.14 |
| 49.15 PRINT SHOP DELIVERY CHARGES | A | -232 | ADMINISTRATIVE & GENERAL | 6 | 49.15 |
| 50 TOTAL | | 2662381 | | | 50 |

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

WORKSHEET A-8-1

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

| LINE NO. | COST CENTER | EXPENSE ITEMS | AMOUNT OF ALLOWABLE COST | AMOUNT (INCL IN WKST A, COL 5) | NET ADJUSTMENTS | WKST A-7 REF |
|----------|-------------|---------------------------------|--------------------------|--------------------------------|-----------------|--------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 1 | 6 | ADMINISTRATIVE & GENERAL | | 780347 | -780347 | 1 |
| 2 | 3 | NEW CAP REL COSTS-BLDG & FIXT | 261239 | | 261239 | 9 2 |
| 3 | 3 | NEW CAP REL COSTS-BLDG & FIXT | 581364 | | 581364 | 11 3 |
| 4 | 6 | ADMINISTRATIVE & GENERAL | 2219075 | | 2219075 | 4 |
| 4.01 | 6 | ADMINISTRATIVE & GENERAL | 1506103 | | 1506103 | 4.01 |
| 4.02 | 3 | NEW CAP REL COSTS-BLDG & FIXT | -24887 | -24887 | | 10 4.02 |
| 4.03 | 4 | NEW CAP REL COSTS-MVBLE EQUIP | 4275 | 4275 | | 11 4.03 |
| 4.04 | 5 | EMPLOYEE BENEFITS | 182575 | 182575 | | 4.04 |
| 4.05 | 6 | ADMINISTRATIVE & GENERAL | 963335 | 963335 | | 4.05 |
| 4.06 | 8 | OPERATION OF PLANT | 2151 | 2151 | | 4.06 |
| 4.07 | 9 | LAUNDRY & LINEN SERVICE | 7855 | 7855 | | 4.07 |
| 4.08 | 11 | DIETARY | -65 | -65 | | 4.08 |
| 4.09 | 14 | NURSING ADMINISTRATION | 3787 | 3787 | | 4.09 |
| 4.10 | 25 | ADULTS & PEDIATRICS | -3030 | -3030 | | 4.10 |
| 4.11 | 49 | RESPIRATORY THERAPY | 14 | 14 | | 4.11 |
| 4.12 | 50 | PHYSICAL THERAPY | -27507 | -27507 | | 4.12 |
| 4.13 | 51 | OCCUPATIONAL THERAPY | -12872 | -12872 | | 4.13 |
| 4.14 | 52 | SPEECH PATHOLOGY | -348 | -348 | | 4.14 |
| 4.15 | 55 | MEDICAL SUPPLIES CHARGED TO PAT | -9363 | -9363 | | 4.15 |
| 4.16 | 56 | DRUGS CHARGED TO PATIENTS | -6412 | -6412 | | 4.16 |
| 4.17 | 88 | INTEREST EXPENSE | 490571 | 490571 | | 4.17 |
| 4.20 | 6 | ADMINISTRATIVE & GENERAL | | 1393 | -1393 | 4.20 |
| 4.22 | 6 | ADMINISTRATIVE & GENERAL | 6998 | 20645 | -13647 | 4.22 |
| 4.23 | 6 | ADMINISTRATIVE & GENERAL | 68 | 461 | -393 | 4.23 |
| 4.24 | 6 | ADMINISTRATIVE & GENERAL | | 28682 | -28682 | 4.24 |
| 4.25 | 8 | OPERATION OF PLANT | 52346 | 154430 | -102084 | 4.25 |
| 4.26 | 14 | NURSING ADMINISTRATION | 42 | 125 | -83 | 4.26 |
| 4.27 | 41 | RADIOLOGY-DIAGNOSTIC | 85070 | 161822 | -76752 | 4.27 |
| 4.28 | 44 | LABORATORY | 182488 | 182488 | | 4.28 |
| 4.29 | 44.01 | LAB SERVICES UNDER ARRANGEMENT | 4928 | 20104 | -15176 | 4.29 |
| 4.30 | 50 | PHYSICAL THERAPY | 820 | 2419 | -1599 | 4.30 |
| 4.32 | 51 | OCCUPATIONAL THERAPY | 1595 | 4705 | -3110 | 4.32 |
| 4.33 | 56 | DRUGS CHARGED TO PATIENTS | 4860 | 4860 | | 4.33 |
| 4.37 | 3 | NEW CAP REL COSTS-BLDG & FIXT | 97959 | 97959 | | 10 4.37 |
| 4.38 | 3 | NEW CAP REL COSTS-BLDG & FIXT | | 197771 | -197771 | 10 4.38 |
| 4.39 | 3 | NEW CAP REL COSTS-BLDG & FIXT | | 296914 | -296914 | 10 4.39 |
| 4.40 | 3 | NEW CAP REL COSTS-BLDG & FIXT | 34446 | 34446 | | 10 4.40 |
| 4.42 | 4 | NEW CAP REL COSTS-MVBLE EQUIP | 25865 | 25865 | | 9 4.42 |
| 4.43 | 6 | ADMINISTRATIVE & GENERAL | 6427 | 6427 | | 4.43 |
| 4.46 | 88 | INTEREST EXPENSE | | 457224 | -457224 | 11 4.46 |
| 4.47 | 4 | NEW CAP REL COSTS-MVBLE EQUIP | 130676 | 137210 | -6534 | 9 4.47 |
| 5 | | TOTALS | 6772448 | 4186376 | 2586072 | 5 |

B. INTERRELATIONSHIP OF RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

THE SECRETARY, BY VIRTUE OF AUTHORITY GRANTED UNDER SECTION 1814(b)(1) OF THE SOCIAL SECURITY ACT, REQUIRES THAT YOU FURNISH THE INFORMATION REQUESTED UNDER PART B OF THIS WORKSHEET.

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

| SYMBOL (1) | NAME | PERCENT OF OWNERSHIP | | NAME | PERCENT OF OWNERSHIP | | TYPE OF BUSINESS | |
|------------|------|----------------------|--------------------------------|------|----------------------|--------------------|------------------|------|
| | | 3 | 4 | | 5 | 6 | | |
| 1 | B | 50.00 | HEALTHSOUTH | | | HEALTHCARE | | 1 |
| 2 | B | 50.00 | BJC HEALTHCARE | | | HEALTHCARE | | 2 |
| 3 | G | | HEALTHSOUTH CORP | | | HEALTHCARE | | 3 |
| 4 | G | | BARNES JEWISH CHRISTIAN HOSPIT | | | HEALTHCARE | | 4 |
| 5 | G | | MCD | | | EQUIPMENT SUPPLIER | | 5 |
| 5.01 | G | | MOTORIKA | | | EQUIPMENT SUPPLIER | | 5.01 |

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

PROVIDER NO. 26-3028 REHAB INSTITUTE OF ST. LOUIS
 PERIOD FROM 06/01/2008 TO 05/31/2009

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (9/96)

VERSION: 2009.08
 10/27/2009 14:30

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

| WKST | A | COST CENTER/ PHYSICIAN IDENTIFIER | AGGREGATE | TOTAL REMUNERA- TION INCL FRINGES | PROFES- SIONAL COMPONENT | PROVIDER COMPONENT | RCE AMOUNT | PHYSICIAN/ PROVIDER COMPONENT HOURS | UNAD- JUSTED RCE LIMIT | PERCENT OF UNAD- JUSTED RCE LIMIT |
|-------------|----|--------------------------------------|-----------|--|--------------------------------|-----------------------|---------------|--|---------------------------------|--|
| LINE NO. | 1 | 2 | | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1 | 25 | ADULTS & PEDIATRICS | AGGREGATE | 231719 | | 231719 | 171400 | 1810 | 149151 | 7458 |
| 101 | | TOTAL | | 231719 | | 231719 | | 1810 | 149151 | 7458 |

PROVIDER NO. 26-3028 REHAB INSTITUTE OF ST. LOUIS
PERIOD FROM 06/01/2008 TO 05/31/2009

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (9/96)

VERSION: 2009.08
10/27/2009 14:30

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

| WKST A | COST CENTER/ PHYSICIAN IDENTIFIER | COST OF MEMBERSHIP & CONTIN. EDUCATION | PROVIDER COMPONENT SHARE OF COLUMN 12 | PHYSICIAN COST OF MALPRACTICE INSURANCE | PROVIDER COMPONENT SHARE OF COLUMN 14 | ADJUSTED RCE LIMIT | RCE DIS- ALLOWANCE | ADJUST- MENT |
|-------------|--------------------------------------|---|--|--|--|--------------------------|--------------------------|-----------------|
| LINE NO. | | 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 1 25 | ADULTS & PEDIATRICS | | | | | 149151 | 82568 | 82568 |
| 101 | TOTAL | | | | | 149151 | 82568 | 82568 |

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

| COST CENTER DESCRIPTION | NET EXP | NEW CAP | NEW CAP | EMPLOYEE | SUBTOTAL | ADMINIS- | OPERATION | LAUNDRY | |
|-------------------------------------|---------------------------------|----------|-----------|----------|----------|-----------|-----------|---------|--------|
| | FOR COST | BLDGS & | MOVABLE | BENEFITS | | TRATIVE & | OF PLANT | & LINEN | |
| | ALLOCATION | FIXTURES | EQUIPMENT | | 5A | GENERAL | 8 | SERVICE | 9 |
| | 0 | 3 | 4 | 5 | | 6 | | | |
| GENERAL SERVICE COST CENTERS | | | | | | | | | |
| 3 | NEW CAP REL COSTS-BLDG & FIXT | 1684674 | 1684674 | | | | | | 3 |
| 4 | NEW CAP REL COSTS-MVBLE EQUIP | 591141 | | 591141 | | | | | 4 |
| 5 | EMPLOYEE BENEFITS | 3338779 | | | 3338779 | | | | 5 |
| 6 | ADMINISTRATIVE & GENERAL | 8579642 | 88101 | 30914 | 538274 | 9236931 | 9236931 | | 6 |
| 8 | OPERATION OF PLANT | 917299 | 35395 | 12420 | 57864 | 1022978 | 464689 | 1487667 | 8 |
| 9 | LAUNDRY & LINEN SERVICE | 165005 | | | | 165005 | 74954 | | 239959 |
| 10 | HOUSEKEEPING | 341810 | 6851 | 2404 | 62099 | 413164 | 187680 | 6528 | 10 |
| 11 | DIETARY | 951071 | 103920 | 36465 | 117184 | 1208640 | 549026 | 99027 | 11 |
| 12 | CAFETERIA | | | | | | | | 12 |
| 14 | NURSING ADMINISTRATION | 411991 | 4567 | 1603 | 98294 | 516455 | 234600 | 4352 | 14 |
| 17 | MEDICAL RECORDS & LIBRARY | 191748 | 9134 | 3205 | 41672 | 245759 | 111636 | 8704 | 17 |
| 18 | SOCIAL SERVICE | 309846 | 8840 | 3102 | 74327 | 396115 | 179936 | 8423 | 18 |
| 23 | I&R SERVICES-OTHER PRGM COSTS A | 67550 | | | | 67550 | 30685 | | 23 |
| INPATIENT ROUTINE SERV COST CENTERS | | | | | | | | | |
| 25 | ADULTS & PEDIATRICS | 4964833 | 762891 | 267693 | 1124032 | 7119449 | 3234025 | 726971 | 147453 |
| ANCILLARY SERVICE COST CENTERS | | | | | | | | | |
| 41 | RADIOLOGY-DIAGNOSTIC | 86092 | | | | 86092 | 39107 | | 41 |
| 41.01 | RADIOLOGY SUA | | | | | | | | 41.01 |
| 44 | LABORATORY | 182488 | | | | 182488 | 82895 | | 44 |
| 44.01 | LAB SERVICES UNDER ARRANGEMENT | 35797 | | | | 35797 | | | 44.01 |
| 49 | RESPIRATORY THERAPY | 327735 | 4586 | 1609 | 74804 | 408734 | 185668 | 4370 | 49 |
| 50 | PHYSICAL THERAPY | 2437315 | 206183 | 72348 | 528297 | 3244143 | 1473655 | 196474 | 80002 |
| 51 | OCCUPATIONAL THERAPY | 1711018 | 193587 | 67928 | 368921 | 2341454 | 1063608 | 184471 | 1505 |
| 52 | SPEECH PATHOLOGY | 704367 | 26408 | 9266 | 166926 | 906967 | 411991 | 25165 | 52 |
| 55 | MEDICAL SUPPLIES CHARGED TO PAT | 506891 | 33646 | 11806 | 9131 | 561474 | 255050 | 32061 | 55 |
| 56 | DRUGS CHARGED TO PATIENTS | 1086502 | 12062 | 4233 | 74132 | 1176929 | 534621 | 11494 | 56 |
| 59 | PSYCHOLOGY | | | | | | | | 59 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | | | |
| 62 | OBSERVATION BEDS (NON-DISTINCT | | | | | | | | 62 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | | | |
| 71 | HOME HEALTH AGENCY | | | | | | | | 71 |
| SPECIAL PURPOSE COST CENTERS | | | | | | | | | |
| 95 | SUBTOTALS | 29593594 | 1496171 | 524996 | 3335957 | 29336124 | 9113826 | 1308040 | 228960 |
| NONREIMBURSABLE COST CENTERS | | | | | | | | | |
| 98 | PHYSICIANS' PRIVATE OFFICES | | 188393 | 66106 | | 254499 | 115606 | 179522 | 10999 |
| 100 | GUEST MEALS | | | | | | | | 100 |
| 100.01 | NRCC - MARKETING | 13537 | 110 | 39 | 2822 | 16508 | 7499 | 105 | 100.01 |
| 101 | CROSS FOOT ADJUSTMENTS | | | | | | | | 101 |
| 102 | NEGATIVE COST CENTER | | | | | | | | 102 |
| 103 | TOTAL | 29607131 | 1684674 | 591141 | 3338779 | 29607131 | 9236931 | 1487667 | 239959 |

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

| COST CENTER DESCRIPTION | HOUSE-KEEPING | DIETARY | CAFETERIA | NURSING ADMINIS-TRATION | MEDICAL RECORDS & LIBRARY | SOCIAL SERVICE | I&R PROGRAM COSTS | SUBTOTAL |
|--------------------------------------|---------------|---------|-----------|-------------------------|---------------------------|----------------|-------------------|----------|
| | 10 | 11 | 12 | 14 | 17 | 18 | 23 | 25 |
| GENERAL SERVICE COST CENTERS | | | | | | | | |
| 3 NEW CAP REL COSTS-BLDG & FIXT | | | | | | | | 3 |
| 4 NEW CAP REL COSTS-MVBLE EQUIP | | | | | | | | 4 |
| 5 EMPLOYEE BENEFITS | | | | | | | | 5 |
| 6 ADMINISTRATIVE & GENERAL | | | | | | | | 6 |
| 8 OPERATION OF PLANT | | | | | | | | 8 |
| 9 LAUNDRY & LINEN SERVICE | | | | | | | | 9 |
| 10 HOUSEKEEPING | 607372 | | | | | | | 10 |
| 11 DIETARY | 40608 | 1897301 | | | | | | 11 |
| 12 CAFETERIA | | 323992 | 323992 | | | | | 12 |
| 14 NURSING ADMINISTRATION | 1785 | | 10800 | 767992 | | | | 14 |
| 17 MEDICAL RECORDS & LIBRARY | 3569 | | 6451 | | 376119 | | | 17 |
| 18 SOCIAL SERVICE | 3454 | | 9446 | | | 597374 | | 18 |
| 23 I&R SERVICES-OTHER PRGM COSTS A | | | | | | | 98235 | 23 |
| INPATIENT ROUTINE SERV COST CENTERS | | | | | | | | |
| 25 ADULTS & PEDIATRICS | 298111 | 1257934 | 152256 | 767992 | 143734 | 597374 | 98235 | 14543534 |
| ANCILLARY SERVICE COST CENTERS | | | | | | | | |
| 41 RADIOLOGY-DIAGNOSTIC | | | | | 2353 | | | 127552 |
| 41.01 RADIOLOGY SUA | | | | | | | | 41.01 |
| 44 LABORATORY | | | | | 2396 | | | 267779 |
| 44.01 LAB SERVICES UNDER ARRANGEMENT | | | | | | | | 35797 |
| 49 RESPIRATORY THERAPY | 1792 | | 8156 | | 5538 | | | 614258 |
| 50 PHYSICAL THERAPY | 80568 | | 64563 | | 88645 | | | 5228050 |
| 51 OCCUPATIONAL THERAPY | 75646 | | 46116 | | 63711 | | | 3776511 |
| 52 SPEECH PATHOLOGY | 10319 | | 18940 | | 20985 | | | 1394367 |
| 55 MEDICAL SUPPLIES CHARGED TO PAT | 13147 | | 1497 | | 9941 | | | 873170 |
| 56 DRUGS CHARGED TO PATIENTS | 4713 | | 5480 | | 38816 | | | 1772053 |
| 59 PSYCHOLOGY | | | | | | | | 59 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | | |
| 62 OBSERVATION BEDS (NON-DISTINCT | | | | | | | | 62 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | | |
| 71 HOME HEALTH AGENCY | | | | | | | | 71 |
| SPECIAL PURPOSE COST CENTERS | | | | | | | | |
| 95 SUBTOTALS | 533712 | 1581926 | 323705 | 767992 | 376119 | 597374 | 98235 | 28633071 |
| NONREIMBURSABLE COST CENTERS | | | | | | | | |
| 98 PHYSICIANS' PRIVATE OFFICES | 73617 | | | | | | | 634243 |
| 100 GUEST MEALS | | 315375 | | | | | | 315375 |
| 100.01NRCC - MARKETING | 43 | | 287 | | | | | 24442 |
| 101 CROSS FOOT ADJUSTMENTS | | | | | | | | 101 |
| 102 NEGATIVE COST CENTER | | | | | | | | 102 |
| 103 TOTAL | 607372 | 1897301 | 323992 | 767992 | 376119 | 597374 | 98235 | 29607131 |

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

| COST CENTER DESCRIPTION | I&R COST & POST STEP- DOWN ADJS | TOTAL | |
|--|---------------------------------------|-------|--------|
| | 26 | 27 | |
| GENERAL SERVICE COST CENTERS | | | |
| 3 NEW CAP REL COSTS-BLDG & FIXT | | | 3 |
| 4 NEW CAP REL COSTS-MVBLE EQUIP | | | 4 |
| 5 EMPLOYEE BENEFITS | | | 5 |
| 6 ADMINISTRATIVE & GENERAL | | | 6 |
| 8 OPERATION OF PLANT | | | 8 |
| 9 LAUNDRY & LINEN SERVICE | | | 9 |
| 10 HOUSEKEEPING | | | 10 |
| 11 DIETARY | | | 11 |
| 12 CAFETERIA | | | 12 |
| 14 NURSING ADMINISTRATION | | | 14 |
| 17 MEDICAL RECORDS & LIBRARY | | | 17 |
| 18 SOCIAL SERVICE | | | 18 |
| 23 I&R SERVICES-OTHER PRGM COSTS A | | | 23 |
| INPATIENT ROUTINE SERV COST CENTERS | | | |
| 25 ADULTS & PEDIATRICS | 14543534 | | 25 |
| ANCILLARY SERVICE COST CENTERS | | | |
| 41 RADIOLOGY-DIAGNOSTIC | 127552 | | 41 |
| 41.01 RADIOLOGY SUA | | | 41.01 |
| 44 LABORATORY | 267779 | | 44 |
| 44.01 LAB SERVICES UNDER ARRANGEMENT | 35797 | | 44.01 |
| 49 RESPIRATORY THERAPY | 614258 | | 49 |
| 50 PHYSICAL THERAPY | 5228050 | | 50 |
| 51 OCCUPATIONAL THERAPY | 3776511 | | 51 |
| 52 SPEECH PATHOLOGY | 1394367 | | 52 |
| 55 MEDICAL SUPPLIES CHARGED TO PAT | 873170 | | 55 |
| 56 DRUGS CHARGED TO PATIENTS | 1772053 | | 56 |
| 59 PSYCHOLOGY | | | 59 |
| OUTPATIENT SERVICE COST CENTERS | | | |
| 62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS | | | 62 |
| 71 HOME HEALTH AGENCY | | | 71 |
| SPECIAL PURPOSE COST CENTERS | | | |
| 95 SUBTOTALS | 28633071 | | 95 |
| NONREIMBURSABLE COST CENTERS | | | |
| 98 PHYSICIANS' PRIVATE OFFICES | 634243 | | 98 |
| 100 GUEST MEALS | 315375 | | 100 |
| 100.01NRCC - MARKETING | 24442 | | 100.01 |
| 101 CROSS FOOT ADJUSTMENTS | | | 101 |
| 102 NEGATIVE COST CENTER | | | 102 |
| 103 TOTAL | 29607131 | | 103 |

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

| COST CENTER DESCRIPTION | DIR ASSGND CAP-REL COSTS 0 | NEW CAP BLDGS & FIXTURES 3 | NEW CAP MOVABLE EQUIPMENT 4 | CAP REL COST TO BE ALLOC 4A | ADMINIS- TRATIVE & GENERAL 6 | OPERATION OF PLANT 8 | LAUNDRY & LINEN SERVICE 9 | HOUSE- KEEPING 10 | |
|--|-------------------------------------|-------------------------------------|--------------------------------------|--------------------------------------|---------------------------------------|----------------------------|------------------------------------|-------------------------|--------|
| GENERAL SERVICE COST CENTERS | | | | | | | | | |
| 3 NEW CAP REL COSTS-BLDG & FIXT | | | | | | | | | 3 |
| 4 NEW CAP REL COSTS-MVBLE EQUIP | | | | | | | | | 4 |
| 5 EMPLOYEE BENEFITS | | | | | | | | | 5 |
| 6 ADMINISTRATIVE & GENERAL | | 88101 | 30914 | 119015 | 119015 | | | | 6 |
| 8 OPERATION OF PLANT | | 35395 | 12420 | 47815 | 5987 | 53802 | | | 8 |
| 9 LAUNDRY & LINEN SERVICE | | | | | 966 | | 966 | | 9 |
| 10 HOUSEKEEPING | | 6851 | 2404 | 9255 | 2418 | 236 | | 11909 | 10 |
| 11 DIETARY | | 103920 | 36465 | 140385 | 7074 | 3581 | | 796 | 11 |
| 12 CAFETERIA | | | | | | | | | 12 |
| 14 NURSING ADMINISTRATION | | 4567 | 1603 | 6170 | 3023 | 157 | | 35 | 14 |
| 17 MEDICAL RECORDS & LIBRARY | | 9134 | 3205 | 12339 | 1438 | 315 | | 70 | 17 |
| 18 SOCIAL SERVICE | | 8840 | 3102 | 11942 | 2318 | 305 | | 68 | 18 |
| 23 I&R SERVICES-OTHER PRGM COSTS A | | | | | 395 | | | | 23 |
| INPATIENT ROUTINE SERV COST CENTERS | | | | | | | | | |
| 25 ADULTS & PEDIATRICS | | 762891 | 267693 | 1030584 | 41669 | 26291 | 594 | 5846 | 25 |
| ANCILLARY SERVICE COST CENTERS | | | | | | | | | |
| 41 RADIOLOGY-DIAGNOSTIC | | | | | 504 | | | | 41 |
| 41.01 RADIOLOGY SUA | | | | | | | | | 41.01 |
| 44 LABORATORY | | | | | 1068 | | | | 44 |
| 44.01 LAB SERVICES UNDER ARRANGEMENT | | | | | | | | | 44.01 |
| 49 RESPIRATORY THERAPY | | 4586 | 1609 | 6195 | 2392 | 158 | | 35 | 49 |
| 50 PHYSICAL THERAPY | | 206183 | 72348 | 278531 | 18988 | 7106 | 322 | 1580 | 50 |
| 51 OCCUPATIONAL THERAPY | | 193587 | 67928 | 261515 | 13705 | 6671 | 6 | 1483 | 51 |
| 52 SPEECH PATHOLOGY | | 26408 | 9266 | 35674 | 5308 | 910 | | 202 | 52 |
| 55 MEDICAL SUPPLIES CHARGED TO PAT | | 33646 | 11806 | 45452 | 3286 | 1160 | | 258 | 55 |
| 56 DRUGS CHARGED TO PATIENTS | | 12062 | 4233 | 16295 | 6889 | 416 | | 92 | 56 |
| 59 PSYCHOLOGY | | | | | | | | | 59 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | | | |
| 62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS | | | | | | | | | 62 |
| 71 HOME HEALTH AGENCY | | | | | | | | | 71 |
| SPECIAL PURPOSE COST CENTERS | | | | | | | | | |
| 95 SUBTOTALS | | 1496171 | 524996 | 2021167 | 117428 | 47306 | 922 | 10465 | 95 |
| NONREIMBURSABLE COST CENTERS | | | | | | | | | |
| 98 PHYSICIANS' PRIVATE OFFICES | | 188393 | 66106 | 254499 | 1490 | 6492 | 44 | 1443 | 98 |
| 100 GUEST MEALS | | | | | | | | | 100 |
| 100.01NRCC - MARKETING | | 110 | 39 | 149 | 97 | 4 | | 1 | 100.01 |
| 101 CROSS FOOT ADJUSTMENTS | | | | | | | | | 101 |
| 102 NEGATIVE COST CENTER | | | | | | | | | 102 |
| 103 TOTAL | | 1684674 | 591141 | 2275815 | 119015 | 53802 | 966 | 11909 | 103 |

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

| COST CENTER DESCRIPTION | DIETARY | CAFETERIA | NURSING ADMINIS- TRATION | MEDICAL RECORDS & LIBRARY | SOCIAL SERVICE | I&R PROGRAM COSTS | SUBTOTAL | I&R COST & POST STEP- DOWN ADJS |
|--|---------|-----------|--------------------------------|---------------------------------|-------------------|-------------------------|----------|---------------------------------------|
| | 11 | 12 | 14 | 17 | 18 | 23 | | 25 |
| GENERAL SERVICE COST CENTERS | | | | | | | | |
| 3 NEW CAP REL COSTS-BLDG & FIXT | | | | | | | | 3 |
| 4 NEW CAP REL COSTS-MVBLE EQUIP | | | | | | | | 4 |
| 5 EMPLOYEE BENEFITS | | | | | | | | 5 |
| 6 ADMINISTRATIVE & GENERAL | | | | | | | | 6 |
| 8 OPERATION OF PLANT | | | | | | | | 8 |
| 9 LAUNDRY & LINEN SERVICE | | | | | | | | 9 |
| 10 HOUSEKEEPING | | | | | | | | 10 |
| 11 DIETARY | 151836 | | | | | | | 11 |
| 12 CAFETERIA | 25928 | 25928 | | | | | | 12 |
| 14 NURSING ADMINISTRATION | | 864 | 10249 | | | | | 14 |
| 17 MEDICAL RECORDS & LIBRARY | | 516 | | 14678 | | | | 17 |
| 18 SOCIAL SERVICE | | 756 | | | 15389 | | | 18 |
| 23 I&R SERVICES-OTHER PRGM COSTS A | | | | | | 395 | | 23 |
| INPATIENT ROUTINE SERV COST CENTERS | | | | | | | | |
| 25 ADULTS & PEDIATRICS | 100669 | 12183 | 10249 | 5610 | 15389 | | 1249084 | 25 |
| ANCILLARY SERVICE COST CENTERS | | | | | | | | |
| 41 RADIOLOGY-DIAGNOSTIC | | | | 92 | | | 596 | 41 |
| 41.01 RADIOLOGY SUA | | | | | | | | 41.01 |
| 44 LABORATORY | | | | 93 | | | 1161 | 44 |
| 44.01 LAB SERVICES UNDER ARRANGEMENT | | | | | | | | 44.01 |
| 49 RESPIRATORY THERAPY | | 653 | | 216 | | | 9649 | 49 |
| 50 PHYSICAL THERAPY | | 5167 | | 3459 | | | 315153 | 50 |
| 51 OCCUPATIONAL THERAPY | | 3691 | | 2486 | | | 289557 | 51 |
| 52 SPEECH PATHOLOGY | | 1516 | | 819 | | | 44429 | 52 |
| 55 MEDICAL SUPPLIES CHARGED TO PAT | | 120 | | 388 | | | 50664 | 55 |
| 56 DRUGS CHARGED TO PATIENTS | | 439 | | 1515 | | | 25646 | 56 |
| 59 PSYCHOLOGY | | | | | | | | 59 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | | |
| 62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS | | | | | | | | 62 |
| 71 HOME HEALTH AGENCY | | | | | | | | 71 |
| 95 SPECIAL PURPOSE COST CENTERS | | | | | | | | |
| 95 SUBTOTALS | 126597 | 25905 | 10249 | 14678 | 15389 | | 1985939 | 95 |
| NONREIMBURSABLE COST CENTERS | | | | | | | | |
| 98 PHYSICIANS' PRIVATE OFFICES | | | | | | | 263968 | 98 |
| 100 GUEST MEALS | 25239 | | | | | | 25239 | 100 |
| 100.01NRCC - MARKETING | | 23 | | | | | 274 | 100.01 |
| 101 CROSS FOOT ADJUSTMENTS | | | | | | 395 | 395 | 101 |
| 102 NEGATIVE COST CENTER | | | | | | | | 102 |
| 103 TOTAL | 151836 | 25928 | 10249 | 14678 | 15389 | 395 | 2275815 | 103 |

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

| COST CENTER DESCRIPTION | TOTAL | |
|--|---------|--------|
| | 27 | |
| GENERAL SERVICE COST CENTERS | | |
| 3 NEW CAP REL COSTS-BLDG & FIXT | | 3 |
| 4 NEW CAP REL COSTS-MVBLE EQUIP | | 4 |
| 5 EMPLOYEE BENEFITS | | 5 |
| 6 ADMINISTRATIVE & GENERAL | | 6 |
| 8 OPERATION OF PLANT | | 8 |
| 9 LAUNDRY & LINEN SERVICE | | 9 |
| 10 HOUSEKEEPING | | 10 |
| 11 DIETARY | | 11 |
| 12 CAFETERIA | | 12 |
| 14 NURSING ADMINISTRATION | | 14 |
| 17 MEDICAL RECORDS & LIBRARY | | 17 |
| 18 SOCIAL SERVICE | | 18 |
| 23 I&R SERVICES-OTHER PRGM COSTS A | | 23 |
| INPATIENT ROUTINE SERV COST CENTERS | | |
| 25 ADULTS & PEDIATRICS | 1249084 | 25 |
| ANCILLARY SERVICE COST CENTERS | | |
| 41 RADIOLOGY-DIAGNOSTIC | 596 | 41 |
| 41.01 RADIOLOGY SUA | | 41.01 |
| 44 LABORATORY | 1161 | 44 |
| 44.01 LAB SERVICES UNDER ARRANGEMENT | | 44.01 |
| 49 RESPIRATORY THERAPY | 9649 | 49 |
| 50 PHYSICAL THERAPY | 315153 | 50 |
| 51 OCCUPATIONAL THERAPY | 289557 | 51 |
| 52 SPEECH PATHOLOGY | 44429 | 52 |
| 55 MEDICAL SUPPLIES CHARGED TO PAT | 50664 | 55 |
| 56 DRUGS CHARGED TO PATIENTS | 25646 | 56 |
| 59 PSYCHOLOGY | | 59 |
| OUTPATIENT SERVICE COST CENTERS | | |
| 62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS | | 62 |
| 71 HOME HEALTH AGENCY | | 71 |
| SPECIAL PURPOSE COST CENTERS | | |
| 95 SUBTOTALS | 1985939 | 95 |
| NONREIMBURSABLE COST CENTERS | | |
| 98 PHYSICIANS' PRIVATE OFFICES | 263968 | 98 |
| 100 GUEST MEALS | 25239 | 100 |
| 100.01NRCC - MARKETING | 274 | 100.01 |
| 101 CROSS FOOT ADJUSTMENTS | 395 | 101 |
| 102 NEGATIVE COST CENTER | | 102 |
| 103 TOTAL | 2275815 | 103 |

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

| COST CENTER DESCRIPTION | NEW CAP | NEW CAP | EMPLOYEE | RECON- CILIATION | ADMINIS- TRATIVE & GENERAL | OPERATION OF PLANT | LAUNDRY & LINEN SERVICE | |
|--|---------------------------------------|--|-------------------|---------------------|----------------------------------|-----------------------|-------------------------------|--------|
| | BLDGS & FIXTURES SQUARE FEET | MOVABLE EQUIPMENT SQUARE FEET | GROSS SALARIES | | ACCUM COST | SQUARE FEET | POUNDS OF LAUNDRY | |
| | 3 | 4 | 5 | 6A | 6 | 8 | 9 | |
| GENERAL SERVICE COST CENTERS | | | | | | | | |
| 3 NEW CAP REL COSTS-BLDG & FIXT | 91480 | | | | | | | 3 |
| 4 NEW CAP REL COSTS-MVBLE EQUIP | | 91480 | | | | | | 4 |
| 5 EMPLOYEE BENEFITS | | | 13856523 | | | | | 5 |
| 6 ADMINISTRATIVE & GENERAL | 4784 | 4784 | 2233929 | -9236931 | 20334403 | | | 6 |
| 8 OPERATION OF PLANT | 1922 | 1922 | 240146 | | 1022978 | 84774 | | 8 |
| 9 LAUNDRY & LINEN SERVICE | | | | | 165005 | | 474414 | 9 |
| 10 HOUSEKEEPING | 372 | 372 | 257723 | | 413164 | 372 | | 10 |
| 11 DIETARY | 5643 | 5643 | 486332 | | 1208640 | 5643 | | 11 |
| 12 CAFETERIA | | | | | | | | 12 |
| 14 NURSING ADMINISTRATION | 248 | 248 | 407935 | | 516455 | 248 | | 14 |
| 17 MEDICAL RECORDS & LIBRARY | 496 | 496 | 172947 | | 245759 | 496 | | 17 |
| 18 SOCIAL SERVICE | 480 | 480 | 308471 | | 396115 | 480 | | 18 |
| 23 I&R SERVICES-OTHER PRGM COSTS | | | | | 67550 | | | 23 |
| 25 INPATIENT ROUTINE SERV COST CENTERS ADULTS & PEDIATRICS | 41426 | 41426 | 4664948 | | 7119449 | 41426 | 291524 | 25 |
| ANCILLARY SERVICE COST CENTERS | | | | | | | | |
| 41 RADIOLOGY-DIAGNOSTIC | | | | | 86092 | | | 41 |
| 41.01 RADIOLOGY SUA | | | | | | | | 41.01 |
| 44 LABORATORY | | | | | 182488 | | | 44 |
| 44.01 LAB SERVICES UNDER ARRANGEMEN | | | | -35797 | | | | 44.01 |
| 49 RESPIRATORY THERAPY | 249 | 249 | 310448 | | 408734 | 249 | | 49 |
| 50 PHYSICAL THERAPY | 11196 | 11196 | 2192521 | | 3244143 | 11196 | 158169 | 50 |
| 51 OCCUPATIONAL THERAPY | 10512 | 10512 | 1531084 | | 2341454 | 10512 | 2976 | 51 |
| 52 SPEECH PATHOLOGY | 1434 | 1434 | 692771 | | 906967 | 1434 | | 52 |
| 55 MEDICAL SUPPLIES CHARGED TO P | 1827 | 1827 | 37896 | | 561474 | 1827 | | 55 |
| 56 DRUGS CHARGED TO PATIENTS | 655 | 655 | 307661 | | 1176929 | 655 | | 56 |
| 59 PSYCHOLOGY | | | | | | | | 59 |
| 62 OUTPATIENT SERVICE COST CENTERS OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS | | | | | | | | 62 |
| 71 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS | | | | | | | | 71 |
| 95 SUBTOTALS | 81244 | 81244 | 13844812 | -9272728 | 20063396 | 74538 | 452669 | 95 |
| NONREIMBURSABLE COST CENTERS | | | | | | | | |
| 98 PHYSICIANS' PRIVATE OFFICES | 10230 | 10230 | | | 254499 | 10230 | 21745 | 98 |
| 100 GUEST MEALS | | | | | | | | 100 |
| 100.01 NRCC - MARKETING | 6 | 6 | 11711 | | 16508 | 6 | | 100.01 |
| 101 CROSS FOOT ADJUSTMENTS | | | | | | | | 101 |
| 102 NEGATIVE COST CENTER | | | | | | | | 102 |
| 103 COST TO BE ALLOC PER B PT I | 1684674 | 591141 | 3338779 | | 9236931 | 1487667 | 239959 | 103 |
| 104 UNIT COST MULT-WS B PT I | | 6.461970 | | | | 17.548623 | | 104 |
| 104 UNIT COST MULT-WS B PT I | 18.415763 | | .240954 | | .454251 | | .505801 | 104 |
| 105 COST TO BE ALLOC PER B PT II | | | | | | | | 105 |
| 106 UNIT COST MULT-WS B PT II | | | | | | | | 106 |
| 106 UNIT COST MULT-WS B PT II | | | | | | | | 106 |
| 107 COST TO BE ALLOC PER B PT III | | | | | 119015 | 53802 | 966 | 107 |
| 108 UNIT COST MULT-WS B PT III | | | | | | .634652 | | 108 |
| 108 UNIT COST MULT-WS B PT III | | | | | .005853 | | .002036 | 108 |

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

| COST CENTER DESCRIPTION | HOUSE-KEEPING | DIETARY | CAFETERIA | NURSING ADMINIS-TRATION | MEDICAL RECORDS & LIBRARY | SOCIAL SERVICE | I&R PROGRAM COSTS ASSIGNED TIME | |
|-------------------------------------|---------------|--------------|-----------|-------------------------|---------------------------|----------------|---------------------------------|--------|
| | SQUARE FEET | MEALS SERVED | FTE'S | PATIENT DAYS | GROSS REVENUE | PATIENT DAYS | | |
| | 10 | 11 | 12 | 14 | 17 | 18 | 23 | |
| GENERAL SERVICE COST CENTERS | | | | | | | | |
| 3 NEW CAP REL COSTS-BLDG & FIXT | | | | | | | | 3 |
| 4 NEW CAP REL COSTS-MVBLE EQUIP | | | | | | | | 4 |
| 5 EMPLOYEE BENEFITS | | | | | | | | 5 |
| 6 ADMINISTRATIVE & GENERAL | | | | | | | | 6 |
| 8 OPERATION OF PLANT | | | | | | | | 8 |
| 9 LAUNDRY & LINEN SERVICE | | | | | | | | 9 |
| 10 HOUSEKEEPING | 84402 | | | | | | | 10 |
| 11 DIETARY | 5643 | 134530 | | | | | | 11 |
| 12 CAFETERIA | | 22973 | 20339 | | | | | 12 |
| 14 NURSING ADMINISTRATION | 248 | | 678 | 25555 | | | | 14 |
| 17 MEDICAL RECORDS & LIBRARY | 496 | | 405 | | 48919943 | | | 17 |
| 18 SOCIAL SERVICE | 480 | | 593 | | | 25555 | | 18 |
| 23 I&R SERVICES-OTHER PRGM COSTS | | | | | | | 100 | 23 |
| INPATIENT ROUTINE SERV COST CENTERS | | | | | | | | |
| 25 ADULTS & PEDIATRICS | 41426 | 89195 | 9558 | 25555 | 18692982 | 25555 | 100 | 25 |
| ANCILLARY SERVICE COST CENTERS | | | | | | | | |
| 41 RADIOLOGY-DIAGNOSTIC | | | | | 306035 | | | 41 |
| 41.01 RADIOLOGY SUA | | | | | | | | 41.01 |
| 44 LABORATORY | | | | | 311631 | | | 44 |
| 44.01 LAB SERVICES UNDER ARRANGEMEN | | | | | | | | 44.01 |
| 49 RESPIRATORY THERAPY | 249 | | 512 | | 720309 | | | 49 |
| 50 PHYSICAL THERAPY | 11196 | | 4053 | | 11530261 | | | 50 |
| 51 OCCUPATIONAL THERAPY | 10512 | | 2895 | | 8287103 | | | 51 |
| 52 SPEECH PATHOLOGY | 1434 | | 1189 | | 2729615 | | | 52 |
| 55 MEDICAL SUPPLIES CHARGED TO P | 1827 | | 94 | | 1293067 | | | 55 |
| 56 DRUGS CHARGED TO PATIENTS | 655 | | 344 | | 5048940 | | | 56 |
| 59 PSYCHOLOGY | | | | | | | | 59 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | | |
| 62 OBSERVATION BEDS (NON-DISTINC | | | | | | | | 62 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | | |
| 71 HOME HEALTH AGENCY | | | | | | | | 71 |
| SPECIAL PURPOSE COST CENTERS | | | | | | | | |
| 95 SUBTOTALS | 74166 | 112168 | 20321 | 25555 | 48919943 | 25555 | 100 | 95 |
| NONREIMBURSABLE COST CENTERS | | | | | | | | |
| 98 PHYSICIANS' PRIVATE OFFICES | 10230 | | | | | | | 98 |
| 100 GUEST MEALS | | 22362 | | | | | | 100 |
| 100.01 NRCC - MARKETING | 6 | | 18 | | | | | 100.01 |
| 101 CROSS FOOT ADJUSTMENTS | | | | | | | | 101 |
| 102 NEGATIVE COST CENTER | | | | | | | | 102 |
| 103 COST TO BE ALLOC PER B PT I | 607372 | 1897301 | 323992 | 767992 | 376119 | 597374 | 98235 | 103 |
| 104 UNIT COST MULT-WS B PT I | 7.196180 | | 15.929593 | | .007688 | | 982.350000 | 104 |
| 104 UNIT COST MULT-WS B PT I | | 14.103181 | | 30.052514 | | 23.376013 | | 104 |
| 105 COST TO BE ALLOC PER B PT II | | | | | | | | 105 |
| 106 UNIT COST MULT-WS B PT II | | | | | | | | 106 |
| 106 UNIT COST MULT-WS B PT II | | | | | | | | 106 |
| 107 COST TO BE ALLOC PER B PT III | 11909 | 151836 | 25928 | 10249 | 14678 | 15389 | 395 | 107 |
| 108 UNIT COST MULT-WS B PT III | .141099 | | 1.274792 | | .000300 | | 3.950000 | 108 |
| 108 UNIT COST MULT-WS B PT III | | 1.128640 | | .401057 | | .602191 | | 108 |

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

| COST CENTER DESCRIPTION | TOTAL COST | THERAPY | TOTAL COSTS | RCE | TOTAL COSTS | |
|-------------------------------------|----------------------------------|---------------------|-------------|--------------|-------------|-------|
| | (FROM WKST B, PART I, COL 27) | LIMIT ADJUSTMENT | | DISALLOWANCE | | |
| | 1 | 2 | 3 | 4 | 5 | |
| INPATIENT ROUTINE SERV COST CENTERS | | | | | | |
| 25 ADULTS & PEDIATRICS | 14543534 | | 14543534 | 82568 | 14626102 | 25 |
| ANCILLARY SERVICE COST CENTERS | | | | | | |
| 41 RADIOLOGY-DIAGNOSTIC | 127552 | | 127552 | | 127552 | 41 |
| 41.01 RADIOLOGY SUA | | | | | | 41.01 |
| 44 LABORATORY | 267779 | | 267779 | | 267779 | 44 |
| 44.01 LAB SERVICES UNDER ARRANGEM | 35797 | | 35797 | | 35797 | 44.01 |
| 49 RESPIRATORY THERAPY | 614258 | | 614258 | | 614258 | 49 |
| 50 PHYSICAL THERAPY | 5228050 | | 5228050 | | 5228050 | 50 |
| 51 OCCUPATIONAL THERAPY | 3776511 | | 3776511 | | 3776511 | 51 |
| 52 SPEECH PATHOLOGY | 1394367 | | 1394367 | | 1394367 | 52 |
| 55 MEDICAL SUPPLIES CHARGED TO | 873170 | | 873170 | | 873170 | 55 |
| 56 DRUGS CHARGED TO PATIENTS | 1772053 | | 1772053 | | 1772053 | 56 |
| 59 PSYCHOLOGY | | | | | | 59 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 62 OBSERVATION BEDS (NON-DISTI | | | | | | 62 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 101 SUBTOTAL | 28633071 | | 28633071 | 82568 | 28715639 | 101 |
| 102 LESS OBSERVATION BEDS | | | | | | 102 |
| 103 TOTAL | 28633071 | | 28633071 | 82568 | 28715639 | 103 |

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I (CONT)

| COST CENTER DESCRIPTION | ----- CHARGES ----- | | | COST OR OTHER RATIO 9 | TEFRA INPATIENT RATIO 10 | PPS INPATIENT RATIO 11 |
|--|---------------------|-----------------|------------|--------------------------------|-----------------------------------|---------------------------------|
| | INPATIENT 6 | OUTPATIENT 7 | TOTAL 8 | | | |
| 25 INPATIENT ROUTINE SERV COST CENTERS | | | | | | 25 |
| ADULTS & PEDIATRICS | 18692982 | | 18692982 | | | |
| ANCILLARY SERVICE COST CENTERS | | | | | | |
| 41 RADIOLOGY-DIAGNOSTIC | 305538 | 497 | 306035 | .416789 | .416789 | .416789 41 |
| 41.01 RADIOLOGY SUA | | | | | | 41.01 |
| 44 LABORATORY | 311631 | | 311631 | .859282 | .859282 | .859282 44 |
| 44.01 LAB SERVICES UNDER ARRANGEM | 36267 | | 36267 | .987041 | .987041 | .987041 44.01 |
| 49 RESPIRATORY THERAPY | 718915 | 1394 | 720309 | .852770 | .852770 | .852770 49 |
| 50 PHYSICAL THERAPY | 5839258 | 5691003 | 11530261 | .453420 | .453420 | .453420 50 |
| 51 OCCUPATIONAL THERAPY | 4552019 | 3735084 | 8287103 | .455709 | .455709 | .455709 51 |
| 52 SPEECH PATHOLOGY | 1798514 | 931101 | 2729615 | .510829 | .510829 | .510829 52 |
| 55 MEDICAL SUPPLIES CHARGED TO | 948350 | 344717 | 1293067 | .675271 | .675271 | .675271 55 |
| 56 DRUGS CHARGED TO PATIENTS | 5048940 | | 5048940 | .350975 | .350975 | .350975 56 |
| 59 PSYCHOLOGY | | | | | | 59 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 62 OBSERVATION BEDS (NON-DISTI | | | | | | 62 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 101 SUBTOTAL | 38252414 | 10703796 | 48956210 | | | 101 |
| 102 LESS OBSERVATION BEDS | | | | | | 102 |
| 103 TOTAL | 38252414 | 10703796 | 48956210 | | | 103 |

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

CHECK [] TITLE V
 APPLICABLE [XX] TITLE XVIII-PT A
 BOXES [] TITLE XIX

| COST CENTER DESCRIPTION | ----- OLD CAPITAL ----- | | | ----- NEW CAPITAL ----- | | | |
|---------------------------------|-------------------------|----------------------|------------------------------|-------------------------|----------------------|------------------------------|-----|
| | CAPITAL RELATED COST | SWING-BED ADJUSTMENT | REDUCED CAPITAL RELATED COST | CAPITAL RELATED COST | SWING-BED ADJUSTMENT | REDUCED CAPITAL RELATED COST | |
| | 1 | 2 | 3 | 4 | 5 | 6 | |
| INPAT ROUTINE SERV COST CTRS | | | | | | | |
| 25 ADULTS & PEDIATRICS | | | | 1249084 | | 1249084 | 25 |
| 26 INTENSIVE CARE UNIT | | | | | | | 26 |
| 27 CORONARY CARE UNIT | | | | | | | 27 |
| 28 BURN INTENSIVE CARE UNIT | | | | | | | 28 |
| 29 SURGICAL INTENSIVE CARE UNIT | | | | | | | 29 |
| 30 OTHER SPECIAL CARE (SPECIFY) | | | | | | | 30 |
| 31 SUBPROVIDER I | | | | | | | 31 |
| 33 NURSERY | | | | | | | 33 |
| 101 TOTAL | | | | 1249084 | | 1249084 | 101 |

| COST CENTER DESCRIPTION | ---- OLD CAPITAL ---- | | | ---- NEW CAPITAL ---- | | | |
|---------------------------------|-----------------------|------------------------|----------|--------------------------------|----------|--------------------------------|-----|
| | TOTAL PATIENT DAYS | INPATIENT PROGRAM DAYS | PER DIEM | INPATIENT PROGRAM CAPITAL COST | PER DIEM | INPATIENT PROGRAM CAPITAL COST | |
| | 7 | 8 | 9 | 10 | 11 | 12 | |
| INPAT ROUTINE SERV COST CTRS | | | | | | | |
| 25 ADULTS & PEDIATRICS | 25555 | 11229 | | | 48.88 | 548874 | 25 |
| 26 INTENSIVE CARE UNIT | | | | | | | 26 |
| 27 CORONARY CARE UNIT | | | | | | | 27 |
| 28 BURN INTENSIVE CARE UNIT | | | | | | | 28 |
| 29 SURGICAL INTENSIVE CARE UNIT | | | | | | | 29 |
| 30 OTHER SPECIAL CARE (SPECIFY) | | | | | | | 30 |
| 31 SUBPROVIDER I | | | | | | | 31 |
| 33 NURSERY | | | | | | | 33 |
| 101 TOTAL | 25555 | 11229 | | | | 548874 | 101 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (26-3028) [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

| COST CENTER DESCRIPTION | OLD | NEW | TOTAL CHARGES | INPATIENT PROGRAM CHARGES | ---- OLD CAPITAL ---- | | ---- NEW CAPITAL ---- | |
|---|----------------------|----------------------|---------------|---------------------------|--------------------------|---------------|--------------------------|---------------|
| | CAPITAL RELATED COST | CAPITAL RELATED COST | | | RATIO OF COST TO CHARGES | CAPITAL COSTS | RATIO OF COST TO CHARGES | CAPITAL COSTS |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| ANCILLARY SERVICE COST CENTERS | | | | | | | | |
| 41 RADIOLOGY-DIAGNOSTIC | | 596 | 306035 | 38505 | | | .001947 | 75 41 |
| 41.01 RADIOLOGY SUA | | | | | | | | 41.01 |
| 44 LABORATORY | | 1161 | 311631 | 127486 | | | .003726 | 475 44 |
| 44.01 LAB SERVICES UNDER ARRANGEMEN | | | 36267 | 13895 | | | | 44.01 |
| 49 RESPIRATORY THERAPY | | 9649 | 720309 | 370398 | | | .013396 | 4962 49 |
| 50 PHYSICAL THERAPY | | 315153 | 11530261 | 2561047 | | | .027333 | 70001 50 |
| 51 OCCUPATIONAL THERAPY | | 289557 | 8287103 | 1979735 | | | .034941 | 69174 51 |
| 52 SPEECH PATHOLOGY | | 44429 | 2729615 | 769585 | | | .016277 | 12527 52 |
| 55 MEDICAL SUPPLIES CHARGED TO P | | 50664 | 1293067 | 313190 | | | .039181 | 12271 55 |
| 56 DRUGS CHARGED TO PATIENTS | | 25646 | 5048940 | 2163671 | | | .005079 | 10989 56 |
| 59 PSYCHOLOGY | | | | | | | | 59 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | | |
| 62 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS | | | | | | | | 62 |
| 101 TOTAL | | 736855 | 30263228 | 8337512 | | | | 180474 101 |

PROVIDER NO. 26-3028 REHAB INSTITUTE OF ST. LOUIS
 PERIOD FROM 06/01/2008 TO 05/31/2009

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2009.08
 10/27/2009 14:30

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

CHECK [] TITLE V
 APPLICABLE [XX] TITLE XVIII-PT A
 BOXES [] TITLE XIX

| COST CENTER | DESCRIPTION | NONPHYSICIAN ANESTHETIST COST 1 | MEDICAL EDUCATION COST 2 | SWING-BED ADJUSTMENT AMOUNT 3 | TOTAL COSTS 4 | TOTAL PATIENT DAYS 5 | PER DIEM 6 | INPATIENT PROGRAM DAYS 7 | INPATIENT PROGRAM PASS THRU COSTS 8 |
|-------------|------------------------------|--|-----------------------------------|--|---------------------|-------------------------------|------------------|-----------------------------------|---|
| | INPAT ROUTINE SERV COST CTRS | | | | | | | | |
| 25 | ADULTS & PEDIATRICS | | | | | 25555 | | 11229 | 25 |
| 26 | INTENSIVE CARE UNIT | | | | | | | | 26 |
| 27 | CORONARY CARE UNIT | | | | | | | | 27 |
| 28 | BURN INTENSIVE CARE UNIT | | | | | | | | 28 |
| 29 | SURGICAL INTENSIVE CARE UNIT | | | | | | | | 29 |
| 30 | OTHER SPECIAL CARE (SPECIFY) | | | | | | | | 30 |
| 31 | SUBPROVIDER I | | | | | | | | 31 |
| 33 | NURSERY | | | | | | | | 33 |
| 34 | SKILLED NURSING FACILITY | | | | | | | | 34 |
| 35 | NURSING FACILITY | | | | | | | | 35 |
| 101 | TOTAL | | | | | 25555 | | 11229 | 101 |

PROVIDER NO. 26-3028 REHAB INSTITUTE OF ST. LOUIS
 PERIOD FROM 06/01/2008 TO 05/31/2009

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (9/2000)

VERSION: 2009.08
 10/27/2009 14:30

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (26-3028) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

| COST CENTER DESCRIPTION | OUTPATIENT | TOTAL | RATIO OF | OUTPATIENT | INPATIENT | INPATIENT | OUTPATIENT |
|-------------------------------------|--------------|----------|----------|---------------|-----------|--------------|------------|
| | PASS THROUGH | | COST TO | RATIO OF COST | PROGRAM | PROGRAM | |
| | COSTS | CHARGES | CHARGES | TO CHARGES | CHARGES | PASS THROUGH | PROGRAM |
| | 3.01 | 4 | 5 | 5.01 | 6 | 7 | 8 |
| ANCILLARY SERVICE COST CENTERS | | | | | | | |
| 41 RADIOLOGY-DIAGNOSTIC | | 306035 | | | 38505 | | 41 |
| 41.01 RADIOLOGY SUA | | | | | | | 41.01 |
| 44 LABORATORY | | 311631 | | | 127486 | | 44 |
| 44.01 LAB SERVICES UNDER ARRANGEMEN | | 36267 | | | 13895 | | 44.01 |
| 49 RESPIRATORY THERAPY | | 720309 | | | 370398 | | 49 |
| 50 PHYSICAL THERAPY | | 11530261 | | | 2561047 | 7536 | 50 |
| 51 OCCUPATIONAL THERAPY | | 8287103 | | | 1979735 | 27955 | 51 |
| 52 SPEECH PATHOLOGY | | 2729615 | | | 769585 | | 52 |
| 55 MEDICAL SUPPLIES CHARGED TO P | | 1293067 | | | 313190 | 2315 | 55 |
| 56 DRUGS CHARGED TO PATIENTS | | 5048940 | | | 2163671 | | 56 |
| 59 PSYCHOLOGY | | | | | | | 59 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | |
| 62 OBSERVATION BEDS (NON-DISTINC | | | | | | | 62 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | |
| 101 TOTAL | | 30263228 | | | 8337512 | 37806 | 101 |

PROVIDER NO. 26-3028 REHAB INSTITUTE OF ST. LOUIS
 PERIOD FROM 06/01/2008 TO 05/31/2009

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (9/2000)

VERSION: 2009.08
 10/27/2009 14:30

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (26-3028) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

| COST CENTER DESCRIPTION | OUTPATIENT PROGRAM CHARGES | OUTPATIENT PROGRAM CHARGES | OUTPATIENT PROGRAM PASS THROUGH COSTS | OUTPATIENT PROGRAM PASS THROUGH COSTS | OUTPATIENT PROGRAM PASS THROUGH COSTS |
|-------------------------------------|----------------------------------|----------------------------------|--|--|--|
| ANCILLARY SERVICE COST CENTERS | | | | | |
| 41 RADIOLOGY-DIAGNOSTIC | | | | | 41 |
| 41.01 RADIOLOGY SUA | | | | | 41.01 |
| 44 LABORATORY | | | | | 44 |
| 44.01 LAB SERVICES UNDER ARRANGEMEN | | | | | 44.01 |
| 49 RESPIRATORY THERAPY | | | | | 49 |
| 50 PHYSICAL THERAPY | | | | | 50 |
| 51 OCCUPATIONAL THERAPY | | | | | 51 |
| 52 SPEECH PATHOLOGY | | | | | 52 |
| 55 MEDICAL SUPPLIES CHARGED TO P | | | | | 55 |
| 56 DRUGS CHARGED TO PATIENTS | | | | | 56 |
| 59 PSYCHOLOGY | | | | | 59 |
| OUTPATIENT SERVICE COST CENTERS | | | | | |
| 62 OBSERVATION BEDS (NON-DISTINC | | | | | 62 |
| OTHER REIMBURSABLE COST CENTERS | | | | | |
| 101 TOTAL | 8.01 | 8.02 | 9 | 9.01 | 101 |

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (26-3028) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

| COST CENTER DESCRIPTION | COST TO CHARGE RATIO FROM WORKSHEET C, | | | PROGRAM CHARGES | | |
|--|--|--------------------------|---------------------------|---|------------------------------|--|
| | PART II COL. 8 1 | PART I COL. 9 1.01 | PART II COL. 9 1.02 | OUTPATIENT AMBULATORY SURGICAL CENTER 2 | OUTPATIENT RADIOLOGY 3 | OTHER OUTPATIENT DIAGNOSTIC 4 |
| 41 ANCILLARY SERVICE COST CENTERS | | | | | | |
| 41 RADIOLOGY-DIAGNOSTIC | .416789 | .416789 | .416789 | | | 41 |
| 41.01 RADIOLOGY SUA | | | | | | 41.01 |
| 44 LABORATORY | .859282 | .859282 | .859282 | | | 44 |
| 44.01 LAB SERVICES UNDER ARRANGEMENT | .987041 | .987041 | .987041 | | | 44.01 |
| 49 RESPIRATORY THERAPY | .852770 | .852770 | .852770 | | | 49 |
| 50 PHYSICAL THERAPY | .453420 | .453420 | .453420 | | | 50 |
| 51 OCCUPATIONAL THERAPY | .455709 | .455709 | .455709 | | | 51 |
| 52 SPEECH PATHOLOGY | .510829 | .510829 | .510829 | | | 52 |
| 55 MEDICAL SUPPLIES CHARGED TO PAT | .675271 | .675271 | .675271 | | | 55 |
| 56 DRUGS CHARGED TO PATIENTS | .350975 | .350975 | .350975 | | | 56 |
| 59 PSYCHOLOGY | | | | | | 59 |
| 62 OUTPATIENT SERVICE COST CENTERS | | | | | | 62 |
| 62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 65.01 AMBULANCE SERVICES (2ND PERIOD) | | | | | | 65.01 |
| 65.02 AMBULANCE SERVICES (3RD PERIOD) | | | | | | 65.02 |
| 65.03 AMBULANCE SERVICES (4TH PERIOD) | | | | | | 65.03 |
| 101 SUBTOTAL | | | | | | 101 |
| 102 CRNA CHARGES | | | | | | 102 |
| 103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS | | | | | | 103 |
| 104 NET CHARGES | | | | | | 104 |

PART VI - VACCINE COST APPORTIONMENT

| | | |
|--|---------|------|
| 1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES | .350975 | 1 |
| 2 PROGRAM VACCINE CHARGES | | 2 |
| 2.01 PROGRAM VACCINE CHARGES | | 2.01 |
| 3 PROGRAM COSTS | | 3 |
| 3.01 PROGRAM COSTS | | 3.01 |

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (26-3028) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

| COST CENTER DESCRIPTION | PROGRAM CHARGES | | | | | PROGRAM COST | | |
|--|-----------------------------|----------------------------|-------------------------|----------------------------|----------------------------|------------------------------|----------------------|-----------------------|
| | ALL OTHER (1) (SEE INSTRU.) | PPS SERVICES (SEE INSTRU.) | ALL OTHER (SEE INSTRU.) | PPS SERVICES (SEE INSTRU.) | PPS SERVICES (SEE INSTRU.) | OUTPATIENT AMBULATORY CENTER | OUTPATIENT RADIOLOGY | OUTPATIENT DIAGNOSTIC |
| | 5 | 5.01 | 5.02 | 5.03 | 5.04 | 6 | 7 | 8 |
| ANCILLARY SERVICE COST CENTERS | | | | | | | | |
| 41 RADIOLOGY-DIAGNOSTIC | | | | | | | | 41 |
| 41.01 RADIOLOGY SUA | | | | | | | | 41.01 |
| 44 LABORATORY | | | | | | | | 44 |
| 44.01 LAB SERVICES UNDER ARRANGEMENT | | | | | | | | 44.01 |
| 49 RESPIRATORY THERAPY | | | | | | | | 49 |
| 50 PHYSICAL THERAPY | | 7536 | | | | | | 50 |
| 51 OCCUPATIONAL THERAPY | | 27955 | | | | | | 51 |
| 52 SPEECH PATHOLOGY | | | | | | | | 52 |
| 55 MEDICAL SUPPLIES CHARGED TO PA | | 2315 | | | | | | 55 |
| 56 DRUGS CHARGED TO PATIENTS | | | | | | | | 56 |
| 59 PSYCHOLOGY | | | | | | | | 59 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | | |
| 62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS) | | | | | | | | 62 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | | |
| 65.01 AMBULANCE SERVICES (2ND PERIOD) | | | | | | | | 65.01 |
| 65.02 AMBULANCE SERVICES (3RD PERIOD) | | | | | | | | 65.02 |
| 65.03 AMBULANCE SERVICES (4TH PERIOD) | | | | | | | | 65.03 |
| 101 SUBTOTAL | | 37806 | | | | | | 101 |
| 102 CRNA CHARGES | | | | | | | | 102 |
| 103 PBP CLINIC LAB | | | | | | | | 103 |
| 104 NET CHARGES | | 37806 | | | | | | 104 |

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (26-3028) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

| COST CENTER DESCRIPTION | PROGRAM COST | | | | | HOSPITAL | HOSPITAL |
|--|-------------------------|---|-------------------------------------|---|---|---|--|
| | ALL OTHER (COLS 1x5) | PPS SERVICES (COLUMNS 1.01x5.01) | ALL OTHER (COLUMNS 1.01x5.02) | PPS SERVICES (COLUMNS 1.01x5.03) | PPS SERVICES (COLUMNS 1.01x5.04) | I/P PART B CHARGES (SEE INSTRU.) | I/P PART B COST (COLUMNS 1.02x10) |
| | 9 | 9.01 | 9.02 | 9.03 | 9.04 | 10 | 11 |
| ANCILLARY SERVICE COST CENTERS | | | | | | | |
| 41 RADIOLOGY-DIAGNOSTIC | | | | | | | 41 |
| 41.01 RADIOLOGY SUA | | | | | | | 41.01 |
| 44 LABORATORY | | | | | | | 44 |
| 44.01 LAB SERVICES UNDER ARRANGEMENT | | | | | | | 44.01 |
| 49 RESPIRATORY THERAPY | | | | | | | 49 |
| 50 PHYSICAL THERAPY | | 3417 | | | | | 50 |
| 51 OCCUPATIONAL THERAPY | | 12739 | | | | | 51 |
| 52 SPEECH PATHOLOGY | | | | | | | 52 |
| 55 MEDICAL SUPPLIES CHARGED TO PAT | | 1563 | | | | | 55 |
| 56 DRUGS CHARGED TO PATIENTS | | | | | | | 56 |
| 59 PSYCHOLOGY | | | | | | | 59 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | |
| 62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS | | | | | | | 62 |
| 65.01 AMBULANCE SERVICES (2ND PERIOD) | | | | | | | 65.01 |
| 65.02 AMBULANCE SERVICES (3RD PERIOD) | | | | | | | 65.02 |
| 65.03 AMBULANCE SERVICES (4TH PERIOD) | | | | | | | 65.03 |
| 101 SUBTOTAL | | 17719 | | | | | 101 |
| 102 CRNA CHARGES | | | | | | | 102 |
| 103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS | | | | | | | 103 |
| 104 NET CHARGES | | 17719 | | | | | 104 |

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

CHECK [] TITLE V
 APPLICABLE [] TITLE XVIII-PT A
 BOXES [XX] TITLE XIX

| COST CENTER DESCRIPTION | ----- OLD CAPITAL ----- | | | ----- NEW CAPITAL ----- | | | |
|---------------------------------|-------------------------|----------------------|------------------------------|-------------------------|----------------------|------------------------------|-----|
| | CAPITAL RELATED COST | SWING-BED ADJUSTMENT | REDUCED CAPITAL RELATED COST | CAPITAL RELATED COST | SWING-BED ADJUSTMENT | REDUCED CAPITAL RELATED COST | |
| | 1 | 2 | 3 | 4 | 5 | 6 | |
| INPAT ROUTINE SERV COST CTRS | | | | | | | |
| 25 ADULTS & PEDIATRICS | | | | 1249084 | | 1249084 | 25 |
| 26 INTENSIVE CARE UNIT | | | | | | | 26 |
| 27 CORONARY CARE UNIT | | | | | | | 27 |
| 28 BURN INTENSIVE CARE UNIT | | | | | | | 28 |
| 29 SURGICAL INTENSIVE CARE UNIT | | | | | | | 29 |
| 30 OTHER SPECIAL CARE (SPECIFY) | | | | | | | 30 |
| 31 SUBPROVIDER I | | | | | | | 31 |
| 33 NURSERY | | | | | | | 33 |
| 101 TOTAL | | | | 1249084 | | 1249084 | 101 |

| COST CENTER DESCRIPTION | ---- OLD CAPITAL ---- | | | ---- NEW CAPITAL ---- | | | |
|---------------------------------|-----------------------|------------------------|----------|--------------------------------|----------|--------------------------------|-----|
| | TOTAL PATIENT DAYS | INPATIENT PROGRAM DAYS | PER DIEM | INPATIENT PROGRAM CAPITAL COST | PER DIEM | INPATIENT PROGRAM CAPITAL COST | |
| | 7 | 8 | 9 | 10 | 11 | 12 | |
| INPAT ROUTINE SERV COST CTRS | | | | | | | |
| 25 ADULTS & PEDIATRICS | 25555 | 4579 | | | 48.88 | 223822 | 25 |
| 26 INTENSIVE CARE UNIT | | | | | | | 26 |
| 27 CORONARY CARE UNIT | | | | | | | 27 |
| 28 BURN INTENSIVE CARE UNIT | | | | | | | 28 |
| 29 SURGICAL INTENSIVE CARE UNIT | | | | | | | 29 |
| 30 OTHER SPECIAL CARE (SPECIFY) | | | | | | | 30 |
| 31 SUBPROVIDER I | | | | | | | 31 |
| 33 NURSERY | | | | | | | 33 |
| 101 TOTAL | 25555 | 4579 | | | | 223822 | 101 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (26-3028) [] SUB III [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [XX] OTHER

| COST CENTER DESCRIPTION | OLD | NEW | TOTAL | INPATIENT PROGRAM CHARGES | --- OLD CAPITAL --- | | --- NEW CAPITAL --- | |
|---|----------------------------|----------------------------|----------|---------------------------------|--------------------------------|------------------|--------------------------------|------------------|
| | CAPITAL RELATED COST | CAPITAL RELATED COST | | | RATIO OF COST TO CHARGES | CAPITAL COSTS | RATIO OF COST TO CHARGES | CAPITAL COSTS |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| ANCILLARY SERVICE COST CENTERS | | | | | | | | |
| 41 RADIOLOGY-DIAGNOSTIC | | 596 | 306035 | 38180 | | | .001947 | 74 41 |
| 41.01 RADIOLOGY SUA | | | | | | | | 41.01 |
| 44 LABORATORY | | 1161 | 311631 | 45596 | | | .003726 | 170 44 |
| 44.01 LAB SERVICES UNDER ARRANGEMEN | | | | 36267 | 2827 | | | 44.01 |
| 49 RESPIRATORY THERAPY | | 9649 | 720309 | 115962 | | | .013396 | 1553 49 |
| 50 PHYSICAL THERAPY | | 315153 | 11530261 | 1018403 | | | .027333 | 27836 50 |
| 51 OCCUPATIONAL THERAPY | | 289557 | 8287103 | 328678 | | | .034941 | 11484 51 |
| 52 SPEECH PATHOLOGY | | 44429 | 2729615 | 786459 | | | .016277 | 12801 52 |
| 55 MEDICAL SUPPLIES CHARGED TO P | | 50664 | 1293067 | 152119 | | | .039181 | 5960 55 |
| 56 DRUGS CHARGED TO PATIENTS | | 25646 | 5048940 | 921687 | | | .005079 | 4681 56 |
| 59 PSYCHOLOGY | | | | | | | | 59 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | | |
| 62 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS | | | | | | | | 62 |
| 101 TOTAL | | 736855 | 30263228 | 3409911 | | | | 64559 101 |

PROVIDER NO. 26-3028 REHAB INSTITUTE OF ST. LOUIS
 PERIOD FROM 06/01/2008 TO 05/31/2009

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2009.08
 10/27/2009 14:30

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

CHECK [] TITLE V
 APPLICABLE [] TITLE XVIII-PT A
 BOXES [XX] TITLE XIX

| COST CENTER | DESCRIPTION | NONPHYSICIAN ANESTHETIST COST 1 | MEDICAL EDUCATION COST 2 | SWING-BED ADJUSTMENT AMOUNT 3 | TOTAL COSTS 4 | TOTAL PATIENT DAYS 5 | PER DIEM 6 | INPATIENT PROGRAM DAYS 7 | INPATIENT PROGRAM PASS THRU COSTS 8 |
|-------------|------------------------------|--|-----------------------------------|--|---------------------|-------------------------------|------------------|-----------------------------------|---|
| | INPAT ROUTINE SERV COST CTRS | | | | | | | | |
| 25 | ADULTS & PEDIATRICS | | | | | 25555 | | 4579 | 25 |
| 26 | INTENSIVE CARE UNIT | | | | | | | | 26 |
| 27 | CORONARY CARE UNIT | | | | | | | | 27 |
| 28 | BURN INTENSIVE CARE UNIT | | | | | | | | 28 |
| 29 | SURGICAL INTENSIVE CARE UNIT | | | | | | | | 29 |
| 30 | OTHER SPECIAL CARE (SPECIFY) | | | | | | | | 30 |
| 31 | SUBPROVIDER I | | | | | | | | 31 |
| 33 | NURSERY | | | | | | | | 33 |
| 34 | SKILLED NURSING FACILITY | | | | | | | | 34 |
| 35 | NURSING FACILITY | | | | | | | | 35 |
| 101 | TOTAL | | | | | 25555 | | 4579 | 101 |

PROVIDER NO. 26-3028 REHAB INSTITUTE OF ST. LOUIS
 PERIOD FROM 06/01/2008 TO 05/31/2009

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (9/2000)

VERSION: 2009.08
 10/27/2009 14:30

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

| | | | | | | | | |
|------------|------|------------------|------|--------------------|-----|--------|-----|-------|
| CHECK | [] | TITLE V | [XX] | HOSPITAL (26-3028) | [] | SUB IV | [] | PPS |
| APPLICABLE | [] | TITLE XVIII-PT A | [] | SUB I | [] | SNF | [] | TEFRA |
| BOXES | [XX] | TITLE XIX | [] | SUB II | [] | NF | [] | OTHER |
| | | | [] | SUB III | [] | ICF/MR | | |

| COST CENTER DESCRIPTION | OUTPATIENT | TOTAL | RATIO OF | OUTPATIENT | INPATIENT | INPATIENT | OUTPATIENT |
|-------------------------------------|--------------|----------|----------|---------------|-----------|--------------|------------|
| | PASS THROUGH | | COST TO | RATIO OF COST | PROGRAM | PROGRAM | |
| | COSTS | CHARGES | CHARGES | TO CHARGES | CHARGES | PASS THROUGH | PROGRAM |
| | 3.01 | 4 | 5 | 5.01 | 6 | 7 | 8 |
| ANCILLARY SERVICE COST CENTERS | | | | | | | |
| 41 RADIOLOGY-DIAGNOSTIC | | 306035 | | | 38180 | | 41 |
| 41.01 RADIOLOGY SUA | | | | | | | 41.01 |
| 44 LABORATORY | | 311631 | | | 45596 | | 44 |
| 44.01 LAB SERVICES UNDER ARRANGEMEN | | 36267 | | | 2827 | | 44.01 |
| 49 RESPIRATORY THERAPY | | 720309 | | | 115962 | | 49 |
| 50 PHYSICAL THERAPY | | 11530261 | | | 1018403 | | 50 |
| 51 OCCUPATIONAL THERAPY | | 8287103 | | | 328678 | | 51 |
| 52 SPEECH PATHOLOGY | | 2729615 | | | 786459 | | 52 |
| 55 MEDICAL SUPPLIES CHARGED TO P | | 1293067 | | | 152119 | | 55 |
| 56 DRUGS CHARGED TO PATIENTS | | 5048940 | | | 921687 | | 56 |
| 59 PSYCHOLOGY | | | | | | | 59 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | |
| 62 OBSERVATION BEDS (NON-DISTINC | | | | | | | 62 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | |
| 101 TOTAL | | 30263228 | | | 3409911 | | 101 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

| | | | | | | | | |
|------------|-------------------------------------|------------------|-------------------------------------|--------------------|--------------------------|--------|--------------------------|-------|
| CHECK | <input type="checkbox"/> | TITLE V | <input checked="" type="checkbox"/> | HOSPITAL (26-3028) | <input type="checkbox"/> | SUB IV | <input type="checkbox"/> | PPS |
| APPLICABLE | <input type="checkbox"/> | TITLE XVIII-PT A | <input type="checkbox"/> | SUB I | <input type="checkbox"/> | SNF | <input type="checkbox"/> | TEFRA |
| BOXES | <input checked="" type="checkbox"/> | TITLE XIX | <input type="checkbox"/> | SUB II | <input type="checkbox"/> | NF | <input type="checkbox"/> | OTHER |
| | | | <input type="checkbox"/> | SUB III | <input type="checkbox"/> | ICF/MR | | |

| COST CENTER DESCRIPTION | OUTPATIENT PROGRAM CHARGES | OUTPATIENT PROGRAM CHARGES | OUTPATIENT PROGRAM PASS THROUGH COSTS | OUTPATIENT PROGRAM PASS THROUGH COSTS | OUTPATIENT PROGRAM PASS THROUGH COSTS |
|-------------------------------------|----------------------------------|----------------------------------|--|--|--|
| ANCILLARY SERVICE COST CENTERS | | | | | |
| 41 RADIOLOGY-DIAGNOSTIC | | | | | 41 |
| 41.01 RADIOLOGY SUA | | | | | 41.01 |
| 44 LABORATORY | | | | | 44 |
| 44.01 LAB SERVICES UNDER ARRANGEMEN | | | | | 44.01 |
| 49 RESPIRATORY THERAPY | | | | | 49 |
| 50 PHYSICAL THERAPY | | | | | 50 |
| 51 OCCUPATIONAL THERAPY | | | | | 51 |
| 52 SPEECH PATHOLOGY | | | | | 52 |
| 55 MEDICAL SUPPLIES CHARGED TO P | | | | | 55 |
| 56 DRUGS CHARGED TO PATIENTS | | | | | 56 |
| 59 PSYCHOLOGY | | | | | 59 |
| OUTPATIENT SERVICE COST CENTERS | | | | | |
| 62 OBSERVATION BEDS (NON-DISTINC | | | | | 62 |
| OTHER REIMBURSABLE COST CENTERS | | | | | |
| 101 TOTAL | 8.01 | 8.02 | 9 | 9.01 | 9.02 |

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (26-3028) [] SNF
 APPLICABLE [] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [XX] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

| COST CENTER DESCRIPTION | COST TO CHARGE RATIO FROM WORKSHEET C, | | | PROGRAM CHARGES | | | |
|---|--|---------|---------|-----------------|------------|------------|-------|
| | PART II | PART I | PART II | OUTPATIENT | OUTPATIENT | OTHER | |
| | COL. 8 | COL. 9 | COL. 9 | AMBULATORY | RADIOLOGY | OUTPATIENT | |
| | 1 | 1.01 | 1.02 | SURGICAL | CENTER | DIAGNOSTIC | |
| | | | | 2 | 3 | 4 | |
| 41 ANCILLARY SERVICE COST CENTERS | | | | | | | |
| 41 RADIOLOGY-DIAGNOSTIC | .416789 | .416789 | .416789 | | | | 41 |
| 41.01 RADIOLOGY SUA | | | | | | | 41.01 |
| 44 LABORATORY | .859282 | .859282 | .859282 | | | | 44 |
| 44.01 LAB SERVICES UNDER ARRANGEMENT | .987041 | .987041 | .987041 | | | | 44.01 |
| 49 RESPIRATORY THERAPY | .852770 | .852770 | .852770 | | | | 49 |
| 50 PHYSICAL THERAPY | .453420 | .453420 | .453420 | | | | 50 |
| 51 OCCUPATIONAL THERAPY | .455709 | .455709 | .455709 | | | | 51 |
| 52 SPEECH PATHOLOGY | .510829 | .510829 | .510829 | | | | 52 |
| 55 MEDICAL SUPPLIES CHARGED TO PAT | .675271 | .675271 | .675271 | | | | 55 |
| 56 DRUGS CHARGED TO PATIENTS | .350975 | .350975 | .350975 | | | | 56 |
| 59 PSYCHOLOGY | | | | | | | 59 |
| 62 OUTPATIENT SERVICE COST CENTERS | | | | | | | |
| 62 OBSERVATION BEDS (NON-DISTINCT | | | | | | | 62 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | |
| 65.01 AMBULANCE SERVICES (2ND PERIOD) | | | | | | | 65.01 |
| 65.02 AMBULANCE SERVICES (3RD PERIOD) | | | | | | | 65.02 |
| 65.03 AMBULANCE SERVICES (4TH PERIOD) | | | | | | | 65.03 |
| 101 SUBTOTAL | | | | | | | 101 |
| 102 CRNA CHARGES | | | | | | | 102 |
| 103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS | | | | | | | 103 |
| 104 NET CHARGES | | | | | | | 104 |

PART VI - VACCINE COST APPORTIONMENT

| | | | |
|--|---------|---|------|
| 1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES | | 1 | |
| 2 PROGRAM VACCINE CHARGES | .350975 | 1 | 2 |
| 2.01 PROGRAM VACCINE CHARGES | | | 2.01 |
| 3 PROGRAM COSTS | | | 3 |
| 3.01 PROGRAM COSTS | | | 3.01 |

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (26-3028) [] SNF
 APPLICABLE [] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [XX] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

| COST CENTER DESCRIPTION | PROGRAM CHARGES | | | | | PROGRAM COST | | |
|--|-------------------------------------|---|------------------------------------|---|---|---|------------------------------|--|
| | ALL OTHER (1) (SEE INSTRU.) 5 | PPS SER- VICES (SEE INSTRU.) 5.01 | ALL OTHER (SEE INSTRU.) 5.02 | PPS SER- VICES (SEE INSTRU.) 5.03 | PPS SER- VICES (SEE INSTRU.) 5.04 | OUTPATIENT AMBULATORY CENTER 6 | OUTPATIENT RADIOLOGY 7 | OUTPATIENT DIAGNOSTIC OTHER 8 |
| ANCILLARY SERVICE COST CENTERS | | | | | | | | |
| 41 RADIOLOGY-DIAGNOSTIC | | | | | | | | 41 |
| 41.01 RADIOLOGY SUA | | | | | | | | 41.01 |
| 44 LABORATORY | | | | | | | | 44 |
| 44.01 LAB SERVICES UNDER ARRANGEMENT | | | | | | | | 44.01 |
| 49 RESPIRATORY THERAPY | | 29 | | | | | | 49 |
| 50 PHYSICAL THERAPY | | 23294 | | | | | | 50 |
| 51 OCCUPATIONAL THERAPY | | 11832 | | | | | | 51 |
| 52 SPEECH PATHOLOGY | | 3006 | | | | | | 52 |
| 55 MEDICAL SUPPLIES CHARGED TO PA | | 1177 | | | | | | 55 |
| 56 DRUGS CHARGED TO PATIENTS | | | | | | | | 56 |
| 59 PSYCHOLOGY | | | | | | | | 59 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | | |
| 62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS | | | | | | | | 62 |
| 65.01 AMBULANCE SERVICES (2ND PERIOD | | | | | | | | 65.01 |
| 65.02 AMBULANCE SERVICES (3RD PERIOD | | | | | | | | 65.02 |
| 65.03 AMBULANCE SERVICES (4TH PERIOD | | | | | | | | 65.03 |
| 101 SUBTOTAL | | 39338 | | | | | | 101 |
| 102 CRNA CHARGES | | | | | | | | 102 |
| 103 PBP CLINIC LAB | | | | | | | | 103 |
| 104 NET CHARGES | | 39338 | | | | | | 104 |

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (26-3028) [] SNF
 APPLICABLE [] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [XX] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

| COST CENTER DESCRIPTION | PROGRAM COST | | | | | HOSPITAL | HOSPITAL |
|--|-------------------------|---|-------------------------------------|---|---|---|--|
| | ALL OTHER (COLS 1x5) | PPS SERVICES (COLUMNS 1.01x5.01) | ALL OTHER (COLUMNS 1.01x5.02) | PPS SERVICES (COLUMNS 1.01x5.03) | PPS SERVICES (COLUMNS 1.01x5.04) | I/P PART B CHARGES (SEE INSTRU.) | I/P PART B COST (COLUMNS 1.02x10) |
| | 9 | 9.01 | 9.02 | 9.03 | 9.04 | 10 | 11 |
| ANCILLARY SERVICE COST CENTERS | | | | | | | |
| 41 RADIOLOGY-DIAGNOSTIC | | | | | | | 41 |
| 41.01 RADIOLOGY SUA | | | | | | | 41.01 |
| 44 LABORATORY | | | | | | | 44 |
| 44.01 LAB SERVICES UNDER ARRANGEMENT | | | | | | | 44.01 |
| 49 RESPIRATORY THERAPY | | 25 | | | | | 49 |
| 50 PHYSICAL THERAPY | 10562 | | | | | | 50 |
| 51 OCCUPATIONAL THERAPY | 5392 | | | | | | 51 |
| 52 SPEECH PATHOLOGY | 1536 | | | | | | 52 |
| 55 MEDICAL SUPPLIES CHARGED TO PAT | 795 | | | | | | 55 |
| 56 DRUGS CHARGED TO PATIENTS | | | | | | | 56 |
| 59 PSYCHOLOGY | | | | | | | 59 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | |
| 62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS | | | | | | | 62 |
| 65.01 AMBULANCE SERVICES (2ND PERIOD) | | | | | | | 65.01 |
| 65.02 AMBULANCE SERVICES (3RD PERIOD) | | | | | | | 65.02 |
| 65.03 AMBULANCE SERVICES (4TH PERIOD) | | | | | | | 65.03 |
| 101 SUBTOTAL | 18310 | | | | | | 101 |
| 102 CRNA CHARGES | | | | | | | 102 |
| 103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS | | | | | | | 103 |
| 104 NET CHARGES | 18310 | | | | | | 104 |

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

[] TITLE V-INPT [XX] TITLE XVIII-PART A [] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

| | HOSPITAL (PPS) (26-3028) | SUB I | SUB II | SUB III | SUB IV | SNF | |
|---|--------------------------------|-------|--------|---------|--------|-----|----|
| INPATIENT DAYS | 1 | 1 | 1 | 1 | 1 | 1 | |
| 1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN) | 25555 | | | | | | 1 |
| 2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS) | 25555 | | | | | | 2 |
| 3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) | 3 | | | | | | 3 |
| 4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) | 25552 | | | | | | 4 |
| 5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 5 |
| 6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 6 |
| 7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 7 |
| 8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 8 |
| 9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS) | 11229 | | | | | | 9 |
| 10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 10 |
| 11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 11 |
| 12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 12 |
| 13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 13 |
| 14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS) | | | | | | | 14 |
| 15 TOTAL NURSERY DAYS | | | | | | | 15 |
| 16 TITLE V OR XIX NURSERY DAYS | | | | | | | 16 |

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

[] TITLE V-INPT [XX] TITLE XVIII-PART A [] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

| | HOSPITAL (PPS) (26-3028) | SUB I | SUB II | SUB III | SUB IV | SNF | |
|---|--------------------------------|-------|--------|---------|--------|-----|----|
| SWING-BED ADJUSTMENT | 1 | 1 | 1 | 1 | 1 | 1 | |
| 17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 17 |
| 18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 18 |
| 19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 19 |
| 20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 20 |
| 21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST | 14626102 | | | | | | 21 |
| 22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 22 |
| 23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 23 |
| 24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 24 |
| 25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 25 |
| 26 TOTAL SWING-BED COST | | | | | | | 26 |
| 27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST | 14626102 | | | | | | 27 |
| PRIVATE ROOM DIFFERENTIAL ADJUSTMENT | | | | | | | |
| 28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES) | 18629438 | | | | | | 28 |
| 29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) | 2550 | | | | | | 29 |
| 30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) | 18626888 | | | | | | 30 |
| 31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO | .785107 | | | | | | 31 |
| 32 AVERAGE PRIVATE ROOM PER DIEM CHARGE | 850.00 | | | | | | 32 |
| 33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE | 728.98 | | | | | | 33 |
| 34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL | 121.02 | | | | | | 34 |
| 35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL | 95.01 | | | | | | 35 |
| 36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT | 285 | | | | | | 36 |
| 37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL | 14625817 | | | | | | 37 |

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

[] TITLE V-INPT [XX] TITLE XVIII-PART A [] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

| | HOSPITAL (PPS) (26-3028) | SUB I | SUB II | SUB III | SUB IV | |
|--|--------------------------------|-------------------|---------------------|-----------------|-----------------|----|
| PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS | 1 | 1 | 1 | 1 | 1 | |
| 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM | 572.34 | | | | | 38 |
| 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST | 6426806 | | | | | 39 |
| 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM | | | | | | 40 |
| 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST | 6426806 | | | | | 41 |
| | TOTAL I/P COST | TOTAL I/P DAYS | AVERAGE PER DIEM | PROGRAM DAYS | PROGRAM COST | |
| | 1 | 2 | 3 | 4 | 5 | |
| 42 NURSERY (TITLES V AND XIX ONLY) | | | | | | 42 |
| 43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS | | | | | | 43 |
| 44 INTENSIVE CARE UNIT | | | | | | 44 |
| 45 CORONARY CARE UNIT | | | | | | 45 |
| 46 BURN INTENSIVE CARE UNIT | | | | | | 46 |
| 47 SURGICAL INTENSIVE CARE UNIT | | | | | | 46 |
| 47 OTHER SPECIAL CARE (SPECIFY) | | | | | | 47 |
| | HOSPITAL (PPS) (26-3028) | SUB I | SUB II | SUB III | SUB IV | |
| | 1 | 1 | 1 | 1 | 1 | |
| 48 PROGRAM INPATIENT ANCILLARY SERVICE COST | 3882594 | | | | | 48 |
| 49 TOTAL PROGRAM INPATIENT COSTS | 10309400 | | | | | 49 |
| PASS THROUGH COST ADJUSTMENTS | | | | | | |
| 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES | 548874 | | | | | 50 |
| 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES | 180474 | | | | | 51 |
| 52 TOTAL PROGRAM EXCLUDABLE COST | 729348 | | | | | 52 |
| 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS | 9580052 | | | | | 53 |

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

[] TITLE V-INPT [XX] TITLE XVIII-PART A [] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

| | HOSPITAL (PPS) (26-3028) | SUB I | SUB II | SUB III | SUB IV | |
|--|--------------------------------|-------|--------|---------|--------|-------|
| TARGET AMOUNT AND LIMITATION COMPUTATION | 1 | 1 | 1 | 1 | 1 | |
| 54 PROGRAM DISCHARGES | | | | | | 54 |
| 55 TARGET AMOUNT PER DISCHARGE | | | | | | 55 |
| 56 TARGET AMOUNT | | | | | | 56 |
| 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT | | | | | | 57 |
| 58 BONUS PAYMENT | | | | | | 58 |
| 58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET | | | | | | 58.01 |
| 58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET | | | | | | 58.02 |
| 58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT | | | | | | 58.03 |
| 58.04 RELIEF PAYMENT | | | | | | 58.04 |
| 59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT | | | | | | 59 |
| 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY) | | | | | | 59.01 |
| 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1 | | | | | | 59.02 |
| 59.03 PROGRAM DISCHARGES AFTER JULY 1 | | | | | | 59.03 |
| 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS) | | | | | | 59.04 |
| 59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1 | | | | | | 59.05 |
| 59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 | | | | | | 59.06 |
| 59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY) | | | | | | 59.07 |
| 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.) | | | | | | 59.08 |
| PROGRAM INPATIENT ROUTINE SWING BED COST | | | | | | |
| 60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | 60 |
| 61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | 61 |
| 62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS | | | | | | 62 |
| 63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | 63 |
| 64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | 64 |
| 65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS | | | | | | 65 |

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

[] TITLE V-INPT [XX] TITLE XVIII-PART A [] TITLE XIX-INPT

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

SNF

1

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

| | | | | | | | |
|-----|--------------|------|--------------------------------|-------|----------------|---------|--------|
| [] | TITLE V-INPT | [XX] | TITLE XVIII-PART A | [] | TITLE XIX-INPT | | |
| | | | HOSPITAL (PPS) (26-3028) | SUB I | SUB II | SUB III | SUB IV |
| | | | 1 | 1 | 1 | 1 | 1 |

PART IV - COMPUTATION OF OBSERVATION BED COST

| | | | | | | | |
|----|--|--|--------|--|--|--|----|
| 83 | TOTAL OBSERVATION BEDS | | | | | | 83 |
| 84 | ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM | | 572.34 | | | | 84 |
| 85 | OBSERVATION BED COST | | | | | | 85 |

| | | | | | | | |
|---|--|-----------|---|------------------------------------|--|---|--|
| COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL | | | | | | | |
| | | | HOSPITAL ROUTINE COST (FROM LINE 27) | COLUMN 1 DIVIDED BY COLUMN 2 | TOTAL OBSERVATION BED COST (FROM LINE 85) | OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 | |
| | | COST 1 | 2 | 3 | 4 | 5 | |

| | | | | | | | |
|----|---------------------------|---------|----------|---------|--|--|----|
| 86 | OLD CAPITAL-RELATED COST | | 14626102 | | | | 86 |
| 87 | NEW CAPITAL-RELATED COST | 1249084 | 14626102 | .085401 | | | 87 |
| 88 | NON PHYSICIAN ANESTHETIST | | 14626102 | | | | 88 |
| 89 | MEDICAL EDUCATION | 98235 | 14626102 | .006716 | | | 89 |

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

[] TITLE V-INPT [] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

| | HOSPITAL (OTHER) (26-3028) | SUB I | SUB II | SUB III | SUB IV | NF | |
|---|----------------------------------|-------|--------|---------|--------|----|----|
| INPATIENT DAYS | 1 | 1 | 1 | 1 | 1 | 1 | |
| 1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN) | 25555 | | | | | | 1 |
| 2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS) | 25555 | | | | | | 2 |
| 3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) | 3 | | | | | | 3 |
| 4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) | 25552 | | | | | | 4 |
| 5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 5 |
| 6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 6 |
| 7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 7 |
| 8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 8 |
| 9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS) | 4579 | | | | | | 9 |
| 10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 10 |
| 11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 11 |
| 12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 12 |
| 13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 13 |
| 14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS) | | | | | | | 14 |
| 15 TOTAL NURSERY DAYS | | | | | | | 15 |
| 16 TITLE V OR XIX NURSERY DAYS | | | | | | | 16 |

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

[] TITLE V-INPT [] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

| | HOSPITAL (OTHER) (26-3028) | SUB I | SUB II | SUB III | SUB IV | NF | |
|---|----------------------------------|-------|--------|---------|--------|----|----|
| SWING-BED ADJUSTMENT | 1 | 1 | 1 | 1 | 1 | 1 | |
| 17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 17 |
| 18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 18 |
| 19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 19 |
| 20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 20 |
| 21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST | 14543534 | | | | | | 21 |
| 22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 22 |
| 23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 23 |
| 24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 24 |
| 25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 25 |
| 26 TOTAL SWING-BED COST | | | | | | | 26 |
| 27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST | 14543534 | | | | | | 27 |
| PRIVATE ROOM DIFFERENTIAL ADJUSTMENT | | | | | | | |
| 28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES) | 18629438 | | | | | | 28 |
| 29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) | 2550 | | | | | | 29 |
| 30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) | 18626888 | | | | | | 30 |
| 31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO | .780675 | | | | | | 31 |
| 32 AVERAGE PRIVATE ROOM PER DIEM CHARGE | 850.00 | | | | | | 32 |
| 33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE | 728.98 | | | | | | 33 |
| 34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL | 121.02 | | | | | | 34 |
| 35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL | 94.48 | | | | | | 35 |
| 36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT | 283 | | | | | | 36 |
| 37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL | 14543251 | | | | | | 37 |

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

[] TITLE V-INPT [] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

| | HOSPITAL (OTHER) (26-3028) | SUB I | SUB II | SUB III | SUB IV | |
|--|----------------------------------|-------------------|---------------------|-----------------|-----------------|----|
| PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS | 1 | 1 | 1 | 1 | 1 | |
| 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM | 569.10 | | | | | 38 |
| 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST | 2605909 | | | | | 39 |
| 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM | | | | | | 40 |
| 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST | 2605909 | | | | | 41 |
| | TOTAL I/P COST | TOTAL I/P DAYS | AVERAGE PER DIEM | PROGRAM DAYS | PROGRAM COST | |
| | 1 | 2 | 3 | 4 | 5 | |
| 42 NURSERY (TITLES V AND XIX ONLY) | | | | | | 42 |
| 43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS | | | | | | 43 |
| 44 INTENSIVE CARE UNIT | | | | | | 44 |
| 45 CORONARY CARE UNIT | | | | | | 45 |
| 46 BURN INTENSIVE CARE UNIT | | | | | | 46 |
| 47 SURGICAL INTENSIVE CARE UNIT | | | | | | 46 |
| 47 OTHER SPECIAL CARE (SPECIFY) | | | | | | 47 |
| | HOSPITAL (OTHER) (26-3028) | SUB I | SUB II | SUB III | SUB IV | |
| | 1 | 1 | 1 | 1 | 1 | |
| 48 PROGRAM INPATIENT ANCILLARY SERVICE COST | 1596275 | | | | | 48 |
| 49 TOTAL PROGRAM INPATIENT COSTS | 4202184 | | | | | 49 |
| | PASS THROUGH COST ADJUSTMENTS | | | | | |
| 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES | 223822 | | | | | 50 |
| 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES | 64559 | | | | | 51 |
| 52 TOTAL PROGRAM EXCLUDABLE COST | 288381 | | | | | 52 |
| 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS | | | | | | 53 |

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

[] TITLE V-INPT [] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

| | HOSPITAL (OTHER) (26-3028) | SUB I | SUB II | SUB III | SUB IV | |
|--|----------------------------------|-------|--------|---------|--------|-------|
| TARGET AMOUNT AND LIMITATION COMPUTATION | 1 | 1 | 1 | 1 | 1 | |
| 54 PROGRAM DISCHARGES | 298 | | | | | 54 |
| 55 TARGET AMOUNT PER DISCHARGE | | | | | | 55 |
| 56 TARGET AMOUNT | | | | | | 56 |
| 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT | | | | | | 57 |
| 58 BONUS PAYMENT | | | | | | 58 |
| 58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET | | | | | | 58.01 |
| 58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET | | | | | | 58.02 |
| 58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT | | | | | | 58.03 |
| 58.04 RELIEF PAYMENT | | | | | | 58.04 |
| 59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT | | | | | | 59 |
| 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY) | | | | | | 59.01 |
| 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1 | | | | | | 59.02 |
| 59.03 PROGRAM DISCHARGES AFTER JULY 1 | | | | | | 59.03 |
| 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS) | | | | | | 59.04 |
| 59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1 | | | | | | 59.05 |
| 59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 | | | | | | 59.06 |
| 59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY) | | | | | | 59.07 |
| 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.) | | | | | | 59.08 |
| PROGRAM INPATIENT ROUTINE SWING BED COST | | | | | | |
| 60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | 60 |
| 61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | 61 |
| 62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS | | | | | | 62 |
| 63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | 63 |
| 64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | 64 |
| 65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS | | | | | | 65 |

PROVIDER NO. 26-3028 REHAB INSTITUTE OF ST. LOUIS
PERIOD FROM 06/01/2008 TO 05/31/2009

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2009.08
10/27/2009 14:30

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

[] TITLE V-INPT [] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART III - SKILLED NURSING FACILITY, NURSING FACILITY AND ICF/MR ONLY NF

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

PROVIDER NO. 26-3028 REHAB INSTITUTE OF ST. LOUIS
PERIOD FROM 06/01/2008 TO 05/31/2009

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2009.08
10/27/2009 14:30

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

TITLE V-INPT

TITLE XVIII-PART A

TITLE XIX-INPT

| HOSPITAL (OTHER) (26-3028) | SUB I | SUB II | SUB III | SUB IV |
|----------------------------------|-------|--------|---------|--------|
| 1 | 1 | 1 | 1 | 1 |

PART IV - COMPUTATION OF OBSERVATION BED COST

| | | |
|---|--------|----|
| 83 TOTAL OBSERVATION BEDS | | 83 |
| 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM | 572.34 | 84 |
| 85 OBSERVATION BED COST | | 85 |

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

| | | | |
|--|--|----------------------------------|---|
| <input type="checkbox"/> TITLE V | <input checked="" type="checkbox"/> HOSPITAL (26-3028) | <input type="checkbox"/> SNF | <input checked="" type="checkbox"/> PPS |
| <input checked="" type="checkbox"/> TITLE XVIII-PT A | <input type="checkbox"/> SUB I | <input type="checkbox"/> NF | <input type="checkbox"/> TEFRA |
| <input type="checkbox"/> TITLE XIX | <input type="checkbox"/> SUB II | <input type="checkbox"/> S/B-SNF | <input type="checkbox"/> OTHER |
| | <input type="checkbox"/> SUB III | <input type="checkbox"/> S/B-NF | |
| | <input type="checkbox"/> SUB IV | <input type="checkbox"/> ICF/MR | |

| COST CENTER DESCRIPTION | RATIO OF COST | INPATIENT | INPATIENT | |
|---|---------------|-----------------|---------------|-------|
| | TO CHARGES | PROGRAM CHARGES | PROGRAM COSTS | |
| | 1 | 2 | 3 | |
| INPATIENT ROUTINE SERVICE COST CENTERS | | | | |
| 25 ADULTS & PEDIATRICS | | 8183895 | | 25 |
| ANCILLARY SERVICE COST CENTERS | | | | |
| 41 RADIOLOGY-DIAGNOSTIC | .416789 | 38505 | 16048 | 41 |
| 41.01 RADIOLOGY SUA | | | | 41.01 |
| 44 LABORATORY | .859282 | 127486 | 109546 | 44 |
| 44.01 LAB SERVICES UNDER ARRANGEMENT | .987041 | 13895 | 13715 | 44.01 |
| 49 RESPIRATORY THERAPY | .852770 | 370398 | 315864 | 49 |
| 50 PHYSICAL THERAPY | .453420 | 2561047 | 1161230 | 50 |
| 51 OCCUPATIONAL THERAPY | .455709 | 1979735 | 902183 | 51 |
| 52 SPEECH PATHOLOGY | .510829 | 769585 | 393126 | 52 |
| 55 MEDICAL SUPPLIES CHARGED TO PAT | .675271 | 313190 | 211488 | 55 |
| 56 DRUGS CHARGED TO PATIENTS | .350975 | 2163671 | 759394 | 56 |
| 59 PSYCHOLOGY | | | | 59 |
| OUTPATIENT SERVICE COST CENTERS | | | | |
| 62 OBSERVATION BEDS (NON-DISTINCT | | | | 62 |
| OTHER REIMBURSABLE COST CENTERS | | | | |
| 101 TOTAL | | 8337512 | 3882594 | 101 |
| 102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES | | | | 102 |
| 103 NET CHARGES | | 8337512 | | 103 |

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

| | | | |
|---|--|----------------------------------|---|
| <input type="checkbox"/> TITLE V | <input checked="" type="checkbox"/> HOSPITAL (26-3028) | <input type="checkbox"/> SNF | <input type="checkbox"/> PPS |
| <input type="checkbox"/> TITLE XVIII-PT A | <input type="checkbox"/> SUB I | <input type="checkbox"/> NF | <input type="checkbox"/> TEFRA |
| <input checked="" type="checkbox"/> TITLE XIX | <input type="checkbox"/> SUB II | <input type="checkbox"/> S/B-SNF | <input checked="" type="checkbox"/> OTHER |
| | <input type="checkbox"/> SUB III | <input type="checkbox"/> S/B-NF | |
| | <input type="checkbox"/> SUB IV | <input type="checkbox"/> ICF/MR | |

| COST CENTER DESCRIPTION | RATIO OF COST | INPATIENT | INPATIENT | |
|---|---------------|-----------------|---------------|-------|
| | TO CHARGES | PROGRAM CHARGES | PROGRAM COSTS | |
| | 1 | 2 | 3 | |
| INPATIENT ROUTINE SERVICE COST CENTERS | | | | |
| 25 ADULTS & PEDIATRICS | | 3333340 | | 25 |
| ANCILLARY SERVICE COST CENTERS | | | | |
| 41 RADIOLOGY-DIAGNOSTIC | .416789 | 38180 | 15913 | 41 |
| 41.01 RADIOLOGY SUA | | | | 41.01 |
| 44 LABORATORY | .859282 | 45596 | 39180 | 44 |
| 44.01 LAB SERVICES UNDER ARRANGEMENT | .987041 | 2827 | 2790 | 44.01 |
| 49 RESPIRATORY THERAPY | .852770 | 115962 | 98889 | 49 |
| 50 PHYSICAL THERAPY | .453420 | 1018403 | 461764 | 50 |
| 51 OCCUPATIONAL THERAPY | .455709 | 328678 | 149782 | 51 |
| 52 SPEECH PATHOLOGY | .510829 | 786459 | 401746 | 52 |
| 55 MEDICAL SUPPLIES CHARGED TO PAT | .675271 | 152119 | 102722 | 55 |
| 56 DRUGS CHARGED TO PATIENTS | .350975 | 921687 | 323489 | 56 |
| 59 PSYCHOLOGY | | | | 59 |
| OUTPATIENT SERVICE COST CENTERS | | | | |
| 62 OBSERVATION BEDS (NON-DISTINCT | | | | 62 |
| OTHER REIMBURSABLE COST CENTERS | | | | |
| 101 TOTAL | | 3409911 | 1596275 | 101 |
| 102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES | | | | 102 |
| 103 NET CHARGES | | 3409911 | | 103 |

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

| | HOSPITAL | SUB I | SUB II | SUB III | SUB IV | |
|--|----------|-------|--------|---------|--------|------|
| DRG AMOUNT | | | | | | |
| 1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1 | | | | | | 1 |
| 1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1 | | | | | | 1.01 |
| 1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS | | | | | | 1.02 |
| 1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1 | | | | | | 1.03 |
| 1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1 | | | | | | 1.04 |
| 1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1 | | | | | | 1.05 |
| 1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED | | | | | | 1.06 |
| 1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001 | | | | | | 1.07 |
| 1.08 SIMULATED PAYMENTS FROM THE PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001 | | | | | | 1.08 |
| 2 OUTLIER PAYMENTS PRIOR TO OCTOBER 1, 1997 | | | | | | 2 |
| 2.01 OUTLIER PAYMENTS ON OR AFTER OCTOBER 1, 1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT | | | | | | 2.01 |
| 3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD | | | | | | 3 |
| 3.01 NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I | | | | | | 3.01 |
| 3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE | | | | | | 3.02 |
| 3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT | | | | | | 3.03 |
| 3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996 | | | | | | 3.04 |
| 3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) | | | | | | 3.05 |
| 3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [FOR CR PERIODS ENDING] [ON OR AFTER 7/1/2005] [E-3,PT.VI,LN.15][PLUS LN.3.06] | | | | | | 3.06 |
| 3.07 SUM OF LINES 3.04-3.06 | | 0.00 | | 0.00 | | 3.07 |
| 3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS | | | | | | 3.08 |
| 3.09 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1 | | | | | | 3.09 |
| 3.10 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1 | | | | | | 3.10 |
| 3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09 | | | | | | 3.11 |
| 3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10 | | | | | | 3.12 |
| 3.13 FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS | | | | | | 3.13 |
| 3.14 CURRENT YEAR ALLOWABLE FTE | | | | | | 3.14 |
| 3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE.. | | | | | | 3.15 |
| 3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE.. | | | | | | 3.16 |
| RES. IN INIT YRS | | | | | | |
| 3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO | | | 0.00 | | | 3.17 |

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

| | HOSPITAL | SUB I | SUB II | SUB III | SUB IV | |
|-------|----------|-------|--------|---------|--------|-------|
| 3.18 | | | | | | 3.18 |
| 3.19 | | | | | | 3.19 |
| 3.20 | | | | | | 3.20 |
| | | | | | | |
| 3.21 | | | | | | 3.21 |
| 3.22 | | | | | | 3.22 |
| 3.23 | | | | | | 3.23 |
| | | | | | | |
| 3.24 | | | | | | 3.24 |
| | | | | | | |
| 4 | | | | | | 4 |
| | | | | | | |
| 4.01 | | | | | | 4.01 |
| 4.02 | | | | | | 4.02 |
| 4.03 | | | | | | 4.03 |
| 4.04 | | | | | | 4.04 |
| | | | | | | |
| 5 | | | | | | 5 |
| | | | | | | |
| 5.01 | | | | | | 5.01 |
| 5.02 | | | | | | 5.02 |
| 5.03 | | | | | | 5.03 |
| 5.04 | | | | | | 5.04 |
| 5.05 | | | | | | 5.05 |
| 5.06 | | | | | | 5.06 |
| 6 | | | | | | 6 |
| 7 | | | | | | 7 |
| 7.01 | | | | | | 7.01 |
| 8 | | | | | | 8 |
| 9 | | | | | | 9 |
| 10 | | | | | | 10 |
| 11 | | | | | | 11 |
| 11.01 | | | | | | 11.01 |
| 11.02 | | | | | | 11.02 |
| 12 | | | | | | 12 |
| 13 | | | | | | 13 |
| 14 | | | | | | 14 |
| 15 | | | | | | 15 |
| 16 | | | | | | 16 |
| 17 | | | | | | 17 |
| 18 | | | | | | 18 |
| 19 | | | | | | 19 |
| 20 | | | | | | 20 |
| 21 | | | | | | 21 |
| 21.01 | | | | | | 21.01 |
| 21.02 | | | | | | 21.02 |
| 22 | | | | | | 22 |

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

| | HOSPITAL | SUB I | SUB II | SUB III | SUB IV | |
|-------|----------|-------|--------|---------|--------|--|
| 23 | | | | | | 23 |
| | | | | | | TERMINATION OR A DECREASE IN PROGRAM UTILIZATION |
| 24 | | | | | | 24 |
| | | | | | | OTHER ADJUSTMENTS |
| 25 | | | | | | 25 |
| | | | | | | AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS |
| 26 | | | | | | 26 |
| | | | | | | AMOUNT DUE PROVIDER |
| 27 | | | | | | 27 |
| | | | | | | SEQUESTRATION ADJUSTMENT |
| 28 | | | | | | 28 |
| | | | | | | INTERIM PAYMENTS |
| 28.01 | | | | | | 28.01 |
| | | | | | | TENTATIVE SETTLEMENT (FOR FI USE ONLY) |
| 29 | | | | | | 29 |
| | | | | | | BALANCE DUE PROVIDER (PROGRAM) |
| 30 | | | | | | 30 |
| | | | | | | PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2 |
| | | | | | | TO BE COMPLETED BY INTERMEDIARY |
| 50 | | | | | | 50 |
| | | | | | | OPERATING OUTLIER AMOUNT FROM WKST E, PART A, LINE 2.01 |
| 51 | | | | | | 51 |
| | | | | | | CAPITAL OUTLIER AMOUNT FROM WKST L, PART I, LINE 3.01 |
| 52 | | | | | | 52 |
| | | | | | | OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTR.) |
| 53 | | | | | | 53 |
| | | | | | | CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS) |
| 54 | | | | | | 54 |
| | | | | | | THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY |
| 55 | | | | | | 55 |
| | | | | | | TIME VALUE OF MONEY (SEE INSTRUCTIONS) |
| 56 | | | | | | 56 |
| | | | | | | CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS) |

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

| | HOSPITAL (26-3028) | HOSPITAL (26-3028) | HOSPITAL (26-3028) |
|--|-----------------------|-----------------------|-----------------------|
| | 1 | 1.01 | 1.02 |
| 1 MEDICAL AND OTHER SERVICES | | | 1 |
| 1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000 | 17719 | | 1.01 |
| 1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS | 21180 | | 1.02 |
| 1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO | | | 1.03 |
| 1.04 LINE 1.01 TIMES LINE 1.03 | | | 1.04 |
| 1.05 LINE 1.02 DIVIDED BY LINE 1.04 | | | 1.05 |
| 1.06 TRANSITIONAL CORRIDOR PAYMENT | | | 1.06 |
| 1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101 | | | 1.07 |
| 2 INTERNS AND RESIDENTS | | | 2 |
| 3 ORGAN ACQUISITIONS | | | 3 |
| 4 COST OF TEACHING PHYSICIANS | | | 4 |
| 5 TOTAL COST | | | 5 |
| COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES | | | |
| 6 ANCILLARY SERVICE CHARGES | | | 6 |
| 7 INTERNS AND RESIDENTS SERVICE CHARGES | | | 7 |
| 8 ORGAN ACQUISITION CHARGES | | | 8 |
| 9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS | | | 9 |
| 10 TOTAL REASONABLE CHARGES | | | 10 |
| CUSTOMARY CHARGES | | | |
| 11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS | | | 11 |
| 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) | | | 12 |
| 13 RATIO OF LINE 11 TO LINE 12 | | | 13 |
| 14 TOTAL CUSTOMARY CHARGES | | | 14 |
| 15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST | | | 15 |
| 16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES | | | 16 |
| 17 LESSER OF COST OR CHARGES | | | 17 |
| 17.01 TOTAL PPS PAYMENTS | 21180 | | 17.01 |

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

| | HOSPITAL (26-3028) | HOSPITAL (26-3028) | HOSPITAL (26-3028) |
|---|-----------------------|-----------------------|-----------------------|
| | 1 | 1.01 | 1.02 |
| COMPUTATION OF REIMBURSEMENT SETTLEMENT | | | |
| 18 DEDUCTIBLES AND COINSURANCE | | | 18 |
| 18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01 | 4235 | | 18.01 |
| 19 SUBTOTAL | 16945 | | 19 |
| 20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E | | | 20 |
| 21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS | | | 21 |
| 22 ESRD DIRECT MEDICAL EDUCATION COSTS | | | 22 |
| 23 SUBTOTAL | 16945 | | 23 |
| 24 PRIMARY PAYER PAYMENTS | 52 | | 24 |
| 25 SUBTOTAL | 16893 | | 25 |
| REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) | | | |
| 26 COMPOSITE RATE ESRD | | | 26 |
| 27 BAD DEBTS | | | 27 |
| 27.01 REDUCED REIMBURSABLE BAD DEBTS | | | 27.01 |
| 27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS) | | | 27.02 |
| 28 SUBTOTAL | 16893 | | 28 |
| 29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION | | | 29 |
| 30 OTHER ADJUSTMENTS | | | 30 |
| 30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT) | | | 30.99 |
| 31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS | | | 31 |
| 32 SUBTOTAL | 16893 | | 32 |
| 33 SEQUESTRATION ADJUSTMENT | | | 33 |
| 34 INTERIM PAYMENTS | 16893 | | 34 |
| 34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY) | | | 34.01 |
| 35 BALANCE DUE PROVIDER/PROGRAM | | | 35 |
| 36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2 | | | 36 |
| TO BE COMPLETED BY CONTRACTOR | | | |
| 50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS) | | | 50 |
| 51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCT | | | 51 |
| 52 THE RATE USED TO CALCULATE THE TIME VALUE | | | 52 |
| 53 TIME VALUE OF MONEY (SEE INSTRUCTIONS) | | | 53 |
| 54 TOTAL (SUM OF LINES 51 AND 53) | | | 54 |

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART C

PART C - OUTPATIENT AMBULATORY SURGICAL CENTER

[] TITLE V [XX] TITLE XVIII [] TITLE XIX

HOSPITAL
(26-3028)
OCTOBER 1, 1997
PRIOR TO ON OR AFTER
1 1.01

| | |
|--|----|
| 1 STANDARD OVERHEAD AMOUNTS (ASC FEES) | 1 |
| 2 DEDUCTIBLES | 2 |
| 3 SUBTOTAL | 3 |
| 4 80 PERCENT OF LINE 3 | 4 |
| 5 ASC PORTION OF BLEND | 5 |
| 6 OUTPATIENT ASC COST | 6 |
| COMPUTATION OF LESSER OF COST OR CHARGES | |
| 7 TOTAL CHARGES | 7 |
| CUSTOMARY CHARGES | |
| 8 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS | 8 |
| 9 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) | 9 |
| 10 RATIO OF LINE 8 TO LINE 9 | 10 |
| 11 TOTAL CUSTOMARY CHARGES | 11 |
| 12 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST | 12 |
| 13 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES | 13 |
| 14 LESSER OF COST OR CHARGES | 14 |
| COMPUTATION OF REIMBURSEMENT SETTLEMENT | |
| 15 DEDUCTIBLES AND COINSURANCE | 15 |
| 16 TOTAL | 16 |
| 17 HOSPITAL SPECIFIC PORTION OF BLEND | 17 |
| 18 ASC BLENDED AMOUNT | 18 |
| 19 LESSER OF LINES 16 OR 18 | 19 |
| 20 PART B DEDUCTIBLES AND COINSURANCE | 20 |
| 21 ASC PAYMENT AMOUNT | 21 |

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART D

PART D - OUTPATIENT RADIOLOGY SERVICES

[] TITLE V [XX] TITLE XVIII [] TITLE XIX

HOSPITAL
(26-3028)
OCTOBER 1, 1997
PRIOR TO ON OR AFTER
1 1.01

| | | |
|--|---|----|
| 1 | PREVAILING CHARGES | 1 |
| 2 | 62 PERCENT OF LINE 1 | 2 |
| 3 | DEDUCTIBLES | 3 |
| 4 | SUBTOTAL | 4 |
| 5 | BLENDED CHARGE PROPORTION | 5 |
| 6 | COST OF OUTPATIENT RADIOLOGY | 6 |
| COMPUTATION OF LESSER OF COST OR CHARGES | | |
| 7 | TOTAL CHARGES | 7 |
| CUSTOMARY CHARGES | | |
| 8 | AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS | 8 |
| 9 | AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICE ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E) | 9 |
| 10 | RATIO OF LINE 8 TO LINE 9 | 10 |
| 11 | TOTAL CUSTOMARY CHARGES | 11 |
| 12 | EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST | 12 |
| 13 | EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES | 13 |
| 14 | LESSER OF COST OR CHARGES | 14 |
| COMPUTATION OF REIMBURSEMENT SETTLEMENT | | |
| 15 | DEDUCTIBLES AND COINSURANCE | 15 |
| 16 | TOTAL | 16 |
| 17 | COST PROPORTION | 17 |
| 18 | OUTPATIENT RADIOLOGY BLENDED AMOUNT | 18 |
| 19 | LESSER OF LINE 16 OR LINE 18 | 19 |
| 20 | PART B DEDUCTIBLES AND COINSURANCE | 20 |
| 21 | RADIOLOGY PAYMENT AMOUNT | 21 |

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART E

PART E - OTHER OUTPATIENT DIAGNOSTIC PROCEDURES

[] TITLE V [XX] TITLE XVIII [] TITLE XIX

HOSPITAL
(26-3028)
OCTOBER 1, 1997
PRIOR TO ON OR AFTER
1 1.01

| | | |
|--|---|----|
| 1 | PREVAILING CHARGES | 1 |
| 2 | 42 PERCENT OF LINE 1 | 2 |
| 3 | DEDUCTIBLES | 3 |
| 4 | SUBTOTAL | 4 |
| 5 | BLENDED CHARGE PROPORTION | 5 |
| 6 | COST OF OTHER OUTPATIENT DIAGNOSTIC PROCEDURES | 6 |
| COMPUTATION OF LESSER OF COST OR CHARGES | | |
| 7 | TOTAL CHARGES | 7 |
| CUSTOMARY CHARGES | | |
| 8 | AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS | 8 |
| 9 | AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICE ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E) | 9 |
| 10 | RATIO OF LINE 8 TO LINE 9 | 10 |
| 11 | TOTAL CUSTOMARY CHARGES | 11 |
| 12 | EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST | 12 |
| 13 | EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES | 13 |
| 14 | LESSER OF COST OR CHARGES | 14 |
| COMPUTATION OF REIMBURSEMENT SETTLEMENT | | |
| 15 | DEDUCTIBLES AND COINSURANCE | 15 |
| 16 | TOTAL | 16 |
| 17 | COST PROPORTION | 17 |
| 18 | OTHER OUTPATIENT DIAGNOSTIC BLENDED AMOUNT | 18 |
| 19 | LESSER OF LINE 16 OR LINE 18 | 19 |
| 20 | PART B DEDUCTIBLES AND COINSURANCE | 20 |
| 21 | DIAGNOSTIC PAYMENT AMOUNT | 21 |

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 HOSPITAL (26-3028)

WORKSHEET E-1

| DESCRIPTION | INPATIENT PART A | | PART B | | |
|--|--|-------------|-----------------|-------------|--|
| | MM/DD/YYYY 1 | AMOUNT 2 | MM/DD/YYYY 3 | AMOUNT 4 | |
| 1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER | | 14483553 | | 16893 | 1 |
| 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 | 2 |
| 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. | PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .04 TO .05 PROGRAM .50 PROVIDER .51 TO .52 PROGRAM .53 PROGRAM .54 | NONE | | NONE | 3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54 |
| SUBTOTAL | .99 | | | | 3.99 |
| 4 TOTAL INTERIM PAYMENTS | | 14483553 | | 16893 | 4 |
| TO BE COMPLETED BY INTERMEDIARY | | | | | |
| 5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. | PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52 | | | | 5.01 5.02 5.03 5.50 5.51 5.52 |
| SUBTOTAL | .99 | | | | 5.99 |
| 6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT. | PROGRAM TO .01 PROVIDER TO .02 PROGRAM | | | | 6.01 6.02 |
| 7 TOTAL MEDICARE PROGRAM LIABILITY | | | | | 7 |

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

INTERMEDIARY NUMBER: _____
 DATE (MO/DAY/YR): _____

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART I

MEDICARE PART A SERVICES - TEFRA

| | HOSPITAL (26-3028) | SUB I | SUB II | SUB III | SUB IV | |
|--|-----------------------|-------|--------|---------|--------|-------|
| 1 INPATIENT HOSPITAL SERVICES | | | | | | 1 |
| 1.01 HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS) | | | | | | 1.01 |
| 1.02 NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS) | 11945796 | | | | | 1.02 |
| 1.03 MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.) | 0.0761 | | | | | 1.03 |
| 1.04 INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS) | 2424352 | | | | | 1.04 |
| 1.05 OUTLIER PAYMENTS | 43867 | | | | | 1.05 |
| 1.06 TOTAL PPS PAYMENTS | 15083935 | | | | | 1.06 |
| 1.07 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT | | | | | | 1.07 |
| INPATIENT PSYCHIATRIC FACILITY (IPF) | | | | | | |
| 1.08 NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, STOP-LOSS, ECT, AND TEACHING ADJUSTMENT) | | | | | | 1.08 |
| 1.09 NET IPF PPS OUTLIER PAYMENTS | | | | | | 1.09 |
| 1.10 NET IPF PPS ECT PAYMENTS | | | | | | 1.10 |
| 1.11 UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS) | | | | | | 1.11 |
| 1.12 NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTR.) | | | | | | 1.12 |
| 1.13 CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.) | | | | | | 1.13 |
| 1.14 CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.) | | | | | | 1.14 |
| 1.15 INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS) | | | | | | 1.15 |
| 1.16 AVERAGE DAILY CENSUS (SEE INSTRUCTIONS) | | | | | | 1.16 |
| 1.17 MEDICAL EDUCATION ADJUSTMENT FACTOR | | | | | | 1.17 |
| 1.18 MEDICAL EDUCATION ADJUSTMENT | | | | | | 1.18 |
| 1.19 ADJUSTED NET IPF PPS PAYMENTS | | | | | | 1.19 |
| 1.20 STOP LESS PAYMENT FLOOR | | | | | | 1.20 |
| 1.21 ADJUSTED NET PAYMENT FLOOR | | | | | | 1.21 |
| 1.22 STOP LOSS ADJUSTMENT | | | | | | 1.22 |
| 1.23 TOTAL IPF PPS PAYMENTS | | | | | | 1.23 |
| INPATIENT REHABILITATION FACILITY (IRF) | | | | | | |
| 1.35 UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS) | 4.37 | | | | | 1.35 |
| 1.36 NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTR.) | | | | | | 1.36 |
| 1.37 CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS) | 5.11 | | | | | 1.37 |
| 1.38 CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS) | | | | | | 1.38 |
| 1.39 INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT. (SEE INSTRUCTIONS) | 4.37 | | | | | 1.39 |
| 1.40 AVERAGE DAILY CENSUS. (SEE INSTRUCTIONS) | 70.013699 | | | | | 1.40 |
| 1.41 MEDICAL EDUCATION ADJUSTMENT FACTOR | 0.056080 | | | | | 1.41 |
| 1.42 MEDICAL EDUCATION ADJUSTMENT | 669920 | | | | | 1.42 |
| 2 ORGAN ACQUISITION | | | | | | 2 |
| 3 COST OF TEACHING PHYSICIANS | | | | | | 3 |
| 4 SUBTOTAL | 15083935 | | | | | 4 |
| 5 PRIMARY PAYER PAYMENTS | 96225 | | | | | 5 |
| 6 SUBTOTAL | 14987710 | | | | | 6 |
| 7 DEDUCTIBLES | 119520 | | | | | 7 |
| 8 SUBTOTAL | 14868190 | | | | | 8 |
| 9 COINSURANCE | 132127 | | | | | 9 |
| 10 SUBTOTAL | 14736063 | | | | | 10 |
| 11 REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) | 37661 | | | | | 11 |
| 11.01 REDUCED REIMBURSABLE BAD DEBTS | 26363 | | | | | 11.01 |
| 11.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS) | 37661 | | | | | 11.02 |
| 12 SUBTOTAL | 14762426 | | | | | 12 |
| 13 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS | | | | | | 13 |

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART I

MEDICARE PART A SERVICES - TEFRA

| | HOSPITAL (26-3028) | SUB I | SUB II | SUB III | SUB IV | |
|---|-----------------------|-------|--------|---------|--------|-------|
| 13.01 OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS) | | | | | | 13.01 |
| 14 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION | | | | | | 14 |
| 15 OTHER ADJUSTMENTS | | | | | | 15 |
| 16 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS | | | | | | 16 |
| 17 TOTAL AMOUNT PAYABLE TO THE PROVIDER | 14762426 | | | | | 17 |
| 18 SEQUESTRATION ADJUSTMENT | | | | | | 18 |
| 19 INTERIM PAYMENTS | 14483553 | | | | | 19 |
| 19.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY) | | | | | | 19.01 |
| 20 BALANCE DUE PROVIDER/PROGRAM | 278873 | | | | | 20 |
| 21 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2 | | | | | | 21 |
| TO BE COMPLETED BY INTERMEDIARY | | | | | | |
| 50 ORIGINAL OUTLIER AMOUNT | | | | | | 50 |
| 51 OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS) | | | | | | 51 |
| 52 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY | | | | | | 52 |
| 53 OPERATING TIME VALUE OF MONEY (SEE INSTRUCTIONS) | | | | | | 53 |

CALCULATION OF REIMBURSEMENT SETTLEMENT
 PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

WORKSHEET E-3
 PART III

| | [] TITLE V | [] TITLE XVIII | [XX] TITLE XIX | NF I | | |
|----|--|-----------------|----------------|---------|--------|------|
| | HOSPITAL (26-3028) (OTHER) | SUB I | SUB II | SUB III | SUB IV | NF I |
| | COMPUTATION OF NET COST OF COVERED SERVICES | 1 | 1 | 1 | 1 | 1 |
| 1 | INPATIENT HOSPITAL/SNF/NF SERVICES | 4202184 | | | | 1 |
| 2 | MEDICAL AND OTHER SERVICES | 18310 | | | | 2 |
| 3 | INTERNS AND RESIDENTS | | | | | 3 |
| 4 | ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O | | | | | 4 |
| 5 | COST OF TEACHING PHYSICIANS | | | | | 5 |
| 6 | SUBTOTAL | 4220494 | | | | 6 |
| 7 | INPATIENT PRIMARY PAYER PAYMENTS | | | | | 7 |
| 8 | OUTPATIENT PRIMARY PAYER PAYMENTS | | | | | 8 |
| 9 | SUBTOTAL | 4220494 | | | | 9 |
| | COMPUTATION OF LESSER OF COST OR CHARGES | | | | | |
| 10 | ROUTINE SERVICE CHARGES | 3333340 | | | | 10 |
| 11 | ANCILLARY SERVICE CHARGES | 3449249 | | | | 11 |
| 12 | INTERNS AND RESIDENTS SERVICE CHARGES | | | | | 12 |
| 13 | ORGAN ACQUISITION CHARGES, NET OF REVENUE | | | | | 13 |
| 14 | TEACHING PHYSICIANS | | | | | 14 |
| 15 | INCENTIVE FROM TARGET AMOUNT COMPUTATION | | | | | 15 |
| 16 | TOTAL REASONABLE CHARGES | 6782589 | | | | 16 |
| | CUSTOMARY CHARGES | | | | | |
| 17 | AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE | | | | | 17 |
| 18 | AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E) | | | | | 18 |
| 19 | RATIO OF LINE 17 TO LINE 18 | | | | | 19 |
| 20 | TOTAL CUSTOMARY CHARGES | 6782589 | | | | 20 |
| 21 | EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST | 2562095 | | | | 21 |
| 22 | EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES | | | | | 22 |
| 23 | COST OF COVERED SERVICES | 4220494 | | | | 23 |
| | PROSPECTIVE PAYMENT AMOUNT | | | | | |
| 24 | OTHER THAN OUTLIER PAYMENTS | | | | | 24 |
| 25 | OUTLIER PAYMENTS | | | | | 25 |
| 26 | PROGRAM CAPITAL PAYMENTS | | | | | 26 |
| 27 | CAPITAL EXCEPTION PAYMENTS | | | | | 27 |
| 28 | ROUTINE SERVICE OTHER PASS THROUGH COSTS | | | | | 28 |
| 29 | ANCILLARY SERVICE OTHER PASS THROUGH COSTS | | | | | 29 |
| 30 | SUBTOTAL | 4220494 | | | | 30 |
| 31 | CUSTOMARY CHARGES (TITLE XIX PPS COVERED) | | | | | 31 |
| 32 | LESSER OF LINES 30 OR 31 | 4220494 | | | | 32 |
| 33 | DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT) | | | | | 33 |

CALCULATION OF REIMBURSEMENT SETTLEMENT
 PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

WORKSHEET E-3
 PART III

| | [] TITLE V | [] TITLE XVIII | [XX] TITLE XIX | NF I | | |
|-------|--|-----------------|----------------|---------|--------|-------|
| | HOSPITAL (26-3028) (OTHER) | SUB I | SUB II | SUB III | SUB IV | NF I |
| | 1 | 1 | 1 | 1 | 1 | 1 |
| 34 | COMPUTATION OF REIMBURSEMENT SETTLEMENT | | | | | |
| 35 | EXCESS OF REASONABLE COST | | | | | 34 |
| 36 | 4220494 | | | | | 35 |
| 37 | COINSURANCE | | | | | 36 |
| 38 | SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E, | | | | | 37 |
| 38.01 | REIMBURSABLE BAD DEBTS | | | | | 38 |
| 38.02 | REDUCED REIMBURSABLE BAD DEBTS | | | | | 38.01 |
| 39 | REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS) | | | | | 38.02 |
| 40 | UTILIZATION REVIEW | | | | | 39 |
| 41 | 4220494 | | | | | 40 |
| 42 | INPATIENT ROUTINE SERVICE COST | | | | | 41 |
| 43 | MEDICARE INPATIENT ROUTINE CHARGES | | | | | 42 |
| 44 | AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE | | | | | 43 |
| 45 | AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E) | | | | | 44 |
| 46 | RATIO OF LINE 43 TO LINE 44 | | | | | 45 |
| 47 | TOTAL CUSTOMARY CHARGES | | | | | 46 |
| 48 | EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST | | | | | 47 |
| 49 | EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES | | | | | 48 |
| 50 | RECOVERY OF EXCESS DEPRECIATION RESULTING FROM UTILIZATION | | | | | 49 |
| 51 | OTHER ADJUSTMENTS | | | | | 50 |
| 52 | AMOUNTS APPLICABLE TO PRIOR COST REPORTING DEPRECIABLE ASSETS | | | | | 51 |
| 53 | 4220494 | | | | | 52 |
| 54 | SUBTOTAL | | | | | 53 |
| 55 | INDIRECT MEDICAL EDUCATION ADJUSTMENT | | | | | 54 |
| 56 | DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS | | | | | 55 |
| 57 | 4220494 | | | | | 56 |
| 58 | TOTAL AMOUNT PAYABLE TO THE PROVIDER | | | | | 57 |
| 59 | 4290612 | | | | | 58 |
| 59.01 | SEQUESTRATION ADJUSTMENT | | | | | 59 |
| 60 | INTERIM PAYMENTS | | | | | 59.01 |
| 61 | -70118 | | | | | 60 |
| 62 | TENTATIVE SETTLEMENT (FOR FI USE ONLY) | | | | | 61 |
| 63 | BALANCE DUE PROVIDER/PROGRAM | | | | | 62 |
| 64 | PROTESTED AMOUNTS (NONALLOWABLE COST REPORT SECTION 115.2) | | | | | 63 |

BALANCE SHEET

WORKSHEET G

| ASSETS | | GENERAL FUND | SPECIFIC PURPOSE FUND | ENDOWMENT FUND | PLANT FUND |
|-------------------------------|---|--------------|-----------------------|----------------|------------|
| | | 1 | 2 | 3 | 4 |
| CURRENT ASSETS | | | | | |
| 1 | CASH ON HAND AND IN BANKS | 3302382 | | | 1 |
| 2 | TEMPORARY INVESTMENTS | | | | 2 |
| 3 | NOTES RECEIVABLE | | | | 3 |
| 4 | ACCOUNTS RECEIVABLE | 6979430 | | | 4 |
| 5 | OTHER RECEIVABLES | | | | 5 |
| 6 | ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE | -2358891 | | | 6 |
| 7 | INVENTORY | 125747 | | | 7 |
| 8 | PREPAID EXPENSES | | | | 8 |
| 9 | OTHER CURRENT ASSETS | 83599 | | | 9 |
| 10 | DUE FROM OTHER FUNDS | | | | 10 |
| 11 | TOTAL CURRENT ASSETS | 8132267 | | | 11 |
| FIXED ASSETS | | | | | |
| 12 | LAND | | | | 12 |
| 12.01 | ACCUMULATED DEPRECIATION | | | | 12.01 |
| 13 | LAND IMPROVEMENTS | | | | 13 |
| 13.01 | ACCUMULATED DEPRECIATION | | | | 13.01 |
| 14 | BUILDINGS | 18372696 | | | 14 |
| 14.01 | ACCUMULATED DEPRECIATION | -5000802 | | | 14.01 |
| 15 | LEASEHOLD IMPROVEMENTS | 906372 | | | 15 |
| 15.01 | ACCUMULATED AMORTIZATION | -350093 | | | 15.01 |
| 16 | FIXED EQUIPMENT | | | | 16 |
| 16.01 | ACCUMULATED DEPRECIATION | | | | 16.01 |
| 17 | AUTOMOBILES AND TRUCKS | | | | 17 |
| 17.01 | ACCUMULATED DEPRECIATION | | | | 17.01 |
| 18 | MAJOR MOVABLE EQUIPMENT | 3760840 | | | 18 |
| 18.01 | ACCUMULATED DEPRECIATION | -2805587 | | | 18.01 |
| 19 | MINOR EQUIPMENT DEPRECIABLE | | | | 19 |
| 19.01 | ACCUMULATED DEPRECIATION | | | | 19.01 |
| 20 | MINOR EQUIPMENT-NONDEPRECIABLE | | | | 20 |
| 21 | TOTAL FIXED ASSETS | 14883426 | | | 21 |
| OTHER ASSETS | | | | | |
| 22 | INVESTMENTS | | | | 22 |
| 23 | DEPOSITS ON LEASES | | | | 23 |
| 24 | DUE FROM OWNERS/OFFICERS | | | | 24 |
| 25 | OTHER ASSETS | 3843750 | | | 25 |
| 26 | TOTAL OTHER ASSETS | 3843750 | | | 26 |
| 27 | TOTAL ASSETS | 26859443 | | | 27 |
| LIABILITIES AND FUND BALANCES | | | | | |
| | | GENERAL FUND | SPECIFIC PURPOSE FUND | ENDOWMENT FUND | PLANT FUND |
| | | 1 | 2 | 3 | 4 |
| CURRENT LIABILITIES | | | | | |
| 28 | ACCOUNTS PAYABLE | 862189 | | | 28 |
| 29 | SALARIES, WAGES & FEES PAYABLE | 1389132 | | | 29 |
| 30 | PAYROLL TAXES PAYABLE | | | | 30 |
| 31 | NOTES & LOANS PAYABLE (SHORT TERM) | | | | 31 |
| 32 | DEFERRED INCOME | | | | 32 |
| 33 | ACCELERATED PAYMENTS | | | | 33 |
| 34 | DUE TO OTHER FUNDS | 8398484 | | | 34 |
| 35 | OTHER CURRENT LIABILITIES | 566266 | | | 35 |
| 36 | TOTAL CURRENT LIABILITIES | 11216071 | | | 36 |
| LONG-TERM LIABILITIES | | | | | |
| 37 | MORTGAGE PAYABLE | | | | 37 |
| 38 | NOTES PAYABLE | | | | 38 |
| 39 | UNSECURED LOANS | | | | 39 |
| 40 | LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66 | 8433801 | | | 40 |
| 41 | OTHER LONG TERM LIABILITIES | | | | 41 |
| 42 | TOTAL LONG TERM LIABILITIES | 8433801 | | | 42 |
| 43 | TOTAL LIABILITIES | 19649872 | | | 43 |
| CAPITAL ACCOUNTS | | | | | |
| 44 | GENERAL FUND BALANCE | 7209571 | | | 44 |
| 45 | SPECIFIC PURPOSE FUND BALANCE | | | | 45 |
| 46 | DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED | | | | 46 |
| 47 | DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED | | | | 47 |
| 48 | GOVERNING BODY CREATED - ENDOWMENT FUND BAL | | | | 48 |
| 49 | PLANT FUND BALANCE - INVESTED IN PLANT | | | | 49 |
| 50 | PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION | | | | 50 |
| 51 | TOTAL FUND BALANCES | 7209571 | | | 51 |
| 52 | TOTAL LIABILITIES AND FUND BALANCES | 26859443 | | | 52 |

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

| | GENERAL FUND 1 | SPECIFIC PURPOSE FUND 2 | ENDOWMENT FUND 3 | PLANT FUND 4 |
|---|-------------------|----------------------------|---------------------|-----------------|
| 1 FUND BALANCES AT BEGINNING OF PERIOD | 7049326 | | | 1 |
| 2 NET INCOME (LOSS) | 4723265 | | | 2 |
| 3 TOTAL | 11772591 | | | 3 |
| 4 ADDITIONS (CREDIT ADJUSTMENTS) | | | | 4 |
| 5 | | | | 5 |
| 6 | | | | 6 |
| 7 | | | | 7 |
| 8 | | | | 8 |
| 9 | | | | 9 |
| 10 TOTAL ADDITIONS | | | | 10 |
| 11 SUBTOTAL | 11772591 | | | 11 |
| 12 DEDUCTIONS (DEBIT ADJUSTMENTS) | | | | 12 |
| 13 | | | | 13 |
| 14 PARTNERSHIP DISTRIBUTION | 2201487 | | | 14 |
| 15 MINORITY INTEREST | 2361533 | | | 15 |
| 16 | | | | 16 |
| 17 | | | | 17 |
| 18 TOTAL DEDUCTIONS | 4563020 | | | 18 |
| 19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET | 7209571 | | | 19 |

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

| REVENUE CENTER | INPATIENT 1 | OUTPATIENT 2 | TOTAL 3 | |
|---|----------------|-----------------|------------|----|
| 1 GENERAL INPATIENT ROUTINE CARE SERVICES | | | | 1 |
| 2 HOSPITAL | 18692982 | | 18692982 | 2 |
| 4 SUBPROVIDER I | | | | 4 |
| 5 SWING BED - SNF | | | | 5 |
| 6 SWING BED - NF | | | | 6 |
| 7 SKILLED NURSING FACILITY | | | | 7 |
| 8 NURSING FACILITY | | | | 8 |
| 9 OTHER LONG TERM CARE | | | | 9 |
| 10 TOTAL GENERAL INPATIENT CARE SERVICES | 18692982 | | 18692982 | 10 |
| 11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES | | | | 11 |
| 12 INTENSIVE CARE UNIT | | | | 12 |
| 13 CORONARY CARE UNIT | | | | 13 |
| 14 BURN INTENSIVE CARE UNIT | | | | 14 |
| 15 SURGICAL INTENSIVE CARE UNIT | | | | 15 |
| 16 OTHER SPECIAL CARE (SPECIFY) | | | | 16 |
| 17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE | 18692982 | | 18692982 | 17 |
| 18 TOTAL INPATIENT ROUTINE CARE SERVICES | 19559432 | | 19559432 | 18 |
| 19 ANCILLARY SERVICES | | | | 19 |
| 20 OUTPATIENT SERVICES | | 10703795 | 10703795 | 20 |
| 21 HOME HEALTH AGENCY | | | | 21 |
| 22 AMBULANCE | | | | 22 |
| 23 CORF | | | | 23 |
| 24 ASC | | | | 24 |
| 25 HOSPICE | | | | 25 |
| 26 TOTAL PATIENT REVENUES | 38252414 | 10703795 | 48956209 | 26 |

PART II - OPERATING EXPENSES

| | | | | |
|-----------------------------|---|--|----------|----|
| 26 OPERATING EXPENSES | 1 | | 2 | 26 |
| 27 ADD (SPECIFY) | | | 26944750 | 27 |
| 28 | | | | 28 |
| 29 | | | | 29 |
| 30 | | | | 30 |
| 31 | | | | 31 |
| 32 | | | | 32 |
| 33 TOTAL ADDITIONS | | | | 33 |
| 34 DEDUCT (SPECIFY) | | | | 34 |
| 35 | | | | 35 |
| 36 | | | | 36 |
| 37 | | | | 37 |
| 38 | | | | 38 |
| 39 TOTAL DEDUCTIONS | | | | 39 |
| 40 TOTAL OPERATING EXPENSES | | | 26944750 | 40 |

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

| DESCRIPTION | | | |
|-------------|---|----------|-------|
| 1 | TOTAL PATIENT REVENUES | 48956209 | 1 |
| 2 | LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS | 17742312 | 2 |
| 3 | NET PATIENT REVENUES | 31213897 | 3 |
| 4 | LESS - TOTAL OPERATING EXPENSES | 26944750 | 4 |
| 5 | NET INCOME FROM SERVICE TO PATIENTS | 4269147 | 5 |
| 6 | CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC. | | 6 |
| 7 | INCOME FROM INVESTMENTS | 84631 | 7 |
| 8 | REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE | | 8 |
| 9 | REVENUE FROM TELEVISION AND RADIO SERVICE | | 9 |
| 10 | PURCHASE DISCOUNTS | | 10 |
| 11 | REBATES AND REFUNDS OF EXPENSES | | 11 |
| 12 | PARKING LOT RECEIPTS | | 12 |
| 13 | REVENUE FROM LAUNDRY AND LINEN SERVICE | | 13 |
| 14 | REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS | 87630 | 14 |
| 15 | REVENUE FROM RENTAL OF LIVING QUARTERS | | 15 |
| 16 | REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS | | 16 |
| 17 | REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS | 2860 | 17 |
| 18 | REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS | | 18 |
| 19 | TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.) | | 19 |
| 20 | REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN | | 20 |
| 21 | RENTAL OF VENDING MACHINES | 7321 | 21 |
| 22 | RENTAL OF HOSPITAL SPACE | 255663 | 22 |
| 23 | GOVERNMENTAL APPROPRIATIONS | | 23 |
| 24 | BAD DEBT RECOVERY | | 24 |
| 24.01 | VENDING | | 24.01 |
| 24.02 | MISCELLANEOUS INCOME | 16013 | 24.02 |
| 25 | TOTAL OTHER INCOME | 454118 | 25 |
| 26 | TOTAL | 4723265 | 26 |
| 27 | | | 27 |
| 28 | | | 28 |
| 29 | | | 29 |
| 30 | TOTAL OTHER EXPENSES | | 30 |
| 31 | NET INCOME (OR LOSS) FOR THE PERIOD | 4723265 | 31 |

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

| | HOSPITAL | HOSPITAL | SUB I | SUB II | SUB III |
|---|---|----------|-------|--------|---------|
| | 1 | 1.01 | | | |
| PART I - FULLY PROSPECTIVE METHOD | | | | | |
| 1 | CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS | | | | 1 |
| | CAPITAL FEDERAL AMOUNT | | | | |
| 2 | CAPITAL DRG OTHER THAN OUTLIER | | | | 2 |
| 3 | CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997 | | | | 3 |
| 3.01 | CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997 | | | | 3.01 |
| | INDIRECT MEDICAL EDUCATION ADJUSTMENT | | | | |
| 4 | TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD [E-3,PT VI,LN.18] | | | | 4 |
| | [E,PT A,LN.3.17][x E-3,PT VI,LN.1] | | | | |
| 4.01 | NO. OF INTERNS & RESIDENTS | 0.00 | 0.00 | | 4.01 |
| 4.02 | INDIRECT MEDICAL EDUCATION PERCENTAGE | | | | 4.02 |
| 4.03 | INDIRECT MEDICAL EDUCATION ADJUSTMENT DISPROPORTIONATE SHARE ADJUSTMENT | | | | 4.03 |
| 5 | % OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS | | | | 5 |
| 5.01 | % OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I | | | | 5.01 |
| 5.02 | SUM OF LINES 5 AND 5.01 | | | | 5.02 |
| 5.03 | ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE | | | | 5.03 |
| 5.04 | DISPROPORTIONATE SHARE ADJUSTMENT | | | | 5.04 |
| 6 | TOTAL PROSPECTIVE CAPITAL PAYMENTS | | | | 6 |
| PART II - HOLD HARMLESS METHOD | | | | | |
| 1 | NEW CAPITAL | | | | 1 |
| 2 | OLD CAPITAL | | | | 2 |
| 3 | TOTAL CAPITAL | | | | 3 |
| 4 | RATIO OF NEW CAPITAL TO TOTAL CAPITAL | | | | 4 |
| 5 | TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE | | | | 5 |
| 6 | REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT | | | | 6 |
| 7 | REDUCED OLD CAPITAL AMOUNT | | | | 7 |
| 8 | HOLD HARMLESS PAYMENT FOR NEW CAPITAL | | | | 8 |
| 9 | SUBTOTAL | | | | 9 |
| 10 | PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9) | | | | 10 |
| PART III - PAYMENT UNDER REASONABLE COST | | | | | |
| 1 | PROGRAM INPATIENT ROUTINE CAPITAL COST | | | | 1 |
| 2 | PROGRAM INPATIENT ANCILLARY CAPITAL COST | | | | 2 |
| 3 | TOTAL INPATIENT PROGRAM CAPITAL | | | | 3 |
| 4 | CAPITAL COST PAYMENT FACTOR | | | | 4 |
| 5 | TOTAL INPATIENT PROGRAM CAPITAL COST | | | | 5 |
| PART IV - COMPUTATION OF EXCEPTION PAYMENTS | | | | | |
| 1 | PROGRAM INPATIENT CAPITAL COSTS | | | | 1 |
| 2 | PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES | | | | 2 |
| 3 | NET PROGRAM INPATIENT CAPITAL COSTS | | | | 3 |
| 4 | APPLICABLE EXCEPTION PERCENTAGE | | | | 4 |
| 5 | CAPITAL COST FOR COMPARISON TO PAYMENTS | | | | 5 |
| 6 | PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES | | | | 6 |
| 7 | ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES | | | | 7 |
| 8 | CAPITAL MINIMUM PAYMENT LEVEL | | | | 8 |
| 9 | CURRENT YEAR CAPITAL PAYMENTS | | | | 9 |
| 10 | CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS | | | | 10 |
| 11 | CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT | | | | 11 |
| 12 | NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS | | | | 12 |
| 13 | CURRENT YEAR EXCEPTION PAYMENT | | | | 13 |
| 14 | CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD | | | | 14 |
| 15 | CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS) | | | | 15 |
| 16 | CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS) | | | | 16 |
| 17 | CURRENT YEAR EXCEPTION OFFSET AMOUNT | | | | 17 |

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

| COST CENTER DESCRIPTION | EXTRAORDI- NARY CAP- REL COSTS | SUBTOTAL | SUBTOTAL | I&R COST & POST STEP- DOWN ADJS | TOTAL |
|--------------------------------------|--------------------------------------|----------|----------|---------------------------------------|-------|
| | 0 | 4A | 25 | 26 | 27 |
| GENERAL SERVICE COST CENTERS | | | | | |
| 3 NEW CAP REL COSTS-BLDG & FIXT | | | | | 3 |
| 4 NEW CAP REL COSTS-MVBLE EQUIP | | | | | 4 |
| 5 EMPLOYEE BENEFITS | | | | | 5 |
| 6 ADMINISTRATIVE & GENERAL | | | | | 6 |
| 8 OPERATION OF PLANT | | | | | 8 |
| 9 LAUNDRY & LINEN SERVICE | | | | | 9 |
| 10 HOUSEKEEPING | | | | | 10 |
| 11 DIETARY | | | | | 11 |
| 12 CAFETERIA | | | | | 12 |
| 14 NURSING ADMINISTRATION | | | | | 14 |
| 17 MEDICAL RECORDS & LIBRARY | | | | | 17 |
| 18 SOCIAL SERVICE | | | | | 18 |
| 23 I&R SERVICES-OTHER PRGM COSTS A | | | | | 23 |
| INPATIENT ROUTINE SERV COST CENTERS | | | | | |
| 25 ADULTS & PEDIATRICS | | | | | 25 |
| ANCILLARY SERVICE COST CENTERS | | | | | |
| 41 RADIOLOGY-DIAGNOSTIC | | | | | 41 |
| 41.01 RADIOLOGY SUA | | | | | 41.01 |
| 44 LABORATORY | | | | | 44 |
| 44.01 LAB SERVICES UNDER ARRANGEMENT | | | | | 44.01 |
| 49 RESPIRATORY THERAPY | | | | | 49 |
| 50 PHYSICAL THERAPY | | | | | 50 |
| 51 OCCUPATIONAL THERAPY | | | | | 51 |
| 52 SPEECH PATHOLOGY | | | | | 52 |
| 55 MEDICAL SUPPLIES CHARGED TO PAT | | | | | 55 |
| 56 DRUGS CHARGED TO PATIENTS | | | | | 56 |
| 59 PSYCHOLOGY | | | | | 59 |
| OUTPATIENT SERVICE COST CENTERS | | | | | |
| 62 OBSERVATION BEDS (NON-DISTINCT | | | | | 62 |
| OTHER REIMBURSABLE COST CENTERS | | | | | |
| 71 HOME HEALTH AGENCY | | | | | 71 |
| SPECIAL PURPOSE COST CENTERS | | | | | |
| 95 SUBTOTALS | | | | | 95 |
| NONREIMBURSABLE COST CENTERS | | | | | |
| 98 PHYSICIANS' PRIVATE OFFICES | | | | | 98 |
| 00 GUEST MEALS | | | | | 00 |
| 00.01 NRCC - MARKETING | | | | | 00.01 |
| 101 CROSS FOOT ADJUSTMENTS | | | | | 101 |
| 102 NEGATIVE COST CENTER | | | | | 102 |
| 103 TOTAL | | | | | 103 |
| 104 TOTAL STATISTICAL BASIS | | | | | 104 |
| 105 UNIT COST MULTIPLIER | | | | | 105 |
| 105 UNIT COST MULTIPLIER | | | | | 105 |

***** REPORT 97 ***** UTILIZATION STATISTICS *****

HOSPITAL

| COST CENTERS | ---- TITLE XVIII ---- | | ----- TITLE XIX ----- | | ----- TITLE V ----- | | TOTAL THIRD PARTY UTIL |
|--|-----------------------|-------------|-----------------------|-----------------|---------------------|-----------------|------------------------|
| | PART A 1 | PART B 2 | INPATIENT 3 | OUTPATIENT 4 | INPATIENT 5 | OUTPATIENT 6 | |
| UTILIZATION PERCENTAGES BASED ON DAYS | | | | | | | |
| 25 ADULTS & PEDIATRICS | 43.94 | | 17.92 | | | | 61.86 25 |
| UTILIZATION PERCENTAGES BASED ON CHARGES | | | | | | | |
| 41 RADIOLOGY-DIAGNOSTIC | 12.58 | | 12.48 | | | | 25.06 41 |
| 44 LABORATORY | 40.91 | | 14.63 | | | | 55.54 44 |
| 44.01 LAB SERVICES UNDER ARRANGEMENT | 38.31 | | 7.79 | | | | 46.10 44.01 |
| 49 RESPIRATORY THERAPY | 51.42 | | 16.10 | | | | 67.52 49 |
| 50 PHYSICAL THERAPY | 22.21 | 0.07 | 8.83 | 0.20 | | | 31.31 50 |
| 51 OCCUPATIONAL THERAPY | 23.89 | 0.34 | 3.97 | 0.14 | | | 28.34 51 |
| 52 SPEECH PATHOLOGY | 28.19 | | 28.81 | 0.11 | | | 57.11 52 |
| 55 MEDICAL SUPPLIES CHARGED TO PAT | 24.22 | 0.18 | 11.76 | 0.09 | | | 36.25 55 |
| 56 DRUGS CHARGED TO PATIENTS | 42.85 | | 18.26 | | | | 61.11 56 |
| 101 TOTAL CHARGES | 17.03 | 0.08 | 6.97 | 0.08 | | | 24.16 101 |

| | COST CENTER | --- DIRECT COSTS --- | | -- ALLOCATED OVERHEAD -- | | --- TOTAL COSTS --- | | |
|--------|--|----------------------|--------|--------------------------|--------|---------------------|--------|--------|
| | | AMOUNT | % | AMOUNT | % | AMOUNT | % | |
| | GENERAL SERVICE COST CENTERS | | | | | | | |
| 3 | NEW CAP REL COSTS-BLDG & FIXT | 1684674 | 5.69 | -1684674 | -9.60 | | | 3 |
| 4 | NEW CAP REL COSTS-MVBLE EQUIP | 591141 | 2.00 | -591141 | -3.37 | | | 4 |
| 5 | EMPLOYEE BENEFITS | 3338779 | 11.28 | -3338779 | -19.02 | | | 5 |
| 6 | ADMINISTRATIVE & GENERAL | 8579642 | 28.98 | -8579642 | -48.89 | | | 6 |
| 8 | OPERATION OF PLANT | 917299 | 3.10 | -917299 | -5.23 | | | 8 |
| 9 | LAUNDRY & LINEN SERVICE | 165005 | .56 | -165005 | -.94 | | | 9 |
| 10 | HOUSEKEEPING | 341810 | 1.15 | -341810 | -1.95 | | | 10 |
| 11 | DIETARY | 951071 | 3.21 | -951071 | -5.42 | | | 11 |
| 12 | CAFETERIA | | | | | | | 12 |
| 14 | NURSING ADMINISTRATION | 411991 | 1.39 | -411991 | -2.35 | | | 14 |
| 17 | MEDICAL RECORDS & LIBRARY | 191748 | .65 | -191748 | -1.09 | | | 17 |
| 18 | SOCIAL SERVICE | 309846 | 1.05 | -309846 | -1.77 | | | 18 |
| 23 | I&R SERVICES-OTHER PRGM COSTS A | 67550 | .23 | -67550 | -.38 | | | 23 |
| | INPATIENT ROUTINE SERV COST CENTERS | | | | | | | |
| 25 | ADULTS & PEDIATRICS | 4964833 | 16.77 | 9578701 | 54.58 | 14543534 | 49.12 | 25 |
| | ANCILLARY SERVICE COST CENTERS | | | | | | | |
| 41 | RADIOLOGY-DIAGNOSTIC | 86092 | .29 | 41460 | .24 | 127552 | .43 | 41 |
| 41.01 | RADIOLOGY SUA | | | | | | | 41.01 |
| 44 | LABORATORY | 182488 | .62 | 85291 | .49 | 267779 | .90 | 44 |
| 44.01 | LAB SERVICES UNDER ARRANGEMENT | 35797 | .12 | | | 35797 | .12 | 44.01 |
| 49 | RESPIRATORY THERAPY | 327735 | 1.11 | 286523 | 1.63 | 614258 | 2.07 | 49 |
| 50 | PHYSICAL THERAPY | 2437315 | 8.23 | 2790735 | 15.90 | 5228050 | 17.66 | 50 |
| 51 | OCCUPATIONAL THERAPY | 1711018 | 5.78 | 2065493 | 11.77 | 3776511 | 12.76 | 51 |
| 52 | SPEECH PATHOLOGY | 704367 | 2.38 | 690000 | 3.93 | 1394367 | 4.71 | 52 |
| 55 | MEDICAL SUPPLIES CHARGED TO PAT | 506891 | 1.71 | 366279 | 2.09 | 873170 | 2.95 | 55 |
| 56 | DRUGS CHARGED TO PATIENTS | 1086502 | 3.67 | 685551 | 3.91 | 1772053 | 5.99 | 56 |
| 59 | PSYCHOLOGY | | | | | | | 59 |
| 62 | OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS OUTPATIENT SERVICE COST CENTERS | | | | | | | 62 |
| 71 | HOME HEALTH AGENCY | | | | | | | 71 |
| | SPECIAL PURPOSE COST CENTERS NONREIMBURSABLE COST CENTERS | | | | | | | |
| 98 | PHYSICIANS' PRIVATE OFFICES | | | 634243 | 3.61 | 634243 | 2.14 | 98 |
| 100 | GUEST MEALS | | | 315375 | 1.80 | 315375 | 1.07 | 100 |
| 100.01 | NRCC - MARKETING | 13537 | .05 | 10905 | .06 | 24442 | .08 | 100.01 |
| 101 | CROSS FOOT ADJUSTMENTS | | | | | | | 101 |
| 102 | NEGATIVE COST CENTER | | | | | | | 102 |
| 103 | TOTAL | 29607131 | 100.00 | 0 | .00 | 29607131 | 100.00 | 103 |

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

| COST CENTER DESCRIPTION | CAPITAL RELATED COSTS 1 | TOTAL CHARGES 2 | RATIO CAPITAL COST TO CHARGES 3 | INPATIENT PROGRAM CHARGES 4 | MEDICARE INPATIENT PPS CAPITAL COSTS 5 | |
|--|----------------------------------|-----------------------|---|--------------------------------------|--|-------|
| ANCILLARY SERVICE COST CENTERS | | | | | | |
| 41 RADIOLOGY-DIAGNOSTIC | 596 | 306035 | .001947 | 38505 | 75 | 41 |
| 41.01 RADIOLOGY SUA | | | | | | 41.01 |
| 44 LABORATORY | 1161 | 311631 | .003726 | 127486 | 475 | 44 |
| 44.01 LAB SERVICES UNDER ARRANGEMENT | | 36267 | | 13895 | | 44.01 |
| 49 RESPIRATORY THERAPY | 9649 | 720309 | .013396 | 370398 | 4962 | 49 |
| 50 PHYSICAL THERAPY | 315153 | 11530261 | .027333 | 2561047 | 70001 | 50 |
| 51 OCCUPATIONAL THERAPY | 289557 | 8287103 | .034941 | 1979735 | 69174 | 51 |
| 52 SPEECH PATHOLOGY | 44429 | 2729615 | .016277 | 769585 | 12527 | 52 |
| 55 MEDICAL SUPPLIES CHARGED TO PAT | 50664 | 1293067 | .039181 | 313190 | 12271 | 55 |
| 56 DRUGS CHARGED TO PATIENTS | 25646 | 5048940 | .005079 | 2163671 | 10989 | 56 |
| 59 PSYCHOLOGY | | | | | | 59 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS | | | | | | 62 |
| 101 TOTAL | 736855 | 30263228 | | 8337512 | 180474 | 101 |

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

| COST CENTER DESCRIPTION | | CAPITAL RELATED COSTS 1 | SWING-BED ADJUSTMENT AMOUNT 2 | TOTAL COST 3 | TOTAL PATIENT DAYS 4 | PER DIEM 5 | INPATIENT PROGRAM DAYS 6 | MEDICARE INPATIENT PPS CAPITAL COSTS 7 |
|---|---------------------|----------------------------------|--|--------------------|-------------------------------|------------------|-----------------------------------|--|
| INPATIENT ROUTINE SERVICE COST CENTERS | | | | | | | | |
| 25 | ADULTS & PEDIATRICS | 1249084 | | 1249084 | 25555 | 48.88 | 11229 | 548874 25 |
| 101 | TOTAL | 1249084 | | 1249084 | | | 11229 | 548874 101 |
| MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS | | | | | | | 548874 | |
| MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS | | | | | | | 180474 | |
| TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS | | | | | | | 729348 | |
| MEDICARE DISCHARGES (WORKSHEET S-3, LINE 8, COLUMN 13) | | | | | | | | |
| MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 8, COLUMN 4) | | | | | | | | |
| PER DISCHARGE CAPITAL COSTS | | | | | | | | |
| PER DIEM CAPITAL COSTS | | | | | | | | |

I. COST TO CHARGE RATIO FOR FREESTANDING IRF

| | |
|---|----------|
| 1. TOTAL MEDICARE COSTS | 10309400 |
| (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 8 LINES 25-30 + WKST D PART IV COL 7 LINE 101)) | |
| 2. TOTAL MEDICARE CHARGES | 16521407 |
| (WKST D-4 COLUMN 2 LINES 25-30 + LINE 103) | |
| 3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2) | .624 |

II. COST TO CHARGE RATIO FOR CAPITAL

| | |
|---|--------|
| 1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS | 729348 |
| (WKST D PART I LINES 25-30, COLS 10 & 12 + WKST D PART II, LINE 101, COLS 6 & 8) | |
| 2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2) | .044 |

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

| | |
|--|------|
| 1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPTS. | 1563 |
| (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x COLUMN 1.01 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66) | |
| 2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPTS. | 2315 |
| (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66) | |
| 3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2) | .675 |