

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

FORM APPROVED  
 OMB NO. 0938-0050

WORKSHEET S  
 PARTS I & II

|  |  |              |  |               |  |                         |  |                  |
|--|--|--------------|--|---------------|--|-------------------------|--|------------------|
| HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX        |  | PROVIDER NO: |  | PERIOD        |  | INTERMEDIARY USE ONLY   |  | DATE RECEIVED:   |
| COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY |  | 14-0052      |  | FROM 1/1/2010 |  | --AUDITED --DESK REVIEW |  | / /              |
|  |  |              |  | TO 12/31/2010 |  | --INITIAL --REOPENED    |  | INTERMEDIARY NO: |
|  |  |              |  |               |  | --FINAL 1-MCR CODE      |  |                  |
|  |  |              |  |               |  | 00 - # OF REOPENINGS    |  |                  |

ELECTRONICALLY FILED COST REPORT DATE: 5/31/2011 TIME 13:25

PART I - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:  
 SAINT ANTHONY'S HEALTH CENTER 14-0052

FOR THE COST REPORTING PERIOD BEGINNING 1/1/2010 AND ENDING 12/31/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

\_\_\_\_\_  
 TITLE

\_\_\_\_\_  
 DATE

PART II - SETTLEMENT SUMMARY

|     | TITLE V            | A | TITLE XVIII | B       | TITLE XIX |  |
|-----|--------------------|---|-------------|---------|-----------|--|
|     | 1                  | 2 | 3           | 4       | 5         |  |
| 1   | HOSPITAL           | 0 | 326,045     | 205,843 | 0         |  |
| 2   | SUBPROVIDER        | 0 | 29,246      | 0       | 0         |  |
| 5   | HOSPITAL-BASED SNF | 0 | 2,890       | 0       | 0         |  |
| 7   | HOSPITAL-BASED HHA | 0 | -60,034     | -14,893 | 0         |  |
| 100 | TOTAL              | 0 | 298,147     | 190,950 | 0         |  |

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

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

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 THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS  
 (42 USC 1395g).

FORM APPROVED  
 OMB NO. 0938-0050

WORKSHEET S  
 PARTS I & II

|  |   |              |   |                |   |                         |   |                  |
|--|---|--------------|---|----------------|---|-------------------------|---|------------------|
| HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX        | I | PROVIDER NO: | I | PERIOD         | I | INTERMEDIARY USE ONLY   | I | DATE RECEIVED:   |
| COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY | I | 14-0052      | I | FROM 1/ 1/2010 | I | --AUDITED --DESK REVIEW | I | / /              |
|  | I |              | I | TO 12/31/2010  | I | --INITIAL --REOPENED    | I | INTERMEDIARY NO: |
|  | I |              | I |                | I | --FINAL 1-MCR CODE      | I |                  |
|  |   |              |   |                |   | 00 - # OF REOPENINGS    | I |                  |

ELECTRONICALLY FILED COST REPORT DATE: 5/31/2011 TIME 13:22

PART I - CERTIFICATION

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 SAINT ANTHONY'S HEALTH CENTER 14-0052  
 FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2010 AND ENDING 12/31/2010 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.

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 ECR ENCRYPTION INFORMATION  
 DATE: 5/31/2011 TIME 13:22

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

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 DATE: 5/31/2011 TIME 13:22

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 DATE

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PART II - SETTLEMENT SUMMARY

|     | TITLE<br>V         | A | TITLE<br>XVIII | B       | TITLE<br>XIX |   |
|-----|--------------------|---|----------------|---------|--------------|---|
|     | 1                  | 2 |                | 3       | 4            |   |
| 1   | HOSPITAL           | 0 | 326,045        | 205,843 |              | 0 |
| 2   | SUBPROVIDER        | 0 | 29,246         | 0       |              | 0 |
| 5   | HOSPITAL-BASED SNF | 0 | 2,890          | 0       |              | 0 |
| 7   | HOSPITAL-BASED HHA | 0 | -60,034        | -14,893 |              | 0 |
| 100 | TOTAL              | 0 | 298,147        | 190,950 |              | 0 |

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

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HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 14-0052  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/31/2011  
 WORKSHEET S-3  
 PARTS II & III

| PART II - WAGE DATA  | AMOUNT REPORTED<br>1 | RECLASS OF SALARIES<br>2 | ADJUSTED SALARIES<br>3 | PAID HOURS RELATED TO SALARY<br>4 | AVERAGE HOURLY WAGE<br>5 | DATA SOURCE<br>6 |
|--|----------------------|--------------------------|------------------------|-----------------------------------|--------------------------|------------------|
| SALARIES   |                      |                          |                        |                                   |                          |                  |
| 1 TOTAL SALARY   | 31,587,734           |                          | 31,587,734             | 1,468,929.94                      | 21.50                    |                  |
| 2 NON-PHYSICIAN ANESTHETIST PART A                         |                      |                          |                        |                                   |                          |                  |
| 3 NON-PHYSICIAN ANESTHETIST PART B                         |                      |                          |                        |                                   |                          |                  |
| 4 PHYSICIAN - PART A                                       |                      |                          |                        |                                   |                          |                  |
| 4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)        |                      |                          |                        |                                   |                          |                  |
| 5 PHYSICIAN - PART B                                       |                      |                          |                        |                                   |                          |                  |
| 5.01 NON-PHYSICIAN - PART B                                |                      |                          |                        |                                   |                          |                  |
| 6 INTERNS & RESIDENTS (APPRVD)                             |                      |                          |                        |                                   |                          |                  |
| 6.01 CONTRACT SERVICES, I&R                                |                      |                          |                        |                                   |                          |                  |
| 7 HOME OFFICE PERSONNEL                                    |                      |                          |                        |                                   |                          |                  |
| 8 SNF  | 817,303              | 17,472                   | 834,775                | 43,164.48                         | 19.34                    |                  |
| 8.01 EXCLUDED AREA SALARIES                                | 3,827,434            | 35,086                   | 3,862,520              | 133,748.93                        | 28.88                    |                  |
| OTHER WAGES & RELATED COSTS                                |                      |                          |                        |                                   |                          |                  |
| 9 CONTRACT LABOR:  | 240,889              |                          | 240,889                | 4,304.60                          | 55.96                    |                  |
| 9.01 PHARMACY SERVICES UNDER CONTRACT                      |                      |                          |                        |                                   |                          |                  |
| 9.02 LABORATORY SERVICES UNDER CONTRACT                    |                      |                          |                        |                                   |                          |                  |
| 9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT            |                      |                          |                        |                                   |                          |                  |
| 10 CONTRACT LABOR: PHYS PART A                             |                      |                          |                        |                                   |                          |                  |
| 10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS) |                      |                          |                        |                                   |                          |                  |
| 11 HOME OFFICE SALARIES & WAGE RELATED COSTS               |                      |                          |                        |                                   |                          |                  |
| 12 HOME OFFICE: PHYS PART A                                |                      |                          |                        |                                   |                          |                  |
| 12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)       |                      |                          |                        |                                   |                          |                  |
| WAGE RELATED COSTS   |                      |                          |                        |                                   |                          |                  |
| 13 WAGE-RELATED COSTS (CORE)                               | 9,842,108            |                          | 9,842,108              |                                   |                          | CMS 339          |
| 14 WAGE-RELATED COSTS (OTHER)                              |                      |                          |                        |                                   |                          | CMS 339          |
| 15 EXCLUDED AREAS  | 1,719,246            |                          | 1,719,246              |                                   |                          | CMS 339          |
| 16 NON-PHYS ANESTHETIST PART A                             |                      |                          |                        |                                   |                          | CMS 339          |
| 17 NON-PHYS ANESTHETIST PART B                             |                      |                          |                        |                                   |                          | CMS 339          |
| 18 PHYSICIAN PART A  |                      |                          |                        |                                   |                          | CMS 339          |
| 18.01 PART A TEACHING PHYSICIANS                           |                      |                          |                        |                                   |                          | CMS 339          |
| 19 PHYSICIAN PART B  |                      |                          |                        |                                   |                          | CMS 339          |
| 19.01 WAGE-RELATD COSTS (RHC/FOHC)                         |                      |                          |                        |                                   |                          | CMS 339          |
| 20 INTERNS & RESIDENTS (APPRVD)                            |                      |                          |                        |                                   |                          | CMS 339          |
| OVERHEAD COSTS - DIRECT SALARIES                           |                      |                          |                        |                                   |                          |                  |
| 21 EMPLOYEE BENEFITS                                       | 275,501              | -8,369                   | 267,132                | 11,029.18                         | 24.22                    |                  |
| 22 ADMINISTRATIVE & GENERAL                                | 5,039,561            | 1,000                    | 5,040,561              | 182,288.70                        | 27.65                    |                  |
| 22.01 A & G UNDER CONTRACT                                 | 1,025,067            |                          | 1,025,067              | 3,805.35                          | 269.38                   |                  |
| 23 MAINTENANCE & REPAIRS                                   |                      |                          |                        |                                   |                          |                  |
| 24 OPERATION OF PLANT                                      | 1,171,785            |                          | 1,171,785              | 67,277.62                         | 17.42                    |                  |
| 25 LAUNDRY & LINEN SERVICE                                 |                      |                          |                        |                                   |                          |                  |
| 26 HOUSEKEEPING  | 715,992              |                          | 715,992                | 53,081.59                         | 13.49                    |                  |
| 26.01 HOUSEKEEPING UNDER CONTRACT                          |                      |                          |                        |                                   |                          |                  |
| 27 DIETARY   | 699,927              |                          | 699,927                | 54,592.83                         | 12.82                    |                  |
| 27.01 DIETARY UNDER CONTRACT                               |                      |                          |                        |                                   |                          |                  |
| 28 CAFETERIA   | 378,371              |                          | 378,371                | 24,418.03                         | 15.50                    |                  |
| 29 MAINTENANCE OF PERSONNEL                                |                      |                          |                        |                                   |                          |                  |
| 30 NURSING ADMINISTRATION                                  | 731,743              |                          | 731,743                | 19,527.54                         | 37.47                    |                  |
| 31 CENTRAL SERVICE AND SUPPLY                              | 278,997              |                          | 278,997                | 20,526.43                         | 13.59                    |                  |
| 32 PHARMACY  |                      |                          |                        | 15,493.92                         |                          |                  |
| 33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY               | 729,958              |                          | 729,958                | 39,700.53                         | 18.39                    |                  |
| 34 SOCIAL SERVICE  | 505,171              |                          | 505,171                | 18,649.58                         | 27.09                    |                  |
| 35 OTHER GENERAL SERVICE                                   |                      |                          |                        |                                   |                          |                  |
| PART III - HOSPITAL WAGE INDEX SUMMARY                     |                      |                          |                        |                                   |                          |                  |
| 1 NET SALARIES   | 32,612,801           |                          | 32,612,801             | 1,472,735.29                      | 22.14                    |                  |
| 2 EXCLUDED AREA SALARIES                                   | 4,644,737            | 52,558                   | 4,697,295              | 176,913.41                        | 26.55                    |                  |
| 3 SUBTOTAL SALARIES  | 27,968,064           | -52,558                  | 27,915,506             | 1,295,821.88                      | 21.54                    |                  |
| 4 SUBTOTAL OTHER WAGES & RELATED COSTS                     | 240,889              |                          | 240,889                | 4,304.60                          | 55.96                    |                  |
| 5 SUBTOTAL WAGE-RELATED COSTS                              | 9,842,108            |                          | 9,842,108              |                                   | 35.26                    |                  |
| 6 TOTAL  | 38,051,061           | -52,558                  | 37,998,503             | 1,300,126.48                      | 29.23                    |                  |
| 7 NET SALARIES   |                      |                          |                        |                                   |                          |                  |
| 8 EXCLUDED AREA SALARIES                                   |                      |                          |                        |                                   |                          |                  |
| 9 SUBTOTAL SALARIES  |                      |                          |                        |                                   |                          |                  |
| 10 SUBTOTAL OTHER WAGES & RELATED COSTS                    |                      |                          |                        |                                   |                          |                  |
| 11 SUBTOTAL WAGE-RELATED COSTS                             |                      |                          |                        |                                   |                          |                  |
| 12 TOTAL   |                      |                          |                        |                                   |                          |                  |
| 13 TOTAL OVERHEAD COSTS                                    | 11,552,073           | -7,369                   | 11,544,704             | 510,391.30                        | 22.62                    |                  |

HHA 1

|                             | TITLE V<br>1 | TITLE XVIII<br>2 | TITLE XIX<br>3 | OTHER<br>4 |
|-----------------------------|--------------|------------------|----------------|------------|
| 1 HOME HEALTH AIDE HOURS    | 0            | 667              | 17             | 61         |
| 2 UNDUPLICATED CENSUS COUNT |              | 866.00           | 68.00          | 1,336.00   |

TOTAL  
5

|                             |     |
|-----------------------------|-----|
| 1 HOME HEALTH AIDE HOURS    | 745 |
| 2 UNDUPLICATED CENSUS COUNT |     |

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK

HHA NO. OF FTE EMPLOYEES (2080 HRS)

| STAFF<br>1 | CONTRACT<br>2 | TOTAL<br>3 |
|------------|---------------|------------|
|------------|---------------|------------|

|  |      |       |      |
|--|------|-------|------|
| 3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)   |      |       | .63  |
| 4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)  |      |       | 4.76 |
| 5 OTHER ADMINISTRATIVE PERSONEL  |      |       | 9.90 |
| 6 DIRECTING NURSING SERVICE  |      |       | 1.02 |
| 7 NURSING SUPERVISOR   |      |       | 4.77 |
| 8 PHYSICAL THERAPY SERVICE   |      | .24   | 5.01 |
| 9 PHYSICAL THERAPY SUPERVISOR  |      |       |      |
| 10 OCCUPATIONAL THERAPY SERVICE  | 3.38 |       | 3.38 |
| 11 OCCUPATIONAL THERAPY SUPERVISOR   |      |       |      |
| 12 SPEECH PATHOLOGY SERVICE  | .26  |       | .26  |
| 13 SPEECH PATHOLOGY SUPERVISOR   |      |       |      |
| 14 MEDICAL SOCIAL SERVICE  |      |       |      |
| 15 MEDICAL SOCIAL SERVICE SUPERVISOR   |      |       |      |
| 16 HOME HEALTH AIDE  | .55  |       | .55  |
| 17 HOME HEALTH AIDE SUPERVISOR   |      |       |      |
| 18   |      |       |      |
| HOME HEALTH AGENCY MSA CODES   | 1    | 1.01  |      |
| 19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?                               | 0    | 1     |      |
| 20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE). |      | 41180 |      |

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

|   | FULL EPIISODES           |                       | LUPA<br>EPIISODES<br>3 | PEP ONLY<br>EPIISODES<br>4 |
|---|--------------------------|-----------------------|------------------------|----------------------------|
|   | WITHOUT<br>OUTLIERS<br>1 | WITH<br>OUTLIERS<br>2 |                        |                            |
| 21 SKILLED NURSING VISITS                                 | 6,286                    | 32                    | 373                    | 93                         |
| 22 SKILLED NURSING VISIT CHARGES                          | 1,707,686                | 8,589                 | 100,772                | 25,193                     |
| 23 PHYSICAL THERAPY VISITS                                | 4,189                    | 0                     | 23                     | 22                         |
| 24 PHYSICAL THERAPY VISIT CHARGES                         | 1,199,296                | 0                     | 8,344                  | 8,117                      |
| 25 OCCUPATIONAL THERAPY VISITS                            | 1,989                    | 0                     | 9                      | 14                         |
| 26 OCCUPATIONAL THERAPY VISIT CHARGES                     | 659,248                  | 0                     | 3,289                  | 4,618                      |
| 27 SPEECH PATHOLOGY VISITS                                | 208                      | 0                     | 0                      | 0                          |
| 28 SPEECH PATHOLOGY VISIT CHARGES                         | 73,542                   | 0                     | 0                      | 0                          |
| 29 MEDICAL SOCIAL SERVICE VISITS                          | 299                      | 0                     | 9                      | 7                          |
| 30 MEDICAL SOCIAL SERVICE VISIT CHARGES                   | 132,981                  | 0                     | 4,016                  | 3,124                      |
| 31 HOME HEALTH AIDE VISITS                                | 661                      | 0                     | 1                      | 5                          |
| 32 HOME HEALTH AIDE VISIT CHARGES                         | 56,258                   | 0                     | 92                     | 460                        |
| 33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)    | 13,632                   | 32                    | 415                    | 141                        |
| 34 OTHER CHARGES  | 0                        | 0                     | 0                      | 0                          |
| 35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34) | 3,829,011                | 8,589                 | 116,513                | 41,512                     |
| 36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)       | 0                        | 0                     | 0                      | 0                          |
| 37 TOTAL NUMBER OF OUTLIER EPIISODES                      | 0                        | 0                     | 0                      | 0                          |
| 38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES               | 65,111                   | 247                   | 8,084                  | 684                        |

HHA 1

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

|   | SCIC WITHIN<br>A PEP<br>5 | SCIC ONLY<br>EPIISODES<br>6 | TOTAL<br>(COLS. 1-6)<br>7 |
|---|---------------------------|-----------------------------|---------------------------|
| 21 SKILLED NURSING VISITS                                 | 0                         | 0                           | 6,784                     |
| 22 SKILLED NURSING VISIT CHARGES                          | 0                         | 0                           | 1,842,240                 |
| 23 PHYSICAL THERAPY VISITS                                | 0                         | 0                           | 4,234                     |
| 24 PHYSICAL THERAPY VISIT CHARGES                         | 0                         | 0                           | 1,215,757                 |
| 25 OCCUPATIONAL THERAPY VISITS                            | 0                         | 0                           | 2,012                     |
| 26 OCCUPATIONAL THERAPY VISIT CHARGES                     | 0                         | 0                           | 667,155                   |
| 27 SPEECH PATHOLOGY VISITS                                | 0                         | 0                           | 208                       |
| 28 SPEECH PATHOLOGY VISIT CHARGES                         | 0                         | 0                           | 73,542                    |
| 29 MEDICAL SOCIAL SERVICE VISITS                          | 0                         | 0                           | 315                       |
| 30 MEDICAL SOCIAL SERVICE VISIT CHARGES                   | 0                         | 0                           | 140,121                   |
| 31 HOME HEALTH AIDE VISITS                                | 0                         | 0                           | 667                       |
| 32 HOME HEALTH AIDE VISIT CHARGES                         | 0                         | 0                           | 56,810                    |
| 33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)    | 0                         | 0                           | 14,220                    |
| 34 OTHER CHARGES  | 0                         | 0                           | 0                         |
| 35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34) | 0                         | 0                           | 3,995,625                 |
| 36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)       | 0                         | 0                           | 0                         |
| 37 TOTAL NUMBER OF OUTLIER EPIISODES                      | 0                         | 0                           | 0                         |
| 38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES               | 0                         | 0                           | 74,126                    |

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

PROVIDER NO: 14-0052  
PERIOD: FROM 1/1/2010 TO 12/31/2010  
PREPARED 5/31/2011  
WORKSHEET S-7

| GROUP(1) | M3PI REVENUE CODE | SERVICES PRIOR TO 10/1 RATE | 10/1 DAYS | SERVICES ON/AFTER 10/1 RATE | 10/1 DAYS | SRVCS 4/1/01 TO 9/30/01 RATE | 4.03 DAYS |
|----------|-------------------|-----------------------------|-----------|-----------------------------|-----------|------------------------------|-----------|
| 1        | 2                 | 3                           | 3.01      | 4                           | 4.01      | 4.02                         | 4.03      |
| 1        | RUC               |                             | 109       |                             |           |                              |           |
| 2        | RUB               |                             | 842       |                             |           |                              |           |
| 3        | RUA               |                             | 574       |                             |           |                              |           |
| 3.01     | RUX               |                             | 23        |                             |           |                              |           |
| 3.02     | RUL               |                             | 710       |                             |           |                              |           |
| 4        | RVC               |                             | 101       |                             |           |                              |           |
| 5        | RVB               |                             | 447       |                             |           |                              |           |
| 6        | RVA               |                             | 296       |                             |           |                              |           |
| 6.01     | RVX               |                             | 182       |                             |           |                              |           |
| 6.02     | RVL               |                             | 430       |                             |           |                              |           |
| 7        | RHC               |                             | 10        |                             |           |                              |           |
| 8        | RHB               |                             | 57        |                             |           |                              |           |
| 9        | RHA               |                             | 42        |                             |           |                              |           |
| 9.01     | RHX               |                             |           |                             |           |                              |           |
| 9.02     | RHL               |                             |           |                             |           |                              |           |
| 10       | RMC               |                             |           |                             |           |                              |           |
| 11       | RMB               |                             | 54        |                             |           |                              |           |
| 12       | RMA               |                             | 26        |                             |           |                              |           |
| 12.01    | RMX               |                             | 90        |                             |           |                              |           |
| 12.02    | RML               |                             | 95        |                             |           |                              |           |
| 13       | RLB               |                             |           |                             |           |                              |           |
| 14       | RLA               |                             |           |                             |           |                              |           |
| 14.01    | RLX               |                             |           |                             |           |                              |           |
| 15       | SE3               |                             |           |                             |           |                              |           |
| 16       | SE2               |                             |           |                             |           |                              |           |
| 17       | SE1               |                             |           |                             |           |                              |           |
| 18       | SSC               |                             |           |                             |           |                              |           |
| 19       | SSB               |                             |           |                             |           |                              |           |
| 20       | SSA               |                             |           |                             |           |                              |           |
| 21       | CC2               |                             |           |                             |           |                              |           |
| 22       | CC1               |                             |           |                             |           |                              |           |
| 23       | CB2               |                             |           |                             |           |                              |           |
| 24       | CB1               |                             | 3         |                             |           |                              |           |
| 25       | CA2               |                             |           |                             |           |                              |           |
| 26       | CA1               |                             |           |                             |           |                              |           |
| 27       | IB2               |                             |           |                             |           |                              |           |
| 28       | IB1               |                             |           |                             |           |                              |           |
| 29       | IA2               |                             |           |                             |           |                              |           |
| 30       | IA1               |                             |           |                             |           |                              |           |
| 31       | BB2               |                             |           |                             |           |                              |           |
| 32       | BB1               |                             | 14        |                             |           |                              |           |
| 33       | BA2               |                             |           |                             |           |                              |           |
| 34       | BA1               |                             |           |                             |           |                              |           |
| 35       | PE2               |                             |           |                             |           |                              |           |
| 36       | PE1               |                             |           |                             |           |                              |           |
| 37       | PD2               |                             |           |                             |           |                              |           |
| 38       | PD1               |                             |           |                             |           |                              |           |
| 39       | PC2               |                             |           |                             |           |                              |           |
| 40       | PC1               |                             |           |                             |           |                              |           |
| 41       | PB2               |                             |           |                             |           |                              |           |
| 42       | PB1               |                             | 3         |                             |           |                              |           |
| 43       | PA2               |                             |           |                             |           |                              |           |
| 44       | PA1               |                             | 6         |                             |           |                              |           |
| 45       | AAA               |                             |           |                             |           |                              |           |
| 45.01    | ES3               |                             |           |                             |           |                              |           |
| 45.02    | ES2               |                             |           |                             |           |                              |           |
| 45.03    | ES1               |                             |           |                             |           |                              |           |
| 45.04    | HE2               |                             |           |                             |           |                              |           |
| 45.05    | HE1               |                             |           |                             |           |                              |           |
| 45.06    | HD2               |                             |           |                             |           |                              |           |
| 45.07    | HD1               |                             |           |                             |           |                              |           |
| 45.08    | HC2               |                             |           |                             |           |                              |           |
| 45.09    | HC1               |                             | 1         |                             |           |                              |           |
| 45.10    | HB2               |                             |           |                             |           |                              |           |
| 45.11    | HB1               |                             |           |                             |           |                              |           |
| 45.12    | LE2               |                             |           |                             |           |                              |           |
| 45.13    | LE1               |                             |           |                             |           |                              |           |
| 45.14    | LD2               |                             |           |                             |           |                              |           |
| 45.15    | LD1               |                             |           |                             |           |                              |           |
| 45.16    | LC2               |                             |           |                             |           |                              |           |
| 45.17    | LC1               |                             |           |                             |           |                              |           |
| 45.18    | LB2               |                             |           |                             |           |                              |           |
| 45.19    | LB1               |                             |           |                             |           |                              |           |
| 45.20    | CE2               |                             |           |                             |           |                              |           |
| 45.21    | CE1               |                             |           |                             |           |                              |           |
| 45.22    | CD2               |                             |           |                             |           |                              |           |
| 45.23    | CD1               |                             |           |                             |           |                              |           |
| 46       | TOTAL             |                             | 4,115     |                             |           |                              |           |

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

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

PROVIDER NO: 14-0052  
PERIOD: FROM 1/1/2010 TO 12/31/2010  
PREPARED 5/31/2011  
WORKSHEET S-7

| GROUP(1) | M3PI REVENUE CODE | SERVICES PRIOR TO 10/1 RATE | 10/1 DAYS | SERVICES ON/AFTER 10/1 RATE | 10/1 DAYS | SRVCS 4/1/01 TO 9/30/01 RATE | DAYS |
|----------|-------------------|-----------------------------|-----------|-----------------------------|-----------|------------------------------|------|
| 1        | 2                 | 3                           | 3.01      | 4                           | 4.01      | 4.02                         | 4.03 |

Worksheet S-2 reference data:

Transition Period : 100% Federal  
 Wage Index Factor (before 10/01): 0.9102  
 Wage Index Factor (after 10/01): 0.9090  
 SNF Facility Specific Rate : 0.00  
 Urban/Rural Designation : URBAN  
 SNF MSA Code : 7040  
 SNF CBSA Code : 41180

| GROUP(1) | M3PI REVENUE CODE | HIGH COST(2) RUGs | SWING BED SNF DAYS | TOTAL |
|----------|-------------------|-------------------|--------------------|-------|
| 1        | 2                 | 4.05              | 4.06               | 5     |
| 1        | RUC               |                   |                    |       |
| 2        | RUB               |                   |                    |       |
| 3        | RUA               |                   |                    |       |
| 3.01     | RUX               |                   |                    |       |
| 3.02     | RUL               |                   |                    |       |
| 4        | RVC               |                   |                    |       |
| 5        | RVB               |                   |                    |       |
| 6        | RVA               |                   |                    |       |
| 6.01     | RVX               |                   |                    |       |
| 6.02     | RVL               |                   |                    |       |
| 7        | RHC               |                   |                    |       |
| 8        | RHB               |                   |                    |       |
| 9        | RHA               |                   |                    |       |
| 9.01     | RHX               |                   |                    |       |
| 9.02     | RHL               |                   |                    |       |
| 10       | RMC               |                   |                    |       |
| 11       | RMB               |                   |                    |       |
| 12       | RMA               |                   |                    |       |
| 12.01    | RMX               |                   |                    |       |
| 12.02    | RML               |                   |                    |       |
| 13       | RLB               |                   |                    |       |
| 14       | RLA               |                   |                    |       |
| 14.01    | RLX               |                   |                    |       |
| 15       | SE3               |                   |                    |       |
| 16       | SE2               |                   |                    |       |
| 17       | SE1               |                   |                    |       |
| 18       | SSC               |                   |                    |       |
| 19       | SSB               |                   |                    |       |
| 20       | SSA               |                   |                    |       |
| 21       | CC2               |                   |                    |       |
| 22       | CC1               |                   |                    |       |
| 23       | CB2               |                   |                    |       |
| 24       | CB1               |                   |                    |       |
| 25       | CA2               |                   |                    |       |
| 26       | CA1               |                   |                    |       |
| 27       | IB2               |                   |                    |       |
| 28       | IB1               |                   |                    |       |
| 29       | IA2               |                   |                    |       |
| 30       | IA1               |                   |                    |       |
| 31       | BB2               |                   |                    |       |
| 32       | BB1               |                   |                    |       |
| 33       | BA2               |                   |                    |       |
| 34       | BA1               |                   |                    |       |
| 35       | PE2               |                   |                    |       |
| 36       | PE1               |                   |                    |       |
| 37       | PD2               |                   |                    |       |
| 38       | PD1               |                   |                    |       |
| 39       | PC2               |                   |                    |       |
| 40       | PC1               |                   |                    |       |
| 41       | PB2               |                   |                    |       |
| 42       | PB1               |                   |                    |       |
| 43       | PA2               |                   |                    |       |
| 44       | PA1               |                   |                    |       |
| 45       | AAA               |                   |                    |       |
| 45.01    | ES3               |                   |                    |       |
| 45.02    | ES2               |                   |                    |       |
| 45.03    | ES1               |                   |                    |       |
| 45.04    | HE2               |                   |                    |       |
| 45.05    | HE1               |                   |                    |       |
| 45.06    | HD2               |                   |                    |       |
| 45.07    | HD1               |                   |                    |       |
| 45.08    | HC2               |                   |                    |       |
| 45.09    | HC1               |                   |                    |       |
| 45.10    | HB2               |                   |                    |       |
| 45.11    | HB1               |                   |                    |       |
| 45.12    | LE2               |                   |                    |       |
| 45.13    | LE1               |                   |                    |       |
| 45.14    | LD2               |                   |                    |       |
| 45.15    | LD1               |                   |                    |       |
| 45.16    | LC2               |                   |                    |       |
| 45.17    | LC1               |                   |                    |       |
| 45.18    | LB2               |                   |                    |       |

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

|              |               |               |
|--------------|---------------|---------------|
| PROVIDER NO: | PERIOD:       | PREPARED      |
| 14-0052      | FROM 1/1/2010 | 5/31/2011     |
|              | TO 12/31/2010 | WORKSHEET S-7 |

| GROUP(1)   | M3PI<br>REVENUE CODE | HIGH COST(2) |      | SWING BED SNF | TOTAL |
|------------|----------------------|--------------|------|---------------|-------|
|            |                      | RUGs         | DAYS | DAYS          |       |
| 1          | 2                    | 4.05         | 4.06 | 5             |       |
| 45 .19 LB1 |                      |              |      |               |       |
| 45 .20 CE2 |                      |              |      |               |       |
| 45 .21 CE1 |                      |              |      |               |       |
| 45 .22 CD2 |                      |              |      |               |       |
| 45 .23 CD1 |                      |              |      |               |       |
| 46 TOTAL   |                      |              |      |               |       |

- (2) Enter in column 4.05 those days in either column 3.01 or 4.01 which cover the period of 4/1/2000 through 9/30/2000. These RUGs will be incremented by an additional 20% payment.
- (3) Enter in column 4.06 the swing bed days for cost reporting periods beginning on or after 7/1/2002.
- (4) Additional Rugs were published in the "Federal Register", Vol. 74 No. 153 August 11, 2009, page 40286. FY 2010 SNF Final Rule These RUGs are effective for services on or after 10/01/2010.

NOTE: The default line code designation has been changed to "AAA".

Worksheet S-2 reference data:  
 Transition Period : 100% Federal  
 Wage Index Factor (before 10/01): 0.9102  
 Wage Index Factor (after 10/01) : 0.9090  
 SNF Facility Specific Rate : 0.00  
 Urban/Rural Designation : URBAN  
 SNF MSA Code : 7040  
 SNF CBSA Code : 41180

HOSPICE IDENTIFICATION DATA

|              |                |               |
|--------------|----------------|---------------|
| PROVIDER NO: | PERIOD:        | PREPARED      |
| 14-0052      | FROM 1/ 1/2010 | 5/31/2011     |
| HOSPICE NO:  | TO 12/31/2010  | WORKSHEET S-9 |
| 14-1573      |                |               |

HOSPICE 1

PART I - ENROLLMENT DAYS

|                          | TITLE XVIII<br>UNDUPLICATED<br>MEDICARE DAYS<br>1 | TITLE XIX<br>UNDUPLICATED<br>MEDICAID DAYS<br>2 | TITLE XVIII<br>UNDUPLICATED<br>SNF DAYS<br>3 | TITLE XIX<br>UNDUPLICATED<br>NF DAYS<br>4 |
|--------------------------|---|---|--|---|
| 1 CONTINUOUS HOME CARE   |   |   |  |   |
| 2 ROUTINE HOME CARE      | 13,174  | 348   |  |   |
| 3 INPATIENT RESPIRE CARE | 30  | 6   |  |   |
| 4 GENERAL INPATIENT CARE | 59  | 9   |  |   |
| 5 TOTAL HOSPICE DAYS     | 13,263  | 363   |  |   |

PART I - ENROLLMENT DAYS (CONTINUED)

|                          | OTHER<br>UNDUPLICATED<br>DAYS<br>5 | TOTAL<br>UNDUPLICATED<br>DAYS<br>6 |
|--------------------------|------------------------------------|------------------------------------|
| 1 CONTINUOUS HOME CARE   | 74                                 | 74                                 |
| 2 ROUTINE HOME CARE      |                                    | 13,522                             |
| 3 INPATIENT RESPIRE CARE | 1                                  | 37                                 |
| 4 GENERAL INPATIENT CARE |                                    | 68                                 |
| 5 TOTAL HOSPICE DAYS     | 75                                 | 13,701                             |

PART II - CENSUS DATA

|   | TITLE XVIII<br>1 | TITLE XIX<br>2 | TITLE XVIII<br>SNF<br>3 | TITLE XIX<br>NF<br>4 |
|---|------------------|----------------|-------------------------|----------------------|
| 6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE                               | 272              | 77             |                         |                      |
| 7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE |                  |                |                         |                      |
| 8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)                       | 48.76            | 4.71           |                         |                      |
| 9 UNDUPLICATED CENSUS COUNT   | 237              | 68             |                         |                      |

PART II - CENSUS DATA (CONTINUED)

|   | OTHER<br>5 | TOTAL<br>6 |
|---|------------|------------|
| 6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE                               | 6          | 355        |
| 7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE |            |            |
| 8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)                       | 12.50      | 38.59      |
| 9 UNDUPLICATED CENSUS COUNT   | 6          | 311        |

DESCRIPTION

- UNCOMPENSATED CARE INFORMATION
- 1 DO YOU HAVE A WRITTEN CHARITY CARE POLICY?
- 2 ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04
  - 2.01 IS IT AT THE TIME OF ADMISSION?
  - 2.02 IS IT AT THE TIME OF FIRST BILLING?
  - 2.03 IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?
  - 2.04
- 3 ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?
- 4 ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?
- 5 ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?
- 6 ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?
- 7 ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?
- 8 DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01
  - 8.01 DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?
  - 9 IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04
    - 9.01 IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?
    - 9.02 IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?
    - 9.03 IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?
    - 9.04 IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?
- 10 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?
- 11 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04
  - 11.01 IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?
  - 11.02 IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?
  - 11.03 IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?
  - 11.04 IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?
- 12 ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?
- 13 IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?
- 14 IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02
  - 14.01 DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?
  - 14.02 WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?
- 15 DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?
- 16 ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?
  
- UNCOMPENSATED CARE REVENUES
- 17 REVENUE FROM UNCOMPENSATED CARE
  - 17.01 GROSS MEDICAID REVENUES
  - 18 REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS
  - 19 REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)
  - 20 RESTRICTED GRANTS
  - 21 NON-RESTRICTED GRANTS
  - 22 TOTAL GROSS UNCOMPENSATED CARE REVENUES
  
- UNCOMPENSATED CARE COST
- 23 TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS
- 24 COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103) .188397
- 25 TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 \* LINE 24)
- 26 TOTAL SCHIP CHARGES FROM YOUR RECORDS
- 27 TOTAL SCHIP COST, (LINE 24 \* LINE 26)
- 28 TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS

DESCRIPTION

- 29 TOTAL GROSS MEDICAID COST (LINE 24 \* LINE 28)
- 30 OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS
- 31 UNCOMPENSATED CARE COST (LINE 24 \* LINE 30)
- 32 TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL  
(SUM OF LINES 25, 27, AND 29)

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0052

PERIOD: FROM 1/1/2010 TO 12/31/2010

PREPARED 5/31/2011 WORKSHEET A

| COST CENTER | COST CENTER DESCRIPTION              | SALARIES   | OTHER      | TOTAL      | RECLASSIFICATIONS | RECLASSIFIED TRIAL BALANCE |
|-------------|--------------------------------------|------------|------------|------------|-------------------|----------------------------|
|             |                                      | 1          | 2          | 3          | 4                 | 5                          |
|             | GENERAL SERVICE COST CNTR            |            |            |            |                   |                            |
| 1 0100      | OLD CAP REL COSTS-BLDG & FIXT        |            | 41,512     | 41,512     | 375,209           | 416,721                    |
| 1.01 0101   | OLD CAP REL COSTS-BLDG & FIXT        |            | 119,165    | 119,165    | 125,276           | 244,441                    |
| 1.02 0102   | OLD CAP REL COSTS-BLDG & FIXT        |            | 31,465     | 31,465     | 23,723            | 55,188                     |
| 1.03 0103   | OLD CAP REL COSTS-BLDG & FIXT        |            |            |            | 3,435             | 3,435                      |
| 2 0200      | OLD CAP REL COSTS-MVBLE EQUIP        |            | 180        | 180        | 60,991            | 61,171                     |
| 2.01 0201   | OLD CAP REL COSTS-MVBLE EQUIP        |            | 205        | 205        | 42,927            | 43,132                     |
| 3 0300      | NEW CAP REL COSTS-BLDG & FIXT        |            | 1,001,193  | 1,001,193  | 246,337           | 1,247,530                  |
| 3.01 0301   | NEW CAP REL COSTS-BLDG & FIXT        |            | 188,114    | 188,114    | 27,549            | 215,663                    |
| 3.02 0302   | NEW CAP REL COSTS-BLDG & FIXT        |            | 115,105    | 115,105    | 33,059            | 148,164                    |
| 3.03 0303   | NEW CAP REL COSTS-BLDG & FIXT        |            | 139,087    | 139,087    | 8,330             | 147,417                    |
| 3.04 0304   | NEW CAP REL COSTS-BLDG & FIXT        |            |            |            | 17,587            | 17,587                     |
| 4 0400      | NEW CAP REL COSTS-MVBLE EQUIP        |            | 1,132,751  | 1,132,751  | 322,902           | 1,455,653                  |
| 4.01 0401   | NEW CAP REL COSTS-MVBLE EQUIP        |            | 398,003    | 398,003    | 45,300            | 443,303                    |
| 4.02 0402   | NEW CAP REL COSTS-MVBLE EQUIP        |            | 2,436      | 2,436      | 161,060           | 163,496                    |
| 5 0500      | EMPLOYEE BENEFITS                    | 275,501    | 9,507,140  | 9,782,641  | 75,983            | 9,858,624                  |
| 6.01 0610   | NONPATIENT TELEPHONES                | 213,932    | 229,857    | 443,789    |                   | 443,789                    |
| 6.02 0630   | PURCHASING, RECEIVING AND STORES     | 235,601    | 117,389    | 352,990    |                   | 352,990                    |
| 6.03 0640   | ADMINISTRATIVE                       | 565,578    | 171,108    | 736,686    |                   | 736,686                    |
| 6.04 0650   | CASHIERING/ACCOUNTS RECEIVABLE       | 45,800     | 1,954,843  | 2,000,643  |                   | 2,000,643                  |
| 6.05 0660   | OTHER ADMINISTRATIVE AND GENERAL     | 3,978,650  | 9,133,856  | 13,112,506 | -83,352           | 13,029,154                 |
| 8 0800      | OPERATION OF PLANT                   | 1,171,785  | 3,847,315  | 5,019,100  |                   | 5,019,100                  |
| 9 0900      | LAUNDRY & LINEN SERVICE              |            | 334,625    | 334,625    |                   | 334,625                    |
| 10 1000     | HOUSEKEEPING                         | 715,992    | 329,402    | 1,045,394  |                   | 1,045,394                  |
| 11 1100     | DIETARY                              | 699,927    | 44,271     | 744,198    |                   | 744,198                    |
| 12 1200     | CAFETERIA                            | 378,371    | 974,986    | 1,353,357  |                   | 1,353,357                  |
| 14 1400     | NURSING ADMINISTRATION               | 731,743    | 88,813     | 820,556    |                   | 820,556                    |
| 15 1500     | CENTRAL SERVICES & SUPPLY            | 278,997    | 5,632,555  | 5,911,552  | -5,342,443        | 569,109                    |
| 16 1600     | PHARMACY                             |            |            |            |                   |                            |
| 17 1700     | MEDICAL RECORDS & LIBRARY            | 729,958    | 167,861    | 897,819    |                   | 897,819                    |
| 18 1800     | SOCIAL SERVICE                       | 505,171    | 75,479     | 580,650    |                   | 580,650                    |
|             | INPAT ROUTINE SRVC CNTRS             |            |            |            |                   |                            |
| 25 2500     | ADULTS & PEDIATRICS                  | 2,996,906  | 782,015    | 3,778,921  | 1,369             | 3,780,290                  |
| 26 2600     | INTENSIVE CARE UNIT                  | 921,991    | 536,564    | 1,458,555  | 3,000             | 1,461,555                  |
| 31 3100     | SUBPROVIDER                          | 832,070    | 301,275    | 1,133,345  | 24,617            | 1,157,962                  |
| 33 3300     | NURSERY                              | 71,390     | 47,671     | 119,061    |                   | 119,061                    |
| 34 3400     | SKILLED NURSING FACILITY             | 817,303    | 116,605    | 933,908    | 17,842            | 951,750                    |
| 35 3500     | NURSING FACILITY                     |            | 140        | 140        | 13,909            | 14,049                     |
| 35.01 3510  | ICF/MR                               |            |            |            |                   |                            |
|             | ANCILLARY SRVC COST CNTRS            |            |            |            |                   |                            |
| 37 3700     | OPERATING ROOM                       | 1,529,046  | 409,505    | 1,938,551  |                   | 1,938,551                  |
| 38 3800     | RECOVERY ROOM                        | 291,706    | 27,824     | 319,530    |                   | 319,530                    |
| 39 3900     | DELIVERY ROOM & LABOR ROOM           | 839,894    | 99,258     | 939,152    |                   | 939,152                    |
| 40 4000     | ANESTHESIOLOGY                       |            | 326,590    | 326,590    |                   | 326,590                    |
| 41 4100     | RADIOLOGY-DIAGNOSTIC                 | 1,960,590  | 1,421,821  | 3,382,411  |                   | 3,382,411                  |
| 44 4400     | LABORATORY                           | 1,723,252  | 1,387,556  | 3,110,808  |                   | 3,110,808                  |
| 46 4600     | WHOLE BLOOD & PACKED RED BLOOD CELLS |            | 588,545    | 588,545    |                   | 588,545                    |
| 49 4900     | RESPIRATORY THERAPY                  | 453,320    | 235,166    | 688,486    |                   | 688,486                    |
| 50 5000     | PHYSICAL THERAPY                     | 979,518    | 106,865    | 1,086,383  | -55,216           | 1,031,167                  |
| 51 5100     | OCCUPATIONAL THERAPY                 | 530,690    | 42,464     | 573,154    | -9,172            | 563,982                    |
| 52 5200     | SPEECH PATHOLOGY                     | 114,042    | 12,637     | 126,679    | 10,020            | 136,699                    |
| 53 5300     | ELECTROCARDIOLOGY                    | 448,751    | 139,591    | 588,342    |                   | 588,342                    |
| 54 5400     | ELECTROENCEPHALOGRAPHY               | 110,830    | 52,414     | 163,244    |                   | 163,244                    |
| 55 5500     | MEDICAL SUPPLIES CHARGED TO PATIENTS |            |            |            | 2,766,242         | 2,766,242                  |
| 55.30 5530  | IMPL. DEV. CHARGED TO PATIENT        |            |            |            | 2,581,832         | 2,581,832                  |
| 56 5600     | DRUGS CHARGED TO PATIENTS            | 815,485    | 4,231,056  | 5,046,541  |                   | 5,046,541                  |
| 59 3953     | OTHER ANCILLARY SERVICE COST CENTERS |            |            |            |                   |                            |
| 59.01 3480  | ONCOLOGY                             | 158,953    | 46,520     | 205,473    |                   | 205,473                    |
| 59.02 3950  | DIABETES CENTER                      | 40,314     | 6,808      | 47,122     | 18,513            | 65,635                     |
| 59.03 3550  | PSYCHIATRIC/PSYCHOLOGICAL SERVICES   | 290,821    | 32,722     | 323,543    |                   | 323,543                    |
| 59.04 3951  | PAIN CLINIC                          | 136,544    | 101,199    | 237,743    |                   | 237,743                    |
| 59.05 3952  | CURATIVE WOUND CENTER                | 266,280    | 171,578    | 437,858    | -18,513           | 419,345                    |
|             | OUTPAT SERVICE COST CNTRS            |            |            |            |                   |                            |
| 61 6100     | EMERGENCY                            | 1,735,668  | 882,854    | 2,618,522  | 1,000             | 2,619,522                  |
| 62 6200     | OBSERVATION BEDS (NON-DISTINCT PART) |            |            |            |                   |                            |
|             | OTHER REIMBURS COST CNTRS            |            |            |            |                   |                            |
| 65 6500     | AMBULANCE SERVICES                   |            | 74,898     | 74,898     |                   | 74,898                     |
| 71 7100     | HOME HEALTH AGENCY                   | 1,502,479  | 289,719    | 1,792,198  | -41,329           | 1,750,869                  |
|             | SPEC PURPOSE COST CENTERS            |            |            |            |                   |                            |
| 88 8800     | INTEREST EXPENSE                     |            | 1,161,931  | 1,161,931  | -1,161,931        |                            |
| 90 9000     | OTHER CAPITAL RELATED COSTS          |            | 331,754    | 331,754    | -331,754          |                            |
| 93 9300     | HOSPICE                              | 417,674    | 725,901    | 1,143,575  | 30,598            | 1,174,173                  |
| 95          | SUBTOTALS                            | 30,512,523 | 50,470,162 | 80,982,685 | -5,100            | 80,977,585                 |
|             | NONREIMBURS COST CENTERS             |            |            |            |                   |                            |
| 96 9600     | GI FT, FLOWER, COFFEE SHOP & CANTEEN |            | 1,322      | 1,322      |                   | 1,322                      |
| 97 9700     | RESEARCH                             |            |            |            |                   |                            |
| 97.01 9701  | ADULT DAY CARE                       | 95,683     | 19,577     | 115,260    | 5,100             | 120,360                    |
| 98 9800     | PHYSICIANS' PRIVATE OFFICES          |            | 150,563    | 150,563    |                   | 150,563                    |
| 99 9900     | NONPAID WORKERS                      |            |            |            |                   |                            |
| 99.01 9901  | PARI SH NURSE PROGRAM                |            |            |            |                   |                            |
| 99.02 9902  | RETAIL PHARMACY                      |            |            |            |                   |                            |
| 99.03 9903  | LIFELINE                             |            |            |            |                   |                            |
| 99.04 9904  | DME                                  | 387,660    | 779,351    | 1,167,011  |                   | 1,167,011                  |
| 99.05 9905  | PRIVATE CARE SERVICES                |            |            |            |                   |                            |
| 99.06 9906  | EMS                                  | 51,534     | 19,862     | 71,396     |                   | 71,396                     |
| 99.07 9907  | SURGERY MM                           |            |            |            |                   |                            |
| 99.08 9908  | SAINT CLARE'S VILLA                  | 540,334    | 34,912     | 575,246    |                   | 575,246                    |

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0052  
PERIOD: FROM 1/1/2010 TO 12/31/2010  
PREPARED 5/31/2011  
WORKSHEET A

| COST CENTER | COST CENTER DESCRIPTION                 | SALARIES<br>1 | OTHER<br>2 | TOTAL<br>3 | RECLASS-<br>IFICATIONS<br>4 | RECLASSIFIED<br>TRIAL BALANCE<br>5 |
|-------------|---|---------------|------------|------------|-----------------------------|------------------------------------|
|             | NONREIMBURS COST CENTERS                |               |            |            |                             |                                    |
| 100         | 7950 OTHER NONREIMBURSABLE COST CENTERS |               | 11,544     | 11,544     |                             | 11,544                             |
| 101         | TOTAL                                   | 31,587,734    | 51,487,293 | 83,075,027 | -0-                         | 83,075,027                         |

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0052  
PERIOD: FROM 1/1/2010 TO 12/31/2010  
PREPARED 5/31/2011  
WORKSHEET A

| COST CENTER | COST CENTER DESCRIPTION              | ADJUSTMENTS | NET EXPENSES FOR ALLOC |
|-------------|--------------------------------------|-------------|------------------------|
|             |                                      | 6           | 7                      |
|             | GENERAL SERVICE COST CNTR            |             |                        |
| 1 0100      | OLD CAP REL COSTS-BLDG & FIXT        | 2,537       | 419,258                |
| 1.01 0101   | OLD CAP REL COSTS-BLDG & FIXT        | -37,080     | 207,361                |
| 1.02 0102   | OLD CAP REL COSTS-BLDG & FIXT        | 11,111      | 66,299                 |
| 1.03 0103   | OLD CAP REL COSTS-BLDG & FIXT        |             | 3,435                  |
| 2 0200      | OLD CAP REL COSTS-MVBLE EQUIP        | 325         | 61,496                 |
| 2.01 0201   | OLD CAP REL COSTS-MVBLE EQUIP        |             | 43,132                 |
| 3 0300      | NEW CAP REL COSTS-BLDG & FIXT        | 38,567      | 1,286,097              |
| 3.01 0301   | NEW CAP REL COSTS-BLDG & FIXT        |             | 215,663                |
| 3.02 0302   | NEW CAP REL COSTS-BLDG & FIXT        | 109         | 148,273                |
| 3.03 0303   | NEW CAP REL COSTS-BLDG & FIXT        |             | 147,417                |
| 3.04 0304   | NEW CAP REL COSTS-BLDG & FIXT        |             | 17,587                 |
| 4 0400      | NEW CAP REL COSTS-MVBLE EQUIP        |             | 1,455,653              |
| 4.01 0401   | NEW CAP REL COSTS-MVBLE EQUIP        |             | 443,303                |
| 4.02 0402   | NEW CAP REL COSTS-MVBLE EQUIP        |             | 163,496                |
| 5 0500      | EMPLOYEE BENEFITS                    | -18,131     | 9,840,493              |
| 6.01 0610   | NONPATIENT TELEPHONES                |             | 443,789                |
| 6.02 0630   | PURCHASING, RECEIVING AND STORES     |             | 352,990                |
| 6.03 0640   | ADMINISTRATIVE                       |             | 736,686                |
| 6.04 0650   | CASHIERING/ACCOUNTS RECEIVABLE       | -65         | 2,000,578              |
| 6.05 0660   | OTHER ADMINISTRATIVE AND GENERAL     | -704,294    | 12,324,860             |
| 8 0800      | OPERATION OF PLANT                   |             | 5,019,100              |
| 9 0900      | LAUNDRY & LINEN SERVICE              |             | 334,625                |
| 10 1000     | HOUSEKEEPING                         |             | 1,045,394              |
| 11 1100     | DIETARY                              | -277,347    | 466,851                |
| 12 1200     | CAFETERIA                            | -426,901    | 926,456                |
| 14 1400     | NURSING ADMINISTRATION               | -1,010      | 819,546                |
| 15 1500     | CENTRAL SERVICES & SUPPLY            | -72,075     | 497,034                |
| 16 1600     | PHARMACY                             |             |                        |
| 17 1700     | MEDICAL RECORDS & LIBRARY            | -905        | 896,914                |
| 18 1800     | SOCIAL SERVICE                       |             | 580,650                |
|             | INPAT ROUTINE SRVC CNTRS             |             |                        |
| 25 2500     | ADULTS & PEDIATRICS                  | -240,000    | 3,540,290              |
| 26 2600     | INTENSIVE CARE UNIT                  | -324,457    | 1,137,098              |
| 31 3100     | SUBPROVIDER                          | -46,483     | 1,111,479              |
| 33 3300     | NURSERY                              |             | 119,061                |
| 34 3400     | SKILLED NURSING FACILITY             | -7,058      | 944,692                |
| 35 3500     | NURSING FACILITY                     | -98         | 13,951                 |
| 35.01 3510  | ICF/MR                               |             |                        |
|             | ANCILLARY SRVC COST CNTRS            |             |                        |
| 37 3700     | OPERATING ROOM                       | -700        | 1,937,851              |
| 38 3800     | RECOVERY ROOM                        |             | 319,530                |
| 39 3900     | DELIVERY ROOM & LABOR ROOM           |             | 939,152                |
| 40 4000     | ANESTHESIOLOGY                       | -215,834    | 110,756                |
| 41 4100     | RADIOLOGY-DIAGNOSTIC                 | -4,003      | 3,378,408              |
| 44 4400     | LABORATORY                           |             | 3,110,808              |
| 46 4600     | WHOLE BLOOD & PACKED RED BLOOD CELLS |             | 588,545                |
| 49 4900     | RESPIRATORY THERAPY                  |             | 688,486                |
| 50 5000     | PHYSICAL THERAPY                     |             | 1,031,167              |
| 51 5100     | OCCUPATIONAL THERAPY                 |             | 563,982                |
| 52 5200     | SPEECH PATHOLOGY                     |             | 136,699                |
| 53 5300     | ELECTROCARDIOLOGY                    | -67,088     | 521,254                |
| 54 5400     | ELECTROENCEPHALOGRAPHY               | -30,000     | 133,244                |
| 55 5500     | MEDICAL SUPPLIES CHARGED TO PATIENTS |             | 2,766,242              |
| 55.30 5530  | IMPL. DEV. CHARGED TO PATIENT        |             | 2,581,832              |
| 56 5600     | DRUGS CHARGED TO PATIENTS            | -4,101      | 5,042,440              |
| 59 3953     | OTHER ANCILLARY SERVICE COST CENTERS |             |                        |
| 59.01 3480  | ONCOLOGY                             | -5,179      | 200,294                |
| 59.02 3950  | DIABETES CENTER                      | -1,651      | 63,984                 |
| 59.03 3550  | PSYCHIATRIC/PSYCHOLOGICAL SERVICES   | -3          | 323,540                |
| 59.04 3951  | PAIN CLINIC                          |             | 237,743                |
| 59.05 3952  | CURATIVE WOUND CENTER                |             | 419,345                |
|             | OUTPAT SERVICE COST CNTRS            |             |                        |
| 61 6100     | EMERGENCY                            | -258,077    | 2,361,445              |
| 62 6200     | OBSERVATION BEDS (NON-DISTINCT PART) |             |                        |
|             | OTHER REIMBURS COST CNTRS            |             |                        |
| 65 6500     | AMBULANCE SERVICES                   |             | 74,898                 |
| 71 7100     | HOME HEALTH AGENCY                   |             | 1,750,869              |
|             | SPEC PURPOSE COST CENTERS            |             |                        |
| 88 8800     | INTEREST EXPENSE                     |             | -0-                    |
| 90 9000     | OTHER CAPITAL RELATED COSTS          |             | -0-                    |
| 93 9300     | HOSPICE                              | -9,169      | 1,165,004              |
| 95          | SUBTOTALS                            | -2,699,060  | 78,278,525             |
|             | NONREIMBURS COST CENTERS             |             |                        |
| 96 9600     | GI FT, FLOWER, COFFEE SHOP & CANTEEN |             | 1,322                  |
| 97 9700     | RESEARCH                             |             |                        |
| 97.01 9701  | ADULT DAY CARE                       |             | 120,360                |
| 98 9800     | PHYSICIANS' PRIVATE OFFICES          |             | 150,563                |
| 99 9900     | NONPAID WORKERS                      |             |                        |
| 99.01 9901  | PARISH NURSE PROGRAM                 |             |                        |
| 99.02 9902  | RETAIL PHARMACY                      |             |                        |
| 99.03 9903  | LIFELINE                             |             |                        |
| 99.04 9904  | DME                                  |             | 1,167,011              |
| 99.05 9905  | PRIVATE CARE SERVICES                |             |                        |
| 99.06 9906  | EMS                                  |             | 71,396                 |
| 99.07 9907  | SURGERY MM                           |             |                        |
| 99.08 9908  | SAINT CLARE'S VILLA                  |             | 575,246                |

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 14-0052  
PERIOD: FROM 1/1/2010 TO 12/31/2010  
PREPARED 5/31/2011  
WORKSHEET A

| COST CENTER | COST CENTER DESCRIPTION                 | ADJUSTMENTS | NET EXPENSES FOR ALLOC |
|-------------|---|-------------|------------------------|
|             | NONREIMBURS COST CENTERS                | 6           | 7                      |
| 100         | 7950 OTHER NONREIMBURSABLE COST CENTERS |             | 11,544                 |
| 101         | TOTAL                                   | -2,699,060  | 80,375,967             |

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-0052  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/31/2011  
 NOT A CMS WORKSHEET

| LINE NO.                | COST CENTER DESCRIPTION              | CMS CODE | STANDARD LABEL FOR NON-STANDARD CODES |
|-------------------------|--------------------------------------|----------|---------------------------------------|
| GENERAL SERVICE COST    |                                      |          |                                       |
| 1                       | OLD CAP REL COSTS-BLDG & FIXT        | 0100     |                                       |
| 1.01                    | OLD CAP REL COSTS-BLDG & FIXT        | 0101     | OLD CAP REL COSTS-BLDG & FIXT         |
| 1.02                    | OLD CAP REL COSTS-BLDG & FIXT        | 0102     | OLD CAP REL COSTS-BLDG & FIXT         |
| 1.03                    | OLD CAP REL COSTS-BLDG & FIXT        | 0103     | OLD CAP REL COSTS-BLDG & FIXT         |
| 2                       | OLD CAP REL COSTS-MVBLE EQUIP        | 0200     |                                       |
| 2.01                    | OLD CAP REL COSTS-MVBLE EQUIP        | 0201     | OLD CAP REL COSTS-MVBLE EQUIP         |
| 3                       | NEW CAP REL COSTS-BLDG & FIXT        | 0300     |                                       |
| 3.01                    | NEW CAP REL COSTS-BLDG & FIXT        | 0301     | NEW CAP REL COSTS-BLDG & FIXT         |
| 3.02                    | NEW CAP REL COSTS-BLDG & FIXT        | 0302     | NEW CAP REL COSTS-BLDG & FIXT         |
| 3.03                    | NEW CAP REL COSTS-BLDG & FIXT        | 0303     | NEW CAP REL COSTS-BLDG & FIXT         |
| 3.04                    | NEW CAP REL COSTS-BLDG & FIXT        | 0304     | NEW CAP REL COSTS-BLDG & FIXT         |
| 4                       | NEW CAP REL COSTS-MVBLE EQUIP        | 0400     |                                       |
| 4.01                    | NEW CAP REL COSTS-MVBLE EQUIP        | 0401     | NEW CAP REL COSTS-MVBLE EQUIP         |
| 4.02                    | NEW CAP REL COSTS-MVBLE EQUIP        | 0402     | NEW CAP REL COSTS-MVBLE EQUIP         |
| 5                       | EMPLOYEE BENEFITS                    | 0500     |                                       |
| 6.01                    | NONPATIENT TELEPHONES                | 0610     | NONPATIENT TELEPHONES                 |
| 6.02                    | PURCHASING, RECEIVING AND STORES     | 0630     | PURCHASING, RECEIVING AND STORES      |
| 6.03                    | ADMITTING                            | 0640     | ADMITTING                             |
| 6.04                    | CASHIERING/ACCOUNTS RECEIVABLE       | 0650     | CASHIERING/ACCOUNTS RECEIVABLE        |
| 6.05                    | OTHER ADMINISTRATIVE AND GENERAL     | 0660     | OTHER ADMINISTRATIVE AND GENERAL      |
| 8                       | OPERATION OF PLANT                   | 0800     |                                       |
| 9                       | LAUNDRY & LINEN SERVICE              | 0900     |                                       |
| 10                      | HOUSEKEEPING                         | 1000     |                                       |
| 11                      | DIETARY                              | 1100     |                                       |
| 12                      | CAFETERIA                            | 1200     |                                       |
| 14                      | NURSING ADMINISTRATION               | 1400     |                                       |
| 15                      | CENTRAL SERVICES & SUPPLY            | 1500     |                                       |
| 16                      | PHARMACY                             | 1600     |                                       |
| 17                      | MEDICAL RECORDS & LIBRARY            | 1700     |                                       |
| 18                      | SOCIAL SERVICE                       | 1800     |                                       |
| INPAT ROUTINE SRVC COST |                                      |          |                                       |
| 25                      | ADULTS & PEDIATRICS                  | 2500     |                                       |
| 26                      | INTENSIVE CARE UNIT                  | 2600     |                                       |
| 31                      | SUBPROVIDER                          | 3100     |                                       |
| 33                      | NURSERY                              | 3300     |                                       |
| 34                      | SKILLED NURSING FACILITY             | 3400     |                                       |
| 35                      | NURSING FACILITY                     | 3500     |                                       |
| 35.01                   | ICF/MR                               | 3510     |                                       |
| ANCILLARY SRVC COST     |                                      |          |                                       |
| 37                      | OPERATING ROOM                       | 3700     |                                       |
| 38                      | RECOVERY ROOM                        | 3800     |                                       |
| 39                      | DELIVERY ROOM & LABOR ROOM           | 3900     |                                       |
| 40                      | ANESTHESIOLOGY                       | 4000     |                                       |
| 41                      | RADIOLOGY-DIAGNOSTIC                 | 4100     |                                       |
| 44                      | LABORATORY                           | 4400     |                                       |
| 46                      | WHOLE BLOOD & PACKED RED BLOOD CELLS | 4600     |                                       |
| 49                      | RESPIRATORY THERAPY                  | 4900     |                                       |
| 50                      | PHYSICAL THERAPY                     | 5000     |                                       |
| 51                      | OCCUPATIONAL THERAPY                 | 5100     |                                       |
| 52                      | SPEECH PATHOLOGY                     | 5200     |                                       |
| 53                      | ELECTROCARDIOLOGY                    | 5300     |                                       |
| 54                      | ELECTROENCEPHALOGRAPHY               | 5400     |                                       |
| 55                      | MEDICAL SUPPLIES CHARGED TO PATIENTS | 5500     |                                       |
| 55.30                   | IMPL. DEV. CHARGED TO PATIENT        | 5530     | IMPL. DEV. CHARGED TO PATIENT         |
| 56                      | DRUGS CHARGED TO PATIENTS            | 5600     |                                       |
| 59                      | OTHER ANCILLARY SERVICE COST CENTERS | 3953     | OTHER ANCILLARY SERVICE COST CENTERS  |
| 59.01                   | ONCOLOGY                             | 3480     | ONCOLOGY                              |
| 59.02                   | DIABETES CENTER                      | 3950     | OTHER ANCILLARY SERVICE COST CENTERS  |
| 59.03                   | PSYCHIATRIC/PSYCHOLOGICAL SERVICES   | 3550     | PSYCHIATRIC/PSYCHOLOGICAL SERVICES    |
| 59.04                   | PAIN CLINIC                          | 3951     | OTHER ANCILLARY SERVICE COST CENTERS  |
| 59.05                   | CURATIVE WOUND CENTER                | 3952     | OTHER ANCILLARY SERVICE COST CENTERS  |
| OUTPAT SERVICE COST     |                                      |          |                                       |
| 61                      | EMERGENCY                            | 6100     |                                       |
| 62                      | OBSERVATION BEDS (NON-DISTINCT PART) | 6200     |                                       |
| OTHER REIMBURS COST     |                                      |          |                                       |
| 65                      | AMBULANCE SERVICES                   | 6500     |                                       |
| 71                      | HOME HEALTH AGENCY                   | 7100     |                                       |
| SPEC PURPOSE COST CE    |                                      |          |                                       |
| 88                      | INTEREST EXPENSE                     | 8800     |                                       |
| 90                      | OTHER CAPITAL RELATED COSTS          | 9000     |                                       |
| 93                      | HOSPICE                              | 9300     |                                       |
| 95                      | SUBTOTALS                            | 0000     |                                       |
| NONREIMBURS COST CEN    |                                      |          |                                       |
| 96                      | GIFT, FLOWER, COFFEE SHOP & CANTEEN  | 9600     |                                       |
| 97                      | RESEARCH                             | 9700     |                                       |
| 97.01                   | ADULT DAY CARE                       | 9701     | RESEARCH                              |
| 98                      | PHYSICIANS' PRIVATE OFFICES          | 9800     |                                       |
| 99                      | NONPAID WORKERS                      | 9900     |                                       |
| 99.01                   | PARI SH NURSE PROGRAM                | 9901     | NONPAID WORKERS                       |
| 99.02                   | RETAIL PHARMACY                      | 9902     | NONPAID WORKERS                       |
| 99.03                   | LIFELINE                             | 9903     | NONPAID WORKERS                       |
| 99.04                   | DME                                  | 9904     | NONPAID WORKERS                       |
| 99.05                   | PRIVATE CARE SERVICES                | 9905     | NONPAID WORKERS                       |
| 99.06                   | EMS                                  | 9906     | NONPAID WORKERS                       |
| 99.07                   | SURGERY MM                           | 9907     | NONPAID WORKERS                       |
| 99.08                   | SAINT CLARE'S VILLA                  | 9908     | NONPAID WORKERS                       |
| 100                     | OTHER NONREIMBURSABLE COST CENTERS   | 7950     | OTHER NONREIMBURSABLE COST CENTERS    |

| LINE NO. | COST CENTER DESCRIPTION       | CMS CODE | STANDARD LABEL FOR NON-STANDARD CODES |
|----------|-------------------------------|----------|---------------------------------------|
| 101      | NONREIMBURS COST CEN<br>TOTAL | 0000     |                                       |

RECLASSIFICATIONS

PROVIDER NO:  
140052

PERIOD:  
FROM 1/ 1/2010  
TO 12/31/2010

PREPARED 5/31/2011  
WORKSHEET A-6

| EXPLANATION OF RECLASSIFICATION      | CODE<br>(1) | INCREASE                             |                 |             |            |
|--------------------------------------|-------------|--------------------------------------|-----------------|-------------|------------|
|                                      |             | COST CENTER<br>2                     | LINE<br>NO<br>3 | SALARY<br>4 | OTHER<br>5 |
| 1 RECLASS OF THERAPIES DIRECTOR      | C           | OCCUPATIONAL THERAPY                 | 51              | 32,100      | 2,436      |
| 2                                    |             | SPEECH PATHOLOGY                     | 52              | 9,313       | 707        |
| 3                                    |             | SUBPROVIDER                          | 31              | 9,908       | 752        |
| 4 RECLASS OF SNF NON-CERT EXPENSE    | D           | NURSING FACILITY                     | 35              | 12,155      | 1,754      |
| 5 RECLASS OF HOME HEALTH SUPPLIES    | E           | CENTRAL SERVICES & SUPPLY            | 15              |             | 5,631      |
| 6 RECLASS INTEREST EXPENSE           | F           | OLD CAP REL COSTS-BLDG & FIXT        | 1               |             | 280,650    |
| 7                                    |             | OLD CAP REL COSTS-BLDG & FIXT        | 1.01            |             | 112,468    |
| 8                                    |             | NEW CAP REL COSTS-BLDG & FIXT        | 3               |             | 162,914    |
| 9                                    |             | NEW CAP REL COSTS-BLDG & FIXT        | 3.01            |             | 10,841     |
| 10                                   |             | NEW CAP REL COSTS-BLDG & FIXT        | 3.02            |             | 26,645     |
| 11                                   |             | NEW CAP REL COSTS-BLDG & FIXT        | 3.04            |             | 11,687     |
| 12                                   |             | OLD CAP REL COSTS-BLDG & FIXT        | 1.02            |             | 11,384     |
| 13                                   |             | OLD CAP REL COSTS-BLDG & FIXT        | 1.03            |             | 2,032      |
| 14                                   |             | OLD CAP REL COSTS-MVBLE EQUIP        | 2               |             | 51,641     |
| 15                                   |             | NEW CAP REL COSTS-MVBLE EQUIP        | 4               |             | 266,528    |
| 16                                   |             | NEW CAP REL COSTS-MVBLE EQUIP        | 4.01            |             | 24,669     |
| 17                                   |             | OLD CAP REL COSTS-MVBLE EQUIP        | 2.01            |             | 40,776     |
| 18                                   |             | NEW CAP REL COSTS-MVBLE EQUIP        | 4.02            |             | 159,696    |
| 19 RECLASS RECREATIONAL DIRECTOR     | G           | SKILLED NURSING FACILITY             | 34              | 29,627      | 2,124      |
| 20                                   |             | SUBPROVIDER                          | 31              | 13,023      | 934        |
| 21 RECLASS HHA DIRECTOR              | H           | HOSPICE                              | 93              | 28,494      | 2,104      |
| 22                                   |             | ADULT DAY CARE                       | 97.01           | 4,749       | 351        |
| 23 RECLASS MEDICAL BILLABLE SUPPLIES | I           | MEDICAL SUPPLIES CHARGED TO PATIENTS | 55              |             | 2,766,242  |
| 24                                   |             | IMPL. DEV. CHARGED TO PATIENT        | 55.30           |             | 2,581,832  |
| 25 RECLASS SIGNING BONUSES           | O           | ADULTS & PEDIATRICS                  | 25              | 1,369       |            |
| 26                                   |             | INTENSIVE CARE UNIT                  | 26              | 3,000       |            |
| 27                                   |             | OCCUPATIONAL THERAPY                 | 51              | 2,000       |            |
| 28                                   |             | EMERGENCY                            | 61              | 1,000       |            |
| 29                                   |             | OTHER ADMINISTRATIVE AND GENERAL     | 6.05            | 1,000       |            |
| 30 RECLASS DIABETES MANAGER          | R           | DIABETES CENTER                      | 59.02           | 17,205      | 1,308      |
| 31 RECLASS PENSION MANAGEMENT FEES   | S           | EMPLOYEE BENEFITS                    | 5               |             | 84,352     |
| 36 TOTAL RECLASSIFICATIONS           |             |                                      |                 | 164,943     | 6,612,458  |

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.  
Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.  
See instructions for column 10 referencing to Worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

PROVIDER NO:  
140052

PERIOD:  
FROM 1/ 1/2010  
TO 12/31/2010

PREPARED 5/31/2011  
WORKSHEET A-6

| EXPLANATION OF RECLASSIFICATION      | ----- DECREASE ----- |                                  |            |         | A-7<br>REF<br>10 |       |
|--------------------------------------|----------------------|----------------------------------|------------|---------|------------------|-------|
|                                      | CODE<br>(1)          | COST CENTER                      | LINE<br>NO | SALARY  |                  | OTHER |
| 1 RECLASS OF THERAPIES DIRECTOR      | C                    | PHYSICAL THERAPY                 | 50         | 51,321  | 3,895            |       |
| 2                                    |                      |                                  |            |         |                  |       |
| 3                                    |                      |                                  |            |         |                  |       |
| 4 RECLASS OF SNF NON-CERT EXPENSE    | D                    | SKILLED NURSING FACILITY         | 34         | 12,155  | 1,754            |       |
| 5 RECLASS OF HOME HEALTH SUPPLIES    | E                    | HOME HEALTH AGENCY               | 71         |         | 5,631            |       |
| 6 RECLASS INTEREST EXPENSE           | F                    | INTEREST EXPENSE                 | 88         |         | 1,161,931        | 11    |
| 7                                    |                      |                                  |            |         |                  | 11    |
| 8                                    |                      |                                  |            |         |                  | 11    |
| 9                                    |                      |                                  |            |         |                  | 11    |
| 10                                   |                      |                                  |            |         |                  | 11    |
| 11                                   |                      |                                  |            |         |                  | 11    |
| 12                                   |                      |                                  |            |         |                  | 11    |
| 13                                   |                      |                                  |            |         |                  | 11    |
| 14                                   |                      |                                  |            |         |                  | 11    |
| 15                                   |                      |                                  |            |         |                  | 11    |
| 16                                   |                      |                                  |            |         |                  | 11    |
| 17                                   |                      |                                  |            |         |                  | 11    |
| 18                                   |                      |                                  |            |         |                  | 11    |
| 19 RECLASS RECREATIONAL DIRECTOR     | G                    | OCCUPATIONAL THERAPY             | 51         | 42,650  | 3,058            |       |
| 20                                   |                      |                                  |            |         |                  |       |
| 21 RECLASS HHA DIRECTOR              | H                    | HOME HEALTH AGENCY               | 71         | 33,243  | 2,455            |       |
| 22                                   |                      |                                  |            |         |                  |       |
| 23 RECLASS MEDICAL BILLABLE SUPPLIES | I                    | CENTRAL SERVICES & SUPPLY        | 15         |         | 5,348,074        |       |
| 24                                   |                      |                                  |            |         |                  |       |
| 25 RECLASS SIGNING BONUSES           | O                    | EMPLOYEE BENEFITS                | 5          | 8,369   |                  |       |
| 26                                   |                      |                                  |            |         |                  |       |
| 27                                   |                      |                                  |            |         |                  |       |
| 28                                   |                      |                                  |            |         |                  |       |
| 29                                   |                      |                                  |            |         |                  |       |
| 30 RECLASS DIABETES MANAGER          | R                    | CURATIVE WOUND CENTER            | 59.05      | 17,205  | 1,308            |       |
| 31 RECLASS PENSION MANAGEMENT FEES   | S                    | OTHER ADMINISTRATIVE AND GENERAL | 6.05       |         | 84,352           |       |
| 36 TOTAL RECLASSIFICATIONS           |                      |                                  |            | 164,943 | 6,612,458        |       |

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.  
 Transfer the amounts in columns 4, 5, 8, and 9 to Worksheet A, column 4, lines as appropriate.  
 See instructions for column 10 referencing to Worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

PROVIDER NO:  
140052

PERIOD:  
FROM 1/ 1/2010  
TO 12/31/2010

PREPARED 5/31/2011  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: C  
EXPLANATION : RECLASS OF THERAPIES DIRECTOR

| ----- INCREASE -----               |                      |      |        | ----- DECREASE ----- |      |        |  |
|------------------------------------|----------------------|------|--------|----------------------|------|--------|--|
| LINE                               | COST CENTER          | LINE | AMOUNT | COST CENTER          | LINE | AMOUNT |  |
| 1.00                               | OCCUPATIONAL THERAPY | 51   | 34,536 | PHYSICAL THERAPY     | 50   | 55,216 |  |
| 2.00                               | SPEECH PATHOLOGY     | 52   | 10,020 |                      |      | 0      |  |
| 3.00                               | SUBPROVIDER          | 31   | 10,660 |                      |      | 0      |  |
| TOTAL RECLASSIFICATIONS FOR CODE C |                      |      | 55,216 |                      |      | 55,216 |  |

RECLASS CODE: D  
EXPLANATION : RECLASS OF SNF NON-CERT EXPENSE

| ----- INCREASE -----               |                  |      |        | ----- DECREASE -----     |      |        |  |
|------------------------------------|------------------|------|--------|--------------------------|------|--------|--|
| LINE                               | COST CENTER      | LINE | AMOUNT | COST CENTER              | LINE | AMOUNT |  |
| 1.00                               | NURSING FACILITY | 35   | 13,909 | SKILLED NURSING FACILITY | 34   | 13,909 |  |
| TOTAL RECLASSIFICATIONS FOR CODE D |                  |      | 13,909 |                          |      | 13,909 |  |

RECLASS CODE: E  
EXPLANATION : RECLASS OF HOME HEALTH SUPPLIES

| ----- INCREASE -----               |                           |      |        | ----- DECREASE ----- |      |        |  |
|------------------------------------|---------------------------|------|--------|----------------------|------|--------|--|
| LINE                               | COST CENTER               | LINE | AMOUNT | COST CENTER          | LINE | AMOUNT |  |
| 1.00                               | CENTRAL SERVICES & SUPPLY | 15   | 5,631  | HOME HEALTH AGENCY   | 71   | 5,631  |  |
| TOTAL RECLASSIFICATIONS FOR CODE E |                           |      | 5,631  |                      |      | 5,631  |  |

RECLASS CODE: F  
EXPLANATION : RECLASS INTEREST EXPENSE

| ----- INCREASE -----               |                               |      |           | ----- DECREASE ----- |      |           |  |
|------------------------------------|-------------------------------|------|-----------|----------------------|------|-----------|--|
| LINE                               | COST CENTER                   | LINE | AMOUNT    | COST CENTER          | LINE | AMOUNT    |  |
| 1.00                               | OLD CAP REL COSTS-BLDG & FIXT | 1    | 280,650   | INTEREST EXPENSE     | 88   | 1,161,931 |  |
| 2.00                               | OLD CAP REL COSTS-BLDG & FIXT | 1.01 | 112,468   |                      |      | 0         |  |
| 3.00                               | NEW CAP REL COSTS-BLDG & FIXT | 3    | 162,914   |                      |      | 0         |  |
| 4.00                               | NEW CAP REL COSTS-BLDG & FIXT | 3.01 | 10,841    |                      |      | 0         |  |
| 5.00                               | NEW CAP REL COSTS-BLDG & FIXT | 3.02 | 26,645    |                      |      | 0         |  |
| 6.00                               | NEW CAP REL COSTS-BLDG & FIXT | 3.04 | 11,687    |                      |      | 0         |  |
| 7.00                               | OLD CAP REL COSTS-BLDG & FIXT | 1.02 | 11,384    |                      |      | 0         |  |
| 8.00                               | OLD CAP REL COSTS-BLDG & FIXT | 1.03 | 2,032     |                      |      | 0         |  |
| 9.00                               | OLD CAP REL COSTS-MVBLE EQUIP | 2    | 51,641    |                      |      | 0         |  |
| 10.00                              | NEW CAP REL COSTS-MVBLE EQUIP | 4    | 266,528   |                      |      | 0         |  |
| 11.00                              | NEW CAP REL COSTS-MVBLE EQUIP | 4.01 | 24,669    |                      |      | 0         |  |
| 12.00                              | OLD CAP REL COSTS-MVBLE EQUIP | 2.01 | 40,776    |                      |      | 0         |  |
| 13.00                              | NEW CAP REL COSTS-MVBLE EQUIP | 4.02 | 159,696   |                      |      | 0         |  |
| TOTAL RECLASSIFICATIONS FOR CODE F |                               |      | 1,161,931 |                      |      | 1,161,931 |  |

RECLASS CODE: G  
EXPLANATION : RECLASS RECREATIONAL DIRECTOR

| ----- INCREASE -----               |                          |      |        | ----- DECREASE ----- |      |        |  |
|------------------------------------|--------------------------|------|--------|----------------------|------|--------|--|
| LINE                               | COST CENTER              | LINE | AMOUNT | COST CENTER          | LINE | AMOUNT |  |
| 1.00                               | SKILLED NURSING FACILITY | 34   | 31,751 | OCCUPATIONAL THERAPY | 51   | 45,708 |  |
| 2.00                               | SUBPROVIDER              | 31   | 13,957 |                      |      | 0      |  |
| TOTAL RECLASSIFICATIONS FOR CODE G |                          |      | 45,708 |                      |      | 45,708 |  |

RECLASS CODE: H  
EXPLANATION : RECLASS HHA DIRECTOR

| ----- INCREASE -----               |                |       |        | ----- DECREASE ----- |      |        |  |
|------------------------------------|----------------|-------|--------|----------------------|------|--------|--|
| LINE                               | COST CENTER    | LINE  | AMOUNT | COST CENTER          | LINE | AMOUNT |  |
| 1.00                               | HOSPICE        | 93    | 30,598 | HOME HEALTH AGENCY   | 71   | 35,698 |  |
| 2.00                               | ADULT DAY CARE | 97.01 | 5,100  |                      |      | 0      |  |
| TOTAL RECLASSIFICATIONS FOR CODE H |                |       | 35,698 |                      |      | 35,698 |  |

RECLASS CODE: I  
EXPLANATION : RECLASS MEDICAL BILLABLE SUPPLIES

| ----- INCREASE -----               |                                |       |           | ----- DECREASE -----      |      |           |  |
|------------------------------------|--------------------------------|-------|-----------|---------------------------|------|-----------|--|
| LINE                               | COST CENTER                    | LINE  | AMOUNT    | COST CENTER               | LINE | AMOUNT    |  |
| 1.00                               | MEDICAL SUPPLIES CHARGED TO PA | 55    | 2,766,242 | CENTRAL SERVICES & SUPPLY | 15   | 5,348,074 |  |
| 2.00                               | IMPL. DEV. CHARGED TO PATIENT  | 55.30 | 2,581,832 |                           |      | 0         |  |
| TOTAL RECLASSIFICATIONS FOR CODE I |                                |       | 5,348,074 |                           |      | 5,348,074 |  |

RECLASS CODE: O  
EXPLANATION : RECLASS SIGNING BONUSES

| ----- INCREASE ----- |                     |      |        | ----- DECREASE ----- |      |        |  |
|----------------------|---------------------|------|--------|----------------------|------|--------|--|
| LINE                 | COST CENTER         | LINE | AMOUNT | COST CENTER          | LINE | AMOUNT |  |
| 1.00                 | ADULTS & PEDIATRICS | 25   | 1,369  | EMPLOYEE BENEFITS    | 5    | 8,369  |  |

RECLASSIFICATIONS

PROVIDER NO:  
140052

PERIOD:  
FROM 1/ 1/2010  
TO 12/31/2010

PREPARED 5/31/2011  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: 0  
EXPLANATION : RECLASS SIGNING BONUSES

| ----- INCREASE ----- |                                    |        | ----- DECREASE ----- |      |        |
|----------------------|------------------------------------|--------|----------------------|------|--------|
| LINE                 | COST CENTER                        | AMOUNT | COST CENTER          | LINE | AMOUNT |
| 2.00                 | INTENSIVE CARE UNIT                | 3,000  |                      |      | 0      |
| 3.00                 | OCCUPATIONAL THERAPY               | 2,000  |                      |      | 0      |
| 4.00                 | EMERGENCY                          | 1,000  |                      |      | 0      |
| 5.00                 | OTHER ADMINISTRATIVE AND GENER     | 1,000  |                      |      | 0      |
|                      | TOTAL RECLASSIFICATIONS FOR CODE 0 | 8,369  |                      |      | 8,369  |

RECLASS CODE: R  
EXPLANATION : RECLASS DIABETES MANAGER

| ----- INCREASE ----- |                                    |        | ----- DECREASE -----  |       |        |
|----------------------|------------------------------------|--------|-----------------------|-------|--------|
| LINE                 | COST CENTER                        | AMOUNT | COST CENTER           | LINE  | AMOUNT |
| 1.00                 | DIABETES CENTER                    | 18,513 | CURATIVE WOUND CENTER | 59.05 | 18,513 |
|                      | TOTAL RECLASSIFICATIONS FOR CODE R | 18,513 |                       |       | 18,513 |

RECLASS CODE: S  
EXPLANATION : RECLASS PENSION MANAGEMENT FEES

| ----- INCREASE ----- |                                    |        | ----- DECREASE -----           |      |        |
|----------------------|------------------------------------|--------|--------------------------------|------|--------|
| LINE                 | COST CENTER                        | AMOUNT | COST CENTER                    | LINE | AMOUNT |
| 1.00                 | EMPLOYEE BENEFITS                  | 84,352 | OTHER ADMINISTRATIVE AND GENER | 6.05 | 84,352 |
|                      | TOTAL RECLASSIFICATIONS FOR CODE S | 84,352 |                                |      | 84,352 |

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

| DESCRIPTION           | BEGINNING  | PURCHASES | ACQUISITIONS |   | TOTAL | DISPOSALS<br>AND<br>RETIREMENTS | ENDING<br>BALANCE | FULLY<br>DEPRECIATED<br>ASSETS |
|-----------------------|------------|-----------|--------------|---|-------|---------------------------------|-------------------|--------------------------------|
|                       | BALANCES   |           | DONATION     |   |       |                                 |                   |                                |
|                       | 1          | 2         | 3            | 4 | 5     | 6                               | 7                 |                                |
| 1 LAND                | 747,381    |           |              |   |       |                                 | 747,381           |                                |
| 2 LAND IMPROVEMENTS   | 2,970,516  |           |              |   |       |                                 | 2,970,516         |                                |
| 3 BUILDINGS & FIXTURE | 29,439,249 |           |              |   |       |                                 | 29,439,249        |                                |
| 4 BUILDING IMPROVEMEN |            |           |              |   |       |                                 |                   |                                |
| 5 FIXED EQUIPMENT     | 989,672    |           |              |   |       |                                 | 989,672           |                                |
| 6 MOVABLE EQUIPMENT   | 3,601,282  |           |              |   |       | 334,591                         | 3,266,691         |                                |
| 7 SUBTOTAL            | 37,748,100 |           |              |   |       | 334,591                         | 37,413,509        |                                |
| 8 RECONCILING ITEMS   |            |           |              |   |       |                                 |                   |                                |
| 9 TOTAL               | 37,748,100 |           |              |   |       | 334,591                         | 37,413,509        |                                |

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

| DESCRIPTION           | BEGINNING  | PURCHASES | ACQUISITIONS |   | TOTAL     | DISPOSALS<br>AND<br>RETIREMENTS | ENDING<br>BALANCE | FULLY<br>DEPRECIATED<br>ASSETS |
|-----------------------|------------|-----------|--------------|---|-----------|---------------------------------|-------------------|--------------------------------|
|                       | BALANCES   |           | DONATION     |   |           |                                 |                   |                                |
|                       | 1          | 2         | 3            | 4 | 5         | 6                               | 7                 |                                |
| 1 LAND                | 3,135,836  |           |              |   |           |                                 | 3,135,836         |                                |
| 2 LAND IMPROVEMENTS   | 5,967,846  | 836,825   |              |   | 836,825   |                                 | 6,804,671         |                                |
| 3 BUILDINGS & FIXTURE | 20,469,249 | 1,135,056 |              |   | 1,135,056 |                                 | 21,604,305        |                                |
| 4 BUILDING IMPROVEMEN |            |           |              |   |           |                                 |                   |                                |
| 5 FIXED EQUIPMENT     | 5,429,928  | 518,939   |              |   | 518,939   | 52,760                          | 5,896,107         |                                |
| 6 MOVABLE EQUIPMENT   | 23,984,938 | 3,818,073 |              |   | 3,818,073 | 2,139,937                       | 25,663,074        |                                |
| 7 SUBTOTAL            | 58,987,797 | 6,308,893 |              |   | 6,308,893 | 2,192,697                       | 63,103,993        |                                |
| 8 RECONCILING ITEMS   |            |           |              |   |           |                                 |                   |                                |
| 9 TOTAL               | 58,987,797 | 6,308,893 |              |   | 6,308,893 | 2,192,697                       | 63,103,993        |                                |

PART III - RECONCILIATION OF CAPITAL COST CENTERS  
 DESCRIPTION

| *    | DESCRIPTION          | GROSS ASSETS<br>1 | COMPUTATION OF RATIOS |                                | RATIO<br>4 | ALLOCATION OF OTHER CAPITAL |            |                                     | TOTAL<br>8 |
|------|----------------------|-------------------|-----------------------|--------------------------------|------------|-----------------------------|------------|-------------------------------------|------------|
|      |                      |                   | LEASES<br>2           | GROSS ASSETS<br>FOR RATIO<br>3 |            | INSURANCE<br>5              | TAXES<br>6 | OTHER CAPITAL<br>RELATED COSTS<br>7 |            |
| 1    | OLD CAP REL COSTS-BL | 26,858,426        |                       | 26,858,426                     | .285029    | 94,559                      |            |                                     | 94,559     |
| 1 01 | OLD CAP REL COSTS-BL | 3,637,988         |                       | 3,637,988                      | .038607    | 12,808                      |            |                                     | 12,808     |
| 1 02 | OLD CAP REL COSTS-BL | 3,504,632         |                       | 3,504,632                      | .037192    | 12,339                      |            |                                     | 12,339     |
| 1 03 | OLD CAP REL COSTS-BL | 398,391           |                       | 398,391                        | .004228    | 1,403                       |            |                                     | 1,403      |
| 2    | OLD CAP REL COSTS-MV | 2,655,691         |                       | 2,655,691                      | .028183    | 9,350                       |            |                                     | 9,350      |
| 2 01 | OLD CAP REL COSTS-MV | 611,000           |                       | 611,000                        | .006484    | 2,151                       |            |                                     | 2,151      |
| 3    | NEW CAP REL COSTS-BL | 23,695,315        |                       | 23,695,315                     | .251461    | 83,423                      |            |                                     | 83,423     |
| 3 01 | NEW CAP REL COSTS-BL | 4,745,780         |                       | 4,745,780                      | .050364    | 16,708                      |            |                                     | 16,708     |
| 3 02 | NEW CAP REL COSTS-BL | 1,821,722         |                       | 1,821,722                      | .019333    | 6,414                       |            |                                     | 6,414      |
| 3 03 | NEW CAP REL COSTS-BL | 2,366,054         |                       | 2,366,054                      | .025109    | 8,330                       |            |                                     | 8,330      |
| 3 04 | NEW CAP REL COSTS-BL | 1,675,816         |                       | 1,675,816                      | .017784    | 5,900                       |            |                                     | 5,900      |
| 4    | NEW CAP REL COSTS-MV | 18,917,932        | 2,905,580             | 16,012,352                     | .169927    | 56,374                      |            |                                     | 56,374     |
| 4 01 | NEW CAP REL COSTS-MV | 6,357,856         | 497,801               | 5,860,055                      | .062189    | 20,631                      |            |                                     | 20,631     |
| 4 02 | NEW CAP REL COSTS-MV | 387,287           |                       | 387,287                        | .004110    | 1,364                       |            |                                     | 1,364      |
| 5    | TOTAL                | 97,633,890        | 3,403,381             | 94,230,509                     | 1.000000   | 331,754                     |            |                                     | 331,754    |

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

| *    | DESCRIPTION          | DEPRECIATION<br>9 | LEASE<br>10 | INTEREST<br>11 | INSURANCE<br>12 | TAXES<br>13 | OTHER CAPITAL<br>RELATED COST<br>14 | TOTAL (1)<br>15 |
|------|----------------------|-------------------|-------------|----------------|-----------------|-------------|-------------------------------------|-----------------|
|      |                      |                   |             |                |                 |             |                                     |                 |
| 1 01 | OLD CAP REL COSTS-BL | 82,085            |             | 112,468        | 12,808          |             |                                     | 207,361         |
| 1 02 | OLD CAP REL COSTS-BL | 42,576            |             | 11,384         | 12,339          |             |                                     | 66,299          |
| 1 03 | OLD CAP REL COSTS-BL |                   |             | 2,032          | 1,403           |             |                                     | 3,435           |
| 2    | OLD CAP REL COSTS-MV | 505               |             | 51,641         | 9,350           |             |                                     | 61,496          |
| 2 01 | OLD CAP REL COSTS-MV | 205               |             | 40,776         | 2,151           |             |                                     | 43,132          |
| 3    | NEW CAP REL COSTS-BL | 1,039,760         |             | 162,914        | 83,423          |             |                                     | 1,286,097       |
| 3 01 | NEW CAP REL COSTS-BL | 188,114           |             | 10,841         | 16,708          |             |                                     | 215,663         |
| 3 02 | NEW CAP REL COSTS-BL | 115,214           |             | 26,645         | 6,414           |             |                                     | 148,273         |
| 3 03 | NEW CAP REL COSTS-BL | 139,087           |             |                | 8,330           |             |                                     | 147,417         |
| 3 04 | NEW CAP REL COSTS-BL |                   |             | 11,687         | 5,900           |             |                                     | 17,587          |
| 4    | NEW CAP REL COSTS-MV | 979,592           | 153,159     | 266,528        | 56,374          |             |                                     | 1,455,653       |
| 4 01 | NEW CAP REL COSTS-MV | 304,572           | 93,431      | 24,669         | 20,631          |             |                                     | 443,303         |
| 4 02 | NEW CAP REL COSTS-MV | 2,436             |             | 159,696        | 1,364           |             |                                     | 163,496         |
| 5    | TOTAL                | 2,938,195         | 246,590     | 1,161,931      | 331,754         |             |                                     | 4,678,470       |

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

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

| *    | DESCRIPTION          | DEPRECIATION<br>9 | LEASE<br>10 | INTEREST<br>11 | INSURANCE<br>12 | TAXES<br>13 | OTHER CAPITAL<br>RELATED COST<br>14 | TOTAL (1)<br>15 |
|------|----------------------|-------------------|-------------|----------------|-----------------|-------------|-------------------------------------|-----------------|
|      |                      |                   |             |                |                 |             |                                     |                 |
| 1 01 | OLD CAP REL COSTS-BL | 119,165           |             |                |                 |             |                                     | 119,165         |
| 1 02 | OLD CAP REL COSTS-BL | 31,465            |             |                |                 |             |                                     | 31,465          |
| 1 03 | OLD CAP REL COSTS-BL |                   |             |                |                 |             |                                     |                 |
| 2    | OLD CAP REL COSTS-MV | 180               |             |                |                 |             |                                     | 180             |
| 2 01 | OLD CAP REL COSTS-MV | 205               |             |                |                 |             |                                     | 205             |
| 3    | NEW CAP REL COSTS-BL | 1,001,193         |             |                |                 |             |                                     | 1,001,193       |
| 3 01 | NEW CAP REL COSTS-BL | 188,114           |             |                |                 |             |                                     | 188,114         |
| 3 02 | NEW CAP REL COSTS-BL | 115,105           |             |                |                 |             |                                     | 115,105         |
| 3 03 | NEW CAP REL COSTS-BL | 139,087           |             |                |                 |             |                                     | 139,087         |
| 3 04 | NEW CAP REL COSTS-BL |                   |             |                |                 |             |                                     |                 |
| 4    | NEW CAP REL COSTS-MV | 979,592           | 153,159     |                |                 |             |                                     | 1,132,751       |
| 4 01 | NEW CAP REL COSTS-MV | 304,572           | 93,431      |                |                 |             |                                     | 398,003         |
| 4 02 | NEW CAP REL COSTS-MV | 2,436             |             |                |                 |             |                                     | 2,436           |
| 5    | TOTAL                | 2,922,626         | 246,590     |                |                 |             |                                     | 3,169,216       |

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

ADJUSTMENTS TO EXPENSES

| DESCRIPTION (1)                           | (2)<br>BASIS/CODE | AMOUNT     | EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED |         | WKST. A-7 REF. 5 |
|---|-------------------|------------|--|---------|------------------|
|   |                   |            | COST CENTER  | LINE NO |                  |
|   | 1                 | 2          | 3  | 4       | 5                |
| 1 INVST INCOME-OLD BLDGS AND FIXTURES     |                   |            | OLD CAP REL COSTS-BLDG &   | 1       |                  |
| 2 INVESTMENT INCOME-OLD MOVABLE EQUIP     |                   |            | OLD CAP REL COSTS-MVBLE E  | 2       |                  |
| 3 INVST INCOME-NEW BLDGS AND FIXTURES     |                   |            | NEW CAP REL COSTS-BLDG &   | 3       |                  |
| 4 INVESTMENT INCOME-NEW MOVABLE EQUIP     |                   |            | NEW CAP REL COSTS-MVBLE E  | 4       |                  |
| 5 INVESTMENT INCOME-OTHER                 |                   |            |  |         |                  |
| 6 TRADE, QUANTITY AND TIME DISCOUNTS      |                   |            |  |         |                  |
| 7 REFUNDS AND REBATES OF EXPENSES         |                   |            |  |         |                  |
| 8 RENTAL OF PRVIDER SPACE BY SUPPLIERS    |                   |            |  |         |                  |
| 9 TELEPHONE SERVICES                      |                   |            |  |         |                  |
| 10 TELEVISION AND RADIO SERVICE           |                   |            |  |         |                  |
| 11 PARKING LOT                            |                   |            |  |         |                  |
| 12 PROVIDER BASED PHYSICIAN ADJUSTMENT    | A-8-2             | -1,196,277 |  |         |                  |
| 13 SALE OF SCRAP, WASTE, ETC.             |                   |            |  |         |                  |
| 14 RELATED ORGANIZATION TRANSACTIONS      | A-8-1             | 266,611    |  |         |                  |
| 15 LAUNDRY AND LINEN SERVICE              |                   |            |  |         |                  |
| 16 CAFETERIA--EMPLOYEES AND GUESTS        | A                 | -426,901   | CAFETERIA  | 12      |                  |
| 17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS   |                   |            |  |         |                  |
| 18 SALE OF MED AND SURG SUPPLIES          | A                 | -10,621    | CENTRAL SERVICES & SUPPLY  | 15      |                  |
| 19 SALE OF DRUGS TO OTHER THAN PATIENTS   | A                 | -4,101     | DRUGS CHARGED TO PATIENTS  | 56      |                  |
| 20 SALE OF MEDICAL RECORDS & ABSTRACTS    | B                 | -905       | MEDICAL RECORDS & LIBRARY  | 17      |                  |
| 21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.) |                   |            |  |         |                  |
| 22 VENDING MACHINES                       |                   |            |  |         |                  |
| 23 INCOME FROM IMPOSITION OF INTEREST     |                   |            |  |         |                  |
| 24 INTRST EXP ON MEDICARE OVERPAYMENTS    |                   |            |  |         |                  |
| 25 ADJUSTMENT FOR RESPIRATORY THERAPY     | A-8-3/A-8-4       |            | RESPIRATORY THERAPY  | 49      |                  |
| 26 ADJUSTMENT FOR PHYSICAL THERAPY        | A-8-3/A-8-4       |            | PHYSICAL THERAPY   | 50      |                  |
| 27 ADJUSTMENT FOR HHA PHYSICAL THERAPY    | A-8-3             |            |  |         |                  |
| 28 UTILIZATION REVIEW-PHYSIAN COMP        |                   |            | **COST CENTER DELETED**  | 89      |                  |
| 29 DEPRECIATION-OLD BLDGS AND FIXTURES    |                   |            | OLD CAP REL COSTS-BLDG &   | 1       |                  |
| 30 DEPRECIATION-OLD MOVABLE EQUIP         |                   |            | OLD CAP REL COSTS-MVBLE E  | 2       |                  |
| 31 DEPRECIATION-NEW BLDGS AND FIXTURES    |                   |            | NEW CAP REL COSTS-BLDG &   | 3       |                  |
| 32 DEPRECIATION-NEW MOVABLE EQUIP         |                   |            | NEW CAP REL COSTS-MVBLE E  | 4       |                  |
| 33 NON-PHYSICIAN ANESTHETIST              |                   |            | **COST CENTER DELETED**  | 20      |                  |
| 34 PHYSICIANS' ASSISTANT                  |                   |            |  |         |                  |
| 35 ADJUSTMENT FOR OCCUPATIONAL THERAPY    | A-8-4             |            | OCCUPATIONAL THERAPY   | 51      |                  |
| 36 ADJUSTMENT FOR SPEECH PATHOLOGY        | A-8-4             |            | SPEECH PATHOLOGY   | 52      |                  |
| 37 OTHER REVENUE                          | B                 | -36,509    | OTHER ADMINISTRATIVE AND   | 6.05    |                  |
| 37.01 HOSPICE                             | B                 | -9,169     | HOSPICE  | 93      |                  |
| 37.02 NUTRITION                           | A                 | -79,916    | DIETARY  | 11      |                  |
| 37.03 INFORMATION SVCS                    | B                 | -2,362     | OTHER ADMINISTRATIVE AND   | 6.05    |                  |
| 37.04 PATIENT ACCOUNTS                    | B                 | -65        | CASHIERING/ACCOUNTS RECEI  | 6.04    |                  |
| 37.05 PHYSICIAN LIAISON                   | B                 | -86,896    | OTHER ADMINISTRATIVE AND   | 6.05    |                  |
| 37.06 EMPLOYEE BENEFITS                   | B                 | -18,131    | EMPLOYEE BENEFITS  | 5       |                  |
| 37.07 ADMINISTRATION                      | B                 | -38,252    | OTHER ADMINISTRATIVE AND   | 6.05    |                  |
| 37.08 SAINT CLARE'S ACQUISITION           | A                 | -3,418     | OLD CAP REL COSTS-BLDG &   | 1.01    | 9                |
| 37.09 ENTERTAINMENT ADJUSTMENT            | A                 | 76,504     | OTHER ADMINISTRATIVE AND   | 6.05    |                  |
| 37.10 NON-PATIENT RELATED CATERING        | A                 | -197,431   | DIETARY  | 11      |                  |
| 37.11 LIFING DIFFERENCES 1990, 1991       | A                 | 2,537      | OLD CAP REL COSTS-BLDG &   | 1       | 9                |
| 37.12 LIFING DIFFERENCES 1990, 1991       | A                 | -33,662    | OLD CAP REL COSTS-BLDG &   | 1.01    | 9                |
| 37.13 LIFING DIFFERENCES 1990, 1991       | A                 | 11,111     | OLD CAP REL COSTS-BLDG &   | 1.02    | 9                |
| 37.14 LIFING DIFFERENCES 1990, 1991       | A                 | 38,567     | NEW CAP REL COSTS-BLDG &   | 3       | 9                |
| 37.15 LIFING DIFFERENCES 1990, 1991       | A                 | 109        | NEW CAP REL COSTS-BLDG &   | 3.02    | 9                |
| 37.16 LOBBYING EXPENSE                    | A                 | -52,643    | OTHER ADMINISTRATIVE AND   | 6.05    |                  |
| 37.17 DPA PROVIDER TAX                    | A                 | 18,621     | OTHER ADMINISTRATIVE AND   | 6.05    |                  |
| 37.18 DIABETES CENTER MARKETING EXP       | A                 | -2,190     | OTHER ADMINISTRATIVE AND   | 6.05    |                  |
| 37.19 ADVERTISING EXPENSES                | A                 | -561,046   | OTHER ADMINISTRATIVE AND   | 6.05    |                  |
| 38 SUPPORT FEE                            | B                 | -305,750   | OTHER ADMINISTRATIVE AND   | 6.05    |                  |
| 39 EQUIPMENT SALES                        | B                 | 325        | OLD CAP REL COSTS-MVBLE E  | 2       | 9                |
| 40 A/P DISCOUNTS                          | A                 | -15,852    | CENTRAL SERVICES & SUPPLY  | 15      |                  |
| 41 NEWSPAPER                              | A                 | 19,618     | OTHER ADMINISTRATIVE AND   | 6.05    |                  |
| 42 PATIENT CARE SERVICES                  | B                 | -940       | NURSING ADMINISTRATION   | 14      |                  |
| 43 INSERVICE EDUCATION                    | B                 | -70        | NURSING ADMINISTRATION   | 14      |                  |
| 44 REHAB                                  | B                 | -1,000     | SUBPROVIDER  | 31      |                  |
| 45 SURGERY                                | B                 | -700       | OPERATING ROOM   | 37      |                  |
| 46 DIABETES                               | B                 | -1,651     | DIABETES CENTER  | 59.02   |                  |
| 47 RADIATION THERAPY                      | B                 | -1,000     | RADIOLOGY-DIAGNOSTIC   | 41      |                  |
| 48 PSYCH SERVICES                         | B                 | -3         | PSYCHIATRIC/PSYCHOLOGICAL  | 59.03   |                  |
| 49 MATERIALS MGMT                         | B                 | -45,602    | CENTRAL SERVICES & SUPPLY  | 15      |                  |
| 50 TOTAL (SUM OF LINES 1 THRU 49)         |                   | -2,699,060 |  |         |                  |

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

| LINE NO. | COST CENTER | EXPENSE ITEMS            | AMOUNT OF ALLOWABLE COST | AMOUNT    | NET* ADJUSTMENTS | WKSHT A-7 COL. REF. |
|----------|-------------|--------------------------|--------------------------|-----------|------------------|---------------------|
| 1        | 2           | 3                        | 4                        | 5         | 6                |                     |
| 1        | 5           | EMPLOYEE BENEFITS        | HEALTH INSURANCE SISTERS | 63,380    | 63,380           |                     |
| 2        | 5           | EMPLOYEE BENEFITS        | PENSION SISTERS          | 79,196    | 79,196           |                     |
| 3        | 6 5         | OTHER ADMINISTRATIVE AND | SALARIES SISTERS         | 665,862   | 665,862          |                     |
| 4        | 6 5         | OTHER ADMINISTRATIVE AND | MGMT SALARIES            | 47,700    |                  | 47,700              |
| 4.01     | 6 5         | OTHER ADMINISTRATIVE AND | DEPR BUILDING OLD        | 10,576    |                  | 10,576              |
| 4.02     | 6 5         | OTHER ADMINISTRATIVE AND | DEPR BUILDING NEW        | 84,600    |                  | 84,600              |
| 4.03     | 6 5         | OTHER ADMINISTRATIVE AND | DEPR MME NEW             | 4,565     |                  | 4,565               |
| 4.04     | 6 5         | OTHER ADMINISTRATIVE AND | MGMT OTHER EXPENSE       | 8,400     |                  | 8,400               |
| 4.05     | 6 5         | OTHER ADMINISTRATIVE AND | MGMT SALARIES            | 51,700    |                  | 51,700              |
| 4.06     | 6 5         | OTHER ADMINISTRATIVE AND | MGMT OTHER EXPENSE       | 59,070    |                  | 59,070              |
| 5        |             | TOTALS                   |                          | 1,075,049 | 808,438          | 266,611             |

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

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

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

| SYMBOL (1) | NAME | PERCENTAGE OF OWNERSHIP | RELATED ORGANIZATION(S) AND/OR HOME OFFICE |                         |                  |
|------------|------|-------------------------|--|-------------------------|------------------|
|            |      |                         | NAME                                       | PERCENTAGE OF OWNERSHIP | TYPE OF BUSINESS |
| 1          | 2    | 3                       | 4  | 5                       | 6                |
| 1          | G    | 100.00                  | SISTERS OF ST. FRANCIS                     | 100.00                  | NON-PROFIT       |
| 2          | G    | 100.00                  | ST ANTHONY'S HEALTH SYSTE                  | 100.00                  | NON-PROFIT       |
| 3          | B    | 100.00                  | ST ANTHONY'S HEALTH FOUND                  | 100.00                  | NON-PROFIT       |
| 4          | C    | 100.00                  | ST ANTHONY'S PHO                           | 100.00                  | NON-PROFIT       |
| 5          | B    | 100.00                  | COMPAS NETWORK                             | 100.00                  | NON-PROFIT       |
| 5.01       | B    | 100.00                  | SAINT ANTHONY'S LLC                        | 100.00                  | NON-PROFIT       |

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0052  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED: 5/31/2011  
 WORKSHEET A-8-2  
 GROUP 1

| WKSHT A<br>LINE NO. | COST CENTER/<br>PHYSICIAN<br>IDENTIFIER | TOTAL<br>REMUN-<br>ERATION | PROFES-<br>SIONAL<br>COMPONENT | PROVIDER<br>COMPONENT | RCE<br>AMOUNT | PHYSICIAN/<br>PROVIDER<br>COMPONENT<br>HOURS | UNADJUSTED<br>RCE LIMIT | 5 PERCENT OF<br>UNADJUSTED<br>RCE LIMIT |
|---------------------|---|----------------------------|--------------------------------|-----------------------|---------------|--|-------------------------|---|
| 1                   | 2                                       | 3                          | 4                              | 5                     | 6             | 7  | 8                       | 9                                       |
| 1 25                | ADULTS & Peds                           | 240,000                    | 240,000                        |                       | 171,400       |  |                         |   |
| 2 26                | ICU                                     | 324,457                    | 324,457                        |                       | 171,400       |  |                         |   |
| 3 31                | COMPREHENSIVE REHAB                     | 66,990                     | 44,280                         | 22,710                | 171,400       | 261  | 21,507                  | 1,075                                   |
| 4 34                | EXTENDED CARE                           | 11,920                     | 100                            | 11,820                | 171,400       | 59   | 4,862                   | 243                                     |
| 5 35                | ICF                                     | 180                        | 2                              | 178                   | 171,400       | 1  | 82                      | 4                                       |
| 6 40                | ANESTHESIA                              | 215,834                    | 215,834                        |                       | 200,300       |  |                         |   |
| 7 41                | RADIOLOGY                               | 3,003                      | 3,003                          |                       | 231,100       |  |                         |   |
| 8 53                | ELECTROCARDIOLOGY                       | 67,088                     | 67,088                         |                       | 171,400       |  |                         |   |
| 9 54                | ELECTROENCEPHALOGRAPHY                  | 30,000                     | 30,000                         |                       | 171,400       |  |                         |   |
| 10 59               | 1 ONCOLOGY                              | 15,150                     |                                | 15,150                | 171,400       | 121  | 9,971                   | 499                                     |
| 11 61               | EMERGENCY                               | 258,077                    | 258,077                        |                       | 171,400       |  |                         |   |
| 12                  |   |                            |                                |                       |               |  |                         |   |
| 13                  |   |                            |                                |                       |               |  |                         |   |
| 14                  |   |                            |                                |                       |               |  |                         |   |
| 15                  |   |                            |                                |                       |               |  |                         |   |
| 16                  |   |                            |                                |                       |               |  |                         |   |
| 17                  |   |                            |                                |                       |               |  |                         |   |
| 18                  |   |                            |                                |                       |               |  |                         |   |
| 19                  |   |                            |                                |                       |               |  |                         |   |
| 20                  |   |                            |                                |                       |               |  |                         |   |
| 21                  |   |                            |                                |                       |               |  |                         |   |
| 22                  |   |                            |                                |                       |               |  |                         |   |
| 23                  |   |                            |                                |                       |               |  |                         |   |
| 24                  |   |                            |                                |                       |               |  |                         |   |
| 25                  |   |                            |                                |                       |               |  |                         |   |
| 26                  |   |                            |                                |                       |               |  |                         |   |
| 27                  |   |                            |                                |                       |               |  |                         |   |
| 28                  |   |                            |                                |                       |               |  |                         |   |
| 29                  |   |                            |                                |                       |               |  |                         |   |
| 30                  |   |                            |                                |                       |               |  |                         |   |
| 101                 | TOTAL                                   | 1,232,699                  | 1,182,841                      | 49,858                |               | 442  | 36,422                  | 1,821                                   |

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0052  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED: 5/31/2011  
 WORKSHEET A-8-2  
 GROUP 1

| WKSHT A<br>LINE NO. | COST CENTER/<br>PHYSICIAN<br>IDENTIFIER | COST OF<br>MEMBERSHIPS<br>& CONTINUING<br>EDUCATION | PROVIDER<br>COMPONENT<br>SHARE OF<br>COL 12 | PHYSICIAN<br>COST OF<br>MALPRACTICE<br>INSURANCE | PROVIDER<br>COMPONENT<br>SHARE OF<br>COL 14 | ADJUSTED<br>RCE<br>LIMIT | RCE<br>DIS-<br>ALLOWANCE | ADJUSTMENT |
|---------------------|---|---|---|--|---|--------------------------|--------------------------|------------|
| 10                  | 11                                      | 12  | 13  | 14   | 15  | 16                       | 17                       | 18         |
| 1 25                | ADULTS & Peds                           |   |   |  |   |                          |                          | 240,000    |
| 2 26                | ICU                                     |   |   |  |   |                          |                          | 324,457    |
| 3 31                | COMPREHENSIVE REHAB                     |   |   |  |   | 21,507                   | 1,203                    | 45,483     |
| 4 34                | EXTENDED CARE                           |   |   |  |   | 4,862                    | 6,958                    | 7,058      |
| 5 35                | ICF                                     |   |   |  |   | 82                       | 96                       | 98         |
| 6 40                | ANESTHESIA                              |   |   |  |   |                          |                          | 215,834    |
| 7 41                | RADIOLOGY                               |   |   |  |   |                          |                          | 3,003      |
| 8 53                | ELECTROCARDIOLOGY                       |   |   |  |   |                          |                          | 67,088     |
| 9 54                | ELECTROENCEPHALOGRAPHY                  |   |   |  |   |                          |                          | 30,000     |
| 10 59               | 1 ONCOLOGY                              |   |   |  |   | 9,971                    | 5,179                    | 5,179      |
| 11 61               | EMERGENCY                               |   |   |  |   |                          |                          | 258,077    |
| 12                  |   |   |   |  |   |                          |                          |            |
| 13                  |   |   |   |  |   |                          |                          |            |
| 14                  |   |   |   |  |   |                          |                          |            |
| 15                  |   |   |   |  |   |                          |                          |            |
| 16                  |   |   |   |  |   |                          |                          |            |
| 17                  |   |   |   |  |   |                          |                          |            |
| 18                  |   |   |   |  |   |                          |                          |            |
| 19                  |   |   |   |  |   |                          |                          |            |
| 20                  |   |   |   |  |   |                          |                          |            |
| 21                  |   |   |   |  |   |                          |                          |            |
| 22                  |   |   |   |  |   |                          |                          |            |
| 23                  |   |   |   |  |   |                          |                          |            |
| 24                  |   |   |   |  |   |                          |                          |            |
| 25                  |   |   |   |  |   |                          |                          |            |
| 26                  |   |   |   |  |   |                          |                          |            |
| 27                  |   |   |   |  |   |                          |                          |            |
| 28                  |   |   |   |  |   |                          |                          |            |
| 29                  |   |   |   |  |   |                          |                          |            |
| 30                  |   |   |   |  |   |                          |                          |            |
| 101                 | TOTAL                                   |   |   |  |   | 36,422                   | 13,436                   | 1,196,277  |

COST ALLOCATION STATISTICS

PROVIDER NO: 14-0052  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/31/2011  
 NOT A CMS WORKSHEET

| LINE NO. | COST CENTER DESCRIPTION          | STATISTICS CODE | STATISTICS DESCRIPTION |             |
|----------|----------------------------------|-----------------|------------------------|-------------|
|          | GENERAL SERVICE COST             |                 |                        |             |
| 1        | OLD CAP REL COSTS-BLDG & FIXT    | 1               | SQUARE FEET            | ENTERED     |
| 1.01     | OLD CAP REL COSTS-BLDG & FIXT    | 20              | SQUARE FEET            | ENTERED     |
| 1.02     | OLD CAP REL COSTS-BLDG & FIXT    | 21              | SQUARE FEET            | ENTERED     |
| 1.03     | OLD CAP REL COSTS-BLDG & FIXT    | 22              | SQUARE FEET            | ENTERED     |
| 2        | OLD CAP REL COSTS-MVBLE EQUIP    | 2               | SQUARE FEET            | ENTERED     |
| 2.01     | OLD CAP REL COSTS-MVBLE EQUIP    | 23              | SQUARE FEET            | ENTERED     |
| 3        | NEW CAP REL COSTS-BLDG & FIXT    | 1               | SQUARE FEET            | ENTERED     |
| 3.01     | NEW CAP REL COSTS-BLDG & FIXT    | 20              | SQUARE FEET            | ENTERED     |
| 3.02     | NEW CAP REL COSTS-BLDG & FIXT    | 25              | SQUARE FEET            | ENTERED     |
| 3.03     | NEW CAP REL COSTS-BLDG & FIXT    | 21              | SQUARE FEET            | ENTERED     |
| 3.04     | NEW CAP REL COSTS-BLDG & FIXT    | 22              | SQUARE FEET            | ENTERED     |
| 4        | NEW CAP REL COSTS-MVBLE EQUIP    | 2               | SQUARE FEET            | ENTERED     |
| 4.01     | NEW CAP REL COSTS-MVBLE EQUIP    | 23              | SQUARE FEET            | ENTERED     |
| 4.02     | NEW CAP REL COSTS-MVBLE EQUIP    | 29              | SQUARE FEET            | ENTERED     |
| 5        | EMPLOYEE BENEFITS                | 5               | ADJUSTED SALARIES      | ENTERED     |
| 6.01     | NONPATIENT TELEPHONES            | 6               | NO OF LINES            | ENTERED     |
| 6.02     | PURCHASING, RECEIVING AND STORES | 18              | COSTED REQUIS.         | ENTERED     |
| 6.03     | ADMITTING                        | 19              | TOTAL REVENUE          | ENTERED     |
| 6.04     | CASHIERING/ACCOUNTS RECEIVABLE   | 26              | TOTAL REVENUE          | ENTERED     |
| 6.05     | OTHER ADMINISTRATIVE AND GENERAL | #               | ACCUM. COST            | NOT ENTERED |
| 8        | OPERATION OF PLANT               | 7               | SQUARE FEET            | ENTERED     |
| 9        | LAUNDRY & LINEN SERVICE          | 8               | POUNDS OF LAUNDRY      | ENTERED     |
| 10       | HOUSEKEEPING                     | 9               | TIME SPENT             | ENTERED     |
| 11       | DIETARY                          | 10              | PATIENT MEALS          | ENTERED     |
| 12       | CAFETERIA                        | 11              | FTE'S                  | ENTERED     |
| 14       | NURSING ADMINISTRATION           | 13              | DIRECT NRSING HRS      | ENTERED     |
| 15       | CENTRAL SERVICES & SUPPLY        | 14              | PURCHASE REQUIS.       | ENTERED     |
| 16       | PHARMACY                         | 15              | COSTED REQUIS.         | NOT ENTERED |
| 17       | MEDICAL RECORDS & LIBRARY        | 16              | TIME SPENT             | ENTERED     |
| 18       | SOCIAL SERVICE                   | 17              | TIME SPENT             | ENTERED     |

COST ALLOCATION - GENERAL SERVICE COSTS

| COST CENTER DESCRIPTION   |                           | NET EXPENSES FOR COST ALLOCATION | OLD CAP REL C OSTS-BLDG & 1 | OLD CAP REL C OSTS-BLDG & 1.01 | OLD CAP REL C OSTS-BLDG & 1.02 | OLD CAP REL C OSTS-BLDG & 1.03 | OLD CAP REL C OSTS-MVBLE E 2 | OLD CAP REL C OSTS-MVBLE E 2.01 |
|---------------------------|---------------------------|----------------------------------|-----------------------------|--------------------------------|--------------------------------|--------------------------------|------------------------------|---------------------------------|
| GENERAL SERVICE COST CNTR |                           |                                  |                             |                                |                                |                                |                              |                                 |
| 001                       | OLD CAP REL COSTS-BLDG &  | 419,258                          | 419,258                     |                                |                                |                                |                              |                                 |
| 001 01                    | OLD CAP REL COSTS-BLDG &  | 207,361                          |                             | 207,361                        |                                |                                |                              |                                 |
| 001 02                    | OLD CAP REL COSTS-BLDG &  | 66,299                           |                             |                                | 66,299                         |                                |                              |                                 |
| 001 03                    | OLD CAP REL COSTS-BLDG &  | 3,435                            |                             |                                |                                | 3,435                          |                              |                                 |
| 002                       | OLD CAP REL COSTS-MVBLE E | 61,496                           |                             |                                |                                |                                | 61,496                       |                                 |
| 002 01                    | OLD CAP REL COSTS-MVBLE E | 43,132                           |                             |                                |                                |                                |                              | 43,132                          |
| 003                       | NEW CAP REL COSTS-BLDG &  | 1,286,097                        |                             |                                |                                |                                |                              |                                 |
| 003 01                    | NEW CAP REL COSTS-BLDG &  | 215,663                          |                             |                                |                                |                                |                              |                                 |
| 003 02                    | NEW CAP REL COSTS-BLDG &  | 148,273                          |                             |                                |                                |                                |                              |                                 |
| 003 03                    | NEW CAP REL COSTS-BLDG &  | 147,417                          |                             |                                |                                |                                |                              |                                 |
| 003 04                    | NEW CAP REL COSTS-BLDG &  | 17,587                           |                             |                                |                                |                                |                              |                                 |
| 004                       | NEW CAP REL COSTS-MVBLE E | 1,455,653                        |                             |                                |                                |                                |                              |                                 |
| 004 01                    | NEW CAP REL COSTS-MVBLE E | 443,303                          |                             |                                |                                |                                |                              |                                 |
| 004 02                    | NEW CAP REL COSTS-MVBLE E | 163,496                          |                             |                                |                                |                                |                              |                                 |
| 005                       | EMPLOYEE BENEFITS         | 9,840,493                        | 2,777                       | 248                            |                                | 77                             | 406                          | 247                             |
| 006 01                    | NONPATIENT TELEPHONES     | 443,789                          | 995                         | 188                            |                                |                                | 146                          | 34                              |
| 006 02                    | PURCHASING, RECEIVING AND | 352,990                          | 8,883                       | 431                            |                                |                                | 1,299                        | 79                              |
| 006 03                    | ADMINISTRATIVE            | 736,686                          | 2,607                       |                                |                                |                                | 381                          |                                 |
| 006 04                    | CASHIERING/ACCOUNTS RECEI | 2,000,578                        | 1,814                       |                                |                                | 181                            | 265                          | 478                             |
| 006 05                    | OTHER ADMINISTRATIVE AND  | 12,324,860                       | 45,471                      | 23,919                         |                                | 554                            | 6,649                        | 5,836                           |
| 008                       | OPERATION OF PLANT        | 5,019,100                        | 36,073                      | 9,804                          | 485                            | 473                            | 5,338                        | 3,041                           |
| 009                       | LAUNDRY & LINEN SERVICE   | 334,625                          | 2,714                       | 1,042                          |                                |                                | 397                          | 191                             |
| 010                       | HOUSEKEEPING              | 1,045,394                        | 11,632                      | 3,960                          | 573                            |                                | 1,776                        | 724                             |
| 011                       | DIETARY                   | 466,851                          | 14,836                      | 1,638                          |                                | 11                             | 2,169                        | 328                             |
| 012                       | CAFETERIA                 | 926,456                          | 7,227                       | 2,271                          |                                |                                | 1,057                        | 416                             |
| 014                       | NURSING ADMINISTRATION    | 819,546                          | 2,329                       | 925                            | 190                            |                                | 365                          | 169                             |
| 015                       | CENTRAL SERVICES & SUPPLY | 497,034                          | 10,181                      | 5,092                          |                                |                                | 1,489                        | 932                             |
| 016                       | PHARMACY                  |                                  |                             |                                |                                |                                |                              |                                 |
| 017                       | MEDICAL RECORDS & LIBRARY | 896,914                          | 5,007                       | 360                            |                                |                                | 732                          | 66                              |
| 018                       | SOCIAL SERVICE            | 580,650                          | 1,066                       | 1,354                          |                                |                                | 156                          | 248                             |
| INPAT ROUTINE SRVC CNTRS  |                           |                                  |                             |                                |                                |                                |                              |                                 |
| 025                       | ADULTS & PEDIATRICS       | 3,540,290                        | 81,442                      |                                | 198                            |                                | 11,937                       |                                 |
| 026                       | INTENSIVE CARE UNIT       | 1,137,098                        | 26,919                      |                                |                                |                                | 3,936                        |                                 |
| 031                       | SUBPROVIDER               | 1,111,479                        |                             | 8,720                          |                                |                                |                              | 1,595                           |
| 033                       | NURSERY                   | 119,061                          | 2,246                       |                                |                                |                                | 328                          |                                 |
| 034                       | SKILLED NURSING FACILITY  | 944,692                          |                             | 4,084                          |                                |                                |                              | 747                             |
| 035                       | NURSING FACILITY          | 13,951                           |                             | 1,079                          |                                |                                |                              | 197                             |
| ICF/MR                    |                           |                                  |                             |                                |                                |                                |                              |                                 |
| ANCILLARY SRVC COST CNTRS |                           |                                  |                             |                                |                                |                                |                              |                                 |
| 037                       | OPERATING ROOM            | 1,937,851                        | 44,224                      | 22,823                         |                                |                                | 6,467                        | 4,176                           |
| 038                       | RECOVERY ROOM             | 319,530                          | 1,757                       | 1,047                          |                                |                                | 257                          | 192                             |
| 039                       | DELIVERY ROOM & LABOR ROO | 939,152                          | 23,552                      |                                |                                |                                | 3,444                        |                                 |
| 040                       | ANESTHESIOLOGY            | 110,756                          | 177                         | 196                            |                                |                                | 26                           | 36                              |
| 041                       | RADIOLOGY-DIAGNOSTIC      | 3,378,408                        | 19,356                      | 13,842                         |                                |                                | 2,830                        | 2,533                           |
| 044                       | LABORATORY                | 3,110,808                        | 17,721                      | 4,317                          |                                |                                | 2,591                        | 790                             |
| 046                       | WHOLE BLOOD & PACKED RED  | 588,545                          | 115                         | 392                            |                                |                                | 17                           | 72                              |
| 049                       | RESPIRATORY THERAPY       | 688,486                          | 3,860                       | 916                            |                                |                                | 564                          | 168                             |
| 050                       | PHYSICAL THERAPY          | 1,031,167                        | 1,674                       | 4,370                          |                                | 286                            | 245                          | 1,554                           |
| 051                       | OCCUPATIONAL THERAPY      | 563,982                          | 384                         | 7,150                          |                                |                                | 56                           | 1,308                           |
| 052                       | SPEECH PATHOLOGY          | 136,699                          |                             |                                |                                | 19                             |                              | 50                              |
| 053                       | ELECTROCARDIOLOGY         | 521,254                          | 12,213                      | 788                            |                                |                                | 1,786                        | 144                             |
| 054                       | ELECTROENCEPHALOGRAPHY    | 133,244                          | 1,008                       | 488                            |                                |                                | 147                          | 89                              |
| 055                       | MEDICAL SUPPLIES CHARGED  | 2,766,242                        |                             |                                |                                |                                |                              |                                 |
| 055 30                    | IMPL. DEV. CHARGED TO PAT | 2,581,832                        |                             |                                |                                |                                |                              |                                 |
| 056                       | DRUGS CHARGED TO PATIENTS | 5,042,440                        | 3,718                       | 1,196                          |                                |                                | 544                          | 219                             |
| 059                       | OTHER ANCILLARY SERVICE C |                                  |                             |                                |                                |                                |                              |                                 |
| 059 01                    | ONCOLOGY                  | 200,294                          |                             |                                |                                | 218                            |                              | 575                             |
| 059 02                    | DIABETES CENTER           | 63,984                           |                             | 1,077                          |                                |                                |                              | 197                             |
| 059 03                    | PSYCHIATRIC/PSYCHOLOGICAL | 323,540                          |                             |                                |                                | 151                            |                              | 398                             |
| 059 04                    | PAIN CLINIC               | 237,743                          |                             |                                |                                |                                |                              |                                 |
| 059 05                    | CURATIVE WOUND CENTER     | 419,345                          |                             | 3,944                          |                                |                                |                              | 722                             |
| OUTPAT SERVICE COST CNTRS |                           |                                  |                             |                                |                                |                                |                              |                                 |
| 061                       | EMERGENCY                 | 2,361,445                        | 23,389                      | 5,587                          |                                |                                | 3,420                        | 1,022                           |
| 062                       | OBSERVATION BEDS (NON-DIS |                                  |                             |                                |                                |                                |                              |                                 |
| OTHER REIMBURS COST CNTRS |                           |                                  |                             |                                |                                |                                |                              |                                 |
| 065                       | AMBULANCE SERVICES        | 74,898                           |                             |                                |                                |                                |                              |                                 |
| 071                       | HOME HEALTH AGENCY        | 1,750,869                        |                             | 4,169                          |                                |                                |                              | 763                             |
| SPEC PURPOSE COST CENTERS |                           |                                  |                             |                                |                                |                                |                              |                                 |
| 093                       | HOSPICE                   | 1,165,004                        |                             | 343                            |                                |                                |                              | 63                              |
| 095                       | SUBTOTALS                 | 78,278,525                       | 417,367                     | 137,760                        | 1,446                          | 1,970                          | 61,220                       | 30,399                          |
| NONREIMBURS COST CENTERS  |                           |                                  |                             |                                |                                |                                |                              |                                 |
| 096                       | GIFT, FLOWER, COFFEE SHOP | 1,322                            | 1,615                       |                                |                                |                                | 236                          |                                 |
| 097                       | RESEARCH                  |                                  |                             |                                |                                |                                |                              |                                 |
| 097 01                    | ADULT DAY CARE            | 120,360                          |                             | 4,889                          |                                |                                |                              | 894                             |
| 098                       | PHYSICIANS' PRIVATE OFFIC | 150,563                          |                             |                                | 64,853                         | 1,465                          |                              |                                 |
| 099                       | NONPAID WORKERS           |                                  |                             |                                |                                |                                |                              |                                 |
| 099 01                    | PARISH NURSE PROGRAM      |                                  |                             |                                |                                |                                |                              |                                 |
| 099 02                    | RETAIL PHARMACY           |                                  |                             |                                |                                |                                |                              |                                 |
| 099 03                    | LIFELINE                  |                                  |                             |                                |                                |                                |                              |                                 |
| 099 04                    | DME                       | 1,167,011                        |                             |                                |                                |                                |                              |                                 |
| 099 05                    | PRIVATE CARE SERVICES     |                                  |                             |                                |                                |                                |                              |                                 |
| 099 06                    | EMS                       | 71,396                           | 276                         |                                |                                |                                | 40                           |                                 |
| 099 07                    | SURGERY MM                |                                  |                             |                                |                                |                                |                              |                                 |
| 099 08                    | SAINT CLARE'S VILLA       | 575,246                          |                             | 64,712                         |                                |                                |                              | 11,839                          |
| 100                       | OTHER NONREIMBURSABLE COS | 11,544                           |                             |                                |                                |                                |                              |                                 |

| COST CENTER DESCRIPTION      | NET EXPENSES FOR COST ALLOCATION | OLD CAP REL C OSTS-BLDG & 1 | OLD CAP REL C OSTS-BLDG & 1.01 | OLD CAP REL C OSTS-BLDG & 1.02 | OLD CAP REL C OSTS-BLDG & 1.03 | OLD CAP REL C OSTS-MVBLE E 2 | OLD CAP REL C OSTS-MVBLE E 2.01 |
|------------------------------|----------------------------------|-----------------------------|--------------------------------|--------------------------------|--------------------------------|------------------------------|---------------------------------|
| 101 NONREIMBURS COST CENTERS |                                  |                             |                                |                                |                                |                              |                                 |
| 102 CROSS FOOT ADJUSTMENT    |                                  |                             |                                |                                |                                |                              |                                 |
| 103 NEGATIVE COST CENTER     |                                  |                             |                                |                                |                                |                              |                                 |
| TOTAL                        | 80,375,967                       | 419,258                     | 207,361                        | 66,299                         | 3,435                          | 61,496                       | 43,132                          |

| COST CENTER DESCRIPTION          | NEW CAP REL C | NEW CAP REL C    | NEW CAP REL C    | NEW CAP REL C    | NEW CAP REL C    | NEW CAP REL C  | NEW CAP REL C     |
|----------------------------------|---------------|------------------|------------------|------------------|------------------|----------------|-------------------|
|                                  | OSTS-BLDG & 3 | OSTS-BLDG & 3.01 | OSTS-BLDG & 3.02 | OSTS-BLDG & 3.03 | OSTS-BLDG & 3.04 | OSTS-MVBLE E 4 | OSTS-MVBLE E 4.01 |
| GENERAL SERVICE COST CNTR        |               |                  |                  |                  |                  |                |                   |
| 001 01 OLD CAP REL COSTS-BLDG &  |               |                  |                  |                  |                  |                |                   |
| 001 02 OLD CAP REL COSTS-BLDG &  |               |                  |                  |                  |                  |                |                   |
| 001 03 OLD CAP REL COSTS-BLDG &  |               |                  |                  |                  |                  |                |                   |
| 002 01 OLD CAP REL COSTS-MVBLE E |               |                  |                  |                  |                  |                |                   |
| 002 02 OLD CAP REL COSTS-MVBLE E |               |                  |                  |                  |                  |                |                   |
| 003 01 NEW CAP REL COSTS-BLDG &  | 1,286,097     | 215,663          |                  |                  |                  |                |                   |
| 003 02 NEW CAP REL COSTS-BLDG &  |               |                  | 148,273          |                  |                  |                |                   |
| 003 03 NEW CAP REL COSTS-BLDG &  |               |                  |                  | 147,417          |                  |                |                   |
| 003 04 NEW CAP REL COSTS-BLDG &  |               |                  |                  |                  | 17,587           |                |                   |
| 004 01 NEW CAP REL COSTS-MVBLE E |               |                  |                  |                  |                  | 1,455,653      |                   |
| 004 02 NEW CAP REL COSTS-MVBLE E |               |                  |                  |                  |                  |                | 443,303           |
| 005 EMPLOYEE BENEFITS            | 8,520         | 258              |                  |                  | 392              | 9,613          | 2,542             |
| 006 01 NONPATIENT TELEPHONES     | 3,054         | 195              |                  |                  |                  | 3,446          | 353               |
| 006 02 PURCHASING, RECEIVING AND | 27,248        | 448              |                  |                  |                  | 30,746         | 810               |
| 006 03 ADMINITTING               | 7,998         |                  | 2,048            |                  |                  | 9,025          |                   |
| 006 04 CASHIERING/ACCOUNTS RECEI | 5,564         |                  |                  |                  |                  | 6,278          | 4,909             |
| 006 05 OTHER ADMINISTRATIVE AND  | 139,486       | 24,876           |                  |                  | 2,834            | 157,390        | 59,986            |
| 008 OPERATION OF PLANT           | 110,656       | 10,197           | 27,493           | 1,079            | 2,421            | 126,362        | 31,257            |
| 009 LAUNDRY & LINEN SERVICE      | 8,324         | 1,083            |                  |                  |                  | 9,392          | 1,959             |
| 010 HOUSEKEEPING                 | 35,681        | 4,118            | 2,408            | 1,273            |                  | 42,033         | 7,446             |
| 011 DIETARY                      | 45,510        | 1,703            |                  |                  |                  | 51,352         | 3,374             |
| 012 CAFETERIA                    | 22,168        | 2,362            |                  |                  |                  | 25,014         | 4,271             |
| 014 NURSING ADMINISTRATION       | 7,145         | 962              |                  | 423              |                  | 8,651          | 1,740             |
| 015 CENTRAL SERVICES & SUPPLY    | 31,231        | 5,296            |                  |                  |                  | 35,240         | 9,576             |
| 016 PHARMACY                     |               |                  |                  |                  |                  |                |                   |
| 017 MEDICAL RECORDS & LIBRARY    | 15,360        | 375              |                  |                  |                  | 17,332         | 677               |
| 018 SOCIAL SERVICE               | 3,271         | 1,408            |                  |                  |                  | 3,691          | 2,546             |
| INPAT ROUTINE SRVC CNTRS         |               |                  |                  |                  |                  |                |                   |
| 025 ADULTS & PEDIATRICS          | 249,819       |                  |                  | 441              |                  | 282,497        |                   |
| 026 INTENSIVE CARE UNIT          | 82,576        |                  |                  |                  |                  | 93,176         |                   |
| 031 SUBPROVIDER                  |               | 9,070            |                  |                  |                  |                | 16,398            |
| 033 NURSERY                      | 6,890         |                  |                  |                  |                  | 7,774          |                   |
| 034 SKILLED NURSING FACILITY     |               | 4,248            |                  |                  |                  |                | 7,680             |
| 035 01 NURSING FACILITY          |               | 1,122            |                  |                  |                  |                | 2,029             |
| 035 01 ICF/MR                    |               |                  |                  |                  |                  |                |                   |
| ANCILLARY SRVC COST CNTRS        |               |                  |                  |                  |                  |                |                   |
| 037 OPERATING ROOM               | 135,661       | 23,737           | 3,610            |                  |                  | 153,074        | 42,916            |
| 038 RECOVERY ROOM                | 5,390         | 1,089            |                  |                  |                  | 6,082          | 1,970             |
| 039 DELIVERY ROOM & LABOR ROO    | 72,248        |                  |                  |                  |                  | 81,521         |                   |
| 040 ANESTHESIOLOGY               | 543           | 204              |                  |                  |                  | 613            | 368               |
| 041 RADIOLOGY-DIAGNOSTIC         | 59,376        | 14,396           | 33,583           |                  |                  | 66,997         | 26,029            |
| 044 LABORATORY                   | 54,361        | 4,490            |                  |                  |                  | 61,339         | 8,118             |
| 046 WHOLE BLOOD & PACKED RED     | 353           | 407              |                  |                  |                  | 399            | 736               |
| 049 RESPIRATORY THERAPY          | 11,839        | 953              |                  |                  |                  | 13,359         | 1,723             |
| 050 PHYSICAL THERAPY             | 5,135         | 4,545            |                  |                  | 1,464            | 5,794          | 15,971            |
| 051 OCCUPATIONAL THERAPY         | 1,179         | 7,436            |                  |                  |                  | 1,330          | 13,445            |
| 052 SPEECH PATHOLOGY             |               |                  |                  |                  |                  | 97             | 515               |
| 053 ELECTROCARDIOLOGY            | 37,463        | 820              |                  |                  |                  | 42,272         | 1,482             |
| 054 ELECTROENCEPHALOGRAPHY       | 3,092         | 507              |                  |                  |                  | 3,488          | 917               |
| 055 MEDICAL SUPPLIES CHARGED     |               |                  |                  |                  |                  |                |                   |
| 055 30 IMPL. DEV. CHARGED TO PAT |               |                  |                  |                  |                  |                |                   |
| 056 DRUGS CHARGED TO PATIENTS    | 11,405        | 1,244            |                  |                  |                  | 12,869         | 2,249             |
| 059 OTHER ANCILLARY SERVICE C    |               |                  |                  |                  |                  |                |                   |
| 059 01 ONCOLOGY                  |               |                  |                  |                  |                  | 1,116          | 5,911             |
| 059 02 DIABETES CENTER           |               | 1,120            | 3,650            |                  |                  |                | 2,025             |
| 059 03 PSYCHIATRIC/PSYCHOLOGICAL |               |                  |                  |                  | 773              |                | 4,094             |
| 059 04 PAIN CLINIC               |               |                  |                  |                  |                  |                |                   |
| 059 05 CURATIVE WOUND CENTER     |               | 4,102            |                  |                  |                  |                | 7,417             |
| 061 OUTPAT SERVICE COST CNTRS    |               |                  |                  |                  |                  |                |                   |
| 062 EMERGENCY                    | 71,748        | 5,811            |                  |                  |                  | 80,957         | 10,505            |
| 065 OBSERVATION BEDS (NON-DIS    |               |                  |                  |                  |                  |                |                   |
| 071 OTHER REIMBURS COST CNTRS    |               |                  |                  |                  |                  |                |                   |
| 071 AMBULANCE SERVICES           |               | 4,336            |                  |                  |                  |                | 7,840             |
| 093 HOME HEALTH AGENCY           |               |                  |                  |                  |                  |                |                   |
| 093 SPEC PURPOSE COST CENTERS    |               | 356              |                  |                  |                  |                | 644               |
| 095 HOSPICE                      |               |                  |                  |                  |                  |                |                   |
| 095 SUBTOTALS                    | 1,280,294     | 143,274          | 72,792           | 3,216            | 10,080           | 1,449,106      | 312,428           |
| NONREIMBURS COST CENTERS         |               |                  |                  |                  |                  |                |                   |
| 096 GIFT, FLOWER, COFFEE SHOP    | 4,955         |                  |                  |                  |                  | 5,591          |                   |
| 097 RESEARCH                     |               |                  |                  |                  |                  |                |                   |
| 097 01 ADULT DAY CARE            |               | 5,085            |                  |                  |                  |                | 9,193             |
| 098 PHYSICIANS' PRIVATE OFFIC    |               |                  | 58,942           | 144,201          | 7,507            |                |                   |
| 099 NONPAID WORKERS              |               |                  |                  |                  |                  |                |                   |
| 099 01 PARISH NURSE PROGRAM      |               |                  |                  |                  |                  |                |                   |
| 099 02 RETAIL PHARMACY           |               |                  |                  |                  |                  |                |                   |
| 099 03 LI FELINE                 |               |                  |                  |                  |                  |                |                   |
| 099 04 DME                       |               |                  |                  |                  |                  |                |                   |
| 099 05 PRIVATE CARE SERVICES     |               |                  |                  |                  |                  |                |                   |
| 099 06 EMS                       | 848           |                  |                  |                  |                  | 956            |                   |
| 099 07 SURGERY MM                |               |                  | 16,539           |                  |                  |                |                   |
| 099 08 SAINT CLARE'S VILLA       |               | 67,304           |                  |                  |                  |                | 121,682           |
| 100 OTHER NONREIMBURSABLE COS    |               |                  |                  |                  |                  |                |                   |

| COST CENTER<br>DESCRIPTION   | NEW CAP REL C | NEW CAP REL C    | NEW CAP REL C    | NEW CAP REL C    | NEW CAP REL C    | NEW CAP REL C  | NEW CAP REL C     |
|------------------------------|---------------|------------------|------------------|------------------|------------------|----------------|-------------------|
|                              | OSTS-BLDG & 3 | OSTS-BLDG & 3.01 | OSTS-BLDG & 3.02 | OSTS-BLDG & 3.03 | OSTS-BLDG & 3.04 | OSTS-MVBLE E 4 | OSTS-MVBLE E 4.01 |
| 101 NONREIMBURS COST CENTERS |               |                  |                  |                  |                  |                |                   |
| 102 CROSS FOOT ADJUSTMENT    |               |                  |                  |                  |                  |                |                   |
| 103 NEGATIVE COST CENTER     |               |                  |                  |                  |                  |                |                   |
| TOTAL                        | 1,286,097     | 215,663          | 148,273          | 147,417          | 17,587           | 1,455,653      | 443,303           |

| COST CENTER DESCRIPTION           | NEW CAP REL COSTS-MVBLE | EMPLOYEE BENEFITS | NONPATIENT TELEPHONES | PURCHASING, RECEIVING AND | ADMINITTING | CASHIERING/ACCOUNTS RECEI | SUBTOTAL   |
|-----------------------------------|-------------------------|-------------------|-----------------------|---------------------------|-------------|---------------------------|------------|
|                                   | 4.02                    | 5                 | 6.01                  | 6.02                      | 6.03        | 6.04                      | 6a.04      |
| 001 GENERAL SERVICE COST CNTR     |                         |                   |                       |                           |             |                           |            |
| 001 01 OLD CAP REL COSTS-BLDG &   |                         |                   |                       |                           |             |                           |            |
| 001 02 OLD CAP REL COSTS-BLDG &   |                         |                   |                       |                           |             |                           |            |
| 001 03 OLD CAP REL COSTS-BLDG &   |                         |                   |                       |                           |             |                           |            |
| 002 OLD CAP REL COSTS-MVBLE E     |                         |                   |                       |                           |             |                           |            |
| 002 01 OLD CAP REL COSTS-MVBLE E  |                         |                   |                       |                           |             |                           |            |
| 003 NEW CAP REL COSTS-BLDG &      |                         |                   |                       |                           |             |                           |            |
| 003 01 NEW CAP REL COSTS-BLDG &   |                         |                   |                       |                           |             |                           |            |
| 003 02 NEW CAP REL COSTS-BLDG &   |                         |                   |                       |                           |             |                           |            |
| 003 03 NEW CAP REL COSTS-BLDG &   |                         |                   |                       |                           |             |                           |            |
| 003 04 NEW CAP REL COSTS-BLDG &   |                         |                   |                       |                           |             |                           |            |
| 004 NEW CAP REL COSTS-MVBLE E     |                         |                   |                       |                           |             |                           |            |
| 004 01 NEW CAP REL COSTS-MVBLE E  |                         |                   |                       |                           |             |                           |            |
| 004 02 NEW CAP REL COSTS-MVBLE E  | 163,496                 |                   |                       |                           |             |                           |            |
| 005 EMPLOYEE BENEFITS             |                         | 9,865,573         |                       |                           |             |                           |            |
| 006 01 NONPATIENT TELEPHONES      |                         | 67,404            | 519,604               |                           |             |                           |            |
| 006 02 PURCHASING, RECEIVING AND  |                         | 74,231            | 4,838                 | 502,003                   |             |                           |            |
| 006 03 ADMINITTING                | 3,748                   | 178,197           | 13,546                | 7,012                     | 961,248     |                           |            |
| 006 04 CASHIERING/ACCOUNTS RECEI  |                         | 14,430            | 11,611                | 2,972                     |             | 2,050,007                 |            |
| 006 05 OTHER ADMINI STRATIVE AND  |                         | 1,253,553         | 78,375                | 57,712                    |             |                           | 14,181,501 |
| 008 OPERATI ON OF PLANT           | 50,319                  | 369,195           | 21,287                | 39,702                    |             |                           | 5,864,282  |
| 009 LAUNDRY & LINEN SERVICE       |                         |                   | 645                   | 2,062                     |             |                           | 362,434    |
| 010 HOUSEKEEPING                  | 4,407                   | 225,588           | 2,258                 | 25,557                    |             |                           | 1,414,828  |
| 011 DI ETARY                      |                         | 220,527           | 5,806                 | 22                        |             |                           | 814,183    |
| 012 CAFETERIA                     |                         | 119,214           | 5,806                 | 11,689                    |             |                           | 1,127,951  |
| 014 NURSING ADMINI STRATION       |                         | 230,551           | 5,161                 | 1,381                     |             |                           | 1,079,538  |
| 015 CENTRAL SERVICES & SUPPLY     |                         | 87,904            | 2,903                 | 13,228                    |             |                           | 700,106    |
| 016 PHARMACY                      |                         |                   |                       |                           |             |                           |            |
| 017 MEDICAL RECORDS & LIBRARY     |                         | 229,989           | 13,224                | 2,961                     |             |                           | 1,182,997  |
| 018 SOCIAL SERVICE                |                         | 159,165           | 5,483                 | 169                       |             |                           | 759,207    |
| 025 INPAT ROUTINE SRVC CNTRS      |                         |                   |                       |                           |             |                           |            |
| 026 ADULTS & PEDIATRICS           |                         | 944,238           | 39,027                | 29,471                    | 25,026      | 52,803                    | 5,257,189  |
| 026 INTENSIVE CARE UNIT           |                         | 290,493           | 4,838                 | 8,841                     | 14,242      | 30,049                    | 1,692,168  |
| 031 SUBPROVIDER                   |                         | 269,386           | 3,870                 | 6,197                     | 2,419       | 14,192                    | 1,443,326  |
| 033 NURSERY                       |                         | 22,493            | 968                   | 1,467                     | 1,438       | 3,039                     | 165,704    |
| 034 SKILLED NURSING FACILITY      |                         | 263,013           | 3,870                 | 6,497                     | 3,335       | 19,567                    | 1,257,733  |
| 035 NURSING FACILITY              |                         | 3,830             |                       | 98                        | 50          | 295                       | 22,651     |
| 035 01 ICF/MR                     |                         |                   |                       |                           |             |                           |            |
| 037 ANCILLARY SRVC COST CNTRS     |                         |                   |                       |                           |             |                           |            |
| 037 OPERATING ROOM                | 6,606                   | 481,758           | 26,125                | 11,940                    | 85,038      | 179,426                   | 3,165,432  |
| 038 RECOVERY ROOM                 |                         | 91,908            | 1,290                 | 1,275                     | 18,436      | 38,898                    | 489,121    |
| 039 DELIVERY ROOM & LABOR ROO     |                         | 264,626           | 11,289                | 5,571                     | 9,036       | 19,065                    | 1,429,504  |
| 040 ANESTHESIOLOGY                |                         | 1,613             | 22,088                | 7,897                     |             | 16,663                    | 161,180    |
| 041 RADIOLOGY-DIAGNOSTIC          | 61,465                  | 617,725           | 56,444                | 96,815                    | 219,001     | 462,096                   | 5,130,896  |
| 044 LABORATORY                    |                         | 542,947           | 18,384                | 31,503                    | 92,462      | 195,089                   | 4,144,920  |
| 046 WHOLE BLOOD & PACKED RED      |                         | 645               | 94                    | 4,592                     |             | 9,689                     | 606,056    |
| 049 RESPIRATORY THERAPY           |                         | 142,828           | 3,225                 | 10,386                    | 28,221      | 59,545                    | 966,073    |
| 050 PHYSICAL THERAPY              |                         | 292,448           | 5,483                 | 2,842                     | 42,732      | 90,161                    | 1,505,871  |
| 051 OCCUPATI ONAL THERAPY         |                         | 163,881           | 4,515                 | 350                       | 26,800      | 56,546                    | 848,362    |
| 052 SPEECH PATHOLOGY              |                         | 38,866            | 323                   | 581                       | 4,672       | 9,857                     | 191,679    |
| 053 ELECTROCARDIOLOGY             |                         | 141,388           | 9,354                 | 4,263                     | 60,297      | 127,223                   | 960,747    |
| 054 ELECTROENCEPHALOGRAPHY        |                         | 34,919            | 1,935                 | 2,092                     | 11,283      | 23,807                    | 217,016    |
| 055 MEDICAL SUPPLIES CHARGED      |                         |                   |                       |                           | 36,894      | 77,845                    | 2,880,981  |
| 055 30 IMPL. DEV. CHARGED TO PAT  |                         |                   |                       |                           | 24,876      | 52,486                    | 2,659,194  |
| 056 DRUGS CHARGED TO PATIENTS     |                         | 256,936           | 6,451                 | 4,726                     | 95,530      | 201,563                   | 5,641,090  |
| 059 OTHER ANCILLARY SERVICE C     |                         |                   |                       |                           |             |                           |            |
| 059 01 ONCOLOGY                   |                         | 50,081            | 1,290                 | 3,728                     | 3,753       | 7,918                     | 274,884    |
| 059 02 DIABETES CENTER            | 6,681                   | 18,123            | 1,290                 | 405                       | 372         | 785                       | 99,709     |
| 059 03 PSYCHI ATRIC/PSYCHOLOGICAL |                         | 91,629            | 2,258                 | 1,941                     | 3,792       | 8,000                     | 436,576    |
| 059 04 PAIN CLINIC                |                         | 43,021            | 968                   | 8,273                     | 5,342       | 11,272                    | 306,619    |
| 059 05 CURATIVE WOUND CENTER      |                         | 78,476            | 3,548                 | 17,505                    | 5,740       | 12,112                    | 552,911    |
| 061 OUTPAT SERVICE COST CNTRS     |                         |                   |                       |                           |             |                           |            |
| 061 EMERGENCY                     |                         | 546,859           | 27,738                | 39,683                    | 100,485     | 212,019                   | 3,490,668  |
| 062 OBSERVATI ON BEDS (NON-DIS    |                         |                   |                       |                           |             |                           |            |
| 062 OTHER REIMBURS COST CNTRS     |                         |                   |                       |                           |             |                           |            |
| 065 AMBULANCE SERVICES            |                         |                   |                       |                           | 271         | 572                       | 75,741     |
| 071 HOME HEALTH AGENCY            |                         | 462,914           | 26,125                | 7,353                     | 17,134      | 36,152                    | 2,317,655  |
| 093 SPEC PURPOSE COST CENTERS     |                         |                   |                       |                           |             |                           |            |
| 093 HOSPICE                       |                         | 140,575           | 2,258                 | 3,980                     | 9,490       | 20,024                    | 1,342,737  |
| 095 SUBTOTALS                     | 133,226                 | 9,525,309         | 436,067               | 494,432                   | 960,656     | 2,048,758                 | 77,221,420 |
| 096 NONREIMBURS COST CENTERS      |                         |                   |                       |                           |             |                           |            |
| 096 GIFT, FLOWER, COFFEE SHOP     |                         |                   | 1,290                 | 247                       |             |                           | 15,256     |
| 097 RESEARCH                      |                         |                   |                       |                           |             |                           |            |
| 097 01 ADULT DAY CARE             |                         | 31,643            | 1,935                 | 350                       | 592         | 1,249                     | 176,190    |
| 098 PHYSICI ANS' PRIVATE OFFIC    |                         |                   | 60,637                |                           |             |                           | 488,168    |
| 099 NONPAID WORKERS               |                         |                   |                       |                           |             |                           |            |
| 099 01 PARI SH NURSE PROGRAM      |                         |                   | 645                   |                           |             |                           | 645        |
| 099 02 RETAIL PHARMACY            |                         |                   | 968                   |                           |             |                           | 968        |
| 099 03 LI FELINE                  |                         |                   | 323                   |                           |             |                           | 323        |
| 099 04 DME                        |                         | 122,140           |                       | 4,037                     |             |                           | 1,293,188  |
| 099 05 PRIVATE CARE SERVICES      |                         |                   | 2,580                 | 23                        |             |                           | 2,603      |
| 099 06 EMS                        |                         | 16,237            | 1,290                 | 2,914                     |             |                           | 93,957     |
| 099 07 SURGERY MM                 | 30,270                  |                   | 2,903                 |                           |             |                           | 49,712     |
| 099 08 SAI NT CLARE' S VILLA      |                         | 170,244           | 10,966                |                           |             |                           | 1,021,993  |
| 100 OTHER NONREIMBURSABLE COS     |                         |                   |                       |                           |             |                           | 11,544     |

| COST CENTER DESCRIPTION   | NEW CAP<br>OSTS-MVBLE | REL C<br>E | EMPLOYEE<br>FIT S | BENE<br>LEPHONES | NONPATIENT<br>TE | PURCHASING,<br>R<br>ECEIVING AND | R<br>ADM ITTING | CASHIERING/AC<br>COUNTS RECEI | SUBTOTAL |  |           |            |
|---------------------------|-----------------------|------------|-------------------|------------------|------------------|----------------------------------|-----------------|-------------------------------|----------|--|-----------|------------|
| NONREIMBURS COST CENTERS  | 4.02                  |            | 5                 |                  | 6.01             |                                  | 6.02            |                               | 6.03     |  | 6.04      | 6a.04      |
| 101 CROSS FOOT ADJUSTMENT |                       |            |                   |                  |                  |                                  |                 |                               |          |  |           |            |
| 102 NEGATIVE COST CENTER  |                       |            |                   |                  |                  |                                  |                 |                               |          |  |           |            |
| 103 TOTAL                 | 163,496               |            | 9,865,573         |                  | 519,604          |                                  | 502,003         |                               | 961,248  |  | 2,050,007 | 80,375,967 |

| COST CENTER DESCRIPTION          | OTHER ADMINISTRATIVE AND | OPERATION OF PLANT | LAUNDRY & LINEN SERVICE | HOUSEKEEPING | DIETARY   | CAFETERIA | NURSING ADMINISTRATION |
|----------------------------------|--------------------------|--------------------|-------------------------|--------------|-----------|-----------|------------------------|
|                                  | 6.05                     | 8                  | 9                       | 10           | 11        | 12        | 14                     |
| 001 GENERAL SERVICE COST CNTR    |                          |                    |                         |              |           |           |                        |
| 001 01 OLD CAP REL COSTS-BLDG &  |                          |                    |                         |              |           |           |                        |
| 001 02 OLD CAP REL COSTS-BLDG &  |                          |                    |                         |              |           |           |                        |
| 001 03 OLD CAP REL COSTS-BLDG &  |                          |                    |                         |              |           |           |                        |
| 002 01 OLD CAP REL COSTS-MVBLE E |                          |                    |                         |              |           |           |                        |
| 002 02 OLD CAP REL COSTS-MVBLE E |                          |                    |                         |              |           |           |                        |
| 003 01 NEW CAP REL COSTS-BLDG &  |                          |                    |                         |              |           |           |                        |
| 003 02 NEW CAP REL COSTS-BLDG &  |                          |                    |                         |              |           |           |                        |
| 003 03 NEW CAP REL COSTS-BLDG &  |                          |                    |                         |              |           |           |                        |
| 003 04 NEW CAP REL COSTS-BLDG &  |                          |                    |                         |              |           |           |                        |
| 004 01 NEW CAP REL COSTS-MVBLE E |                          |                    |                         |              |           |           |                        |
| 004 02 NEW CAP REL COSTS-MVBLE E |                          |                    |                         |              |           |           |                        |
| 005 EMPLOYEE BENEFITS            |                          |                    |                         |              |           |           |                        |
| 006 01 NONPATIENT TELEPHONES     |                          |                    |                         |              |           |           |                        |
| 006 02 PURCHASING, RECEIVING AND |                          |                    |                         |              |           |           |                        |
| 006 03 ADMINISTRATION            |                          |                    |                         |              |           |           |                        |
| 006 04 CASHIERING/ACCOUNTS RECEI |                          |                    |                         |              |           |           |                        |
| 006 05 OTHER ADMINISTRATION AND  | 14,181,501               |                    |                         |              |           |           |                        |
| 008 OPERATION OF PLANT           | 1,256,364                | 7,120,646          |                         |              |           |           |                        |
| 009 LAUNDRY & LINEN SERVICE      | 77,648                   | 40,918             | 481,000                 |              |           |           |                        |
| 010 HOUSEKEEPING                 | 303,113                  | 181,200            |                         | 1,899,141    |           |           |                        |
| 011 DIETARY                      | 174,431                  | 158,393            |                         |              | 1,147,007 |           |                        |
| 012 CAFETERIA                    | 241,652                  | 103,399            |                         | 25,578       |           | 1,498,580 |                        |
| 014 NURSING ADMINISTRATION       | 231,280                  | 37,135             |                         | 474          |           | 27,641    | 1,376,068              |
| 015 CENTRAL SERVICES & SUPPLY    | 149,991                  | 172,594            |                         | 3,474        |           | 39,366    |                        |
| 016 PHARMACY                     |                          |                    |                         |              |           |           |                        |
| 017 MEDICAL RECORDS & LIBRARY    | 253,445                  | 50,360             |                         | 13,026       |           | 65,351    |                        |
| 018 SOCIAL SERVICE               | 162,653                  | 31,288             |                         | 947          |           | 31,863    |                        |
| 025 INPAT ROUTINE SRVC CNTRS     |                          |                    |                         |              |           |           |                        |
| 026 ADULTS & PEDIATRICS          | 1,126,300                | 726,299            | 135,319                 | 493,160      | 478,064   | 198,812   | 352,381                |
| 031 INTENSIVE CARE UNIT          | 362,530                  | 239,552            | 24,122                  | 55,181       | 71,158    | 52,618    | 91,325                 |
| 033 SUBPROVIDER                  | 309,218                  | 140,408            | 39,268                  | 93,311       | 154,139   | 56,191    | 104,376                |
| 034 NURSERY                      | 35,500                   | 19,986             | 5,666                   | 10,026       |           | 5,554     | 11,358                 |
| 035 SKILLED NURSING FACILITY     | 269,457                  | 65,759             | 60,266                  | 77,311       | 283,388   | 75,517    | 136,697                |
| 035 01 NURSING FACILITY          | 4,853                    | 17,370             | 910                     | 20,421       | 4,275     | 1,104     | 2,068                  |
| 035 01 ICF/MR                    |                          |                    |                         |              |           |           |                        |
| 037 ANCILLARY SRVC COST CNTRS    |                          |                    |                         |              |           |           |                        |
| 038 OPERATING ROOM               | 678,162                  | 775,083            | 60,159                  | 295,043      |           | 85,651    | 133,315                |
| 039 RECOVERY ROOM                | 104,789                  | 32,501             |                         | 12,599       |           | 14,681    | 29,971                 |
| 040 DELIVERY ROOM & LABOR ROO    | 306,257                  | 209,588            | 19,870                  | 31,419       | 91,973    | 46,155    | 94,217                 |
| 041 ANESTHESIOLOGY               | 34,531                   | 4,729              |                         |              |           |           |                        |
| 044 RADIOLOGY-DIAGNOSTIC         | 1,099,243                | 525,932            | 23,826                  | 49,497       |           | 129,954   | 7,499                  |
| 046 LABORATORY                   | 888,008                  | 227,210            |                         | 35,209       |           | 124,985   |                        |
| 049 WHOLE BLOOD & PACKED RED     | 129,841                  | 7,329              |                         |              |           |           |                        |
| 050 RESPIRATORY THERAPY          | 206,971                  | 49,099             |                         |              |           | 33,650    | 55                     |
| 051 PHYSICAL THERAPY             | 322,618                  | 151,647            | 9,055                   | 5,526        |           | 57,718    |                        |
| 052 OCCUPATIONAL THERAPY         | 181,753                  | 118,546            |                         | 2,921        |           | 33,033    |                        |
| 053 SPEECH PATHOLOGY             | 41,065                   | 4,413              |                         |              |           | 7,016     |                        |
| 054 ELECTROCARDIOLOGY            | 205,830                  | 121,368            | 22,971                  | 7,894        |           | 24,847    | 22,329                 |
| 054 ELECTROENCEPHALOGRAPHY       | 46,494                   | 16,818             |                         |              |           | 7,893     |                        |
| 055 MEDICAL SUPPLIES CHARGED     | 617,221                  |                    |                         |              |           |           |                        |
| 055 30 IMPL. DEV. CHARGED TO PAT | 569,706                  |                    |                         |              |           |           |                        |
| 056 DRUGS CHARGED TO PATIENTS    | 1,208,547                | 52,346             |                         | 7,105        |           | 35,696    |                        |
| 059 OTHER ANCILLARY SERVICE C    |                          |                    |                         |              |           |           |                        |
| 059 01 ONCOLOGY                  | 58,891                   | 50,612             | 1,465                   | 23,778       |           | 8,380     | 16,606                 |
| 059 02 DIABETES CENTER           | 21,362                   | 31,556             |                         | 3,395        |           | 3,021     | 3,904                  |
| 059 03 PSYCHIATRIC/PSYCHOLOGICAL | 93,532                   | 35,055             |                         | 16,471       |           | 18,351    |                        |
| 059 04 PAIN CLINIC               | 65,690                   |                    |                         |              |           | 9,484     | 6,390                  |
| 059 05 CURATIVE WOUND CENTER     | 118,456                  | 63,505             | 3,814                   | 17,604       |           | 14,746    | 17,312                 |
| 061 OUTPAT SERVICE COST CNTRS    |                          |                    |                         |              |           |           |                        |
| 062 EMERGENCY                    | 747,841                  | 298,092            | 67,995                  | 220,015      | 11,290    | 112,609   | 162,320                |
| 065 OBSERVATION BEDS (NON-DIS    |                          |                    |                         |              |           |           |                        |
| 071 OTHER REIMBURS COST CNTRS    | 16,227                   |                    |                         |              |           |           |                        |
| 071 AMBULANCE SERVICES           | 496,534                  | 67,131             |                         | 15,100       |           | 82,175    | 82,442                 |
| 093 HOME HEALTH AGENCY           |                          |                    |                         |              |           |           |                        |
| 095 SPEC PURPOSE COST CENTERS    |                          |                    |                         |              |           |           |                        |
| 093 HOSPICE                      | 287,668                  | 5,517              |                         | 1,241        |           | 29,102    | 37,238                 |
| 095 SUBTOTALS                    | 13,505,672               | 4,832,738          | 474,706                 | 1,537,726    | 1,094,287 | 1,433,164 | 1,311,803              |
| 096 NONREIMBURS COST CENTERS     |                          |                    |                         |              |           |           |                        |
| 097 GIFT, FLOWER, COFFEE SHOP    | 3,268                    | 14,375             |                         | 1,026        |           |           |                        |
| 097 RESEARCH                     |                          |                    |                         |              |           |           |                        |
| 097 01 ADULT DAY CARE            | 37,747                   | 78,716             |                         | 16,736       | 52,720    | 9,712     | 94                     |
| 099 PHYSICIANS' PRIVATE OFFICE   | 104,585                  | 1,086,005          |                         | 335,364      |           |           |                        |
| 099 NONPAID WORKERS              |                          |                    |                         |              |           |           |                        |
| 099 01 PARISH NURSE PROGRAM      | 138                      |                    |                         |              |           |           |                        |
| 099 02 RETAIL PHARMACY           | 207                      |                    |                         |              |           |           |                        |
| 099 03 LI FELINE                 | 69                       |                    |                         |              |           |           |                        |
| 099 04 DME                       | 277,053                  |                    |                         | 8,289        |           |           |                        |
| 099 05 PRIVATE CARE SERVICES     | 558                      |                    |                         |              |           |           |                        |
| 099 06 EMS                       | 20,129                   | 2,459              | 6,294                   |              |           | 3,313     |                        |
| 099 07 SURGERY MM                | 10,650                   | 64,419             |                         |              |           |           |                        |
| 099 08 SAINT CLARE'S VILLA       | 218,952                  | 1,041,934          |                         |              |           | 52,391    | 64,171                 |
| 100 OTHER NONREIMBURSABLE COS    | 2,473                    |                    |                         |              |           |           |                        |

| COST CENTER DESCRIPTION      | OTHER ADMINISTRATIVE AND | OPERATION OF PLANT | LAUNDRY & LINEN SERVICE | HOUSEKEEPING | DIETARY   | CAFETERIA | NURSING ADMINISTRATION |
|------------------------------|--------------------------|--------------------|-------------------------|--------------|-----------|-----------|------------------------|
|                              | 6.05                     | 8                  | 9                       | 10           | 11        | 12        | 14                     |
| 101 NONREIMBURS COST CENTERS |                          |                    |                         |              |           |           |                        |
| 102 CROSS FOOT ADJUSTMENT    |                          |                    |                         |              |           |           |                        |
| 103 NEGATIVE COST CENTER     |                          |                    |                         |              |           |           |                        |
| TOTAL                        | 14,181,501               | 7,120,646          | 481,000                 | 1,899,141    | 1,147,007 | 1,498,580 | 1,376,068              |

| COST CENTER DESCRIPTION          | CENTRAL SERVICES & SUPPLY | PHARMACY | MEDICAL RECORDS & LIBRARY | SOCIAL SERVICE | SUBTOTAL   | I&R COST POST STEP-DOWN ADJ | TOTAL      |
|----------------------------------|---------------------------|----------|---------------------------|----------------|------------|-----------------------------|------------|
|                                  | 15                        | 16       | 17                        | 18             | 25         | 26                          | 27         |
| 001 GENERAL SERVICE COST CNTR    |                           |          |                           |                |            |                             |            |
| 001 01 OLD CAP REL COSTS-BLDG &  |                           |          |                           |                |            |                             |            |
| 001 02 OLD CAP REL COSTS-BLDG &  |                           |          |                           |                |            |                             |            |
| 001 03 OLD CAP REL COSTS-BLDG &  |                           |          |                           |                |            |                             |            |
| 002 OLD CAP REL COSTS-MVBLE E    |                           |          |                           |                |            |                             |            |
| 002 01 OLD CAP REL COSTS-MVBLE E |                           |          |                           |                |            |                             |            |
| 003 NEW CAP REL COSTS-BLDG &     |                           |          |                           |                |            |                             |            |
| 003 01 NEW CAP REL COSTS-BLDG &  |                           |          |                           |                |            |                             |            |
| 003 02 NEW CAP REL COSTS-BLDG &  |                           |          |                           |                |            |                             |            |
| 003 03 NEW CAP REL COSTS-BLDG &  |                           |          |                           |                |            |                             |            |
| 003 04 NEW CAP REL COSTS-BLDG &  |                           |          |                           |                |            |                             |            |
| 004 NEW CAP REL COSTS-MVBLE E    |                           |          |                           |                |            |                             |            |
| 004 01 NEW CAP REL COSTS-MVBLE E |                           |          |                           |                |            |                             |            |
| 004 02 NEW CAP REL COSTS-MVBLE E |                           |          |                           |                |            |                             |            |
| 005 EMPLOYEE BENEFITS            |                           |          |                           |                |            |                             |            |
| 006 01 NONPATIENT TELEPHONES     |                           |          |                           |                |            |                             |            |
| 006 02 PURCHASING, RECEIVING AND |                           |          |                           |                |            |                             |            |
| 006 03 ADMINITTING               |                           |          |                           |                |            |                             |            |
| 006 04 CASHIERING/ACCOUNTS RECEI |                           |          |                           |                |            |                             |            |
| 006 05 OTHER ADMINISTRATIVE AND  |                           |          |                           |                |            |                             |            |
| 008 OPERATION OF PLANT           |                           |          |                           |                |            |                             |            |
| 009 LAUNDRY & LINEN SERVICE      |                           |          |                           |                |            |                             |            |
| 010 HOUSEKEEPING                 |                           |          |                           |                |            |                             |            |
| 011 DIETARY                      |                           |          |                           |                |            |                             |            |
| 012 CAFETERIA                    |                           |          |                           |                |            |                             |            |
| 014 NURSING ADMINISTRATION       |                           |          |                           |                |            |                             |            |
| 015 CENTRAL SERVICES & SUPPLY    | 1,065,531                 |          |                           |                |            |                             |            |
| 016 PHARMACY                     |                           |          |                           |                |            |                             |            |
| 017 MEDICAL RECORDS & LIBRARY    |                           |          | 1,565,179                 |                |            |                             |            |
| 018 SOCIAL SERVICE               |                           |          |                           | 985,958        |            |                             |            |
| 025 INPAT ROUTINE SRVC CNTRS     |                           |          |                           |                |            |                             |            |
| 025 ADULTS & PEDIATRICS          | 16,639                    |          | 893,867                   | 589,356        | 10,267,386 |                             | 10,267,386 |
| 026 INTENSIVE CARE UNIT          | 5,390                     |          | 71,559                    | 19,292         | 2,684,895  |                             | 2,684,895  |
| 031 SUBPROVIDER                  | 2,737                     |          | 60,365                    | 84,340         | 2,487,679  |                             | 2,487,679  |
| 033 NURSERY                      | 1,033                     |          |                           |                | 254,827    |                             | 254,827    |
| 034 SKILLED NURSING FACILITY     | 2,781                     |          | 62,571                    | 70,641         | 2,362,121  |                             | 2,362,121  |
| 035 NURSING FACILITY             | 42                        |          | 945                       | 1,065          | 75,704     |                             | 75,704     |
| 035 01 ICF/MR                    |                           |          |                           |                |            |                             |            |
| 037 ANCILLARY SRVC COST CNTRS    |                           |          |                           |                |            |                             |            |
| 037 OPERATING ROOM               | 6,331                     |          |                           | 1,366          | 5,200,542  |                             | 5,200,542  |
| 038 RECOVERY ROOM                | 897                       |          |                           |                | 684,559    |                             | 684,559    |
| 039 DELIVERY ROOM & LABOR ROO    | 2,846                     |          |                           |                | 2,231,829  |                             | 2,231,829  |
| 040 ANESTHESIOLOGY               | 16,466                    |          |                           |                | 216,906    |                             | 216,906    |
| 041 RADIOLOGY-DIAGNOSTIC         | 65,746                    |          |                           | 40,292         | 7,072,885  |                             | 7,072,885  |
| 044 LABORATORY                   | 20,353                    |          |                           |                | 5,440,685  |                             | 5,440,685  |
| 046 WHOLE BLOOD & PACKED RED     | 79                        |          |                           |                | 743,305    |                             | 743,305    |
| 049 RESPIRATORY THERAPY          | 5,411                     |          |                           |                | 1,261,259  |                             | 1,261,259  |
| 050 PHYSICAL THERAPY             | 669                       |          |                           |                | 2,053,104  |                             | 2,053,104  |
| 051 OCCUPATIONAL THERAPY         | 125                       |          |                           |                | 1,184,740  |                             | 1,184,740  |
| 052 SPEECH PATHOLOGY             | 411                       |          |                           |                | 244,584    |                             | 244,584    |
| 053 ELECTROCARDIOLOGY            | 2,694                     |          |                           |                | 1,368,680  |                             | 1,368,680  |
| 054 ELECTROENCEPHALOGRAPHY       | 425                       |          |                           |                | 288,646    |                             | 288,646    |
| 055 MEDICAL SUPPLIES CHARGED     | 450,507                   |          |                           |                | 3,948,709  |                             | 3,948,709  |
| 055 30 IMPL. DEV. CHARGED TO PAT | 419,142                   |          |                           |                | 3,648,042  |                             | 3,648,042  |
| 056 DRUGS CHARGED TO PATIENTS    | 496                       |          |                           |                | 6,945,280  |                             | 6,945,280  |
| 059 OTHER ANCILLARY SERVICE C    |                           |          |                           |                |            |                             |            |
| 059 01 ONCOLOGY                  | 2,583                     |          |                           |                | 437,199    |                             | 437,199    |
| 059 02 DIABETES CENTER           | 3                         |          |                           |                | 162,950    |                             | 162,950    |
| 059 03 PSYCHIATRIC/PSYCHOLOGICAL | 4                         |          |                           |                | 599,989    |                             | 599,989    |
| 059 04 PAIN CLINIC               | 5,632                     |          |                           |                | 393,815    |                             | 393,815    |
| 059 05 CURATIVE WOUND CENTER     | 13,207                    |          |                           |                | 801,555    |                             | 801,555    |
| 061 OUTPAT SERVICE COST CNTRS    |                           |          |                           |                |            |                             |            |
| 061 EMERGENCY                    | 17,158                    |          | 475,872                   | 115,498        | 5,719,358  |                             | 5,719,358  |
| 062 OBSERVATION BEDS (NON-DIS    |                           |          |                           |                |            |                             |            |
| 062 OTHER REIMBURS COST CNTRS    |                           |          |                           |                |            |                             |            |
| 065 AMBULANCE SERVICES           |                           |          |                           |                | 91,968     |                             | 91,968     |
| 071 HOME HEALTH AGENCY           | 4,438                     |          |                           | 63,084         | 3,128,559  |                             | 3,128,559  |
| 093 SPEC PURPOSE COST CENTERS    |                           |          |                           |                |            |                             |            |
| 093 HOSPICE                      | 1,009                     |          |                           | 1,024          | 1,705,536  |                             | 1,705,536  |
| 095 SUBTOTALS                    | 1,065,254                 |          | 1,565,179                 | 985,958        | 73,707,296 |                             | 73,707,296 |
| 096 NONREIMBURS COST CENTERS     |                           |          |                           |                |            |                             |            |
| 096 GIFT, FLOWER, COFFEE SHOP    | 20                        |          |                           |                | 33,945     |                             | 33,945     |
| 097 RESEARCH                     |                           |          |                           |                |            |                             |            |
| 097 01 ADULT DAY CARE            | 44                        |          |                           |                | 371,959    |                             | 371,959    |
| 098 PHYSICIANS' PRIVATE OFFIC    |                           |          |                           |                | 2,014,122  |                             | 2,014,122  |
| 099 NONPAID WORKERS              |                           |          |                           |                |            |                             |            |
| 099 01 PARISH NURSE PROGRAM      |                           |          |                           |                | 783        |                             | 783        |
| 099 02 RETAIL PHARMACY           |                           |          |                           |                | 1,175      |                             | 1,175      |
| 099 03 LIFELINE                  |                           |          |                           |                | 392        |                             | 392        |
| 099 04 DME                       |                           |          |                           |                | 1,578,530  |                             | 1,578,530  |
| 099 05 PRIVATE CARE SERVICES     |                           |          |                           |                | 3,161      |                             | 3,161      |
| 099 06 EMS                       | 213                       |          |                           |                | 126,365    |                             | 126,365    |
| 099 07 SURGERY MM                |                           |          |                           |                | 124,781    |                             | 124,781    |
| 099 08 SAINT CLARE'S VILLA       |                           |          |                           |                | 2,399,441  |                             | 2,399,441  |
| 100 OTHER NONREIMBURSABLE COS    |                           |          |                           |                | 14,017     |                             | 14,017     |

|     | COST CENTER DESCRIPTION  | CENTRAL SERVICES & SUPPLY | PHARMACY | MEDICAL RECORDS & LIBRARY | SOCIAL SERVICE | SUBTOTAL   | I&R COST POST STEP-DOWN ADJ | TOTAL      |
|-----|--------------------------|---------------------------|----------|---------------------------|----------------|------------|-----------------------------|------------|
|     |                          | 15                        | 16       | 17                        | 18             | 25         | 26                          | 27         |
| 101 | NONREIMBURS COST CENTERS |                           |          |                           |                |            |                             |            |
| 102 | CROSS FOOT ADJUSTMENT    |                           |          |                           |                |            |                             |            |
| 103 | NEGATIVE COST CENTER     |                           |          |                           |                |            |                             |            |
|     | TOTAL                    | 1,065,531                 |          | 1,565,179                 | 985,958        | 80,375,967 |                             | 80,375,967 |

ALLOCATION OF OLD CAPITAL RELATED COSTS

| COST CENTER DESCRIPTION          | DIR ASSGND OLD CAPITAL REL COSTS | OLD CAP REL C OSTS-BLDG & 1 | OLD CAP REL C OSTS-BLDG & 1.01 | OLD CAP REL C OSTS-BLDG & 1.02 | OLD CAP REL C OSTS-BLDG & 1.03 | OLD CAP REL C OSTS-MVBLE E 2 | OLD CAP REL C OSTS-MVBLE E 2.01 |
|----------------------------------|----------------------------------|-----------------------------|--------------------------------|--------------------------------|--------------------------------|------------------------------|---------------------------------|
| 001 GENERAL SERVICE COST CNTR    |                                  |                             |                                |                                |                                |                              |                                 |
| 001 01 OLD CAP REL COSTS-BLDG &  |                                  |                             |                                |                                |                                |                              |                                 |
| 001 02 OLD CAP REL COSTS-BLDG &  |                                  |                             |                                |                                |                                |                              |                                 |
| 001 03 OLD CAP REL COSTS-BLDG &  |                                  |                             |                                |                                |                                |                              |                                 |
| 002 OLD CAP REL COSTS-MVBLE E    |                                  |                             |                                |                                |                                |                              |                                 |
| 002 01 OLD CAP REL COSTS-MVBLE E |                                  |                             |                                |                                |                                |                              |                                 |
| 003 NEW CAP REL COSTS-BLDG &     |                                  |                             |                                |                                |                                |                              |                                 |
| 003 01 NEW CAP REL COSTS-BLDG &  |                                  |                             |                                |                                |                                |                              |                                 |
| 003 02 NEW CAP REL COSTS-BLDG &  |                                  |                             |                                |                                |                                |                              |                                 |
| 003 03 NEW CAP REL COSTS-BLDG &  |                                  |                             |                                |                                |                                |                              |                                 |
| 003 04 NEW CAP REL COSTS-BLDG &  |                                  |                             |                                |                                |                                |                              |                                 |
| 004 NEW CAP REL COSTS-MVBLE E    |                                  |                             |                                |                                |                                |                              |                                 |
| 004 01 NEW CAP REL COSTS-MVBLE E |                                  |                             |                                |                                |                                |                              |                                 |
| 004 02 NEW CAP REL COSTS-MVBLE E |                                  |                             |                                |                                |                                |                              |                                 |
| 005 EMPLOYEE BENEFITS            |                                  | 2,777                       | 248                            |                                | 77                             | 406                          | 247                             |
| 006 01 NONPATIENT TELEPHONES     |                                  | 995                         | 188                            |                                |                                | 146                          | 34                              |
| 006 02 PURCHASING, RECEIVING AND |                                  | 8,883                       | 431                            |                                |                                | 1,299                        | 79                              |
| 006 03 ADMINITTING               |                                  | 2,607                       |                                |                                |                                |                              | 381                             |
| 006 04 CASHIERING/ACCOUNTS RECEI |                                  | 1,814                       |                                |                                |                                | 181                          | 265                             |
| 006 05 OTHER ADMINISTRATIVE AND  |                                  | 45,471                      | 23,919                         |                                | 554                            | 6,649                        | 5,836                           |
| 008 OPERATION OF PLANT           |                                  | 36,073                      | 9,804                          | 485                            | 473                            | 5,338                        | 3,041                           |
| 009 LAUNDRY & LINEN SERVICE      |                                  | 2,714                       | 1,042                          |                                |                                |                              | 397                             |
| 010 HOUSEKEEPING                 |                                  | 11,632                      | 3,960                          | 573                            |                                | 1,776                        | 724                             |
| 011 DIETARY                      |                                  | 14,836                      | 1,638                          |                                | 11                             | 2,169                        | 328                             |
| 012 CAFETERIA                    |                                  | 7,227                       | 2,271                          |                                |                                | 1,057                        | 416                             |
| 014 NURSING ADMINISTRATION       |                                  | 2,329                       | 925                            | 190                            |                                | 365                          | 169                             |
| 015 CENTRAL SERVICES & SUPPLY    |                                  | 10,181                      | 5,092                          |                                |                                | 1,489                        | 932                             |
| 016 PHARMACY                     |                                  |                             |                                |                                |                                |                              |                                 |
| 017 MEDICAL RECORDS & LIBRARY    |                                  | 5,007                       | 360                            |                                |                                | 732                          | 66                              |
| 018 SOCIAL SERVICE               |                                  | 1,066                       | 1,354                          |                                |                                | 156                          | 248                             |
| 025 INPAT ROUTINE SRVC CNTRS     |                                  |                             |                                |                                |                                |                              |                                 |
| 026 ADULTS & PEDIATRICS          |                                  | 81,442                      |                                | 198                            |                                | 11,937                       |                                 |
| 031 INTENSIVE CARE UNIT          |                                  | 26,919                      |                                |                                |                                | 3,936                        |                                 |
| 033 SUBPROVIDER                  |                                  |                             | 8,720                          |                                |                                |                              | 1,595                           |
| 035 NURSERY                      |                                  | 2,246                       |                                |                                |                                | 328                          |                                 |
| 034 SKILLED NURSING FACILITY     |                                  |                             | 4,084                          |                                |                                |                              | 747                             |
| 035 NURSING FACILITY             |                                  |                             | 1,079                          |                                |                                |                              | 197                             |
| 037 ANCILLARY SRVC COST CNTRS    |                                  |                             |                                |                                |                                |                              |                                 |
| 038 OPERATING ROOM               |                                  | 44,224                      | 22,823                         |                                |                                | 6,467                        | 4,176                           |
| 039 RECOVERY ROOM                |                                  | 1,757                       | 1,047                          |                                |                                | 257                          | 192                             |
| 040 DELIVERY ROOM & LABOR ROO    |                                  | 23,552                      |                                |                                |                                | 3,444                        |                                 |
| 041 ANESTHESIOLOGY               |                                  | 177                         | 196                            |                                |                                | 26                           | 36                              |
| 044 RADIOLOGY-DIAGNOSTIC         |                                  | 19,356                      | 13,842                         |                                |                                | 2,830                        | 2,533                           |
| 046 LABORATORY                   |                                  | 17,721                      | 4,317                          |                                |                                | 2,591                        | 790                             |
| 049 WHOLE BLOOD & PACKED RED     |                                  | 115                         | 392                            |                                |                                | 17                           | 72                              |
| 050 RESPIRATORY THERAPY          |                                  | 3,860                       | 916                            |                                |                                | 564                          | 168                             |
| 051 PHYSICAL THERAPY             |                                  | 1,674                       | 4,370                          |                                | 286                            | 245                          | 1,554                           |
| 052 OCCUPATIONAL THERAPY         |                                  | 384                         | 7,150                          |                                |                                | 56                           | 1,308                           |
| 053 SPEECH PATHOLOGY             |                                  |                             |                                |                                | 19                             |                              | 50                              |
| 054 ELECTROCARDIOLOGY            |                                  | 12,213                      | 788                            |                                |                                | 1,786                        | 144                             |
| 055 ELECTROENCEPHALOGRAPHY       |                                  | 1,008                       | 488                            |                                |                                | 147                          | 89                              |
| 055 MEDICAL SUPPLIES CHARGED     |                                  |                             |                                |                                |                                |                              |                                 |
| 056 30 IMPL. DEV. CHARGED TO PAT |                                  |                             |                                |                                |                                |                              |                                 |
| 059 DRUGS CHARGED TO PATIENTS    |                                  | 3,718                       | 1,196                          |                                |                                | 544                          | 219                             |
| 059 OTHER ANCILLARY SERVICE C    |                                  |                             |                                |                                |                                |                              |                                 |
| 059 01 ONCOLOGY                  |                                  |                             |                                |                                | 218                            |                              | 575                             |
| 059 02 DIABETES CENTER           |                                  |                             | 1,077                          |                                |                                |                              | 197                             |
| 059 03 PSYCHIATRIC/PSYCHOLOGICAL |                                  |                             |                                |                                | 151                            |                              | 398                             |
| 059 04 PAIN CLINIC               |                                  |                             |                                |                                |                                |                              |                                 |
| 059 05 CURATIVE WOUND CENTER     |                                  |                             | 3,944                          |                                |                                |                              | 722                             |
| 061 OUTPAT SERVICE COST CNTRS    |                                  |                             |                                |                                |                                |                              |                                 |
| 062 EMERGENCY                    |                                  | 23,389                      | 5,587                          |                                |                                | 3,420                        | 1,022                           |
| 065 OBSERVATION BEDS (NON-DIS    |                                  |                             |                                |                                |                                |                              |                                 |
| 071 OTHER REIMBURS COST CNTRS    |                                  |                             |                                |                                |                                |                              |                                 |
| 093 AMBULANCE SERVICES           |                                  |                             |                                |                                |                                |                              |                                 |
| 095 HOME HEALTH AGENCY           |                                  |                             | 4,169                          |                                |                                |                              | 763                             |
| 093 SPEC PURPOSE COST CENTERS    |                                  |                             |                                |                                |                                |                              |                                 |
| 095 HOSPICE                      |                                  |                             | 343                            |                                |                                |                              | 63                              |
| 096 SUBTOTALS                    |                                  | 417,367                     | 137,760                        | 1,446                          | 1,970                          | 61,220                       | 30,399                          |
| 096 NONREIMBURS COST CENTERS     |                                  |                             |                                |                                |                                |                              |                                 |
| 097 GIFT, FLOWER, COFFEE SHOP    |                                  | 1,615                       |                                |                                |                                | 236                          |                                 |
| 097 RESEARCH                     |                                  |                             |                                |                                |                                |                              |                                 |
| 098 01 ADULT DAY CARE            |                                  |                             | 4,889                          |                                |                                |                              | 894                             |
| 099 PHYSICIANS' PRIVATE OFFIC    |                                  |                             |                                | 64,853                         | 1,465                          |                              |                                 |
| 099 NONPAID WORKERS              |                                  |                             |                                |                                |                                |                              |                                 |
| 099 01 PARISH NURSE PROGRAM      |                                  |                             |                                |                                |                                |                              |                                 |
| 099 02 RETAIL PHARMACY           |                                  |                             |                                |                                |                                |                              |                                 |
| 099 03 LI FELINE                 |                                  |                             |                                |                                |                                |                              |                                 |
| 099 04 DME                       |                                  |                             |                                |                                |                                |                              |                                 |
| 099 05 PRIVATE CARE SERVICES     |                                  |                             |                                |                                |                                |                              |                                 |
| 099 06 EMS                       |                                  | 276                         |                                |                                |                                | 40                           |                                 |
| 099 07 SURGERY MM                |                                  |                             |                                |                                |                                |                              |                                 |
| 099 08 SAINT CLARE'S VILLA       |                                  |                             | 64,712                         |                                |                                |                              | 11,839                          |
| 100 OTHER NONREIMBURSABLE COS    |                                  |                             |                                |                                |                                |                              |                                 |

ALLOCATION OF OLD CAPITAL RELATED COSTS

| COST CENTER<br>DESCRIPTION   | DIR ASSGND<br>OLD CAPITAL<br>REL COSTS | OLD CAP REL C |
|------------------------------|--|---------------|---------------|---------------|---------------|---------------|---------------|
|                              |  | OSTS-BLDG &   | OSTS-BLDG &   | OSTS-BLDG &   | OSTS-BLDG &   | OSTS-MVBLE E  | OSTS-MVBLE E  |
|                              | 0                                      | 1             | 1.01          | 1.02          | 1.03          | 2             | 2.01          |
| 101 NONREIMBURS COST CENTERS |  |               |               |               |               |               |               |
| 102 CROSS FOOT ADJUSTMENTS   |  |               |               |               |               |               |               |
| 103 NEGATIVE COST CENTER     |  |               |               |               |               |               |               |
| TOTAL                        |  | 419,258       | 207,361       | 66,299        | 3,435         | 61,496        | 43,132        |

| COST CENTER DESCRIPTION          | NEW CAP REL C OSTS-BLDG & 3 | NEW CAP REL C OSTS-BLDG & 3.01 | NEW CAP REL C OSTS-BLDG & 3.02 | NEW CAP REL C OSTS-BLDG & 3.03 | NEW CAP REL C OSTS-BLDG & 3.04 | NEW CAP REL C OSTS-MVBLE E 4 | NEW CAP REL C OSTS-MVBLE E 4.01 |
|----------------------------------|-----------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|------------------------------|---------------------------------|
| 001 GENERAL SERVICE COST CNTR    |                             |                                |                                |                                |                                |                              |                                 |
| 001 01 OLD CAP REL COSTS-BLDG &  |                             |                                |                                |                                |                                |                              |                                 |
| 001 02 OLD CAP REL COSTS-BLDG &  |                             |                                |                                |                                |                                |                              |                                 |
| 001 03 OLD CAP REL COSTS-BLDG &  |                             |                                |                                |                                |                                |                              |                                 |
| 002 OLD CAP REL COSTS-MVBLE E    |                             |                                |                                |                                |                                |                              |                                 |
| 002 01 OLD CAP REL COSTS-MVBLE E |                             |                                |                                |                                |                                |                              |                                 |
| 003 NEW CAP REL COSTS-BLDG &     |                             |                                |                                |                                |                                |                              |                                 |
| 003 01 NEW CAP REL COSTS-BLDG &  |                             |                                |                                |                                |                                |                              |                                 |
| 003 02 NEW CAP REL COSTS-BLDG &  |                             |                                |                                |                                |                                |                              |                                 |
| 003 03 NEW CAP REL COSTS-BLDG &  |                             |                                |                                |                                |                                |                              |                                 |
| 003 04 NEW CAP REL COSTS-BLDG &  |                             |                                |                                |                                |                                |                              |                                 |
| 004 NEW CAP REL COSTS-MVBLE E    |                             |                                |                                |                                |                                |                              |                                 |
| 004 01 NEW CAP REL COSTS-MVBLE E |                             |                                |                                |                                |                                |                              |                                 |
| 004 02 NEW CAP REL COSTS-MVBLE E |                             |                                |                                |                                |                                |                              |                                 |
| 005 EMPLOYEE BENEFITS            |                             |                                |                                |                                |                                |                              |                                 |
| 006 01 NONPATIENT TELEPHONES     |                             |                                |                                |                                |                                |                              |                                 |
| 006 02 PURCHASING, RECEIVING AND |                             |                                |                                |                                |                                |                              |                                 |
| 006 03 ADMINISTRATION            |                             |                                |                                |                                |                                |                              |                                 |
| 006 04 CASHIERING/ACCOUNTS RECEI |                             |                                |                                |                                |                                |                              |                                 |
| 006 05 OTHER ADMINISTRATIVE AND  |                             |                                |                                |                                |                                |                              |                                 |
| 008 OPERATION OF PLANT           |                             |                                |                                |                                |                                |                              |                                 |
| 009 LAUNDRY & LINEN SERVICE      |                             |                                |                                |                                |                                |                              |                                 |
| 010 HOUSEKEEPING                 |                             |                                |                                |                                |                                |                              |                                 |
| 011 DIETARY                      |                             |                                |                                |                                |                                |                              |                                 |
| 012 CAFETERIA                    |                             |                                |                                |                                |                                |                              |                                 |
| 014 NURSING ADMINISTRATION       |                             |                                |                                |                                |                                |                              |                                 |
| 015 CENTRAL SERVICES & SUPPLY    |                             |                                |                                |                                |                                |                              |                                 |
| 016 PHARMACY                     |                             |                                |                                |                                |                                |                              |                                 |
| 017 MEDICAL RECORDS & LIBRARY    |                             |                                |                                |                                |                                |                              |                                 |
| 018 SOCIAL SERVICE               |                             |                                |                                |                                |                                |                              |                                 |
| 025 INPAT ROUTINE SRVC CNTRS     |                             |                                |                                |                                |                                |                              |                                 |
| 026 ADULTS & PEDIATRICS          |                             |                                |                                |                                |                                |                              |                                 |
| 031 INTENSIVE CARE UNIT          |                             |                                |                                |                                |                                |                              |                                 |
| 033 SUBPROVIDER                  |                             |                                |                                |                                |                                |                              |                                 |
| 034 NURSERY                      |                             |                                |                                |                                |                                |                              |                                 |
| 034 SKILLED NURSING FACILITY     |                             |                                |                                |                                |                                |                              |                                 |
| 035 NURSING FACILITY             |                             |                                |                                |                                |                                |                              |                                 |
| 035 01 ICF/MR                    |                             |                                |                                |                                |                                |                              |                                 |
| 037 ANCILLARY SRVC COST CNTRS    |                             |                                |                                |                                |                                |                              |                                 |
| 038 OPERATING ROOM               |                             |                                |                                |                                |                                |                              |                                 |
| 039 RECOVERY ROOM                |                             |                                |                                |                                |                                |                              |                                 |
| 039 DELIVERY ROOM & LABOR ROO    |                             |                                |                                |                                |                                |                              |                                 |
| 040 ANESTHESIOLOGY               |                             |                                |                                |                                |                                |                              |                                 |
| 041 RADIOLOGY-DIAGNOSTIC         |                             |                                |                                |                                |                                |                              |                                 |
| 044 LABORATORY                   |                             |                                |                                |                                |                                |                              |                                 |
| 046 WHOLE BLOOD & PACKED RED     |                             |                                |                                |                                |                                |                              |                                 |
| 049 RESPIRATORY THERAPY          |                             |                                |                                |                                |                                |                              |                                 |
| 050 PHYSICAL THERAPY             |                             |                                |                                |                                |                                |                              |                                 |
| 051 OCCUPATIONAL THERAPY         |                             |                                |                                |                                |                                |                              |                                 |
| 052 SPEECH PATHOLOGY             |                             |                                |                                |                                |                                |                              |                                 |
| 053 ELECTROCARDIOLOGY            |                             |                                |                                |                                |                                |                              |                                 |
| 054 ELECTROENCEPHALOGRAPHY       |                             |                                |                                |                                |                                |                              |                                 |
| 055 MEDICAL SUPPLIES CHARGED     |                             |                                |                                |                                |                                |                              |                                 |
| 055 30 IMPL. DEV. CHARGED TO PAT |                             |                                |                                |                                |                                |                              |                                 |
| 056 DRUGS CHARGED TO PATIENTS    |                             |                                |                                |                                |                                |                              |                                 |
| 059 OTHER ANCILLARY SERVICE C    |                             |                                |                                |                                |                                |                              |                                 |
| 059 01 ONCOLOGY                  |                             |                                |                                |                                |                                |                              |                                 |
| 059 02 DIABETES CENTER           |                             |                                |                                |                                |                                |                              |                                 |
| 059 03 PSYCHIATRIC/PSYCHOLOGICAL |                             |                                |                                |                                |                                |                              |                                 |
| 059 04 PAIN CLINIC               |                             |                                |                                |                                |                                |                              |                                 |
| 059 05 CURATIVE WOUND CENTER     |                             |                                |                                |                                |                                |                              |                                 |
| 061 OUTPAT SERVICE COST CNTRS    |                             |                                |                                |                                |                                |                              |                                 |
| 062 EMERGENCY                    |                             |                                |                                |                                |                                |                              |                                 |
| 062 OBSERVATION BEDS (NON-DIS    |                             |                                |                                |                                |                                |                              |                                 |
| 065 OTHER REIMBURS COST CNTRS    |                             |                                |                                |                                |                                |                              |                                 |
| 071 AMBULANCE SERVICES           |                             |                                |                                |                                |                                |                              |                                 |
| 093 HOME HEALTH AGENCY           |                             |                                |                                |                                |                                |                              |                                 |
| 093 SPEC PURPOSE COST CENTERS    |                             |                                |                                |                                |                                |                              |                                 |
| 093 HOSPICE                      |                             |                                |                                |                                |                                |                              |                                 |
| 095 SUBTOTALS                    |                             |                                |                                |                                |                                |                              |                                 |
| 096 NONREIMBURS COST CENTERS     |                             |                                |                                |                                |                                |                              |                                 |
| 096 GIFT, FLOWER, COFFEE SHOP    |                             |                                |                                |                                |                                |                              |                                 |
| 097 RESEARCH                     |                             |                                |                                |                                |                                |                              |                                 |
| 097 01 ADULT DAY CARE            |                             |                                |                                |                                |                                |                              |                                 |
| 098 PHYSICIANS' PRIVATE OFFIC    |                             |                                |                                |                                |                                |                              |                                 |
| 099 NONPAID WORKERS              |                             |                                |                                |                                |                                |                              |                                 |
| 099 01 PARISH NURSE PROGRAM      |                             |                                |                                |                                |                                |                              |                                 |
| 099 02 RETAIL PHARMACY           |                             |                                |                                |                                |                                |                              |                                 |
| 099 03 LIFELINE                  |                             |                                |                                |                                |                                |                              |                                 |
| 099 04 DME                       |                             |                                |                                |                                |                                |                              |                                 |
| 099 05 PRIVATE CARE SERVICES     |                             |                                |                                |                                |                                |                              |                                 |
| 099 06 EMS                       |                             |                                |                                |                                |                                |                              |                                 |
| 099 07 SURGERY MM                |                             |                                |                                |                                |                                |                              |                                 |
| 099 08 SAINT CLARE'S VILLA       |                             |                                |                                |                                |                                |                              |                                 |
| 100 OTHER NONREIMBURSABLE COS    |                             |                                |                                |                                |                                |                              |                                 |



ALLOCATION OF OLD CAPITAL RELATED COSTS

| COST CENTER DESCRIPTION          | NEW CAP REL COSTS-MVBLE E | SUBTOTAL | EMPLOYEE BENEFITS | NONPATIENT TELEPHONES | PURCHASING, RECEIVING AND | ADMINITTING | CASHIERING/ACCOUNTS RECEI |
|----------------------------------|---------------------------|----------|-------------------|-----------------------|---------------------------|-------------|---------------------------|
|                                  | 4.02                      | 4a       | 5                 | 6.01                  | 6.02                      | 6.03        | 6.04                      |
| GENERAL SERVICE COST CNTR        |                           |          |                   |                       |                           |             |                           |
| 001 01 OLD CAP REL COSTS-BLDG &  |                           |          |                   |                       |                           |             |                           |
| 001 02 OLD CAP REL COSTS-BLDG &  |                           |          |                   |                       |                           |             |                           |
| 001 03 OLD CAP REL COSTS-BLDG &  |                           |          |                   |                       |                           |             |                           |
| 002 01 OLD CAP REL COSTS-MVBLE E |                           |          |                   |                       |                           |             |                           |
| 002 02 OLD CAP REL COSTS-MVBLE E |                           |          |                   |                       |                           |             |                           |
| 003 01 NEW CAP REL COSTS-BLDG &  |                           |          |                   |                       |                           |             |                           |
| 003 02 NEW CAP REL COSTS-BLDG &  |                           |          |                   |                       |                           |             |                           |
| 003 03 NEW CAP REL COSTS-BLDG &  |                           |          |                   |                       |                           |             |                           |
| 003 04 NEW CAP REL COSTS-BLDG &  |                           |          |                   |                       |                           |             |                           |
| 004 01 NEW CAP REL COSTS-MVBLE E |                           |          |                   |                       |                           |             |                           |
| 004 02 NEW CAP REL COSTS-MVBLE E |                           |          |                   |                       |                           |             |                           |
| 005 EMPLOYEE BENEFITS            |                           | 3,755    | 3,755             |                       |                           |             |                           |
| 006 01 NONPATIENT TELEPHONES     |                           | 1,363    | 26                | 1,389                 |                           |             |                           |
| 006 02 PURCHASING, RECEIVING AND |                           | 10,692   | 28                | 13                    | 10,733                    |             |                           |
| 006 03 ADMINITTING               |                           | 2,988    | 68                | 36                    | 150                       | 3,242       |                           |
| 006 04 CASHIERING/ACCOUNTS RECEI |                           | 2,738    | 5                 | 31                    | 64                        |             | 2,838                     |
| 006 05 OTHER ADMINISTRATIVE AND  |                           | 82,429   | 475               | 210                   | 1,234                     |             |                           |
| 008 OPERATION OF PLANT           |                           | 55,214   | 141               | 57                    | 849                       |             |                           |
| 009 LAUNDRY & LINEN SERVICE      |                           | 4,344    |                   | 2                     | 44                        |             |                           |
| 010 HOUSEKEEPING                 |                           | 18,665   | 86                | 6                     | 546                       |             |                           |
| 011 DIETARY                      |                           | 18,982   | 84                | 16                    |                           |             |                           |
| 012 CAFETERIA                    |                           | 10,971   | 45                | 16                    | 250                       |             |                           |
| 014 NURSING ADMINISTRATION       |                           | 3,978    | 88                | 14                    | 30                        |             |                           |
| 015 CENTRAL SERVICES & SUPPLY    |                           | 17,694   | 33                | 8                     | 283                       |             |                           |
| 016 PHARMACY                     |                           |          |                   |                       |                           |             |                           |
| 017 MEDICAL RECORDS & LIBRARY    |                           | 6,165    | 88                | 35                    | 63                        |             |                           |
| 018 SOCIAL SERVICE               |                           | 2,824    | 61                | 15                    | 4                         |             |                           |
| INPAT ROUTINE SRVC CNTRS         |                           |          |                   |                       |                           |             |                           |
| 025 ADULTS & PEDIATRICS          |                           | 93,577   | 360               | 104                   | 630                       | 87          | 78                        |
| 026 INTENSIVE CARE UNIT          |                           | 30,855   | 111               | 13                    | 189                       | 50          | 44                        |
| 031 SUBPROVIDER                  |                           | 10,315   | 103               | 10                    | 133                       | 8           | 21                        |
| 033 NURSERY                      |                           | 2,574    | 9                 | 3                     | 31                        | 5           | 4                         |
| 034 SKILLED NURSING FACILITY     |                           | 4,831    | 100               | 10                    | 139                       | 12          | 29                        |
| 035 01 NURSING FACILITY          |                           | 1,276    | 1                 |                       | 2                         |             |                           |
| 035 01 ICF/MR                    |                           |          |                   |                       |                           |             |                           |
| ANCILLARY SRVC COST CNTRS        |                           |          |                   |                       |                           |             |                           |
| 037 OPERATING ROOM               |                           | 77,690   | 183               | 70                    | 255                       | 296         | 263                       |
| 038 RECOVERY ROOM                |                           | 3,253    | 35                | 3                     | 27                        | 64          | 57                        |
| 039 DELIVERY ROOM & LABOR ROO    |                           | 26,996   | 101               | 30                    | 119                       | 31          | 28                        |
| 040 ANESTHESIOLOGY               |                           | 435      |                   | 4                     | 472                       | 28          | 24                        |
| 041 RADIOLOGY-DIAGNOSTIC         |                           | 38,561   | 235               | 151                   | 2,073                     | 657         | 509                       |
| 044 LABORATORY                   |                           | 25,419   | 207               | 49                    | 674                       | 322         | 286                       |
| 046 WHOLE BLOOD & PACKED RED     |                           | 596      |                   | 2                     | 2                         | 16          | 14                        |
| 049 RESPIRATORY THERAPY          |                           | 5,508    | 54                | 9                     | 222                       | 98          | 87                        |
| 050 PHYSICAL THERAPY             |                           | 8,129    | 111               | 15                    | 61                        | 149         | 132                       |
| 051 OCCUPATIONAL THERAPY         |                           | 8,898    | 62                | 12                    | 7                         | 93          | 83                        |
| 052 SPEECH PATHOLOGY             |                           | 69       | 15                | 1                     | 12                        | 16          | 14                        |
| 053 ELECTROCARDIOLOGY            |                           | 14,931   | 54                | 25                    | 91                        | 210         | 187                       |
| 054 ELECTROENCEPHALOGRAPHY       |                           | 1,732    | 13                | 5                     | 45                        | 39          | 35                        |
| 055 MEDICAL SUPPLIES CHARGED     |                           |          |                   |                       |                           | 129         | 114                       |
| 055 30 IMPL. DEV. CHARGED TO PAT |                           |          |                   |                       |                           | 87          | 77                        |
| 056 DRUGS CHARGED TO PATIENTS    |                           | 5,677    | 98                | 17                    | 101                       | 333         | 296                       |
| 059 OTHER ANCILLARY SERVICE C    |                           |          |                   |                       |                           |             |                           |
| 059 01 ONCOLOGY                  |                           | 793      | 19                | 3                     | 80                        | 13          | 12                        |
| 059 02 DIABETES CENTER           |                           | 1,274    | 7                 | 3                     | 9                         | 1           | 1                         |
| 059 03 PSYCHIATRIC/PSYCHOLOGICAL |                           | 549      | 35                | 6                     | 41                        | 13          | 12                        |
| 059 04 PAIN CLINIC               |                           |          | 16                | 3                     | 177                       | 19          | 17                        |
| 059 05 CURATIVE WOUND CENTER     |                           | 4,666    | 30                | 9                     | 374                       | 20          | 18                        |
| OUTPAT SERVICE COST CNTRS        |                           |          |                   |                       |                           |             |                           |
| 061 EMERGENCY                    |                           | 33,418   | 208               | 74                    | 848                       | 350         | 311                       |
| 062 OBSERVATION BEDS (NON-DIS    |                           |          |                   |                       |                           |             |                           |
| OTHER REIMBURS COST CNTRS        |                           |          |                   |                       |                           |             |                           |
| 065 AMBULANCE SERVICES           |                           |          |                   |                       |                           | 1           | 1                         |
| 071 HOME HEALTH AGENCY           |                           | 4,932    | 176               | 70                    | 157                       | 60          | 53                        |
| SPEC PURPOSE COST CENTERS        |                           |          |                   |                       |                           |             |                           |
| 093 HOSPICE                      |                           | 406      | 54                | 6                     | 85                        | 33          | 29                        |
| 095 SUBTOTALS                    |                           | 650,162  | 3,625             | 1,166                 | 10,573                    | 3,240       | 2,836                     |
| NONREIMBURS COST CENTERS         |                           |          |                   |                       |                           |             |                           |
| 096 GIFT, FLOWER, COFFEE SHOP    |                           | 1,851    |                   | 3                     | 5                         |             |                           |
| 097 RESEARCH                     |                           |          |                   |                       |                           |             |                           |
| 097 01 ADULT DAY CARE            |                           | 5,783    | 12                | 5                     | 7                         | 2           | 2                         |
| 098 PHYSICIANS' PRIVATE OFFIC    |                           | 66,318   |                   | 162                   |                           |             |                           |
| 099 NONPAID WORKERS              |                           |          |                   |                       |                           |             |                           |
| 099 01 PARI SH NURSE PROGRAM     |                           |          |                   | 2                     |                           |             |                           |
| 099 02 RETAIL PHARMACY           |                           |          |                   | 3                     |                           |             |                           |
| 099 03 LI FELINE                 |                           |          |                   | 1                     |                           |             |                           |
| 099 04 DME                       |                           |          | 47                |                       | 86                        |             |                           |
| 099 05 PRIVATE CARE SERVICES     |                           |          |                   | 7                     |                           |             |                           |
| 099 06 EMS                       |                           | 316      | 6                 | 3                     | 62                        |             |                           |
| 099 07 SURGERY MM                |                           |          |                   | 8                     |                           |             |                           |
| 099 08 SAINT CLARE'S VILLA       |                           | 76,551   | 65                | 29                    |                           |             |                           |
| 100 OTHER NONREIMBURSABLE COS    |                           |          |                   |                       |                           |             |                           |

| COST CENTER DESCRIPTION      | NEW CAP REL C<br>OSTS-MVBLE E | SUBTOTAL | EMPLOYEE BENE<br>FITS | NONPATIENT TE<br>LEPHONES | PURCHASING, R<br>ECEIVING AND | ADMITTING | CASHIERING/AC<br>COUNTS RECEI |
|------------------------------|-------------------------------|----------|-----------------------|---------------------------|-------------------------------|-----------|-------------------------------|
|                              | 4.02                          | 4a       | 5                     | 6.01                      | 6.02                          | 6.03      | 6.04                          |
| 101 NONREIMBURS COST CENTERS |                               |          |                       |                           |                               |           |                               |
| 102 CROSS FOOT ADJUSTMENTS   |                               |          |                       |                           |                               |           |                               |
| 103 NEGATIVE COST CENTER     |                               |          |                       |                           |                               |           |                               |
| TOTAL                        |                               | 800,981  | 3,755                 | 1,389                     | 10,733                        | 3,242     | 2,838                         |

ALLOCATION OF OLD CAPITAL RELATED COSTS

| COST CENTER DESCRIPTION           | OTHER ADMINISTRATIVE AND | OPERATION OF PLANT | LAUNDRY & LINEN SERVICE | HOUSEKEEPING | DIETARY | CAFETERIA | NURSING ADMINISTRATION |
|-----------------------------------|--------------------------|--------------------|-------------------------|--------------|---------|-----------|------------------------|
|                                   | 6.05                     | 8                  | 9                       | 10           | 11      | 12        | 14                     |
| 001 GENERAL SERVICE COST CNTR     |                          |                    |                         |              |         |           |                        |
| 001 01 OLD CAP REL COSTS-BLDG &   |                          |                    |                         |              |         |           |                        |
| 001 02 OLD CAP REL COSTS-BLDG &   |                          |                    |                         |              |         |           |                        |
| 001 03 OLD CAP REL COSTS-BLDG &   |                          |                    |                         |              |         |           |                        |
| 002 OLD CAP REL COSTS-MVBLE E     |                          |                    |                         |              |         |           |                        |
| 002 01 OLD CAP REL COSTS-MVBLE E  |                          |                    |                         |              |         |           |                        |
| 003 NEW CAP REL COSTS-BLDG &      |                          |                    |                         |              |         |           |                        |
| 003 01 NEW CAP REL COSTS-BLDG &   |                          |                    |                         |              |         |           |                        |
| 003 02 NEW CAP REL COSTS-BLDG &   |                          |                    |                         |              |         |           |                        |
| 003 03 NEW CAP REL COSTS-BLDG &   |                          |                    |                         |              |         |           |                        |
| 003 04 NEW CAP REL COSTS-BLDG &   |                          |                    |                         |              |         |           |                        |
| 004 NEW CAP REL COSTS-MVBLE E     |                          |                    |                         |              |         |           |                        |
| 004 01 NEW CAP REL COSTS-MVBLE E  |                          |                    |                         |              |         |           |                        |
| 004 02 NEW CAP REL COSTS-MVBLE E  |                          |                    |                         |              |         |           |                        |
| 005 EMPLOYEE BENEFITS             |                          |                    |                         |              |         |           |                        |
| 006 01 NONPATIENT TELEPHONES      |                          |                    |                         |              |         |           |                        |
| 006 02 PURCHASING, RECEIVING AND  |                          |                    |                         |              |         |           |                        |
| 006 03 ADMINITTING                |                          |                    |                         |              |         |           |                        |
| 006 04 CASHIERING/ACCOUNTS RECEI  |                          |                    |                         |              |         |           |                        |
| 006 05 OTHER ADMINISTRATION AND   | 84,348                   |                    |                         |              |         |           |                        |
| 008 OPERATION OF PLANT            | 7,490                    | 63,751             |                         |              |         |           |                        |
| 009 LAUNDRY & LINEN SERVICE       | 462                      | 366                | 5,218                   |              |         |           |                        |
| 010 HOUSEKEEPING                  | 1,802                    | 1,622              |                         | 22,727       |         |           |                        |
| 011 DIETARY                       | 1,037                    | 1,418              |                         |              | 21,537  |           |                        |
| 012 CAFETERIA                     | 1,437                    | 926                |                         | 306          |         | 13,951    |                        |
| 014 NURSING ADMINISTRATION        | 1,375                    | 332                |                         | 6            |         | 257       | 6,080                  |
| 015 CENTRAL SERVICES & SUPPLY     | 892                      | 1,545              |                         | 42           |         | 366       |                        |
| 016 PHARMACY                      |                          |                    |                         |              |         |           |                        |
| 017 MEDICAL RECORDS & LIBRARY     | 1,507                    | 451                |                         | 156          |         | 608       |                        |
| 018 SOCIAL SERVICE                | 967                      | 280                |                         | 11           |         | 297       |                        |
| 025 INPAT ROUTINE SRVC CNTRS      |                          |                    |                         |              |         |           |                        |
| 025 ADULTS & PEDIATRICS           | 6,698                    | 6,503              | 1,468                   | 5,902        | 8,977   | 1,853     | 1,551                  |
| 026 INTENSIVE CARE UNIT           | 2,156                    | 2,145              | 262                     | 660          | 1,336   | 490       | 404                    |
| 031 SUBPROVIDER                   | 1,839                    | 1,257              | 426                     | 1,117        | 2,894   | 523       | 462                    |
| 033 NURSERY                       | 211                      | 179                | 61                      | 120          |         | 52        | 50                     |
| 034 SKILLED NURSING FACILITY      | 1,602                    | 589                | 654                     | 925          | 5,321   | 703       | 605                    |
| 035 NURSING FACILITY              | 29                       | 156                | 10                      | 244          | 80      | 10        | 9                      |
| 035 01 ICF/MR                     |                          |                    |                         |              |         |           |                        |
| 037 ANCILLARY SRVC COST CNTRS     |                          |                    |                         |              |         |           |                        |
| 037 OPERATING ROOM                | 4,033                    | 6,939              | 653                     | 3,531        |         | 797       | 590                    |
| 038 RECOVERY ROOM                 | 623                      | 291                |                         | 151          |         | 137       | 133                    |
| 039 DELIVERY ROOM & LABOR ROO     | 1,821                    | 1,876              | 216                     | 376          | 1,727   | 430       | 417                    |
| 040 ANESTHESIOLOGY                | 205                      | 42                 |                         |              |         |           |                        |
| 041 RADIOLOGY-DIAGNOSTIC          | 6,537                    | 4,709              | 258                     | 592          |         | 1,210     | 33                     |
| 044 LABORATORY                    | 5,281                    | 2,034              |                         | 421          |         | 1,164     |                        |
| 046 WHOLE BLOOD & PACKED RED      | 772                      | 66                 |                         |              |         |           |                        |
| 049 RESPIRATORY THERAPY           | 1,231                    | 440                |                         |              |         | 313       |                        |
| 050 PHYSICAL THERAPY              | 1,918                    | 1,358              | 98                      | 66           |         | 537       |                        |
| 051 OCCUPATIONAL THERAPY          | 1,081                    | 1,061              |                         | 35           |         | 308       |                        |
| 052 SPEECH PATHOLOGY              | 244                      | 40                 |                         |              |         | 65        |                        |
| 053 ELECTROCARDIOLOGY             | 1,224                    | 1,087              | 249                     | 94           |         | 231       | 99                     |
| 054 ELECTROENCEPHALOGRAPHY        | 276                      | 151                |                         |              |         | 73        |                        |
| 055 MEDICAL SUPPLIES CHARGED      | 3,670                    |                    |                         |              |         |           |                        |
| 055 30 IMPL. DEV. CHARGED TO PAT  | 3,388                    |                    |                         |              |         |           |                        |
| 056 DRUGS CHARGED TO PATIENTS     | 7,187                    | 469                |                         | 85           |         | 332       |                        |
| 059 OTHER ANCILLARY SERVICE C     |                          |                    |                         |              |         |           |                        |
| 059 01 ONCOLOGY                   | 350                      | 453                | 16                      | 285          |         | 78        | 73                     |
| 059 02 DIABETES CENTER            | 127                      | 283                |                         | 41           |         | 28        | 17                     |
| 059 03 PSYCHIATRIC/PSYCHOLOGI CAL | 556                      | 314                |                         | 197          |         | 171       |                        |
| 059 04 PAIN CLINIC                | 391                      |                    |                         |              |         | 88        | 28                     |
| 059 05 CURATIVE WOUND CENTER      | 704                      | 569                | 41                      | 211          |         | 137       | 77                     |
| 061 OUTPAT SERVICE COST CNTRS     |                          |                    |                         |              |         |           |                        |
| 061 EMERGENCY                     | 4,447                    | 2,669              | 738                     | 2,633        | 212     | 1,048     | 718                    |
| 062 OBSERVATION BEDS (NON-DIS     |                          |                    |                         |              |         |           |                        |
| 062 OTHER REIMBURS COST CNTRS     |                          |                    |                         |              |         |           |                        |
| 065 AMBULANCE SERVICES            | 96                       |                    |                         |              |         |           |                        |
| 071 HOME HEALTH AGENCY            | 2,953                    | 601                |                         | 181          |         | 765       | 365                    |
| 093 SPEC PURPOSE COST CENTERS     |                          |                    |                         |              |         |           |                        |
| 093 HOSPICE                       | 1,711                    | 49                 |                         | 15           |         | 271       | 165                    |
| 095 SUBTOTALS                     | 80,330                   | 43,270             | 5,150                   | 18,403       | 20,547  | 13,342    | 5,796                  |
| 096 NONREIMBURS COST CENTERS      |                          |                    |                         |              |         |           |                        |
| 096 GIFT, FLOWER, COFFEE SHOP     | 19                       | 129                |                         | 12           |         |           |                        |
| 097 RESEARCH                      |                          |                    |                         |              |         |           |                        |
| 097 01 ADULT DAY CARE             | 224                      | 705                |                         | 200          | 990     | 90        |                        |
| 098 PHYSICIANS' PRIVATE OFFIC     | 622                      | 9,720              |                         | 4,013        |         |           |                        |
| 099 NONPAID WORKERS               |                          |                    |                         |              |         |           |                        |
| 099 01 PARISH NURSE PROGRAM       | 1                        |                    |                         |              |         |           |                        |
| 099 02 RETAIL PHARMACY            | 1                        |                    |                         |              |         |           |                        |
| 099 03 LIFELINE                   |                          |                    |                         |              |         |           |                        |
| 099 04 DME                        | 1,648                    |                    |                         | 99           |         |           |                        |
| 099 05 PRIVATE CARE SERVICES      | 3                        |                    |                         |              |         |           |                        |
| 099 06 EMS                        | 120                      | 22                 | 68                      |              |         | 31        |                        |
| 099 07 SURGERY MM                 | 63                       | 577                |                         |              |         |           |                        |
| 099 08 SAINT CLARE'S VILLA        | 1,302                    | 9,328              |                         |              |         | 488       | 284                    |
| 100 OTHER NONREIMBURSABLE COS     | 15                       |                    |                         |              |         |           |                        |

| COST CENTER DESCRIPTION      | OTHER ADMINISTRATIVE AND | OPERATION OF PLANT | LAUNDRY & LINEN SERVICE | HOUSEKEEPING | DIETARY | CAFETERIA | NURSING ADMINISTRATION |
|------------------------------|--------------------------|--------------------|-------------------------|--------------|---------|-----------|------------------------|
|                              | 6.05                     | 8                  | 9                       | 10           | 11      | 12        | 14                     |
| 101 NONREIMBURS COST CENTERS |                          |                    |                         |              |         |           |                        |
| 102 CROSS FOOT ADJUSTMENTS   |                          |                    |                         |              |         |           |                        |
| 103 NEGATIVE COST CENTER     |                          |                    |                         |              |         |           |                        |
| TOTAL                        | 84,348                   | 63,751             | 5,218                   | 22,727       | 21,537  | 13,951    | 6,080                  |

ALLOCATION OF OLD CAPITAL RELATED COSTS

|     | CENTRAL SERVICES & SUPPLY    | PHARMACY | MEDICAL RECORDS & LIBRARY | SOCIAL SERVICE | SUBTOTAL | POST STEPDOWN ADJUSTMENT | TOTAL   |
|-----|------------------------------|----------|---------------------------|----------------|----------|--------------------------|---------|
|     | 15                           | 16       | 17                        | 18             | 25       | 26                       | 27      |
| 001 | GENERAL SERVICE COST CNTR    |          |                           |                |          |                          |         |
| 001 | 01 OLD CAP REL COSTS-BLDG &  |          |                           |                |          |                          |         |
| 001 | 02 OLD CAP REL COSTS-BLDG &  |          |                           |                |          |                          |         |
| 001 | 03 OLD CAP REL COSTS-BLDG &  |          |                           |                |          |                          |         |
| 002 | 01 OLD CAP REL COSTS-MVBLE E |          |                           |                |          |                          |         |
| 002 | 02 OLD CAP REL COSTS-MVBLE E |          |                           |                |          |                          |         |
| 003 | 01 NEW CAP REL COSTS-BLDG &  |          |                           |                |          |                          |         |
| 003 | 02 NEW CAP REL COSTS-BLDG &  |          |                           |                |          |                          |         |
| 003 | 03 NEW CAP REL COSTS-BLDG &  |          |                           |                |          |                          |         |
| 003 | 04 NEW CAP REL COSTS-BLDG &  |          |                           |                |          |                          |         |
| 004 | 01 NEW CAP REL COSTS-MVBLE E |          |                           |                |          |                          |         |
| 004 | 02 NEW CAP REL COSTS-MVBLE E |          |                           |                |          |                          |         |
| 004 | 03 NEW CAP REL COSTS-MVBLE E |          |                           |                |          |                          |         |
| 005 | EMPLOYEE BENEFITS            |          |                           |                |          |                          |         |
| 006 | 01 NONPATIENT TELEPHONES     |          |                           |                |          |                          |         |
| 006 | 02 PURCHASING, RECEIVING AND |          |                           |                |          |                          |         |
| 006 | 03 ADMINITTING               |          |                           |                |          |                          |         |
| 006 | 04 CASHIERING/ACCOUNTS RECEI |          |                           |                |          |                          |         |
| 006 | 05 OTHER ADMINISTRATIVE AND  |          |                           |                |          |                          |         |
| 008 | OPERATION OF PLANT           |          |                           |                |          |                          |         |
| 009 | LAUNDRY & LINEN SERVICE      |          |                           |                |          |                          |         |
| 010 | HOUSEKEEPING                 |          |                           |                |          |                          |         |
| 011 | DIETARY                      |          |                           |                |          |                          |         |
| 012 | CAFETERIA                    |          |                           |                |          |                          |         |
| 014 | NURSING ADMINISTRATION       |          |                           |                |          |                          |         |
| 015 | CENTRAL SERVICES & SUPPLY    | 20,863   |                           |                |          |                          |         |
| 016 | PHARMACY                     |          |                           |                |          |                          |         |
| 017 | MEDICAL RECORDS & LIBRARY    |          | 9,073                     |                |          |                          |         |
| 018 | SOCIAL SERVICE               |          |                           | 4,459          |          |                          |         |
| 025 | INPAT ROUTINE SRVC CNTRS     |          |                           |                |          |                          |         |
| 025 | ADULTS & PEDIATRICS          | 326      | 5,181                     | 2,667          | 135,962  |                          | 135,962 |
| 026 | INTENSIVE CARE UNIT          | 106      | 415                       | 87             | 39,323   |                          | 39,323  |
| 031 | SUBPROVIDER                  | 54       | 350                       | 381            | 19,893   |                          | 19,893  |
| 033 | NURSERY                      | 20       |                           |                | 3,319    |                          | 3,319   |
| 034 | SKILLED NURSING FACILITY     | 54       | 363                       | 319            | 16,256   |                          | 16,256  |
| 035 | NURSING FACILITY             | 1        | 5                         | 5              | 1,828    |                          | 1,828   |
| 035 | 01 ICF/MR                    |          |                           |                |          |                          |         |
| 037 | ANCILLARY SRVC COST CNTRS    |          |                           |                |          |                          |         |
| 037 | OPERATING ROOM               | 124      |                           | 6              | 95,430   |                          | 95,430  |
| 038 | RECOVERY ROOM                | 18       |                           |                | 4,792    |                          | 4,792   |
| 039 | DELIVERY ROOM & LABOR ROO    | 56       |                           |                | 34,224   |                          | 34,224  |
| 040 | ANESTHESIOLOGY               | 322      |                           |                | 1,532    |                          | 1,532   |
| 041 | RADIOLOGY-DIAGNOSTIC         | 1,287    |                           | 182            | 56,994   |                          | 56,994  |
| 044 | LABORATORY                   | 399      |                           |                | 36,256   |                          | 36,256  |
| 046 | WHOLE BLOOD & PACKED RED     | 2        |                           |                | 1,470    |                          | 1,470   |
| 049 | RESPIRATORY THERAPY          | 106      |                           |                | 8,068    |                          | 8,068   |
| 050 | PHYSICAL THERAPY             | 13       |                           |                | 12,587   |                          | 12,587  |
| 051 | OCCUPATIONAL THERAPY         | 2        |                           |                | 11,642   |                          | 11,642  |
| 052 | SPEECH PATHOLOGY             | 8        |                           |                | 484      |                          | 484     |
| 053 | ELECTROCARDIOLOGY            | 53       |                           |                | 18,535   |                          | 18,535  |
| 054 | ELECTROENCEPHALOGRAPHY       | 8        |                           |                | 2,377    |                          | 2,377   |
| 055 | MEDICAL SUPPLIES CHARGED     | 8,818    |                           |                | 12,731   |                          | 12,731  |
| 055 | 30 IMPL. DEV. CHARGED TO PAT | 8,208    |                           |                | 11,760   |                          | 11,760  |
| 056 | DRUGS CHARGED TO PATIENTS    | 10       |                           |                | 14,605   |                          | 14,605  |
| 059 | OTHER ANCILLARY SERVICE C    |          |                           |                |          |                          |         |
| 059 | 01 ONCOLOGY                  | 51       |                           |                | 2,226    |                          | 2,226   |
| 059 | 02 DIABETES CENTER           |          |                           |                | 1,791    |                          | 1,791   |
| 059 | 03 PSYCHIATRIC/PSYCHOLOGICAL |          |                           |                | 1,894    |                          | 1,894   |
| 059 | 04 PAIN CLINIC               | 110      |                           |                | 849      |                          | 849     |
| 059 | 05 CURATIVE WOUND CENTER     | 259      |                           |                | 7,115    |                          | 7,115   |
| 061 | OUTPAT SERVICE COST CNTRS    |          |                           |                |          |                          |         |
| 061 | EMERGENCY                    | 336      | 2,759                     | 522            | 51,291   |                          | 51,291  |
| 062 | OBSERVATION BEDS (NON-DIS    |          |                           |                |          |                          |         |
| 062 | OTHER REIMBURS COST CNTRS    |          |                           |                |          |                          |         |
| 065 | AMBULANCE SERVICES           |          |                           |                | 98       |                          | 98      |
| 071 | HOME HEALTH AGENCY           | 87       |                           | 285            | 10,685   |                          | 10,685  |
| 071 | SPEC PURPOSE COST CENTERS    |          |                           |                |          |                          |         |
| 093 | HOSPICE                      | 20       |                           | 5              | 2,849    |                          | 2,849   |
| 095 | SUBTOTALS                    | 20,858   | 9,073                     | 4,459          | 618,866  |                          | 618,866 |
| 096 | NONREIMBURS COST CENTERS     |          |                           |                |          |                          |         |
| 096 | GIFT, FLOWER, COFFEE SHOP    |          |                           |                | 2,019    |                          | 2,019   |
| 097 | RESEARCH                     |          |                           |                |          |                          |         |
| 097 | 01 ADULT DAY CARE            | 1        |                           |                | 8,021    |                          | 8,021   |
| 098 | PHYSICIANS' PRIVATE OFFIC    |          |                           |                | 80,835   |                          | 80,835  |
| 099 | NONPAID WORKERS              |          |                           |                |          |                          |         |
| 099 | 01 PARISH NURSE PROGRAM      |          |                           |                | 3        |                          | 3       |
| 099 | 02 RETAIL PHARMACY           |          |                           |                | 4        |                          | 4       |
| 099 | 03 LIFELINE                  |          |                           |                | 1        |                          | 1       |
| 099 | 04 DME                       |          |                           |                | 1,880    |                          | 1,880   |
| 099 | 05 PRIVATE CARE SERVICES     |          |                           |                | 10       |                          | 10      |
| 099 | 06 EMS                       | 4        |                           |                | 632      |                          | 632     |
| 099 | 07 SURGERY MM                |          |                           |                | 648      |                          | 648     |
| 099 | 08 SAINT CLARE'S VILLA       |          |                           |                | 88,047   |                          | 88,047  |
| 100 | OTHER NONREIMBURSABLE COS    |          |                           |                | 15       |                          | 15      |

|                              | CENTRAL SERVI<br>CES & SUPPLY | PHARMACY | MEDI CAL RECOR<br>DS & LIBRARY | SOCI AL SERVI C<br>E | SUBTOTAL | POST<br>STEPDOWN<br>ADJUSTMENT | TOTAL   |
|------------------------------|-------------------------------|----------|--------------------------------|----------------------|----------|--------------------------------|---------|
| 101 NONREIMBURS COST CENTERS | 15                            | 16       | 17                             | 18                   | 25       | 26                             | 27      |
| 102 CROSS FOOT ADJUSTMENTS   |                               |          |                                |                      |          |                                |         |
| 103 NEGATIVE COST CENTER     |                               |          |                                |                      |          |                                |         |
| TOTAL                        | 20,863                        |          | 9,073                          | 4,459                | 800,981  |                                | 800,981 |

ALLOCATION OF NEW CAPITAL RELATED COSTS

| COST CENTER DESCRIPTION          | DIR ASSGND NEW CAPITAL REL COSTS | OLD CAP REL C OSTS-BLDG & | OLD CAP REL C OSTS-MVBLE E | OLD CAP REL C OSTS-MVBLE E |
|----------------------------------|----------------------------------|---------------------------|---------------------------|---------------------------|---------------------------|----------------------------|----------------------------|
|                                  | 0                                | 1                         | 1.01                      | 1.02                      | 1.03                      | 2                          | 2.01                       |
| 001 GENERAL SERVICE COST CNTR    |                                  |                           |                           |                           |                           |                            |                            |
| 001 01 OLD CAP REL COSTS-BLDG &  |                                  |                           |                           |                           |                           |                            |                            |
| 001 02 OLD CAP REL COSTS-BLDG &  |                                  |                           |                           |                           |                           |                            |                            |
| 001 03 OLD CAP REL COSTS-BLDG &  |                                  |                           |                           |                           |                           |                            |                            |
| 002 OLD CAP REL COSTS-MVBLE E    |                                  |                           |                           |                           |                           |                            |                            |
| 002 01 OLD CAP REL COSTS-MVBLE E |                                  |                           |                           |                           |                           |                            |                            |
| 003 NEW CAP REL COSTS-BLDG &     |                                  |                           |                           |                           |                           |                            |                            |
| 003 01 NEW CAP REL COSTS-BLDG &  |                                  |                           |                           |                           |                           |                            |                            |
| 003 02 NEW CAP REL COSTS-BLDG &  |                                  |                           |                           |                           |                           |                            |                            |
| 003 03 NEW CAP REL COSTS-BLDG &  |                                  |                           |                           |                           |                           |                            |                            |
| 003 04 NEW CAP REL COSTS-BLDG &  |                                  |                           |                           |                           |                           |                            |                            |
| 004 NEW CAP REL COSTS-MVBLE E    |                                  |                           |                           |                           |                           |                            |                            |
| 004 01 NEW CAP REL COSTS-MVBLE E |                                  |                           |                           |                           |                           |                            |                            |
| 004 02 NEW CAP REL COSTS-MVBLE E |                                  |                           |                           |                           |                           |                            |                            |
| 005 EMPLOYEE BENEFITS            |                                  |                           |                           |                           |                           |                            |                            |
| 006 01 NONPATIENT TELEPHONES     |                                  |                           |                           |                           |                           |                            |                            |
| 006 02 PURCHASING, RECEIVING AND |                                  |                           |                           |                           |                           |                            |                            |
| 006 03 ADMINITTING               |                                  |                           |                           |                           |                           |                            |                            |
| 006 04 CASHIERING/ACCOUNTS RECEI |                                  |                           |                           |                           |                           |                            |                            |
| 006 05 OTHER ADMINISTRATIVE AND  |                                  |                           |                           |                           |                           |                            |                            |
| 008 OPERATION OF PLANT           |                                  |                           |                           |                           |                           |                            |                            |
| 009 LAUNDRY & LINEN SERVICE      |                                  |                           |                           |                           |                           |                            |                            |
| 010 HOUSEKEEPING                 |                                  |                           |                           |                           |                           |                            |                            |
| 011 DIETARY                      |                                  |                           |                           |                           |                           |                            |                            |
| 012 CAFETERIA                    |                                  |                           |                           |                           |                           |                            |                            |
| 014 NURSING ADMINISTRATION       |                                  |                           |                           |                           |                           |                            |                            |
| 015 CENTRAL SERVICES & SUPPLY    |                                  |                           |                           |                           |                           |                            |                            |
| 016 PHARMACY                     |                                  |                           |                           |                           |                           |                            |                            |
| 017 MEDICAL RECORDS & LIBRARY    |                                  |                           |                           |                           |                           |                            |                            |
| 018 SOCIAL SERVICE               |                                  |                           |                           |                           |                           |                            |                            |
| 025 INPAT ROUTINE SRVC CNTRS     |                                  |                           |                           |                           |                           |                            |                            |
| 026 ADULTS & PEDIATRICS          |                                  |                           |                           |                           |                           |                            |                            |
| 031 INTENSIVE CARE UNIT          |                                  |                           |                           |                           |                           |                            |                            |
| 033 SUBPROVIDER                  |                                  |                           |                           |                           |                           |                            |                            |
| 033 NURSERY                      |                                  |                           |                           |                           |                           |                            |                            |
| 034 SKILLED NURSING FACILITY     |                                  |                           |                           |                           |                           |                            |                            |
| 035 NURSING FACILITY             |                                  |                           |                           |                           |                           |                            |                            |
| 035 01 ICF/MR                    |                                  |                           |                           |                           |                           |                            |                            |
| 037 ANCILLARY SRVC COST CNTRS    |                                  |                           |                           |                           |                           |                            |                            |
| 038 OPERATING ROOM               |                                  |                           |                           |                           |                           |                            |                            |
| 038 RECOVERY ROOM                |                                  |                           |                           |                           |                           |                            |                            |
| 039 DELIVERY ROOM & LABOR ROO    |                                  |                           |                           |                           |                           |                            |                            |
| 040 ANESTHESIOLOGY               |                                  |                           |                           |                           |                           |                            |                            |
| 041 RADIOLOGY-DIAGNOSTIC         |                                  |                           |                           |                           |                           |                            |                            |
| 044 LABORATORY                   |                                  |                           |                           |                           |                           |                            |                            |
| 046 WHOLE BLOOD & PACKED RED     |                                  |                           |                           |                           |                           |                            |                            |
| 049 RESPIRATORY THERAPY          |                                  |                           |                           |                           |                           |                            |                            |
| 050 PHYSICAL THERAPY             |                                  |                           |                           |                           |                           |                            |                            |
| 051 OCCUPATIONAL THERAPY         |                                  |                           |                           |                           |                           |                            |                            |
| 052 SPEECH PATHOLOGY             |                                  |                           |                           |                           |                           |                            |                            |
| 053 ELECTROCARDIOLOGY            |                                  |                           |                           |                           |                           |                            |                            |
| 054 ELECTROENCEPHALOGRAPHY       |                                  |                           |                           |                           |                           |                            |                            |
| 055 MEDICAL SUPPLIES CHARGED     |                                  |                           |                           |                           |                           |                            |                            |
| 055 30 IMPL. DEV. CHARGED TO PAT |                                  |                           |                           |                           |                           |                            |                            |
| 056 DRUGS CHARGED TO PATIENTS    |                                  |                           |                           |                           |                           |                            |                            |
| 059 OTHER ANCILLARY SERVICE C    |                                  |                           |                           |                           |                           |                            |                            |
| 059 01 ONCOLOGY                  |                                  |                           |                           |                           |                           |                            |                            |
| 059 02 DIABETES CENTER           |                                  |                           |                           |                           |                           |                            |                            |
| 059 03 PSYCHIATRIC/PSYCHOLOGICAL |                                  |                           |                           |                           |                           |                            |                            |
| 059 04 PAIN CLINIC               |                                  |                           |                           |                           |                           |                            |                            |
| 059 05 CURATIVE WOUND CENTER     |                                  |                           |                           |                           |                           |                            |                            |
| 061 OUTPAT SERVICE COST CNTRS    |                                  |                           |                           |                           |                           |                            |                            |
| 062 EMERGENCY                    |                                  |                           |                           |                           |                           |                            |                            |
| 062 OBSERVATION BEDS (NON-DIS    |                                  |                           |                           |                           |                           |                            |                            |
| 062 OTHER REIMBURS COST CNTRS    |                                  |                           |                           |                           |                           |                            |                            |
| 065 AMBULANCE SERVICES           |                                  |                           |                           |                           |                           |                            |                            |
| 071 HOME HEALTH AGENCY           |                                  |                           |                           |                           |                           |                            |                            |
| 093 SPEC PURPOSE COST CENTERS    |                                  |                           |                           |                           |                           |                            |                            |
| 093 HOSPICE                      |                                  |                           |                           |                           |                           |                            |                            |
| 095 SUBTOTALS                    |                                  |                           |                           |                           |                           |                            |                            |
| 095 NONREIMBURS COST CENTERS     |                                  |                           |                           |                           |                           |                            |                            |
| 096 GIFT, FLOWER, COFFEE SHOP    |                                  |                           |                           |                           |                           |                            |                            |
| 097 RESEARCH                     |                                  |                           |                           |                           |                           |                            |                            |
| 097 01 ADULT DAY CARE            |                                  |                           |                           |                           |                           |                            |                            |
| 098 PHYSICIANS' PRIVATE OFFIC    |                                  |                           |                           |                           |                           |                            |                            |
| 099 NONPAID WORKERS              |                                  |                           |                           |                           |                           |                            |                            |
| 099 01 PARISH NURSE PROGRAM      |                                  |                           |                           |                           |                           |                            |                            |
| 099 02 RETAIL PHARMACY           |                                  |                           |                           |                           |                           |                            |                            |
| 099 03 LIFELINE                  |                                  |                           |                           |                           |                           |                            |                            |
| 099 04 DME                       |                                  |                           |                           |                           |                           |                            |                            |
| 099 05 PRIVATE CARE SERVICES     |                                  |                           |                           |                           |                           |                            |                            |
| 099 06 EMS                       |                                  |                           |                           |                           |                           |                            |                            |
| 099 07 SURGERY MM                |                                  |                           |                           |                           |                           |                            |                            |
| 099 08 SAINT CLARE'S VILLA       |                                  |                           |                           |                           |                           |                            |                            |
| 100 OTHER NONREIMBURSABLE COS    |                                  |                           |                           |                           |                           |                            |                            |

| COST CENTER DESCRIPTION      | DIR ASSGND NEW CAPITAL REL COSTS | OLD CAP REL C OSTS-BLDG & | OLD CAP REL C OSTS-MVBLE E | OLD CAP REL C OSTS-MVBLE E |
|------------------------------|----------------------------------|---------------------------|---------------------------|---------------------------|---------------------------|----------------------------|----------------------------|
|                              | 0                                | 1                         | 1.01                      | 1.02                      | 1.03                      | 2                          | 2.01                       |
| 101 NONREIMBURS COST CENTERS |                                  |                           |                           |                           |                           |                            |                            |
| 102 CROSS FOOT ADJUSTMENTS   |                                  |                           |                           |                           |                           |                            |                            |
| 103 NEGATIVE COST CENTER     |                                  |                           |                           |                           |                           |                            |                            |
| TOTAL                        |                                  |                           |                           |                           |                           |                            |                            |

ALLOCATION OF NEW CAPITAL RELATED COSTS

| COST CENTER DESCRIPTION          | NEW CAP REL C | NEW CAP REL C    | NEW CAP REL C    | NEW CAP REL C    | NEW CAP REL C    | NEW CAP REL C  | NEW CAP REL C     |
|----------------------------------|---------------|------------------|------------------|------------------|------------------|----------------|-------------------|
|                                  | OSTS-BLDG & 3 | OSTS-BLDG & 3.01 | OSTS-BLDG & 3.02 | OSTS-BLDG & 3.03 | OSTS-BLDG & 3.04 | OSTS-MVBLE E 4 | OSTS-MVBLE E 4.01 |
| 001 GENERAL SERVICE COST CNTR    |               |                  |                  |                  |                  |                |                   |
| 001 01 OLD CAP REL COSTS-BLDG &  |               |                  |                  |                  |                  |                |                   |
| 001 02 OLD CAP REL COSTS-BLDG &  |               |                  |                  |                  |                  |                |                   |
| 001 03 OLD CAP REL COSTS-BLDG &  |               |                  |                  |                  |                  |                |                   |
| 002 01 OLD CAP REL COSTS-MVBLE E |               |                  |                  |                  |                  |                |                   |
| 002 02 OLD CAP REL COSTS-MVBLE E |               |                  |                  |                  |                  |                |                   |
| 003 01 NEW CAP REL COSTS-BLDG &  |               |                  |                  |                  |                  |                |                   |
| 003 02 NEW CAP REL COSTS-BLDG &  |               |                  |                  |                  |                  |                |                   |
| 003 03 NEW CAP REL COSTS-BLDG &  |               |                  |                  |                  |                  |                |                   |
| 003 04 NEW CAP REL COSTS-BLDG &  |               |                  |                  |                  |                  |                |                   |
| 004 01 NEW CAP REL COSTS-MVBLE E |               |                  |                  |                  |                  |                |                   |
| 004 02 NEW CAP REL COSTS-MVBLE E |               |                  |                  |                  |                  |                |                   |
| 005 EMPLOYEE BENEFITS            | 8,520         | 258              |                  |                  | 392              | 9,613          | 2,542             |
| 006 01 NONPATIENT TELEPHONES     | 3,054         | 195              |                  |                  |                  | 3,446          | 353               |
| 006 02 PURCHASING, RECEIVING AND | 27,248        | 448              |                  |                  |                  | 30,746         | 810               |
| 006 03 ADMINISTRATION            | 7,998         |                  | 2,048            |                  |                  | 9,025          |                   |
| 006 04 CASHIERING/ACCOUNTS RECEI | 5,564         |                  |                  |                  |                  | 6,278          | 4,909             |
| 006 05 OTHER ADMINISTRATIVE AND  | 139,486       | 24,876           |                  |                  | 2,834            | 157,390        | 59,986            |
| 008 OPERATION OF PLANT           | 110,656       | 10,197           | 27,493           | 1,079            | 2,421            | 126,362        | 31,257            |
| 009 LAUNDRY & LINEN SERVICE      | 8,324         | 1,083            |                  |                  |                  | 9,392          | 1,959             |
| 010 HOUSEKEEPING                 | 35,681        | 4,118            | 2,408            | 1,273            |                  | 42,033         | 7,446             |
| 011 DIETARY                      | 45,510        | 1,703            |                  |                  | 56               | 51,352         | 3,374             |
| 012 CAFETERIA                    | 22,168        | 2,362            |                  |                  |                  | 25,014         | 4,271             |
| 014 NURSING ADMINISTRATION       | 7,145         | 962              |                  | 423              |                  | 8,651          | 1,740             |
| 015 CENTRAL SERVICES & SUPPLY    | 31,231        | 5,296            |                  |                  |                  | 35,240         | 9,576             |
| 016 PHARMACY                     |               |                  |                  |                  |                  |                |                   |
| 017 MEDICAL RECORDS & LIBRARY    | 15,360        | 375              |                  |                  |                  | 17,332         | 677               |
| 018 SOCIAL SERVICE               | 3,271         | 1,408            |                  |                  |                  | 3,691          | 2,546             |
| 025 INPAT ROUTINE SRVC CNTRS     |               |                  |                  |                  |                  |                |                   |
| 026 ADULTS & PEDIATRICS          | 249,819       |                  |                  | 441              |                  | 282,497        |                   |
| 031 INTENSIVE CARE UNIT          | 82,576        |                  |                  |                  |                  | 93,176         |                   |
| 033 SUBPROVIDER                  |               | 9,070            |                  |                  |                  |                | 16,398            |
| 034 NURSERY                      | 6,890         |                  |                  |                  |                  | 7,774          |                   |
| 035 SKILLED NURSING FACILITY     |               | 4,248            |                  |                  |                  |                | 7,680             |
| 035 01 NURSING FACILITY          |               | 1,122            |                  |                  |                  |                | 2,029             |
| 037 ICF/MR                       |               |                  |                  |                  |                  |                |                   |
| 037 ANCILLARY SRVC COST CNTRS    |               |                  |                  |                  |                  |                |                   |
| 038 OPERATING ROOM               | 135,661       | 23,737           | 3,610            |                  |                  | 153,074        | 42,916            |
| 038 RECOVERY ROOM                | 5,390         | 1,089            |                  |                  |                  | 6,082          | 1,970             |
| 039 DELIVERY ROOM & LABOR ROO    | 72,248        |                  |                  |                  |                  | 81,521         |                   |
| 040 ANESTHESIOLOGY               | 543           | 204              |                  |                  |                  | 613            | 368               |
| 041 RADIOLOGY-DIAGNOSTIC         | 59,376        | 14,396           | 33,583           |                  |                  | 66,997         | 26,029            |
| 044 LABORATORY                   | 54,361        | 4,490            |                  |                  |                  | 61,339         | 8,118             |
| 046 WHOLE BLOOD & PACKED RED     | 353           | 407              |                  |                  |                  | 399            | 736               |
| 049 RESPIRATORY THERAPY          | 11,839        | 953              |                  |                  |                  | 13,359         | 1,723             |
| 050 PHYSICAL THERAPY             | 5,135         | 4,545            |                  |                  | 1,464            | 5,794          | 15,971            |
| 051 OCCUPATIONAL THERAPY         | 1,179         | 7,436            |                  |                  |                  | 1,330          | 13,445            |
| 052 SPEECH PATHOLOGY             |               |                  |                  |                  | 97               |                | 515               |
| 053 ELECTROCARDIOLOGY            | 37,463        | 820              |                  |                  |                  | 42,272         | 1,482             |
| 054 ELECTROENCEPHALOGRAPHY       | 3,092         | 507              |                  |                  |                  | 3,488          | 917               |
| 055 MEDICAL SUPPLIES CHARGED     |               |                  |                  |                  |                  |                |                   |
| 055 30 IMPL. DEV. CHARGED TO PAT |               |                  |                  |                  |                  |                |                   |
| 056 DRUGS CHARGED TO PATIENTS    | 11,405        | 1,244            |                  |                  |                  | 12,869         | 2,249             |
| 059 OTHER ANCILLARY SERVICE C    |               |                  |                  |                  |                  |                |                   |
| 059 01 ONCOLOGY                  |               |                  |                  |                  | 1,116            |                | 5,911             |
| 059 02 DIABETES CENTER           |               | 1,120            | 3,650            |                  |                  |                | 2,025             |
| 059 03 PSYCHIATRIC/PSYCHOLOGICAL |               |                  |                  |                  | 773              |                | 4,094             |
| 059 04 PAIN CLINIC               |               |                  |                  |                  |                  |                |                   |
| 059 05 CURATIVE WOUND CENTER     |               | 4,102            |                  |                  |                  |                | 7,417             |
| 061 OUTPAT SERVICE COST CNTRS    |               |                  |                  |                  |                  |                |                   |
| 062 EMERGENCY                    | 71,748        | 5,811            |                  |                  |                  | 80,957         | 10,505            |
| 065 OBSERVATION BEDS (NON-DIS    |               |                  |                  |                  |                  |                |                   |
| 071 OTHER REIMBURS COST CNTRS    |               |                  |                  |                  |                  |                |                   |
| 071 AMBULANCE SERVICES           |               | 4,336            |                  |                  |                  |                | 7,840             |
| 093 HOME HEALTH AGENCY           |               |                  |                  |                  |                  |                |                   |
| 093 SPEC PURPOSE COST CENTERS    |               |                  |                  |                  |                  |                |                   |
| 093 HOSPICE                      |               | 356              |                  |                  |                  |                | 644               |
| 095 SUBTOTALS                    | 1,280,294     | 143,274          | 72,792           | 3,216            | 10,080           | 1,449,106      | 312,428           |
| 096 NONREIMBURS COST CENTERS     |               |                  |                  |                  |                  |                |                   |
| 096 GIFT, FLOWER, COFFEE SHOP    | 4,955         |                  |                  |                  |                  | 5,591          |                   |
| 097 RESEARCH                     |               |                  |                  |                  |                  |                |                   |
| 097 01 ADULT DAY CARE            |               | 5,085            |                  |                  |                  |                | 9,193             |
| 098 PHYSICIANS' PRIVATE OFFIC    |               |                  | 58,942           | 144,201          | 7,507            |                |                   |
| 099 NONPAID WORKERS              |               |                  |                  |                  |                  |                |                   |
| 099 01 PARISH NURSE PROGRAM      |               |                  |                  |                  |                  |                |                   |
| 099 02 RETAIL PHARMACY           |               |                  |                  |                  |                  |                |                   |
| 099 03 LIFELINE                  |               |                  |                  |                  |                  |                |                   |
| 099 04 DME                       |               |                  |                  |                  |                  |                |                   |
| 099 05 PRIVATE CARE SERVICES     |               |                  |                  |                  |                  |                |                   |
| 099 06 EMS                       | 848           |                  |                  |                  |                  | 956            |                   |
| 099 07 SURGERY MM                |               |                  | 16,539           |                  |                  |                |                   |
| 099 08 SAINT CLARE'S VILLA       |               | 67,304           |                  |                  |                  |                | 121,682           |
| 100 OTHER NONREIMBURSABLE COS    |               |                  |                  |                  |                  |                |                   |

|                              | NEW CAP REL C<br>OSTS-BLDG & | NEW CAP REL C<br>OSTS-MVBLE E | NEW CAP REL C<br>OSTS-MVBLE E |
|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|-------------------------------|-------------------------------|
| COST CENTER<br>DESCRIPTION   | 3                            | 3.01                         | 3.02                         | 3.03                         | 3.04                         | 4                             | 4.01                          |
| 101 NONREIMBURS COST CENTERS |                              |                              |                              |                              |                              |                               |                               |
| 102 CROSS FOOT ADJUSTMENTS   |                              |                              |                              |                              |                              |                               |                               |
| 103 NEGATIVE COST CENTER     |                              |                              |                              |                              |                              |                               |                               |
| TOTAL                        | 1,286,097                    | 215,663                      | 148,273                      | 147,417                      | 17,587                       | 1,455,653                     | 443,303                       |

ALLOCATION OF NEW CAPITAL RELATED COSTS

| COST CENTER DESCRIPTION           | NEW CAP REL COSTS-MVBLE E | SUBTOTAL  | EMPLOYEE BENEFITS | NONPATIENT TELEPHONES | PURCHASING, RECEIVING AND | ADMINISTRATIVE | CASHIERING/ACCOUNTS RECEI |
|-----------------------------------|---------------------------|-----------|-------------------|-----------------------|---------------------------|----------------|---------------------------|
|                                   | 4.02                      | 4a        | 5                 | 6.01                  | 6.02                      | 6.03           | 6.04                      |
| GENERAL SERVICE COST CNTR         |                           |           |                   |                       |                           |                |                           |
| 001 01 OLD CAP REL COSTS-BLDG &   |                           |           |                   |                       |                           |                |                           |
| 001 02 OLD CAP REL COSTS-BLDG &   |                           |           |                   |                       |                           |                |                           |
| 001 03 OLD CAP REL COSTS-BLDG &   |                           |           |                   |                       |                           |                |                           |
| 002 01 OLD CAP REL COSTS-MVBLE E  |                           |           |                   |                       |                           |                |                           |
| 002 02 OLD CAP REL COSTS-MVBLE E  |                           |           |                   |                       |                           |                |                           |
| 003 01 NEW CAP REL COSTS-BLDG &   |                           |           |                   |                       |                           |                |                           |
| 003 02 NEW CAP REL COSTS-BLDG &   |                           |           |                   |                       |                           |                |                           |
| 003 03 NEW CAP REL COSTS-BLDG &   |                           |           |                   |                       |                           |                |                           |
| 003 04 NEW CAP REL COSTS-BLDG &   |                           |           |                   |                       |                           |                |                           |
| 004 01 NEW CAP REL COSTS-MVBLE E  |                           |           |                   |                       |                           |                |                           |
| 004 02 NEW CAP REL COSTS-MVBLE E  |                           |           |                   |                       |                           |                |                           |
| 005 EMPLOYEE BENEFITS             |                           | 21,325    | 21,325            |                       |                           |                |                           |
| 006 01 NONPATIENT TELEPHONES      |                           | 7,048     | 146               | 7,194                 |                           |                |                           |
| 006 02 PURCHASING, RECEIVING AND  |                           | 59,252    | 160               | 67                    | 59,479                    |                |                           |
| 006 03 ADMINISTRATION             | 3,748                     | 22,819    | 385               | 188                   | 831                       | 24,223         |                           |
| 006 04 CASHIERING/ACCOUNTS RECEI  |                           | 17,678    | 31                | 161                   | 352                       |                | 18,222                    |
| 006 05 OTHER ADMINISTRATIVE AND   |                           | 384,572   | 2,711             | 1,085                 | 6,838                     |                |                           |
| 008 01 OPERATION OF PLANT         | 50,319                    | 359,784   | 798               | 295                   | 4,704                     |                |                           |
| 009 01 LAUNDRY & LINEN SERVICE    |                           | 20,758    |                   | 9                     | 244                       |                |                           |
| 010 01 HOUSEKEEPING               | 4,407                     | 97,366    | 488               | 31                    | 3,028                     |                |                           |
| 011 01 DIETARY                    |                           | 101,995   | 477               | 80                    | 3                         |                |                           |
| 012 01 CAFETERIA                  |                           | 53,815    | 258               | 80                    | 1,385                     |                |                           |
| 014 01 NURSING ADMINISTRATION     |                           | 18,921    | 498               | 71                    | 164                       |                |                           |
| 015 01 CENTRAL SERVICES & SUPPLY  |                           | 81,343    | 190               | 40                    | 1,567                     |                |                           |
| 016 01 PHARMACY                   |                           |           |                   |                       |                           |                |                           |
| 017 01 MEDICAL RECORDS & LIBRARY  |                           | 33,744    | 497               | 183                   | 351                       |                |                           |
| 018 01 SOCIAL SERVICE             |                           | 10,916    | 344               | 76                    | 20                        |                |                           |
| 025 01 INPAT ROUTINE SRVC CNTRS   |                           |           |                   |                       |                           |                |                           |
| 026 01 ADULTS & PEDIATRICS        |                           | 532,757   | 2,041             | 540                   | 3,492                     | 630            | 465                       |
| 031 01 INTENSIVE CARE UNIT        |                           | 175,752   | 628               | 67                    | 1,047                     | 358            | 265                       |
| 033 01 SUBPROVIDER                |                           | 25,468    | 582               | 54                    | 734                       | 61             | 125                       |
| 034 01 NURSERY                    |                           | 14,664    | 49                | 13                    | 174                       | 36             | 27                        |
| 035 01 SKILLED NURSING FACILITY   |                           | 11,928    | 568               | 54                    | 770                       | 84             | 172                       |
| 035 01 NURSING FACILITY           |                           | 3,151     | 8                 |                       | 12                        | 1              | 3                         |
| 037 01 ANCILLARY SRVC COST CNTRS  |                           |           |                   |                       |                           |                |                           |
| 038 01 OPERATING ROOM             | 6,606                     | 365,604   | 1,041             | 362                   | 1,415                     | 2,140          | 1,580                     |
| 039 01 RECOVERY ROOM              |                           | 14,531    | 199               | 18                    | 151                       | 464            | 343                       |
| 040 01 DELIVERY ROOM & LABOR ROO  |                           | 153,769   | 572               | 156                   | 660                       | 227            | 168                       |
| 041 01 ANESTHESIOLOGY             |                           | 1,728     |                   | 22                    | 2,617                     | 199            | 147                       |
| 044 01 RADIOLOGY-DIAGNOSTIC       | 61,465                    | 261,846   | 1,335             | 781                   | 11,470                    | 5,547          | 4,238                     |
| 046 01 LABORATORY                 |                           | 128,308   | 1,174             | 255                   | 3,733                     | 2,327          | 1,718                     |
| 049 01 WHOLE BLOOD & PACKED RED   |                           | 1,895     |                   | 9                     | 11                        | 116            | 85                        |
| 050 01 RESPIRATORY THERAPY        |                           | 27,874    | 309               | 45                    | 1,231                     | 710            | 524                       |
| 051 01 PHYSICAL THERAPY           |                           | 32,909    | 632               | 76                    | 337                       | 1,075          | 794                       |
| 052 01 OCCUPATIONAL THERAPY       |                           | 23,390    | 354               | 63                    | 41                        | 674            | 498                       |
| 053 01 SPEECH PATHOLOGY           |                           | 612       | 84                | 4                     | 69                        | 118            | 87                        |
| 054 01 ELECTROCARDIOLOGY          |                           | 82,037    | 306               | 130                   | 505                       | 1,517          | 1,120                     |
| 055 01 ELECTROENCEPHALOGRAPHY     |                           | 8,004     | 75                | 27                    | 248                       | 284            | 210                       |
| 056 01 MEDICAL SUPPLIES CHARGED   |                           |           |                   |                       |                           | 928            | 686                       |
| 059 01 IMPL. DEV. CHARGED TO PAT  |                           |           |                   |                       |                           | 626            | 462                       |
| 059 01 DRUGS CHARGED TO PATIENTS  |                           | 27,767    | 555               | 89                    | 560                       | 2,404          | 1,775                     |
| 059 01 OTHER ANCILLARY SERVICE C  |                           |           |                   |                       |                           |                |                           |
| 059 01 ONCOLOGY                   |                           | 7,027     | 108               | 18                    | 442                       | 94             | 70                        |
| 059 02 DIABETES CENTER            | 6,681                     | 13,476    | 39                | 18                    | 48                        | 9              | 7                         |
| 059 03 PSYCHIATRIC/PSYCHOLOGICAL  |                           | 4,867     | 198               | 31                    | 230                       | 95             | 70                        |
| 059 04 PAIN CLINIC                |                           |           | 93                | 13                    | 980                       | 134            | 99                        |
| 059 05 CURATIVE WOUND CENTER      |                           | 11,519    | 170               | 49                    | 2,074                     | 144            | 107                       |
| 061 01 OUTPAT SERVICE COST CNTRS  |                           |           |                   |                       |                           |                |                           |
| 062 01 EMERGENCY                  |                           | 169,021   | 1,182             | 384                   | 4,702                     | 2,529          | 1,867                     |
| 065 01 OBSERVATION BEDS (NON-DIS  |                           |           |                   |                       |                           |                |                           |
| 071 01 OTHER REIMBURS COST CNTRS  |                           |           |                   |                       |                           |                |                           |
| 071 01 AMBULANCE SERVICES         |                           |           |                   |                       |                           | 7              | 5                         |
| 093 01 HOME HEALTH AGENCY         |                           | 12,176    | 1,001             | 362                   | 871                       | 431            | 318                       |
| 095 01 SPEC PURPOSE COST CENTERS  |                           |           |                   |                       |                           |                |                           |
| 095 01 HOSPICE                    |                           | 1,000     | 304               | 31                    | 472                       | 239            | 176                       |
| 096 01 SUBTOTALS                  | 133,226                   | 3,404,416 | 20,590            | 6,037                 | 58,583                    | 24,208         | 18,211                    |
| 096 01 NONREIMBURS COST CENTERS   |                           |           |                   |                       |                           |                |                           |
| 097 01 GIFT, FLOWER, COFFEE SHOP  |                           | 10,546    |                   | 18                    | 29                        |                |                           |
| 097 01 RESEARCH                   |                           |           |                   |                       |                           |                |                           |
| 098 01 ADULT DAY CARE             |                           | 14,278    | 68                | 27                    | 41                        | 15             | 11                        |
| 099 01 PHYSICIANS' PRIVATE OFFICE |                           | 210,650   |                   | 840                   |                           |                |                           |
| 099 01 NONPAID WORKERS            |                           |           |                   |                       |                           |                |                           |
| 099 01 PARISH NURSE PROGRAM       |                           |           |                   | 9                     |                           |                |                           |
| 099 02 RETAIL PHARMACY            |                           |           |                   | 13                    |                           |                |                           |
| 099 03 LI FELINE                  |                           |           |                   | 4                     |                           |                |                           |
| 099 04 DME                        |                           |           | 264               |                       | 478                       |                |                           |
| 099 05 PRIVATE CARE SERVICES      |                           |           |                   | 36                    | 3                         |                |                           |
| 099 06 EMS                        |                           | 1,804     | 35                | 18                    | 345                       |                |                           |
| 099 07 SURGERY MM                 | 30,270                    | 46,809    |                   | 40                    |                           |                |                           |
| 099 08 SAINT CLARE'S VILLA        |                           | 188,986   | 368               | 152                   |                           |                |                           |
| 100 01 OTHER NONREIMBURSABLE COS  |                           |           |                   |                       |                           |                |                           |

| COST CENTER DESCRIPTION      | NEW CAP REL C<br>OSTS-MVBLE E | SUBTOTAL  | EMPLOYEE BENE<br>FITS | NONPATIENT TE<br>LEPHONES | PURCHASING, R<br>ECEIVING AND | ADMITTING | CASHIERING/AC<br>COUNTS RECEI |
|------------------------------|-------------------------------|-----------|-----------------------|---------------------------|-------------------------------|-----------|-------------------------------|
|                              | 4.02                          | 4a        | 5                     | 6.01                      | 6.02                          | 6.03      | 6.04                          |
| 101 NONREIMBURS COST CENTERS |                               |           |                       |                           |                               |           |                               |
| 102 CROSS FOOT ADJUSTMENTS   |                               |           |                       |                           |                               |           |                               |
| 103 NEGATIVE COST CENTER     |                               |           |                       |                           |                               |           |                               |
| TOTAL                        | 163,496                       | 3,877,489 | 21,325                | 7,194                     | 59,479                        | 24,223    | 18,222                        |

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0052  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/31/2011  
 WORKSHEET B  
 PART III

| COST CENTER DESCRIPTION          | OTHER ADMINISTRATIVE AND | OPERATION OF PLANT | LAUNDRY & LINEN SERVICE | HOUSEKEEPING | DIETARY | CAFETERIA | NURSING ADMINISTRATION |
|----------------------------------|--------------------------|--------------------|-------------------------|--------------|---------|-----------|------------------------|
|                                  | 6.05                     | 8                  | 9                       | 10           | 11      | 12        | 14                     |
| 001 GENERAL SERVICE COST CNTR    |                          |                    |                         |              |         |           |                        |
| 001 01 OLD CAP REL COSTS-BLDG &  |                          |                    |                         |              |         |           |                        |
| 001 02 OLD CAP REL COSTS-BLDG &  |                          |                    |                         |              |         |           |                        |
| 001 03 OLD CAP REL COSTS-BLDG &  |                          |                    |                         |              |         |           |                        |
| 002 OLD CAP REL COSTS-MVBLE E    |                          |                    |                         |              |         |           |                        |
| 002 01 OLD CAP REL COSTS-MVBLE E |                          |                    |                         |              |         |           |                        |
| 003 NEW CAP REL COSTS-BLDG &     |                          |                    |                         |              |         |           |                        |
| 003 01 NEW CAP REL COSTS-BLDG &  |                          |                    |                         |              |         |           |                        |
| 003 02 NEW CAP REL COSTS-BLDG &  |                          |                    |                         |              |         |           |                        |
| 003 03 NEW CAP REL COSTS-BLDG &  |                          |                    |                         |              |         |           |                        |
| 003 04 NEW CAP REL COSTS-BLDG &  |                          |                    |                         |              |         |           |                        |
| 004 NEW CAP REL COSTS-MVBLE E    |                          |                    |                         |              |         |           |                        |
| 004 01 NEW CAP REL COSTS-MVBLE E |                          |                    |                         |              |         |           |                        |
| 004 02 NEW CAP REL COSTS-MVBLE E |                          |                    |                         |              |         |           |                        |
| 005 EMPLOYEE BENEFITS            |                          |                    |                         |              |         |           |                        |
| 006 01 NONPATIENT TELEPHONES     |                          |                    |                         |              |         |           |                        |
| 006 02 PURCHASING, RECEIVING AND |                          |                    |                         |              |         |           |                        |
| 006 03 ADMINITTING               |                          |                    |                         |              |         |           |                        |
| 006 04 CASHIERING/ACCOUNTS RECEI |                          |                    |                         |              |         |           |                        |
| 006 05 OTHER ADMINISTRATION AND  | 395,206                  |                    |                         |              |         |           |                        |
| 008 OPERATION OF PLANT           | 35,037                   | 400,618            |                         |              |         |           |                        |
| 009 LAUNDRY & LINEN SERVICE      | 2,164                    | 2,302              | 25,477                  |              |         |           |                        |
| 010 HOUSEKEEPING                 | 8,447                    | 10,195             |                         | 119,555      |         |           |                        |
| 011 DIETARY                      | 4,861                    | 8,911              |                         |              | 116,327 |           |                        |
| 012 CAFETERIA                    | 6,734                    | 5,817              |                         | 1,610        |         | 69,699    |                        |
| 014 NURSING ADMINISTRATION       | 6,445                    | 2,089              |                         | 30           |         | 1,286     | 29,504                 |
| 015 CENTRAL SERVICES & SUPPLY    | 4,180                    | 9,710              |                         | 219          |         | 1,831     |                        |
| 016 PHARMACY                     |                          |                    |                         |              |         |           |                        |
| 017 MEDICAL RECORDS & LIBRARY    | 7,062                    | 2,833              |                         | 820          |         | 3,039     |                        |
| 018 SOCIAL SERVICE               | 4,532                    | 1,760              |                         | 60           |         | 1,482     |                        |
| 025 INPAT ROUTINE SRVC CNTRS     |                          |                    |                         |              |         |           |                        |
| 025 ADULTS & PEDIATRICS          | 31,385                   | 40,863             | 7,168                   | 31,043       | 48,483  | 9,248     | 7,568                  |
| 026 INTENSIVE CARE UNIT          | 10,102                   | 13,478             | 1,278                   | 3,474        | 7,217   | 2,447     | 1,957                  |
| 031 SUBPROVIDER                  | 8,617                    | 7,900              | 2,080                   | 5,874        | 15,632  | 2,613     | 2,237                  |
| 033 NURSERY                      | 989                      | 1,124              | 300                     | 631          |         | 258       | 243                    |
| 034 SKILLED NURSING FACILITY     | 7,509                    | 3,700              | 3,192                   | 4,867        | 28,741  | 3,512     | 2,929                  |
| 035 NURSING FACILITY             | 135                      | 977                | 48                      | 1,286        | 434     | 51        | 44                     |
| 035 01 ICF/MR                    |                          |                    |                         |              |         |           |                        |
| 037 ANCILLARY SRVC COST CNTRS    |                          |                    |                         |              |         |           |                        |
| 037 OPERATING ROOM               | 18,898                   | 43,607             | 3,186                   | 18,574       |         | 3,984     | 2,857                  |
| 038 RECOVERY ROOM                | 2,920                    | 1,829              |                         | 793          |         | 683       | 642                    |
| 039 DELIVERY ROOM & LABOR ROO    | 8,534                    | 11,792             | 1,052                   | 1,978        | 9,328   | 2,147     | 2,019                  |
| 040 ANESTHESIOLOGY               | 962                      | 266                |                         |              |         |           |                        |
| 041 RADIOLOGY-DIAGNOSTIC         | 30,631                   | 29,590             | 1,262                   | 3,116        |         | 6,044     | 161                    |
| 044 LABORATORY                   | 24,745                   | 12,783             |                         | 2,216        |         | 5,813     |                        |
| 046 WHOLE BLOOD & PACKED RED     | 3,618                    | 412                |                         |              |         |           |                        |
| 049 RESPIRATORY THERAPY          | 5,767                    | 2,762              |                         |              |         | 1,565     | 1                      |
| 050 PHYSICAL THERAPY             | 8,990                    | 8,532              | 480                     | 348          |         | 2,684     |                        |
| 051 OCCUPATIONAL THERAPY         | 5,065                    | 6,670              |                         | 184          |         | 1,536     |                        |
| 052 SPEECH PATHOLOGY             | 1,144                    | 248                |                         |              |         | 326       |                        |
| 053 ELECTROCARDIOLOGY            | 5,736                    | 6,828              | 1,217                   | 497          |         | 1,156     | 478                    |
| 054 ELECTROENCEPHALOGRAPHY       | 1,296                    | 946                |                         |              |         | 367       |                        |
| 055 MEDICAL SUPPLIES CHARGED     | 17,199                   |                    |                         |              |         |           |                        |
| 055 30 IMPL. DEV. CHARGED TO PAT | 15,875                   |                    |                         |              |         |           |                        |
| 056 DRUGS CHARGED TO PATIENTS    | 33,677                   | 2,945              |                         | 447          |         | 1,660     |                        |
| 059 OTHER ANCILLARY SERVICE C    |                          |                    |                         |              |         |           |                        |
| 059 01 ONCOLOGY                  | 1,641                    | 2,848              | 78                      | 1,497        |         | 390       | 356                    |
| 059 02 DIABETES CENTER           | 595                      | 1,775              |                         | 214          |         | 140       | 84                     |
| 059 03 PSYCHIATRIC/PSYCHOLOGICAL | 2,606                    | 1,972              |                         | 1,037        |         | 854       |                        |
| 059 04 PAIN CLINIC               | 1,831                    |                    |                         |              |         | 441       | 137                    |
| 059 05 CURATIVE WOUND CENTER     | 3,301                    | 3,573              | 202                     | 1,108        |         | 686       | 371                    |
| 061 OUTPAT SERVICE COST CNTRS    |                          |                    |                         |              |         |           |                        |
| 061 EMERGENCY                    | 20,839                   | 16,771             | 3,601                   | 13,850       | 1,145   | 5,237     | 3,478                  |
| 062 OBSERVATION BEDS (NON-DIS    |                          |                    |                         |              |         |           |                        |
| 062 OTHER REIMBURS COST CNTRS    |                          |                    |                         |              |         |           |                        |
| 065 AMBULANCE SERVICES           | 452                      |                    |                         |              |         |           |                        |
| 071 HOME HEALTH AGENCY           | 13,836                   | 3,777              |                         | 951          |         | 3,822     | 1,767                  |
| 093 SPEC PURPOSE COST CENTERS    |                          |                    |                         |              |         |           |                        |
| 093 HOSPICE                      | 8,016                    | 310                |                         | 78           |         | 1,354     | 798                    |
| 095 SUBTOTALS                    | 376,373                  | 271,895            | 25,144                  | 96,802       | 110,980 | 66,656    | 28,127                 |
| 096 NONREIMBURS COST CENTERS     |                          |                    |                         |              |         |           |                        |
| 096 GIFT, FLOWER, COFFEE SHOP    | 91                       | 809                |                         | 65           |         |           |                        |
| 097 RESEARCH                     |                          |                    |                         |              |         |           |                        |
| 097 01 ADULT DAY CARE            | 1,052                    | 4,429              |                         | 1,054        | 5,347   | 452       | 2                      |
| 098 PHYSICIANS' PRIVATE OFFIC    | 2,914                    | 61,102             |                         | 21,112       |         |           |                        |
| 099 NONPAID WORKERS              |                          |                    |                         |              |         |           |                        |
| 099 01 PARISH NURSE PROGRAM      | 4                        |                    |                         |              |         |           |                        |
| 099 02 RETAIL PHARMACY           | 6                        |                    |                         |              |         |           |                        |
| 099 03 LIFELINE                  | 2                        |                    |                         |              |         |           |                        |
| 099 04 DME                       | 7,720                    |                    |                         | 522          |         |           |                        |
| 099 05 PRIVATE CARE SERVICES     | 16                       |                    |                         |              |         |           |                        |
| 099 06 EMS                       | 561                      | 138                | 333                     |              |         | 154       |                        |
| 099 07 SURGERY MM                | 297                      | 3,624              |                         |              |         |           |                        |
| 099 08 SAINT CLARE'S VILLA       | 6,101                    | 58,621             |                         |              |         | 2,437     | 1,375                  |
| 100 OTHER NONREIMBURSABLE COS    | 69                       |                    |                         |              |         |           |                        |

| COST CENTER DESCRIPTION      | OTHER ADMINISTRATIVE AND | OPERATION OF PLANT | LAUNDRY & LINEN SERVICE | HOUSEKEEPING | DIETARY | CAFETERIA | NURSING ADMINISTRATION |
|------------------------------|--------------------------|--------------------|-------------------------|--------------|---------|-----------|------------------------|
|                              | 6.05                     | 8                  | 9                       | 10           | 11      | 12        | 14                     |
| 101 NONREIMBURS COST CENTERS |                          |                    |                         |              |         |           |                        |
| 102 CROSS FOOT ADJUSTMENTS   |                          |                    |                         |              |         |           |                        |
| 103 NEGATIVE COST CENTER     |                          |                    |                         |              |         |           |                        |
| TOTAL                        | 395,206                  | 400,618            | 25,477                  | 119,555      | 116,327 | 69,699    | 29,504                 |

ALLOCATION OF NEW CAPITAL RELATED COSTS

|     | CENTRAL SERVICES & SUPPLY    | PHARMACY | MEDICAL RECORDS & LIBRARY | SOCIAL SERVICE | SUBTOTAL  | POST STEPDOWN ADJUSTMENT | TOTAL     |
|-----|------------------------------|----------|---------------------------|----------------|-----------|--------------------------|-----------|
|     | 15                           | 16       | 17                        | 18             | 25        | 26                       | 27        |
| 001 | GENERAL SERVICE COST CNTR    |          |                           |                |           |                          |           |
| 001 | 01 OLD CAP REL COSTS-BLDG &  |          |                           |                |           |                          |           |
| 001 | 02 OLD CAP REL COSTS-BLDG &  |          |                           |                |           |                          |           |
| 001 | 03 OLD CAP REL COSTS-BLDG &  |          |                           |                |           |                          |           |
| 002 | 01 OLD CAP REL COSTS-MVBLE E |          |                           |                |           |                          |           |
| 002 | 02 OLD CAP REL COSTS-MVBLE E |          |                           |                |           |                          |           |
| 003 | 01 NEW CAP REL COSTS-BLDG &  |          |                           |                |           |                          |           |
| 003 | 02 NEW CAP REL COSTS-BLDG &  |          |                           |                |           |                          |           |
| 003 | 03 NEW CAP REL COSTS-BLDG &  |          |                           |                |           |                          |           |
| 003 | 04 NEW CAP REL COSTS-BLDG &  |          |                           |                |           |                          |           |
| 004 | 01 NEW CAP REL COSTS-MVBLE E |          |                           |                |           |                          |           |
| 004 | 02 NEW CAP REL COSTS-MVBLE E |          |                           |                |           |                          |           |
| 004 | 03 NEW CAP REL COSTS-MVBLE E |          |                           |                |           |                          |           |
| 005 | EMPLOYEE BENEFITS            |          |                           |                |           |                          |           |
| 006 | 01 NONPATIENT TELEPHONES     |          |                           |                |           |                          |           |
| 006 | 02 PURCHASING, RECEIVING AND |          |                           |                |           |                          |           |
| 006 | 03 ADMINITTING               |          |                           |                |           |                          |           |
| 006 | 04 CASHIERING/ACCOUNTS RECEI |          |                           |                |           |                          |           |
| 006 | 05 OTHER ADMINISTRATIVE AND  |          |                           |                |           |                          |           |
| 008 | OPERATION OF PLANT           |          |                           |                |           |                          |           |
| 009 | LAUNDRY & LINEN SERVICE      |          |                           |                |           |                          |           |
| 010 | HOUSEKEEPING                 |          |                           |                |           |                          |           |
| 011 | DIETARY                      |          |                           |                |           |                          |           |
| 012 | CAFETERIA                    |          |                           |                |           |                          |           |
| 014 | NURSING ADMINISTRATION       |          |                           |                |           |                          |           |
| 015 | CENTRAL SERVICES & SUPPLY    | 99,080   |                           |                |           |                          |           |
| 016 | PHARMACY                     |          |                           |                |           |                          |           |
| 017 | MEDICAL RECORDS & LIBRARY    |          | 48,529                    |                |           |                          |           |
| 018 | SOCIAL SERVICE               |          |                           | 19,190         |           |                          |           |
| 025 | INPAT ROUTINE SRVC CNTRS     |          |                           |                |           |                          |           |
| 025 | ADULTS & PEDIATRICS          | 1,547    | 27,714                    | 11,470         | 756,414   |                          | 756,414   |
| 026 | INTENSIVE CARE UNIT          | 501      | 2,219                     | 375            | 221,165   |                          | 221,165   |
| 031 | SUBPROVIDER                  | 254      | 1,872                     | 1,642          | 75,745    |                          | 75,745    |
| 033 | NURSERY                      | 96       |                           |                | 18,604    |                          | 18,604    |
| 034 | SKILLED NURSING FACILITY     | 259      | 1,940                     | 1,375          | 71,600    |                          | 71,600    |
| 035 | NURSING FACILITY             | 4        | 29                        | 21             | 6,204     |                          | 6,204     |
| 035 | 01 ICF/MR                    |          |                           |                |           |                          |           |
| 037 | ANCILLARY SRVC COST CNTRS    |          |                           |                |           |                          |           |
| 037 | OPERATING ROOM               | 589      |                           | 27             | 463,864   |                          | 463,864   |
| 038 | RECOVERY ROOM                | 83       |                           |                | 22,656    |                          | 22,656    |
| 039 | DELIVERY ROOM & LABOR ROO    | 265      |                           |                | 192,667   |                          | 192,667   |
| 040 | ANESTHESIOLOGY               | 1,531    |                           |                | 7,472     |                          | 7,472     |
| 041 | RADIOLOGY-DIAGNOSTIC         | 6,114    |                           | 784            | 362,919   |                          | 362,919   |
| 044 | LABORATORY                   | 1,893    |                           |                | 184,965   |                          | 184,965   |
| 046 | WHOLE BLOOD & PACKED RED     | 7        |                           |                | 6,153     |                          | 6,153     |
| 049 | RESPIRATORY THERAPY          | 503      |                           |                | 41,291    |                          | 41,291    |
| 050 | PHYSICAL THERAPY             | 62       |                           |                | 56,919    |                          | 56,919    |
| 051 | OCCUPATIONAL THERAPY         | 12       |                           |                | 38,487    |                          | 38,487    |
| 052 | SPEECH PATHOLOGY             | 38       |                           |                | 2,730     |                          | 2,730     |
| 053 | ELECTROCARDIOLOGY            | 250      |                           |                | 101,777   |                          | 101,777   |
| 054 | ELECTROENCEPHALOGRAPHY       | 40       |                           |                | 11,497    |                          | 11,497    |
| 055 | MEDICAL SUPPLIES CHARGED     | 41,891   |                           |                | 60,704    |                          | 60,704    |
| 055 | 30 IMPL. DEV. CHARGED TO PAT | 38,975   |                           |                | 55,938    |                          | 55,938    |
| 056 | DRUGS CHARGED TO PATIENTS    | 46       |                           |                | 71,925    |                          | 71,925    |
| 059 | OTHER ANCILLARY SERVICE C    |          |                           |                |           |                          |           |
| 059 | 01 ONCOLOGY                  | 240      |                           |                | 14,809    |                          | 14,809    |
| 059 | 02 DIABETES CENTER           |          |                           |                | 16,405    |                          | 16,405    |
| 059 | 03 PSYCHIATRIC/PSYCHOLOGICAL |          |                           |                | 11,960    |                          | 11,960    |
| 059 | 04 PAIN CLINIC               | 524      |                           |                | 4,252     |                          | 4,252     |
| 059 | 05 CURATIVE WOUND CENTER     | 1,228    |                           |                | 24,532    |                          | 24,532    |
| 061 | OUTPAT SERVICE COST CNTRS    |          |                           |                |           |                          |           |
| 061 | EMERGENCY                    | 1,595    | 14,755                    | 2,248          | 263,204   |                          | 263,204   |
| 062 | OBSERVATION BEDS (NON-DIS    |          |                           |                |           |                          |           |
| 062 | OTHER REIMBURS COST CNTRS    |          |                           |                |           |                          |           |
| 065 | AMBULANCE SERVICES           |          |                           |                | 464       |                          | 464       |
| 071 | HOME HEALTH AGENCY           | 413      |                           | 1,228          | 40,953    |                          | 40,953    |
| 093 | SPEC PURPOSE COST CENTERS    |          |                           |                |           |                          |           |
| 093 | HOSPICE                      | 94       |                           | 20             | 12,892    |                          | 12,892    |
| 095 | SUBTOTALS                    | 99,054   | 48,529                    | 19,190         | 3,221,167 |                          | 3,221,167 |
| 096 | NONREIMBURS COST CENTERS     |          |                           |                |           |                          |           |
| 096 | GIFT, FLOWER, COFFEE SHOP    | 2        |                           |                | 11,560    |                          | 11,560    |
| 097 | RESEARCH                     |          |                           |                |           |                          |           |
| 097 | 01 ADULT DAY CARE            | 4        |                           |                | 26,780    |                          | 26,780    |
| 098 | PHYSICIANS' PRIVATE OFFIC    |          |                           |                | 296,618   |                          | 296,618   |
| 099 | NONPAID WORKERS              |          |                           |                |           |                          |           |
| 099 | 01 PARISH NURSE PROGRAM      |          |                           |                | 13        |                          | 13        |
| 099 | 02 RETAIL PHARMACY           |          |                           |                | 19        |                          | 19        |
| 099 | 03 LIFELINE                  |          |                           |                | 6         |                          | 6         |
| 099 | 04 DME                       |          |                           |                | 8,984     |                          | 8,984     |
| 099 | 05 PRIVATE CARE SERVICES     |          |                           |                | 55        |                          | 55        |
| 099 | 06 EMS                       | 20       |                           |                | 3,408     |                          | 3,408     |
| 099 | 07 SURGERY MM                |          |                           |                | 50,770    |                          | 50,770    |
| 099 | 08 SAINT CLARE'S VILLA       |          |                           |                | 258,040   |                          | 258,040   |
| 100 | OTHER NONREIMBURSABLE COS    |          |                           |                | 69        |                          | 69        |

|                              | CENTRAL SERVICES & SUPPLY | PHARMACY | MEDICAL RECORDS & LIBRARY | SOCIAL SERVICE | SUBTOTAL  | POST STEPDOWN ADJUSTMENT | TOTAL     |
|------------------------------|---------------------------|----------|---------------------------|----------------|-----------|--------------------------|-----------|
| 101 NONREIMBURS COST CENTERS | 15                        | 16       | 17                        | 18             | 25        | 26                       | 27        |
| 102 CROSS FOOT ADJUSTMENTS   |                           |          |                           |                |           |                          |           |
| 103 NEGATIVE COST CENTER     |                           |          |                           |                |           |                          |           |
| TOTAL                        | 99,080                    |          | 48,529                    | 19,190         | 3,877,489 |                          | 3,877,489 |

COST ALLOCATION - STATISTICAL BASIS

14-0052

FROM 1/1/2010

WORKSHEET B-1

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TO 12/31/2010

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| COST CENTER DESCRIPTION |                        | OLD CAP REL COSTS-BLDG & (SQUARE FEET) | OLD CAP REL COSTS-MVBLE E (SQUARE FEET) | OLD CAP REL COSTS-MVBLE E (SQUARE FEET) |
|-------------------------|------------------------|--|--|--|--|---|---|
|                         |                        | 1                                      | 1.01                                   | 1.02                                   | 1.03                                   | 2                                       | 2.01                                    |
| GENERAL SERVICE COST    |                        |  |  |  |  |   |   |
| 001                     | OLD CAP REL COSTS-BLD  | 236,703                                |  |  |  |   |   |
| 001 01                  | OLD CAP REL COSTS-BLD  |  | 211,821                                |  |  |   |   |
| 001 02                  | OLD CAP REL COSTS-BLD  |  |  | 33,465                                 |  |   |   |
| 001 03                  | OLD CAP REL COSTS-BLD  |  |  |  | 50,600                                 |   |   |
| 002                     | OLD CAP REL COSTS-MVB  |  |  |  |  | 237,433                                 |   |
| 002 01                  | OLD CAP REL COSTS-MVB  |  |  |  |  |   | 240,822                                 |
| 003                     | NEW CAP REL COSTS-BLD  |  |  |  |  |   |   |
| 003 01                  | NEW CAP REL COSTS-BLD  |  |  |  |  |   |   |
| 003 02                  | NEW CAP REL COSTS-BLD  |  |  |  |  |   |   |
| 003 03                  | NEW CAP REL COSTS-BLD  |  |  |  |  |   |   |
| 003 04                  | NEW CAP REL COSTS-BLD  |  |  |  |  |   |   |
| 004                     | NEW CAP REL COSTS-MVB  |  |  |  |  |   |   |
| 004 01                  | NEW CAP REL COSTS-MVB  |  |  |  |  |   |   |
| 004 02                  | NEW CAP REL COSTS-MVB  |  |  |  |  |   |   |
| 005                     | EMPLOYEE BENEFITS      | 1,568                                  | 253                                    |  | 1,128                                  | 1,568                                   | 1,381                                   |
| 006 01                  | NONPATIENT TELEPHONES  | 562                                    | 192                                    |  |  | 562                                     | 192                                     |
| 006 02                  | PURCHASING, RECEIVING  | 5,015                                  | 440                                    |  |  | 5,015                                   | 440                                     |
| 006 03                  | ADMINISTRATIVE         | 1,472                                  |  |  |  | 1,472                                   |   |
| 006 04                  | CASHIERING/ACCOUNTS R  | 1,024                                  |  |  | 2,667                                  | 1,024                                   | 2,667                                   |
| 006 05                  | OTHER ADMINISTRATIVE   | 25,672                                 | 24,433                                 |  | 8,154                                  | 25,672                                  | 32,587                                  |
| 008                     | OPERATION OF PLANT     | 20,366                                 | 10,015                                 | 245                                    | 6,965                                  | 20,611                                  | 16,980                                  |
| 009                     | LAUNDRY & LINEN SERVI  | 1,532                                  | 1,064                                  |  |  | 1,532                                   | 1,064                                   |
| 010                     | HOUSEKEEPING           | 6,567                                  | 4,045                                  | 289                                    |  | 6,856                                   | 4,045                                   |
| 011                     | DIETARY                | 8,376                                  | 1,673                                  |  | 160                                    | 8,376                                   | 1,833                                   |
| 012                     | CAFETERIA              | 4,080                                  | 2,320                                  |  |  | 4,080                                   | 2,320                                   |
| 014                     | NURSING ADMINISTRATION | 1,315                                  | 945                                    | 96                                     |  | 1,411                                   | 945                                     |
| 015                     | CENTRAL SERVICES & SU  | 5,748                                  | 5,202                                  |  |  | 5,748                                   | 5,202                                   |
| 016                     | PHARMACY               |  |  |  |  |   |   |
| 017                     | MEDICAL RECORDS & LIB  | 2,827                                  | 368                                    |  |  | 2,827                                   | 368                                     |
| 018                     | SOCIAL SERVICE         | 602                                    | 1,383                                  |  |  | 602                                     | 1,383                                   |
| 025                     | INPAT ROUTINE SRVC CN  |  |  |  |  |   |   |
| 025                     | ADULTS & PEDIATRICS    | 45,979                                 |  | 100                                    |  | 46,079                                  |   |
| 026                     | INTENSIVE CARE UNIT    | 15,198                                 |  |  |  | 15,198                                  |   |
| 031                     | SUBPROVIDER            |  | 8,908                                  |  |  |   | 8,908                                   |
| 033                     | NURSERY                | 1,268                                  |  |  |  | 1,268                                   |   |
| 034                     | SKILLED NURSING FACIL  |  | 4,172                                  |  |  |   | 4,172                                   |
| 035                     | NURSING FACILITY       |  | 1,102                                  |  |  |   | 1,102                                   |
| 035 01                  | ICF/MR                 |  |  |  |  |   |   |
| 037                     | ANCILLARY SRVC COST C  |  |  |  |  |   |   |
| 037                     | OPERATING ROOM         | 24,968                                 | 23,314                                 |  |  | 24,968                                  | 23,314                                  |
| 038                     | RECOVERY ROOM          | 992                                    | 1,070                                  |  |  | 992                                     | 1,070                                   |
| 039                     | DELIVERY ROOM & LABOR  | 13,297                                 |  |  |  | 13,297                                  |   |
| 040                     | ANESTHESIOLOGY         | 100                                    | 200                                    |  |  | 100                                     | 200                                     |
| 041                     | RADIOLOGY-DIAGNOSTIC   | 10,928                                 | 14,140                                 |  |  | 10,928                                  | 14,140                                  |
| 044                     | LABORATORY             | 10,005                                 | 4,410                                  |  |  | 10,005                                  | 4,410                                   |
| 046                     | WHOLE BLOOD & PACKED   | 65                                     | 400                                    |  |  | 65                                      | 400                                     |
| 049                     | RESPIRATORY THERAPY    | 2,179                                  | 936                                    |  |  | 2,179                                   | 936                                     |
| 050                     | PHYSICAL THERAPY       | 945                                    | 4,464                                  |  | 4,212                                  | 945                                     | 8,676                                   |
| 051                     | OCCUPATIONAL THERAPY   | 217                                    | 7,304                                  |  |  | 217                                     | 7,304                                   |
| 052                     | SPEECH PATHOLOGY       |  |  |  | 280                                    |   | 280                                     |
| 053                     | ELECTROCARDIOLOGY      | 6,895                                  | 805                                    |  |  | 6,895                                   | 805                                     |
| 054                     | ELECTROENCEPHALOGRAPH  | 569                                    | 498                                    |  |  | 569                                     | 498                                     |
| 055                     | MEDICAL SUPPLIES CHAR  |  |  |  |  |   |   |
| 055 30                  | IMPL. DEV. CHARGED TO  |  |  |  |  |   |   |
| 056                     | DRUGS CHARGED TO PATI  | 2,099                                  | 1,222                                  |  |  | 2,099                                   | 1,222                                   |
| 059                     | OTHER ANCILLARY SERVI  |  |  |  |  |   |   |
| 059 01                  | ONCOLOGY               |  |  |  | 3,211                                  |   | 3,211                                   |
| 059 02                  | DIABETES CENTER        |  | 1,100                                  |  |  |   | 1,100                                   |
| 059 03                  | PSYCHIATRIC/PSYCHOLOG  |  |  |  | 2,224                                  |   | 2,224                                   |
| 059 04                  | PAIN CLINIC            |  |  |  |  |   |   |
| 059 05                  | CURATIVE WOUND CENTER  |  | 4,029                                  |  |  |   | 4,029                                   |
| 061                     | OUTPAT SERVICE COST C  |  |  |  |  |   |   |
| 061                     | EMERGENCY              | 13,205                                 | 5,707                                  |  |  | 13,205                                  | 5,707                                   |
| 062                     | OBSERVATION BEDS (NON  |  |  |  |  |   |   |
| 062                     | OTHER REIMBURS COST C  |  |  |  |  |   |   |
| 065                     | AMBULANCE SERVICES     |  |  |  |  |   |   |
| 071                     | HOME HEALTH AGENCY     |  | 4,259                                  |  |  |   | 4,259                                   |
| 093                     | SPEC PURPOSE COST CEN  |  |  |  |  |   |   |
| 093                     | HOSPICE                |  | 350                                    |  |  |   | 350                                     |
| 095                     | SUBTOTALS              | 235,635                                | 140,723                                | 730                                    | 29,001                                 | 236,365                                 | 169,724                                 |
| 096                     | NONREIMBURS COST CENT  |  |  |  |  |   |   |
| 096                     | GIFT, FLOWER, COFFEE   | 912                                    |  |  |  | 912                                     |   |
| 097                     | RESEARCH               |  |  |  |  |   |   |
| 097 01                  | ADULT DAY CARE         |  | 4,994                                  |  |  |   | 4,994                                   |
| 098                     | PHYSICIANS' PRIVATE O  |  |  | 32,735                                 | 21,599                                 |   |   |
| 099                     | NONPAID WORKERS        |  |  |  |  |   |   |
| 099 01                  | PARI SH NURSE PROGRAM  |  |  |  |  |   |   |
| 099 02                  | RETAIL PHARMACY        |  |  |  |  |   |   |
| 099 03                  | LIFELINE               |  |  |  |  |   |   |
| 099 04                  | DME                    |  |  |  |  |   |   |
| 099 05                  | PRIVATE CARE SERVICES  |  |  |  |  |   |   |

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0052  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/31/2011  
 WORKSHEET B-1

| COST CENTER DESCRIPTION                       | OLD CAP REL C              | OLD CAP REL C              |
|---|---------------------------|---------------------------|---------------------------|---------------------------|----------------------------|----------------------------|
|   | OSTS-BLDG & (SQUARE FEET) | OSTS-MVBLE E (SQUARE FEET) | OSTS-MVBLE E (SQUARE FEET) |
| NONREIMBURS COST CENT                         | 1                         | 1.01                      | 1.02                      | 1.03                      | 2                          | 2.01                       |
| 099 06 EMS                                    | 156                       |                           |                           |                           | 156                        |                            |
| 099 07 SURGERY MM                             |                           |                           |                           |                           |                            |                            |
| 099 08 SAINT CLARE'S VILLA                    |                           | 66,104                    |                           |                           |                            | 66,104                     |
| 100 OTHER NONREIMBURSABLE                     |                           |                           |                           |                           |                            |                            |
| 101 CROSS FOOT ADJUSTMENT                     |                           |                           |                           |                           |                            |                            |
| 102 NEGATIVE COST CENTER                      |                           |                           |                           |                           |                            |                            |
| 103 COST TO BE ALLOCATED (WRKSHT B, PART I)   | 419,258                   | 207,361                   | 66,299                    | 3,435                     | 61,496                     | 43,132                     |
| 104 UNIT COST MULTIPLIER (WRKSHT B, PT I)     | 1.771241                  | .978944                   | 1.981144                  | .067885                   | .259004                    | .179103                    |
| 105 COST TO BE ALLOCATED (WRKSHT B, PART II)  |                           |                           |                           |                           |                            |                            |
| 106 UNIT COST MULTIPLIER (WRKSHT B, PT II)    |                           |                           |                           |                           |                            |                            |
| 107 COST TO BE ALLOCATED (WRKSHT B, PART III) |                           |                           |                           |                           |                            |                            |
| 108 UNIT COST MULTIPLIER (WRKSHT B, PT III)   |                           |                           |                           |                           |                            |                            |

COST ALLOCATION - STATISTICAL BASIS

14-0052

FROM 1/ 1/2010

WORKSHEET B-1

1

TO 12/31/2010

1

| COST CENTER DESCRIPTION                         | NEW CAP REL C OSTS-BLDG & (SQUARE FEET) | NEW CAP REL C OSTS-BLDG & (SQUARE FEET) | NEW CAP REL C OSTS-BLDG & (SQUARE FEET) | NEW CAP REL C OSTS-BLDG & (SQUARE FEET) | NEW CAP REL C OSTS-BLDG & (SQUARE FEET) | NEW CAP REL C OSTS-MVBLE E (SQUARE FEET) | NEW CAP REL C OSTS-MVBLE E (SQUARE FEET) |
|---|---|---|---|---|---|--|--|
| GENERAL SERVICE COST                            | 3                                       | 3.01                                    | 3.02                                    | 3.03                                    | 3.04                                    | 4  | 4.01                                     |
| 001 OLD CAP REL COSTS-BLD                       |   |   |   |   |   |  |  |
| 001 01 OLD CAP REL COSTS-BLD                    |   |   |   |   |   |  |  |
| 001 02 OLD CAP REL COSTS-BLD                    |   |   |   |   |   |  |  |
| 001 03 OLD CAP REL COSTS-BLD                    |   |   |   |   |   |  |  |
| 002 OLD CAP REL COSTS-MVB                       |   |   |   |   |   |  |  |
| 002 01 OLD CAP REL COSTS-MVB                    |   |   |   |   |   |  |  |
| 003 NEW CAP REL COSTS-BLD                       | 236,703                                 |   |   |   |   |  |  |
| 003 01 NEW CAP REL COSTS-BLD                    |   | 211,821                                 |   |   |   |  |  |
| 003 02 NEW CAP REL COSTS-BLD                    |   |   | 36,641                                  |   |   |  |  |
| 003 03 NEW CAP REL COSTS-BLD                    |   |   |   | 33,465                                  |   |  |  |
| 003 04 NEW CAP REL COSTS-BLD                    |   |   |   |   | 50,600                                  |  |  |
| 004 NEW CAP REL COSTS-MVB                       |   |   |   |   |   | 237,433                                  |  |
| 004 01 NEW CAP REL COSTS-MVB                    |   |   |   |   |   |  | 240,822                                  |
| 004 02 NEW CAP REL COSTS-MVB                    |   |   |   |   |   |  |  |
| 005 EMPLOYEE BENEFITS                           | 1,568                                   | 253                                     |   |   | 1,128                                   | 1,568                                    | 1,381                                    |
| 006 01 NONPATIENT TELEPHONES                    | 562                                     | 192                                     |   |   |   | 562                                      | 192                                      |
| 006 02 PURCHASING, RECEIVING                    | 5,015                                   | 440                                     |   |   |   | 5,015                                    | 440                                      |
| 006 03 ADMINISTRATION                           | 1,472                                   |   | 506                                     |   |   | 1,472                                    |  |
| 006 04 CASHIERING/ACCOUNTS R                    | 1,024                                   |   |   |   | 2,667                                   | 1,024                                    | 2,667                                    |
| 006 05 OTHER ADMINISTRATION                     | 25,672                                  | 24,433                                  |   |   | 8,154                                   | 25,672                                   | 32,587                                   |
| 008 OPERATION OF PLANT                          | 20,366                                  | 10,015                                  | 6,794                                   | 245                                     | 6,965                                   | 20,611                                   | 16,980                                   |
| 009 LAUNDRY & LINEN SERVICE                     | 1,532                                   | 1,064                                   |   |   |   | 1,532                                    | 1,064                                    |
| 010 HOUSEKEEPING                                | 6,567                                   | 4,045                                   | 595                                     | 289                                     |   | 6,856                                    | 4,045                                    |
| 011 DIETARY                                     | 8,376                                   | 1,673                                   |   |   | 160                                     | 8,376                                    | 1,833                                    |
| 012 CAFETERIA                                   | 4,080                                   | 2,320                                   |   |   |   | 4,080                                    | 2,320                                    |
| 014 NURSING ADMINISTRATION                      | 1,315                                   | 945                                     |   | 96                                      |   | 1,411                                    | 945                                      |
| 015 CENTRAL SERVICES & SUPHARMACY               | 5,748                                   | 5,202                                   |   |   |   | 5,748                                    | 5,202                                    |
| 017 MEDICAL RECORDS & LIB                       | 2,827                                   | 368                                     |   |   |   | 2,827                                    | 368                                      |
| 018 SOCIAL SERVICE                              | 602                                     | 1,383                                   |   |   |   | 602                                      | 1,383                                    |
| 025 INPAT ROUTINE SRVC CN ADULTS & PEDIATRICS   | 45,979                                  |   |   | 100                                     |   | 46,079                                   |  |
| 026 INTENSIVE CARE UNIT                         | 15,198                                  |   |   |   |   | 15,198                                   |  |
| 031 SUBPROVIDER                                 |   | 8,908                                   |   |   |   |  | 8,908                                    |
| 033 NURSERY                                     | 1,268                                   |   |   |   |   | 1,268                                    |  |
| 034 SKILLED NURSING FACILITY                    |   | 4,172                                   |   |   |   |  | 4,172                                    |
| 035 NURSING FACILITY                            |   | 1,102                                   |   |   |   |  | 1,102                                    |
| 035 01 ICF/MR                                   |   |   |   |   |   |  |  |
| 037 ANCILLARY SRVC COST C OPERATING ROOM        | 24,968                                  | 23,314                                  | 892                                     |   |   | 24,968                                   | 23,314                                   |
| 038 RECOVERY ROOM                               | 992                                     | 1,070                                   |   |   |   | 992                                      | 1,070                                    |
| 039 DELIVERY ROOM & LABOR                       | 13,297                                  |   |   |   |   | 13,297                                   |  |
| 040 ANESTHESIOLOGY                              | 100                                     | 200                                     |   |   |   | 100                                      | 200                                      |
| 041 RADIOLOGY-DIAGNOSTIC                        | 10,928                                  | 14,140                                  | 8,299                                   |   |   | 10,928                                   | 14,140                                   |
| 044 LABORATORY                                  | 10,005                                  | 4,410                                   |   |   |   | 10,005                                   | 4,410                                    |
| 046 WHOLE BLOOD & PACKED                        | 65                                      | 400                                     |   |   |   | 65                                       | 400                                      |
| 049 RESPIRATORY THERAPY                         | 2,179                                   | 936                                     |   |   |   | 2,179                                    | 936                                      |
| 050 PHYSICAL THERAPY                            | 945                                     | 4,464                                   |   |   | 4,212                                   | 945                                      | 8,676                                    |
| 051 OCCUPATIONAL THERAPY                        | 217                                     | 7,304                                   |   |   |   | 217                                      | 7,304                                    |
| 052 SPEECH PATHOLOGY                            |   |   |   |   | 280                                     |  | 280                                      |
| 053 ELECTROCARDIOLOGY                           | 6,895                                   | 805                                     |   |   |   | 6,895                                    | 805                                      |
| 054 ELECTROENCEPHALOGRAPH                       | 569                                     | 498                                     |   |   |   | 569                                      | 498                                      |
| 055 MEDICAL SUPPLIES CHAR                       |   |   |   |   |   |  |  |
| 055 30 IMPL. DEV. CHARGED TO                    |   |   |   |   |   |  |  |
| 056 DRUGS CHARGED TO PATI                       | 2,099                                   | 1,222                                   |   |   |   | 2,099                                    | 1,222                                    |
| 059 OTHER ANCILLARY SERVICE                     |   |   |   |   |   |  |  |
| 059 01 ONCOLOGY                                 |   |   |   |   | 3,211                                   |  | 3,211                                    |
| 059 02 DIABETES CENTER                          |   | 1,100                                   | 902                                     |   |   |  | 1,100                                    |
| 059 03 PSYCHIATRIC/PSYCHOLOG                    |   |   |   |   | 2,224                                   |  | 2,224                                    |
| 059 04 PAIN CLINIC                              |   |   |   |   |   |  |  |
| 059 05 CURATIVE WOUND CENTER                    |   | 4,029                                   |   |   |   |  | 4,029                                    |
| 061 OUTPAT SERVICE COST C EMERGENCY             | 13,205                                  | 5,707                                   |   |   |   | 13,205                                   | 5,707                                    |
| 062 OBSERVATION BEDS (NON OTHER REIMBURS COST C |   |   |   |   |   |  |  |
| 065 AMBULANCE SERVICES                          |   |   |   |   |   |  |  |
| 071 HOME HEALTH AGENCY SPEC PURPOSE COST CEN    |   | 4,259                                   |   |   |   |  | 4,259                                    |
| 093 HOSPICE                                     |   | 350                                     |   |   |   |  | 350                                      |
| 095 SUBTOTALS                                   | 235,635                                 | 140,723                                 | 17,988                                  | 730                                     | 29,001                                  | 236,365                                  | 169,724                                  |
| 096 NONREIMBURS COST CENT GIFT, FLOWER, COFFEE  | 912                                     |   |   |   |   | 912                                      |  |
| 097 RESEARCH                                    |   |   |   |   |   |  |  |
| 097 01 ADULT DAY CARE                           |   | 4,994                                   |   |   |   |  | 4,994                                    |
| 098 PHYSICIANS' PRIVATE O                       |   |   | 14,566                                  | 32,735                                  | 21,599                                  |  |  |
| 099 NONPAID WORKERS                             |   |   |   |   |   |  |  |
| 099 01 PARISH NURSE PROGRAM                     |   |   |   |   |   |  |  |
| 099 02 RETAIL PHARMACY                          |   |   |   |   |   |  |  |
| 099 03 LI FELINE                                |   |   |   |   |   |  |  |
| 099 04 DME                                      |   |   |   |   |   |  |  |
| 099 05 PRIVATE CARE SERVICES                    |   |   |   |   |   |  |  |

| COST CENTER DESCRIPTION                       | NEW CAP REL C OSTS-BLDG & (SQUARE FEET | NEW CAP REL C OSTS-BLDG & (SQUARE ) FEET | NEW CAP REL C OSTS-BLDG & (SQUARE ) FEET | NEW CAP REL C OSTS-BLDG & (SQUARE ) FEET | NEW CAP REL C OSTS-BLDG & (SQUARE ) FEET | NEW CAP REL C OSTS-MVBLE E (SQUARE ) FEET | NEW CAP REL C OSTS-MVBLE E (SQUARE ) FEET |
|---|--|--|--|--|--|---|---|
| NONREIMBURS COST CENT                         | 3                                      | 3.01                                     | 3.02                                     | 3.03                                     | 3.04                                     | 4   | 4.01                                      |
| 099 06 EMS                                    | 156                                    |  |  |  |  | 156                                       |   |
| 099 07 SURGERY MM                             |  |  | 4,087                                    |  |  |   |   |
| 099 08 SAINT CLARE'S VILLA                    |  | 66,104                                   |  |  |  |   | 66,104                                    |
| 100 OTHER NONREIMBURSABLE                     |  |  |  |  |  |   |   |
| 101 CROSS FOOT ADJUSTMENT                     |  |  |  |  |  |   |   |
| 102 NEGATIVE COST CENTER                      |  |  |  |  |  |   |   |
| 103 COST TO BE ALLOCATED (WRKSHT B, PART I)   | 1,286,097                              | 215,663                                  | 148,273                                  | 147,417                                  | 17,587                                   | 1,455,653                                 | 443,303                                   |
| 104 UNIT COST MULTIPLIER (WRKSHT B, PT I)     | 5.433379                               | 1.018138                                 | 4.046642                                 | 4.405110                                 | .347569                                  | 6.130795                                  | 1.840791                                  |
| 105 COST TO BE ALLOCATED (WRKSHT B, PART II)  |  |  |  |  |  |   |   |
| 106 UNIT COST MULTIPLIER (WRKSHT B, PT II)    |  |  |  |  |  |   |   |
| 107 COST TO BE ALLOCATED (WRKSHT B, PART III) |  |  |  |  |  |   |   |
| 108 UNIT COST MULTIPLIER (WRKSHT B, PT III)   |  |  |  |  |  |   |   |

| COST CENTER DESCRIPTION      | NEW CAP REL COSTS-MVBLE | EMPLOYEE BENEFITS | NONPATIENT TELEPHONES | PURCHASING RECEIVING AND | R ADMITTING     | CASHIERING/AC COUNTS RECEI | RECONCILIATION |
|------------------------------|-------------------------|-------------------|-----------------------|--------------------------|-----------------|----------------------------|----------------|
| (SQUARE FEET)                | (ADJUSTED SALARIES)     | (NO OF LINES)     | (COSTED REQUIS)       | (TOTAL REVENUE)          | (TOTAL REVENUE) |                            |                |
|                              | 4.02                    | 5                 | 6.01                  | 6.02                     | 6.03            | 6.04                       | 6a.05          |
| GENERAL SERVICE COST         |                         |                   |                       |                          |                 |                            |                |
| 001 01 OLD CAP REL COSTS-BLD |                         |                   |                       |                          |                 |                            |                |
| 001 02 OLD CAP REL COSTS-BLD |                         |                   |                       |                          |                 |                            |                |
| 001 03 OLD CAP REL COSTS-BLD |                         |                   |                       |                          |                 |                            |                |
| 002 01 OLD CAP REL COSTS-MVB |                         |                   |                       |                          |                 |                            |                |
| 002 02 OLD CAP REL COSTS-MVB |                         |                   |                       |                          |                 |                            |                |
| 003 01 NEW CAP REL COSTS-BLD |                         |                   |                       |                          |                 |                            |                |
| 003 02 NEW CAP REL COSTS-BLD |                         |                   |                       |                          |                 |                            |                |
| 003 03 NEW CAP REL COSTS-BLD |                         |                   |                       |                          |                 |                            |                |
| 003 04 NEW CAP REL COSTS-BLD |                         |                   |                       |                          |                 |                            |                |
| 004 01 NEW CAP REL COSTS-MVB |                         |                   |                       |                          |                 |                            |                |
| 004 02 NEW CAP REL COSTS-MVB | 22,075                  |                   |                       |                          |                 |                            |                |
| 005 EMPLOYEE BENEFITS        |                         | 31,312,233        |                       |                          |                 |                            |                |
| 006 01 NONPATIENT TELEPHONES |                         | 213,932           | 1,611                 |                          |                 |                            |                |
| 006 02 PURCHASING, RECEIVING |                         | 235,601           |                       | 15                       | 2,417,983       |                            |                |
| 006 03 ADMITTING             | 506                     | 565,578           |                       | 42                       | 33,776          | 372,143,328                |                |
| 006 04 CASHIERING/ACCOUNTS R |                         | 45,800            |                       | 36                       | 14,315          |                            | 376,146,080    |
| 006 05 OTHER ADMINISTRATIVE  |                         | 3,978,650         |                       | 243                      | 277,981         |                            | -14,181,501    |
| 008 OPERATION OF PLANT       | 6,794                   | 1,171,785         |                       | 66                       | 191,231         |                            |                |
| 009 LAUNDRY & LINEN SERVI    |                         |                   |                       | 2                        | 9,930           |                            |                |
| 010 HOUSEKEEPING             | 595                     | 715,992           |                       | 7                        | 123,098         |                            |                |
| 011 DIETARY                  |                         | 699,927           |                       | 18                       | 106             |                            |                |
| 012 CAFETERIA                |                         | 378,371           |                       | 18                       | 56,301          |                            |                |
| 014 NURSING ADMINISTRATION   |                         | 731,743           |                       | 16                       | 6,654           |                            |                |
| 015 CENTRAL SERVICES & SU    |                         | 278,997           |                       | 9                        | 63,714          |                            |                |
| 016 PHARMACY                 |                         |                   |                       |                          |                 |                            |                |
| 017 MEDICAL RECORDS & LIB    |                         | 729,958           |                       | 41                       | 14,261          |                            |                |
| 018 SOCIAL SERVICE           |                         | 505,171           |                       | 17                       | 813             |                            |                |
| 025 INPAT ROUTINE SRVC CN    |                         |                   |                       |                          |                 |                            |                |
| 026 ADULTS & PEDIATRICS      |                         | 2,996,906         | 121                   | 141,952                  | 9,688,555       | 9,688,555                  |                |
| 031 INTENSIVE CARE UNIT      |                         | 921,991           | 15                    | 42,583                   | 5,513,640       | 5,513,640                  |                |
| 033 SUBPROVIDER              |                         | 855,001           | 12                    | 29,851                   | 936,423         | 2,604,125                  |                |
| 034 NURSERY                  |                         | 71,390            | 3                     | 7,067                    | 556,543         | 557,683                    |                |
| 035 SKILLED NURSING FACIL    |                         | 834,775           | 12                    | 31,296                   | 1,291,013       | 3,590,212                  |                |
| 035 01 NURSING FACILITY      |                         | 12,155            |                       | 473                      | 19,490          | 54,201                     |                |
| 037 ANCILLARY SRVC COST C    |                         |                   |                       |                          |                 |                            |                |
| 038 OPERATING ROOM           | 892                     | 1,529,046         | 81                    | 57,512                   | 32,922,243      | 32,922,243                 |                |
| 039 RECOVERY ROOM            |                         | 291,706           | 4                     | 6,142                    | 7,137,317       | 7,137,317                  |                |
| 040 DELIVERY ROOM & LABOR    |                         | 839,894           | 35                    | 26,835                   | 3,498,121       | 3,498,121                  |                |
| 041 ANESTHESIOLOGY           |                         |                   | 5                     | 106,392                  | 3,057,448       | 3,057,448                  |                |
| 044 RADIOLOGY-DIAGNOSTIC     | 8,299                   | 1,960,590         | 175                   | 466,323                  | 84,786,017      | 84,786,017                 |                |
| 046 LABORATORY               |                         | 1,723,252         | 57                    | 151,738                  | 35,796,225      | 35,796,225                 |                |
| 049 WHOLE BLOOD & PACKED     |                         |                   | 2                     | 455                      | 1,777,812       | 1,777,812                  |                |
| 050 RESPIRATORY THERAPY      |                         | 453,320           | 10                    | 50,024                   | 10,925,626      | 10,925,626                 |                |
| 051 PHYSICAL THERAPY         |                         | 928,197           | 17                    | 13,689                   | 16,543,387      | 16,543,387                 |                |
| 052 OCCUPATIONAL THERAPY     |                         | 520,140           | 14                    | 1,684                    | 10,375,464      | 10,375,464                 |                |
| 053 SPEECH PATHOLOGY         |                         | 123,355           | 1                     | 2,800                    | 1,808,677       | 1,808,677                  |                |
| 054 ELECTROCARDIOLOGY        |                         | 448,751           | 29                    | 20,534                   | 23,343,628      | 23,343,628                 |                |
| 055 ELECTROENCEPHALOGRAPH    |                         | 110,830           | 6                     | 10,078                   | 4,368,247       | 4,368,247                  |                |
| 055 30 MEDICAL SUPPLIES CHAR |                         |                   |                       |                          | 14,283,473      | 14,283,473                 |                |
| 056 IMPL. DEV. CHARGED TO    |                         |                   |                       |                          | 9,630,534       | 9,630,534                  |                |
| 059 DRUGS CHARGED TO PATI    |                         | 815,485           | 20                    | 22,766                   | 36,984,071      | 36,984,071                 |                |
| 059 01 OTHER ANCILLARY SERVI |                         |                   |                       |                          |                 |                            |                |
| 059 02 ONCOLOGY              |                         | 158,953           | 4                     | 17,958                   | 1,452,807       | 1,452,807                  |                |
| 059 03 DIABETES CENTER       | 902                     | 57,519            | 4                     | 1,951                    | 143,994         | 143,994                    |                |
| 059 04 PSYCHIATRIC/PSYCHOLOG |                         | 290,821           | 7                     | 9,347                    | 1,467,910       | 1,467,910                  |                |
| 059 05 PAIN CLINIC           |                         | 136,544           | 3                     | 39,847                   | 2,068,192       | 2,068,192                  |                |
| 059 06 CURATIVE WOUND CENTER |                         | 249,075           | 11                    | 84,315                   | 2,222,371       | 2,222,371                  |                |
| 061 OUTPAT SERVICE COST C    |                         |                   |                       |                          |                 |                            |                |
| 062 EMERGENCY                |                         | 1,735,668         | 86                    | 191,140                  | 38,902,512      | 38,902,512                 |                |
| 065 OBSERVATION BEDS (NON    |                         |                   |                       |                          |                 |                            |                |
| 071 OTHER REIMBURS COST C    |                         |                   |                       |                          |                 |                            |                |
| 071 01 AMBULANCE SERVICES    |                         |                   |                       |                          | 104,879         | 104,879                    |                |
| 071 02 HOME HEALTH AGENCY    |                         | 1,469,236         | 81                    | 35,417                   | 6,633,353       | 6,633,353                  |                |
| 071 03 SPEC PURPOSE COST CEN |                         |                   |                       |                          |                 |                            |                |
| 093 HOSPICE                  |                         | 446,168           | 7                     | 19,168                   | 3,674,172       | 3,674,172                  |                |
| 095 SUBTOTALS                | 17,988                  | 30,232,273        | 1,352                 | 2,381,517                | 371,914,144     | 375,916,896                | -14,181,501    |
| 096 NONREIMBURS COST CENT    |                         |                   |                       |                          |                 |                            |                |
| 097 GIFT, FLOWER, COFFEE     |                         |                   | 4                     | 1,191                    |                 |                            |                |
| 097 01 RESEARCH              |                         |                   |                       |                          |                 |                            |                |
| 098 ADULT DAY CARE           |                         | 100,432           | 6                     | 1,684                    | 229,184         | 229,184                    |                |
| 099 PHYSICIANS' PRIVATE O    |                         |                   | 188                   |                          |                 |                            |                |
| 099 01 NONPAID WORKERS       |                         |                   |                       |                          |                 |                            |                |
| 099 02 PARISH NURSE PROGRAM  |                         |                   | 2                     |                          |                 |                            |                |
| 099 03 RETAIL PHARMACY       |                         |                   | 3                     |                          |                 |                            |                |
| 099 04 LI FELINE             |                         |                   | 1                     |                          |                 |                            |                |
| 099 05 DME                   |                         | 387,660           |                       |                          | 19,445          |                            |                |
| 099 06 PRIVATE CARE SERVICES |                         |                   | 8                     |                          | 112             |                            |                |

| COST CENTER DESCRIPTION                       | NEW CAP REL C OSTS-MVBLE | EMPLOYEE BENEFITS   | NONPATIENT TELEPHONES | PURCHASING, RECEIVING AND | R ADMITTING     | CASHIERING/AC COUNTS RECEI | RECONCILIATION |
|---|--------------------------|---------------------|-----------------------|---------------------------|-----------------|----------------------------|----------------|
|   | (SQUARE FEET)            | (ADJUSTED SALARIES) | (NO OF LINES)         | (COSTED REQUIS)           | (TOTAL REVENUE) | (TOTAL REVENUE)            |                |
| NONREIMBURS COST CENT                         | 4.02                     | 5                   | 6.01                  | 6.02                      | 6.03            | 6.04                       | 6a.05          |
| 099 06 EMS                                    |                          | 51,534              | 4                     | 14,034                    |                 |                            |                |
| 099 07 SURGERY MM                             | 4,087                    |                     | 9                     |                           |                 |                            |                |
| 099 08 SAINT CLARE'S VILLA                    |                          | 540,334             | 34                    |                           |                 |                            |                |
| 100 OTHER NONREIMBURSABLE                     |                          |                     |                       |                           |                 |                            |                |
| 101 CROSS FOOT ADJUSTMENT                     |                          |                     |                       |                           |                 |                            |                |
| 102 NEGATIVE COST CENTER                      |                          |                     |                       |                           |                 |                            |                |
| 103 COST TO BE ALLOCATED (WRKSHT B, PART I)   | 163,496                  | 9,865,573           | 519,604               | 502,003                   | 961,248         | 2,050,007                  |                |
| 104 UNIT COST MULTIPLIER (WRKSHT B, PT I)     |                          | .315071             |                       | .207612                   |                 | .005450                    |                |
| 105 COST TO BE ALLOCATED (WRKSHT B, PART II)  | 7.406387                 | 3,755               | 322.535071            | 10,733                    | .002583         | 3,242                      | 2,838          |
| 106 UNIT COST MULTIPLIER (WRKSHT B, PT II)    |                          | .000120             | 1,389                 | .004439                   |                 |                            | .000008        |
| 107 COST TO BE ALLOCATED (WRKSHT B, PART III) |                          | 21,325              | .862197               | 59,479                    | .000009         | 24,223                     | 18,222         |
| 108 UNIT COST MULTIPLIER (WRKSHT B, PT III)   |                          | .000681             | 7,194                 | .024599                   |                 |                            | .000048        |
|   |                          |                     | 4.465549              |                           | .000065         |                            |                |

| COST CENTER DESCRIPTION      | OTHER ADMINISTRATIVE AND OPERATIONAL PLANT |               | LAUNDRY & LINEN SERVICE | HOUSEKEEPING | DIETARY         | CAFETERIA | NURSING ADMINISTRATION |      |
|------------------------------|--|---------------|-------------------------|--------------|-----------------|-----------|------------------------|------|
|                              | (ACCUM. COST)                              | (SQUARE FEET) | (POUNDS OF LAUNDRY)     | (TIME SPENT) | (PATIENT MEALS) | (FTE'S)   | (DIRECT SING HRS)      | (NR) |
|                              | 6.05                                       | 8             | 9                       | 10           | 11              | 12        | 14                     |      |
| GENERAL SERVICE COST         |  |               |                         |              |                 |           |                        |      |
| 001 OLD CAP REL COSTS-BLD    |  |               |                         |              |                 |           |                        |      |
| 001 01 OLD CAP REL COSTS-BLD |  |               |                         |              |                 |           |                        |      |
| 001 02 OLD CAP REL COSTS-BLD |  |               |                         |              |                 |           |                        |      |
| 001 03 OLD CAP REL COSTS-BLD |  |               |                         |              |                 |           |                        |      |
| 002 OLD CAP REL COSTS-MVB    |  |               |                         |              |                 |           |                        |      |
| 002 01 OLD CAP REL COSTS-MVB |  |               |                         |              |                 |           |                        |      |
| 003 NEW CAP REL COSTS-BLD    |  |               |                         |              |                 |           |                        |      |
| 003 01 NEW CAP REL COSTS-BLD |  |               |                         |              |                 |           |                        |      |
| 003 02 NEW CAP REL COSTS-BLD |  |               |                         |              |                 |           |                        |      |
| 003 03 NEW CAP REL COSTS-BLD |  |               |                         |              |                 |           |                        |      |
| 003 04 NEW CAP REL COSTS-BLD |  |               |                         |              |                 |           |                        |      |
| 004 NEW CAP REL COSTS-MVB    |  |               |                         |              |                 |           |                        |      |
| 004 01 NEW CAP REL COSTS-MVB |  |               |                         |              |                 |           |                        |      |
| 004 02 NEW CAP REL COSTS-MVB |  |               |                         |              |                 |           |                        |      |
| 005 EMPLOYEE BENEFITS        |  |               |                         |              |                 |           |                        |      |
| 006 01 NONPATIENT TELEPHONES |  |               |                         |              |                 |           |                        |      |
| 006 02 PURCHASING, RECEIVING |  |               |                         |              |                 |           |                        |      |
| 006 03 ADMINISTRATION        |  |               |                         |              |                 |           |                        |      |
| 006 04 CASHIERING/ACCOUNTS R |  |               |                         |              |                 |           |                        |      |
| 006 05 OTHER ADMINISTRATIVE  | 66,194,466                                 |               |                         |              |                 |           |                        |      |
| 008 OPERATION OF PLANT       | 5,864,282                                  | 451,759       |                         |              |                 |           |                        |      |
| 009 LAUNDRY & LINEN SERVICE  | 362,434                                    |               | 589,648                 |              |                 |           |                        |      |
| 010 HOUSEKEEPING             | 1,414,828                                  | 11,496        |                         | 601,425      |                 |           |                        |      |
| 011 DIETARY                  | 814,183                                    | 10,049        |                         |              | 85,851          |           |                        |      |
| 012 CAFETERIA                | 1,127,951                                  | 6,560         |                         | 8,100        |                 | 46,138    |                        |      |
| 014 NURSING ADMINISTRATION   | 1,079,538                                  | 2,356         |                         | 150          |                 | 851       | 43,171,889             |      |
| 015 CENTRAL SERVICES & SU    | 700,106                                    | 10,950        |                         | 1,100        |                 | 1,212     |                        |      |
| 016 PHARMACY                 |  |               |                         |              |                 |           |                        |      |
| 017 MEDICAL RECORDS & LIB    | 1,182,997                                  | 3,195         |                         | 4,125        |                 | 2,012     |                        |      |
| 018 SOCIAL SERVICE           | 759,207                                    | 1,985         |                         | 300          |                 | 981       |                        |      |
| 025 INPAT ROUTINE SRVC CN    |  |               |                         |              |                 |           |                        |      |
| 025 ADULTS & PEDIATRICS      | 5,257,189                                  | 46,079        | 165,884                 | 156,175      | 35,782          | 6,121     | 11,055,291             |      |
| 026 INTENSIVE CARE UNIT      | 1,692,168                                  | 15,198        | 29,571                  | 17,475       | 5,326           | 1,620     | 2,865,189              |      |
| 031 SUBPROVIDER              | 1,443,326                                  | 8,908         | 48,138                  | 29,550       | 11,537          | 1,730     | 3,274,630              |      |
| 033 NURSERY                  | 165,704                                    | 1,268         | 6,946                   | 3,175        |                 | 171       | 356,346                |      |
| 034 SKILLED NURSING FACIL    | 1,257,733                                  | 4,172         | 73,879                  | 24,483       | 21,211          | 2,325     | 4,288,656              |      |
| 035 NURSING FACILITY         | 22,651                                     | 1,102         | 1,115                   | 6,467        | 320             | 34        | 64,868                 |      |
| 035 01 ICF/MR                |  |               |                         |              |                 |           |                        |      |
| 037 ANCILLARY SRVC COST C    |  |               |                         |              |                 |           |                        |      |
| 037 OPERATING ROOM           | 3,165,432                                  | 49,174        | 73,748                  | 93,435       |                 | 2,637     | 4,182,563              |      |
| 038 RECOVERY ROOM            | 489,121                                    | 2,062         |                         | 3,990        |                 | 452       | 940,281                |      |
| 039 DELIVERY ROOM & LABOR    | 1,429,504                                  | 13,297        | 24,358                  | 9,950        | 6,884           | 1,421     | 2,955,905              |      |
| 040 ANESTHESIOLOGY           | 161,180                                    | 300           |                         |              |                 |           |                        |      |
| 041 RADIOLOGY-DIAGNOSTIC     | 5,130,896                                  | 33,367        | 29,208                  | 15,675       |                 | 4,001     | 235,267                |      |
| 044 LABORATORY               | 4,144,920                                  | 14,415        |                         | 11,150       |                 | 3,848     |                        |      |
| 046 WHOLE BLOOD & PACKED     | 606,056                                    | 465           |                         |              |                 |           |                        |      |
| 049 RESPIRATORY THERAPY      | 966,073                                    | 3,115         |                         |              |                 | 1,036     | 1,721                  |      |
| 050 PHYSICAL THERAPY         | 1,505,871                                  | 9,621         | 11,100                  | 1,750        |                 | 1,777     |                        |      |
| 051 OCCUPATIONAL THERAPY     | 848,362                                    | 7,521         |                         | 925          |                 | 1,017     |                        |      |
| 052 SPEECH PATHOLOGY         | 191,679                                    | 280           |                         |              |                 | 216       |                        |      |
| 053 ELECTROCARDIOLOGY        | 960,747                                    | 7,700         | 28,160                  | 2,500        |                 | 765       | 700,544                |      |
| 054 ELECTROENCEPHALOGRAPH    | 217,016                                    | 1,067         |                         |              |                 | 243       |                        |      |
| 055 MEDICAL SUPPLIES CHAR    | 2,880,981                                  |               |                         |              |                 |           |                        |      |
| 055 30 IMPL. DEV. CHARGED TO | 2,659,194                                  |               |                         |              |                 |           |                        |      |
| 056 DRUGS CHARGED TO PATI    | 5,641,090                                  | 3,321         |                         | 2,250        |                 | 1,099     |                        |      |
| 059 OTHER ANCILLARY SERVI    |  |               |                         |              |                 |           |                        |      |
| 059 01 ONCOLOGY              | 274,884                                    | 3,211         | 1,796                   | 7,530        |                 | 258       | 520,984                |      |
| 059 02 DIABETES CENTER       | 99,709                                     | 2,002         |                         | 1,075        |                 | 93        | 122,495                |      |
| 059 03 PSYCHIATRIC/PSYCHOLOG | 436,576                                    | 2,224         |                         | 5,216        |                 | 565       |                        |      |
| 059 04 PAIN CLINIC           | 306,619                                    |               |                         |              |                 | 292       | 200,490                |      |
| 059 05 CURATIVE WOUND CENTER | 552,911                                    | 4,029         | 4,675                   | 5,575        |                 | 454       | 543,133                |      |
| 061 OUTPAT SERVICE COST C    |  |               |                         |              |                 |           |                        |      |
| 061 EMERGENCY                | 3,490,668                                  | 18,912        | 83,354                  | 69,675       | 845             | 3,467     | 5,092,543              |      |
| 062 OBSERVATION BEDS (NON    |  |               |                         |              |                 |           |                        |      |
| 062 OTHER REIMBURS COST C    |  |               |                         |              |                 |           |                        |      |
| 065 AMBULANCE SERVICES       | 75,741                                     |               |                         |              |                 |           |                        |      |
| 071 HOME HEALTH AGENCY       | 2,317,655                                  | 4,259         |                         | 4,782        |                 | 2,530     | 2,586,487              |      |
| 093 SPEC PURPOSE COST CEN    |  |               |                         |              |                 |           |                        |      |
| 093 HOSPICE                  | 1,342,737                                  | 350           |                         | 393          |                 | 896       | 1,168,288              |      |
| 095 SUBTOTALS                | 63,039,919                                 | 306,606       | 581,932                 | 486,971      | 81,905          | 44,124    | 41,155,681             |      |
| 096 NONREIMBURS COST CENT    |  |               |                         |              |                 |           |                        |      |
| 096 GIFT, FLOWER, COFFEE     | 15,256                                     | 912           |                         | 325          |                 |           |                        |      |
| 097 RESEARCH                 |  |               |                         |              |                 |           |                        |      |
| 097 01 ADULT DAY CARE        | 176,190                                    | 4,994         |                         | 5,300        | 3,946           | 299       | 2,950                  |      |
| 098 PHYSICIANS' PRIVATE O    | 488,168                                    | 68,900        |                         | 106,204      |                 |           |                        |      |
| 099 NONPAID WORKERS          |  |               |                         |              |                 |           |                        |      |
| 099 01 PARISH NURSE PROGRAM  | 645  |               |                         |              |                 |           |                        |      |
| 099 02 RETAIL PHARMACY       | 968  |               |                         |              |                 |           |                        |      |
| 099 03 LI FELINE             | 323  |               |                         |              |                 |           |                        |      |
| 099 04 DME                   | 1,293,188                                  |               |                         | 2,625        |                 |           |                        |      |
| 099 05 PRIVATE CARE SERVICES | 2,603                                      |               |                         |              |                 |           |                        |      |

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0052  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/31/2011  
 WORKSHEET B-1

| COST CENTER DESCRIPTION |   | OTHER ADMINISTRATIVE AND | OPERATION OF PLANT | LAUNDRY & LINEN SERVICE | HOUSEKEEPING | DIETARY         | CAFETERIA | NURSING ADMINISTRATION |
|-------------------------|---|--------------------------|--------------------|-------------------------|--------------|-----------------|-----------|------------------------|
|                         |   | (ACCUM. COST)            | (SQUARE FEET)      | (POUNDS OF LAUNDRY)     | (TIME SPENT) | (PATIENT MEALS) | (FTE'S)   | (DIRECT SING HRS)      |
| NONREIMBURS COST CENT   |   | 6.05                     | 8                  | 9                       | 10           | 11              | 12        | 14                     |
| 099                     | 06 EMS                                    | 93,957                   | 156                | 7,716                   |              |                 | 102       |                        |
| 099                     | 07 SURGERY MM                             | 49,712                   | 4,087              |                         |              |                 |           |                        |
| 099                     | 08 SAINT CLARE'S VILLA                    | 1,021,993                | 66,104             |                         |              |                 | 1,613     | 2,013,258              |
| 100                     | OTHER NONREIMBURSABLE                     | 11,544                   |                    |                         |              |                 |           |                        |
| 101                     | CROSS FOOT ADJUSTMENT                     |                          |                    |                         |              |                 |           |                        |
| 102                     | NEGATIVE COST CENTER                      |                          |                    |                         |              |                 |           |                        |
| 103                     | COST TO BE ALLOCATED (WRKSHT B, PART I)   | 14,181,501               | 7,120,646          | 481,000                 | 1,899,141    | 1,147,007       | 1,498,580 | 1,376,068              |
| 104                     | UNIT COST MULTIPLIER (WRKSHT B, PT I)     | .214240                  | 15.762046          | .815741                 | 3.157735     | 13.360438       | 32.480385 | .031874                |
| 105                     | COST TO BE ALLOCATED (WRKSHT B, PART II)  | 84,348                   | 63,751             | 5,218                   | 22,727       | 21,537          | 13,951    | 6,080                  |
| 106                     | UNIT COST MULTIPLIER (WRKSHT B, PT II)    | .001274                  | .141117            | .008849                 | .037789      | .250865         | .302375   | .000141                |
| 107                     | COST TO BE ALLOCATED (WRKSHT B, PART III) | 395,206                  | 400,618            | 25,477                  | 119,555      | 116,327         | 69,699    | 29,504                 |
| 108                     | UNIT COST MULTIPLIER (WRKSHT B, PT III)   | .005970                  | .886796            | .043207                 | .198786      | 1.354987        | 1.510664  | .000683                |

| COST CENTER DESCRIPTION      | CENTRAL SERVICES & SUPPLY (PURCHASE REQUIS.) | PHARMACY (COSTED) EQUIP. | MEDICAL RECORDS & LIBRARY (TIME) SPENT | SOCIAL SERVICES (TIME) SPENT |
|------------------------------|--|--------------------------|--|------------------------------|
|                              | 15   | 16                       | 17                                     | 18                           |
| GENERAL SERVICE COST         |  |                          |  |                              |
| 001 OLD CAP REL COSTS-BLD    |  |                          |  |                              |
| 001 01 OLD CAP REL COSTS-BLD |  |                          |  |                              |
| 001 02 OLD CAP REL COSTS-BLD |  |                          |  |                              |
| 001 03 OLD CAP REL COSTS-BLD |  |                          |  |                              |
| 002 OLD CAP REL COSTS-MVB    |  |                          |  |                              |
| 002 01 OLD CAP REL COSTS-MVB |  |                          |  |                              |
| 003 NEW CAP REL COSTS-BLD    |  |                          |  |                              |
| 003 01 NEW CAP REL COSTS-BLD |  |                          |  |                              |
| 003 02 NEW CAP REL COSTS-BLD |  |                          |  |                              |
| 003 03 NEW CAP REL COSTS-BLD |  |                          |  |                              |
| 003 04 NEW CAP REL COSTS-BLD |  |                          |  |                              |
| 004 NEW CAP REL COSTS-MVB    |  |                          |  |                              |
| 004 01 NEW CAP REL COSTS-MVB |  |                          |  |                              |
| 004 02 NEW CAP REL COSTS-MVB |  |                          |  |                              |
| 005 EMPLOYEE BENEFITS        |  |                          |  |                              |
| 006 01 NONPATIENT TELEPHONES |  |                          |  |                              |
| 006 02 PURCHASING, RECEIVING |  |                          |  |                              |
| 006 03 ADMINISTRATION        |  |                          |  |                              |
| 006 04 CASHIERING/ACCOUNTS R |  |                          |  |                              |
| 006 05 OTHER ADMINISTRATIVE  |  |                          |  |                              |
| 008 OPERATION OF PLANT       |  |                          |  |                              |
| 009 LAUNDRY & LINEN SERVICE  |  |                          |  |                              |
| 010 HOUSEKEEPING             |  |                          |  |                              |
| 011 DIETARY                  |  |                          |  |                              |
| 012 CAFETERIA                |  |                          |  |                              |
| 014 NURSING ADMINISTRATION   |  |                          |  |                              |
| 015 CENTRAL SERVICES & SUP   | 6,563,465                                    |                          |  |                              |
| 016 PHARMACY                 |  |                          |  |                              |
| 017 MEDICAL RECORDS & LIB    |  |                          | 471,900                                |                              |
| 018 SOCIAL SERVICE           |  |                          |  | 288,750                      |
| INPAT ROUTINE SRVC CN        |  |                          |  |                              |
| 025 ADULTS & PEDIATRICS      | 102,492                                      |                          | 269,500                                | 172,600                      |
| 026 INTENSIVE CARE UNIT      | 33,204                                       |                          | 21,575                                 | 5,650                        |
| 031 SUBPROVIDER              | 16,858                                       |                          | 18,200                                 | 24,700                       |
| 033 NURSERY                  | 6,365  |                          |  |                              |
| 034 SKILLED NURSING FACIL    | 17,129                                       |                          | 18,865                                 | 20,688                       |
| 035 NURSING FACILITY         | 259  |                          | 285                                    | 312                          |
| 035 01 ICF/MR                |  |                          |  |                              |
| ANCILLARY SRVC COST C        |  |                          |  |                              |
| 037 OPERATING ROOM           | 38,996                                       |                          |  | 400                          |
| 038 RECOVERY ROOM            | 5,525  |                          |  |                              |
| 039 DELIVERY ROOM & LABOR    | 17,533                                       |                          |  |                              |
| 040 ANESTHESIOLOGY           | 101,427                                      |                          |  |                              |
| 041 RADIOLOGY-DIAGNOSTIC     | 404,981                                      |                          |  | 11,800                       |
| 044 LABORATORY               | 125,371                                      |                          |  |                              |
| 046 WHOLE BLOOD & PACKED     | 485  |                          |  |                              |
| 049 RESPIRATORY THERAPY      | 33,330                                       |                          |  |                              |
| 050 PHYSICAL THERAPY         | 4,118  |                          |  |                              |
| 051 OCCUPATIONAL THERAPY     | 768  |                          |  |                              |
| 052 SPEECH PATHOLOGY         | 2,529  |                          |  |                              |
| 053 ELECTROCARDIOLOGY        | 16,593                                       |                          |  |                              |
| 054 ELECTROENCEPHALOGRAPH    | 2,620  |                          |  |                              |
| 055 MEDICAL SUPPLIES CHAR    | 2,775,053                                    |                          |  |                              |
| 055 30 IMPL. DEV. CHARGED TO | 2,581,832                                    |                          |  |                              |
| 056 DRUGS CHARGED TO PATI    | 3,053  |                          |  |                              |
| 059 OTHER ANCILLARY SERVI    |  |                          |  |                              |
| 059 01 ONCOLOGY              | 15,910                                       |                          |  |                              |
| 059 02 DIABETES CENTER       | 18   |                          |  |                              |
| 059 03 PSYCHIATRIC/PSYCHOLOG | 24   |                          |  |                              |
| 059 04 PAIN CLINIC           | 34,690                                       |                          |  |                              |
| 059 05 CURATIVE WOUND CENTER | 81,353                                       |                          |  |                              |
| OUTPAT SERVICE COST C        |  |                          |  |                              |
| 061 EMERGENCY                | 105,689                                      |                          | 143,475                                | 33,825                       |
| 062 OBSERVATION BEDS (NON    |  |                          |  |                              |
| OTHER REIMBURS COST C        |  |                          |  |                              |
| 065 AMBULANCE SERVICES       |  |                          |  |                              |
| 071 HOME HEALTH AGENCY       | 27,337                                       |                          |  | 18,475                       |
| SPEC PURPOSE COST CEN        |  |                          |  |                              |
| 093 HOSPICE                  | 6,213  |                          |  | 300                          |
| 095 SUBTOTALS                | 6,561,755                                    |                          | 471,900                                | 288,750                      |
| NONREIMBURS COST CENT        |  |                          |  |                              |
| 096 GIFT, FLOWER, COFFEE     | 126  |                          |  |                              |
| 097 RESEARCH                 |  |                          |  |                              |
| 097 01 ADULT DAY CARE        | 269  |                          |  |                              |
| 098 PHYSICIANS' PRIVATE O    |  |                          |  |                              |
| 099 NONPAID WORKERS          |  |                          |  |                              |
| 099 01 PARISH NURSE PROGRAM  |  |                          |  |                              |
| 099 02 RETAIL PHARMACY       |  |                          |  |                              |
| 099 03 LI FELINE             |  |                          |  |                              |
| 099 04 DME                   |  |                          |  |                              |
| 099 05 PRIVATE CARE SERVICES |  |                          |  |                              |

| COST CENTER DESCRIPTION |   | CENTRAL SERVICES & SUPPLY | PHARMACY (PURCHASE REQUIS.) | MEDICAL RECORDS & LIBRARY (TIME SPENT) | SOCIAL SERVICE (TIME SPENT) |
|-------------------------|---|---------------------------|-----------------------------|--|-----------------------------|
|                         |   | 15                        | 16                          | 17                                     | 18                          |
| NONREIMBURS COST CENT   |   |                           |                             |  |                             |
| 099                     | 06 EMS                                    | 1,315                     |                             |  |                             |
| 099                     | 07 SURGERY MM                             |                           |                             |  |                             |
| 099                     | 08 SAINT CLARE'S VILLA                    |                           |                             |  |                             |
| 100                     | OTHER NONREIMBURSABLE                     |                           |                             |  |                             |
| 101                     | CROSS FOOT ADJUSTMENT                     |                           |                             |  |                             |
| 102                     | NEGATIVE COST CENTER                      |                           |                             |  |                             |
| 103                     | COST TO BE ALLOCATED (PER WRKSHT B, PART  | 1,065,531                 |                             | 1,565,179                              | 985,958                     |
| 104                     | UNIT COST MULTIPLIER (WRKSHT B, PT I)     |                           |                             |  | 3.414573                    |
|                         |   | .162343                   |                             | 3.316760                               |                             |
| 105                     | COST TO BE ALLOCATED (PER WRKSHT B, PART  | 20,863                    |                             | 9,073                                  | 4,459                       |
| 106                     | UNIT COST MULTIPLIER (WRKSHT B, PT I I)   |                           |                             |  | .015442                     |
|                         |   | .003179                   |                             | .019227                                |                             |
| 107                     | COST TO BE ALLOCATED (PER WRKSHT B, PART  | 99,080                    |                             | 48,529                                 | 19,190                      |
| 108                     | UNIT COST MULTIPLIER (WRKSHT B, PT I I I) |                           |                             |  | .066459                     |
|                         |   | .015096                   |                             | .102837                                |                             |

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO: 14-0052  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/31/2011  
 WORKSHEET C  
 PART I

| WKST A<br>LINE NO. | COST CENTER DESCRIPTION      | WKST B, PT I<br>COL. 27<br>1 | THERAPY<br>ADJUSTMENT<br>2 | TOTAL<br>COSTS<br>3 | RCE<br>DISALLOWANCE<br>4 | TOTAL<br>COSTS<br>5 |
|--------------------|------------------------------|------------------------------|----------------------------|---------------------|--------------------------|---------------------|
|                    | INPAT ROUTINE SRVC CNTRS     |                              |                            |                     |                          |                     |
| 25                 | ADULTS & PEDIATRICS          | 10,267,386                   |                            | 10,267,386          |                          | 10,267,386          |
| 26                 | INTENSIVE CARE UNIT          | 2,684,895                    |                            | 2,684,895           |                          | 2,684,895           |
| 31                 | SUBPROVIDER                  | 2,487,679                    |                            | 2,487,679           | 1,203                    | 2,488,882           |
| 33                 | NURSERY                      | 254,827                      |                            | 254,827             |                          | 254,827             |
| 34                 | SKILLED NURSING FACILITY     | 2,362,121                    |                            | 2,362,121           | 6,958                    | 2,369,079           |
| 35                 | NURSING FACILITY             | 75,704                       |                            | 75,704              | 96                       | 75,800              |
| 35                 | 01 ICF/MR                    |                              |                            |                     |                          |                     |
|                    | ANCILLARY SRVC COST CNTRS    |                              |                            |                     |                          |                     |
| 37                 | OPERATING ROOM               | 5,200,542                    |                            | 5,200,542           |                          | 5,200,542           |
| 38                 | RECOVERY ROOM                | 684,559                      |                            | 684,559             |                          | 684,559             |
| 39                 | DELIVERY ROOM & LABOR ROO    | 2,231,829                    |                            | 2,231,829           |                          | 2,231,829           |
| 40                 | ANESTHESIOLOGY               | 216,906                      |                            | 216,906             |                          | 216,906             |
| 41                 | RADIOLOGY-DIAGNOSTIC         | 7,072,885                    |                            | 7,072,885           |                          | 7,072,885           |
| 44                 | LABORATORY                   | 5,440,685                    |                            | 5,440,685           |                          | 5,440,685           |
| 46                 | WHOLE BLOOD & PACKED RED     | 743,305                      |                            | 743,305             |                          | 743,305             |
| 49                 | RESPIRATORY THERAPY          | 1,261,259                    |                            | 1,261,259           |                          | 1,261,259           |
| 50                 | PHYSICAL THERAPY             | 2,053,104                    |                            | 2,053,104           |                          | 2,053,104           |
| 51                 | OCCUPATIONAL THERAPY         | 1,184,740                    |                            | 1,184,740           |                          | 1,184,740           |
| 52                 | SPEECH PATHOLOGY             | 244,584                      |                            | 244,584             |                          | 244,584             |
| 53                 | ELECTROCARDIOLOGY            | 1,368,680                    |                            | 1,368,680           |                          | 1,368,680           |
| 54                 | ELECTROENCEPHALOGRAPHY       | 288,646                      |                            | 288,646             |                          | 288,646             |
| 55                 | MEDICAL SUPPLIES CHARGED     | 3,948,709                    |                            | 3,948,709           |                          | 3,948,709           |
| 55                 | 30 IMPL. DEV. CHARGED TO PAT | 3,648,042                    |                            | 3,648,042           |                          | 3,648,042           |
| 56                 | DRUGS CHARGED TO PATIENTS    | 6,945,280                    |                            | 6,945,280           |                          | 6,945,280           |
| 59                 | OTHER ANCILLARY SERVICE C    |                              |                            |                     |                          |                     |
| 59                 | 01 ONCOLOGY                  | 437,199                      |                            | 437,199             | 5,179                    | 442,378             |
| 59                 | 02 DIABETES CENTER           | 162,950                      |                            | 162,950             |                          | 162,950             |
| 59                 | 03 PSYCHIATRIC/PSYCHOLOGICAL | 599,989                      |                            | 599,989             |                          | 599,989             |
| 59                 | 04 PAIN CLINIC               | 393,815                      |                            | 393,815             |                          | 393,815             |
| 59                 | 05 CURATIVE WOUND CENTER     | 801,555                      |                            | 801,555             |                          | 801,555             |
|                    | OUTPAT SERVICE COST CNTRS    |                              |                            |                     |                          |                     |
| 61                 | EMERGENCY                    | 5,719,358                    |                            | 5,719,358           |                          | 5,719,358           |
| 62                 | OBSERVATION BEDS (NON-DIS    | 1,007,504                    |                            | 1,007,504           |                          | 1,007,504           |
|                    | OTHER REIMBURS COST CNTRS    |                              |                            |                     |                          |                     |
| 65                 | AMBULANCE SERVICES           | 91,968                       |                            | 91,968              |                          | 91,968              |
| 101                | SUBTOTAL                     | 69,880,705                   |                            | 69,880,705          | 13,436                   | 69,894,141          |
| 102                | LESS OBSERVATION BEDS        | 1,007,504                    |                            | 1,007,504           |                          | 1,007,504           |
| 103                | TOTAL                        | 68,873,201                   |                            | 68,873,201          | 13,436                   | 68,886,637          |

COMPUTATION OF RATIO OF COSTS TO CHARGES

| WKST A<br>LINE NO. | COST CENTER DESCRIPTION      | INPATIENT<br>CHARGES<br>6 | OUTPATIENT<br>CHARGES<br>7 | TOTAL<br>CHARGES<br>8 | COST OR<br>OTHER RATIO<br>9 | TEFRA INPAT-<br>IENT RATIO<br>10 | PPS INPAT-<br>IENT RATIO<br>11 |
|--------------------|------------------------------|---------------------------|----------------------------|-----------------------|-----------------------------|----------------------------------|--------------------------------|
|                    | INPAT ROUTINE SRVC CNTRS     |                           |                            |                       |                             |                                  |                                |
| 25                 | ADULTS & PEDIATRICS          | 8,470,845                 |                            | 8,470,845             |                             |                                  |                                |
| 26                 | INTENSIVE CARE UNIT          | 5,513,640                 |                            | 5,513,640             |                             |                                  |                                |
| 31                 | SUBPROVIDER                  | 2,604,125                 |                            | 2,604,125             |                             |                                  |                                |
| 33                 | NURSERY                      | 557,683                   |                            | 557,683               |                             |                                  |                                |
| 34                 | SKILLED NURSING FACILITY     | 3,590,212                 |                            | 3,590,212             |                             |                                  |                                |
| 35                 | NURSING FACILITY             | 54,201                    |                            | 54,201                |                             |                                  |                                |
| 35                 | 01 ICF/MR                    |                           |                            |                       |                             |                                  |                                |
|                    | ANCILLARY SRVC COST CNTRS    |                           |                            |                       |                             |                                  |                                |
| 37                 | OPERATING ROOM               | 9,118,542                 | 23,803,701                 | 32,922,243            | .157964                     | .157964                          | .157964                        |
| 38                 | RECOVERY ROOM                | 2,487,083                 | 4,650,234                  | 7,137,317             | .095913                     | .095913                          | .095913                        |
| 39                 | DELIVERY ROOM & LABOR ROO    | 2,625,319                 | 872,802                    | 3,498,121             | .638008                     | .638008                          | .638008                        |
| 40                 | ANESTHESIOLOGY               | 1,046,450                 | 2,010,998                  | 3,057,448             | .070943                     | .070943                          | .070943                        |
| 41                 | RADIOLOGY-DIAGNOSTIC         | 19,190,418                | 65,595,599                 | 84,786,017            | .083420                     | .083420                          | .083420                        |
| 44                 | LABORATORY                   | 14,519,386                | 21,276,839                 | 35,796,225            | .151990                     | .151990                          | .151990                        |
| 46                 | WHOLE BLOOD & PACKED RED     | 1,343,259                 | 434,553                    | 1,777,812             | .418101                     | .418101                          | .418101                        |
| 49                 | RESPIRATORY THERAPY          | 9,084,693                 | 1,840,933                  | 10,925,626            | .115440                     | .115440                          | .115440                        |
| 50                 | PHYSICAL THERAPY             | 9,224,021                 | 7,319,366                  | 16,543,387            | .124104                     | .124104                          | .124104                        |
| 51                 | OCCUPATIONAL THERAPY         | 8,871,008                 | 1,504,456                  | 10,375,464            | .114187                     | .114187                          | .114187                        |
| 52                 | SPEECH PATHOLOGY             | 1,416,042                 | 392,635                    | 1,808,677             | .135228                     | .135228                          | .135228                        |
| 53                 | ELECTROCARDIOLOGY            | 11,938,206                | 11,372,067                 | 23,310,273            | .058716                     | .058716                          | .058716                        |
| 54                 | ELECTROENCEPHALOGRAPHY       | 271,751                   | 4,096,496                  | 4,368,247             | .066078                     | .066078                          | .066078                        |
| 55                 | MEDICAL SUPPLIES CHARGED     | 7,343,503                 | 6,939,970                  | 14,283,473            | .276453                     | .276453                          | .276453                        |
| 55                 | 30 IMPL. DEV. CHARGED TO PAT | 7,135,220                 | 2,495,314                  | 9,630,534             | .378800                     | .378800                          | .378800                        |
| 56                 | DRUGS CHARGED TO PATIENTS    | 21,901,219                | 15,082,852                 | 36,984,071            | .187791                     | .187791                          | .187791                        |
| 59                 | OTHER ANCILLARY SERVICE C    |                           |                            |                       |                             |                                  |                                |
| 59                 | 01 ONCOLOGY                  | 46,242                    | 1,406,565                  | 1,452,807             | .300934                     | .300934                          | .304499                        |
| 59                 | 02 DIABETES CENTER           | 300                       | 143,694                    | 143,994               | 1.131644                    | 1.131644                         | 1.131644                       |
| 59                 | 03 PSYCHIATRIC/PSYCHOLOGICAL | 79,215                    | 1,388,695                  | 1,467,910             | .408737                     | .408737                          | .408737                        |
| 59                 | 04 PAIN CLINIC               | 8,446                     | 2,059,746                  | 2,068,192             | .190415                     | .190415                          | .190415                        |
| 59                 | 05 CURATIVE WOUND CENTER     | 6,074                     | 2,215,291                  | 2,221,365             | .360839                     | .360839                          | .360839                        |
|                    | OUTPAT SERVICE COST CNTRS    |                           |                            |                       |                             |                                  |                                |
| 61                 | EMERGENCY                    | 8,303,229                 | 30,599,172                 | 38,902,401            | .147018                     | .147018                          | .147018                        |
| 62                 | OBSERVATION BEDS (NON-DIS    |                           | 1,217,710                  | 1,217,710             | .827376                     | .827376                          | .827376                        |
|                    | OTHER REIMBURS COST CNTRS    |                           |                            |                       |                             |                                  |                                |
| 65                 | AMBULANCE SERVICES           | 104,360                   | 519                        | 104,879               | .876896                     | .876896                          | .876896                        |
| 101                | SUBTOTAL                     | 156,854,692               | 208,720,207                | 365,574,899           |                             |                                  |                                |
| 102                | LESS OBSERVATION BEDS        |                           |                            |                       |                             |                                  |                                |
| 103                | TOTAL                        | 156,854,692               | 208,720,207                | 365,574,899           |                             |                                  |                                |

| WKST A<br>LINE NO. | COST CENTER DESCRIPTION      | TOTAL COST<br>WKST B, PT I<br>COL. 27<br>1 | CAPITAL COST<br>WKST B PT II<br>& III, COL. 27<br>2 | OPERATING<br>COST NET OF<br>CAPITAL COST<br>3 | CAPITAL<br>REDUCTION<br>4 | OPERATING COST<br>REDUCTION<br>AMOUNT<br>5 | COST NET OF<br>CAP AND OPER<br>COST REDUCTION<br>6 |
|--------------------|------------------------------|--|---|---|---------------------------|--|--|
| 37                 | ANCILLARY SRVC COST CNTRS    |  |   |   |                           |  |  |
|                    | OPERATING ROOM               | 5,200,542                                  | 559,294   | 4,641,248                                     |                           |  | 5,200,542  |
| 38                 | RECOVERY ROOM                | 684,559                                    | 27,448  | 657,111                                       |                           |  | 684,559  |
| 39                 | DELIVERY ROOM & LABOR ROO    | 2,231,829                                  | 226,891   | 2,004,938                                     |                           |  | 2,231,829  |
| 40                 | ANESTHESIOLOGY               | 216,906                                    | 9,004   | 207,902                                       |                           |  | 216,906  |
| 41                 | RADIOLOGY-DIAGNOSTIC         | 7,072,885                                  | 419,913   | 6,652,972                                     |                           |  | 7,072,885  |
| 44                 | LABORATORY                   | 5,440,685                                  | 221,221   | 5,219,464                                     |                           |  | 5,440,685  |
| 46                 | WHOLE BLOOD & PACKED RED     | 743,305                                    | 7,623   | 735,682                                       |                           |  | 743,305  |
| 49                 | RESPIRATORY THERAPY          | 1,261,259                                  | 49,359  | 1,211,900                                     |                           |  | 1,261,259  |
| 50                 | PHYSICAL THERAPY             | 2,053,104                                  | 69,506  | 1,983,598                                     |                           |  | 2,053,104  |
| 51                 | OCCUPATIONAL THERAPY         | 1,184,740                                  | 50,129  | 1,134,611                                     |                           |  | 1,184,740  |
| 52                 | SPEECH PATHOLOGY             | 244,584                                    | 3,214   | 241,370                                       |                           |  | 244,584  |
| 53                 | ELECTROCARDIOLOGY            | 1,368,680                                  | 120,312   | 1,248,368                                     |                           |  | 1,368,680  |
| 54                 | ELECTROENCEPHALOGRAPHY       | 288,646                                    | 13,874  | 274,772                                       |                           |  | 288,646  |
| 55                 | MEDICAL SUPPLIES CHARGED     | 3,948,709                                  | 73,435  | 3,875,274                                     |                           |  | 3,948,709  |
| 55                 | 30 IMPL. DEV. CHARGED TO PAT | 3,648,042                                  | 67,698  | 3,580,344                                     |                           |  | 3,648,042  |
| 56                 | DRUGS CHARGED TO PATIENTS    | 6,945,280                                  | 86,530  | 6,858,750                                     |                           |  | 6,945,280  |
| 59                 | OTHER ANCILLARY SERVICE C    |  |   |   |                           |  |  |
| 59                 | 01 ONCOLOGY                  | 437,199                                    | 17,035  | 420,164                                       |                           |  | 437,199  |
| 59                 | 02 DIABETES CENTER           | 162,950                                    | 18,196  | 144,754                                       |                           |  | 162,950  |
| 59                 | 03 PSYCHIATRIC/PSYCHOLOGICAL | 599,989                                    | 13,854  | 586,135                                       |                           |  | 599,989  |
| 59                 | 04 PAIN CLINIC               | 393,815                                    | 5,101   | 388,714                                       |                           |  | 393,815  |
| 59                 | 05 CURATIVE WOUND CENTER     | 801,555                                    | 31,647  | 769,908                                       |                           |  | 801,555  |
|                    | OUTPAT SERVICE COST CNTRS    |  |   |   |                           |  |  |
| 61                 | EMERGENCY                    | 5,719,358                                  | 314,495   | 5,404,863                                     |                           |  | 5,719,358  |
| 62                 | OBSERVATION BEDS (NON-DIS    | 1,007,504                                  | 87,566  | 919,938                                       |                           |  | 1,007,504  |
|                    | OTHER REIMBURS COST CNTRS    |  |   |   |                           |  |  |
| 65                 | AMBULANCE SERVICES           | 91,968                                     | 562   | 91,406  |                           |  | 91,968   |
| 101                | SUBTOTAL                     | 51,748,093                                 | 2,493,907   | 49,254,186                                    |                           |  | 51,748,093   |
| 102                | LESS OBSERVATION BEDS        | 1,007,504                                  | 87,566  | 919,938                                       |                           |  | 1,007,504  |
| 103                | TOTAL                        | 50,740,589                                 | 2,406,341   | 48,334,248                                    |                           |  | 50,740,589   |

| WKST A<br>LINE NO. | COST CENTER DESCRIPTION      | TOTAL<br>CHARGES | OUTPAT COST<br>TO CHRG RATIO | I/P PT B COST<br>TO CHRG RATIO |
|--------------------|------------------------------|------------------|------------------------------|--------------------------------|
|                    |                              | 7                | 8                            | 9                              |
|                    | ANCILLARY SRVC COST CNTRS    |                  |                              |                                |
| 37                 | OPERATING ROOM               | 32,922,243       | .157964                      | .157964                        |
| 38                 | RECOVERY ROOM                | 7,137,317        | .095913                      | .095913                        |
| 39                 | DELIVERY ROOM & LABOR ROO    | 3,498,121        | .638008                      | .638008                        |
| 40                 | ANESTHESIOLOGY               | 3,057,448        | .070943                      | .070943                        |
| 41                 | RADIOLOGY-DIAGNOSTIC         | 84,786,017       | .083420                      | .083420                        |
| 44                 | LABORATORY                   | 35,796,225       | .151990                      | .151990                        |
| 46                 | WHOLE BLOOD & PACKED RED     | 1,777,812        | .418101                      | .418101                        |
| 49                 | RESPIRATORY THERAPY          | 10,925,626       | .115440                      | .115440                        |
| 50                 | PHYSICAL THERAPY             | 16,543,387       | .124104                      | .124104                        |
| 51                 | OCCUPATIONAL THERAPY         | 10,375,464       | .114187                      | .114187                        |
| 52                 | SPEECH PATHOLOGY             | 1,808,677        | .135228                      | .135228                        |
| 53                 | ELECTROCARDIOLOGY            | 23,310,273       | .058716                      | .058716                        |
| 54                 | ELECTROENCEPHALOGRAPHY       | 4,368,247        | .066078                      | .066078                        |
| 55                 | MEDICAL SUPPLIES CHARGED     | 14,283,473       | .276453                      | .276453                        |
| 55                 | 30 IMPL. DEV. CHARGED TO PAT | 9,630,534        | .378800                      | .378800                        |
| 56                 | DRUGS CHARGED TO PATIENTS    | 36,984,071       | .187791                      | .187791                        |
| 59                 | OTHER ANCILLARY SERVICE C    |                  |                              |                                |
| 59                 | 01 ONCOLOGY                  | 1,452,807        | .300934                      | .300934                        |
| 59                 | 02 DIABETES CENTER           | 143,994          | 1.131644                     | 1.131644                       |
| 59                 | 03 PSYCHIATRIC/PSYCHOLOGICAL | 1,467,910        | .408737                      | .408737                        |
| 59                 | 04 PAIN CLINIC               | 2,068,192        | .190415                      | .190415                        |
| 59                 | 05 CURATIVE WOUND CENTER     | 2,221,365        | .360839                      | .360839                        |
|                    | OUTPAT SERVICE COST CNTRS    |                  |                              |                                |
| 61                 | EMERGENCY                    | 38,902,401       | .147018                      | .147018                        |
| 62                 | OBSERVATION BEDS (NON-DIS    | 1,217,710        | .827376                      | .827376                        |
|                    | OTHER REIMBURS COST CNTRS    |                  |                              |                                |
| 65                 | AMBULANCE SERVICES           | 104,879          | .876896                      | .876896                        |
| 101                | SUBTOTAL                     | 344,784,193      |                              |                                |
| 102                | LESS OBSERVATION BEDS        | 1,217,710        |                              |                                |
| 103                | TOTAL                        | 343,566,483      |                              |                                |

| WKST A<br>LINE NO. | COST CENTER DESCRIPTION  | OLD CAPITAL                       |                              |                                  | NEW CAPITAL                         |                              |                                  |
|--------------------|--------------------------|-----------------------------------|------------------------------|----------------------------------|-------------------------------------|------------------------------|----------------------------------|
|                    |                          | CAPITAL REL<br>COST (B, I I)<br>1 | SWING BED<br>ADJUSTMENT<br>2 | REDUCED CAP<br>RELATED COST<br>3 | CAPITAL REL<br>COST (B, I I I)<br>4 | SWING BED<br>ADJUSTMENT<br>5 | REDUCED CAP<br>RELATED COST<br>6 |
|                    | INPAT ROUTINE SRVC CNTRS |                                   |                              |                                  |                                     |                              |                                  |
| 25                 | ADULTS & PEDIATRICS      | 135,962                           |                              | 135,962                          | 756,414                             |                              | 756,414                          |
| 26                 | INTENSIVE CARE UNIT      | 39,323                            |                              | 39,323                           | 221,165                             |                              | 221,165                          |
| 31                 | SUBPROVIDER              | 19,893                            |                              | 19,893                           | 75,745                              |                              | 75,745                           |
| 33                 | NURSERY                  | 3,319                             |                              | 3,319                            | 18,604                              |                              | 18,604                           |
| 101                | TOTAL                    | 198,497                           |                              | 198,497                          | 1,071,928                           |                              | 1,071,928                        |

| WKST A<br>LINE NO. | COST CENTER DESCRIPTION                         | TOTAL<br>PATIENT DAYS<br>7 | INPATIENT<br>PROGRAM DAYS<br>8 | OLD CAPITAL<br>PER DIEM<br>9 | INPAT PROGRAM<br>OLD CAP CST<br>10 | NEW CAPITAL<br>PER DIEM<br>11 | INPAT PROGRAM<br>NEW CAP CST<br>12 |
|--------------------|---|----------------------------|--------------------------------|------------------------------|------------------------------------|-------------------------------|------------------------------------|
| 25                 | INPAT ROUTINE SRVC CNTRS<br>ADULTS & PEDIATRICS | 14,461                     | 7,035                          | 9.40                         | 66,129                             | 52.31                         | 368,001                            |
| 26                 | INTENSIVE CARE UNIT                             | 2,173                      | 713                            | 18.10                        | 12,905                             | 101.78                        | 72,569                             |
| 31                 | SUBPROVIDER                                     | 3,963                      | 3,068                          | 5.02                         | 15,401                             | 19.11                         | 58,629                             |
| 33                 | NURSERY   | 917                        |                                | 3.62                         |                                    | 20.29                         |                                    |
| 101                | TOTAL   | 21,514                     | 10,816                         |                              | 94,435                             |                               | 499,199                            |

TITLE XVIII, PART A      HOSPITAL      PPS

| WKST A<br>LINE NO. | COST CENTER DESCRIPTION      | OLD CAPITAL<br>RELATED COST<br>1 | NEW CAPITAL<br>RELATED COST<br>2 | TOTAL<br>CHARGES<br>3 | INPAT PROGRAM<br>CHARGES<br>4 | OLD CAPITAL<br>CST/CHRG RATIO<br>5 | COSTS<br>6 |
|--------------------|------------------------------|----------------------------------|----------------------------------|-----------------------|-------------------------------|------------------------------------|------------|
| 37                 | ANCILLARY SRVC COST CNTRS    |                                  |                                  |                       |                               |                                    |            |
|                    | OPERATING ROOM               | 95,430                           | 463,864                          | 32,922,243            | 4,453,783                     | .002899                            | 12,912     |
| 38                 | RECOVERY ROOM                | 4,792                            | 22,656                           | 7,137,317             | 1,193,816                     | .000671                            | 801        |
| 39                 | DELIVERY ROOM & LABOR ROO    | 34,224                           | 192,667                          | 3,498,121             | 12,330                        | .009784                            | 121        |
| 40                 | ANESTHESIOLOGY               | 1,532                            | 7,472                            | 3,057,448             | 282,916                       | .000501                            | 142        |
| 41                 | RADIOLOGY-DIAGNOSTIC         | 56,994                           | 362,919                          | 84,786,017            | 8,689,391                     | .000672                            | 5,839      |
| 44                 | LABORATORY                   | 36,256                           | 184,965                          | 35,796,225            | 7,771,058                     | .001013                            | 7,872      |
| 46                 | WHOLE BLOOD & PACKED RED     | 1,470                            | 6,153                            | 1,777,812             | 289,192                       | .000827                            | 239        |
| 49                 | RESPIRATORY THERAPY          | 8,068                            | 41,291                           | 10,925,626            | 4,307,110                     | .000738                            | 3,179      |
| 50                 | PHYSICAL THERAPY             | 12,587                           | 56,919                           | 16,543,387            | 1,297,090                     | .000761                            | 987        |
| 51                 | OCCUPATIONAL THERAPY         | 11,642                           | 38,487                           | 10,375,464            | 1,201,275                     | .001122                            | 1,348      |
| 52                 | SPEECH PATHOLOGY             | 484                              | 2,730                            | 1,808,677             | 96,753                        | .000268                            | 26         |
| 53                 | ELECTROCARDIOLOGY            | 18,535                           | 101,777                          | 23,310,273            | 7,019,512                     | .000795                            | 5,581      |
| 54                 | ELECTROENCEPHALOGRAPHY       | 2,377                            | 11,497                           | 4,368,247             | 137,413                       | .000544                            | 75         |
| 55                 | MEDICAL SUPPLIES CHARGED     | 12,731                           | 60,704                           | 14,283,473            | 4,992,642                     | .000891                            | 4,448      |
| 55                 | 30 IMPL. DEV. CHARGED TO PAT | 11,760                           | 55,938                           | 9,630,534             | 4,095,057                     | .001221                            | 5,000      |
| 56                 | DRUGS CHARGED TO PATIENTS    | 14,605                           | 71,925                           | 36,984,071            | 10,403,918                    | .000395                            | 4,110      |
| 59                 | OTHER ANCILLARY SERVICE C    |                                  |                                  |                       |                               |                                    |            |
| 59                 | 01 ONCOLOGY                  | 2,226                            | 14,809                           | 1,452,807             | 23,134                        | .001532                            | 35         |
| 59                 | 02 DIABETES CENTER           | 1,791                            | 16,405                           | 143,994               |                               | .012438                            |            |
| 59                 | 03 PSYCHIATRIC/PSYCHOLOGICAL | 1,894                            | 11,960                           | 1,467,910             |                               | .001290                            |            |
| 59                 | 04 PAIN CLINIC               | 849                              | 4,252                            | 2,068,192             |                               | .000411                            |            |
| 59                 | 05 CURATIVE WOUND CENTER     | 7,115                            | 24,532                           | 2,221,365             |                               | .003203                            |            |
|                    | OUTPAT SERVICE COST CNTRS    |                                  |                                  |                       |                               |                                    |            |
| 61                 | EMERGENCY                    | 51,291                           | 263,204                          | 38,902,401            | 3,936,575                     | .001318                            | 5,188      |
| 62                 | OBSERVATION BEDS (NON-DIS    | 13,341                           | 74,225                           | 1,217,710             |                               | .010956                            |            |
|                    | OTHER REIMBURS COST CNTRS    |                                  |                                  |                       |                               |                                    |            |
| 65                 | AMBULANCE SERVICES           |                                  |                                  |                       |                               |                                    |            |
| 101                | TOTAL                        | 401,994                          | 2,091,351                        | 344,679,314           | 60,202,965                    |                                    | 57,903     |



| WKST A<br>LINE NO. | COST CENTER DESCRIPTION      | OLD CAPITAL<br>RELATED COST<br>1 | NEW CAPITAL<br>RELATED COST<br>2 | TOTAL<br>CHARGES<br>3 | INPAT PROGRAM<br>CHARGES<br>4 | OLD CAPITAL<br>CST/CHRG RATIO<br>5 | COSTS<br>6 |
|--------------------|------------------------------|----------------------------------|----------------------------------|-----------------------|-------------------------------|------------------------------------|------------|
| 37                 | ANCILLARY SRVC COST CNTRS    |                                  |                                  |                       |                               |                                    |            |
|                    | OPERATING ROOM               | 95,430                           | 463,864                          | 32,922,243            | 16,306                        | .002899                            | 47         |
| 38                 | RECOVERY ROOM                | 4,792                            | 22,656                           | 7,137,317             | 4,619                         | .000671                            | 3          |
| 39                 | DELIVERY ROOM & LABOR ROO    | 34,224                           | 192,667                          | 3,498,121             |                               | .009784                            |            |
| 40                 | ANESTHESIOLOGY               | 1,532                            | 7,472                            | 3,057,448             | 588                           | .000501                            |            |
| 41                 | RADIOLOGY-DIAGNOSTIC         | 56,994                           | 362,919                          | 84,786,017            | 258,683                       | .000672                            | 174        |
| 44                 | LABORATORY                   | 36,256                           | 184,965                          | 35,796,225            | 717,037                       | .001013                            | 726        |
| 46                 | WHOLE BLOOD & PACKED RED     | 1,470                            | 6,153                            | 1,777,812             | 7,487                         | .000827                            | 6          |
| 49                 | RESPIRATORY THERAPY          | 8,068                            | 41,291                           | 10,925,626            | 5,930                         | .000738                            | 4          |
| 50                 | PHYSICAL THERAPY             | 12,587                           | 56,919                           | 16,543,387            | 2,572,498                     | .000761                            | 1,958      |
| 51                 | OCCUPATIONAL THERAPY         | 11,642                           | 38,487                           | 10,375,464            | 2,403,710                     | .001122                            | 2,697      |
| 52                 | SPEECH PATHOLOGY             | 484                              | 2,730                            | 1,808,677             | 608,528                       | .000268                            | 163        |
| 53                 | ELECTROCARDIOLOGY            | 18,535                           | 101,777                          | 23,310,273            | 73,226                        | .000795                            | 58         |
| 54                 | ELECTROENCEPHALOGRAPHY       | 2,377                            | 11,497                           | 4,368,247             | 6,800                         | .000544                            | 4          |
| 55                 | MEDICAL SUPPLIES CHARGED     | 12,731                           | 60,704                           | 14,283,473            | 368,585                       | .000891                            | 328        |
| 55                 | 30 IMPL. DEV. CHARGED TO PAT | 11,760                           | 55,938                           | 9,630,534             | 4,459                         | .001221                            | 5          |
| 56                 | DRUGS CHARGED TO PATIENTS    | 14,605                           | 71,925                           | 36,984,071            | 1,159,238                     | .000395                            | 458        |
| 59                 | OTHER ANCILLARY SERVICE C    |                                  |                                  |                       |                               |                                    |            |
| 59                 | 01 ONCOLOGY                  | 2,226                            | 14,809                           | 1,452,807             |                               | .001532                            |            |
| 59                 | 02 DIABETES CENTER           | 1,791                            | 16,405                           | 143,994               |                               | .012438                            |            |
| 59                 | 03 PSYCHIATRIC/PSYCHOLOGICAL | 1,894                            | 11,960                           | 1,467,910             | 55,885                        | .001290                            | 72         |
| 59                 | 04 PAIN CLINIC               | 849                              | 4,252                            | 2,068,192             |                               | .000411                            |            |
| 59                 | 05 CURATIVE WOUND CENTER     | 7,115                            | 24,532                           | 2,221,365             |                               | .003203                            |            |
|                    | OUTPAT SERVICE COST CNTRS    |                                  |                                  |                       |                               |                                    |            |
| 61                 | EMERGENCY                    | 51,291                           | 263,204                          | 38,902,401            | 50,386                        | .001318                            | 66         |
| 62                 | OBSERVATION BEDS (NON-DIS    | 13,341                           | 74,225                           | 1,217,710             |                               | .010956                            |            |
|                    | OTHER REIMBURS COST CNTRS    |                                  |                                  |                       |                               |                                    |            |
| 65                 | AMBULANCE SERVICES           |                                  |                                  |                       |                               |                                    |            |
| 101                | TOTAL                        | 401,994                          | 2,091,351                        | 344,679,314           | 8,313,965                     |                                    | 6,769      |



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

PROVIDER NO: 14-0052  
PERIOD: FROM 1/1/2010 TO 12/31/2010  
PREPARED 5/31/2011  
WORKSHEET D  
PART III

PPS

| WKST A<br>LINE NO. | COST CENTER DESCRIPTION  | NONPHYSICIAN<br>ANESTHETIST<br>1 | MED EDUCATN<br>COST<br>2 | SWING BED<br>ADJ AMOUNT<br>3 | TOTAL<br>COSTS<br>4 | TOTAL<br>PATIENT DAYS<br>5 | PER DIEM<br>6 |
|--------------------|--------------------------|----------------------------------|--------------------------|------------------------------|---------------------|----------------------------|---------------|
|                    | INPAT ROUTINE SRVC CNTRS |                                  |                          |                              |                     | 14,461                     |               |
| 25                 | ADULTS & PEDIATRICS      |                                  |                          |                              |                     | 2,173                      |               |
| 26                 | INTENSIVE CARE UNIT      |                                  |                          |                              |                     | 3,963                      |               |
| 31                 | SUBPROVIDER              |                                  |                          |                              |                     | 917                        |               |
| 33                 | NURSERY                  |                                  |                          |                              |                     | 6,964                      |               |
| 34                 | SKILLED NURSING FACILITY |                                  |                          |                              |                     | 365                        |               |
| 35                 | NURSING FACILITY         |                                  |                          |                              |                     |                            |               |
| 35 01              | ICF/MR                   |                                  |                          |                              |                     |                            |               |
| 101                | TOTAL                    |                                  |                          |                              |                     | 28,843                     |               |

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

|              |                |             |
|--------------|----------------|-------------|
| PROVIDER NO: | PERIOD:        | PREPARED    |
| 14-0052      | FROM 1/ 1/2010 | 5/31/2011   |
|              | TO 12/31/2010  | WORKSHEET D |
|              |                | PART III    |

| WKST A<br>LINE NO. | COST CENTER DESCRIPTION  | INPATIENT      | INPAT PROGRAM       |
|--------------------|--------------------------|----------------|---------------------|
|                    |                          | PROG DAYS<br>7 | PASS THRU COST<br>8 |
| 25                 | ADULTS & PEDIATRICS      | 7,035          |                     |
| 26                 | INTENSIVE CARE UNIT      | 713            |                     |
| 31                 | SUBPROVIDER              | 3,068          |                     |
| 33                 | NURSERY                  |                |                     |
| 34                 | SKILLED NURSING FACILITY | 4,115          |                     |
| 35                 | NURSING FACILITY         |                |                     |
| 35 01              | ICF/MR                   |                |                     |
| 101                | TOTAL                    | 14,931         |                     |

TITLE XVIII, PART A HOSPITAL PPS

| WKST A<br>LINE NO. | COST CENTER DESCRIPTION      | NONPHYSICIAN<br>ANESTHETIST | HOSPITAL | MED ED NRS<br>SCHOOL COST | MED ED ALLIED<br>HEALTH COST | MED ED ALL<br>OTHER COSTS | BLOOD CLOT FOR<br>HEMOPHILIACS |
|--------------------|------------------------------|-----------------------------|----------|---------------------------|------------------------------|---------------------------|--------------------------------|
|                    |                              | 1                           | 1.01     | 2                         | 2.01                         | 2.02                      | 2.03                           |
| 37                 | ANCILLARY SRVC COST CNTRS    |                             |          |                           |                              |                           |                                |
|                    | OPERATING ROOM               |                             |          |                           |                              |                           |                                |
| 38                 | RECOVERY ROOM                |                             |          |                           |                              |                           |                                |
| 39                 | DELIVERY ROOM & LABOR ROO    |                             |          |                           |                              |                           |                                |
| 40                 | ANESTHESIOLOGY               |                             |          |                           |                              |                           |                                |
| 41                 | RADIOLOGY-DIAGNOSTIC         |                             |          |                           |                              |                           |                                |
| 44                 | LABORATORY                   |                             |          |                           |                              |                           |                                |
| 46                 | WHOLE BLOOD & PACKED RED     |                             |          |                           |                              |                           |                                |
| 49                 | RESPIRATORY THERAPY          |                             |          |                           |                              |                           |                                |
| 50                 | PHYSICAL THERAPY             |                             |          |                           |                              |                           |                                |
| 51                 | OCCUPATIONAL THERAPY         |                             |          |                           |                              |                           |                                |
| 52                 | SPEECH PATHOLOGY             |                             |          |                           |                              |                           |                                |
| 53                 | ELECTROCARDIOLOGY            |                             |          |                           |                              |                           |                                |
| 54                 | ELECTROENCEPHALOGRAPHY       |                             |          |                           |                              |                           |                                |
| 55                 | MEDICAL SUPPLIES CHARGED     |                             |          |                           |                              |                           |                                |
| 55                 | 30 IMPL. DEV. CHARGED TO PAT |                             |          |                           |                              |                           |                                |
| 56                 | DRUGS CHARGED TO PATIENTS    |                             |          |                           |                              |                           |                                |
| 59                 | OTHER ANCILLARY SERVICE C    |                             |          |                           |                              |                           |                                |
| 59                 | 01 ONCOLOGY                  |                             |          |                           |                              |                           |                                |
| 59                 | 02 DIABETES CENTER           |                             |          |                           |                              |                           |                                |
| 59                 | 03 PSYCHIATRIC/PSYCHOLOGICAL |                             |          |                           |                              |                           |                                |
| 59                 | 04 PAIN CLINIC               |                             |          |                           |                              |                           |                                |
| 59                 | 05 CURATIVE WOUND CENTER     |                             |          |                           |                              |                           |                                |
|                    | OUTPAT SERVICE COST CNTRS    |                             |          |                           |                              |                           |                                |
| 61                 | EMERGENCY                    |                             |          |                           |                              |                           |                                |
| 62                 | OBSERVATION BEDS (NON-DIS    |                             |          |                           |                              |                           |                                |
|                    | OTHER REIMBURS COST CNTRS    |                             |          |                           |                              |                           |                                |
| 65                 | AMBULANCE SERVICES           |                             |          |                           |                              |                           |                                |
| 101                | TOTAL                        |                             |          |                           |                              |                           |                                |

TITLE XVIII, PART A

HOSPITAL

PPS

| WKST A<br>LINE NO. | COST CENTER DESCRIPTION      | TOTAL<br>COSTS<br>3 | O/P PASS THRU<br>COSTS<br>3.01 | TOTAL<br>CHARGES<br>4 | RATIO OF COST<br>TO CHARGES<br>5 | O/P RATIO OF<br>CST TO CHARGES<br>5.01 | INPAT PROG<br>CHARGE<br>6 | INPAT PROG<br>PASS THRU COST<br>7 |
|--------------------|------------------------------|---------------------|--------------------------------|-----------------------|----------------------------------|--|---------------------------|-----------------------------------|
| 37                 | ANCILLARY SRVC COST CNTRS    |                     |                                | 32,922,243            |                                  |  | 4,453,783                 |                                   |
| 38                 | OPERATING ROOM               |                     |                                | 7,137,317             |                                  |  | 1,193,816                 |                                   |
| 39                 | RECOVERY ROOM                |                     |                                | 3,498,121             |                                  |  | 12,330                    |                                   |
| 40                 | DELIVERY ROOM & LABOR ROO    |                     |                                | 3,057,448             |                                  |  | 282,916                   |                                   |
| 41                 | ANESTHESIOLOGY               |                     |                                | 84,786,017            |                                  |  | 8,689,391                 |                                   |
| 44                 | RADIOLOGY-DIAGNOSTIC         |                     |                                | 35,796,225            |                                  |  | 7,771,058                 |                                   |
| 46                 | LABORATORY                   |                     |                                | 1,777,812             |                                  |  | 289,192                   |                                   |
| 49                 | WHOLE BLOOD & PACKED RED     |                     |                                | 10,925,626            |                                  |  | 4,307,110                 |                                   |
| 50                 | RESPIRATORY THERAPY          |                     |                                | 16,543,387            |                                  |  | 1,297,090                 |                                   |
| 51                 | PHYSICAL THERAPY             |                     |                                | 10,375,464            |                                  |  | 1,201,275                 |                                   |
| 52                 | OCCUPATIONAL THERAPY         |                     |                                | 1,808,677             |                                  |  | 96,753                    |                                   |
| 53                 | SPEECH PATHOLOGY             |                     |                                | 23,310,273            |                                  |  | 7,019,512                 |                                   |
| 54                 | ELECTROCARDIOLOGY            |                     |                                | 4,368,247             |                                  |  | 137,413                   |                                   |
| 55                 | ELECTROENCEPHALOGRAPHY       |                     |                                | 14,283,473            |                                  |  | 4,992,642                 |                                   |
| 55                 | MEDICAL SUPPLIES CHARGED     |                     |                                | 9,630,534             |                                  |  | 4,095,057                 |                                   |
| 56                 | 30 IMPL. DEV. CHARGED TO PAT |                     |                                | 36,984,071            |                                  |  | 10,403,918                |                                   |
| 59                 | DRUGS CHARGED TO PATIENTS    |                     |                                |                       |                                  |  |                           |                                   |
| 59                 | OTHER ANCILLARY SERVICE C    |                     |                                |                       |                                  |  |                           |                                   |
| 59                 | 01 ONCOLOGY                  |                     |                                | 1,452,807             |                                  |  | 23,134                    |                                   |
| 59                 | 02 DIABETES CENTER           |                     |                                | 143,994               |                                  |  |                           |                                   |
| 59                 | 03 PSYCHIATRIC/PSYCHOLOGICAL |                     |                                | 1,467,910             |                                  |  |                           |                                   |
| 59                 | 04 PAIN CLINIC               |                     |                                | 2,068,192             |                                  |  |                           |                                   |
| 59                 | 05 CURATIVE WOUND CENTER     |                     |                                | 2,221,365             |                                  |  |                           |                                   |
| 61                 | OUTPAT SERVICE COST CNTRS    |                     |                                |                       |                                  |  |                           |                                   |
| 61                 | EMERGENCY                    |                     |                                | 38,902,401            |                                  |  | 3,936,575                 |                                   |
| 62                 | OBSERVATION BEDS (NON-DIS    |                     |                                | 1,217,710             |                                  |  |                           |                                   |
| 65                 | OTHER REIMBURS COST CNTRS    |                     |                                |                       |                                  |  |                           |                                   |
| 65                 | AMBULANCE SERVICES           |                     |                                |                       |                                  |  |                           |                                   |
| 101                | TOTAL                        |                     |                                | 344,679,314           |                                  |  | 60,202,965                |                                   |

TITLE XVIII, PART A HOSPITAL PPS

| WKST A<br>LINE NO. | COST CENTER DESCRIPTION      | OUTPAT PROG<br>CHARGES<br>8 | OUTPAT PROG<br>D, V COL 5.03<br>8.01 | OUTPAT PROG<br>D, V COL 5.04<br>8.02 | OUTPAT PROG<br>PASS THRU COST<br>9 | COL 8.01<br>* COL 5<br>9.01 | COL 8.02<br>* COL 5<br>9.02 |
|--------------------|------------------------------|-----------------------------|--------------------------------------|--------------------------------------|------------------------------------|-----------------------------|-----------------------------|
| 37                 | ANCILLARY SRVC COST CNTRS    |                             |                                      |                                      |                                    |                             |                             |
|                    | OPERATING ROOM               | 6,587,830                   |                                      |                                      |                                    |                             |                             |
| 38                 | RECOVERY ROOM                | 1,915,332                   |                                      |                                      |                                    |                             |                             |
| 39                 | DELIVERY ROOM & LABOR ROO    | 1,652                       |                                      |                                      |                                    |                             |                             |
| 40                 | ANESTHESIOLOGY               | 243,588                     |                                      |                                      |                                    |                             |                             |
| 41                 | RADIOLOGY-DIAGNOSTIC         | 17,836,053                  |                                      |                                      |                                    |                             |                             |
| 44                 | LABORATORY                   | 483,321                     |                                      |                                      |                                    |                             |                             |
| 46                 | WHOLE BLOOD & PACKED RED     | 190,306                     |                                      |                                      |                                    |                             |                             |
| 49                 | RESPIRATORY THERAPY          | 789,544                     |                                      |                                      |                                    |                             |                             |
| 50                 | PHYSICAL THERAPY             | 3,498                       |                                      |                                      |                                    |                             |                             |
| 51                 | OCCUPATIONAL THERAPY         | 1,917                       |                                      |                                      |                                    |                             |                             |
| 52                 | SPEECH PATHOLOGY             |                             |                                      |                                      |                                    |                             |                             |
| 53                 | ELECTROCARDIOLOGY            | 4,957,165                   |                                      |                                      |                                    |                             |                             |
| 54                 | ELECTROENCEPHALOGRAPHY       | 1,154,307                   |                                      |                                      |                                    |                             |                             |
| 55                 | MEDICAL SUPPLIES CHARGED     | 2,069,597                   |                                      |                                      |                                    |                             |                             |
| 55                 | 30 IMPL. DEV. CHARGED TO PAT | 1,074,230                   |                                      |                                      |                                    |                             |                             |
| 56                 | DRUGS CHARGED TO PATIENTS    | 6,477,688                   |                                      |                                      |                                    |                             |                             |
| 59                 | OTHER ANCILLARY SERVICE C    |                             |                                      |                                      |                                    |                             |                             |
| 59                 | 01 ONCOLOGY                  | 98,192                      |                                      |                                      |                                    |                             |                             |
| 59                 | 02 DIABETES CENTER           |                             |                                      |                                      |                                    |                             |                             |
| 59                 | 03 PSYCHIATRIC/PSYCHOLOGICAL | 380,440                     |                                      |                                      |                                    |                             |                             |
| 59                 | 04 PAIN CLINIC               |                             |                                      |                                      |                                    |                             |                             |
| 59                 | 05 CURATIVE WOUND CENTER     |                             |                                      |                                      |                                    |                             |                             |
|                    | OUTPAT SERVICE COST CNTRS    |                             |                                      |                                      |                                    |                             |                             |
| 61                 | EMERGENCY                    | 6,072,592                   |                                      |                                      |                                    |                             |                             |
| 62                 | OBSERVATION BEDS (NON-DIS    | 249,595                     |                                      |                                      |                                    |                             |                             |
|                    | OTHER REIMBURS COST CNTRS    |                             |                                      |                                      |                                    |                             |                             |
| 65                 | AMBULANCE SERVICES           |                             |                                      |                                      |                                    |                             |                             |
| 101                | TOTAL                        | 50,586,847                  |                                      |                                      |                                    |                             |                             |

TITLE XVIII, PART A SUBPROVIDER 1 PPS

| WKST A<br>LINE NO. | COST CENTER DESCRIPTION      | NONPHYSICIAN<br>ANESTHETIST | 1.01 | MED ED NRS<br>SCHOOL COST | 2 | MED ED ALLIED<br>HEALTH COST | 2.01 | MED ED ALL<br>OTHER COSTS | 2.02 | BLOOD CLOT FOR<br>HEMOPHILIACS | 2.03 |
|--------------------|------------------------------|-----------------------------|------|---------------------------|---|------------------------------|------|---------------------------|------|--------------------------------|------|
| 37                 | ANCILLARY SRVC COST CNTRS    |                             |      |                           |   |                              |      |                           |      |                                |      |
|                    | OPERATING ROOM               |                             |      |                           |   |                              |      |                           |      |                                |      |
| 38                 | RECOVERY ROOM                |                             |      |                           |   |                              |      |                           |      |                                |      |
| 39                 | DELIVERY ROOM & LABOR ROO    |                             |      |                           |   |                              |      |                           |      |                                |      |
| 40                 | ANESTHESIOLOGY               |                             |      |                           |   |                              |      |                           |      |                                |      |
| 41                 | RADIOLOGY-DIAGNOSTIC         |                             |      |                           |   |                              |      |                           |      |                                |      |
| 44                 | LABORATORY                   |                             |      |                           |   |                              |      |                           |      |                                |      |
| 46                 | WHOLE BLOOD & PACKED RED     |                             |      |                           |   |                              |      |                           |      |                                |      |
| 49                 | RESPIRATORY THERAPY          |                             |      |                           |   |                              |      |                           |      |                                |      |
| 50                 | PHYSICAL THERAPY             |                             |      |                           |   |                              |      |                           |      |                                |      |
| 51                 | OCCUPATIONAL THERAPY         |                             |      |                           |   |                              |      |                           |      |                                |      |
| 52                 | SPEECH PATHOLOGY             |                             |      |                           |   |                              |      |                           |      |                                |      |
| 53                 | ELECTROCARDIOLOGY            |                             |      |                           |   |                              |      |                           |      |                                |      |
| 54                 | ELECTROENCEPHALOGRAPHY       |                             |      |                           |   |                              |      |                           |      |                                |      |
| 55                 | MEDICAL SUPPLIES CHARGED     |                             |      |                           |   |                              |      |                           |      |                                |      |
| 55                 | 30 IMPL. DEV. CHARGED TO PAT |                             |      |                           |   |                              |      |                           |      |                                |      |
| 56                 | DRUGS CHARGED TO PATIENTS    |                             |      |                           |   |                              |      |                           |      |                                |      |
| 59                 | OTHER ANCILLARY SERVICE C    |                             |      |                           |   |                              |      |                           |      |                                |      |
| 59                 | 01 ONCOLOGY                  |                             |      |                           |   |                              |      |                           |      |                                |      |
| 59                 | 02 DIABETES CENTER           |                             |      |                           |   |                              |      |                           |      |                                |      |
| 59                 | 03 PSYCHIATRIC/PSYCHOLOGICAL |                             |      |                           |   |                              |      |                           |      |                                |      |
| 59                 | 04 PAIN CLINIC               |                             |      |                           |   |                              |      |                           |      |                                |      |
| 59                 | 05 CURATIVE WOUND CENTER     |                             |      |                           |   |                              |      |                           |      |                                |      |
|                    | OUTPAT SERVICE COST CNTRS    |                             |      |                           |   |                              |      |                           |      |                                |      |
| 61                 | EMERGENCY                    |                             |      |                           |   |                              |      |                           |      |                                |      |
| 62                 | OBSERVATION BEDS (NON-DIS    |                             |      |                           |   |                              |      |                           |      |                                |      |
|                    | OTHER REIMBURS COST CNTRS    |                             |      |                           |   |                              |      |                           |      |                                |      |
| 65                 | AMBULANCE SERVICES           |                             |      |                           |   |                              |      |                           |      |                                |      |
| 101                | TOTAL                        |                             |      |                           |   |                              |      |                           |      |                                |      |

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

| WKST A<br>LINE NO. | COST CENTER DESCRIPTION      | TOTAL<br>COSTS<br>3 | O/P PASS THRU<br>COSTS<br>3.01 | TOTAL<br>CHARGES<br>4 | RATIO OF COST<br>TO CHARGES<br>5 | O/P RATIO OF<br>CST TO CHARGES<br>5.01 | INPAT PROG<br>CHARGE<br>6 | INPAT PROG<br>PASS THRU COST<br>7 |
|--------------------|------------------------------|---------------------|--------------------------------|-----------------------|----------------------------------|--|---------------------------|-----------------------------------|
| 37                 | ANCILLARY SRVC COST CNTRS    |                     |                                | 32,922,243            |                                  |  | 16,306                    |                                   |
| 38                 | OPERATING ROOM               |                     |                                | 7,137,317             |                                  |  | 4,619                     |                                   |
| 39                 | DELIVERY ROOM & LABOR ROO    |                     |                                | 3,498,121             |                                  |  |                           |                                   |
| 40                 | ANESTHESIOLOGY               |                     |                                | 3,057,448             |                                  |  | 588                       |                                   |
| 41                 | RADIOLOGY-DIAGNOSTIC         |                     |                                | 84,786,017            |                                  |  | 258,683                   |                                   |
| 44                 | LABORATORY                   |                     |                                | 35,796,225            |                                  |  | 717,037                   |                                   |
| 46                 | WHOLE BLOOD & PACKED RED     |                     |                                | 1,777,812             |                                  |  | 7,487                     |                                   |
| 49                 | RESPIRATORY THERAPY          |                     |                                | 10,925,626            |                                  |  | 5,930                     |                                   |
| 50                 | PHYSICAL THERAPY             |                     |                                | 16,543,387            |                                  |  | 2,572,498                 |                                   |
| 51                 | OCCUPATIONAL THERAPY         |                     |                                | 10,375,464            |                                  |  | 2,403,710                 |                                   |
| 52                 | SPEECH PATHOLOGY             |                     |                                | 1,808,677             |                                  |  | 608,528                   |                                   |
| 53                 | ELECTROCARDIOLOGY            |                     |                                | 23,310,273            |                                  |  | 73,226                    |                                   |
| 54                 | ELECTROENCEPHALOGRAPHY       |                     |                                | 4,368,247             |                                  |  | 6,800                     |                                   |
| 55                 | MEDICAL SUPPLIES CHARGED     |                     |                                | 14,283,473            |                                  |  | 368,585                   |                                   |
| 55                 | 30 IMPL. DEV. CHARGED TO PAT |                     |                                | 9,630,534             |                                  |  | 4,459                     |                                   |
| 56                 | DRUGS CHARGED TO PATIENTS    |                     |                                | 36,984,071            |                                  |  | 1,159,238                 |                                   |
| 59                 | OTHER ANCILLARY SERVICE C    |                     |                                |                       |                                  |  |                           |                                   |
| 59                 | 01 ONCOLOGY                  |                     |                                | 1,452,807             |                                  |  |                           |                                   |
| 59                 | 02 DIABETES CENTER           |                     |                                | 143,994               |                                  |  |                           |                                   |
| 59                 | 03 PSYCHIATRIC/PSYCHOLOGICAL |                     |                                | 1,467,910             |                                  |  | 55,885                    |                                   |
| 59                 | 04 PAIN CLINIC               |                     |                                | 2,068,192             |                                  |  |                           |                                   |
| 59                 | 05 CURATIVE WOUND CENTER     |                     |                                | 2,221,365             |                                  |  |                           |                                   |
| 61                 | OUTPAT SERVICE COST CNTRS    |                     |                                |                       |                                  |  |                           |                                   |
| 61                 | EMERGENCY                    |                     |                                | 38,902,401            |                                  |  | 50,386                    |                                   |
| 62                 | OBSERVATION BEDS (NON-DIS    |                     |                                | 1,217,710             |                                  |  |                           |                                   |
| 65                 | OTHER REIMBURS COST CNTRS    |                     |                                |                       |                                  |  |                           |                                   |
| 65                 | AMBULANCE SERVICES           |                     |                                |                       |                                  |  |                           |                                   |
| 101                | TOTAL                        |                     |                                | 344,679,314           |                                  |  | 8,313,965                 |                                   |

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

| WKST A<br>LINE NO. | COST CENTER DESCRIPTION      | OUTPAT PROG<br>CHARGES<br>8 | OUTPAT PROG<br>D, V COL 5.03<br>8.01 | OUTPAT PROG<br>D, V COL 5.04<br>8.02 | OUTPAT PROG<br>PASS THRU COST<br>9 | COL 8.01<br>* COL 5<br>9.01 | COL 8.02<br>* COL 5<br>9.02 |
|--------------------|------------------------------|-----------------------------|--------------------------------------|--------------------------------------|------------------------------------|-----------------------------|-----------------------------|
| 37                 | ANCILLARY SRVC COST CNTRS    |                             |                                      |                                      |                                    |                             |                             |
|                    | OPERATING ROOM               |                             |                                      |                                      |                                    |                             |                             |
| 38                 | RECOVERY ROOM                |                             |                                      |                                      |                                    |                             |                             |
| 39                 | DELIVERY ROOM & LABOR ROO    |                             |                                      |                                      |                                    |                             |                             |
| 40                 | ANESTHESIOLOGY               |                             |                                      |                                      |                                    |                             |                             |
| 41                 | RADIOLOGY-DIAGNOSTIC         |                             |                                      |                                      |                                    |                             |                             |
| 44                 | LABORATORY                   |                             |                                      |                                      |                                    |                             |                             |
| 46                 | WHOLE BLOOD & PACKED RED     |                             |                                      |                                      |                                    |                             |                             |
| 49                 | RESPIRATORY THERAPY          |                             |                                      |                                      |                                    |                             |                             |
| 50                 | PHYSICAL THERAPY             |                             |                                      |                                      |                                    |                             |                             |
| 51                 | OCCUPATIONAL THERAPY         |                             |                                      |                                      |                                    |                             |                             |
| 52                 | SPEECH PATHOLOGY             |                             |                                      |                                      |                                    |                             |                             |
| 53                 | ELECTROCARDIOLOGY            |                             |                                      |                                      |                                    |                             |                             |
| 54                 | ELECTROENCEPHALOGRAPHY       |                             |                                      |                                      |                                    |                             |                             |
| 55                 | MEDICAL SUPPLIES CHARGED     |                             |                                      |                                      |                                    |                             |                             |
| 55                 | 30 IMPL. DEV. CHARGED TO PAT |                             |                                      |                                      |                                    |                             |                             |
| 56                 | DRUGS CHARGED TO PATIENTS    |                             |                                      |                                      |                                    |                             |                             |
| 59                 | OTHER ANCILLARY SERVICE C    |                             |                                      |                                      |                                    |                             |                             |
| 59                 | 01 ONCOLOGY                  |                             |                                      |                                      |                                    |                             |                             |
| 59                 | 02 DIABETES CENTER           |                             |                                      |                                      |                                    |                             |                             |
| 59                 | 03 PSYCHIATRIC/PSYCHOLOGICAL |                             |                                      |                                      |                                    |                             |                             |
| 59                 | 04 PAIN CLINIC               |                             |                                      |                                      |                                    |                             |                             |
| 59                 | 05 CURATIVE WOUND CENTER     |                             |                                      |                                      |                                    |                             |                             |
|                    | OUTPAT SERVICE COST CNTRS    |                             |                                      |                                      |                                    |                             |                             |
| 61                 | EMERGENCY                    |                             |                                      |                                      |                                    |                             |                             |
| 62                 | OBSERVATION BEDS (NON-DIS    |                             |                                      |                                      |                                    |                             |                             |
|                    | OTHER REIMBURS COST CNTRS    |                             |                                      |                                      |                                    |                             |                             |
| 65                 | AMBULANCE SERVICES           |                             |                                      |                                      |                                    |                             |                             |
| 101                | TOTAL                        |                             |                                      |                                      |                                    |                             |                             |



















TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

|    |  |           |
|----|--|-----------|
| 83 | TOTAL OBSERVATION BED DAYS                       | 1,419     |
| 84 | ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM | 710.01    |
| 85 | OBSERVATION BED COST                             | 1,007,504 |

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

|       | COST                           | ROUTINE COST | COLUMN 1<br>DIVIDED BY<br>COLUMN 2 | TOTAL<br>OBSERVATION<br>BED COST | OBSERVATION BED<br>PASS THROUGH<br>COST |
|-------|--------------------------------|--------------|------------------------------------|----------------------------------|---|
|       | 1                              | 2            | 3                                  | 4                                | 5                                       |
| 86    | OLD CAPITAL-RELATED COST       | 135,962      | .013242                            | 1,007,504                        | 13,341                                  |
| 87    | NEW CAPITAL-RELATED COST       | 756,414      | .073672                            | 1,007,504                        | 74,225                                  |
| 88    | NON PHYSICIAN ANESTHETIST      |              |                                    | 1,007,504                        |   |
| 89    | MEDICAL EDUCATION              |              |                                    | 1,007,504                        |   |
| 89.01 | MEDICAL EDUCATION - ALLIED HEA |              |                                    |                                  |   |
| 89.02 | MEDICAL EDUCATION - ALL OTHER  |              |                                    |                                  |   |











TITLE XVIII, PART A      HOSPITAL      PPS

| WKST A<br>LINE NO. | COST CENTER DESCRIPTION   | RATIO COST<br>TO CHARGES<br>1 | INPATIENT<br>CHARGES<br>2 | INPATIENT<br>COST<br>3 |
|--------------------|---|-------------------------------|---------------------------|------------------------|
| 25                 | INPAT ROUTINE SRVC CNTRS<br>ADULTS & PEDIATRICS                   |                               | 4,013,074                 |                        |
| 26                 | INTENSIVE CARE UNIT   |                               | 1,254,310                 |                        |
| 31                 | SUBPROVIDER<br>ANCILLARY SRVC COST CNTRS                          |                               |                           |                        |
| 37                 | OPERATING ROOM  | .157964                       | 4,453,783                 | 703,537                |
| 38                 | RECOVERY ROOM   | .095913                       | 1,193,816                 | 114,502                |
| 39                 | DELIVERY ROOM & LABOR ROOM  | .638008                       | 12,330                    | 7,867                  |
| 40                 | ANESTHESIOLOGY  | .070943                       | 282,916                   | 20,071                 |
| 41                 | RADIOLOGY-DIAGNOSTIC  | .083420                       | 8,689,391                 | 724,869                |
| 44                 | LABORATORY  | .151990                       | 7,771,058                 | 1,181,123              |
| 46                 | WHOLE BLOOD & PACKED RED BLOOD CELLS                              | .418101                       | 289,192                   | 120,911                |
| 49                 | RESPIRATORY THERAPY   | .115440                       | 4,307,110                 | 497,213                |
| 50                 | PHYSICAL THERAPY  | .124104                       | 1,297,090                 | 160,974                |
| 51                 | OCCUPATIONAL THERAPY  | .114187                       | 1,201,275                 | 137,170                |
| 52                 | SPEECH PATHOLOGY  | .135228                       | 96,753                    | 13,084                 |
| 53                 | ELECTROCARDIOLOGY   | .058716                       | 7,019,512                 | 412,158                |
| 54                 | ELECTROENCEPHALOGRAPHY  | .066078                       | 137,413                   | 9,080                  |
| 55                 | MEDICAL SUPPLIES CHARGED TO PATIENTS                              | .276453                       | 4,992,642                 | 1,380,231              |
| 55                 | 30 IMPL. DEV. CHARGED TO PATIENT                                  | .378800                       | 4,095,057                 | 1,551,208              |
| 56                 | DRUGS CHARGED TO PATIENTS   | .187791                       | 10,403,918                | 1,953,762              |
| 59                 | OTHER ANCILLARY SERVICE COST CENTERS                              |                               |                           |                        |
| 59                 | 01 ONCOLOGY   | .304499                       | 23,134                    | 7,044                  |
| 59                 | 02 DIABETES CENTER  | 1.131644                      |                           |                        |
| 59                 | 03 PSYCHIATRIC/PSYCHOLOGICAL SERVICES                             | .408737                       |                           |                        |
| 59                 | 04 PAIN CLINIC  | .190415                       |                           |                        |
| 59                 | 05 CURATIVE WOUND CENTER  | .360839                       |                           |                        |
| 61                 | EMERGENCY   | .147018                       | 3,936,575                 | 578,747                |
| 62                 | OBSERVATION BEDS (NON-DISTINCT PART)<br>OTHER REIMBURS COST CNTRS | .827376                       |                           |                        |
| 65                 | AMBULANCE SERVICES  |                               |                           |                        |
| 101                | TOTAL   |                               | 60,202,965                | 9,573,551              |
| 102                | LESS PBP CLINIC LABORATORY SERVICES -<br>PROGRAM ONLY CHARGES     |                               |                           |                        |
| 103                | NET CHARGES   |                               | 60,202,965                |                        |



| WKST A<br>LINE NO. | COST CENTER DESCRIPTION   | RATIO COST<br>TO CHARGES<br>1 | INPATIENT<br>CHARGES<br>2 | INPATIENT<br>COST<br>3 |
|--------------------|---|-------------------------------|---------------------------|------------------------|
| 25                 | INPAT ROUTINE SRVC CNTRS<br>ADULTS & PEDIATRICS                   |                               | 890,230                   |                        |
| 26                 | INTENSIVE CARE UNIT   |                               | 239,251                   |                        |
| 31                 | SUBPROVIDER<br>ANCILLARY SRVC COST CNTRS                          |                               |                           |                        |
| 37                 | OPERATING ROOM  | .157964                       | 682,309                   | 107,780                |
| 38                 | RECOVERY ROOM   | .095913                       | 141,047                   | 13,528                 |
| 39                 | DELIVERY ROOM & LABOR ROOM  | .638008                       | 659,933                   | 421,043                |
| 40                 | ANESTHESIOLOGY  | .070943                       | 48,652                    | 3,452                  |
| 41                 | RADIOLOGY-DIAGNOSTIC  | .083420                       | 1,571,834                 | 131,122                |
| 44                 | LABORATORY  | .151990                       | 1,756,782                 | 267,013                |
| 46                 | WHOLE BLOOD & PACKED RED BLOOD CELLS                              | .418101                       | 28,686                    | 11,994                 |
| 49                 | RESPIRATORY THERAPY   | .115440                       | 604,039                   | 69,730                 |
| 50                 | PHYSICAL THERAPY  | .124104                       | 61,386                    | 7,618                  |
| 51                 | OCCUPATIONAL THERAPY  | .114187                       | 70,353                    | 8,033                  |
| 52                 | SPEECH PATHOLOGY  | .135228                       | 9,726                     | 1,315                  |
| 53                 | ELECTROCARDIOLOGY   | .058716                       | 847,878                   | 49,784                 |
| 54                 | ELECTROENCEPHALOGRAPHY  | .066078                       | 41,328                    | 2,731                  |
| 55                 | MEDICAL SUPPLIES CHARGED TO PATIENTS                              | .276453                       | 900,711                   | 249,004                |
| 55                 | 30 IMPL. DEV. CHARGED TO PATIENT                                  | .378800                       | 191,274                   | 72,455                 |
| 56                 | DRUGS CHARGED TO PATIENTS   | .187791                       | 1,934,159                 | 363,218                |
| 59                 | OTHER ANCILLARY SERVICE COST CENTERS                              |                               |                           |                        |
| 59                 | 01 ONCOLOGY   | .300934                       |                           |                        |
| 59                 | 02 DIABETES CENTER  | 1.131644                      |                           |                        |
| 59                 | 03 PSYCHIATRIC/PSYCHOLOGICAL SERVICES                             | .408737                       |                           |                        |
| 59                 | 04 PAIN CLINIC  | .190415                       | 1,475                     | 281                    |
| 59                 | 05 CURATIVE WOUND CENTER  | .360839                       |                           |                        |
| 61                 | EMERGENCY   | .147018                       | 781,810                   | 114,940                |
| 62                 | OBSERVATION BEDS (NON-DISTINCT PART)<br>OTHER REIMBURS COST CNTRS | .827376                       |                           |                        |
| 65                 | AMBULANCE SERVICES  |                               |                           |                        |
| 101                | TOTAL   |                               | 10,333,382                | 1,895,041              |
| 102                | LESS PBP CLINIC LABORATORY SERVICES -<br>PROGRAM ONLY CHARGES     |                               |                           |                        |
| 103                | NET CHARGES   |                               | 10,333,382                |                        |

TITLE XIX      SKILLED NURSING FACILITY      OTHER

| WKST A<br>LINE NO. | COST CENTER DESCRIPTION   | RATIO COST<br>TO CHARGES<br>1 | INPATIENT<br>CHARGES<br>2 | INPATIENT<br>COST<br>3 |
|--------------------|---|-------------------------------|---------------------------|------------------------|
| 25                 | INPAT ROUTINE SRVC CNTRS<br>ADULTS & PEDIATRICS                   |                               |                           |                        |
| 26                 | INTENSIVE CARE UNIT   |                               |                           |                        |
| 31                 | SUBPROVIDER<br>ANCILLARY SRVC COST CNTRS                          |                               |                           |                        |
| 37                 | OPERATING ROOM  | .157964                       | 873                       | 138                    |
| 38                 | RECOVERY ROOM   | .095913                       |                           |                        |
| 39                 | DELIVERY ROOM & LABOR ROOM  | .638008                       |                           |                        |
| 40                 | ANESTHESIOLOGY  | .070943                       |                           |                        |
| 41                 | RADIOLOGY-DIAGNOSTIC  | .083420                       | 78,818                    | 6,575                  |
| 44                 | LABORATORY  | .151990                       | 267,148                   | 40,604                 |
| 46                 | WHOLE BLOOD & PACKED RED BLOOD CELLS                              | .418101                       | 9,177                     | 3,837                  |
| 49                 | RESPIRATORY THERAPY   | .115440                       | 34                        | 4                      |
| 50                 | PHYSICAL THERAPY  | .124104                       | 2,374,467                 | 294,681                |
| 51                 | OCCUPATIONAL THERAPY  | .114187                       | 2,429,340                 | 277,399                |
| 52                 | SPEECH PATHOLOGY  | .135228                       | 270,595                   | 36,592                 |
| 53                 | ELECTROCARDIOLOGY   | .058716                       | 26,465                    | 1,554                  |
| 54                 | ELECTROENCEPHALOGRAPHY  | .066078                       | 5,696                     | 376                    |
| 55                 | MEDICAL SUPPLIES CHARGED TO PATIENTS                              | .276453                       | 257,106                   | 71,078                 |
| 55                 | 30 IMPL. DEV. CHARGED TO PATIENT                                  | .378800                       |                           |                        |
| 56                 | DRUGS CHARGED TO PATIENTS   | .187791                       | 1,350,336                 | 253,581                |
| 59                 | OTHER ANCILLARY SERVICE COST CENTERS                              |                               |                           |                        |
| 59                 | 01 ONCOLOGY   | .300934                       |                           |                        |
| 59                 | 02 DIABETES CENTER  | 1.131644                      |                           |                        |
| 59                 | 03 PSYCHIATRIC/PSYCHOLOGICAL SERVICES                             | .408737                       | 1,533                     | 627                    |
| 59                 | 04 PAIN CLINIC  | .190415                       |                           |                        |
| 59                 | 05 CURATIVE WOUND CENTER  | .360839                       |                           |                        |
| 61                 | OUTPAT SERVICE COST CNTRS<br>EMERGENCY                            | .147018                       | 8,668                     | 1,274                  |
| 62                 | OBSERVATION BEDS (NON-DISTINCT PART)<br>OTHER REIMBURS COST CNTRS | .827376                       |                           |                        |
| 65                 | AMBULANCE SERVICES  |                               |                           |                        |
| 101                | TOTAL   |                               | 7,080,256                 | 988,320                |
| 102                | LESS PBP CLINIC LABORATORY SERVICES -<br>PROGRAM ONLY CHARGES     |                               |                           |                        |
| 103                | NET CHARGES   |                               | 7,080,256                 |                        |



CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS  
HOSPITAL

| DESCRIPTION  | 1          | 1.01      |
|--|------------|-----------|
| 5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)  |            |           |
| 5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)                |            |           |
| 5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK   |            |           |
| 5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)   |            |           |
| 5.06 TOTAL ADDITIONAL PAYMENT  |            |           |
| 6 SUBTOTAL (SEE INSTRUCTIONS)  | 14,063,035 |           |
| 7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)                      |            |           |
| 7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000) |            |           |
| 8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)  | 14,063,035 |           |
| 9 PAYMENT FOR INPATIENT PROGRAM CAPITAL  |            | 1,064,532 |
| 10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)                                      |            |           |
| 11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)                                     |            |           |
| 11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT   |            |           |
| 11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES   |            |           |
| 12 NET ORGAN ACQUISITION COST  |            |           |
| 13 COST OF TEACHING PHYSICIANS   |            |           |
| 14 ROUTINE SERVICE OTHER PASS THROUGH COSTS  |            |           |
| 15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS  |            |           |
| 16 TOTAL   | 15,127,567 |           |
| 17 PRIMARY PAYER PAYMENTS  | 4,933      |           |
| 18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES  | 15,122,634 |           |
| 19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES   | 1,329,481  |           |
| 20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES   | 68,505     |           |
| 21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)   | 390,117    |           |
| 21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)   | 273,082    |           |
| 21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES   | 327,439    |           |
| 22 SUBTOTAL  | 13,997,730 |           |
| 23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION                      |            |           |
| 24 OTHER ADJUSTMENTS (SPECIFY)   |            |           |
| 24.94 LOW VOLUME ADJUSTMENT PAYMENT-1  |            |           |
| 24.95 LOW VOLUME ADJUSTMENT PAYMENT-2  |            |           |
| 24.96 LOW VOLUME ADJUSTMENT PAYMENT-3  |            |           |
| 24.97  |            |           |
| 24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES   |            |           |
| 24.99 OUTLIER RECONCILIATION ADJUSTMENT  |            |           |
| 25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS                           |            |           |
| 26 AMOUNT DUE PROVIDER   | 13,997,730 |           |
| 27 SEQUESTRATION ADJUSTMENT  |            |           |
| 28 INTERIM PAYMENTS  | 13,671,685 |           |
| 28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)  |            |           |
| 29 BALANCE DUE PROVIDER (PROGRAM)  | 326,045    |           |
| 30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.                          |            |           |
| ----- FI ONLY -----  |            |           |
| 50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01   |            |           |
| 51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01   |            |           |
| 52 OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INST)   |            |           |
| 53 CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INST)   |            |           |
| 54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)   |            |           |
| 55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)  |            |           |
| 56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)  |            |           |

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

|      |   |           |
|------|---|-----------|
| 1    | MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)                                     |           |
| 1.01 | MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS). | 6,822,582 |
| 1.02 | PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.   | 6,881,119 |
| 1.03 | ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.                                | 937       |
| 1.04 | LINE 1.01 TIMES LINE 1.03.  | 6,392,759 |
| 1.05 | LINE 1.02 DIVIDED BY LINE 1.04.   |           |
| 1.06 | TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)                                  |           |
| 1.07 | OUTPATIENT ANCILLARY PASSTHRU COSTS FROM (W/S D,IV (COLS 9, 9.01, 9.02) LINE 101  |           |
| 2    | INTERNS AND RESIDENTS   |           |
| 3    | ORGAN ACQUISITIONS  |           |
| 4    | COST OF TEACHING PHYSICIANS   |           |
| 5    | TOTAL COST (SEE INSTRUCTIONS)   |           |

COMPUTATION OF LESSER OF COST OR CHARGES

|                    |   |           |
|--------------------|---|-----------|
| REASONABLE CHARGES |   |           |
| 6                  | ANCILLARY SERVICE CHARGES   |           |
| 7                  | INTERNS AND RESIDENTS SERVICE CHARGES   |           |
| 8                  | ORGAN ACQUISITION CHARGES   |           |
| 9                  | CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.  |           |
| 10                 | TOTAL REASONABLE CHARGES  |           |
| CUSTOMARY CHARGES  |   |           |
| 11                 | AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS   |           |
| 12                 | AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e). |           |
| 13                 | RATIO OF LINE 11 TO LINE 12   |           |
| 14                 | TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)  |           |
| 15                 | EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST  |           |
| 16                 | EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES  |           |
| 17                 | LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)   |           |
| 17.01              | TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)  | 6,881,119 |

COMPUTATION OF REIMBURSEMENT SETTLEMENT

|       |   |           |
|-------|---|-----------|
| 18    | DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)                                  | 1,596,324 |
| 18.01 | DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS) |           |
| 19    | SUBTOTAL (SEE INSTRUCTIONS)   | 5,284,795 |
| 20    | SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)                     |           |
| 21    | DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS                                      |           |
| 22    | ESRD DIRECT MEDICAL EDUCATION COSTS   |           |
| 23    | SUBTOTAL  | 5,284,795 |
| 24    | PRIMARY PAYER PAYMENTS  | 308       |
| 25    | SUBTOTAL  | 5,284,487 |

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

|       |   |           |
|-------|---|-----------|
| 26    | COMPOSITE RATE ESRD   |           |
| 27    | BAD DEBTS (SEE INSTRUCTIONS)  | 468,642   |
| 27.01 | ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)  | 328,049   |
| 27.02 | REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES  | 401,253   |
| 28    | SUBTOTAL  | 5,612,536 |
| 29    | RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION. |           |
| 30    | OTHER ADJUSTMENTS (SPECIFY)   |           |
| 30.99 | OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)   |           |
| 31    | AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.      |           |
| 32    | SUBTOTAL  | 5,612,536 |
| 33    | SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)   |           |
| 34    | INTERIM PAYMENTS  | 5,406,693 |
| 34.01 | TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)   |           |
| 35    | BALANCE DUE PROVIDER/PROGRAM  | 205,843   |
| 36    | PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2       | 10,481    |

TO BE COMPLETED BY CONTRACTOR

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

TITLE XVII HOSPITAL

| DESCRIPTION  | INPATIENT-PART A |            | PART B     |           |
|--|------------------|------------|------------|-----------|
|  | MM/DD/YYYY       | AMOUNT     | MM/DD/YYYY | AMOUNT    |
|  | 1                | 2          | 3          | 4         |
| 1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER  |                  | 12,208,397 |            | 5,401,940 |
| 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.                      |                  | 702,311    |            | NONE      |
| 3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1) |                  |            |            |           |
| ADJUSTMENTS TO PROVIDER .01  | 8/13/2010        | 440,472    | 8/13/2010  | 41,601    |
| ADJUSTMENTS TO PROVIDER .02  | 11/19/2010       | 320,505    |            |           |
| ADJUSTMENTS TO PROVIDER .03  |                  |            |            |           |
| ADJUSTMENTS TO PROVIDER .04  |                  |            |            |           |
| ADJUSTMENTS TO PROVIDER .05  |                  |            |            |           |
| ADJUSTMENTS TO PROVIDER .49  |                  |            |            |           |
| ADJUSTMENTS TO PROGRAM .50   |                  |            | 11/19/2010 | 36,848    |
| ADJUSTMENTS TO PROGRAM .51   |                  |            |            |           |
| ADJUSTMENTS TO PROGRAM .52   |                  |            |            |           |
| ADJUSTMENTS TO PROGRAM .53   |                  |            |            |           |
| ADJUSTMENTS TO PROGRAM .54   |                  |            |            |           |
| ADJUSTMENTS TO PROGRAM .99   |                  | 760,977    |            | 4,753     |
| SUBTOTAL   |                  |            |            |           |
| 4 TOTAL INTERIM PAYMENTS   |                  | 13,671,685 |            | 5,406,693 |
| TO BE COMPLETED BY INTERMEDIARY  |                  |            |            |           |
| 5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)  |                  |            |            |           |
| TENTATIVE TO PROVIDER .01  |                  |            |            |           |
| TENTATIVE TO PROVIDER .02  |                  |            |            |           |
| TENTATIVE TO PROVIDER .03  |                  |            |            |           |
| TENTATIVE TO PROGRAM .50   |                  |            |            |           |
| TENTATIVE TO PROGRAM .51   |                  |            |            |           |
| TENTATIVE TO PROGRAM .52   |                  |            |            |           |
| TENTATIVE TO PROGRAM .99   |                  | NONE       |            | NONE      |
| 6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)  |                  | 326,045    |            | 205,843   |
| 7 TOTAL MEDICARE PROGRAM LIABILITY   |                  | 13,997,730 |            | 5,612,536 |

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

DATE: \_\_\_/\_\_\_/\_\_\_

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



TITLE XVII I SNF

| DESCRIPTION  | INPATIENT-PART A |             | PART B          |             |
|--|------------------|-------------|-----------------|-------------|
|  | MM/DD/YYYY<br>1  | AMOUNT<br>2 | MM/DD/YYYY<br>3 | AMOUNT<br>4 |
| 1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER  |                  | 1,673,189   |                 |             |
| 2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.                      |                  | NONE        |                 | NONE        |
| 3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1) |                  |             |                 |             |
| ADJUSTMENTS TO PROVIDER  |                  | .01         |                 |             |
| ADJUSTMENTS TO PROVIDER  |                  | .02         |                 |             |
| ADJUSTMENTS TO PROVIDER  |                  | .03         |                 |             |
| ADJUSTMENTS TO PROVIDER  |                  | .04         |                 |             |
| ADJUSTMENTS TO PROVIDER  |                  | .05         |                 |             |
| ADJUSTMENTS TO PROVIDER  |                  | .49         |                 |             |
| ADJUSTMENTS TO PROGRAM   |                  | .50         |                 |             |
| ADJUSTMENTS TO PROGRAM   |                  | .51         |                 |             |
| ADJUSTMENTS TO PROGRAM   |                  | .52         |                 |             |
| ADJUSTMENTS TO PROGRAM   |                  | .53         |                 |             |
| ADJUSTMENTS TO PROGRAM   |                  | .54         |                 |             |
| ADJUSTMENTS TO PROGRAM   |                  | .99         |                 |             |
| SUBTOTAL   |                  | NONE        |                 | NONE        |
| 4 TOTAL INTERIM PAYMENTS   |                  | 1,673,189   |                 |             |
| TO BE COMPLETED BY INTERMEDIARY  |                  |             |                 |             |
| 5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)  |                  |             |                 |             |
| TENTATIVE TO PROVIDER  |                  | .01         |                 |             |
| TENTATIVE TO PROVIDER  |                  | .02         |                 |             |
| TENTATIVE TO PROVIDER  |                  | .03         |                 |             |
| TENTATIVE TO PROGRAM   |                  | .50         |                 |             |
| TENTATIVE TO PROGRAM   |                  | .51         |                 |             |
| TENTATIVE TO PROGRAM   |                  | .52         |                 |             |
| SUBTOTAL   |                  | NONE        |                 | NONE        |
| 6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)  |                  | 2,890       |                 |             |
| 7 TOTAL MEDICARE PROGRAM LIABILITY   |                  | 1,676,079   |                 |             |

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

DATE: \_\_\_/\_\_\_/\_\_\_

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

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

|       |  |  |           |
|-------|--|--|-----------|
| 1     | INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)   |  |           |
| 1.01  | HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)  |  |           |
| 1.02  | ENTER FROM THE PS&R, THE IRF PPS PAYMENT   |  | 3,344,356 |
| 1.03  | MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)   |  | .0215     |
| 1.04  | INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)  |  | 84,097    |
| 1.05  | OUTLIER PAYMENTS   |  | 1,366     |
| 1.06  | TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)                                       |  | 3,429,819 |
| 1.07  | NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)  |  |           |
|       | INPATIENT PSYCHIATRIC FACILITY (IPF)   |  |           |
| 1.08  | NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)                               |  |           |
| 1.09  | NET IPF PPS OUTLIER PAYMENTS   |  |           |
| 1.10  | NET IPF PPS ECT PAYMENTS   |  |           |
| 1.11  | UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)            |  |           |
| 1.12  | NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)  |  |           |
| 1.13  | CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)        |  |           |
| 1.14  | CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)         |  |           |
| 1.15  | INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)  |  |           |
| 1.16  | AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)  |  |           |
| 1.17  | MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (LINE 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1\}$ .                   |  |           |
| 1.18  | MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).  |  |           |
| 1.19  | ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)   |  |           |
| 1.20  | STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)   |  |           |
| 1.21  | ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)  |  |           |
| 1.22  | STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-) |  |           |
| 1.23  | TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)  |  |           |
|       | INPATIENT REHABILITATION FACILITY (IRF)  |  |           |
| 1.35  | UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)          |  |           |
| 1.36  | NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)  |  |           |
| 1.37  | CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)       |  |           |
| 1.38  | CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)        |  |           |
| 1.39  | INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)  |  |           |
| 1.40  | AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)  |  | 10.857534 |
| 1.41  | MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)  |  |           |
| 1.42  | MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).  |  |           |
| 2     | ORGAN ACQUISITION  |  |           |
| 3     | COST OF TEACHING PHYSICIANS  |  |           |
| 4     | SUBTOTAL (SEE INSTRUCTIONS)  |  | 3,429,819 |
| 5     | PRIMARY PAYER PAYMENTS   |  |           |
| 6     | SUBTOTAL   |  | 3,429,819 |
| 7     | DEDUCTIBLES  |  | 40,700    |
| 8     | SUBTOTAL   |  | 3,389,119 |
| 9     | COINSURANCE  |  | 31,350    |
| 10    | SUBTOTAL   |  | 3,357,769 |
| 11    | REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)   |  | 5,524     |
| 11.01 | ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)   |  | 3,867     |
| 11.02 | REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES   |  | 4,624     |
| 12    | SUBTOTAL   |  | 3,361,636 |
| 13    | DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS   |  |           |
| 13.01 | OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)  |  |           |
| 14    | RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION                       |  |           |
| 15    | OTHER ADJUSTMENTS (SPECIFY)  |  |           |
| 15.99 | OUTLIER RECONCILIATION ADJUSTMENT  |  |           |
| 16    | AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS                            |  |           |

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

|       |   |           |
|-------|---|-----------|
| 17    | TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)   | 3,361,636 |
| 18    | SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)   |           |
| 19    | INTERIM PAYMENTS  | 3,332,390 |
| 19.01 | TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)   |           |
| 20    | BALANCE DUE PROVIDER/PROGRAM  | 29,246    |
| 21    | PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)<br>IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2. |           |

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

|    |  |  |
|----|--|--|
| 50 | ORIGINAL PPS AMOUNT OR ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS). |  |
| 51 | OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)        |  |
| 52 | THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY                 |  |
| 53 | TIME VALUE OF MONEY (SEE INSTRUCTIONS).                            |  |

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

|    | TITLE XVIII  | SNF | PPS<br>TITLE V OR<br>TITLE XIX<br>1 | TITLE XVIII<br>SNF PPS<br>2 |
|----|--|-----|-------------------------------------|-----------------------------|
| 1  | COMPUTATION OF NET COST OF COVERED SERVICE                   |     |                                     |                             |
| 2  | INPATIENT HOSPITAL/SNF/NF SERVICES                           |     |                                     |                             |
| 3  | MEDICAL AND OTHER SERVICES                                   |     |                                     |                             |
| 4  | INTERNS AND RESIDENTS (SEE INSTRUCTIONS)                     |     |                                     |                             |
| 5  | ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)             |     |                                     |                             |
| 6  | COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)               |     |                                     |                             |
| 7  | SUBTOTAL   |     |                                     |                             |
| 8  | INPATIENT PRIMARY PAYER PAYMENTS                             |     |                                     |                             |
| 9  | OUTPATIENT PRIMARY PAYER PAYMENTS                            |     |                                     |                             |
|    | SUBTOTAL   |     |                                     |                             |
|    | COMPUTATION OF LESSER OF COST OR CHARGES                     |     |                                     |                             |
|    | REASONABLE CHARGES   |     |                                     |                             |
| 10 | ROUTINE SERVICE CHARGES                                      |     |                                     |                             |
| 11 | ANCILLARY SERVICE CHARGES                                    |     |                                     |                             |
| 12 | INTERNS AND RESIDENTS SERVICE CHARGES                        |     |                                     |                             |
| 13 | ORGAN ACQUISITION CHARGES, NET OF REVENUE                    |     |                                     |                             |
| 14 | TEACHING PHYSICIANS  |     |                                     |                             |
| 15 | INCENTIVE FROM TARGET AMOUNT COMPUTATION                     |     |                                     |                             |
| 16 | TOTAL REASONABLE CHARGES                                     |     |                                     |                             |
|    | CUSTOMARY CHARGES  |     |                                     |                             |
| 17 | AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR           |     |                                     |                             |
| 18 | PAYMENT FOR SERVICES ON A CHARGE BASIS                       |     |                                     |                             |
| 19 | AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE   |     |                                     |                             |
| 20 | FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT  |     |                                     |                             |
| 21 | BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)                |     |                                     |                             |
| 22 | RATIO OF LINE 17 TO LINE 18                                  |     |                                     |                             |
| 23 | TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)                   |     |                                     |                             |
| 24 | EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST             |     |                                     |                             |
| 25 | EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES             |     |                                     |                             |
| 26 | COST OF COVERED SERVICES                                     |     |                                     |                             |
| 27 | PROSPECTIVE PAYMENT AMOUNT                                   |     |                                     |                             |
| 28 | OTHER THAN OUTLIER PAYMENTS                                  |     |                                     |                             |
| 29 | OUTLIER PAYMENTS   |     |                                     |                             |
| 30 | PROGRAM CAPITAL PAYMENTS                                     |     |                                     |                             |
| 31 | CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)                |     |                                     |                             |
| 32 | ROUTINE SERVICE OTHER PASS THROUGH COSTS                     |     |                                     |                             |
| 33 | ANCILLARY SERVICE OTHER PASS THROUGH COSTS                   |     |                                     |                             |
| 34 | SUBTOTAL   |     |                                     |                             |
| 35 | CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)      |     |                                     |                             |
| 36 | TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE |     |                                     |                             |
| 37 | XVIII ENTER AMOUNT FROM LINE 30                              |     |                                     |                             |
| 38 | DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)                 |     |                                     |                             |
| 39 | COMPUTATION OF REIMBURSEMENT SETTLEMENT                      |     |                                     |                             |
| 40 | EXCESS OF REASONABLE COST                                    |     |                                     |                             |
| 41 | SUBTOTAL   |     |                                     |                             |
| 42 | COINSURANCE  |     |                                     |                             |
| 43 | SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19           |     |                                     |                             |
| 44 | REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)                    |     |                                     |                             |
| 45 | ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING           |     |                                     |                             |
| 46 | BEFORE 10/01/05 (SEE INSTRUCTIONS)                           |     |                                     |                             |
| 47 | REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES       |     |                                     |                             |
| 48 | ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING        |     |                                     |                             |
| 49 | ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)                      |     |                                     |                             |
| 50 | UTILIZATION REVIEW   |     |                                     |                             |
| 51 | SUBTOTAL (SEE INSTRUCTIONS)                                  |     |                                     |                             |
| 52 | INPATIENT ROUTINE SERVICE COST                               |     |                                     |                             |
| 53 | MEDICARE INPATIENT ROUTINE CHARGES                           |     |                                     |                             |
| 54 | AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR           |     |                                     |                             |
| 55 | PAYMENT FOR SERVICES ON A CHARGE BASIS                       |     |                                     |                             |
| 56 | AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE   |     |                                     |                             |
| 57 | FOR PAYMENT OF PART A SERVICES                               |     |                                     |                             |
| 58 | RATIO OF LINE 43 TO 44                                       |     |                                     |                             |
| 59 | TOTAL CUSTOMARY CHARGES                                      |     |                                     |                             |
| 60 | EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST             |     |                                     |                             |
| 61 | EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES             |     |                                     |                             |
| 62 | RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER      |     |                                     |                             |
| 63 | TERMINATION OR A DECREASE IN PROGRAM UTILIZATION             |     |                                     |                             |
| 64 | OTHER ADJUSTMENTS (SPECIFY)                                  |     |                                     |                             |
| 65 | AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS           |     |                                     |                             |
| 66 | RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS             |     |                                     |                             |
| 67 | SUBTOTAL   |     |                                     |                             |
| 68 | INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)             |     |                                     |                             |
| 69 | DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS                   |     |                                     |                             |
| 70 | TOTAL AMOUNT PAYABLE TO THE PROVIDER                         |     |                                     |                             |
| 71 | SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)                  |     |                                     |                             |
| 72 | INTERIM PAYMENTS   |     |                                     |                             |
| 73 | TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)      |     |                                     |                             |
| 74 | BALANCE DUE PROVIDER/PROGRAM                                 |     |                                     |                             |
| 75 | PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)           |     |                                     |                             |

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

TITLE XVIII

SNF

PPS  
TITLE V OR  
TITLE XIX  
1

TITLE XVIII  
SNF PPS  
2

IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.



|  | GENERAL<br>FUND | SPECIFIC<br>PURPOSE<br>FUND | ENDOWMENT<br>FUND | PLANT<br>FUND |
|--|-----------------|-----------------------------|-------------------|---------------|
| LIABILITIES AND FUND BALANCE   | 1               | 2                           | 3                 | 4             |
| CURRENT LIABILITIES  |                 |                             |                   |               |
| 28 ACCOUNTS PAYABLE  | 4,569,871       |                             |                   |               |
| 29 SALARIES, WAGES & FEES PAYABLE  | 3,734,714       |                             |                   |               |
| 30 PAYROLL TAXES PAYABLE   | 130,758         |                             |                   |               |
| 31 NOTES AND LOANS PAYABLE (SHORT TERM)  | 3,499,882       |                             |                   |               |
| 32 DEFERRED INCOME   |                 |                             |                   |               |
| 33 ACCELERATED PAYMENTS  |                 |                             |                   |               |
| 34 DUE TO OTHER FUNDS  |                 |                             |                   |               |
| 35 OTHER CURRENT LIABILITIES   | 4,587,711       |                             |                   |               |
| 36 TOTAL CURRENT LIABILITIES   | 16,522,936      |                             |                   |               |
| LONG TERM LIABILITIES  |                 |                             |                   |               |
| 37 MORTGAGE PAYABLE  |                 |                             |                   |               |
| 38 NOTES PAYABLE   | 14,748,164      |                             |                   |               |
| 39 UNSECURED LOANS   |                 |                             |                   |               |
| 40.01 LOANS PRIOR TO 7/1/66  |                 |                             |                   |               |
| 40.02 ON OR AFTER 7/1/66   |                 |                             |                   |               |
| 41 OTHER LONG TERM LIABILITIES   | 20,211,975      |                             |                   |               |
| 42 TOTAL LONG-TERM LIABILITIES   | 34,960,139      |                             |                   |               |
| 43 TOTAL LIABILITIES   | 51,483,075      |                             |                   |               |
| CAPITAL ACCOUNTS   |                 |                             |                   |               |
| 44 GENERAL FUND BALANCE  | 13,284,527      |                             |                   |               |
| 45 SPECIFIC PURPOSE FUND   |                 |                             |                   |               |
| 46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED                               |                 |                             |                   |               |
| 47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT                               |                 |                             |                   |               |
| 48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE                                  |                 |                             |                   |               |
| 49 PLANT FUND BALANCE-INVESTED IN PLANT  |                 |                             |                   |               |
| 50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT,<br>REPLACEMENT AND EXPANSION |                 |                             |                   |               |
| 51 TOTAL FUND BALANCES   | 13,284,527      |                             |                   |               |
| 52 TOTAL LIABILITIES AND FUND BALANCES   | 64,767,602      |                             |                   |               |

|    |   | GENERAL FUND |            | SPECIFIC PURPOSE FUND |   |
|----|---|--------------|------------|-----------------------|---|
|    |   | 1            | 2          | 3                     | 4 |
| 1  | FUND BALANCE AT BEGINNING OF PERIOD             |              | 14,488,766 |                       |   |
| 2  | NET INCOME (LOSS)                               |              | 4,523,260  |                       |   |
| 3  | TOTAL   |              | 19,012,026 |                       |   |
| 4  | ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)        |              |            |                       |   |
| 5  | INCREASE IN TEMP REST NET                       | 211,097      |            |                       |   |
| 6  |   |              |            |                       |   |
| 7  |   |              |            |                       |   |
| 8  |   |              |            |                       |   |
| 9  |   |              |            |                       |   |
| 10 | TOTAL ADDITIONS                                 |              | 211,097    |                       |   |
| 11 | SUBTOTAL  |              | 19,223,123 |                       |   |
| 12 | DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)        |              |            |                       |   |
| 13 | NET LOSS ON DEFINED BENEF                       | 3,591,096    |            |                       |   |
| 14 | NET CAPITAL DISTRIBUTIONS                       | 2,347,500    |            |                       |   |
| 15 |   |              |            |                       |   |
| 16 |   |              |            |                       |   |
| 17 |   |              |            |                       |   |
| 18 | TOTAL DEDUCTIONS                                |              | 5,938,596  |                       |   |
| 19 | FUND BALANCE AT END OF PERIOD PER BALANCE SHEET |              | 13,284,527 |                       |   |

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



DESCRIPTION

|       |   |             |
|-------|---|-------------|
| 1     | TOTAL PATIENT REVENUES  | 379,926,152 |
| 2     | LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS                       | 295,989,692 |
| 3     | NET PATIENT REVENUES  | 83,936,460  |
| 4     | LESS: TOTAL OPERATING EXPENSES  | 83,075,027  |
| 5     | NET INCOME FROM SERVICE TO PATIENTS                                     | 861,433     |
|       | OTHER INCOME  |             |
| 6     | CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.                                | 179,881     |
| 7     | INCOME FROM INVESTMENTS   | 294,263     |
| 8     | REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE                            |             |
| 9     | REVENUE FROM TELEVISION AND RADIO SERVICE                               |             |
| 10    | PURCHASE DISCOUNTS  | 15,852      |
| 11    | REBATES AND REFUNDS OF EXPENSES   |             |
| 12    | PARKING LOT RECEIPTS  |             |
| 13    | REVENUE FROM LAUNDRY AND LINEN SERVICE                                  |             |
| 14    | REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS                         | 436,038     |
| 15    | REVENUE FROM RENTAL OF LIVING QUARTERS                                  |             |
| 16    | REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS |             |
| 17    | REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS                       | 4,921       |
| 18    | REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS                        | 905         |
| 19    | TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)                        |             |
| 20    | REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN                       |             |
| 21    | RENTAL OF VENDING MACHINES  |             |
| 22    | RENTAL OF HOSPITAL SPACE  | 571,540     |
| 23    | GOVERNMENTAL APPROPRIATIONS   |             |
| 24    | SAINT CLARE'S VILLA   | 1,414,107   |
| 24.01 | EQUIPMENT SALES   | 13,651      |
| 24.02 | SUPPORT FEE   | 416,252     |
| 24.03 | OTHER MISCELLANEOUS REVENUE   | 333,971     |
| 24.04 | PATIENT ACCOUNT RECORDS   | 65          |
| 25    | TOTAL OTHER INCOME  | 3,681,446   |
| 26    | TOTAL   | 4,542,879   |
|       | OTHER EXPENSES  |             |
| 27    | NEWSPAPER   | 19,619      |
| 28    |   |             |
| 29    |   |             |
| 30    | TOTAL OTHER EXPENSES  | 19,619      |
| 31    | NET INCOME (OR LOSS) FOR THE PERIOD                                     | 4,523,260   |

HHA 1

|                              | SALARIES  | EMPLOYEE BENEFITS | TRANSPORTATION | CONTRACTED/PURCHASED SVCS | OTHER COSTS | TOTAL     |
|------------------------------|-----------|-------------------|----------------|---------------------------|-------------|-----------|
|                              | 1         | 2                 | 3              | 4                         | 5           | 6         |
| GENERAL SERVICE COST CENTERS |           |                   |                |                           |             |           |
| 1                            |           |                   |                |                           |             |           |
| 2                            |           |                   |                |                           |             |           |
| 3                            |           |                   |                |                           |             |           |
| 4                            |           |                   |                |                           |             |           |
| 5                            |           |                   |                |                           |             |           |
|                              | 221,625   | 16,109            | 4,645          | 4,740                     | 33,019      | 280,138   |
| HHA REIMBURSABLE SERVICES    |           |                   |                |                           |             |           |
| 6                            | 651,675   | 47,467            | 42,942         |                           | 25,338      | 767,422   |
| 7                            | 349,445   | 25,453            | 16,967         | 28,425                    |             | 420,290   |
| 8                            | 209,364   | 15,250            | 14,758         |                           |             | 239,372   |
| 9                            | 22,576    | 1,644             | 1,255          |                           |             | 25,475    |
| 10                           |           |                   |                |                           |             |           |
| 11                           | 14,550    | 1,060             | 2,562          |                           |             | 18,172    |
| 12                           |           |                   |                |                           |             |           |
| 13                           |           |                   |                |                           |             |           |
| 13. 20                       |           |                   |                |                           |             |           |
| 14                           |           |                   |                |                           |             |           |
| HHA NONREIMBURSABLE SERVICES |           |                   |                |                           |             |           |
| 15                           |           |                   |                |                           |             |           |
| 16                           |           |                   |                |                           |             |           |
| 17                           |           |                   |                |                           |             |           |
| 18                           |           |                   |                |                           |             |           |
| 19                           |           |                   |                |                           |             |           |
| 20                           |           |                   |                |                           |             |           |
| 21                           |           |                   |                |                           |             |           |
| 22                           |           |                   |                |                           |             |           |
| 23                           |           |                   |                |                           |             |           |
| 23. 50                       |           |                   |                |                           |             |           |
| 24                           | 1,469,235 | 106,983           | 83,129         | 33,165                    | 58,357      | 1,750,869 |

|                              | RECLASSIFICATIONS | RECLASSIFIED TRIAL BALANCE | ADJUSTMENTS | NET EXPENSES FOR ALLOCATION |
|------------------------------|-------------------|----------------------------|-------------|-----------------------------|
|                              | 7                 | 8                          | 9           | 10                          |
| GENERAL SERVICE COST CENTERS |                   |                            |             |                             |
| 1                            |                   |                            |             |                             |
| 2                            |                   |                            |             |                             |
| 3                            |                   |                            |             |                             |
| 4                            |                   |                            |             |                             |
| 5                            |                   | 280,138                    |             | 280,138                     |
| HHA REIMBURSABLE SERVICES    |                   |                            |             |                             |
| 6                            |                   | 767,422                    |             | 767,422                     |
| 7                            |                   | 420,290                    |             | 420,290                     |
| 8                            |                   | 239,372                    |             | 239,372                     |
| 9                            |                   | 25,475                     |             | 25,475                      |
| 10                           |                   |                            |             |                             |
| 11                           |                   | 18,172                     |             | 18,172                      |
| 12                           |                   |                            |             |                             |
| 13                           |                   |                            |             |                             |
| 13. 20                       |                   |                            |             |                             |
| 14                           |                   |                            |             |                             |
| HHA NONREIMBURSABLE SERVICES |                   |                            |             |                             |
| 15                           |                   |                            |             |                             |
| 16                           |                   |                            |             |                             |
| 17                           |                   |                            |             |                             |
| 18                           |                   |                            |             |                             |
| 19                           |                   |                            |             |                             |
| 20                           |                   |                            |             |                             |
| 21                           |                   |                            |             |                             |
| 22                           |                   |                            |             |                             |
| 23                           |                   |                            |             |                             |
| 23. 50                       |                   |                            |             |                             |
| 24                           |                   | 1,750,869                  |             | 1,750,869                   |



HHA 1

|                              | CAP-REL<br>COST-BLDG &<br>FIX<br>( FEET SQUARE ) | CAP-REL<br>COST-MOV<br>EQUIP<br>( DOLLAR ) | PLANT OPER &<br>MAINT<br>( FEET SQUARE ) | TRANSPORTATION<br>( MILEAGE ) | RECONCILIATION<br>( 5A ) | ADMINISTRATIVE<br>& GENERAL<br>( ACCUM.<br>COST ) |
|------------------------------|--|--|--|-------------------------------|--------------------------|---|
|                              | 1  | 2  | 3  | 4                             | 5A                       | 5   |
| GENERAL SERVICE COST CENTERS |  |  |  |                               |                          |   |
| 1                            | CAP-REL COST-BLDG & FIX                          | 4,259                                      |  |                               |                          |   |
| 2                            | CAP-REL COST-MOV EQUIP                           |  | 4,259                                    |                               |                          |   |
| 3                            | PLANT OPER & MAINT                               |  | 4,259                                    |                               |                          |   |
| 4                            | TRANSPORTATION                                   |  |  |                               |                          |   |
| 5                            | ADMINISTRATIVE & GENERAL                         | 1,946                                      | 1,946                                    | 1,946                         | -280,138                 | 1,470,731   |
| HHA REIMBURSABLE SERVICES    |  |  |  |                               |                          |   |
| 6                            | SKILLED NURSING CARE                             | 1,256                                      | 1,256                                    | 1,256                         |                          | 767,422   |
| 7                            | PHYSICAL THERAPY                                 | 459  | 459                                      | 459                           |                          | 420,290   |
| 8                            | OCCUPATIONAL THERAPY                             | 310  | 310                                      | 310                           |                          | 239,372   |
| 9                            | SPEECH PATHOLOGY                                 | 24   | 24                                       | 24                            |                          | 25,475  |
| 10                           | MEDICAL SOCIAL SERVICES                          |  |  |                               |                          |   |
| 11                           | HOME HEALTH AIDE                                 | 264  | 264                                      | 264                           |                          | 18,172  |
| 12                           | SUPPLIES   |  |  |                               |                          |   |
| 13                           | DRUGS  |  |  |                               |                          |   |
| 13.20                        | COST ADMINISTERING DRUGS                         |  |  |                               |                          |   |
| 14                           | DME  |  |  |                               |                          |   |
| HHA NONREIMBURSABLE SERVICES |  |  |  |                               |                          |   |
| 15                           | HOME DIALYSIS AIDE SVCS                          |  |  |                               |                          |   |
| 16                           | RESPIRATORY THERAPY                              |  |  |                               |                          |   |
| 17                           | PRIVATE DUTY NURSING                             |  |  |                               |                          |   |
| 18                           | CLINIC   |  |  |                               |                          |   |
| 19                           | HEALTH PROM ACTIVITIES                           |  |  |                               |                          |   |
| 20                           | DAY CARE PROGRAM                                 |  |  |                               |                          |   |
| 21                           | HOME DEL MEALS PROGRAM                           |  |  |                               |                          |   |
| 22                           | HOMEMAKER SERVICE                                |  |  |                               |                          |   |
| 23                           | ALL OTHERS                                       |  |  |                               |                          |   |
| 23.50                        | TELEMEDICINE                                     |  |  |                               |                          |   |
| 24                           | TOTAL (SUM OF LINES 1-23)                        | 4,259                                      | 4,259                                    | 4,259                         | -280,138                 | 1,470,731   |
| 25                           | COST TO BE ALLOCATED                             |  |  |                               |                          | 280,138   |
| 26                           | UNIT COST MULTIPLIER                             |  |  |                               |                          | .190475   |

HHA 1

| HHA COST CENTER               | HHA TRIAL BALANCE (1) | OLD CAP REL COSTS-BLDG & (1) | OLD CAP REL COSTS-BLDG & (1.01) | OLD CAP REL COSTS-BLDG & (1.02) | OLD CAP REL COSTS-BLDG & (1.03) | OLD CAP REL COSTS-MVBLE (2) |
|-------------------------------|-----------------------|------------------------------|---------------------------------|---------------------------------|---------------------------------|-----------------------------|
| 1 ADMIN & GENERAL             |                       |                              | 1,907                           |                                 |                                 |                             |
| 2 SKILLED NURSING CARE        | 913,598               |                              | 1,229                           |                                 |                                 |                             |
| 3 PHYSICAL THERAPY            | 500,345               |                              | 449                             |                                 |                                 |                             |
| 4 OCCUPATIONAL THERAPY        | 284,966               |                              | 303                             |                                 |                                 |                             |
| 5 SPEECH PATHOLOGY            | 30,327                |                              | 23                              |                                 |                                 |                             |
| 6 MEDICAL SOCIAL SERVICES     |                       |                              |                                 |                                 |                                 |                             |
| 7 HOME HEALTH AIDE            | 21,633                |                              | 258                             |                                 |                                 |                             |
| 8 SUPPLIES                    |                       |                              |                                 |                                 |                                 |                             |
| 9 DRUGS                       |                       |                              |                                 |                                 |                                 |                             |
| 9.20 COST ADMINISTERING DRUGS |                       |                              |                                 |                                 |                                 |                             |
| 10 DME                        |                       |                              |                                 |                                 |                                 |                             |
| 11 HOME DIALYSIS AIDE SVCS    |                       |                              |                                 |                                 |                                 |                             |
| 12 RESPIRATORY THERAPY        |                       |                              |                                 |                                 |                                 |                             |
| 13 PRIVATE DUTY NURSING       |                       |                              |                                 |                                 |                                 |                             |
| 14 CLINIC                     |                       |                              |                                 |                                 |                                 |                             |
| 15 HEALTH PROM ACTIVITIES     |                       |                              |                                 |                                 |                                 |                             |
| 16 DAY CARE PROGRAM           |                       |                              |                                 |                                 |                                 |                             |
| 17 HOME DEL MEALS PROGRAM     |                       |                              |                                 |                                 |                                 |                             |
| 18 HOMEMAKER SERVICE          |                       |                              |                                 |                                 |                                 |                             |
| 19 ALL OTHER                  |                       |                              |                                 |                                 |                                 |                             |
| 19.50 TELEMEDICINE            |                       |                              |                                 |                                 |                                 |                             |
| 20 TOTAL (SUM OF 1-19) (2)    | 1,750,869             |                              | 4,169                           |                                 |                                 |                             |
| 21 UNIT COST MULTIPLIER       |                       |                              |                                 |                                 |                                 |                             |

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

| HHA COST CENTER               | OLD CAP REL COSTS-MVBLE (2.01) | NEW CAP REL COSTS-BLDG & (3) | NEW CAP REL COSTS-BLDG & (3.01) | NEW CAP REL COSTS-BLDG & (3.02) | NEW CAP REL COSTS-BLDG & (3.03) | NEW CAP REL COSTS-BLDG & (3.04) |
|-------------------------------|--------------------------------|------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| 1 ADMIN & GENERAL             | 349                            |                              | 1,981                           |                                 |                                 |                                 |
| 2 SKILLED NURSING CARE        | 225                            |                              | 1,279                           |                                 |                                 |                                 |
| 3 PHYSICAL THERAPY            | 82                             |                              | 467                             |                                 |                                 |                                 |
| 4 OCCUPATIONAL THERAPY        | 56                             |                              | 316                             |                                 |                                 |                                 |
| 5 SPEECH PATHOLOGY            | 4                              |                              | 24                              |                                 |                                 |                                 |
| 6 MEDICAL SOCIAL SERVICES     |                                |                              |                                 |                                 |                                 |                                 |
| 7 HOME HEALTH AIDE            | 47                             |                              | 269                             |                                 |                                 |                                 |
| 8 SUPPLIES                    |                                |                              |                                 |                                 |                                 |                                 |
| 9 DRUGS                       |                                |                              |                                 |                                 |                                 |                                 |
| 9.20 COST ADMINISTERING DRUGS |                                |                              |                                 |                                 |                                 |                                 |
| 10 DME                        |                                |                              |                                 |                                 |                                 |                                 |
| 11 HOME DIALYSIS AIDE SVCS    |                                |                              |                                 |                                 |                                 |                                 |
| 12 RESPIRATORY THERAPY        |                                |                              |                                 |                                 |                                 |                                 |
| 13 PRIVATE DUTY NURSING       |                                |                              |                                 |                                 |                                 |                                 |
| 14 CLINIC                     |                                |                              |                                 |                                 |                                 |                                 |
| 15 HEALTH PROM ACTIVITIES     |                                |                              |                                 |                                 |                                 |                                 |
| 16 DAY CARE PROGRAM           |                                |                              |                                 |                                 |                                 |                                 |
| 17 HOME DEL MEALS PROGRAM     |                                |                              |                                 |                                 |                                 |                                 |
| 18 HOMEMAKER SERVICE          |                                |                              |                                 |                                 |                                 |                                 |
| 19 ALL OTHER                  |                                |                              |                                 |                                 |                                 |                                 |
| 19.50 TELEMEDICINE            |                                |                              |                                 |                                 |                                 |                                 |
| 20 TOTAL (SUM OF 1-19) (2)    | 763                            |                              | 4,336                           |                                 |                                 |                                 |
| 21 UNIT COST MULTIPLIER       |                                |                              |                                 |                                 |                                 |                                 |

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

HHA 1

| HHA COST CENTER               | NEW CAP REL COSTS-MVBLE 4 | NEW CAP REL COSTS-MVBLE 4.01 | NEW CAP REL COSTS-MVBLE 4.02 | EMPLOYEE BENEFITS 5 | NONPATIENT TELEPHONES 6.01 | PURCHASING, RECEIVING AND 6.02 |
|-------------------------------|---------------------------|------------------------------|------------------------------|---------------------|----------------------------|--------------------------------|
| 1 ADMIN & GENERAL             |                           | 3,582                        |                              | 69,828              | 5,483                      | 1,678                          |
| 2 SKILLED NURSING CARE        |                           | 2,312                        |                              | 205,324             | 10,966                     | 5,675                          |
| 3 PHYSICAL THERAPY            |                           | 845                          |                              | 110,100             | 5,160                      |                                |
| 4 OCCUPATIONAL THERAPY        |                           | 571                          |                              | 65,965              | 3,548                      |                                |
| 5 SPEECH PATHOLOGY            |                           | 44                           |                              | 7,113               | 323                        |                                |
| 6 MEDICAL SOCIAL SERVICES     |                           |                              |                              |                     |                            |                                |
| 7 HOME HEALTH AIDE            |                           | 486                          |                              | 4,584               | 645                        |                                |
| 8 SUPPLIES                    |                           |                              |                              |                     |                            |                                |
| 9 DRUGS                       |                           |                              |                              |                     |                            |                                |
| 9.20 COST ADMINISTERING DRUGS |                           |                              |                              |                     |                            |                                |
| 10 DME                        |                           |                              |                              |                     |                            |                                |
| 11 HOME DIALYSIS AIDE SVCS    |                           |                              |                              |                     |                            |                                |
| 12 RESPIRATORY THERAPY        |                           |                              |                              |                     |                            |                                |
| 13 PRIVATE DUTY NURSING       |                           |                              |                              |                     |                            |                                |
| 14 CLINIC                     |                           |                              |                              |                     |                            |                                |
| 15 HEALTH PROM ACTIVITIES     |                           |                              |                              |                     |                            |                                |
| 16 DAY CARE PROGRAM           |                           |                              |                              |                     |                            |                                |
| 17 HOME DEL MEALS PROGRAM     |                           |                              |                              |                     |                            |                                |
| 18 HOMEMAKER SERVICE          |                           |                              |                              |                     |                            |                                |
| 19 ALL OTHER                  |                           |                              |                              |                     |                            |                                |
| 19.50 TELEMEDICINE            |                           |                              |                              |                     |                            |                                |
| 20 TOTAL (SUM OF 1-19) (2)    |                           | 7,840                        |                              | 462,914             | 26,125                     | 7,353                          |
| 21 UNIT COST MULTIPLIER       |                           |                              |                              |                     |                            |                                |

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

| HHA COST CENTER               | ADMITTING 6.03 | CASHIERING/A CCOUNTS RECE 6.04 | SUBTOTAL 6A.04 | OTHER ADMINI STRATIVE AND 6.05 | OPERATION OF PLANT 8 | LAUNDRY & LI NEN SERVICE 9 |
|-------------------------------|----------------|--------------------------------|----------------|--------------------------------|----------------------|----------------------------|
| 1 ADMIN & GENERAL             |                |                                | 84,808         | 18,169                         | 30,674               |                            |
| 2 SKILLED NURSING CARE        | 8,041          | 16,968                         | 1,165,617      | 249,721                        | 19,797               |                            |
| 3 PHYSICAL THERAPY            | 5,110          | 10,781                         | 633,339        | 135,687                        | 7,235                |                            |
| 4 OCCUPATIONAL THERAPY        | 2,857          | 6,028                          | 364,610        | 78,114                         | 4,886                |                            |
| 5 SPEECH PATHOLOGY            | 296            | 625                            | 38,779         | 8,308                          | 378                  |                            |
| 6 MEDICAL SOCIAL SERVICES     | 645            | 1,361                          | 2,006          | 430                            |                      |                            |
| 7 HOME HEALTH AIDE            | 185            | 389                            | 28,496         | 6,105                          | 4,161                |                            |
| 8 SUPPLIES                    |                |                                |                |                                |                      |                            |
| 9 DRUGS                       |                |                                |                |                                |                      |                            |
| 9.20 COST ADMINISTERING DRUGS |                |                                |                |                                |                      |                            |
| 10 DME                        |                |                                |                |                                |                      |                            |
| 11 HOME DIALYSIS AIDE SVCS    |                |                                |                |                                |                      |                            |
| 12 RESPIRATORY THERAPY        |                |                                |                |                                |                      |                            |
| 13 PRIVATE DUTY NURSING       |                |                                |                |                                |                      |                            |
| 14 CLINIC                     |                |                                |                |                                |                      |                            |
| 15 HEALTH PROM ACTIVITIES     |                |                                |                |                                |                      |                            |
| 16 DAY CARE PROGRAM           |                |                                |                |                                |                      |                            |
| 17 HOME DEL MEALS PROGRAM     |                |                                |                |                                |                      |                            |
| 18 HOMEMAKER SERVICE          |                |                                |                |                                |                      |                            |
| 19 ALL OTHER                  |                |                                |                |                                |                      |                            |
| 19.50 TELEMEDICINE            |                |                                |                |                                |                      |                            |
| 20 TOTAL (SUM OF 1-19) (2)    | 17,134         | 36,152                         | 2,317,655      | 496,534                        | 67,131               |                            |
| 21 UNIT COST MULTIPLIER       |                |                                |                |                                |                      |                            |

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

HHA 1

| HHA COST CENTER               | HOUSEKEEPING | DIETARY | CAFETERIA | NURSING ADMINISTRATION | CENTRAL SERVICES & SUPPL | PHARMACY |
|-------------------------------|--------------|---------|-----------|------------------------|--------------------------|----------|
|                               | 10           | 11      | 12        | 14                     | 15                       | 16       |
| 1 ADMIN & GENERAL             | 6,903        |         | 17,377    |                        |                          |          |
| 2 SKILLED NURSING CARE        | 4,452        |         | 35,144    | 78,343                 | 4,438                    |          |
| 3 PHYSICAL THERAPY            | 1,626        |         | 16,143    |                        |                          |          |
| 4 OCCUPATIONAL THERAPY        | 1,099        |         | 10,881    |                        |                          |          |
| 5 SPEECH PATHOLOGY            | 85           |         | 844       |                        |                          |          |
| 6 MEDICAL SOCIAL SERVICES     |              |         |           |                        |                          |          |
| 7 HOME HEALTH AIDE            | 935          |         | 1,786     | 4,099                  |                          |          |
| 8 SUPPLIES                    |              |         |           |                        |                          |          |
| 9 DRUGS                       |              |         |           |                        |                          |          |
| 9.20 COST ADMINISTERING DRUGS |              |         |           |                        |                          |          |
| 10 DME                        |              |         |           |                        |                          |          |
| 11 HOME DIALYSIS AIDE SVCS    |              |         |           |                        |                          |          |
| 12 RESPIRATORY THERAPY        |              |         |           |                        |                          |          |
| 13 PRIVATE DUTY NURSING       |              |         |           |                        |                          |          |
| 14 CLINIC                     |              |         |           |                        |                          |          |
| 15 HEALTH PROM ACTIVITIES     |              |         |           |                        |                          |          |
| 16 DAY CARE PROGRAM           |              |         |           |                        |                          |          |
| 17 HOME DEL MEALS PROGRAM     |              |         |           |                        |                          |          |
| 18 HOMEMAKER SERVICE          |              |         |           |                        |                          |          |
| 19 ALL OTHER                  |              |         |           |                        |                          |          |
| 19.50 TELEMEDICINE            |              |         |           |                        |                          |          |
| 20 TOTAL (SUM OF 1-19) (2)    | 15,100       |         | 82,175    | 82,442                 | 4,438                    |          |
| 21 UNIT COST MULTIPLIER       |              |         |           |                        |                          |          |

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

| HHA COST CENTER               | MEDICAL RECORDS & LIBRARY | SOCIAL SERVICE | SUBTOTAL  | POST STEP DOWN ADJUST | SUBTOTAL  | ALLOCATED HHA A & G |
|-------------------------------|---------------------------|----------------|-----------|-----------------------|-----------|---------------------|
|                               | 17                        | 18             | 25        | 26                    | 27        | 28                  |
| 1 ADMIN & GENERAL             |                           |                | 157,931   |                       | 157,931   |                     |
| 2 SKILLED NURSING CARE        |                           |                | 1,557,512 |                       | 1,557,512 | 82,804              |
| 3 PHYSICAL THERAPY            |                           |                | 794,030   |                       | 794,030   | 42,214              |
| 4 OCCUPATIONAL THERAPY        |                           |                | 459,590   |                       | 459,590   | 24,434              |
| 5 SPEECH PATHOLOGY            |                           |                | 48,394    |                       | 48,394    | 2,573               |
| 6 MEDICAL SOCIAL SERVICES     |                           | 63,084         | 65,520    |                       | 65,520    | 3,483               |
| 7 HOME HEALTH AIDE            |                           |                | 45,582    |                       | 45,582    | 2,423               |
| 8 SUPPLIES                    |                           |                |           |                       |           |                     |
| 9 DRUGS                       |                           |                |           |                       |           |                     |
| 9.20 COST ADMINISTERING DRUGS |                           |                |           |                       |           |                     |
| 10 DME                        |                           |                |           |                       |           |                     |
| 11 HOME DIALYSIS AIDE SVCS    |                           |                |           |                       |           |                     |
| 12 RESPIRATORY THERAPY        |                           |                |           |                       |           |                     |
| 13 PRIVATE DUTY NURSING       |                           |                |           |                       |           |                     |
| 14 CLINIC                     |                           |                |           |                       |           |                     |
| 15 HEALTH PROM ACTIVITIES     |                           |                |           |                       |           |                     |
| 16 DAY CARE PROGRAM           |                           |                |           |                       |           |                     |
| 17 HOME DEL MEALS PROGRAM     |                           |                |           |                       |           |                     |
| 18 HOMEMAKER SERVICE          |                           |                |           |                       |           |                     |
| 19 ALL OTHER                  |                           |                |           |                       |           |                     |
| 19.50 TELEMEDICINE            |                           |                |           |                       |           |                     |
| 20 TOTAL (SUM OF 1-19) (2)    |                           | 63,084         | 3,128,559 |                       | 3,128,559 | 157,931             |
| 21 UNIT COST MULTIPLIER       |                           |                |           |                       |           | 0.053164            |

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

HHA 1

| HHA COST CENTER               | TOTAL HHA COSTS |
|-------------------------------|-----------------|
|                               | 29              |
| 1 ADMIN & GENERAL             |                 |
| 2 SKILLED NURSING CARE        | 1,640,316       |
| 3 PHYSICAL THERAPY            | 836,244         |
| 4 OCCUPATIONAL THERAPY        | 484,024         |
| 5 SPEECH PATHOLOGY            | 50,967          |
| 6 MEDICAL SOCIAL SERVICES     | 69,003          |
| 7 HOME HEALTH AIDE            | 48,005          |
| 8 SUPPLIES                    |                 |
| 9 DRUGS                       |                 |
| 9.20 COST ADMINISTERING DRUGS |                 |
| 10 DME                        |                 |
| 11 HOME DIALYSIS AIDE SVCS    |                 |
| 12 RESPIRATORY THERAPY        |                 |
| 13 PRIVATE DUTY NURSING       |                 |
| 14 CLINIC                     |                 |
| 15 HEALTH PROM ACTIVITIES     |                 |
| 16 DAY CARE PROGRAM           |                 |
| 17 HOME DEL MEALS PROGRAM     |                 |
| 18 HOMEMAKER SERVICE          |                 |
| 19 ALL OTHER                  |                 |
| 19.50 TELEMEDICINE            |                 |
| 20 TOTAL (SUM OF 1-19) (2)    | 3,128,559       |
| 21 UNIT COST MULTIPLIER       |                 |

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

HHA 1

| HHA COST CENTER | OLD CAP REL COSTS-BLDG & (SQUARE FEET ) 1 | OLD CAP REL COSTS-BLDG & (SQUARE FEET ) 1.01 | OLD CAP REL COSTS-BLDG & (SQUARE FEET ) 1.02 | OLD CAP REL COSTS-BLDG & (SQUARE FEET ) 1.03 | OLD CAP REL COSTS-MVBLE (SQUARE FEET ) 2 | OLD CAP REL COSTS-MVBLE (SQUARE FEET ) 2.01 |
|-----------------|---|--|--|--|--|---|
| 1               | ADMIN & GENERAL                           |  | 1,946  |  |  | 1,946                                       |
| 2               | SKILLED NURSING CARE                      |  | 1,256  |  |  | 1,256                                       |
| 3               | PHYSICAL THERAPY                          |  | 459  |  |  | 459   |
| 4               | OCCUPATIONAL THERAPY                      |  | 310  |  |  | 310   |
| 5               | SPEECH PATHOLOGY                          |  | 24   |  |  | 24  |
| 6               | MEDICAL SOCIAL SERVICES                   |  |  |  |  |   |
| 7               | HOME HEALTH AIDE                          |  | 264  |  |  | 264   |
| 8               | SUPPLIES                                  |  |  |  |  |   |
| 9               | DRUGS                                     |  |  |  |  |   |
| 9.20            | COST ADMINISTERING DRUGS                  |  |  |  |  |   |
| 10              | DME                                       |  |  |  |  |   |
| 11              | HOME DIALYSIS AIDE SVCS                   |  |  |  |  |   |
| 12              | RESPIRATORY THERAPY                       |  |  |  |  |   |
| 13              | PRIVATE DUTY NURSING                      |  |  |  |  |   |
| 14              | CLINIC                                    |  |  |  |  |   |
| 15              | HEALTH PROM ACTIVITIES                    |  |  |  |  |   |
| 16              | DAY CARE PROGRAM                          |  |  |  |  |   |
| 17              | HOME DEL MEALS PROGRAM                    |  |  |  |  |   |
| 18              | HOMEMAKER SERVICE                         |  |  |  |  |   |
| 19              | ALL OTHER                                 |  |  |  |  |   |
| 19.50           | TELEMEDICINE                              |  |  |  |  |   |
| 20              | TOTAL (SUM OF 1-19)                       |  | 4,259  |  |  | 4,259                                       |
| 21              | COST TO BE ALLOCATED                      |  | 4,169  |  |  | 763   |
| 22              | UNIT COST MULTIPLIER                      |  | 0.978868                                     |  |  | 0.179150                                    |

| HHA COST CENTER | NEW CAP REL COSTS-BLDG & (SQUARE FEET ) 3 | NEW CAP REL COSTS-BLDG & (SQUARE FEET ) 3.01 | NEW CAP REL COSTS-BLDG & (SQUARE FEET ) 3.02 | NEW CAP REL COSTS-BLDG & (SQUARE FEET ) 3.03 | NEW CAP REL COSTS-BLDG & (SQUARE FEET ) 3.04 | NEW CAP REL COSTS-MVBLE (SQUARE FEET ) 4 |
|-----------------|---|--|--|--|--|--|
| 1               | ADMIN & GENERAL                           |  | 1,946  |  |  |  |
| 2               | SKILLED NURSING CARE                      |  | 1,256  |  |  |  |
| 3               | PHYSICAL THERAPY                          |  | 459  |  |  |  |
| 4               | OCCUPATIONAL THERAPY                      |  | 310  |  |  |  |
| 5               | SPEECH PATHOLOGY                          |  | 24   |  |  |  |
| 6               | MEDICAL SOCIAL SERVICES                   |  |  |  |  |  |
| 7               | HOME HEALTH AIDE                          |  | 264  |  |  |  |
| 8               | SUPPLIES                                  |  |  |  |  |  |
| 9               | DRUGS                                     |  |  |  |  |  |
| 9.20            | COST ADMINISTERING DRUGS                  |  |  |  |  |  |
| 10              | DME                                       |  |  |  |  |  |
| 11              | HOME DIALYSIS AIDE SVCS                   |  |  |  |  |  |
| 12              | RESPIRATORY THERAPY                       |  |  |  |  |  |
| 13              | PRIVATE DUTY NURSING                      |  |  |  |  |  |
| 14              | CLINIC                                    |  |  |  |  |  |
| 15              | HEALTH PROM ACTIVITIES                    |  |  |  |  |  |
| 16              | DAY CARE PROGRAM                          |  |  |  |  |  |
| 17              | HOME DEL MEALS PROGRAM                    |  |  |  |  |  |
| 18              | HOMEMAKER SERVICE                         |  |  |  |  |  |
| 19              | ALL OTHER                                 |  |  |  |  |  |
| 19.50           | TELEMEDICINE                              |  |  |  |  |  |
| 20              | TOTAL (SUM OF 1-19)                       |  | 4,259  |  |  |  |
| 21              | COST TO BE ALLOCATED                      |  | 4,336  |  |  |  |
| 22              | UNIT COST MULTIPLIER                      |  | 1.018079                                     |  |  |  |

HHA 1

| HHA COST CENTER               | NEW CAP REL COSTS-MVBLE (SQUARE FEET) | NEW CAP REL COSTS-MVBLE (SQUARE FEET) | EMPLOYEE BENEFITS (ADJUSTED SALARIES) | NONPATIENT TELEPHONES (NO OF LINES) | PURCHASING, RECEIVING AND (COSTED REQUIS) | ADMITTING (TOTAL REVENUE) |
|-------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|-------------------------------------|---|---------------------------|
|                               | 4.01                                  | 4.02                                  | 5                                     | 6.01                                | 6.02                                      | 6.03                      |
| 1 ADMIN & GENERAL             | 1,946                                 |                                       | 221,625                               | 17                                  | 8,080                                     |                           |
| 2 SKILLED NURSING CARE        | 1,256                                 |                                       | 651,676                               | 34                                  | 27,337                                    | 3,113,195                 |
| 3 PHYSICAL THERAPY            | 459                                   |                                       | 349,445                               | 16                                  |   | 1,978,224                 |
| 4 OCCUPATIONAL THERAPY        | 310                                   |                                       | 209,364                               | 11                                  |   | 1,106,106                 |
| 5 SPEECH PATHOLOGY            | 24                                    |                                       | 22,576                                | 1                                   |   | 114,726                   |
| 6 MEDICAL SOCIAL SERVICES     |                                       |                                       |                                       |                                     |   | 249,642                   |
| 7 HOME HEALTH AIDE            | 264                                   |                                       | 14,550                                | 2                                   |   | 71,460                    |
| 8 SUPPLIES                    |                                       |                                       |                                       |                                     |   |                           |
| 9 DRUGS                       |                                       |                                       |                                       |                                     |   |                           |
| 9.20 COST ADMINISTERING DRUGS |                                       |                                       |                                       |                                     |   |                           |
| 10 DME                        |                                       |                                       |                                       |                                     |   |                           |
| 11 HOME DIALYSIS AIDE SVCS    |                                       |                                       |                                       |                                     |   |                           |
| 12 RESPIRATORY THERAPY        |                                       |                                       |                                       |                                     |   |                           |
| 13 PRIVATE DUTY NURSING       |                                       |                                       |                                       |                                     |   |                           |
| 14 CLINIC                     |                                       |                                       |                                       |                                     |   |                           |
| 15 HEALTH PROM ACTIVITIES     |                                       |                                       |                                       |                                     |   |                           |
| 16 DAY CARE PROGRAM           |                                       |                                       |                                       |                                     |   |                           |
| 17 HOME DEL MEALS PROGRAM     |                                       |                                       |                                       |                                     |   |                           |
| 18 HOMEMAKER SERVICE          |                                       |                                       |                                       |                                     |   |                           |
| 19 ALL OTHER                  |                                       |                                       |                                       |                                     |   |                           |
| 19.50 TELEMEDICINE            |                                       |                                       |                                       |                                     |   |                           |
| 20 TOTAL (SUM OF 1-19)        | 4,259                                 |                                       | 1,469,236                             | 81                                  | 35,417                                    | 6,633,353                 |
| 21 COST TO BE ALLOCATED       | 7,840                                 |                                       | 462,914                               | 26,125                              | 7,353                                     | 17,134                    |
| 22 UNIT COST MULTIPLIER       | 1.840808                              |                                       | 0.315071                              | 322.530864                          | 0.207612                                  | 0.002583                  |

| HHA COST CENTER               | CASHIERING/ACCOUNTS RECE (TOTAL REVENUE) | RECONCILIATION | OTHER ADMINISTRATIVE AND ACCUM. COST | OPERATION OF PLANT (SQUARE FEET) | LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY) | HOUSEKEEPING (TIME SPENT) |
|-------------------------------|--|----------------|--------------------------------------|----------------------------------|---|---------------------------|
|                               | 6.04                                     | 6A.05          | 6.05                                 | 8                                | 9   | 10                        |
| 1 ADMIN & GENERAL             |  |                | 84,808                               | 1,946                            |   | 2,186                     |
| 2 SKILLED NURSING CARE        |  |                | 1,165,617                            | 1,256                            |   | 1,410                     |
| 3 PHYSICAL THERAPY            | 3,113,195                                |                | 633,339                              | 459                              |   | 515                       |
| 4 OCCUPATIONAL THERAPY        | 1,978,224                                |                | 364,610                              | 310                              |   | 348                       |
| 5 SPEECH PATHOLOGY            | 1,106,106                                |                | 38,779                               | 24                               |   | 27                        |
| 6 MEDICAL SOCIAL SERVICES     | 114,726                                  |                | 2,006                                |                                  |   |                           |
| 7 HOME HEALTH AIDE            | 249,642                                  |                | 28,496                               | 264                              |   | 296                       |
| 8 SUPPLIES                    | 71,460                                   |                |                                      |                                  |   |                           |
| 9 DRUGS                       |  |                |                                      |                                  |   |                           |
| 9.20 COST ADMINISTERING DRUGS |  |                |                                      |                                  |   |                           |
| 10 DME                        |  |                |                                      |                                  |   |                           |
| 11 HOME DIALYSIS AIDE SVCS    |  |                |                                      |                                  |   |                           |
| 12 RESPIRATORY THERAPY        |  |                |                                      |                                  |   |                           |
| 13 PRIVATE DUTY NURSING       |  |                |                                      |                                  |   |                           |
| 14 CLINIC                     |  |                |                                      |                                  |   |                           |
| 15 HEALTH PROM ACTIVITIES     |  |                |                                      |                                  |   |                           |
| 16 DAY CARE PROGRAM           |  |                |                                      |                                  |   |                           |
| 17 HOME DEL MEALS PROGRAM     |  |                |                                      |                                  |   |                           |
| 18 HOMEMAKER SERVICE          |  |                |                                      |                                  |   |                           |
| 19 ALL OTHER                  |  |                |                                      |                                  |   |                           |
| 19.50 TELEMEDICINE            |  |                |                                      |                                  |   |                           |
| 20 TOTAL (SUM OF 1-19)        | 6,633,353                                |                | 2,317,655                            | 4,259                            |   | 4,782                     |
| 21 COST TO BE ALLOCATED       | 36,152                                   |                | 496,534                              | 67,131                           |   | 15,100                    |
| 22 UNIT COST MULTIPLIER       | 0.005450                                 |                | 0.214240                             | 15.762151                        |   | 3.157675                  |

HHA 1

| HHA COST CENTER               | DIETARY<br>(PATIENT MEALS ) | CAFETERIA<br>(FTE'S ) | NURSING ADMINISTRATION<br>(DIRECT )<br>(SING HRS ) | CENTRAL SERVICES & SUPPLIES<br>(PURCHASE REQUIS. ) | PHARMACY<br>(COSTED )<br>(EQUIS. ) | MEDICAL RECORDS & LIBRARY<br>(TIME )<br>(SPENT ) |
|-------------------------------|-----------------------------|-----------------------|--|--|------------------------------------|--|
|                               | 11                          | 12                    | 14   | 15   | 16                                 | 17   |
| 1 ADMIN & GENERAL             |                             | 535                   |  |  |                                    |  |
| 2 SKILLED NURSING CARE        |                             | 1,082                 | 2,457,875  | 27,337   |                                    |  |
| 3 PHYSICAL THERAPY            |                             | 497                   |  |  |                                    |  |
| 4 OCCUPATIONAL THERAPY        |                             | 335                   |  |  |                                    |  |
| 5 SPEECH PATHOLOGY            |                             | 26                    |  |  |                                    |  |
| 6 MEDICAL SOCIAL SERVICES     |                             |                       |  |  |                                    |  |
| 7 HOME HEALTH AIDE            |                             | 55                    | 128,612  |  |                                    |  |
| 8 SUPPLIES                    |                             |                       |  |  |                                    |  |
| 9 DRUGS                       |                             |                       |  |  |                                    |  |
| 9.20 COST ADMINISTERING DRUGS |                             |                       |  |  |                                    |  |
| 10 DME                        |                             |                       |  |  |                                    |  |
| 11 HOME DIALYSIS AIDE SVCS    |                             |                       |  |  |                                    |  |
| 12 RESPIRATORY THERAPY        |                             |                       |  |  |                                    |  |
| 13 PRIVATE DUTY NURSING       |                             |                       |  |  |                                    |  |
| 14 CLINIC                     |                             |                       |  |  |                                    |  |
| 15 HEALTH PROM ACTIVITIES     |                             |                       |  |  |                                    |  |
| 16 DAY CARE PROGRAM           |                             |                       |  |  |                                    |  |
| 17 HOME DEL MEALS PROGRAM     |                             |                       |  |  |                                    |  |
| 18 HOMEMAKER SERVICE          |                             |                       |  |  |                                    |  |
| 19 ALL OTHER                  |                             |                       |  |  |                                    |  |
| 19.50 TELEMEDICINE            |                             |                       |  |  |                                    |  |
| 20 TOTAL (SUM OF 1-19)        |                             | 2,530                 | 2,586,487  | 27,337   |                                    |  |
| 21 COST TO BE ALLOCATED       |                             | 82,175                | 82,442   | 4,438  |                                    |  |
| 22 UNIT COST MULTIPLIER       |                             | 32.480237             | 0.031874   | 0.162344   |                                    |  |

SOCIAL SERVICE  
 (TIME  
 SPENT )

| HHA COST CENTER               | 18       |
|-------------------------------|----------|
| 1 ADMIN & GENERAL             |          |
| 2 SKILLED NURSING CARE        |          |
| 3 PHYSICAL THERAPY            |          |
| 4 OCCUPATIONAL THERAPY        |          |
| 5 SPEECH PATHOLOGY            |          |
| 6 MEDICAL SOCIAL SERVICES     | 18,475   |
| 7 HOME HEALTH AIDE            |          |
| 8 SUPPLIES                    |          |
| 9 DRUGS                       |          |
| 9.20 COST ADMINISTERING DRUGS |          |
| 10 DME                        |          |
| 11 HOME DIALYSIS AIDE SVCS    |          |
| 12 RESPIRATORY THERAPY        |          |
| 13 PRIVATE DUTY NURSING       |          |
| 14 CLINIC                     |          |
| 15 HEALTH PROM ACTIVITIES     |          |
| 16 DAY CARE PROGRAM           |          |
| 17 HOME DEL MEALS PROGRAM     |          |
| 18 HOMEMAKER SERVICE          |          |
| 19 ALL OTHER                  |          |
| 19.50 TELEMEDICINE            |          |
| 20 TOTAL (SUM OF 1-19)        | 18,475   |
| 21 COST TO BE ALLOCATED       | 63,084   |
| 22 UNIT COST MULTIPLIER       | 3.414560 |

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

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

| COST PER VISIT COMPUTATION | PATIENT SERVICES         | FROM WKST H-5 PART I COL. 29, LINE: | FACILITY COSTS (FROM PART I) | SHARED ANCILLARY COSTS (FROM PART II) | TOTAL HHA COSTS | TOTAL VISITS | AVERAGE COST PER VISIT | PROGRAM VISITS |
|----------------------------|--------------------------|-------------------------------------|------------------------------|---------------------------------------|-----------------|--------------|------------------------|----------------|
|                            |                          |                                     | 1                            | 2                                     | 3               | 4            | 5                      | PART A 6       |
| 1                          | SKILLED NURSING          | 2                                   | 1,640,316                    |                                       | 1,640,316       | 10,514       | 156.01                 | 3,770          |
| 2                          | PHYSICAL THERAPY         | 3                                   | 836,244                      |                                       | 836,244         | 6,179        | 135.34                 | 2,752          |
| 3                          | OCCUPATIONAL THERAPY     | 4                                   | 484,024                      |                                       | 484,024         | 3,032        | 159.64                 | 1,486          |
| 4                          | SPEECH PATHOLOGY         | 5                                   | 50,967                       |                                       | 50,967          | 297          | 171.61                 | 147            |
| 5                          | MEDICAL SOCIAL SERVICES  | 6                                   | 69,003                       |                                       | 69,003          | 515          | 133.99                 | 161            |
| 6                          | HOME HEALTH AIDE SERVICE | 7                                   | 48,005                       |                                       | 48,005          | 745          | 64.44                  | 268            |
| 7                          | TOTAL                    |                                     | 3,128,559                    |                                       | 3,128,559       | 21,282       |                        | 8,584          |

|   |                           | -----PROGRAM VISITS-----        |                             | -----COST OF SERVICES-----      |                             |                    |           |
|---|---------------------------|---------------------------------|-----------------------------|---------------------------------|-----------------------------|--------------------|-----------|
|   |                           | -----PART B-----                |                             | -----PART B-----                |                             |                    |           |
|   |                           | NOT SUBJECT TO DEDUCT & COINSUR | SUBJECT TO DEDUCT & COINSUR | NOT SUBJECT TO DEDUCT & COINSUR | SUBJECT TO DEDUCT & COINSUR | TOTAL PROGRAM COST |           |
|   |                           | 7                               | 8                           | PART A 9                        | 10                          | 11                 | 12        |
| 1 | SKILLED NURSING           | 3,014                           |                             | 588,158                         | 470,214                     |                    | 1,058,372 |
| 2 | PHYSICAL THERAPY          | 1,482                           |                             | 372,456                         | 200,574                     |                    | 573,030   |
| 3 | OCCUPATIONAL THERAPY      | 526                             |                             | 237,225                         | 83,971                      |                    | 321,196   |
| 4 | SPEECH PATHOLOGY          | 61                              |                             | 25,227                          | 10,468                      |                    | 35,695    |
| 5 | MEDICAL SOCIAL SERVICES   | 154                             |                             | 21,572                          | 20,634                      |                    | 42,206    |
| 6 | HOME HEALTH AIDE SERVICES | 399                             |                             | 17,270                          | 25,712                      |                    | 42,982    |
| 7 | TOTAL                     | 5,636                           |                             | 1,261,908                       | 811,573                     |                    | 2,073,481 |

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

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

|              |                |                  |           |
|--------------|----------------|------------------|-----------|
| PROVIDER NO: | PERIOD:        | PREPARED         | 5/31/2011 |
| 14-0052      | FROM 1/ 1/2010 | WORKSHEET        | H-6       |
| HHA NO:      | TO 12/31/2010  | PARTS I II & III |           |
| 14-7113      |                | HHA              | 1         |

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

PART I - APPORTIONMENT OF HHA COST CENTERS:

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

| SUPPLIES AND EQUIPMENT<br>COST COMPUTATION | FROM<br>WKST H-5<br>PART I<br>COL. 29,<br>LINE: | FACILITY<br>COSTS<br>(FROM<br>WKST H-5<br>PART I) | SHARED<br>ANCILLARY<br>COSTS<br>(FROM<br>PART II) | TOTAL HHA<br>COSTS | TOTAL<br>CHARGES | RATIO | PROGRAM<br>COVERED<br>CHARGES<br>PART A |
|--|---|---|---|--------------------|------------------|-------|---|
| OTHER PATIENT SERVICES                     |   | 1   | 2   | 3                  | 4                | 5     | 6                                       |
| 15 COST OF MEDICAL SUPPLIES                | 8.00  |   |   |                    | 101,786          |       | 24,202                                  |
| 16 COST OF DRUGS                           | 9.00  |   |   |                    |                  |       |   |
| 16.20 COST OF DRUGS                        | 9.20  |   |   |                    |                  |       |   |

|                             | PROGRAM COVERED CHARGES<br>-----PART B----- | -----COST OF SERVICES-----<br>-----PART B----- |
|-----------------------------|---|--|
|                             | NOT SUBJECT<br>TO DEDUCT<br>& COINSUR<br>7  | SUBJECT<br>TO DEDUCT<br>& COINSUR<br>8         |
|                             | PART A<br>9                                 | NOT SUBJECT<br>TO DEDUCT<br>& COINSUR<br>10    |
|                             |   | SUBJECT<br>TO DEDUCT<br>& COINSUR<br>11        |
| 15 COST OF MEDICAL SUPPLIES | 49,924                                      |  |
| 16 COST OF DRUGS            |   |  |
| 16.20 COST OF DRUGS         |   |  |

PER BENEFICIARY COST  
LIMITATION:

|               |        |
|---------------|--------|
| MSA<br>NUMBER | AMOUNT |
| 1             | 2      |

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

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

|      | FROM<br>WKST C<br>PT I, COL 9       | COST TO<br>CHARGE<br>RATIO | TOTAL<br>HHA<br>CHARGES | HHA SHARED<br>ANCILLARY<br>COSTS | TRANSFER TO<br>PART I<br>AS INDICATED |
|------|-------------------------------------|----------------------------|-------------------------|----------------------------------|---------------------------------------|
|      |                                     | 1                          | 2                       | 3                                | 4                                     |
| 1    | PHYSICAL THERAPY                    | 50                         | .124104                 |                                  | COL 2, LN 2                           |
| 2    | OCCUPATIONAL THERAPY                | 51                         | .114187                 |                                  | COL 2, LN 3                           |
| 3    | SPEECH PATHOLOGY                    | 52                         | .135228                 |                                  | COL 2, LN 4                           |
| 4    | MEDICAL SUPPLIES CHARGED TO PATIENT | 55                         | .276453                 |                                  | COL 2, LN 15                          |
| 4.30 | IMPL. DEV. CHARGED TO PATIENT       | 55.30                      | .378800                 |                                  |                                       |
| 5    | DRUGS CHARGED TO PATIENTS           | 56                         | .187791                 |                                  | COL 2, LN 16                          |

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

|   | FROM<br>PART I,<br>COL 5 | COST<br>PER<br>VISIT | ----- PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE -----<br>---- PROGRAM VISITS ----   ---- PROGRAM COSTS ----  <br>PRIOR 1/1/1998 TO 12/31/1998   PRIOR 1/1/1998 TO 12/31/1998  <br>2.01   3   3.01   4 | PROG VISITS<br>ON OR AFTER<br>1/1/1999<br>5 |
|---|--------------------------|----------------------|--|---|
|   | 1                        | 2                    |  |   |
| 1 | PHYSICAL THERAPY         | 2                    | 135.34   |   |
| 2 | OCCUPATIONAL THERAPY     | 3                    | 159.64   |   |
| 3 | SPEECH PATHOLOGY         | 4                    | 171.61   |   |
| 4 | TOTAL (SUM OF LINES 1-3) |                      |  |   |

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

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

| COST PER VISIT COMPUTATION | FROM WKST H-5 PART I COL. 29, LINE: | FACILITY COSTS (FROM PART I) | SHARED ANCILLARY COSTS (FROM PART II) | TOTAL HHA COSTS | TOTAL VISITS | AVERAGE COST PER VISIT | PROGRAM VISITS PART A |
|----------------------------|-------------------------------------|------------------------------|---------------------------------------|-----------------|--------------|------------------------|-----------------------|
| PATIENT SERVICES           |                                     | 1                            | 2                                     | 3               | 4            | 5                      | 6                     |
| 1 SKILLED NURSING          | 2                                   | 1,640,316                    |                                       | 1,640,316       | 10,514       | 156.01                 |                       |
| 2 PHYSICAL THERAPY         | 3                                   | 836,244                      |                                       | 836,244         | 6,179        | 135.34                 |                       |
| 3 OCCUPATIONAL THERAPY     | 4                                   | 484,024                      |                                       | 484,024         | 3,032        | 159.64                 |                       |
| 4 SPEECH PATHOLOGY         | 5                                   | 50,967                       |                                       | 50,967          | 297          | 171.61                 |                       |
| 5 MEDICAL SOCIAL SERVICES  | 6                                   | 69,003                       |                                       | 69,003          | 515          | 133.99                 |                       |
| 6 HOME HEALTH AIDE SERVICE | 7                                   | 48,005                       |                                       | 48,005          | 745          | 64.44                  |                       |
| 7 TOTAL                    |                                     | 3,128,559                    |                                       | 3,128,559       | 21,282       |                        |                       |

|                             | -----PROGRAM VISITS-----        |                             | -----COST OF SERVICES-----      |                             | TOTAL PROGRAM COST |         |
|-----------------------------|---------------------------------|-----------------------------|---------------------------------|-----------------------------|--------------------|---------|
|                             | NOT SUBJECT TO DEDUCT & COINSUR | SUBJECT TO DEDUCT & COINSUR | NOT SUBJECT TO DEDUCT & COINSUR | SUBJECT TO DEDUCT & COINSUR |                    |         |
|                             | 7                               | 8                           | PART A 9                        | 10                          | 11                 | 12      |
| 1 SKILLED NURSING           | 761                             |                             |                                 | 118,724                     |                    | 118,724 |
| 2 PHYSICAL THERAPY          | 190                             |                             |                                 | 25,715                      |                    | 25,715  |
| 3 OCCUPATIONAL THERAPY      | 108                             |                             |                                 | 17,241                      |                    | 17,241  |
| 4 SPEECH PATHOLOGY          | 17                              |                             |                                 | 2,917                       |                    | 2,917   |
| 5 MEDICAL SOCIAL SERVICES   | 43                              |                             |                                 | 5,762                       |                    | 5,762   |
| 6 HOME HEALTH AIDE SERVICES | 17                              |                             |                                 | 1,095                       |                    | 1,095   |
| 7 TOTAL                     | 1,136                           |                             |                                 | 171,454                     |                    | 171,454 |

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

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

|              |               |                  |
|--------------|---------------|------------------|
| PROVIDER NO: | PERIOD:       | PREPARED         |
| 14-0052      | FROM 1/1/2010 | 5/31/2011        |
| HHA NO:      | TO 12/31/2010 | WORKSHEET H-6    |
| 14-7113      |               | PARTS I II & III |
|              |               | HHA 1            |

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

PART I - APPORTIONMENT OF HHA COST CENTERS:

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

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

|                             | PROGRAM COVERED CHARGES         | -----COST OF SERVICES-----  |                             |
|-----------------------------|---------------------------------|-----------------------------|-----------------------------|
|                             | -----PART B-----                | -----PART B-----            |                             |
|                             | NOT SUBJECT TO DEDUCT & COINSUR | SUBJECT TO DEDUCT & COINSUR |                             |
|                             | 7                               | 8                           |                             |
|                             |                                 |                             | PART A                      |
|                             |                                 |                             | TO DEDUCT & COINSUR         |
|                             |                                 |                             | 10                          |
|                             |                                 |                             | SUBJECT TO DEDUCT & COINSUR |
|                             |                                 |                             | 11                          |
| 15 COST OF MEDICAL SUPPLIES |                                 |                             |                             |
| 16 COST OF DRUGS            |                                 |                             |                             |
| 16.20 COST OF DRUGS         |                                 |                             |                             |

| PER BENEFICIARY COST LIMITATION:        | MSA NUMBER | AMOUNT |
|---|------------|--------|
|   | 1          | 2      |
| 162 PROGRAM UNDUP CENSUS FROM WRKST S-4 |            |        |
| 17 PER BENE COST LIMITATION (FRM F1)    |            |        |
| 18 PER BENE COST LIMITATION (LN 17*18)  |            |        |

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

|                                       | FROM WKST C PT I, COL 9 | COST TO CHARGE RATIO | TOTAL HHA CHARGES | HHA SHARED ANCILLARY COSTS | TRANSFER TO PART I AS INDICATED |
|---------------------------------------|-------------------------|----------------------|-------------------|----------------------------|---------------------------------|
|                                       |                         | 1                    | 2                 | 3                          | 4                               |
| 1 PHYSICAL THERAPY                    | 50                      | .124104              |                   |                            | COL 2, LN 2                     |
| 2 OCCUPATIONAL THERAPY                | 51                      | .114187              |                   |                            | COL 2, LN 3                     |
| 3 SPEECH PATHOLOGY                    | 52                      | .135228              |                   |                            | COL 2, LN 4                     |
| 4 MEDICAL SUPPLIES CHARGED TO PATIENT | 55                      | .276453              |                   |                            | COL 2, LN 15                    |
| 4.30 IMPL. DEV. CHARGED TO PATIENT    | 55.30                   | .378800              |                   |                            |                                 |
| 5 DRUGS CHARGED TO PATIENTS           | 56                      | .187791              |                   |                            | COL 2, LN 16                    |

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

|                            | FROM PART I, COL 5 | COST PER VISIT | ----- PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE ----- |                              | ----- PROGRAM COSTS -----    |                              | PROG VISITS ON OR AFTER |
|----------------------------|--------------------|----------------|--|------------------------------|------------------------------|------------------------------|-------------------------|
|                            | 1                  | 2              | ----- PROGRAM VISITS -----   | ----- PROGRAM VISITS -----   | ----- PROGRAM VISITS -----   | ----- PROGRAM VISITS -----   | 1/1/1999                |
|                            |                    |                | PRIOR 1/1/1998 TO 12/31/1998                                       | PRIOR 1/1/1998 TO 12/31/1998 | PRIOR 1/1/1998 TO 12/31/1998 | PRIOR 1/1/1998 TO 12/31/1998 |                         |
|                            |                    |                | 2.01   | 3                            | 3.01                         | 4                            | 5                       |
| 1 PHYSICAL THERAPY         | 2                  | 135.34         |  |                              |                              |                              |                         |
| 2 OCCUPATIONAL THERAPY     | 3                  | 159.64         |  |                              |                              |                              |                         |
| 3 SPEECH PATHOLOGY         | 4                  | 171.61         |  |                              |                              |                              |                         |
| 4 TOTAL (SUM OF LINES 1-3) |                    |                |  |                              |                              |                              |                         |



TITLE XVII HHA 1

| DESCRIPTION  | PART A     |           | PART B     |         |
|--|------------|-----------|------------|---------|
|  | MM/DD/YYYY | AMOUNT    | MM/DD/YYYY | AMOUNT  |
| 1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER  | 1          | 1,616,692 | 3          | 952,525 |
| 2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.                      |            | NONE      |            | NONE    |
| 3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1) |            |           |            |         |
| ADJUSTMENTS TO PROVIDER  |            | .01       |            |         |
| ADJUSTMENTS TO PROVIDER  |            | .02       |            |         |
| ADJUSTMENTS TO PROVIDER  |            | .03       |            |         |
| ADJUSTMENTS TO PROVIDER  |            | .04       |            |         |
| ADJUSTMENTS TO PROVIDER  |            | .05       |            |         |
| ADJUSTMENTS TO PROVIDER  |            | .49       |            |         |
| ADJUSTMENTS TO PROGRAM   |            | .50       |            |         |
| ADJUSTMENTS TO PROGRAM   |            | .51       |            |         |
| ADJUSTMENTS TO PROGRAM   |            | .52       |            |         |
| ADJUSTMENTS TO PROGRAM   |            | .53       |            |         |
| ADJUSTMENTS TO PROGRAM   |            | .54       |            |         |
| ADJUSTMENTS TO PROGRAM   |            | .99       |            |         |
| SUBTOTAL   |            | NONE      |            | NONE    |
| 4 TOTAL INTERIM PAYMENTS   |            | 1,616,692 |            | 952,525 |
| TO BE COMPLETED BY INTERMEDIARY  |            |           |            |         |
| 5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)  |            |           |            |         |
| TENTATIVE TO PROVIDER  |            | .01       |            |         |
| TENTATIVE TO PROVIDER  |            | .02       |            |         |
| TENTATIVE TO PROVIDER  |            | .03       |            |         |
| TENTATIVE TO PROGRAM   |            | .50       |            |         |
| TENTATIVE TO PROGRAM   |            | .51       |            |         |
| TENTATIVE TO PROGRAM   |            | .52       |            |         |
| SUBTOTAL   |            | .99       |            |         |
| 6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)  |            | NONE      |            | NONE    |
| SETTLEMENT TO PROVIDER   |            | .01       |            |         |
| SETTLEMENT TO PROGRAM  |            | .02       |            |         |
|  |            | 60,034    |            | 14,893  |
| 7 TOTAL MEDICARE PROGRAM LIABILITY   |            | 1,556,658 |            | 937,632 |

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

DATE: \_\_\_/\_\_\_/\_\_\_

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

RECLASSIFICATION AND ADJUSTMENT  
OF TRIAL BALANCE EXPENSES

|              |                |             |
|--------------|----------------|-------------|
| PROVIDER NO: | PERIOD:        | PREPARED    |
| 14-0052      | FROM 1/ 1/2010 | 5/31/2011   |
| HOSPICE NO:  | TO 12/31/2010  | WORKSHEET K |
| 14-1573      |                |             |

HOSPICE 1

|  | SALARIES<br>(FROM K-1)<br>1 | EMPLOYEE<br>BENEFITS<br>(FROM K-2)<br>2 | TRANSPORTATION<br>(SEE INST.)<br>3 | CONTRACTED<br>SERVICES<br>(FROM K-3)<br>4 |
|--|-----------------------------|---|------------------------------------|---|
| GENERAL SERVICE COST CENTERS               |                             |   |                                    |   |
| 1 CAPITAL RELATED COSTS-BLDG AND FIXT.     |                             |   |                                    |   |
| 2 CAPITAL RELATED COSTS-MOVABLE EQUIP.     |                             |   |                                    |   |
| 3 PLANT OPERATION AND MAINTENANCE          |                             |   |                                    |   |
| 4 TRANSPORTATION - STAFF                   |                             |   |                                    |   |
| 5 VOLUNTEER SERVICE COORDINATION           | 15,957                      | 1,143                                   | 1,295                              |   |
| 6 ADMINISTRATIVE AND GENERAL               | 127,849                     | 9,218                                   | 845                                |   |
| INPATIENT CARE SERVICE                     |                             |   |                                    |   |
| 7 INPATIENT - GENERAL CARE                 |                             |   |                                    |   |
| 8 INPATIENT - RESPIRE CARE                 |                             |   |                                    |   |
| VISITING SERVICES                          |                             |   |                                    |   |
| 9 PHYSICIAN SERVICES                       |                             |   |                                    |   |
| 10 NURSING CARE                            | 204,404                     | 14,637                                  | 14,135                             |   |
| 10.20 NURSING CARE-CONTINUOUS HOME CARE    |                             |   |                                    |   |
| 11 PHYSICAL THERAPY                        | 2,892                       | 207                                     | 239                                |   |
| 12 OCCUPATIONAL THERAPY                    |                             |   |                                    |   |
| 13 SPEECH/LANGUAGE PATHOLOGY               |                             |   |                                    |   |
| 14 MEDICAL SOCIAL SERVICES                 | 30,009                      | 2,149                                   | 2,034                              |   |
| 15 SPIRITUAL COUNSELING                    | 27,664                      | 1,981                                   | 1,429                              |   |
| 16 DIETARY COUNSELING                      | 2,604                       | 186                                     | 25                                 |   |
| 17 COUNSELING - OTHER                      |                             |   |                                    |   |
| 18 HOME HEALTH AIDE AND HOME MAKER         | 34,789                      | 2,491                                   | 8,185                              |   |
| 18.20 HH AIDE & HOME MAKER-CONT. HOME CARE |                             |   |                                    |   |
| OTHER HOSPICE SERVICE COSTS                |                             |   |                                    |   |
| 19 OTHER                                   |                             |   |                                    |   |
| 20 DRUGS BIOLOGICAL AND INFUSION THERAPY   |                             |   |                                    |   |
| 20.30 ANALGESICS                           |                             |   |                                    |   |
| 20.31 SEDATIVES / HYPNOTICS                |                             |   |                                    |   |
| 20.32 OTHER - SPECIFY                      |                             |   |                                    |   |
| 21 DURABLE MEDICAL EQUIPMENT/OXYGEN        |                             |   |                                    |   |
| 22 PATIENT TRANSPORTATION                  |                             |   |                                    |   |
| 23 IMAGING SERVICES                        |                             |   |                                    |   |
| 24 LABS AND DIAGNOSTICS                    |                             |   |                                    |   |
| 25 MEDICAL SUPPLIES                        |                             |   |                                    |   |
| 26 OUTPATIENT SERVICES (INCL. E/R DEPT.)   |                             |   |                                    |   |
| 27 RADIATION THERAPY                       |                             |   |                                    |   |
| 28 CHEMOTHERAPY                            |                             |   |                                    |   |
| 29 OTHER                                   |                             |   |                                    |   |
| 30 BEREAVEMENT PROGRAM COSTS               |                             |   |                                    |   |
| 31 VOLUNTEER PROGRAM COSTS                 |                             |   |                                    |   |
| 32 FUNDRAISING                             |                             |   |                                    |   |
| 33 OTHER PROGRAM COSTS                     |                             |   |                                    |   |
| 34 TOTAL (SUM OF LINES 1 THRU 33)          | 446,168                     | 32,012                                  | 28,187                             |   |

RECLASSIFICATION AND ADJUSTMENT  
OF TRIAL BALANCE EXPENSES

|              |                |             |
|--------------|----------------|-------------|
| PROVIDER NO: | PERIOD:        | PREPARED    |
| 14-0052      | FROM 1/ 1/2010 | 5/31/2011   |
| HOSPICE NO:  | TO 12/31/2010  | WORKSHEET K |
| 14-1573      |                |             |

HOSPICE 1

|  | OTHER<br>5 | TOTAL<br>(COLS. 1-5)<br>6 | RECLASSIFICATIONS<br>7 | SUBTOTAL<br>(COL. 6<br>+ COL. 7)<br>8 |
|--|------------|---------------------------|------------------------|---------------------------------------|
| GENERAL SERVICE COST CENTERS               |            |                           |                        |                                       |
| 1 CAPITAL RELATED COSTS-BLDG AND FIXT.     |            |                           |                        |                                       |
| 2 CAPITAL RELATED COSTS-MOVABLE EQUIP.     |            |                           |                        |                                       |
| 3 PLANT OPERATION AND MAINTENANCE          |            |                           |                        |                                       |
| 4 TRANSPORTATION - STAFF                   |            |                           |                        |                                       |
| 5 VOLUNTEER SERVICE COORDINATION           |            | 18,395                    |                        | 18,395                                |
| 6 ADMINISTRATIVE AND GENERAL               | 44,129     | 182,041                   |                        | 182,041                               |
| INPATIENT CARE SERVICE                     |            |                           |                        |                                       |
| 7 INPATIENT - GENERAL CARE                 | 34,460     | 34,460                    |                        | 34,460                                |
| 8 INPATIENT - RESPIRE CARE                 |            |                           |                        |                                       |
| VISITING SERVICES                          |            |                           |                        |                                       |
| 9 PHYSICIAN SERVICES                       | 5,704      | 5,704                     |                        | 5,704                                 |
| 10 NURSING CARE                            | -1,870     | 231,306                   |                        | 231,306                               |
| 10.20 NURSING CARE-CONTINUOUS HOME CARE    |            |                           |                        |                                       |
| 11 PHYSICAL THERAPY                        | -27        | 3,311                     |                        | 3,311                                 |
| 12 OCCUPATIONAL THERAPY                    |            |                           |                        |                                       |
| 13 SPEECH/LANGUAGE PATHOLOGY               |            |                           |                        |                                       |
| 14 MEDICAL SOCIAL SERVICES                 | -274       | 33,918                    |                        | 33,918                                |
| 15 SPIRITUAL COUNSELING                    |            | 31,074                    |                        | 31,074                                |
| 16 DIETARY COUNSELING                      | -23        | 2,792                     |                        | 2,792                                 |
| 17 COUNSELING - OTHER                      | -249       | -249                      |                        | -249                                  |
| 18 HOME HEALTH AIDE AND HOME MAKER         | -365       | 45,100                    |                        | 45,100                                |
| 18.20 HH AIDE & HOME MAKER-CONT. HOME CARE |            |                           |                        |                                       |
| OTHER HOSPICE SERVICE COSTS                |            |                           |                        |                                       |
| 19 OTHER                                   |            |                           |                        |                                       |
| 20 DRUGS BIOLOGICAL AND INFUSION THERAPY   | 138,607    | 138,607                   |                        | 138,607                               |
| 20.30 ANALGESICS                           |            |                           |                        |                                       |
| 20.31 SEDATIVES / HYPNOTICS                |            |                           |                        |                                       |
| 20.32 OTHER - SPECIFY                      |            |                           |                        |                                       |
| 21 DURABLE MEDICAL EQUIPMENT/OXYGEN        | 2,365      | 2,365                     |                        | 2,365                                 |
| 22 PATIENT TRANSPORTATION                  |            |                           |                        |                                       |
| 23 IMAGING SERVICES                        |            |                           |                        |                                       |
| 24 LABS AND DIAGNOSTICS                    |            |                           |                        |                                       |
| 25 MEDICAL SUPPLIES                        | 17,340     | 17,340                    |                        | 17,340                                |
| 26 OUTPATIENT SERVICES (INCL. E/R DEPT.)   |            |                           |                        |                                       |
| 27 RADIATION THERAPY                       |            |                           |                        |                                       |
| 28 CHEMOTHERAPY                            |            |                           |                        |                                       |
| 29 OTHER                                   | 418,840    | 418,840                   |                        | 418,840                               |
| 30 BEREAVEMENT PROGRAM COSTS               |            |                           |                        |                                       |
| 31 VOLUNTEER PROGRAM COSTS                 |            |                           |                        |                                       |
| 32 FUNDRAISING                             |            |                           |                        |                                       |
| 33 OTHER PROGRAM COSTS                     |            |                           |                        |                                       |
| 34 TOTAL (SUM OF LINES 1 THRU 33)          | 658,637    | 1,165,004                 |                        | 1,165,004                             |

RECLASSIFICATION AND ADJUSTMENT  
OF TRIAL BALANCE EXPENSES

|              |                |             |
|--------------|----------------|-------------|
| PROVIDER NO: | PERIOD:        | PREPARED    |
| 14-0052      | FROM 1/ 1/2010 | 5/31/2011   |
| HOSPICE NO:  | TO 12/31/2010  | WORKSHEET K |
| 14-1573      |                |             |

HOSPICE 1

|   | ADJUSTMENTS<br>9 | TOTAL<br>(COL. 8<br>+ COL. 9)<br>10 |
|---|------------------|-------------------------------------|
| GENERAL SERVICE COST CENTERS              |                  |                                     |
| 1 CAPITAL RELATED COSTS-BLDG AND FIXT.    |                  |                                     |
| 2 CAPITAL RELATED COSTS-MOVABLE EQUIP.    |                  |                                     |
| 3 PLANT OPERATION AND MAINTENANCE         |                  |                                     |
| 4 TRANSPORTATION - STAFF                  |                  |                                     |
| 5 VOLUNTEER SERVICE COORDINATION          |                  | 18,395                              |
| 6 ADMINISTRATIVE AND GENERAL              |                  | 182,041                             |
| INPATIENT CARE SERVICE                    |                  |                                     |
| 7 INPATIENT - GENERAL CARE                |                  | 34,460                              |
| 8 INPATIENT - RESPIRE CARE                |                  |                                     |
| VISITING SERVICES                         |                  |                                     |
| 9 PHYSICIAN SERVICES                      |                  | 5,704                               |
| 10 NURSING CARE                           |                  | 231,306                             |
| 10.20 NURSING CARE-CONTINUOUS HOME CARE   |                  |                                     |
| 11 PHYSICAL THERAPY                       |                  | 3,311                               |
| 12 OCCUPATIONAL THERAPY                   |                  |                                     |
| 13 SPEECH/LANGUAGE PATHOLOGY              |                  |                                     |
| 14 MEDICAL SOCIAL SERVICES                |                  | 33,918                              |
| 15 SPIRITUAL COUNSELING                   |                  | 31,074                              |
| 16 DIETARY COUNSELING                     |                  | 2,792                               |
| 17 COUNSELING - OTHER                     |                  | -249                                |
| 18 HOME HEALTH AIDE AND HOMEMAKER         |                  | 45,100                              |
| 18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE |                  |                                     |
| OTHER HOSPICE SERVICE COSTS               |                  |                                     |
| 19 OTHER                                  |                  |                                     |
| 20 DRUGS BIOLOGICAL AND INFUSION THERAPY  |                  | 138,607                             |
| 20.30 ANALGESICS                          |                  |                                     |
| 20.31 SEDATIVES / HYPNOTICS               |                  |                                     |
| 20.32 OTHER - SPECIFY                     |                  |                                     |
| 21 DURABLE MEDICAL EQUIPMENT/OXYGEN       |                  | 2,365                               |
| 22 PATIENT TRANSPORTATION                 |                  |                                     |
| 23 IMAGING SERVICES                       |                  |                                     |
| 24 LABS AND DIAGNOSTICS                   |                  |                                     |
| 25 MEDICAL SUPPLIES                       |                  | 17,340                              |
| 26 OUTPATIENT SERVICES (INCL. E/R DEPT.)  |                  |                                     |
| 27 RADIATION THERAPY                      |                  |                                     |
| 28 CHEMOTHERAPY                           |                  |                                     |
| 29 OTHER                                  |                  | 418,840                             |
| 30 BEREAVEMENT PROGRAM COSTS              |                  |                                     |
| 31 VOLUNTEER PROGRAM COSTS                |                  |                                     |
| 32 FUNDRAISING                            |                  |                                     |
| 33 OTHER PROGRAM COSTS                    |                  |                                     |
| 34 TOTAL (SUM OF LINES 1 THRU 33)         |                  | 1,165,004                           |

COMPENSATION ANALYSIS  
SALARIES AND WAGES

|              |                |               |
|--------------|----------------|---------------|
| PROVIDER NO: | PERIOD:        | PREPARED      |
| 14-0052      | FROM 1/ 1/2010 | 5/31/2011     |
| HOSPICE NO:  | TO 12/31/2010  | WORKSHEET K-1 |
| 14-1573      |                |               |

HOSPICE 1

|   | ADMINISTRATOR<br>1 | DIRECTOR<br>2 | SOCIAL<br>SERVICES<br>3 | SUPERVISORS<br>4 |
|---|--------------------|---------------|-------------------------|------------------|
| GENERAL SERVICE COST CENTERS              |                    |               |                         |                  |
| 1 CAPITAL RELATED COSTS-BLDG AND FIXT.    |                    |               |                         |                  |
| 2 CAPITAL RELATED COSTS-MOVABLE EQUIP.    |                    |               |                         |                  |
| 3 PLANT OPERATION AND MAINTENANCE         |                    |               |                         |                  |
| 4 TRANSPORTATION - STAFF                  |                    |               |                         |                  |
| 5 VOLUNTEER SERVICE COORDINATION          |                    |               | 15,957                  |                  |
| 6 ADMINISTRATIVE AND GENERAL              |                    | 28,494        |                         | 70,209           |
| INPATIENT CARE SERVICE                    |                    |               |                         |                  |
| 7 INPATIENT - GENERAL CARE                |                    |               |                         |                  |
| 8 INPATIENT - RESPIRE CARE                |                    |               |                         |                  |
| VISITING SERVICES                         |                    |               |                         |                  |
| 9 PHYSICIAN SERVICES                      |                    |               |                         |                  |
| 10 NURSING CARE                           |                    |               |                         |                  |
| 10.20 NURSING CARE-CONTINUOUS HOME CARE   |                    |               |                         |                  |
| 11 PHYSICAL THERAPY                       |                    |               |                         |                  |
| 12 OCCUPATIONAL THERAPY                   |                    |               |                         |                  |
| 13 SPEECH/LANGUAGE PATHOLOGY              |                    |               |                         |                  |
| 14 MEDICAL SOCIAL SERVICES                |                    |               | 30,009                  |                  |
| 15 SPIRITUAL COUNSELING                   |                    |               |                         |                  |
| 16 DIETARY COUNSELING                     |                    |               |                         |                  |
| 17 COUNSELING - OTHER                     |                    |               |                         |                  |
| 18 HOME HEALTH AIDE AND HOMEMAKER         |                    |               |                         |                  |
| 18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE |                    |               |                         |                  |
| OTHER HOSPICE SERVICE COSTS               |                    |               |                         |                  |
| 19 OTHER                                  |                    |               |                         |                  |
| 20 DRUGS BIOLOGICAL AND INFUSION THERAPY  |                    |               |                         |                  |
| 20.30 ANALGESICS                          |                    |               |                         |                  |
| 20.31 SEDATIVES / HYPNOTICS               |                    |               |                         |                  |
| 20.32 OTHER - SPECIFY                     |                    |               |                         |                  |
| 21 DURABLE MEDICAL EQUIPMENT/OXYGEN       |                    |               |                         |                  |
| 22 PATIENT TRANSPORTATION                 |                    |               |                         |                  |
| 23 IMAGING SERVICES                       |                    |               |                         |                  |
| 24 LABS AND DIAGNOSTICS                   |                    |               |                         |                  |
| 25 MEDICAL SUPPLIES                       |                    |               |                         |                  |
| 26 OUTPATIENT SERVICES (INCL. E/R DEPT.)  |                    |               |                         |                  |
| 27 RADIATION THERAPY                      |                    |               |                         |                  |
| 28 CHEMOTHERAPY                           |                    |               |                         |                  |
| 29 OTHER                                  |                    |               |                         |                  |
| 30 BEREAVEMENT PROGRAM COSTS              |                    |               |                         |                  |
| 31 VOLUNTEER PROGRAM COSTS                |                    |               |                         |                  |
| 32 FUNDRAISING                            |                    |               |                         |                  |
| 33 OTHER PROGRAM COSTS                    |                    |               |                         |                  |
| 34 TOTAL (SUM OF LINES 1 THRU 33)         |                    | 28,494        | 45,966                  | 70,209           |

COMPENSATION ANALYSIS  
SALARIES AND WAGES

|              |                |               |
|--------------|----------------|---------------|
| PROVIDER NO: | PERIOD:        | PREPARED      |
| 14-0052      | FROM 1/ 1/2010 | 5/31/2011     |
| HOSPICE NO:  | TO 12/31/2010  | WORKSHEET K-1 |
| 14-1573      |                |               |

HOSPICE 1

|  | NURSES<br>5 | TOTAL<br>THERAPISTS<br>6 | AIDES<br>7 | ALL<br>OTHER<br>8 |
|--|-------------|--------------------------|------------|-------------------|
| GENERAL SERVICE COST CENTERS               |             |                          |            |                   |
| 1 CAPITAL RELATED COSTS-BLDG AND FIXT.     |             |                          |            |                   |
| 2 CAPITAL RELATED COSTS-MOVABLE EQUIP.     |             |                          |            |                   |
| 3 PLANT OPERATION AND MAINTENANCE          |             |                          |            |                   |
| 4 TRANSPORTATION - STAFF                   |             |                          |            |                   |
| 5 VOLUNTEER SERVICE COORDINATION           |             |                          |            |                   |
| 6 ADMINISTRATIVE AND GENERAL               |             |                          |            | 29,146            |
| INPATIENT CARE SERVICE                     |             |                          |            |                   |
| 7 INPATIENT - GENERAL CARE                 |             |                          |            |                   |
| 8 INPATIENT - RESPIRE CARE                 |             |                          |            |                   |
| VISITING SERVICES                          |             |                          |            |                   |
| 9 PHYSICIAN SERVICES                       |             |                          |            |                   |
| 10 NURSING CARE                            | 204,404     |                          |            |                   |
| 10.20 NURSING CARE-CONTINUOUS HOME CARE    |             |                          |            |                   |
| 11 PHYSICAL THERAPY                        |             | 2,892                    |            |                   |
| 12 OCCUPATIONAL THERAPY                    |             |                          |            |                   |
| 13 SPEECH/LANGUAGE PATHOLOGY               |             |                          |            |                   |
| 14 MEDICAL SOCIAL SERVICES                 |             |                          |            |                   |
| 15 SPIRITUAL COUNSELING                    |             |                          |            | 27,664            |
| 16 DIETARY COUNSELING                      |             |                          |            | 2,604             |
| 17 COUNSELING - OTHER                      |             |                          |            |                   |
| 18 HOME HEALTH AIDE AND HOME MAKER         |             |                          | 34,789     |                   |
| 18.20 HH AIDE & HOME MAKER-CONT. HOME CARE |             |                          |            |                   |
| OTHER HOSPICE SERVICE COSTS                |             |                          |            |                   |
| 19 OTHER                                   |             |                          |            |                   |
| 20 DRUGS BIOLOGICAL AND INFUSION THERAPY   |             |                          |            |                   |
| 20.30 ANALGESICS                           |             |                          |            |                   |
| 20.31 SEDATIVES / HYPNOTICS                |             |                          |            |                   |
| 20.32 OTHER - SPECIFY                      |             |                          |            |                   |
| 21 DURABLE MEDICAL EQUIPMENT/OXYGEN        |             |                          |            |                   |
| 22 PATIENT TRANSPORTATION                  |             |                          |            |                   |
| 23 IMAGING SERVICES                        |             |                          |            |                   |
| 24 LABS AND DIAGNOSTICS                    |             |                          |            |                   |
| 25 MEDICAL SUPPLIES                        |             |                          |            |                   |
| 26 OUTPATIENT SERVICES (INCL. E/R DEPT.)   |             |                          |            |                   |
| 27 RADIATION THERAPY                       |             |                          |            |                   |
| 28 CHEMOTHERAPY                            |             |                          |            |                   |
| 29 OTHER                                   |             |                          |            |                   |
| 30 BEREAVEMENT PROGRAM COSTS               |             |                          |            |                   |
| 31 VOLUNTEER PROGRAM COSTS                 |             |                          |            |                   |
| 32 FUNDRAISING                             |             |                          |            |                   |
| 33 OTHER PROGRAM COSTS                     |             |                          |            |                   |
| 34 TOTAL (SUM OF LINES 1 THRU 33)          | 204,404     | 2,892                    | 34,789     | 59,414            |

COMPENSATION ANALYSIS  
SALARIES AND WAGES

|              |                |               |
|--------------|----------------|---------------|
| PROVIDER NO: | PERIOD:        | PREPARED      |
| 14-0052      | FROM 1/ 1/2010 | 5/31/2011     |
| HOSPICE NO:  | TO 12/31/2010  | WORKSHEET K-1 |
| 14-1573      |                |               |

HOSPICE 1

TOTAL (1)  
9

|    |                                       |         |
|----|---------------------------------------|---------|
| 1  | GENERAL SERVICE COST CENTERS          |         |
| 2  | CAPITAL RELATED COSTS-BLDG AND FIXT.  |         |
| 3  | CAPITAL RELATED COSTS-MOVABLE EQUIP.  |         |
| 4  | PLANT OPERATION AND MAINTENANCE       |         |
| 5  | TRANSPORTATION - STAFF                |         |
| 6  | VOLUNTEER SERVICE COORDINATION        | 15,957  |
| 7  | ADMINISTRATIVE AND GENERAL            | 127,849 |
| 8  | INPATIENT CARE SERVICE                |         |
| 9  | INPATIENT - GENERAL CARE              |         |
| 10 | INPATIENT - RESPIRE CARE              |         |
| 11 | VISITING SERVICES                     |         |
| 12 | PHYSICIAN SERVICES                    |         |
| 13 | NURSING CARE                          | 204,404 |
| 14 | NURSING CARE-CONTINUOUS HOME CARE     |         |
| 15 | PHYSICAL THERAPY                      | 2,892   |
| 16 | OCCUPATIONAL THERAPY                  |         |
| 17 | SPEECH/LANGUAGE PATHOLOGY             |         |
| 18 | MEDICAL SOCIAL SERVICES               | 30,009  |
| 19 | SPIRITUAL COUNSELING                  | 27,664  |
| 20 | DIETARY COUNSELING                    | 2,604   |
| 21 | COUNSELING - OTHER                    |         |
| 22 | HOME HEALTH AIDE AND HOMEMAKER        | 34,789  |
| 23 | HH AIDE & HOMEMAKER-CONT. HOME CARE   |         |
| 24 | OTHER HOSPICE SERVICE COSTS           |         |
| 25 | OTHER                                 |         |
| 26 | DRUGS BIOLOGICAL AND INFUSION THERAPY |         |
| 27 | ANALGESICS                            |         |
| 28 | SEDATIVES / HYPNOTICS                 |         |
| 29 | OTHER - SPECIFY                       |         |
| 30 | DURABLE MEDICAL EQUIPMENT/OXYGEN      |         |
| 31 | PATIENT TRANSPORTATION                |         |
| 32 | IMAGING SERVICES                      |         |
| 33 | LABS AND DIAGNOSTICS                  |         |
| 34 | MEDICAL SUPPLIES                      |         |
| 35 | OUTPATIENT SERVICES (INCL. E/R DEPT.) |         |
| 36 | RADIATION THERAPY                     |         |
| 37 | CHEMOTHERAPY                          |         |
| 38 | OTHER                                 |         |
| 39 | BEREAVEMENT PROGRAM COSTS             |         |
| 40 | VOLUNTEER PROGRAM COSTS               |         |
| 41 | FUNDRAISING                           |         |
| 42 | OTHER PROGRAM COSTS                   |         |
| 43 | TOTAL (SUM OF LINES 1 THRU 33)        | 446,168 |

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

COMPENSATION ANALYSIS  
SALARIES AND WAGES

|              |                |               |
|--------------|----------------|---------------|
| PROVIDER NO: | PERIOD:        | PREPARED      |
| 14-0052      | FROM 1/ 1/2010 | 5/31/2011     |
| HOSPICE NO:  | TO 12/31/2010  | WORKSHEET K-2 |
| 14-1573      |                |               |

HOSPICE 1

|   | ADMINISTRATOR<br>1 | DIRECTOR<br>2 | SOCIAL<br>SERVICES<br>3 | SUPERVISORS<br>4 |
|---|--------------------|---------------|-------------------------|------------------|
| GENERAL SERVICE COST CENTERS              |                    |               |                         |                  |
| 1 CAPITAL RELATED COSTS-BLDG AND FIXT.    |                    |               |                         |                  |
| 2 CAPITAL RELATED COSTS-MOVABLE EQUIP.    |                    |               |                         |                  |
| 3 PLANT OPERATION AND MAINTENANCE         |                    |               |                         |                  |
| 4 TRANSPORTATION - STAFF                  |                    |               |                         |                  |
| 5 VOLUNTEER SERVICE COORDINATION          |                    |               | 1,143                   |                  |
| 6 ADMINISTRATIVE AND GENERAL              |                    | 2,104         |                         | 5,027            |
| INPATIENT CARE SERVICE                    |                    |               |                         |                  |
| 7 INPATIENT - GENERAL CARE                |                    |               |                         |                  |
| 8 INPATIENT - RESPIRE CARE                |                    |               |                         |                  |
| VISITING SERVICES                         |                    |               |                         |                  |
| 9 PHYSICIAN SERVICES                      |                    |               |                         |                  |
| 10 NURSING CARE                           |                    |               |                         |                  |
| 10.20 NURSING CARE-CONTINUOUS HOME CARE   |                    |               |                         |                  |
| 11 PHYSICAL THERAPY                       |                    |               |                         |                  |
| 12 OCCUPATIONAL THERAPY                   |                    |               |                         |                  |
| 13 SPEECH/LANGUAGE PATHOLOGY              |                    |               |                         |                  |
| 14 MEDICAL SOCIAL SERVICES                |                    |               | 2,149                   |                  |
| 15 SPIRITUAL COUNSELING                   |                    |               |                         |                  |
| 16 DIETARY COUNSELING                     |                    |               |                         |                  |
| 17 COUNSELING - OTHER                     |                    |               |                         |                  |
| 18 HOME HEALTH AIDE AND HOMEMAKER         |                    |               |                         |                  |
| 18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE |                    |               |                         |                  |
| OTHER HOSPICE SERVICE COSTS               |                    |               |                         |                  |
| 19 OTHER                                  |                    |               |                         |                  |
| 20 DRUGS BIOLOGICAL AND INFUSION THERAPY  |                    |               |                         |                  |
| 20.30 ANALGESICS                          |                    |               |                         |                  |
| 20.31 SEDATIVES / HYPNOTICS               |                    |               |                         |                  |
| 20.32 OTHER - SPECIFY                     |                    |               |                         |                  |
| 21 DURABLE MEDICAL EQUIPMENT/OXYGEN       |                    |               |                         |                  |
| 22 PATIENT TRANSPORTATION                 |                    |               |                         |                  |
| 23 IMAGING SERVICES                       |                    |               |                         |                  |
| 24 LABS AND DIAGNOSTICS                   |                    |               |                         |                  |
| 25 MEDICAL SUPPLIES                       |                    |               |                         |                  |
| 26 OUTPATIENT SERVICES (INCL. E/R DEPT.)  |                    |               |                         |                  |
| 27 RADIATION THERAPY                      |                    |               |                         |                  |
| 28 CHEMOTHERAPY                           |                    |               |                         |                  |
| 29 OTHER                                  |                    |               |                         |                  |
| 30 BEREAVEMENT PROGRAM COSTS              |                    |               |                         |                  |
| 31 VOLUNTEER PROGRAM COSTS                |                    |               |                         |                  |
| 32 FUNDRAISING                            |                    |               |                         |                  |
| 33 OTHER PROGRAM COSTS                    |                    |               |                         |                  |
| 34 TOTAL (SUM OF LINES 1 THRU 33)         |                    | 2,104         | 3,292                   | 5,027            |

COMPENSATION ANALYSIS  
SALARIES AND WAGES

|              |                |               |
|--------------|----------------|---------------|
| PROVIDER NO: | PERIOD:        | PREPARED      |
| 14-0052      | FROM 1/ 1/2010 | 5/31/2011     |
| HOSPICE NO:  | TO 12/31/2010  | WORKSHEET K-2 |
| 14-1573      |                |               |

HOSPICE 1

|  | NURSES<br>5 | TOTAL<br>THERAPISTS<br>6 | AIDES<br>7 | ALL<br>OTHER<br>8 |
|--|-------------|--------------------------|------------|-------------------|
| GENERAL SERVICE COST CENTERS               |             |                          |            |                   |
| 1 CAPITAL RELATED COSTS-BLDG AND FIXT.     |             |                          |            |                   |
| 2 CAPITAL RELATED COSTS-MOVABLE EQUIP.     |             |                          |            |                   |
| 3 PLANT OPERATION AND MAINTENANCE          |             |                          |            |                   |
| 4 TRANSPORTATION - STAFF                   |             |                          |            |                   |
| 5 VOLUNTEER SERVICE COORDINATION           |             |                          |            |                   |
| 6 ADMINISTRATIVE AND GENERAL               |             |                          |            | 2,087             |
| INPATIENT CARE SERVICE                     |             |                          |            |                   |
| 7 INPATIENT - GENERAL CARE                 |             |                          |            |                   |
| 8 INPATIENT - RESPIRE CARE                 |             |                          |            |                   |
| VISITING SERVICES                          |             |                          |            |                   |
| 9 PHYSICIAN SERVICES                       |             |                          |            |                   |
| 10 NURSING CARE                            | 14,637      |                          |            |                   |
| 10.20 NURSING CARE-CONTINUOUS HOME CARE    |             |                          |            |                   |
| 11 PHYSICAL THERAPY                        |             | 207                      |            |                   |
| 12 OCCUPATIONAL THERAPY                    |             |                          |            |                   |
| 13 SPEECH/LANGUAGE PATHOLOGY               |             |                          |            |                   |
| 14 MEDICAL SOCIAL SERVICES                 |             |                          |            |                   |
| 15 SPIRITUAL COUNSELING                    |             |                          |            | 1,981             |
| 16 DIETARY COUNSELING                      |             |                          |            | 186               |
| 17 COUNSELING - OTHER                      |             |                          |            |                   |
| 18 HOME HEALTH AIDE AND HOME MAKER         |             |                          | 2,491      |                   |
| 18.20 HH AIDE & HOME MAKER-CONT. HOME CARE |             |                          |            |                   |
| OTHER HOSPICE SERVICE COSTS                |             |                          |            |                   |
| 19 OTHER                                   |             |                          |            |                   |
| 20 DRUGS BIOLOGICAL AND INFUSION THERAPY   |             |                          |            |                   |
| 20.30 ANALGESICS                           |             |                          |            |                   |
| 20.31 SEDATIVES / HYPNOTICS                |             |                          |            |                   |
| 20.32 OTHER - SPECIFY                      |             |                          |            |                   |
| 21 DURABLE MEDICAL EQUIPMENT/OXYGEN        |             |                          |            |                   |
| 22 PATIENT TRANSPORTATION                  |             |                          |            |                   |
| 23 IMAGING SERVICES                        |             |                          |            |                   |
| 24 LABS AND DIAGNOSTICS                    |             |                          |            |                   |
| 25 MEDICAL SUPPLIES                        |             |                          |            |                   |
| 26 OUTPATIENT SERVICES (INCL. E/R DEPT.)   |             |                          |            |                   |
| 27 RADIATION THERAPY                       |             |                          |            |                   |
| 28 CHEMOTHERAPY                            |             |                          |            |                   |
| 29 OTHER                                   |             |                          |            |                   |
| 30 BEREAVEMENT PROGRAM COSTS               |             |                          |            |                   |
| 31 VOLUNTEER PROGRAM COSTS                 |             |                          |            |                   |
| 32 FUNDRAISING                             |             |                          |            |                   |
| 33 OTHER PROGRAM COSTS                     |             |                          |            |                   |
| 34 TOTAL (SUM OF LINES 1 THRU 33)          | 14,637      | 207                      | 2,491      | 4,254             |

COMPENSATION ANALYSIS  
SALARIES AND WAGES

|              |                |               |
|--------------|----------------|---------------|
| PROVIDER NO: | PERIOD:        | PREPARED      |
| 14-0052      | FROM 1/ 1/2010 | 5/31/2011     |
| HOSPICE NO:  | TO 12/31/2010  | WORKSHEET K-2 |
| 14-1573      |                |               |

HOSPICE 1

TOTAL (1)  
9

|                              |                                       |        |
|------------------------------|---------------------------------------|--------|
| GENERAL SERVICE COST CENTERS |                                       |        |
| 1                            | CAPITAL RELATED COSTS-BLDG AND FIXT.  |        |
| 2                            | CAPITAL RELATED COSTS-MOVABLE EQUIP.  |        |
| 3                            | PLANT OPERATION AND MAINTENANCE       |        |
| 4                            | TRANSPORTATION - STAFF                |        |
| 5                            | VOLUNTEER SERVICE COORDINATION        | 1,143  |
| 6                            | ADMINISTRATIVE AND GENERAL            | 9,218  |
| INPATIENT CARE SERVICE       |                                       |        |
| 7                            | INPATIENT - GENERAL CARE              |        |
| 8                            | INPATIENT - RESPIRE CARE              |        |
| VISITING SERVICES            |                                       |        |
| 9                            | PHYSICIAN SERVICES                    |        |
| 10                           | NURSING CARE                          | 14,637 |
| 10.20                        | NURSING CARE-CONTINUOUS HOME CARE     |        |
| 11                           | PHYSICAL THERAPY                      | 207    |
| 12                           | OCCUPATIONAL THERAPY                  |        |
| 13                           | SPEECH/LANGUAGE PATHOLOGY             |        |
| 14                           | MEDICAL SOCIAL SERVICES               | 2,149  |
| 15                           | SPIRITUAL COUNSELING                  | 1,981  |
| 16                           | DIETARY COUNSELING                    | 186    |
| 17                           | COUNSELING - OTHER                    |        |
| 18                           | HOME HEALTH AIDE AND HOMEMAKER        | 2,491  |
| 18.20                        | HH AIDE & HOMEMAKER-CONT. HOME CARE   |        |
| OTHER HOSPICE SERVICE COSTS  |                                       |        |
| 19                           | OTHER                                 |        |
| 20                           | DRUGS BIOLOGICAL AND INFUSION THERAPY |        |
| 20.30                        | ANALGESICS                            |        |
| 20.31                        | SEDATIVES / HYPNOTICS                 |        |
| 20.32                        | OTHER - SPECIFY                       |        |
| 21                           | DURABLE MEDICAL EQUIPMENT/OXYGEN      |        |
| 22                           | PATIENT TRANSPORTATION                |        |
| 23                           | IMAGING SERVICES                      |        |
| 24                           | LABS AND DIAGNOSTICS                  |        |
| 25                           | MEDICAL SUPPLIES                      |        |
| 26                           | OUTPATIENT SERVICES (INCL. E/R DEPT.) |        |
| 27                           | RADIATION THERAPY                     |        |
| 28                           | CHEMOTHERAPY                          |        |
| 29                           | OTHER                                 |        |
| 30                           | BEREAVEMENT PROGRAM COSTS             |        |
| 31                           | VOLUNTEER PROGRAM COSTS               |        |
| 32                           | FUNDRAISING                           |        |
| 33                           | OTHER PROGRAM COSTS                   |        |
| 34                           | TOTAL (SUM OF LINES 1 THRU 33)        | 32,012 |

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

COMPENSATION ANALYSIS  
SALARIES AND WAGES

|              |                |               |
|--------------|----------------|---------------|
| PROVIDER NO: | PERIOD:        | PREPARED      |
| 14-0052      | FROM 1/ 1/2010 | 5/31/2011     |
| HOSPICE NO:  | TO 12/31/2010  | WORKSHEET K-3 |
| 14-1573      |                |               |

HOSPICE 1

ADMINISTRATOR  
1

DIRECTOR  
2

SOCIAL  
SERVICES  
3

SUPERVISORS  
4

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

COMPENSATION ANALYSIS  
SALARIES AND WAGES

|              |                |               |
|--------------|----------------|---------------|
| PROVIDER NO: | PERIOD:        | PREPARED      |
| 14-0052      | FROM 1/ 1/2010 | 5/31/2011     |
| HOSPICE NO:  | TO 12/31/2010  | WORKSHEET K-3 |
| 14-1573      |                |               |

HOSPICE 1

| NURSES | TOTAL THERAPISTS | AIDES | ALL OTHER |
|--------|------------------|-------|-----------|
| 5      | 6                | 7     | 8         |

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

COMPENSATION ANALYSIS  
SALARIES AND WAGES

|              |                |               |
|--------------|----------------|---------------|
| PROVIDER NO: | PERIOD:        | PREPARED      |
| 14-0052      | FROM 1/ 1/2010 | 5/31/2011     |
| HOSPICE NO:  | TO 12/31/2010  | WORKSHEET K-3 |
| 14-1573      |                |               |

HOSPICE 1

TOTAL (1)

9

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

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

COST ALLOCATION -  
HOSPICE GENERAL SERVICE COST

|              |                |               |
|--------------|----------------|---------------|
| PROVIDER NO: | PERIOD:        | PREPARED      |
| 14-0052      | FROM 1/ 1/2010 | 5/31/2011     |
| HOSPICE NO:  | TO 12/31/2010  | WORKSHEET K-4 |
| 14-1573      |                | PART I        |

HOSPICE 1

|   | NET EXPENSES<br>FOR COST ALLOC.<br>(FROM K, COL. 10) | CAP. REL. COST<br>BUILDINGS &<br>FIXTURES | CAP. REL. COST<br>MOVABLE<br>EQUIPMENT | PLANT<br>OPERATION<br>& MAINT. |
|---|--|---|--|--------------------------------|
|   | 0  | 1   | 2                                      | 3                              |
| GENERAL SERVICE COST CENTERS              |  |   |  |                                |
| 1 CAPITAL RELATED COSTS-BLDG AND FIXT.    |  |   |  |                                |
| 2 CAPITAL RELATED COSTS-MOVABLE EQUIP.    |  |   |  |                                |
| 3 PLANT OPERATION AND MAINTENANCE         |  |   |  |                                |
| 4 TRANSPORTATION - STAFF                  |  |   |  |                                |
| 5 VOLUNTEER SERVICE COORDINATION          | 18,395   |   |  |                                |
| 6 ADMINISTRATIVE AND GENERAL              | 182,041  |   |  |                                |
| INPATIENT CARE SERVICE                    |  |   |  |                                |
| 7 INPATIENT - GENERAL CARE                | 34,460   |   |  |                                |
| 8 INPATIENT - RESPIRE CARE                |  |   |  |                                |
| VISITING SERVICES                         |  |   |  |                                |
| 9 PHYSICIAN SERVICES                      | 5,704  |   |  |                                |
| 10 NURSING CARE                           | 231,306  |   |  |                                |
| 10.20 NURSING CARE-CONTINUOUS HOME CARE   |  |   |  |                                |
| 11 PHYSICAL THERAPY                       | 3,311  |   |  |                                |
| 12 OCCUPATIONAL THERAPY                   |  |   |  |                                |
| 13 SPEECH/LANGUAGE PATHOLOGY              |  |   |  |                                |
| 14 MEDICAL SOCIAL SERVICES                | 33,918   |   |  |                                |
| 15 SPIRITUAL COUNSELING                   | 31,074   |   |  |                                |
| 16 DIETARY COUNSELING                     | 2,792  |   |  |                                |
| 17 COUNSELING - OTHER                     | -249   |   |  |                                |
| 18 HOME HEALTH AIDE AND HOMEMAKER         | 45,100   |   |  |                                |
| 18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE |  |   |  |                                |
| OTHER HOSPICE SERVICE COSTS               |  |   |  |                                |
| 19 OTHER                                  |  |   |  |                                |
| 20 DRUGS BIOLOGICAL AND INFUSION THERAPY  | 138,607  |   |  |                                |
| 20.30 ANALGESICS                          |  |   |  |                                |
| 20.31 SEDATIVES / HYPNOTICS               |  |   |  |                                |
| 20.32 OTHER - SPECIFY                     |  |   |  |                                |
| 21 DURABLE MEDICAL EQUIPMENT/OXYGEN       | 2,365  |   |  |                                |
| 22 PATIENT TRANSPORTATION                 |  |   |  |                                |
| 23 IMAGING SERVICES                       |  |   |  |                                |
| 24 LABS AND DIAGNOSTICS                   |  |   |  |                                |
| 25 MEDICAL SUPPLIES                       | 17,340   |   |  |                                |
| 26 OUTPATIENT SERVICES (INCL. E/R DEPT.)  |  |   |  |                                |
| 27 RADIATION THERAPY                      |  |   |  |                                |
| 28 CHEMOTHERAPY                           |  |   |  |                                |
| 29 OTHER                                  | 418,840  |   |  |                                |
| 30 BEREAVEMENT PROGRAM COSTS              |  |   |  |                                |
| 31 VOLUNTEER PROGRAM COSTS                |  |   |  |                                |
| 32 FUNDRAISING                            |  |   |  |                                |
| 33 OTHER PROGRAM COSTS                    |  |   |  |                                |
| 34 TOTAL (SUM OF LINES 1 THRU 33)         | 1,165,004  |   |  |                                |

COST ALLOCATION -  
HOSPICE GENERAL SERVICE COST

|              |                |               |
|--------------|----------------|---------------|
| PROVIDER NO: | PERIOD:        | PREPARED      |
| 14-0052      | FROM 1/ 1/2010 | 5/31/2011     |
| HOSPICE NO:  | TO 12/31/2010  | WORKSHEET K-4 |
| 14-1573      |                | PART I        |

HOSPICE 1

|   | TRANSPORTATION | VOLUNTEER SERVICES COORDINATOR | SUBTOTAL (COL. 0-5) | ADMINISTRATIVE & GENERAL |
|---|----------------|--------------------------------|---------------------|--------------------------|
|   | 4              | 5                              | 5A                  | 6                        |
| 1 GENERAL SERVICE COST CENTERS            |                |                                |                     |                          |
| 2 CAPITAL RELATED COSTS-BLDG AND FIXT.    |                |                                |                     |                          |
| 3 CAPITAL RELATED COSTS-MOVABLE EQUIP.    |                |                                |                     |                          |
| 4 PLANT OPERATION AND MAINTENANCE         |                |                                |                     |                          |
| 5 TRANSPORTATION - STAFF                  |                |                                |                     |                          |
| 6 VOLUNTEER SERVICE COORDINATION          |                | 18,395                         |                     |                          |
| 7 ADMINISTRATIVE AND GENERAL              |                | 18,395                         | 200,436             | 200,436                  |
| 8 INPATIENT CARE SERVICE                  |                |                                |                     |                          |
| 9 INPATIENT - GENERAL CARE                |                |                                | 34,460              | 7,161                    |
| 10 INPATIENT - RESPIRE CARE               |                |                                |                     |                          |
| 11 VISITING SERVICES                      |                |                                |                     |                          |
| 12 PHYSICIAN SERVICES                     |                |                                | 5,704               | 1,185                    |
| 13 NURSING CARE                           |                |                                | 231,306             | 48,065                   |
| 14.20 NURSING CARE-CONTINUOUS HOME CARE   |                |                                |                     |                          |
| 15 PHYSICAL THERAPY                       |                |                                | 3,311               | 688                      |
| 16 OCCUPATIONAL THERAPY                   |                |                                |                     |                          |
| 17 SPEECH/LANGUAGE PATHOLOGY              |                |                                |                     |                          |
| 18 MEDICAL SOCIAL SERVICES                |                |                                | 33,918              | 7,048                    |
| 19 SPIRITUAL COUNSELING                   |                |                                | 31,074              | 6,457                    |
| 20 DIETARY COUNSELING                     |                |                                | 2,792               | 580                      |
| 21 COUNSELING - OTHER                     |                |                                | -249                |                          |
| 22 HOME HEALTH AIDE AND HOMEMAKER         |                |                                | 45,100              | 9,372                    |
| 23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE |                |                                |                     |                          |
| 24 OTHER HOSPICE SERVICE COSTS            |                |                                |                     |                          |
| 25 OTHER                                  |                |                                |                     |                          |
| 26 DRUGS BIOLOGICAL AND INFUSION THERAPY  |                |                                | 138,607             | 28,802                   |
| 27.30 ANALGESICS                          |                |                                |                     |                          |
| 28.31 SEDATIVES / HYPNOTICS               |                |                                |                     |                          |
| 29.32 OTHER - SPECIFY                     |                |                                |                     |                          |
| 30 DURABLE MEDICAL EQUIPMENT/OXYGEN       |                |                                | 2,365               | 491                      |
| 31 PATIENT TRANSPORTATION                 |                |                                |                     |                          |
| 32 IMAGING SERVICES                       |                |                                |                     |                          |
| 33 LABS AND DIAGNOSTICS                   |                |                                |                     |                          |
| 34 MEDICAL SUPPLIES                       |                |                                | 17,340              | 3,603                    |
| 35 OUTPATIENT SERVICES (INCL. E/R DEPT.)  |                |                                |                     |                          |
| 36 RADIATION THERAPY                      |                |                                |                     |                          |
| 37 CHEMOTHERAPY                           |                |                                |                     |                          |
| 38 OTHER                                  |                |                                | 418,840             | 86,984                   |
| 39 BEREAVEMENT PROGRAM COSTS              |                |                                |                     |                          |
| 40 VOLUNTEER PROGRAM COSTS                |                |                                |                     |                          |
| 41 FUNDRAISING                            |                |                                |                     |                          |
| 42 OTHER PROGRAM COSTS                    |                |                                |                     |                          |
| 43 TOTAL (SUM OF LINES 1 THRU 33)         |                | 18,395                         | 964,568             | 200,436                  |

COST ALLOCATION -  
HOSPICE GENERAL SERVICE COST

|              |                |               |
|--------------|----------------|---------------|
| PROVIDER NO: | PERIOD:        | PREPARED      |
| 14-0052      | FROM 1/ 1/2010 | 5/31/2011     |
| HOSPICE NO:  | TO 12/31/2010  | WORKSHEET K-4 |
| 14-1573      |                | PART I        |

HOSPICE 1

TOTAL  
(COL. 5A  
+ COL. 6)

7

|    |                                       |           |
|----|---------------------------------------|-----------|
| 1  | GENERAL SERVICE COST CENTERS          |           |
| 2  | CAPITAL RELATED COSTS-BLDG AND FIXT.  |           |
| 3  | CAPITAL RELATED COSTS-MOVABLE EQUIP.  |           |
| 4  | PLANT OPERATION AND MAINTENANCE       |           |
| 5  | TRANSPORTATION - STAFF                |           |
| 6  | VOLUNTEER SERVICE COORDINATION        |           |
| 7  | ADMINISTRATIVE AND GENERAL            |           |
| 8  | INPATIENT CARE SERVICE                |           |
| 9  | INPATIENT - GENERAL CARE              | 41,621    |
| 10 | INPATIENT - RESPIRE CARE              |           |
| 11 | VISITING SERVICES                     |           |
| 12 | PHYSICIAN SERVICES                    | 6,889     |
| 13 | NURSING CARE                          | 279,371   |
| 14 | NURSING CARE-CONTINUOUS HOME CARE     |           |
| 15 | PHYSICAL THERAPY                      | 3,999     |
| 16 | OCCUPATIONAL THERAPY                  |           |
| 17 | SPEECH/LANGUAGE PATHOLOGY             |           |
| 18 | MEDICAL SOCIAL SERVICES               | 40,966    |
| 19 | SPIRITUAL COUNSELING                  | 37,531    |
| 20 | DIETARY COUNSELING                    | 3,372     |
| 21 | COUNSELING - OTHER                    | -249      |
| 22 | HOME HEALTH AIDE AND HOMEMAKER        | 54,472    |
| 23 | HH AIDE & HOMEMAKER-CONT. HOME CARE   |           |
| 24 | OTHER HOSPICE SERVICE COSTS           |           |
| 25 | OTHER                                 |           |
| 26 | DRUGS BIOLOGICAL AND INFUSION THERAPY | 167,409   |
| 27 | ANALGESICS                            |           |
| 28 | SEDATIVES / HYPNOTICS                 |           |
| 29 | OTHER - SPECIFY                       |           |
| 30 | DURABLE MEDICAL EQUIPMENT/OXYGEN      | 2,856     |
| 31 | PATIENT TRANSPORTATION                |           |
| 32 | IMAGING SERVICES                      |           |
| 33 | LABS AND DIAGNOSTICS                  |           |
| 34 | MEDICAL SUPPLIES                      | 20,943    |
| 35 | OUTPATIENT SERVICES (INCL. E/R DEPT.) |           |
| 36 | RADIATION THERAPY                     |           |
| 37 | CHEMOTHERAPY                          |           |
| 38 | OTHER                                 | 505,824   |
| 39 | BEREAVEMENT PROGRAM COSTS             |           |
| 40 | VOLUNTEER PROGRAM COSTS               |           |
| 41 | FUNDRAISING                           |           |
| 42 | OTHER PROGRAM COSTS                   |           |
| 43 | TOTAL (SUM OF LINES 1 THRU 33)        | 1,165,004 |

COST ALLOCATION -  
HOSPICE STATISTICAL BASIS

|              |               |               |
|--------------|---------------|---------------|
| PROVIDER NO: | PERIOD:       | PREPARED      |
| 14-0052      | FROM 1/1/2010 | 5/31/2011     |
| HOSPICE NO:  | TO 12/31/2010 | WORKSHEET K-4 |
| 14-1573      |               | PART 11       |

HOSPICE 1

|  | CAP. REL. COST<br>BUILDINGS &<br>FIXTURES<br>(SQUARE FEET)<br>1 | CAP. REL. COST<br>MOVABLE<br>EQUIPMENT<br>(DOLLAR VALUE)<br>2 | PLANT<br>OPERATION<br>& MAINT.<br>(SQUARE FEET)<br>3 | TRANSPORTATION<br>(MILEAGE)<br>4 |
|--|---|---|--|----------------------------------|
| 1 GENERAL SERVICE COST CENTERS                 |   |   |  |                                  |
| 2 CAPITAL RELATED COSTS-BLDG AND FIXT.         | 350   |   |  |                                  |
| 3 CAPITAL RELATED COSTS-MOVABLE EQUIP.         |   | 350   |  |                                  |
| 4 PLANT OPERATION AND MAINTENANCE              |   |   | 350  |                                  |
| 5 TRANSPORTATION - STAFF                       |   |   |  | 28,187                           |
| 6 VOLUNTEER SERVICE COORDINATION               |   |   |  | 1,295                            |
| 7 ADMINISTRATIVE AND GENERAL                   | 100   | 100   | 100  | 845                              |
| 8 INPATIENT CARE SERVICE                       |   |   |  |                                  |
| 9 INPATIENT - GENERAL CARE                     |   |   |  |                                  |
| 10 INPATIENT - RESPIRE CARE                    |   |   |  |                                  |
| 11 VISITING SERVICES                           |   |   |  |                                  |
| 12 PHYSICIAN SERVICES                          |   |   |  |                                  |
| 13 NURSING CARE                                | 100   | 100   | 100  | 14,135                           |
| 14.20 NURSING CARE-CONTINUOUS HOME CARE        |   |   |  |                                  |
| 15 PHYSICAL THERAPY                            |   |   |  | 239                              |
| 16 OCCUPATIONAL THERAPY                        |   |   |  |                                  |
| 17 SPEECH/LANGUAGE PATHOLOGY                   |   |   |  |                                  |
| 18 MEDICAL SOCIAL SERVICES                     | 50  | 50  | 50   | 2,034                            |
| 19 SPIRITUAL COUNSELING                        |   |   |  | 1,429                            |
| 20 DIETARY COUNSELING                          |   |   |  | 25                               |
| 21 COUNSELING - OTHER                          |   |   |  |                                  |
| 22 HOME HEALTH AIDE AND HOMEMAKER              | 100   | 100   | 100  | 8,185                            |
| 23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE      |   |   |  |                                  |
| 24 OTHER HOSPICE SERVICE COSTS                 |   |   |  |                                  |
| 25 OTHER                                       |   |   |  |                                  |
| 26 DRUGS BIOLOGICAL AND INFUSION THERAPY       |   |   |  |                                  |
| 27.30 ANALGESICS                               |   |   |  |                                  |
| 28.31 SEDATIVES / HYPNOTICS                    |   |   |  |                                  |
| 29.32 OTHER - SPECIFY                          |   |   |  |                                  |
| 30 DURABLE MEDICAL EQUIPMENT/OXYGEN            |   |   |  |                                  |
| 31 PATIENT TRANSPORTATION                      |   |   |  |                                  |
| 32 IMAGING SERVICES                            |   |   |  |                                  |
| 33 LABS AND DIAGNOSTICS                        |   |   |  |                                  |
| 34 MEDICAL SUPPLIES                            |   |   |  |                                  |
| 35 OUTPATIENT SERVICES (INCL. E/R DEPT.)       |   |   |  |                                  |
| 36 RADIATION THERAPY                           |   |   |  |                                  |
| 37 CHEMOTHERAPY                                |   |   |  |                                  |
| 38 OTHER                                       |   |   |  |                                  |
| 39   |   |   |  |                                  |
| 40   |   |   |  |                                  |
| 41   |   |   |  |                                  |
| 42 FUNDRAISING                                 |   |   |  |                                  |
| 43 OTHER PROGRAM COSTS                         |   |   |  |                                  |
| 44 COST TO BE ALLOCATED (PER WKST K-4, PART I) |   |   |  |                                  |
| 45 UNIT COST MULTIPLIER                        | .000000   | .000000   | .000000  | .000000                          |

COST ALLOCATION -  
HOSPICE STATISTICAL BASIS

|              |                |               |
|--------------|----------------|---------------|
| PROVIDER NO: | PERIOD:        | PREPARED      |
| 14-0052      | FROM 1/ 1/2010 | 5/31/2011     |
| HOSPICE NO:  | TO 12/31/2010  | WORKSHEET K-4 |
| 14-1573      |                | PART II       |

HOSPICE 1

|  | VOLUNTEER SERVICES COORDINATOR (HOURS)<br>5 | RECONCILIATION<br>6A | ADMINISTRATIVE & GENERAL (ACCUM. COST)<br>6 |
|--|---|----------------------|---|
| 1 GENERAL SERVICE COST CENTERS                 |   |                      |   |
| 2 CAPITAL RELATED COSTS-BLDG AND FIXT.         |   |                      |   |
| 3 CAPITAL RELATED COSTS-MOVABLE EQUIP.         |   |                      |   |
| 4 PLANT OPERATION AND MAINTENANCE              |   |                      |   |
| 5 TRANSPORTATION - STAFF                       |   |                      |   |
| 6 VOLUNTEER SERVICE COORDINATION               | 18,395                                      |                      |   |
| 7 ADMINISTRATIVE AND GENERAL                   | 18,395                                      | -200,436             | 964,568                                     |
| 8 INPATIENT CARE SERVICE                       |   |                      |   |
| 9 INPATIENT - GENERAL CARE                     |   |                      | 34,460                                      |
| 10 INPATIENT - RESPIRE CARE                    |   |                      |   |
| 11 VISITING SERVICES                           |   |                      |   |
| 12 PHYSICIAN SERVICES                          |   |                      | 5,704                                       |
| 13 NURSING CARE                                |   |                      | 231,306                                     |
| 14.20 NURSING CARE-CONTINUOUS HOME CARE        |   |                      |   |
| 15 PHYSICAL THERAPY                            |   |                      | 3,311                                       |
| 16 OCCUPATIONAL THERAPY                        |   |                      |   |
| 17 SPEECH/LANGUAGE PATHOLOGY                   |   |                      |   |
| 18 MEDICAL SOCIAL SERVICES                     |   |                      | 33,918                                      |
| 19 SPIRITUAL COUNSELING                        |   |                      | 31,074                                      |
| 20 DIETARY COUNSELING                          |   |                      | 2,792                                       |
| 21 COUNSELING - OTHER                          |   |                      | -249  |
| 22 HOME HEALTH AIDE AND HOMEMAKER              |   |                      | 45,100                                      |
| 23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE      |   |                      |   |
| 24 OTHER HOSPICE SERVICE COSTS                 |   |                      |   |
| 25 OTHER                                       |   |                      |   |
| 26 DRUGS BIOLOGICAL AND INFUSION THERAPY       |   |                      | 138,607                                     |
| 27.30 ANALGESICS                               |   |                      |   |
| 28.31 SEDATIVES / HYPNOTICS                    |   |                      |   |
| 29.32 OTHER - SPECIFY                          |   |                      |   |
| 30 DURABLE MEDICAL EQUIPMENT/OXYGEN            |   |                      | 2,365                                       |
| 31 PATIENT TRANSPORTATION                      |   |                      |   |
| 32 IMAGING SERVICES                            |   |                      |   |
| 33 LABS AND DIAGNOSTICS                        |   |                      |   |
| 34 MEDICAL SUPPLIES                            |   |                      | 17,340                                      |
| 35 OUTPATIENT SERVICES (INCL. E/R DEPT.)       |   |                      |   |
| 36 RADIATION THERAPY                           |   |                      |   |
| 37 CHEMOTHERAPY                                |   |                      |   |
| 38 OTHER                                       |   |                      | 418,840                                     |
| 39   |   |                      |   |
| 40   |   |                      |   |
| 41   |   |                      |   |
| 42 FUNDRAISING                                 |   |                      |   |
| 43 OTHER PROGRAM COSTS                         |   |                      |   |
| 44 COST TO BE ALLOCATED (PER WKST K-4, PART I) | 18,395                                      |                      | 200,436                                     |
| 45 UNIT COST MULTIPLIER                        | 1.000000                                    |                      | .207799                                     |

HOSPICE 1

| HOSPICE COST CENTER                         | FROM K-4, PART 1, COLUMN 7, LINE | HOSPICE TRIAL BALANCE (1) | OLD CAP REL COSTS-BLDG & FIXT | OLD CAP REL COSTS-BLDG & FIXT | OLD CAP REL COSTS-BLDG & FIXT |
|---|----------------------------------|---------------------------|-------------------------------|-------------------------------|-------------------------------|
|   |                                  | 0                         | 1                             | 1.01                          | 1.02                          |
| 1.00 ADMINISTRATIVE AND GENERAL             | 6                                |                           |                               | 98                            |                               |
| 2.00 INPATIENT - GENERAL CARE               | 7                                | 41,621                    |                               |                               |                               |
| 3.00 INPATIENT - RESPIRE CARE               | 8                                |                           |                               |                               |                               |
| 4.00 PHYSICIAN SERVICES                     | 9                                | 6,889                     |                               |                               |                               |
| 5.00 NURSING CARE                           | 10                               | 279,371                   |                               | 98                            |                               |
| 5.20 NURSING CARE-CONTINUOUS HOME CARE      | 10.20                            |                           |                               |                               |                               |
| 6.00 PHYSICAL THERAPY                       | 11                               | 3,999                     |                               |                               |                               |
| 7.00 OCCUPATIONAL THERAPY                   | 12                               |                           |                               |                               |                               |
| 8.00 SPEECH/LANGUAGE PATHOLOGY              | 13                               |                           |                               |                               |                               |
| 9.00 MEDICAL SOCIAL SERVICES                | 14                               | 40,966                    |                               | 49                            |                               |
| 10.00 SPIRITUAL COUNSELING                  | 15                               | 37,531                    |                               |                               |                               |
| 11.00 DIETARY COUNSELING                    | 16                               | 3,372                     |                               |                               |                               |
| 12.00 COUNSELING - OTHER                    | 17                               | -249                      |                               |                               |                               |
| 13.00 HOME HEALTH AIDE AND HOMEMAKER        | 18                               | 54,472                    |                               | 98                            |                               |
| 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE    | 18.20                            |                           |                               |                               |                               |
| 14.00                                       | 19                               |                           |                               |                               |                               |
| 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY | 20                               | 167,409                   |                               |                               |                               |
| 15.30 ANALGESICS                            | 20.30                            |                           |                               |                               |                               |
| 15.31 SEDATIVES / HYPNOTICS                 | 20.31                            |                           |                               |                               |                               |
| 15.32 OTHER                                 | 20.32                            |                           |                               |                               |                               |
| 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN      | 21                               | 2,856                     |                               |                               |                               |
| 17.00 PATIENT TRANSPORTATION                | 22                               |                           |                               |                               |                               |
| 18.00 IMAGING SERVICES                      | 23                               |                           |                               |                               |                               |
| 19.00 LABS AND DIAGNOSTICS                  | 24                               |                           |                               |                               |                               |
| 20.00 MEDICAL SUPPLIES                      | 25                               | 20,943                    |                               |                               |                               |
| 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.) | 26                               |                           |                               |                               |                               |
| 22.00 RADIATION THERAPY                     | 27                               |                           |                               |                               |                               |
| 23.00 CHEMOTHERAPY                          | 28                               |                           |                               |                               |                               |
| 24.00                                       | 29                               | 505,824                   |                               |                               |                               |
| 25.00 BEREAVEMENT PROGRAM COSTS             | 30                               |                           |                               |                               |                               |
| 26.00 VOLUNTEER PROGRAM COSTS               | 31                               |                           |                               |                               |                               |
| 27.00 FUNDRAISING                           | 32                               |                           |                               |                               |                               |
| 28.00 OTHER PROGRAM COSTS                   | 33                               |                           |                               |                               |                               |
| 29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)     |                                  | 1,165,004                 |                               | 343                           |                               |
| 30.00 UNIT COST MULTIPLIER                  |                                  |                           |                               |                               |                               |

| HOSPICE COST CENTER                         | OLD CAP REL COSTS-BLDG & FIXT | OLD CAP REL COSTS-MVBLE EQUIP | OLD CAP REL COSTS-MVBLE EQUIP | NEW CAP REL COSTS-BLDG & FIXT |
|---|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
|   | 1.03                          | 2                             | 2.01                          | 3                             |
| 1.00 ADMINISTRATIVE AND GENERAL             |                               |                               |                               | 18                            |
| 2.00 INPATIENT - GENERAL CARE               |                               |                               |                               |                               |
| 3.00 INPATIENT - RESPIRE CARE               |                               |                               |                               |                               |
| 4.00 PHYSICIAN SERVICES                     |                               |                               |                               |                               |
| 5.00 NURSING CARE                           |                               |                               |                               | 18                            |
| 5.20 NURSING CARE-CONTINUOUS HOME CARE      |                               |                               |                               |                               |
| 6.00 PHYSICAL THERAPY                       |                               |                               |                               |                               |
| 7.00 OCCUPATIONAL THERAPY                   |                               |                               |                               |                               |
| 8.00 SPEECH/LANGUAGE PATHOLOGY              |                               |                               |                               |                               |
| 9.00 MEDICAL SOCIAL SERVICES                |                               |                               |                               | 9                             |
| 10.00 SPIRITUAL COUNSELING                  |                               |                               |                               |                               |
| 11.00 DIETARY COUNSELING                    |                               |                               |                               |                               |
| 12.00 COUNSELING - OTHER                    |                               |                               |                               |                               |
| 13.00 HOME HEALTH AIDE AND HOMEMAKER        |                               |                               |                               | 18                            |
| 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE    |                               |                               |                               |                               |
| 14.00                                       |                               |                               |                               |                               |
| 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY |                               |                               |                               |                               |
| 15.30 ANALGESICS                            |                               |                               |                               |                               |
| 15.31 SEDATIVES / HYPNOTICS                 |                               |                               |                               |                               |
| 15.32 OTHER                                 |                               |                               |                               |                               |
| 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN      |                               |                               |                               |                               |
| 17.00 PATIENT TRANSPORTATION                |                               |                               |                               |                               |
| 18.00 IMAGING SERVICES                      |                               |                               |                               |                               |
| 19.00 LABS AND DIAGNOSTICS                  |                               |                               |                               |                               |
| 20.00 MEDICAL SUPPLIES                      |                               |                               |                               |                               |
| 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.) |                               |                               |                               |                               |
| 22.00 RADIATION THERAPY                     |                               |                               |                               |                               |
| 23.00 CHEMOTHERAPY                          |                               |                               |                               |                               |
| 24.00                                       |                               |                               |                               |                               |
| 25.00 BEREAVEMENT PROGRAM COSTS             |                               |                               |                               |                               |
| 26.00 VOLUNTEER PROGRAM COSTS               |                               |                               |                               |                               |
| 27.00 FUNDRAISING                           |                               |                               |                               |                               |
| 28.00 OTHER PROGRAM COSTS                   |                               |                               |                               |                               |
| 29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)     |                               |                               |                               | 63                            |
| 30.00 UNIT COST MULTIPLIER                  |                               |                               |                               |                               |

HOSPICE 1

| HOSPICE COST CENTER                         | NEW CAP REL<br>COSTS-BLDG &<br>FIXT<br>3.01 | NEW CAP REL<br>COSTS-BLDG &<br>FIXT<br>3.02 | NEW CAP REL<br>COSTS-BLDG &<br>FIXT<br>3.03 | NEW CAP REL<br>COSTS-BLDG &<br>FIXT<br>3.04 |
|---|---|---|---|---|
| 1.00 ADMINISTRATIVE AND GENERAL             | 101   |   |   |   |
| 2.00 INPATIENT - GENERAL CARE               |   |   |   |   |
| 3.00 INPATIENT - RESPIRE CARE               |   |   |   |   |
| 4.00 PHYSICIAN SERVICES                     |   |   |   |   |
| 5.00 NURSING CARE                           | 102   |   |   |   |
| 5.20 NURSING CARE-CONTINUOUS HOME CARE      |   |   |   |   |
| 6.00 PHYSICAL THERAPY                       |   |   |   |   |
| 7.00 OCCUPATIONAL THERAPY                   |   |   |   |   |
| 8.00 SPEECH/LANGUAGE PATHOLOGY              |   |   |   |   |
| 9.00 MEDICAL SOCIAL SERVICES                | 51  |   |   |   |
| 10.00 SPIRITUAL COUNSELING                  |   |   |   |   |
| 11.00 DIETARY COUNSELING                    |   |   |   |   |
| 12.00 COUNSELING - OTHER                    |   |   |   |   |
| 13.00 HOME HEALTH AIDE AND HOMEMAKER        | 102   |   |   |   |
| 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE    |   |   |   |   |
| 14.00                                       |   |   |   |   |
| 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY |   |   |   |   |
| 15.30 ANALGESICS                            |   |   |   |   |
| 15.31 SEDATIVES / HYPNOTICS                 |   |   |   |   |
| 15.32 OTHER                                 |   |   |   |   |
| 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN      |   |   |   |   |
| 17.00 PATIENT TRANSPORTATION                |   |   |   |   |
| 18.00 IMAGING SERVICES                      |   |   |   |   |
| 19.00 LABS AND DIAGNOSTICS                  |   |   |   |   |
| 20.00 MEDICAL SUPPLIES                      |   |   |   |   |
| 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.) |   |   |   |   |
| 22.00 RADIATION THERAPY                     |   |   |   |   |
| 23.00 CHEMOTHERAPY                          |   |   |   |   |
| 24.00                                       |   |   |   |   |
| 25.00 BEREAVEMENT PROGRAM COSTS             |   |   |   |   |
| 26.00 VOLUNTEER PROGRAM COSTS               |   |   |   |   |
| 27.00 FUNDRAISING                           |   |   |   |   |
| 28.00 OTHER PROGRAM COSTS                   |   |   |   |   |
| 29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)     | 356   |   |   |   |
| 30.00 UNIT COST MULTIPLIER                  |   |   |   |   |

| HOSPICE COST CENTER                         | NEW CAP REL<br>COSTS-MVBLE<br>EQUIP<br>4 | NEW CAP REL<br>COSTS-MVBLE<br>EQUIP<br>4.01 | NEW CAP REL<br>COSTS-MVBLE<br>EQUIP<br>4.02 | EMPLOYEE<br>BENEFITS<br>5 |
|---|--|---|---|---------------------------|
| 1.00 ADMINISTRATIVE AND GENERAL             |  |   |   |                           |
| 2.00 INPATIENT - GENERAL CARE               |  | 184   |   | 45,309                    |
| 3.00 INPATIENT - RESPIRE CARE               |  |   |   |                           |
| 4.00 PHYSICIAN SERVICES                     |  |   |   |                           |
| 5.00 NURSING CARE                           |  | 184   |   | 64,403                    |
| 5.20 NURSING CARE-CONTINUOUS HOME CARE      |  |   |   |                           |
| 6.00 PHYSICAL THERAPY                       |  |   |   | 911                       |
| 7.00 OCCUPATIONAL THERAPY                   |  |   |   |                           |
| 8.00 SPEECH/LANGUAGE PATHOLOGY              |  |   |   |                           |
| 9.00 MEDICAL SOCIAL SERVICES                |  | 92  |   | 9,455                     |
| 10.00 SPIRITUAL COUNSELING                  |  |   |   | 8,716                     |
| 11.00 DIETARY COUNSELING                    |  |   |   | 820                       |
| 12.00 COUNSELING - OTHER                    |  |   |   |                           |
| 13.00 HOME HEALTH AIDE AND HOMEMAKER        |  | 184   |   | 10,961                    |
| 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE    |  |   |   |                           |
| 14.00                                       |  |   |   |                           |
| 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY |  |   |   |                           |
| 15.30 ANALGESICS                            |  |   |   |                           |
| 15.31 SEDATIVES / HYPNOTICS                 |  |   |   |                           |
| 15.32 OTHER                                 |  |   |   |                           |
| 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN      |  |   |   |                           |
| 17.00 PATIENT TRANSPORTATION                |  |   |   |                           |
| 18.00 IMAGING SERVICES                      |  |   |   |                           |
| 19.00 LABS AND DIAGNOSTICS                  |  |   |   |                           |
| 20.00 MEDICAL SUPPLIES                      |  |   |   |                           |
| 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.) |  |   |   |                           |
| 22.00 RADIATION THERAPY                     |  |   |   |                           |
| 23.00 CHEMOTHERAPY                          |  |   |   |                           |
| 24.00                                       |  |   |   |                           |
| 25.00 BEREAVEMENT PROGRAM COSTS             |  |   |   |                           |
| 26.00 VOLUNTEER PROGRAM COSTS               |  |   |   |                           |
| 27.00 FUNDRAISING                           |  |   |   |                           |
| 28.00 OTHER PROGRAM COSTS                   |  |   |   |                           |
| 29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)     |  | 644   |   | 140,575                   |
| 30.00 UNIT COST MULTIPLIER                  |  |   |   |                           |





HOSPICE 1

| HOSPICE COST CENTER                         | SUBTOTAL  | INTRN & RSDNT COST & POST STEPDOWN AD | SUBTOTAL  | ALLOCATED HOSPICE A & G |
|---|-----------|---------------------------------------|-----------|-------------------------|
|   | 25        | 26                                    | 27        | 28                      |
| 1.00 ADMINISTRATIVE AND GENERAL             | 67,755    |                                       | 67,755    |                         |
| 2.00 INPATIENT - GENERAL CARE               | 50,973    |                                       | 50,973    | 2,109                   |
| 3.00 INPATIENT - RESPIRE CARE               | 45        |                                       | 45        | 2                       |
| 4.00 PHYSICIAN SERVICES                     | 8,365     |                                       | 8,365     | 346                     |
| 5.00 NURSING CARE                           | 483,918   |                                       | 483,918   | 20,020                  |
| 5.20 NURSING CARE-CONTINUOUS HOME CARE      |           |                                       |           |                         |
| 6.00 PHYSICAL THERAPY                       | 6,027     |                                       | 6,027     | 249                     |
| 7.00 OCCUPATIONAL THERAPY                   |           |                                       |           |                         |
| 8.00 SPEECH/LANGUAGE PATHOLOGY              |           |                                       |           |                         |
| 9.00 MEDICAL SOCIAL SERVICES                | 66,287    |                                       | 66,287    | 2,742                   |
| 10.00 SPIRITUAL COUNSELING                  | 58,201    |                                       | 58,201    | 2,408                   |
| 11.00 DIETARY COUNSELING                    | 5,252     |                                       | 5,252     | 217                     |
| 12.00 COUNSELING - OTHER                    | -302      |                                       | -302      | -12                     |
| 13.00 HOME HEALTH AIDE AND HOMEMAKER        | 105,240   |                                       | 105,240   | 4,354                   |
| 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE    |           |                                       |           |                         |
| 14.00                                       |           |                                       |           |                         |
| 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY | 203,275   |                                       | 203,275   | 8,409                   |
| 15.30 ANALGESICS                            |           |                                       |           |                         |
| 15.31 SEDATIVES / HYPNOTICS                 |           |                                       |           |                         |
| 15.32 OTHER                                 |           |                                       |           |                         |
| 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN      | 3,468     |                                       | 3,468     | 143                     |
| 17.00 PATIENT TRANSPORTATION                |           |                                       |           |                         |
| 18.00 IMAGING SERVICES                      |           |                                       |           |                         |
| 19.00 LABS AND DIAGNOSTICS                  |           |                                       |           |                         |
| 20.00 MEDICAL SUPPLIES                      | 25,430    |                                       | 25,430    | 1,052                   |
| 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.) |           |                                       |           |                         |
| 22.00 RADIATION THERAPY                     |           |                                       |           |                         |
| 23.00 CHEMOTHERAPY                          |           |                                       |           |                         |
| 24.00                                       | 621,602   |                                       | 621,602   | 25,716                  |
| 25.00 BEREAVEMENT PROGRAM COSTS             |           |                                       |           |                         |
| 26.00 VOLUNTEER PROGRAM COSTS               |           |                                       |           |                         |
| 27.00 FUNDRAISING                           |           |                                       |           |                         |
| 28.00 OTHER PROGRAM COSTS                   |           |                                       |           |                         |
| 29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)     | 1,705,536 |                                       | 1,705,536 |                         |
| 30.00 UNIT COST MULTIPLIER                  |           |                                       |           | .041370                 |

TOTAL HOSPICE COSTS

| HOSPICE COST CENTER                         | 29        |
|---|-----------|
| 1.00 ADMINISTRATIVE AND GENERAL             |           |
| 2.00 INPATIENT - GENERAL CARE               | 53,082    |
| 3.00 INPATIENT - RESPIRE CARE               | 47        |
| 4.00 PHYSICIAN SERVICES                     | 8,711     |
| 5.00 NURSING CARE                           | 503,938   |
| 5.20 NURSING CARE-CONTINUOUS HOME CARE      |           |
| 6.00 PHYSICAL THERAPY                       | 6,276     |
| 7.00 OCCUPATIONAL THERAPY                   |           |
| 8.00 SPEECH/LANGUAGE PATHOLOGY              |           |
| 9.00 MEDICAL SOCIAL SERVICES                | 69,029    |
| 10.00 SPIRITUAL COUNSELING                  | 60,609    |
| 11.00 DIETARY COUNSELING                    | 5,469     |
| 12.00 COUNSELING - OTHER                    | -314      |
| 13.00 HOME HEALTH AIDE AND HOMEMAKER        | 109,594   |
| 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE    |           |
| 14.00                                       |           |
| 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY | 211,684   |
| 15.30 ANALGESICS                            |           |
| 15.31 SEDATIVES / HYPNOTICS                 |           |
| 15.32 OTHER                                 |           |
| 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN      | 3,611     |
| 17.00 PATIENT TRANSPORTATION                |           |
| 18.00 IMAGING SERVICES                      |           |
| 19.00 LABS AND DIAGNOSTICS                  |           |
| 20.00 MEDICAL SUPPLIES                      | 26,482    |
| 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.) |           |
| 22.00 RADIATION THERAPY                     |           |
| 23.00 CHEMOTHERAPY                          |           |
| 24.00                                       | 647,318   |
| 25.00 BEREAVEMENT PROGRAM COSTS             |           |
| 26.00 VOLUNTEER PROGRAM COSTS               |           |
| 27.00 FUNDRAISING                           |           |
| 28.00 OTHER PROGRAM COSTS                   |           |
| 29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)     | 1,705,536 |
| 30.00 UNIT COST MULTIPLIER                  |           |

HOSPICE 1

TOTAL HOSPICE  
COSTS

HOSPICE COST CENTER

29

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

HOSPICE 1

| HOSPICE COST CENTER                         | OLD CAP REL COSTS-BLDG & FIXT<br>(SQUARE FEET) |
|---|--|--|--|--|
|   | 1  | 1.01   | 1.02   | 1.03   |
| 1.00 ADMINISTRATIVE AND GENERAL             |  |  | 100  |  |
| 2.00 INPATIENT - GENERAL CARE               |  |  |  |  |
| 3.00 INPATIENT - RESPIRE CARE               |  |  |  |  |
| 4.00 PHYSICIAN SERVICES                     |  |  | 100  |  |
| 5.00 NURSING CARE                           |  |  |  |  |
| 5.20 NURSING CARE-CONTINUOUS HOME CARE      |  |  |  |  |
| 6.00 PHYSICAL THERAPY                       |  |  |  |  |
| 7.00 OCCUPATIONAL THERAPY                   |  |  |  |  |
| 8.00 SPEECH/LANGUAGE PATHOLOGY              |  |  |  |  |
| 9.00 MEDICAL SOCIAL SERVICES                |  |  | 50   |  |
| 10.00 SPIRITUAL COUNSELING                  |  |  |  |  |
| 11.00 DIETARY COUNSELING                    |  |  |  |  |
| 12.00 COUNSELING - OTHER                    |  |  |  |  |
| 13.00 HOME HEALTH AIDE AND HOMEMAKER        |  |  | 100  |  |
| 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE    |  |  |  |  |
| 14.00                                       |  |  |  |  |
| 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY |  |  |  |  |
| 15.30 ANALGESICS                            |  |  |  |  |
| 15.31 SEDATIVES / HYPNOTICS                 |  |  |  |  |
| 15.32 OTHER                                 |  |  |  |  |
| 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN      |  |  |  |  |
| 17.00 PATIENT TRANSPORTATION                |  |  |  |  |
| 18.00 IMAGING SERVICES                      |  |  |  |  |
| 19.00 LABS AND DIAGNOSTICS                  |  |  |  |  |
| 20.00 MEDICAL SUPPLIES                      |  |  |  |  |
| 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.) |  |  |  |  |
| 22.00 RADIATION THERAPY                     |  |  |  |  |
| 23.00 CHEMOTHERAPY                          |  |  |  |  |
| 24.00                                       |  |  |  |  |
| 25.00 BEREAVEMENT PROGRAM COSTS             |  |  |  |  |
| 26.00 VOLUNTEER PROGRAM COSTS               |  |  |  |  |
| 27.00 FUNDRAISING                           |  |  |  |  |
| 28.00 OTHER PROGRAM COSTS                   |  |  |  |  |
| 29.00 TOTAL (SUM OF LINE 1 THRU 28)         |  | 350  |  |  |
| 30.00 TOTAL COST TO BE ALLOCATED            |  | 343  |  |  |
| 31.00 UNIT COST MULTIPLIER                  | .000000  | .980000  | .000000  | .000000  |

| HOSPICE COST CENTER                         | OLD CAP REL COSTS-MVBLE EQUIP<br>(SQUARE FEET) | OLD CAP REL COSTS-MVBLE EQUIP<br>(SQUARE FEET) | NEW CAP REL COSTS-BLDG & FIXT<br>(SQUARE FEET) | NEW CAP REL COSTS-BLDG & FIXT<br>(SQUARE FEET) |
|---|--|--|--|--|
|   | 2  | 2.01   | 3  | 3.01   |
| 1.00 ADMINISTRATIVE AND GENERAL             |  |  | 100  | 100  |
| 2.00 INPATIENT - GENERAL CARE               |  |  |  |  |
| 3.00 INPATIENT - RESPIRE CARE               |  |  |  |  |
| 4.00 PHYSICIAN SERVICES                     |  |  | 100  | 100  |
| 5.00 NURSING CARE                           |  |  |  |  |
| 5.20 NURSING CARE-CONTINUOUS HOME CARE      |  |  |  |  |
| 6.00 PHYSICAL THERAPY                       |  |  |  |  |
| 7.00 OCCUPATIONAL THERAPY                   |  |  |  |  |
| 8.00 SPEECH/LANGUAGE PATHOLOGY              |  |  |  |  |
| 9.00 MEDICAL SOCIAL SERVICES                |  |  | 50   | 50   |
| 10.00 SPIRITUAL COUNSELING                  |  |  |  |  |
| 11.00 DIETARY COUNSELING                    |  |  |  |  |
| 12.00 COUNSELING - OTHER                    |  |  |  |  |
| 13.00 HOME HEALTH AIDE AND HOMEMAKER        |  |  | 100  | 100  |
| 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE    |  |  |  |  |
| 14.00                                       |  |  |  |  |
| 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY |  |  |  |  |
| 15.30 ANALGESICS                            |  |  |  |  |
| 15.31 SEDATIVES / HYPNOTICS                 |  |  |  |  |
| 15.32 OTHER                                 |  |  |  |  |
| 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN      |  |  |  |  |
| 17.00 PATIENT TRANSPORTATION                |  |  |  |  |
| 18.00 IMAGING SERVICES                      |  |  |  |  |
| 19.00 LABS AND DIAGNOSTICS                  |  |  |  |  |
| 20.00 MEDICAL SUPPLIES                      |  |  |  |  |
| 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.) |  |  |  |  |
| 22.00 RADIATION THERAPY                     |  |  |  |  |
| 23.00 CHEMOTHERAPY                          |  |  |  |  |
| 24.00                                       |  |  |  |  |
| 25.00 BEREAVEMENT PROGRAM COSTS             |  |  |  |  |
| 26.00 VOLUNTEER PROGRAM COSTS               |  |  |  |  |
| 27.00 FUNDRAISING                           |  |  |  |  |
| 28.00 OTHER PROGRAM COSTS                   |  |  |  |  |

HOSPICE 1

|   | OLD CAP REL<br>COSTS-MVBLE<br>EQUIP | OLD CAP REL<br>COSTS-MVBLE<br>EQUIP | NEW CAP REL<br>COSTS-BLDG &<br>FIXT | NEW CAP REL<br>COSTS-BLDG &<br>FIXT |
|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| HOSPICE COST CENTER                         | 2                                   | 2.01                                | 3                                   | 3.01                                |
| 29.00 TOTAL (SUM OF LINE 1 THRU 28)         |                                     |                                     | 350                                 | 350                                 |
| 30.00 TOTAL COST TO BE ALLOCATED            |                                     |                                     | 63                                  | 356                                 |
| 31.00 UNIT COST MULTIPLIER                  | .000000                             | .180000                             | .000000                             | 1.017143                            |
|   |                                     |                                     |                                     |                                     |
|   | NEW CAP REL<br>COSTS-BLDG &<br>FIXT | NEW CAP REL<br>COSTS-BLDG &<br>FIXT | NEW CAP REL<br>COSTS-BLDG &<br>FIXT | NEW CAP REL<br>COSTS-MVBLE<br>EQUIP |
| HOSPICE COST CENTER                         | (SQUARE FEET)                       | (SQUARE FEET)                       | (SQUARE FEET)                       | (SQUARE FEET)                       |
|   | 3.02                                | 3.03                                | 3.04                                | 4                                   |
| 1.00 ADMINISTRATIVE AND GENERAL             |                                     |                                     |                                     |                                     |
| 2.00 INPATIENT - GENERAL CARE               |                                     |                                     |                                     |                                     |
| 3.00 INPATIENT - RESPIRE CARE               |                                     |                                     |                                     |                                     |
| 4.00 PHYSICIAN SERVICES                     |                                     |                                     |                                     |                                     |
| 5.00 NURSING CARE                           |                                     |                                     |                                     |                                     |
| 5.20 NURSING CARE-CONTINUOUS HOME CARE      |                                     |                                     |                                     |                                     |
| 6.00 PHYSICAL THERAPY                       |                                     |                                     |                                     |                                     |
| 7.00 OCCUPATIONAL THERAPY                   |                                     |                                     |                                     |                                     |
| 8.00 SPEECH/LANGUAGE PATHOLOGY              |                                     |                                     |                                     |                                     |
| 9.00 MEDICAL SOCIAL SERVICES                |                                     |                                     |                                     |                                     |
| 10.00 SPIRITUAL COUNSELING                  |                                     |                                     |                                     |                                     |
| 11.00 DIETARY COUNSELING                    |                                     |                                     |                                     |                                     |
| 12.00 COUNSELING - OTHER                    |                                     |                                     |                                     |                                     |
| 13.00 HOME HEALTH AIDE AND HOMEMAKER        |                                     |                                     |                                     |                                     |
| 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE    |                                     |                                     |                                     |                                     |
| 14.00                                       |                                     |                                     |                                     |                                     |
| 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY |                                     |                                     |                                     |                                     |
| 15.30 ANALGESICS                            |                                     |                                     |                                     |                                     |
| 15.31 SEDATIVES / HYPNOTICS                 |                                     |                                     |                                     |                                     |
| 15.32 OTHER                                 |                                     |                                     |                                     |                                     |
| 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN      |                                     |                                     |                                     |                                     |
| 17.00 PATIENT TRANSPORTATION                |                                     |                                     |                                     |                                     |
| 18.00 IMAGING SERVICES                      |                                     |                                     |                                     |                                     |
| 19.00 LABS AND DIAGNOSTICS                  |                                     |                                     |                                     |                                     |
| 20.00 MEDICAL SUPPLIES                      |                                     |                                     |                                     |                                     |
| 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.) |                                     |                                     |                                     |                                     |
| 22.00 RADIATION THERAPY                     |                                     |                                     |                                     |                                     |
| 23.00 CHEMOTHERAPY                          |                                     |                                     |                                     |                                     |
| 24.00                                       |                                     |                                     |                                     |                                     |
| 25.00 BEREAVEMENT PROGRAM COSTS             |                                     |                                     |                                     |                                     |
| 26.00 VOLUNTEER PROGRAM COSTS               |                                     |                                     |                                     |                                     |
| 27.00 FUNDRAISING                           |                                     |                                     |                                     |                                     |
| 28.00 OTHER PROGRAM COSTS                   |                                     |                                     |                                     |                                     |
| 29.00 TOTAL (SUM OF LINE 1 THRU 28)         |                                     |                                     |                                     |                                     |
| 30.00 TOTAL COST TO BE ALLOCATED            |                                     |                                     |                                     |                                     |
| 31.00 UNIT COST MULTIPLIER                  | .000000                             | .000000                             | .000000                             | .000000                             |

HOSPICE 1

| HOSPICE COST CENTER                         | NEW CAP REL COSTS-MVBLE EQUIP<br>(SQUARE FEET) | NEW CAP REL COSTS-MVBLE EQUIP<br>(SQUARE FEET) | EMPLOYEE BENEFITS<br>(ADJUSTED SALARIES) | NONPATIENT TELEPHONES<br>(NO OF LINES) |
|---|--|--|--|--|
|   | 4. 01  | 4. 02  | 5  | 6. 01                                  |
| 1.00 ADMINISTRATIVE AND GENERAL             | 100  |  | 143,806                                  | 2                                      |
| 2.00 INPATIENT - GENERAL CARE               |  |  |  |  |
| 3.00 INPATIENT - RESPIRE CARE               |  |  |  |  |
| 4.00 PHYSICIAN SERVICES                     |  |  |  |  |
| 5.00 NURSING CARE                           | 100  |  | 204,404                                  | 2                                      |
| 5.20 NURSING CARE-CONTINUOUS HOME CARE      |  |  |  |  |
| 6.00 PHYSICAL THERAPY                       |  |  | 2,892                                    |  |
| 7.00 OCCUPATIONAL THERAPY                   |  |  |  |  |
| 8.00 SPEECH/LANGUAGE PATHOLOGY              |  |  |  |  |
| 9.00 MEDICAL SOCIAL SERVICES                | 50   |  | 30,009                                   | 1                                      |
| 10.00 SPIRITUAL COUNSELING                  |  |  | 27,664                                   |  |
| 11.00 DIETARY COUNSELING                    |  |  | 2,604                                    |  |
| 12.00 COUNSELING - OTHER                    |  |  |  |  |
| 13.00 HOME HEALTH AIDE AND HOMEMAKER        | 100  |  | 34,789                                   | 2                                      |
| 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE    |  |  |  |  |
| 14.00                                       |  |  |  |  |
| 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY |  |  |  |  |
| 15.30 ANALGESICS                            |  |  |  |  |
| 15.31 SEDATIVES / HYPNOTICS                 |  |  |  |  |
| 15.32 OTHER                                 |  |  |  |  |
| 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN      |  |  |  |  |
| 17.00 PATIENT TRANSPORTATION                |  |  |  |  |
| 18.00 IMAGING SERVICES                      |  |  |  |  |
| 19.00 LABS AND DIAGNOSTICS                  |  |  |  |  |
| 20.00 MEDICAL SUPPLIES                      |  |  |  |  |
| 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.) |  |  |  |  |
| 22.00 RADIATION THERAPY                     |  |  |  |  |
| 23.00 CHEMOTHERAPY                          |  |  |  |  |
| 24.00                                       |  |  |  |  |
| 25.00 BEREAVEMENT PROGRAM COSTS             |  |  |  |  |
| 26.00 VOLUNTEER PROGRAM COSTS               |  |  |  |  |
| 27.00 FUNDRAISING                           |  |  |  |  |
| 28.00 OTHER PROGRAM COSTS                   |  |  |  |  |
| 29.00 TOTAL (SUM OF LINE 1 THRU 28)         | 350  |  | 446,168                                  | 7                                      |
| 30.00 TOTAL COST TO BE ALLOCATED            | 644  |  | 140,575                                  | 2,258                                  |
| 31.00 UNIT COST MULTIPLIER                  | 1.840000                                       | .000000  | .315072                                  | 322.571429                             |

| HOSPICE COST CENTER                         | PURCHASING, RECEIVING AND STORES<br>(COSTED REQUIS.) | ADMITTING<br>(TOTAL REVENUE) | CASHIERING/ACCOUNTS RECEIVABLE<br>(TOTAL REVENUE) | RECONCILIATION<br>6A.05 |
|---|--|------------------------------|---|-------------------------|
|   | 6. 02  | 6. 03                        | 6. 04   |                         |
| 1.00 ADMINISTRATIVE AND GENERAL             | 1,762  |                              |   |                         |
| 2.00 INPATIENT - GENERAL CARE               |  | 44,609                       | 44,609  |                         |
| 3.00 INPATIENT - RESPIRE CARE               |  | 4,536                        | 4,536   |                         |
| 4.00 PHYSICIAN SERVICES                     |  |                              |   |                         |
| 5.00 NURSING CARE                           | 17,406   | 1,977,022                    | 1,977,022   |                         |
| 5.20 NURSING CARE-CONTINUOUS HOME CARE      |  |                              |   |                         |
| 6.00 PHYSICAL THERAPY                       |  |                              |   |                         |
| 7.00 OCCUPATIONAL THERAPY                   |  |                              |   |                         |
| 8.00 SPEECH/LANGUAGE PATHOLOGY              |  |                              |   |                         |
| 9.00 MEDICAL SOCIAL SERVICES                |  |                              |   |                         |
| 10.00 SPIRITUAL COUNSELING                  |  |                              |   |                         |
| 11.00 DIETARY COUNSELING                    |  |                              |   |                         |
| 12.00 COUNSELING - OTHER                    |  |                              |   |                         |
| 13.00 HOME HEALTH AIDE AND HOMEMAKER        |  | 888,227                      | 888,227   |                         |
| 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE    |  |                              |   |                         |
| 14.00                                       |  |                              |   |                         |
| 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY |  |                              |   |                         |
| 15.30 ANALGESICS                            |  |                              |   |                         |
| 15.31 SEDATIVES / HYPNOTICS                 |  |                              |   |                         |
| 15.32 OTHER                                 |  |                              |   |                         |
| 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN      |  |                              |   |                         |
| 17.00 PATIENT TRANSPORTATION                |  |                              |   |                         |
| 18.00 IMAGING SERVICES                      |  |                              |   |                         |
| 19.00 LABS AND DIAGNOSTICS                  |  |                              |   |                         |
| 20.00 MEDICAL SUPPLIES                      |  |                              |   |                         |
| 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.) |  |                              |   |                         |
| 22.00 RADIATION THERAPY                     |  |                              |   |                         |
| 23.00 CHEMOTHERAPY                          |  |                              |   |                         |
| 24.00                                       |  |                              |   |                         |
| 25.00 BEREAVEMENT PROGRAM COSTS             |  | 759,778                      | 759,778   |                         |
| 26.00 VOLUNTEER PROGRAM COSTS               |  |                              |   |                         |
| 27.00 FUNDRAISING                           |  |                              |   |                         |
| 28.00 OTHER PROGRAM COSTS                   |  |                              |   |                         |

HOSPICE 1

| HOSPICE COST CENTER                 | PURCHASING,<br>RECEIVING AND<br>STORES | ADMITTING | CASHIERING/ACCO<br>UNTS RECEIVABLE | RECONCILIATION |
|-------------------------------------|--|-----------|------------------------------------|----------------|
| HOSPICE COST CENTER                 | 6.02                                   | 6.03      | 6.04                               | 6A.05          |
| 29.00 TOTAL (SUM OF LINE 1 THRU 28) | 19,168                                 | 3,674,172 | 3,674,172                          |                |
| 30.00 TOTAL COST TO BE ALLOCATED    | 3,980                                  | 9,490     | 20,024                             |                |
| 31.00 UNIT COST MULTIPLIER          | .207638                                | .002583   | .005450                            |                |

| HOSPICE COST CENTER                         | OTHER<br>ADMINISTRATIVE<br>AND GENERAL<br>(ACCUMULATED<br>COST) | OPERATION OF<br>PLANT<br>(SQUARE FEET) | LAUNDRY & LINEN<br>SERVICE<br>(POUNDS OF<br>LAUNDRY)<br>9 | HOUSEKEEPING<br>(TIME SPENT)<br>10 |
|---|---|--|---|------------------------------------|
| HOSPICE COST CENTER                         | 6.05  | 8                                      | 9   | 10                                 |
| 1.00 ADMINISTRATIVE AND GENERAL             | 46,721  | 100                                    |   | 112                                |
| 2.00 INPATIENT - GENERAL CARE               | 41,979  |  |   |                                    |
| 3.00 INPATIENT - RESPIRE CARE               | 37  |  |   |                                    |
| 4.00 PHYSICIAN SERVICES                     | 6,889   |  |   |                                    |
| 5.00 NURSING CARE                           | 364,315   | 100                                    |   | 112                                |
| 5.20 NURSING CARE-CONTINUOUS HOME CARE      |   |  |   |                                    |
| 6.00 PHYSICAL THERAPY                       | 4,910   |  |   |                                    |
| 7.00 OCCUPATIONAL THERAPY                   |   |  |   |                                    |
| 8.00 SPEECH/LANGUAGE PATHOLOGY              |   |  |   |                                    |
| 9.00 MEDICAL SOCIAL SERVICES                | 50,945  | 50                                     |   | 57                                 |
| 10.00 SPIRITUAL COUNSELING                  | 46,247  |  |   |                                    |
| 11.00 DIETARY COUNSELING                    | 4,192   |  |   |                                    |
| 12.00 COUNSELING - OTHER                    | -249  |  |   |                                    |
| 13.00 HOME HEALTH AIDE AND HOMEMAKER        | 73,615  | 100                                    |   | 112                                |
| 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE    |   |  |   |                                    |
| 14.00                                       |   |  |   |                                    |
| 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY | 167,409   |  |   |                                    |
| 15.30 ANALGESICS                            |   |  |   |                                    |
| 15.31 SEDATIVES / HYPNOTICS                 |   |  |   |                                    |
| 15.32 OTHER                                 |   |  |   |                                    |
| 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN      | 2,856   |  |   |                                    |
| 17.00 PATIENT TRANSPORTATION                |   |  |   |                                    |
| 18.00 IMAGING SERVICES                      |   |  |   |                                    |
| 19.00 LABS AND DIAGNOSTICS                  |   |  |   |                                    |
| 20.00 MEDICAL SUPPLIES                      | 20,943  |  |   |                                    |
| 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.) |   |  |   |                                    |
| 22.00 RADIATION THERAPY                     |   |  |   |                                    |
| 23.00 CHEMOTHERAPY                          |   |  |   |                                    |
| 24.00                                       | 511,928   |  |   |                                    |
| 25.00 BEREAVEMENT PROGRAM COSTS             |   |  |   |                                    |
| 26.00 VOLUNTEER PROGRAM COSTS               |   |  |   |                                    |
| 27.00 FUNDRAISING                           |   |  |   |                                    |
| 28.00 OTHER PROGRAM COSTS                   |   |  |   |                                    |
| 29.00 TOTAL (SUM OF LINE 1 THRU 28)         | 1,342,737   | 350                                    |   | 393                                |
| 30.00 TOTAL COST TO BE ALLOCATED            | 287,668   | 5,517                                  |   | 1,241                              |
| 31.00 UNIT COST MULTIPLIER                  | .214240   | 15.762857                              | .000000   | 3.157761                           |

HOSPICE 1

| HOSPICE COST CENTER                         | DIETARY<br>(PATIENT MEALS) | CAFETERIA<br>(FTE'S) | NURSING<br>ADMINISTRATION<br>(DIRECT NRSING<br>HRS) | CENTRAL<br>SERVICES &<br>SUPPLY<br>(PURCHASE<br>REQUIS.) |
|---|----------------------------|----------------------|---|--|
|   | 11                         | 12                   | 14  | 15   |
| 1.00 ADMINISTRATIVE AND GENERAL             |                            |                      | 280   |  |
| 2.00 INPATIENT - GENERAL CARE               |                            |                      |   |  |
| 3.00 INPATIENT - RESPIRE CARE               |                            |                      |   |  |
| 4.00 PHYSICIAN SERVICES                     |                            |                      |   |  |
| 5.00 NURSING CARE                           |                            |                      | 327   | 6,213  |
| 5.20 NURSING CARE-CONTINUOUS HOME CARE      |                            |                      |   |  |
| 6.00 PHYSICAL THERAPY                       |                            | 2                    |   |  |
| 7.00 OCCUPATIONAL THERAPY                   |                            |                      |   |  |
| 8.00 SPEECH/LANGUAGE PATHOLOGY              |                            |                      |   |  |
| 9.00 MEDICAL SOCIAL SERVICES                |                            |                      | 75  |  |
| 10.00 SPIRITUAL COUNSELING                  |                            |                      | 63  |  |
| 11.00 DIETARY COUNSELING                    |                            |                      | 5   |  |
| 12.00 COUNSELING - OTHER                    |                            |                      |   |  |
| 13.00 HOME HEALTH AIDE AND HOMEMAKER        |                            |                      | 144   | 290,126  |
| 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE    |                            |                      |   |  |
| 14.00                                       |                            |                      |   |  |
| 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY |                            |                      |   |  |
| 15.30 ANALGESICS                            |                            |                      |   |  |
| 15.31 SEDATIVES / HYPNOTICS                 |                            |                      |   |  |
| 15.32 OTHER                                 |                            |                      |   |  |
| 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN      |                            |                      |   |  |
| 17.00 PATIENT TRANSPORTATION                |                            |                      |   |  |
| 18.00 IMAGING SERVICES                      |                            |                      |   |  |
| 19.00 LABS AND DIAGNOSTICS                  |                            |                      |   |  |
| 20.00 MEDICAL SUPPLIES                      |                            |                      |   |  |
| 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.) |                            |                      |   |  |
| 22.00 RADIATION THERAPY                     |                            |                      |   |  |
| 23.00 CHEMOTHERAPY                          |                            |                      |   |  |
| 24.00                                       |                            |                      |   |  |
| 25.00 BEREAVEMENT PROGRAM COSTS             |                            |                      |   |  |
| 26.00 VOLUNTEER PROGRAM COSTS               |                            |                      |   |  |
| 27.00 FUNDRAISING                           |                            |                      |   |  |
| 28.00 OTHER PROGRAM COSTS                   |                            |                      |   |  |
| 29.00 TOTAL (SUM OF LINE 1 THRU 28)         |                            | 896                  | 1,168,288   | 6,213  |
| 30.00 TOTAL COST TO BE ALLOCATED            |                            | 29,102               | 37,238  | 1,009  |
| 31.00 UNIT COST MULTIPLIER                  | .000000                    | 32.479911            | .031874   | .162401  |

| HOSPICE COST CENTER                         | PHARMACY<br>(COSTED<br>REQUIS.) | MEDICAL RECORDS<br>& LIBRARY<br>(TIME SPENT) | SOCIAL SERVICE<br>(TIME SPENT) |
|---|---------------------------------|--|--------------------------------|
|   | 16                              | 17   | 18                             |
| 1.00 ADMINISTRATIVE AND GENERAL             |                                 |  |                                |
| 2.00 INPATIENT - GENERAL CARE               |                                 |  |                                |
| 3.00 INPATIENT - RESPIRE CARE               |                                 |  |                                |
| 4.00 PHYSICIAN SERVICES                     |                                 |  |                                |
| 5.00 NURSING CARE                           |                                 |  |                                |
| 5.20 NURSING CARE-CONTINUOUS HOME CARE      |                                 |  |                                |
| 6.00 PHYSICAL THERAPY                       |                                 |  |                                |
| 7.00 OCCUPATIONAL THERAPY                   |                                 |  |                                |
| 8.00 SPEECH/LANGUAGE PATHOLOGY              |                                 |  |                                |
| 9.00 MEDICAL SOCIAL SERVICES                |                                 |  | 300                            |
| 10.00 SPIRITUAL COUNSELING                  |                                 |  |                                |
| 11.00 DIETARY COUNSELING                    |                                 |  |                                |
| 12.00 COUNSELING - OTHER                    |                                 |  |                                |
| 13.00 HOME HEALTH AIDE AND HOMEMAKER        |                                 |  |                                |
| 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE    |                                 |  |                                |
| 14.00                                       |                                 |  |                                |
| 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY |                                 |  |                                |
| 15.30 ANALGESICS                            |                                 |  |                                |
| 15.31 SEDATIVES / HYPNOTICS                 |                                 |  |                                |
| 15.32 OTHER                                 |                                 |  |                                |
| 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN      |                                 |  |                                |
| 17.00 PATIENT TRANSPORTATION                |                                 |  |                                |
| 18.00 IMAGING SERVICES                      |                                 |  |                                |
| 19.00 LABS AND DIAGNOSTICS                  |                                 |  |                                |
| 20.00 MEDICAL SUPPLIES                      |                                 |  |                                |
| 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.) |                                 |  |                                |
| 22.00 RADIATION THERAPY                     |                                 |  |                                |
| 23.00 CHEMOTHERAPY                          |                                 |  |                                |
| 24.00                                       |                                 |  |                                |
| 25.00 BEREAVEMENT PROGRAM COSTS             |                                 |  |                                |
| 26.00 VOLUNTEER PROGRAM COSTS               |                                 |  |                                |
| 27.00 FUNDRAISING                           |                                 |  |                                |
| 28.00 OTHER PROGRAM COSTS                   |                                 |  |                                |

HOSPICE 1

| HOSPICE COST CENTER                 | PHARMACY | MEDICAL RECORDS & LIBRARY | SOCIAL SERVICE |
|-------------------------------------|----------|---------------------------|----------------|
|                                     | 16       | 17                        | 18             |
| 29.00 TOTAL (SUM OF LINE 1 THRU 28) |          |                           | 300            |
| 30.00 TOTAL COST TO BE ALLOCATED    |          |                           | 1,024          |
| 31.00 UNIT COST MULTIPLIER          | .000000  | .000000                   | 3.413333       |

HOSPICE 1

|       | WKSHT<br>C, PART I<br>COLUMN 9<br>LINE: | COST TO<br>CHARGE<br>RATIO<br>1 | TOTAL<br>HOSPICE<br>CHARGES<br>2 | HOSPICE<br>SHARED<br>ANCILLARY<br>COSTS<br>3 |
|-------|---|---------------------------------|----------------------------------|--|
| 1     | PHYSICAL THERAPY                        | 50                              | .124104                          |  |
| 2     | OCCUPATIONAL THERAPY                    | 51                              | .114187                          |  |
| 3     | SPEECH PATHOLOGY                        | 52                              | .135228                          |  |
| 4     | DRUGS CHARGED TO PATIENTS               | 56                              | .187791                          |  |
| 5     | DURABLE MEDICAL EQUIP-SOLD              | 67                              |                                  |  |
| 6     | LABORATORY                              | 44                              | .151990                          |  |
| 7     | MEDICAL SUPPLIES CHARGED TO PATIENTS    | 55                              | .276453                          |  |
| 7.30  | IMPL. DEV. CHARGED TO PATIENT           | 55.30                           | .378800                          |  |
| 8     | EMERGENCY                               | 61                              | .147018                          |  |
| 9     | RADIOLOGY-DIAGNOSTIC                    | 41                              | .083420                          |  |
| 10    | OTHER ANCILLARY SERVICE COST CENTERS    | 59                              |                                  |  |
| 10.01 | ONCOLOGY                                | 59.01                           | .300934                          |  |
| 10.02 | DIABETES CENTER                         | 59.02                           | 1.131644                         |  |
| 10.03 | PSYCHIATRIC/PSYCHOLOGICAL SERVICES      | 59.03                           | .408737                          |  |
| 10.04 | PAIN CLINIC                             | 59.04                           | .190415                          |  |
| 10.05 | CURATIVE WOUND CENTER                   | 59.05                           | .360839                          |  |
| 11    | TOTAL (SUM OF LINES 1-10)               |                                 |                                  |  |

HOSPICE 1

COMPUTATION OF PER DIEM COST

|  | TITLE XVIII | TITLE XIX | OTHER | TOTAL(1)  |
|--|-------------|-----------|-------|-----------|
|  | 1           | 2         | 3     | 4         |
| 1 TOTAL COST (WORKSHEET K-5, PART I, COL. 29, LINE 2<br>9 LESS COL. 29, LINE 28 PLUS WORKSHEET K-5, PART<br>III, COL. 4, LINE 11) (SEE INSTRUCTIONS) |             |           |       | 1,705,536 |
| 2 TOTAL UNDUPLICATED DAYS (S-9, LINE 9, COL. 4)  |             |           |       | 13,701    |
| 3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)   |             |           |       | 124.48    |
| 4 UNDUPLICATED MEDICARE DAYS (S-9, LINE 9, COL. 1)   | 13,263      |           |       |           |
| 5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)  | 1,650,978   |           |       |           |
| 6 UNDUPLICATED MEDICAID DAYS   |             | 363       |       |           |
| 7 AGGREGATE MEDICAID COST  |             | 45,186    |       |           |
| 8 UNDUPLICATED SNF DAYS (S-9, LINE 9, COL. 2)  |             |           |       |           |
| 9 AGGREGATE SNF COST (LINE 3 TIMES LINE 8)   |             |           |       |           |
| 10 UNDUPLICATED NF DAYS  |             |           |       |           |
| 11 AGGREGATE NF COST   |             |           |       |           |
| 12 OTHER UNDUPLICATED DAYS (S-9, LINE 9, COL. 3)   |             |           | 75    |           |
| 13 AGGREGATE COST FOR OTHER DAYS (LN 3 TIMES LN 12)  |             |           | 9,336 |           |

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

CALCULATION OF CAPITAL PAYMENT

|               |               |              |
|---------------|---------------|--------------|
| PROVIDER NO:  | PERIOD:       | PREPARED     |
| 14-0052       | FROM 1/1/2010 | 5/31/2011    |
| COMPONENT NO: | TO 12/31/2010 | WORKSHEET    |
| 14-0052       |               | L PARTS I-IV |

TITLE XVIII, PART A

HOSPITAL

FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD

|   |  |           |
|---|--|-----------|
| 1   | CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS            |           |
|   | CAPITAL FEDERAL AMOUNT                             |           |
| 2   | CAPITAL DRG OTHER THAN OUTLIER                     | 1,060,759 |
| 3   | CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997   |           |
| 3.01  | CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997      | 3,773     |
|   | INDIRECT MEDICAL EDUCATION ADJUSTMENT              |           |
| 4   | TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS     | 41.68     |
|   | IN THE COST REPORTING PERIOD                       |           |
| 4.01  | NUMBER OF INTERNS AND RESIDENTS                    | .00       |
|   | (SEE INSTRUCTIONS)                                 |           |
| 4.02  | INDIRECT MEDICAL EDUCATION PERCENTAGE              | .00       |
| 4.03  | INDIRECT MEDICAL EDUCATION ADJUSTMENT              |           |
|   | (SEE INSTRUCTIONS)                                 |           |
| 5   | PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO        | .00       |
|   | MEDICARE PART A PATIENT DAYS                       |           |
| 5.01  | PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL       | .00       |
|   | DAYS REPORTED ON S-3, PART I                       |           |
| 5.02  | SUM OF 5 AND 5.01                                  | .00       |
| 5.03  | ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE        | .00       |
| 5.04  | DISPROPORTIONATE SHARE ADJUSTMENT                  |           |
| 6   | TOTAL PROSPECTIVE CAPITAL PAYMENTS                 | 1,064,532 |
| PART II - HOLD HARMLESS METHOD              |  |           |
| 1   | NEW CAPITAL  |           |
| 2   | OLD CAPITAL  |           |
| 3   | TOTAL CAPITAL                                      |           |
| 4   | RATIO OF NEW CAPITAL TO OLD CAPITAL                | .000000   |
| 5   | TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE     |           |
| 6   | REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT         |           |
| 7   | REDUCED OLD CAPITAL AMOUNT                         |           |
| 8   | HOLD HARMLESS PAYMENT FOR NEW CAPITAL              |           |
| 9   | SUBTOTAL   |           |
| 10  | PAYMENT UNDER HOLD HARMLESS                        |           |
| PART III - PAYMENT UNDER REASONABLE COST    |  |           |
| 1   | PROGRAM INPATIENT ROUTINE CAPITAL COST             |           |
| 2   | PROGRAM INPATIENT ANCILLARY CAPITAL COST           |           |
| 3   | TOTAL INPATIENT PROGRAM CAPITAL COST               |           |
| 4   | CAPITAL COST PAYMENT FACTOR                        |           |
| 5   | TOTAL INPATIENT PROGRAM CAPITAL COST               |           |
| PART IV - COMPUTATION OF EXCEPTION PAYMENTS |  |           |
| 1   | PROGRAM INPATIENT CAPITAL COSTS                    |           |
| 2   | PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY  |           |
|   | CIRCUMSTANCES                                      |           |
| 3   | NET PROGRAM INPATIENT CAPITAL COSTS                |           |
| 4   | APPLICABLE EXCEPTION PERCENTAGE                    | .00       |
| 5   | CAPITAL COST FOR COMPARISON TO PAYMENTS            |           |
| 6   | PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY            | .00       |
|   | CIRCUMSTANCES                                      |           |
| 7   | ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL        |           |
|   | FOR EXTRAORDINARY CIRCUMSTANCES                    |           |
| 8   | CAPITAL MINIMUM PAYMENT LEVEL                      |           |
| 9   | CURRENT YEAR CAPITAL PAYMENTS                      |           |
| 10  | CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT |           |
|   | LEVEL TO CAPITAL PAYMENTS                          |           |
| 11  | CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT   |           |
|   | LEVEL OVER CAPITAL PAYMENT                         |           |
| 12  | NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL    |           |
|   | TO CAPITAL PAYMENTS                                |           |
| 13  | CURRENT YEAR EXCEPTION PAYMENT                     |           |
| 14  | CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT   |           |
|   | LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD    |           |
| 15  | CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT   |           |
| 16  | CURRENT YEAR OPERATING AND CAPITAL COSTS           |           |
| 17  | CURRENT YEAR EXCEPTION OFFSET AMOUNT               |           |
|   | (SEE INSTRUCTIONS)                                 |           |



COMPUTATION OF RATIO OF COSTS TO CHARGES  
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 14-0052  
PERIOD: FROM 1/1/2010 TO 12/31/2010  
PREPARED 5/31/2011  
WORKSHEET C  
PART I

| WKST A<br>LINE NO. | COST CENTER DESCRIPTION                                | INPATIENT<br>CHARGES<br>6 | OUTPATIENT<br>CHARGES<br>7 | TOTAL<br>CHARGES<br>8 | COST OR<br>OTHER RATIO<br>9 | TEFRA INPAT-<br>IENT RATIO<br>10 | PPS INPAT-<br>IENT RATIO<br>11 |
|--------------------|--|---------------------------|----------------------------|-----------------------|-----------------------------|----------------------------------|--------------------------------|
|                    | INPAT ROUTINE SRVC CNTRS                               |                           |                            |                       |                             |                                  |                                |
| 25                 | ADULTS & PEDIATRICS                                    | 8,470,845                 |                            | 8,470,845             |                             |                                  |                                |
| 26                 | INTENSIVE CARE UNIT                                    | 5,513,640                 |                            | 5,513,640             |                             |                                  |                                |
| 31                 | SUBPROVIDER  | 2,604,125                 |                            | 2,604,125             |                             |                                  |                                |
| 33                 | NURSERY  | 557,683                   |                            | 557,683               |                             |                                  |                                |
| 34                 | SKILLED NURSING FACILITY                               | 3,590,212                 |                            | 3,590,212             |                             |                                  |                                |
| 35                 | NURSING FACILITY                                       | 54,201                    |                            | 54,201                |                             |                                  |                                |
| 35                 | 01 ICF/MR  |                           |                            |                       |                             |                                  |                                |
|                    | ANCILLARY SRVC COST CNTRS                              |                           |                            |                       |                             |                                  |                                |
| 37                 | OPERATING ROOM   | 9,118,542                 | 23,803,701                 | 32,922,243            | .157964                     | .157964                          | .157964                        |
| 38                 | RECOVERY ROOM  | 2,487,083                 | 4,650,234                  | 7,137,317             | .095913                     | .095913                          | .095913                        |
| 39                 | DELIVERY ROOM & LABOR ROO                              | 2,625,319                 | 872,802                    | 3,498,121             | .638008                     | .638008                          | .638008                        |
| 40                 | ANESTHESIOLOGY   | 1,046,450                 | 2,010,998                  | 3,057,448             | .070943                     | .070943                          | .070943                        |
| 41                 | RADIOLOGY-DIAGNOSTIC                                   | 19,190,418                | 65,595,599                 | 84,786,017            | .083420                     | .083420                          | .083420                        |
| 44                 | LABORATORY   | 14,519,386                | 21,276,839                 | 35,796,225            | .151990                     | .151990                          | .151990                        |
| 46                 | WHOLE BLOOD & PACKED RED                               | 1,343,259                 | 434,553                    | 1,777,812             | .418101                     | .418101                          | .418101                        |
| 49                 | RESPIRATORY THERAPY                                    | 9,084,693                 | 1,840,933                  | 10,925,626            | .115440                     | .115440                          | .115440                        |
| 50                 | PHYSICAL THERAPY                                       | 9,224,021                 | 7,319,366                  | 16,543,387            | .124104                     | .124104                          | .124104                        |
| 51                 | OCCUPATIONAL THERAPY                                   | 8,871,008                 | 1,504,456                  | 10,375,464            | .114187                     | .114187                          | .114187                        |
| 52                 | SPEECH PATHOLOGY                                       | 1,416,042                 | 392,635                    | 1,808,677             | .135228                     | .135228                          | .135228                        |
| 53                 | ELECTROCARDIOLOGY                                      | 11,938,206                | 11,372,067                 | 23,310,273            | .058716                     | .058716                          | .058716                        |
| 54                 | ELECTROENCEPHALOGRAPHY                                 | 271,751                   | 4,096,496                  | 4,368,247             | .066078                     | .066078                          | .066078                        |
| 55                 | MEDICAL SUPPLIES CHARGED                               | 7,343,503                 | 6,939,970                  | 14,283,473            | .276453                     | .276453                          | .276453                        |
| 55                 | 30 IMPL. DEV. CHARGED TO PAT                           | 7,135,220                 | 2,495,314                  | 9,630,534             | .378800                     | .378800                          | .378800                        |
| 56                 | DRUGS CHARGED TO PATIENTS                              | 21,901,219                | 15,082,852                 | 36,984,071            | .187791                     | .187791                          | .187791                        |
| 59                 | OTHER ANCILLARY SERVICE C                              |                           |                            |                       |                             |                                  |                                |
| 59                 | 01 ONCOLOGY  | 46,242                    | 1,406,565                  | 1,452,807             | .300934                     | .300934                          | .304499                        |
| 59                 | 02 DIABETES CENTER                                     | 300                       | 143,694                    | 143,994               | 1.131644                    | 1.131644                         | 1.131644                       |
| 59                 | 03 PSYCHIATRIC/PSYCHOLOGICAL                           | 79,215                    | 1,388,695                  | 1,467,910             | .408737                     | .408737                          | .408737                        |
| 59                 | 04 PAIN CLINIC   | 8,446                     | 2,059,746                  | 2,068,192             | .190415                     | .190415                          | .190415                        |
| 59                 | 05 CURATIVE WOUND CENTER                               | 6,074                     | 2,215,291                  | 2,221,365             | .360839                     | .360839                          | .360839                        |
|                    | OUTPAT SERVICE COST CNTRS                              |                           |                            |                       |                             |                                  |                                |
| 61                 | EMERGENCY  | 8,303,229                 | 30,599,172                 | 38,902,401            | .147018                     | .147018                          | .147018                        |
| 62                 | OBSERVATION BEDS (NON-DIS<br>OTHER REIMBURS COST CNTRS |                           | 1,217,710                  | 1,217,710             | .827376                     | .827376                          | .827376                        |
| 65                 | AMBULANCE SERVICES                                     | 104,360                   | 519                        | 104,879               | .876896                     | .876896                          | .876896                        |
| 101                | SUBTOTAL   | 156,854,692               | 208,720,207                | 365,574,899           |                             |                                  |                                |
| 102                | LESS OBSERVATION BEDS                                  |                           |                            |                       |                             |                                  |                                |
| 103                | TOTAL  | 156,854,692               | 208,720,207                | 365,574,899           |                             |                                  |                                |

| WKST A<br>LINE NO. | COST CENTER DESCRIPTION      | TOTAL COST<br>WKST B, PT I<br>COL. 27<br>1 | CAPITAL COST<br>WKST B PT II<br>& III, COL. 27<br>2 | OPERATING<br>COST NET OF<br>CAPITAL COST<br>3 | CAPITAL<br>REDUCTION<br>4 | OPERATING COST<br>REDUCTION<br>AMOUNT<br>5 | COST NET OF<br>CAP AND OPER<br>COST REDUCTION<br>6 |
|--------------------|------------------------------|--|---|---|---------------------------|--|--|
| 37                 | ANCILLARY SRVC COST CNTRS    |  |   |   |                           |  |  |
|                    | OPERATING ROOM               | 5,200,542                                  | 559,294   | 4,641,248                                     | 55,929                    | 269,192                                    | 4,875,421  |
| 38                 | RECOVERY ROOM                | 684,559                                    | 27,448  | 657,111                                       | 2,745                     | 38,112                                     | 643,702  |
| 39                 | DELIVERY ROOM & LABOR ROO    | 2,231,829                                  | 226,891   | 2,004,938                                     | 22,689                    | 116,286                                    | 2,092,854  |
| 40                 | ANESTHESIOLOGY               | 216,906                                    | 9,004   | 207,902                                       | 900                       | 12,058                                     | 203,948  |
| 41                 | RADIOLOGY-DIAGNOSTIC         | 7,072,885                                  | 419,913   | 6,652,972                                     | 41,991                    | 385,872                                    | 6,645,022  |
| 44                 | LABORATORY                   | 5,440,685                                  | 221,221   | 5,219,464                                     | 22,122                    | 302,729                                    | 5,115,834  |
| 46                 | WHOLE BLOOD & PACKED RED     | 743,305                                    | 7,623   | 735,682                                       | 762                       | 42,670                                     | 699,873  |
| 49                 | RESPIRATORY THERAPY          | 1,261,259                                  | 49,359  | 1,211,900                                     | 4,936                     | 70,290                                     | 1,186,033  |
| 50                 | PHYSICAL THERAPY             | 2,053,104                                  | 69,506  | 1,983,598                                     | 6,951                     | 115,049                                    | 1,931,104  |
| 51                 | OCCUPATIONAL THERAPY         | 1,184,740                                  | 50,129  | 1,134,611                                     | 5,013                     | 65,807                                     | 1,113,920  |
| 52                 | SPEECH PATHOLOGY             | 244,584                                    | 3,214   | 241,370                                       | 321                       | 13,999                                     | 230,264  |
| 53                 | ELECTROCARDIOLOGY            | 1,368,680                                  | 120,312   | 1,248,368                                     | 12,031                    | 72,405                                     | 1,284,244  |
| 54                 | ELECTROENCEPHALOGRAPHY       | 288,646                                    | 13,874  | 274,772                                       | 1,387                     | 15,937                                     | 271,322  |
| 55                 | MEDICAL SUPPLIES CHARGED     | 3,948,709                                  | 73,435  | 3,875,274                                     | 7,344                     | 224,766                                    | 3,716,599  |
| 55                 | 30 IMPL. DEV. CHARGED TO PAT | 3,648,042                                  | 67,698  | 3,580,344                                     | 6,770                     | 207,660                                    | 3,433,612  |
| 56                 | DRUGS CHARGED TO PATIENTS    | 6,945,280                                  | 86,530  | 6,858,750                                     | 8,653                     | 397,808                                    | 6,538,819  |
| 59                 | OTHER ANCILLARY SERVICE C    |  |   |   |                           |  |  |
| 59                 | 01 ONCOLOGY                  | 437,199                                    | 17,035  | 420,164                                       | 1,704                     | 24,370                                     | 411,125  |
| 59                 | 02 DIABETES CENTER           | 162,950                                    | 18,196  | 144,754                                       | 1,820                     | 8,396                                      | 152,734  |
| 59                 | 03 PSYCHIATRIC/PSYCHOLOGICAL | 599,989                                    | 13,854  | 586,135                                       | 1,385                     | 33,996                                     | 564,608  |
| 59                 | 04 PAIN CLINIC               | 393,815                                    | 5,101   | 388,714                                       | 510                       | 22,545                                     | 370,760  |
| 59                 | 05 CURATIVE WOUND CENTER     | 801,555                                    | 31,647  | 769,908                                       | 3,165                     | 44,655                                     | 753,735  |
|                    | OUTPAT SERVICE COST CNTRS    |  |   |   |                           |  |  |
| 61                 | EMERGENCY                    | 5,719,358                                  | 314,495   | 5,404,863                                     | 31,450                    | 313,482                                    | 5,374,426  |
| 62                 | OBSERVATION BEDS (NON-DIS    | 1,007,504                                  | 87,566  | 919,938                                       | 8,757                     | 53,356                                     | 945,391  |
|                    | OTHER REIMBURS COST CNTRS    |  |   |   |                           |  |  |
| 65                 | AMBULANCE SERVICES           | 91,968                                     | 562   | 91,406  | 56                        | 5,302                                      | 86,610   |
| 101                | SUBTOTAL                     | 51,748,093                                 | 2,493,907   | 49,254,186                                    | 249,391                   | 2,856,742                                  | 48,641,960   |
| 102                | LESS OBSERVATION BEDS        | 1,007,504                                  | 87,566  | 919,938                                       | 8,757                     | 53,356                                     | 945,391  |
| 103                | TOTAL                        | 50,740,589                                 | 2,406,341   | 48,334,248                                    | 240,634                   | 2,803,386                                  | 47,696,569   |

| WKST A<br>LINE NO. | COST CENTER DESCRIPTION      | TOTAL<br>CHARGES | OUTPAT COST<br>TO CHRGRATIO | I/P PT B COST<br>TO CHRGRATIO |
|--------------------|------------------------------|------------------|-----------------------------|-------------------------------|
|                    |                              | 7                | 8                           | 9                             |
| 37                 | ANCILLARY SRVC COST CNTRS    |                  |                             |                               |
|                    | OPERATING ROOM               | 32,922,243       | .148089                     | .156266                       |
| 38                 | RECOVERY ROOM                | 7,137,317        | .090188                     | .095528                       |
| 39                 | DELIVERY ROOM & LABOR ROO    | 3,498,121        | .598279                     | .631522                       |
| 40                 | ANESTHESIOLOGY               | 3,057,448        | .066705                     | .070649                       |
| 41                 | RADIOLOGY-DIAGNOSTIC         | 84,786,017       | .078374                     | .082925                       |
| 44                 | LABORATORY                   | 35,796,225       | .142915                     | .151372                       |
| 46                 | WHOLE BLOOD & PACKED RED     | 1,777,812        | .393671                     | .417672                       |
| 49                 | RESPIRATORY THERAPY          | 10,925,626       | .108555                     | .114989                       |
| 50                 | PHYSICAL THERAPY             | 16,543,387       | .116730                     | .123684                       |
| 51                 | OCCUPATIONAL THERAPY         | 10,375,464       | .107361                     | .113704                       |
| 52                 | SPEECH PATHOLOGY             | 1,808,677        | .127311                     | .135051                       |
| 53                 | ELECTROCARDIOLOGY            | 23,310,273       | .055093                     | .058200                       |
| 54                 | ELECTROENCEPHALOGRAPHY       | 4,368,247        | .062112                     | .065761                       |
| 55                 | MEDICAL SUPPLIES CHARGED     | 14,283,473       | .260203                     | .275939                       |
| 55                 | 30 IMPL. DEV. CHARGED TO PAT | 9,630,534        | .356534                     | .378097                       |
| 56                 | DRUGS CHARGED TO PATIENTS    | 36,984,071       | .176801                     | .187557                       |
| 59                 | OTHER ANCILLARY SERVICE C    |                  |                             |                               |
| 59                 | 01 ONCOLOGY                  | 1,452,807        | .282987                     | .299761                       |
| 59                 | 02 DIABETES CENTER           | 143,994          | 1.060697                    | 1.119005                      |
| 59                 | 03 PSYCHIATRIC/PSYCHOLOGICAL | 1,467,910        | .384634                     | .407793                       |
| 59                 | 04 PAIN CLINIC               | 2,068,192        | .179268                     | .190169                       |
| 59                 | 05 CURATIVE WOUND CENTER     | 2,221,365        | .339312                     | .359414                       |
|                    | OUTPAT SERVICE COST CNTRS    |                  |                             |                               |
| 61                 | EMERGENCY                    | 38,902,401       | .138152                     | .146210                       |
| 62                 | OBSERVATION BEDS (NON-DIS    | 1,217,710        | .776368                     | .820185                       |
|                    | OTHER REIMBURS COST CNTRS    |                  |                             |                               |
| 65                 | AMBULANCE SERVICES           | 104,879          | .825809                     | .876362                       |
| 101                | SUBTOTAL                     | 344,784,193      |                             |                               |
| 102                | LESS OBSERVATION BEDS        | 1,217,710        |                             |                               |
| 103                | TOTAL                        | 343,566,483      |                             |                               |