

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 |  | 14-0234      |  | FROM 7/1/2009 |  | --AUDITED --DESK REVIEW |  | / /              |
|  |  |              |  | TO 6/30/2010  |  | --INITIAL --REOPENED    |  | INTERMEDIARY NO: |
|  |  |              |  |               |  | --FINAL 1-MCR CODE      |  |                  |
|  |  |              |  |               |  | 00 - # OF REOPENINGS    |  |                  |

ELECTRONICALLY FILED COST REPORT DATE: 11/23/2010 TIME 18:14

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:  
 ILLINOIS VALLEY COMMUNITY HOSP 14-0234

FOR THE COST REPORTING PERIOD BEGINNING 7/1/2009 AND ENDING 6/30/2010 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<br>V         | A | TITLE<br>XVIII | B      | TITLE<br>XIX |   |
|-----|--------------------|---|----------------|--------|--------------|---|
|     | 1                  | 2 | 3              | 4      |              |   |
| 1   | HOSPITAL           | 0 | 173,874        | 72,342 | 0            | 0 |
| 3   | SWING BED - SNF    | 0 | 0              | 0      | 0            | 0 |
| 7   | HOSPITAL-BASED HHA | 0 | 0              | 0      | 0            | 0 |
| 100 | TOTAL              | 0 | 173,874        | 72,342 | 0            | 0 |

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

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



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

25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-1, CHAPTER 4? N

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

25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N

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

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

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

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

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

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

27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. Y 7/ 1/1991

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

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

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

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

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

|                   | %     | Y/N |
|-------------------|-------|-----|
| 28.03 STAFFING    | 0.00% |     |
| 28.04 RECRUITMENT | 0.00% |     |
| 28.05 RETENTION   | 0.00% |     |
| 28.06 TRAINING    | 0.00% |     |

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

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

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

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

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

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

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

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

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

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

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

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

MISCELLANEOUS COST REPORT INFORMATION

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

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

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

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

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

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

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

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









HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO:  
14-0234

PERIOD:  
FROM 7/1/2009  
TO 6/30/2010

PREPARED 11/23/2010  
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   | 20,190,782           |                          | 20,190,782             | 905,648.00                        | 22.29                    |                  |
| 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  |                      |                          |                        |                                   |                          |                  |
| 8.01 EXCLUDED AREA SALARIES                                | 834,076              | 68,270                   | 902,346                | 36,262.00                         | 24.88                    |                  |
| OTHER WAGES & RELATED COSTS                                |                      |                          |                        |                                   |                          |                  |
| 9 CONTRACT LABOR:  | 693,692              |                          | 693,692                | 8,453.00                          | 82.06                    |                  |
| 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)                               | 8,060,908            |                          | 8,060,908              |                                   |                          | CMS 339          |
| 14 WAGE-RELATED COSTS (OTHER)                              |                      |                          |                        |                                   |                          | CMS 339          |
| 15 EXCLUDED AREAS  | 331,461              |                          | 331,461                |                                   |                          | 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-RELATED COSTS (RHC/FOHC)                        |                      |                          |                        |                                   |                          | CMS 339          |
| 20 INTERNS & RESIDENTS (APPRVD)                            |                      |                          |                        |                                   |                          | CMS 339          |
| OVERHEAD COSTS - DIRECT SALARIES                           |                      |                          |                        |                                   |                          |                  |
| 21 EMPLOYEE BENEFITS                                       | 192,566              |                          | 192,566                | 6,321.00                          | 30.46                    |                  |
| 22 ADMINISTRATIVE & GENERAL A & G UNDER CONTRACT           | 3,529,160            | -68,270                  | 3,460,890              | 165,374.00                        | 20.93                    |                  |
| 22.01 A & G UNDER CONTRACT                                 |                      |                          |                        |                                   |                          |                  |
| 23 MAINTENANCE & REPAIRS                                   |                      |                          |                        |                                   |                          |                  |
| 24 OPERATION OF PLANT                                      | 702,769              |                          | 702,769                | 33,545.00                         | 20.95                    |                  |
| 25 LAUNDRY & LINEN SERVICE                                 | 35,602               |                          | 35,602                 | 2,120.00                          | 16.79                    |                  |
| 26 HOUSEKEEPING  | 620,066              |                          | 620,066                | 46,756.00                         | 13.26                    |                  |
| 26.01 HOUSEKEEPING UNDER CONTRACT                          |                      |                          |                        |                                   |                          |                  |
| 27 DIETARY   | 574,307              | -277,471                 | 296,836                | 20,360.00                         | 14.58                    |                  |
| 27.01 DIETARY UNDER CONTRACT                               |                      |                          |                        |                                   |                          |                  |
| 28 CAFETERIA   | 53,782               | 277,471                  | 331,253                | 22,721.00                         | 14.58                    |                  |
| 29 MAINTENANCE OF PERSONNEL                                |                      |                          |                        |                                   |                          |                  |
| 30 NURSING ADMINISTRATION                                  | 619,622              |                          | 619,622                | 19,441.00                         | 31.87                    |                  |
| 31 CENTRAL SERVICE AND SUPPLY                              | 153,635              |                          | 153,635                | 10,982.00                         | 13.99                    |                  |
| 32 PHARMACY  | 563,538              |                          | 563,538                | 16,104.00                         | 34.99                    |                  |
| 33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY               | 547,898              |                          | 547,898                | 36,530.00                         | 15.00                    |                  |
| 34 SOCIAL SERVICE  | 237,354              |                          | 237,354                | 9,727.00                          | 24.40                    |                  |
| 35 OTHER GENERAL SERVICE                                   |                      |                          |                        |                                   |                          |                  |
| PART III - HOSPITAL WAGE INDEX SUMMARY                     |                      |                          |                        |                                   |                          |                  |
| 1 NET SALARIES   | 20,190,782           |                          | 20,190,782             | 905,648.00                        | 22.29                    |                  |
| 2 EXCLUDED AREA SALARIES                                   | 834,076              | 68,270                   | 902,346                | 36,262.00                         | 24.88                    |                  |
| 3 SUBTOTAL SALARIES  | 19,356,706           | -68,270                  | 19,288,436             | 869,386.00                        | 22.19                    |                  |
| 4 SUBTOTAL OTHER WAGES & RELATED COSTS                     | 693,692              |                          | 693,692                | 8,453.00                          | 82.06                    |                  |
| 5 SUBTOTAL WAGE-RELATED COSTS                              | 8,060,908            |                          | 8,060,908              |                                   | 41.79                    |                  |
| 6 TOTAL  | 28,111,306           | -68,270                  | 28,043,036             | 877,839.00                        | 31.95                    |                  |
| 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                                    | 7,830,299            | -68,270                  | 7,762,029              | 389,981.00                        | 19.90                    |                  |

HHA 1

|                             | TITLE V<br>1 | TITLE XVIII<br>2 | TITLE XIX<br>3 | OTHER<br>4 |
|-----------------------------|--------------|------------------|----------------|------------|
| 1 HOME HEALTH AIDE HOURS    | 0            | 141              | 10             | 51         |
| 2 UNDUPLICATED CENSUS COUNT |              | 33.00            | 3.00           | 12.00      |
| TOTAL                       | 5            |                  |                |            |

|                             |       |
|-----------------------------|-------|
| 1 HOME HEALTH AIDE HOURS    | 202   |
| 2 UNDUPLICATED CENSUS COUNT | 48.00 |

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

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK 40.00

HHA NO. OF FTE EMPLOYEES (2080 HRS)

|  | STAFF<br>1 | CONTRACT<br>2 | TOTAL<br>3 |
|--|------------|---------------|------------|
| 3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)   |            |               |            |
| 4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)  |            |               |            |
| 5 OTHER ADMINISTRATIVE PERSONEL  | .86        |               | .86        |
| 6 DIRECTING NURSING SERVICE  | 1.20       |               | 1.20       |
| 7 NURSING SUPERVISOR   | .09        |               | .09        |
| 8 PHYSICAL THERAPY SERVICE   | .60        |               | .60        |
| 9 PHYSICAL THERAPY SUPERVISOR  |            |               |            |
| 10 OCCUPATIONAL THERAPY SERVICE  |            |               |            |
| 11 OCCUPATIONAL THERAPY SUPERVISOR   |            |               |            |
| 12 SPEECH PATHOLOGY SERVICE  |            |               |            |
| 13 SPEECH PATHOLOGY SUPERVISOR   |            |               |            |
| 14 MEDICAL SOCIAL SERVICE  |            |               |            |
| 15 MEDICAL SOCIAL SERVICE SUPERVISOR   |            |               |            |
| 16 HOME HEALTH AIDE  | .09        |               | .09        |
| 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          | 2             |            |
| 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). |            | 37900         |            |
| 20.01  |            | 99914         |            |

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

|   | WITHOUT<br>OUTLIERS<br>1 | FULL EPIISODES<br>WITH<br>OUTLIERS<br>2 | LUPA<br>EPIISODES<br>3 | PEP ONLY<br>EPIISODES<br>4 |
|---|--------------------------|---|------------------------|----------------------------|
| 21 SKILLED NURSING VISITS                                 | 261                      | 0                                       | 12                     | 9                          |
| 22 SKILLED NURSING VISIT CHARGES                          | 45,153                   | 0                                       | 2,076                  | 1,557                      |
| 23 PHYSICAL THERAPY VISITS                                | 295                      | 0                                       | 3                      | 9                          |
| 24 PHYSICAL THERAPY VISIT CHARGES                         | 51,035                   | 0                                       | 519                    | 1,557                      |
| 25 OCCUPATIONAL THERAPY VISITS                            | 1                        | 0                                       | 0                      | 1                          |
| 26 OCCUPATIONAL THERAPY VISIT CHARGES                     | 173                      | 0                                       | 0                      | 173                        |
| 27 SPEECH PATHOLOGY VISITS                                | 0                        | 0                                       | 0                      | 0                          |
| 28 SPEECH PATHOLOGY VISIT CHARGES                         | 0                        | 0                                       | 0                      | 0                          |
| 29 MEDICAL SOCIAL SERVICE VISITS                          | 1                        | 0                                       | 0                      | 0                          |
| 30 MEDICAL SOCIAL SERVICE VISIT CHARGES                   | 216                      | 0                                       | 0                      | 0                          |
| 31 HOME HEALTH AIDE VISITS                                | 45                       | 0                                       | 0                      | 6                          |
| 32 HOME HEALTH AIDE VISIT CHARGES                         | 4,140                    | 0                                       | 0                      | 552                        |
| 33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)    | 603                      | 0                                       | 15                     | 25                         |
| 34 OTHER CHARGES  | 0                        | 0                                       | 0                      | 0                          |
| 35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34) | 100,717                  | 0                                       | 2,595                  | 3,839                      |
| 36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)       | 46                       | 0                                       | 7                      | 1                          |
| 37 TOTAL NUMBER OF OUTLIER EPIISODES                      | 0                        | 0                                       | 0                      | 0                          |
| 38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES               | 4,117                    | 0                                       | 1                      | 92                         |

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                           | 282                       |
| 22 SKILLED NURSING VISIT CHARGES                          | 0                         | 0                           | 48,786                    |
| 23 PHYSICAL THERAPY VISITS                                | 0                         | 0                           | 307                       |
| 24 PHYSICAL THERAPY VISIT CHARGES                         | 0                         | 0                           | 53,111                    |
| 25 OCCUPATIONAL THERAPY VISITS                            | 0                         | 0                           | 2                         |
| 26 OCCUPATIONAL THERAPY VISIT CHARGES                     | 0                         | 0                           | 346                       |
| 27 SPEECH PATHOLOGY VISITS                                | 0                         | 0                           | 0                         |
| 28 SPEECH PATHOLOGY VISIT CHARGES                         | 0                         | 0                           | 0                         |
| 29 MEDICAL SOCIAL SERVICE VISITS                          | 0                         | 0                           | 1                         |
| 30 MEDICAL SOCIAL SERVICE VISIT CHARGES                   | 0                         | 0                           | 216                       |
| 31 HOME HEALTH AIDE VISITS                                | 0                         | 0                           | 51                        |
| 32 HOME HEALTH AIDE VISIT CHARGES                         | 0                         | 0                           | 4,692                     |
| 33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)    | 0                         | 0                           | 643                       |
| 34 OTHER CHARGES  | 0                         | 0                           | 0                         |
| 35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34) | 0                         | 0                           | 107,151                   |
| 36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)       | 0                         | 0                           | 54                        |
| 37 TOTAL NUMBER OF OUTLIER EPIISODES                      | 0                         | 0                           | 0                         |
| 38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES               | 0                         | 0                           | 4,210                     |

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

PROVIDER NO: 14-0234  
PERIOD: FROM 7/1/2009 TO 6/30/2010  
PREPARED 11/23/2010  
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 |
| 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               |                             |           |                             |           |                              |      |
| 45.19    | LB1               |                             |           |                             |           |                              |      |
| 45.20    | CE2               |                             |           |                             |           |                              |      |
| 45.21    | CE1               |                             |           |                             |           |                              |      |
| 45.22    | CD1               |                             |           |                             |           |                              |      |
| 45.23    | CD1               |                             |           |                             |           |                              |      |
| 46       | TOTAL             |                             |           |                             |           |                              |      |

(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.



| GROUP(1)    | M3PI<br>REVENUE CODE | HIGH COST(2) |      | SWING BED SNF | TOTAL |
|-------------|----------------------|--------------|------|---------------|-------|
|             |                      | RUGs         | DAYS | DAYS          |       |
| 1           | 2                    | 4.05         | 4.06 | 4.06          | 5     |
| 45 .18 LB2  |                      |              |      |               |       |
| 45 .19 LB1  |                      |              |      |               |       |
| 45 .20 CE2  |                      |              |      |               |       |
| 45 .21 CE1  |                      |              |      |               |       |
| 45 .22 CD1  |                      |              |      |               |       |
| 45 .23 CD1  |                      |              |      |               |       |
| 46    TOTAL |                      |              |      | 651           |       |

- (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 : 0  
Wage Index Factor (before 10/01): 0.0000  
Wage Index Factor (after 10/01) : 0.0000  
SNF Facility Specific Rate : 0.00  
Urban/Rural Designation : NOT SPECIFIED  
SNF MSA Code : NOT SPECIFIED  
SNF CBSA Code : NOT SPECIFIED

HOSPICE IDENTIFICATION DATA

|              |               |               |
|--------------|---------------|---------------|
| PROVIDER NO: | PERIOD:       | PREPARED      |
| 14-0234      | FROM 7/1/2009 | 11/23/2010    |
| HOSPICE NO:  | TO 6/30/2010  | WORKSHEET S-9 |
| 14-1533      |               |               |

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      | 3,320   |   |  |   |
| 3 INPATIENT RESPIRE CARE | 12  |   |  |   |
| 4 GENERAL INPATIENT CARE |   |   |  |   |
| 5 TOTAL HOSPICE DAYS     | 3,332   |   |  |   |

PART I - ENROLLMENT DAYS (CONTINUED)

|                          | OTHER<br>UNDUPLICATED<br>DAYS<br>5 | TOTAL<br>UNDUPLICATED<br>DAYS<br>6 |
|--------------------------|------------------------------------|------------------------------------|
| 1 CONTINUOUS HOME CARE   |                                    |                                    |
| 2 ROUTINE HOME CARE      | 586                                | 3,906                              |
| 3 INPATIENT RESPIRE CARE | 5                                  | 17                                 |
| 4 GENERAL INPATIENT CARE |                                    |                                    |
| 5 TOTAL HOSPICE DAYS     | 591                                | 3,923                              |

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                                  | 69               | 3              |                         |                      |
| 7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS<br>BILLABLE TO MEDICARE |                  |                |                         |                      |
| 8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)                          | 48.29            |                |                         |                      |
| 9 UNDUPLICATED CENSUS COUNT  |                  |                |                         |                      |

PART II - CENSUS DATA (CONTINUED)

|  | OTHER<br>5 | TOTAL<br>6 |
|--|------------|------------|
| 6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE                                  | 12         | 84         |
| 7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS<br>BILLABLE TO MEDICARE |            |            |
| 8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)                          | 49.25      | 46.70      |
| 9 UNDUPLICATED CENSUS COUNT  |            |            |

HOSPITAL UNCOMPENSATED CARE DATA

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   | 1,820,739 |
| 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   | 1,820,739 |
| 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)  | .287709   |
| 25                             | TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)  |           |
| 26                             | TOTAL SCHIP CHARGES FROM YOUR RECORDS   |           |
| 27                             | TOTAL SCHIP COST, (LINE 24 * LINE 26)   |           |

DESCRIPTION

|    |  |            |
|----|--|------------|
| 28 | TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS                                 | 17,909,530 |
| 29 | TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)                                  | 5,152,733  |
| 30 | OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS                             | 6,920,696  |
| 31 | UNCOMPENSATED CARE COST (LINE 24 * LINE 30)                                    | 1,991,147  |
| 32 | TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL<br>(SUM OF LINES 25, 27, AND 29) | 5,152,733  |

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

|       | 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 |
|-------|-------------|---|---------------|------------|------------|-----------------------------|------------------------------------|
|       |             | GENERAL SERVICE COST CNTR                             |               |            |            |                             |                                    |
| 1     | 0100        | OLD CAP REL COSTS-BLDG & FIXT                         |               |            |            |                             |                                    |
| 2     | 0200        | OLD CAP REL COSTS-MVBLE EQUIP                         |               |            |            |                             |                                    |
| 3     | 0300        | NEW CAP REL COSTS-BLDG & FIXT                         |               | 4,703,067  | 4,703,067  |                             | 4,703,067                          |
| 4     | 0400        | NEW CAP REL COSTS-MVBLE EQUIP                         |               |            |            | 771,089                     | 771,089                            |
| 5     | 0500        | EMPLOYEE BENEFITS                                     | 192,566       | 8,529,322  | 8,721,888  |                             | 8,721,888                          |
| 6     | 0600        | ADMINISTRATIVE & GENERAL                              | 3,529,160     | 3,699,974  | 7,229,134  | -683,671                    | 6,545,463                          |
| 7     | 0700        | MAINTENANCE & REPAIRS                                 |               |            |            |                             |                                    |
| 8     | 0800        | OPERATION OF PLANT                                    | 702,769       | 1,534,606  | 2,237,375  | -1,987                      | 2,235,388                          |
| 9     | 0900        | LAUNDRY & LINEN SERVICE                               | 35,602        | 201,774    | 237,376    |                             | 237,376                            |
| 10    | 1000        | HOUSEKEEPING  | 620,066       | 168,966    | 789,032    |                             | 789,032                            |
| 11    | 1100        | DIETARY   | 574,307       | 146,678    | 720,985    | -277,471                    | 443,514                            |
| 12    | 1200        | CAFETERIA   | 53,782        | 164,534    | 218,316    | 277,471                     | 495,787                            |
| 13    | 1300        | MAINTENANCE OF PERSONNEL                              |               |            |            |                             |                                    |
| 14    | 1400        | NURSING ADMINISTRATION                                | 619,622       | 24,768     | 644,390    |                             | 644,390                            |
| 15    | 1500        | CENTRAL SERVICES & SUPPLY                             | 153,635       | 226,516    | 380,151    | -195,072                    | 185,079                            |
| 16    | 1600        | PHARMACY  | 563,538       | 1,457,493  | 2,021,031  | -1,430,791                  | 590,240                            |
| 17    | 1700        | MEDICAL RECORDS & LIBRARY                             | 547,898       | 106,651    | 654,549    |                             | 654,549                            |
| 18    | 1800        | SOCIAL SERVICE  | 237,354       | 75,937     | 313,291    | -68,443                     | 244,848                            |
| 20    | 2000        | NONPHYSICIAN ANESTHETISTS                             |               |            |            |                             |                                    |
| 21    | 2100        | NURSING SCHOOL  |               |            |            |                             |                                    |
| 22    | 2200        | I&R SERVICES-SALARY & FRINGES APPRVD                  |               |            |            |                             |                                    |
| 23    | 2300        | I&R SERVICES-OTHER PRGM COSTS APPRVD                  |               |            |            |                             |                                    |
| 24    | 2400        | PARAMED ED PRGM-(SPECIFY)<br>INPAT ROUTINE SRVC CNTRS |               |            |            |                             |                                    |
| 25    | 2500        | ADULTS & PEDIATRICS                                   | 3,648,320     | 314,651    | 3,962,971  | -60,277                     | 3,902,694                          |
| 26    | 2600        | INTENSIVE CARE UNIT                                   | 711,390       | 76,536     | 787,926    |                             | 787,926                            |
| 31    | 3100        | SUBPROVIDER   |               |            |            |                             |                                    |
| 33    | 3300        | NURSERY   | 124,083       | 27,404     | 151,487    |                             | 151,487                            |
|       |             | ANCILLARY SRVC COST CNTRS                             |               |            |            |                             |                                    |
| 37    | 3700        | OPERATING ROOM  | 1,031,372     | 6,159,668  | 7,191,040  | -4,433,101                  | 2,757,939                          |
| 37.01 | 3701        | SAME DAY SURGERY                                      | 345,959       | 19,140     | 365,099    |                             | 365,099                            |
| 37.02 | 3950        | LITHOTRIPSY   |               |            |            |                             |                                    |
| 38    | 3800        | RECOVERY ROOM   |               |            |            |                             |                                    |
| 39    | 3900        | DELIVERY ROOM & LABOR ROOM                            | 190,090       | 31,237     | 221,327    |                             | 221,327                            |
| 40    | 4000        | ANESTHESIOLOGY  | 150,512       | 2,332,789  | 2,483,301  | -750                        | 2,482,551                          |
| 41    | 4100        | RADIOLOGY-DIAGNOSTIC                                  | 1,289,946     | 1,269,149  | 2,559,095  | -77,400                     | 2,481,695                          |
| 44    | 4400        | LABORATORY  | 1,090,074     | 1,883,023  | 2,973,097  |                             | 2,973,097                          |
| 46.30 | 4650        | BLOOD CLOTTING FACTORS ADMIN COSTS                    |               |            |            |                             |                                    |
| 47    | 4700        | BLOOD STORING, PROCESSING & TRANS.                    |               |            |            |                             |                                    |
| 48    | 4800        | INTRAVENOUS THERAPY                                   | 277,985       | 290,018    | 568,003    | -960                        | 567,043                            |
| 49    | 4900        | RESPIRATORY THERAPY                                   | 329,440       | 78,208     | 407,648    | -62,306                     | 345,342                            |
| 50    | 5000        | PHYSICAL THERAPY                                      | 979,067       | 940,735    | 1,919,802  | -279,036                    | 1,640,766                          |
| 53    | 5300        | ELECTROCARDIOLOGY                                     | 125,046       | 177,302    | 302,348    |                             | 302,348                            |
| 53.02 | 3160        | CARDIAC REHAB   | 64,123        | 7,535      | 71,658     |                             | 71,658                             |
| 54    | 5400        | ELECTROENCEPHALOGRAPHY                                | 4,443         | 141,394    | 145,837    | -480                        | 145,357                            |
| 55    | 5500        | MEDICAL SUPPLIES CHARGED TO PATIENTS                  |               |            |            | 4,727,530                   | 4,727,530                          |
| 56    | 5600        | DRUGS CHARGED TO PATIENTS                             |               |            |            | 1,430,791                   | 1,430,791                          |
| 59    | 3951        | I/P AMBULANCE SERVICES<br>OUTPAT SERVICE COST CNTRS   |               |            |            |                             |                                    |
| 61    | 6100        | EMERGENCY   | 1,164,557     | 2,547,230  | 3,711,787  | -97,469                     | 3,614,318                          |
| 62    | 6200        | OBSERVATION BEDS (NON-DISTINCT PART)                  |               |            |            |                             |                                    |
| 63.50 | 6310        | RHC   |               |            |            |                             |                                    |
| 63.60 | 6320        | FQHC  |               |            |            |                             |                                    |
|       |             | OTHER REIMBURS COST CNTRS                             |               |            |            |                             |                                    |
| 65    | 6500        | AMBULANCE SERVICES                                    | 56,635        | 27,411     | 84,046     |                             | 84,046                             |
| 69.10 | 6910        | CMHC  |               |            |            |                             |                                    |
| 69.20 | 6920        | OUTPATIENT PHYSICAL THERAPY                           |               |            |            |                             |                                    |
| 69.30 | 6930        | OUTPATIENT OCCUPATIONAL THERAPY                       |               |            |            |                             |                                    |
| 69.40 | 6940        | OUTPATIENT SPEECH PATHOLOGY                           |               |            |            |                             |                                    |
| 71    | 7100        | HOME HEALTH AGENCY                                    | 146,028       | 18,351     | 164,379    | -715                        | 163,664                            |
|       |             | SPEC PURPOSE COST CENTERS                             |               |            |            |                             |                                    |
| 85.01 | 8510        | PANCREAS ACQUISITION                                  |               |            |            |                             |                                    |
| 85.02 | 8520        | INTESTINAL ACQUISITION                                |               |            |            |                             |                                    |
| 93    | 9300        | HOSPICE   | 265,428       | 262,622    | 528,050    | -1,794                      | 526,256                            |
| 95    |             | SUBTOTALS   | 19,824,797    | 37,644,689 | 57,469,486 | -464,842                    | 57,004,644                         |
|       |             | NONREIMBURS COST CENTERS                              |               |            |            |                             |                                    |
| 96    | 9600        | GIFT, FLOWER, COFFEE SHOP & CANTEEN                   |               |            |            |                             |                                    |
| 97    | 9700        | RESEARCH  |               |            |            |                             |                                    |
| 98    | 9800        | PHYSICIANS' PRIVATE OFFICES                           |               |            |            |                             |                                    |
| 98.01 | 9801        | PRIVATE DUTY NURSING                                  |               |            |            |                             |                                    |
| 98.02 | 9802        | COMMUNITY HEALTH                                      | 180,247       | 76,700     | 256,947    | -12,300                     | 244,647                            |
| 98.03 | 9803        | OCCUPATIONAL MEDICINE                                 | 185,738       | 4,959      | 190,697    |                             | 190,697                            |
| 98.04 | 9804        | FAMILY PHARMACY                                       |               |            |            |                             |                                    |
| 98.05 | 9805        | ADULT DAY CARE  |               |            |            |                             |                                    |
| 98.06 | 9806        | PERSONAL TOUCH  |               |            |            |                             |                                    |
| 98.07 | 9807        | IV HEALTH CORP  |               |            |            |                             |                                    |
| 98.08 | 9808        | PUBLIC RELATIONS                                      |               |            |            | 477,142                     | 477,142                            |
| 98.09 | 9809        | UTICA MEDICAL CENTER                                  |               |            |            |                             |                                    |
| 98.10 | 9810        | OGLESBY FAMILY MEDICINE                               |               |            |            |                             |                                    |
| 101   |             | TOTAL   | 20,190,782    | 37,726,348 | 57,917,130 | -0-                         | 57,917,130                         |

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 11/23/2010  
I 14-0234 I FROM 7/ 1/2009 I WORKSHEET A  
I I TO 6/30/2010 I

| COST CENTER |      | COST CENTER DESCRIPTION                               | ADJUSTMENTS<br>6 | NET EXPENSES<br>FOR ALLOC<br>7 |
|-------------|------|---|------------------|--------------------------------|
|             |      | GENERAL SERVICE COST CNTR                             |                  |                                |
| 1           | 0100 | OLD CAP REL COSTS-BLDG & FIXT                         |                  |                                |
| 2           | 0200 | OLD CAP REL COSTS-MVBLE EQUIP                         |                  |                                |
| 3           | 0300 | NEW CAP REL COSTS-BLDG & FIXT                         | -590,000         | 4,113,067                      |
| 4           | 0400 | NEW CAP REL COSTS-MVBLE EQUIP                         | -9,094           | 761,995                        |
| 5           | 0500 | EMPLOYEE BENEFITS                                     |                  | 8,721,888                      |
| 6           | 0600 | ADMINISTRATIVE & GENERAL                              | -374,492         | 6,170,971                      |
| 7           | 0700 | MAINTENANCE & REPAIRS                                 |                  |                                |
| 8           | 0800 | OPERATION OF PLANT                                    | -26,656          | 2,208,732                      |
| 9           | 0900 | LAUNDRY & LINEN SERVICE                               |                  | 237,376                        |
| 10          | 1000 | HOUSEKEEPING  |                  | 789,032                        |
| 11          | 1100 | DIETARY   | -9,920           | 433,594                        |
| 12          | 1200 | CAFETERIA   | -157,246         | 338,541                        |
| 13          | 1300 | MAINTENANCE OF PERSONNEL                              |                  |                                |
| 14          | 1400 | NURSING ADMINISTRATION                                |                  | 644,390                        |
| 15          | 1500 | CENTRAL SERVICES & SUPPLY                             |                  | 185,079                        |
| 16          | 1600 | PHARMACY  |                  | 590,240                        |
| 17          | 1700 | MEDICAL RECORDS & LIBRARY                             | -2,220           | 652,329                        |
| 18          | 1800 | SOCIAL SERVICE  |                  | 244,848                        |
| 20          | 2000 | NONPHYSICIAN ANESTHETISTS                             |                  |                                |
| 21          | 2100 | NURSING SCHOOL  |                  |                                |
| 22          | 2200 | I&R SERVICES-SALARY & FRINGES APPRVD                  |                  |                                |
| 23          | 2300 | I&R SERVICES-OTHER PRGM COSTS APPRVD                  |                  |                                |
| 24          | 2400 | PARAMED ED PRGM-(SPECIFY)<br>INPAT ROUTINE SRVC CNTRS |                  |                                |
| 25          | 2500 | ADULTS & PEDIATRICS                                   |                  | 3,902,694                      |
| 26          | 2600 | INTENSIVE CARE UNIT                                   |                  | 787,926                        |
| 31          | 3100 | SUBPROVIDER   |                  |                                |
| 33          | 3300 | NURSERY   |                  | 151,487                        |
|             |      | ANCILLARY SRVC COST CNTRS                             |                  |                                |
| 37          | 3700 | OPERATING ROOM  |                  | 2,757,939                      |
| 37.01       | 3701 | SAME DAY SURGERY                                      |                  | 365,099                        |
| 37.02       | 3950 | LITHOTRIPSY   |                  |                                |
| 38          | 3800 | RECOVERY ROOM   |                  |                                |
| 39          | 3900 | DELIVERY ROOM & LABOR ROOM                            |                  | 221,327                        |
| 40          | 4000 | ANESTHESIOLOGY  | -2,131,851       | 350,700                        |
| 41          | 4100 | RADIOLOGY-DIAGNOSTIC                                  | -69,137          | 2,412,558                      |
| 44          | 4400 | LABORATORY  | -11,090          | 2,962,007                      |
| 46.30       | 4650 | BLOOD CLOTTING FACTORS ADMIN COSTS                    |                  |                                |
| 47          | 4700 | BLOOD STORING, PROCESSING & TRANS.                    |                  |                                |
| 48          | 4800 | INTRAVENOUS THERAPY                                   |                  | 567,043                        |
| 49          | 4900 | RESPIRATORY THERAPY                                   | -6,300           | 339,042                        |
| 50          | 5000 | PHYSICAL THERAPY                                      |                  | 1,640,766                      |
| 53          | 5300 | ELECTROCARDIOLOGY                                     | -108,700         | 193,648                        |
| 53.02       | 3160 | CARDIAC REHAB   |                  | 71,658                         |
| 54          | 5400 | ELECTROENCEPHALOGRAPHY                                | -4,620           | 140,737                        |
| 55          | 5500 | MEDICAL SUPPLIES CHARGED TO PATIENTS                  |                  | 4,727,530                      |
| 56          | 5600 | DRUGS CHARGED TO PATIENTS                             |                  | 1,430,791                      |
| 59          | 3951 | I/P AMBULANCE SERVICES<br>OUTPAT SERVICE COST CNTRS   |                  |                                |
| 61          | 6100 | EMERGENCY   | -2,290,512       | 1,323,806                      |
| 62          | 6200 | OBSERVATION BEDS (NON-DISTINCT PART)                  |                  |                                |
| 63.50       | 6310 | RHC   |                  |                                |
| 63.60       | 6320 | FQHC  |                  |                                |
|             |      | OTHER REIMBURS COST CNTRS                             |                  |                                |
| 65          | 6500 | AMBULANCE SERVICES                                    |                  | 84,046                         |
| 69.10       | 6910 | CMHC  |                  |                                |
| 69.20       | 6920 | OUTPATIENT PHYSICAL THERAPY                           |                  |                                |
| 69.30       | 6930 | OUTPATIENT OCCUPATIONAL THERAPY                       |                  |                                |
| 69.40       | 6940 | OUTPATIENT SPEECH PATHOLOGY                           |                  |                                |
| 71          | 7100 | HOME HEALTH AGENCY                                    |                  | 163,664                        |
|             |      | SPEC PURPOSE COST CENTERS                             |                  |                                |
| 85.01       | 8510 | PANCREAS ACQUISITION                                  |                  |                                |
| 85.02       | 8520 | INTESTINAL ACQUISITION                                |                  |                                |
| 93          | 9300 | HOSPICE   | -20,004          | 506,252                        |
| 95          |      | SUBTOTALS   | -5,811,842       | 51,192,802                     |
|             |      | NONREIMBURS COST CENTERS                              |                  |                                |
| 96          | 9600 | GI FT, FLOWER, COFFEE SHOP & CANTEEN                  |                  |                                |
| 97          | 9700 | RESEARCH  |                  |                                |
| 98          | 9800 | PHYSICIANS' PRIVATE OFFICES                           | 89,669           | 89,669                         |
| 98.01       | 9801 | PRIVATE DUTY NURSING                                  |                  |                                |
| 98.02       | 9802 | COMMUNITY HEALTH                                      |                  | 244,647                        |
| 98.03       | 9803 | OCCUPATIONAL MEDICINE                                 |                  | 190,697                        |
| 98.04       | 9804 | FAMILY PHARMACY                                       | 1,041,458        | 1,041,458                      |
| 98.05       | 9805 | ADULT DAY CARE  | 578,046          | 578,046                        |
| 98.06       | 9806 | PERSONAL TOUCH  |                  |                                |
| 98.07       | 9807 | IV HEALTH CORP  | 6,049,259        | 6,049,259                      |
| 98.08       | 9808 | PUBLIC RELATIONS                                      |                  | 477,142                        |
| 98.09       | 9809 | UTICA MEDICAL CENTER                                  | 261,329          | 261,329                        |
| 98.10       | 9810 | OGLESBY FAMILY MEDICINE                               | 597,979          | 597,979                        |
| 101         |      | TOTAL   | 2,805,898        | 60,723,028                     |

COST CENTERS USED IN COST REPORT

| LINE NO. | COST CENTER DESCRIPTION              | CMS CODE | STANDARD LABEL FOR NON-STANDARD CODES |
|----------|--------------------------------------|----------|---------------------------------------|
|          | GENERAL SERVICE COST                 |          |                                       |
| 1        | OLD CAP REL COSTS-BLDG & FIXT        | 0100     |                                       |
| 2        | OLD CAP REL COSTS-MVBLE EQUIP        | 0200     |                                       |
| 3        | NEW CAP REL COSTS-BLDG & FIXT        | 0300     |                                       |
| 4        | NEW CAP REL COSTS-MVBLE EQUIP        | 0400     |                                       |
| 5        | EMPLOYEE BENEFITS                    | 0500     |                                       |
| 6        | ADMINISTRATIVE & GENERAL             | 0600     |                                       |
| 7        | MAINTENANCE & REPAIRS                | 0700     |                                       |
| 8        | OPERATION OF PLANT                   | 0800     |                                       |
| 9        | LAUNDRY & LINEN SERVICE              | 0900     |                                       |
| 10       | HOUSEKEEPING                         | 1000     |                                       |
| 11       | DIETARY                              | 1100     |                                       |
| 12       | CAFETERIA                            | 1200     |                                       |
| 13       | MAINTENANCE OF PERSONNEL             | 1300     |                                       |
| 14       | NURSING ADMINISTRATION               | 1400     |                                       |
| 15       | CENTRAL SERVICES & SUPPLY            | 1500     |                                       |
| 16       | PHARMACY                             | 1600     |                                       |
| 17       | MEDICAL RECORDS & LIBRARY            | 1700     |                                       |
| 18       | SOCIAL SERVICE                       | 1800     |                                       |
| 20       | NONPHYSICIAN ANESTHETISTS            | 2000     |                                       |
| 21       | NURSING SCHOOL                       | 2100     |                                       |
| 22       | I&R SERVICES-SALARY & FRINGES APPRVD | 2200     |                                       |
| 23       | I&R SERVICES-OTHER PRGM COSTS APPRVD | 2300     |                                       |
| 24       | PARAMED ED PRGM-(SPECIFY)            | 2400     |                                       |
|          | INPAT ROUTINE SRVC C                 |          |                                       |
| 25       | ADULTS & PEDIATRICS                  | 2500     |                                       |
| 26       | INTENSIVE CARE UNIT                  | 2600     |                                       |
| 31       | SUBPROVIDER                          | 3100     |                                       |
| 33       | NURSERY                              | 3300     |                                       |
|          | ANCILLARY SRVC COST                  |          |                                       |
| 37       | OPERATING ROOM                       | 3700     |                                       |
| 37.01    | SAME DAY SURGERY                     | 3701     | OPERATING ROOM                        |
| 37.02    | LITHOTRIpsy                          | 3950     | OTHER ANCILLARY SERVICE COST CENTERS  |
| 38       | RECOVERY ROOM                        | 3800     |                                       |
| 39       | DELIVERY ROOM & LABOR ROOM           | 3900     |                                       |
| 40       | ANESTHESIOLOGY                       | 4000     |                                       |
| 41       | RADIOLOGY-DIAGNOSTIC                 | 4100     |                                       |
| 44       | LABORATORY                           | 4400     |                                       |
| 46.30    | BLOOD CLOTTING FACTORS ADMIN COSTS   | 4650     | BLOOD CLOTTING FOR HEMOPHILIACS       |
| 47       | BLOOD STORING, PROCESSING & TRANS.   | 4700     |                                       |
| 48       | INTRAVENOUS THERAPY                  | 4800     |                                       |
| 49       | RESPIRATORY THERAPY                  | 4900     |                                       |
| 50       | PHYSICAL THERAPY                     | 5000     |                                       |
| 53       | ELECTROCARDIOLOGY                    | 5300     |                                       |
| 53.02    | CARDIAC REHAB                        | 3160     | CARDIOPULMONARY                       |
| 54       | ELECTROENCEPHALOGRAPHY               | 5400     |                                       |
| 55       | MEDICAL SUPPLIES CHARGED TO PATIENTS | 5500     |                                       |
| 56       | DRUGS CHARGED TO PATIENTS            | 5600     |                                       |
| 59       | I/P AMBULANCE SERVICES               | 3951     | OTHER ANCILLARY SERVICE COST CENTERS  |
|          | OUTPAT SERVICE COST                  |          |                                       |
| 61       | EMERGENCY                            | 6100     |                                       |
| 62       | OBSERVATION BEDS (NON-DISTINCT PART) | 6200     |                                       |
| 63.50    | RHC                                  | 6310     | RURAL HEALTH CLINIC #####             |
| 63.60    | FOHC                                 | 6320     | FEDERALLY QUALIFIED HEALTH CTR #####  |
|          | OTHER REIMBURS COST                  |          |                                       |
| 65       | AMBULANCE SERVICES                   | 6500     |                                       |
| 69.10    | CMHC                                 | 6910     | CMHC #####                            |
| 69.20    | OUTPATIENT PHYSICAL THERAPY          | 6920     | OPT #####                             |
| 69.30    | OUTPATIENT OCCUPATIONAL THERAPY      | 6930     | OOT #####                             |
| 69.40    | OUTPATIENT SPEECH PATHOLOGY          | 6940     | OSP #####                             |
| 71       | HOME HEALTH AGENCY                   | 7100     |                                       |
|          | SPEC PURPOSE COST CE                 |          |                                       |
| 85.01    | PANCREAS ACQUISITION                 | 8510     |                                       |
| 85.02    | INTESTINAL ACQUISITION               | 8520     |                                       |
| 93       | HOSPICE                              | 9300     |                                       |
| 95       | SUBTOTALS                            |          | OLD CAP REL COSTS-BLDG & FIXT         |
|          | NONREIMBURS COST CEN                 |          |                                       |
| 96       | GIFT, FLOWER, COFFEE SHOP & CANTEEN  | 9600     |                                       |
| 97       | RESEARCH                             | 9700     |                                       |
| 98       | PHYSICIANS' PRIVATE OFFICES          | 9800     |                                       |
| 98.01    | PRIVATE DUTY NURSING                 | 9801     | PHYSICIANS' PRIVATE OFFICES           |
| 98.02    | COMMUNITY HEALTH                     | 9802     | PHYSICIANS' PRIVATE OFFICES           |
| 98.03    | OCCUPATIONAL MEDICINE                | 9803     | PHYSICIANS' PRIVATE OFFICES           |
| 98.04    | FAMILY PHARMACY                      | 9804     | PHYSICIANS' PRIVATE OFFICES           |
| 98.05    | ADULT DAY CARE                       | 9805     | PHYSICIANS' PRIVATE OFFICES           |
| 98.06    | PERSONAL TOUCH                       | 9806     | PHYSICIANS' PRIVATE OFFICES           |
| 98.07    | IV HEALTH CORP                       | 9807     | PHYSICIANS' PRIVATE OFFICES           |
| 98.08    | PUBLIC RELATIONS                     | 9808     | PHYSICIANS' PRIVATE OFFICES           |
| 98.09    | UTICA MEDICAL CENTER                 | 9809     | PHYSICIANS' PRIVATE OFFICES           |
| 98.10    | OGLESBY FAMILY MEDICINE              | 9810     | PHYSICIANS' PRIVATE OFFICES           |
| 101      | TOTAL                                |          | OLD CAP REL COSTS-BLDG & FIXT         |

RECLASSIFICATIONS

PROVIDER NO:  
140234

PERIOD:  
FROM 7/1/2009  
TO 6/30/2010

PREPARED 11/23/2010  
WORKSHEET A-6

| EXPLANATION OF RECLASSIFICATION | INCREASE    |                                      |                 |             |            |
|---------------------------------|-------------|--------------------------------------|-----------------|-------------|------------|
|                                 | CODE<br>(1) | COST CENTER<br>2                     | LINE<br>NO<br>3 | SALARY<br>4 | OTHER<br>5 |
| 1 CHARGEABLE DRUGS              | A           | DRUGS CHARGED TO PATIENTS            | 56              |             | 1,430,791  |
| 2 PROPERTY INSURANCE            | B           | NEW CAP REL COSTS-MVBLE EQUIP        | 4               |             | 62,373     |
| 3 CAFETERIA/MOW COSTS           | C           | CAFETERIA                            | 12              | 277,471     |            |
| 4 RENTALS                       | E           | NEW CAP REL COSTS-MVBLE EQUIP        | 4               |             | 708,716    |
| 5                               |             |                                      |                 |             |            |
| 6                               |             |                                      |                 |             |            |
| 7                               |             |                                      |                 |             |            |
| 8                               |             |                                      |                 |             |            |
| 9                               |             |                                      |                 |             |            |
| 10                              |             |                                      |                 |             |            |
| 11                              |             |                                      |                 |             |            |
| 12                              |             |                                      |                 |             |            |
| 13                              |             |                                      |                 |             |            |
| 14                              |             |                                      |                 |             |            |
| 15                              |             |                                      |                 |             |            |
| 16                              |             |                                      |                 |             |            |
| 17                              |             |                                      |                 |             |            |
| 18 O/R CHARGEABLE SUPPLIES      | F           | MEDICAL SUPPLIES CHARGED TO PATIENTS | 55              |             | 4,356,260  |
| 19 CHARGEABLE SUPPLIES          | G           | MEDICAL SUPPLIES CHARGED TO PATIENTS | 55              |             | 194,952    |
| 20 ADDITIONAL MEDICAL SUPPLIES  | H           | MEDICAL SUPPLIES CHARGED TO PATIENTS | 55              |             | 61,638     |
| 21                              |             | MEDICAL SUPPLIES CHARGED TO PATIENTS | 55              |             | 29,388     |
| 22                              |             | MEDICAL SUPPLIES CHARGED TO PATIENTS | 55              |             | 85,292     |
| 23 HHA BLDG UTILITIES           | I           | ADMINISTRATIVE & GENERAL             | 6               |             | 2,509      |
| 24                              |             |                                      |                 |             |            |
| 25 PUBLIC RELATIONS             | J           | PUBLIC RELATIONS                     | 98.08           | 68,270      | 408,872    |
| 36 TOTAL RECLASSIFICATIONS      |             |                                      |                 | 345,741     | 7,340,791  |

(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:  
140234

PERIOD:  
FROM 7/ 1/2009  
TO 6/30/2010

PREPARED 11/23/2010  
WORKSHEET A-6

| EXPLANATION OF RECLASSIFICATION | CODE<br>(1) | DECREASE                  |   |                 |             | A-7<br>REF<br>10 |            |
|---------------------------------|-------------|---------------------------|---|-----------------|-------------|------------------|------------|
|                                 |             | COST CENTER<br>1          | 6 | LINE<br>NO<br>7 | SALARY<br>8 |                  | OTHER<br>9 |
| 1 CHARGEABLE DRUGS              | A           | PHARMACY                  |   | 16              |             | 1,430,791        |            |
| 2 PROPERTY INSURANCE            | B           | ADMINISTRATIVE & GENERAL  |   | 6               |             | 62,373           | 10         |
| 3 CAFETERIA/MOW COSTS           | C           | DIETARY                   |   | 11              | 277,471     |                  |            |
| 4 RENTALS                       | E           | ADMINISTRATIVE & GENERAL  |   | 6               |             | 146,665          | 10         |
| 5                               |             | OPERATION OF PLANT        |   | 8               |             | 1,987            |            |
| 6                               |             | SOCIAL SERVICE            |   | 18              |             | 68,443           |            |
| 7                               |             | CENTRAL SERVICES & SUPPLY |   | 15              |             | 120              |            |
| 8                               |             | ADULTS & PEDIATRICS       |   | 25              |             | 60,277           |            |
| 9                               |             | OPERATING ROOM            |   | 37              |             | 76,841           |            |
| 10                              |             | ANESTHESIOLOGY            |   | 40              |             | 750              |            |
| 11                              |             | RADIOLOGY-DIAGNOSTIC      |   | 41              |             | 77,400           |            |
| 12                              |             | INTRAVENOUS THERAPY       |   | 48              |             | 960              |            |
| 13                              |             | RESPIRATORY THERAPY       |   | 49              |             | 668              |            |
| 14                              |             | PHYSICAL THERAPY          |   | 50              |             | 249,648          |            |
| 15                              |             | EMERGENCY                 |   | 61              |             | 12,177           |            |
| 16                              |             | COMMUNITY HEALTH          |   | 98.02           |             | 12,300           |            |
| 17                              |             | ELECTROENCEPHALOGRAPHY    |   | 54              |             | 480              |            |
| 18 O/R CHARGEABLE SUPPLIES      | F           | OPERATING ROOM            |   | 37              |             | 4,356,260        |            |
| 19 CHARGEABLE SUPPLIES          | G           | CENTRAL SERVICES & SUPPLY |   | 15              |             | 194,952          |            |
| 20 ADDITIONAL MEDICAL SUPPLIES  | H           | RESPIRATORY THERAPY       |   | 49              |             | 61,638           |            |
| 21                              |             | PHYSICAL THERAPY          |   | 50              |             | 29,388           |            |
| 22                              |             | EMERGENCY                 |   | 61              |             | 85,292           |            |
| 23 HHA BLDG UTILITIES           | I           | HOME HEALTH AGENCY        |   | 71              |             | 715              |            |
| 24                              |             | HOSPICE                   |   | 93              |             | 1,794            |            |
| 25 PUBLIC RELATIONS             | J           | ADMINISTRATIVE & GENERAL  |   | 6               | 68,270      | 408,872          |            |
| 36 TOTAL RECLASSIFICATIONS      |             |                           |   |                 | 345,741     | 7,340,791        |            |

(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:  
140234

PERIOD:  
FROM 7/ 1/2009  
TO 6/30/2010

PREPARED 11/23/2010  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: A  
EXPLANATION : CHARGEABLE DRUGS

| ----- INCREASE -----               |                           |      |           | ----- DECREASE ----- |      |           |  |
|------------------------------------|---------------------------|------|-----------|----------------------|------|-----------|--|
| LINE                               | COST CENTER               | LINE | AMOUNT    | COST CENTER          | LINE | AMOUNT    |  |
| 1.00                               | DRUGS CHARGED TO PATIENTS | 56   | 1,430,791 | PHARMACY             | 16   | 1,430,791 |  |
| TOTAL RECLASSIFICATIONS FOR CODE A |                           |      | 1,430,791 |                      |      |           |  |

RECLASS CODE: B  
EXPLANATION : PROPERTY INSURANCE

| ----- INCREASE -----               |                               |      |        | ----- DECREASE -----     |      |        |  |
|------------------------------------|-------------------------------|------|--------|--------------------------|------|--------|--|
| LINE                               | COST CENTER                   | LINE | AMOUNT | COST CENTER              | LINE | AMOUNT |  |
| 1.00                               | NEW CAP REL COSTS-MVBLE EQUIP | 4    | 62,373 | ADMINISTRATIVE & GENERAL | 6    | 62,373 |  |
| TOTAL RECLASSIFICATIONS FOR CODE B |                               |      | 62,373 |                          |      |        |  |

RECLASS CODE: C  
EXPLANATION : CAFETERIA/MOW COSTS

| ----- INCREASE -----               |             |      |         | ----- DECREASE ----- |      |         |  |
|------------------------------------|-------------|------|---------|----------------------|------|---------|--|
| LINE                               | COST CENTER | LINE | AMOUNT  | COST CENTER          | LINE | AMOUNT  |  |
| 1.00                               | CAFETERIA   | 12   | 277,471 | DIETARY              | 11   | 277,471 |  |
| TOTAL RECLASSIFICATIONS FOR CODE C |             |      | 277,471 |                      |      |         |  |

RECLASS CODE: E  
EXPLANATION : RENTALS

| ----- INCREASE -----               |                               |      |         | ----- DECREASE -----      |       |         |  |
|------------------------------------|-------------------------------|------|---------|---------------------------|-------|---------|--|
| LINE                               | COST CENTER                   | LINE | AMOUNT  | COST CENTER               | LINE  | AMOUNT  |  |
| 1.00                               | NEW CAP REL COSTS-MVBLE EQUIP | 4    | 708,716 | ADMINISTRATIVE & GENERAL  | 6     | 146,665 |  |
| 2.00                               |                               |      | 0       | OPERATION OF PLANT        | 8     | 1,987   |  |
| 3.00                               |                               |      | 0       | SOCIAL SERVICE            | 18    | 68,443  |  |
| 4.00                               |                               |      | 0       | CENTRAL SERVICES & SUPPLY | 15    | 120     |  |
| 5.00                               |                               |      | 0       | ADULTS & PEDIATRICS       | 25    | 60,277  |  |
| 6.00                               |                               |      | 0       | OPERATING ROOM            | 37    | 76,841  |  |
| 7.00                               |                               |      | 0       | ANESTHESIOLOGY            | 40    | 750     |  |
| 8.00                               |                               |      | 0       | RADIOLOGY-DIAGNOSTIC      | 41    | 77,400  |  |
| 9.00                               |                               |      | 0       | INTRAVENOUS THERAPY       | 48    | 960     |  |
| 10.00                              |                               |      | 0       | RESPIRATORY THERAPY       | 49    | 668     |  |
| 11.00                              |                               |      | 0       | PHYSICAL THERAPY          | 50    | 249,648 |  |
| 12.00                              |                               |      | 0       | EMERGENCY                 | 61    | 12,177  |  |
| 13.00                              |                               |      | 0       | COMMUNITY HEALTH          | 98.02 | 12,300  |  |
| 14.00                              |                               |      | 0       | ELECTROENCEPHALOGRAPHY    | 54    | 480     |  |
| TOTAL RECLASSIFICATIONS FOR CODE E |                               |      | 708,716 | 708,716                   |       |         |  |

RECLASS CODE: F  
EXPLANATION : O/R CHARGEABLE SUPPLIES

| ----- INCREASE -----               |                                |      |           | ----- DECREASE ----- |      |           |  |
|------------------------------------|--------------------------------|------|-----------|----------------------|------|-----------|--|
| LINE                               | COST CENTER                    | LINE | AMOUNT    | COST CENTER          | LINE | AMOUNT    |  |
| 1.00                               | MEDICAL SUPPLIES CHARGED TO PA | 55   | 4,356,260 | OPERATING ROOM       | 37   | 4,356,260 |  |
| TOTAL RECLASSIFICATIONS FOR CODE F |                                |      | 4,356,260 | 4,356,260            |      |           |  |

RECLASS CODE: G  
EXPLANATION : CHARGEABLE SUPPLIES

| ----- INCREASE -----               |                                |      |         | ----- DECREASE -----      |      |         |  |
|------------------------------------|--------------------------------|------|---------|---------------------------|------|---------|--|
| LINE                               | COST CENTER                    | LINE | AMOUNT  | COST CENTER               | LINE | AMOUNT  |  |
| 1.00                               | MEDICAL SUPPLIES CHARGED TO PA | 55   | 194,952 | CENTRAL SERVICES & SUPPLY | 15   | 194,952 |  |
| TOTAL RECLASSIFICATIONS FOR CODE G |                                |      | 194,952 | 194,952                   |      |         |  |

RECLASS CODE: H  
EXPLANATION : ADDITIONAL MEDICAL SUPPLIES

| ----- INCREASE -----               |                                |      |         | ----- DECREASE ----- |      |        |  |
|------------------------------------|--------------------------------|------|---------|----------------------|------|--------|--|
| LINE                               | COST CENTER                    | LINE | AMOUNT  | COST CENTER          | LINE | AMOUNT |  |
| 1.00                               | MEDICAL SUPPLIES CHARGED TO PA | 55   | 61,638  | RESPIRATORY THERAPY  | 49   | 61,638 |  |
| 2.00                               | MEDICAL SUPPLIES CHARGED TO PA | 55   | 29,388  | PHYSICAL THERAPY     | 50   | 29,388 |  |
| 3.00                               | MEDICAL SUPPLIES CHARGED TO PA | 55   | 85,292  | EMERGENCY            | 61   | 85,292 |  |
| TOTAL RECLASSIFICATIONS FOR CODE H |                                |      | 176,318 | 176,318              |      |        |  |

RECLASS CODE: I  
EXPLANATION : HHA BLDG UTILITIES

| ----- INCREASE ----- |                          |      |        | ----- DECREASE ----- |      |        |  |
|----------------------|--------------------------|------|--------|----------------------|------|--------|--|
| LINE                 | COST CENTER              | LINE | AMOUNT | COST CENTER          | LINE | AMOUNT |  |
| 1.00                 | ADMINISTRATIVE & GENERAL | 6    | 2,509  | HOME HEALTH AGENCY   | 71   | 715    |  |

RECLASSIFICATIONS

PROVIDER NO:  
140234

PERIOD:  
FROM 7/1/2009  
TO 6/30/2010

PREPARED 11/23/2010  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: I  
EXPLANATION : HHA BLDG UTILITIES

| ----- INCREASE -----               |             |        | ----- DECREASE ----- |      |        |
|------------------------------------|-------------|--------|----------------------|------|--------|
| LINE                               | COST CENTER | AMOUNT | COST CENTER          | LINE | AMOUNT |
| 2.00                               |             | 0      | HOSPICE              | 93   | 1,794  |
| TOTAL RECLASSIFICATIONS FOR CODE I |             | 2,509  |                      |      | 2,509  |

RECLASS CODE: J  
EXPLANATION : PUBLIC RELATIONS

| ----- INCREASE -----               |                  |         | ----- DECREASE -----     |      |         |
|------------------------------------|------------------|---------|--------------------------|------|---------|
| LINE                               | COST CENTER      | AMOUNT  | COST CENTER              | LINE | AMOUNT  |
| 1.00                               | PUBLIC RELATIONS | 477,142 | ADMINISTRATIVE & GENERAL | 6    | 477,142 |
| TOTAL RECLASSIFICATIONS FOR CODE J |                  | 477,142 |                          |      | 477,142 |

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

| DESCRIPTION            | BEGINNING BALANCES<br>1 | PURCHASES<br>2 | ACQUISITIONS<br>DONATION<br>3 | TOTAL<br>4 | DI SPOSALS AND RETIREMENTS<br>5 | ENDING BALANCE<br>6 | FULLY DEPRECIATED ASSETS<br>7 |
|------------------------|-------------------------|----------------|-------------------------------|------------|---------------------------------|---------------------|-------------------------------|
| 1 LAND                 | 1,381,807               |                |                               |            | 18,250                          | 1,363,557           |                               |
| 2 LAND IMPROVEMENTS    | 1,086,539               | 32,889         |                               | 32,889     |                                 | 1,119,428           |                               |
| 3 BUILDINGS & FIXTURE  | 38,610,795              | 176,291        |                               | 176,291    |                                 | 38,787,086          |                               |
| 4 BUILDING IMPROVEMENT | 231,421                 | 10,150         |                               | 10,150     |                                 | 241,571             |                               |
| 5 FIXED EQUIPMENT      | 8,640,496               | 110,612        |                               | 110,612    |                                 | 8,751,108           |                               |
| 6 MOVABLE EQUIPMENT    | 28,339,106              | 950,694        |                               | 950,694    |                                 | 29,289,800          |                               |
| 7 SUBTOTAL             | 78,290,164              | 1,280,636      |                               | 1,280,636  | 18,250                          | 79,552,550          |                               |
| 8 RECONCILING ITEMS    |                         |                |                               |            |                                 |                     |                               |
| 9 TOTAL                | 78,290,164              | 1,280,636      |                               | 1,280,636  | 18,250                          | 79,552,550          |                               |



ADJUSTMENTS TO EXPENSES

| DESCR IPTION (1)                          | (2)<br>BASIS/ CODE | AMOUNT     | EXPENSE CLASSIFICATION ON  |         | WKST.<br>A-7<br>REF.<br>5 |
|---|--------------------|------------|--|---------|---------------------------|
|   |                    |            | WORKSHEET A TO/FROM WHICH THE<br>AMOUNT IS TO BE ADJUSTED<br>COST CENTER | LINE NO |                           |
|   | 1                  | 2          | 3  | 4       |                           |
| 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     | A                  | -50,454    | NEW CAP REL COSTS-BLDG &   | 3       | 11                        |
| 4 INVESTMENT INCOME-NEW MOVABLE EQUIP     |                    |            | NEW CAP REL COSTS-MVBLE E  | 4       |                           |
| 5 INVESTMENT INCOME-OTHER                 |                    |            |  |         |                           |
| 6 TRADE, QUANTITY AND TIME DISCOUNTS      | B                  | -62,808    | ADMINISTRATIVE & GENERAL   | 6       |                           |
| 7 REFUNDS AND REBATES OF EXPENSES         |                    |            |  |         |                           |
| 8 RENTAL OF PRVIDER SPACE BY SUPPLIERS    |                    |            |  |         |                           |
| 9 TELEPHONE SERVICES                      | A                  | -23,188    | ADMINISTRATIVE & GENERAL   | 6       |                           |
| 10 TELEVISION AND RADIO SERVICE           | A                  | -7,098     | ADMINISTRATIVE & GENERAL   | 6       |                           |
| 11 PARKING LOT                            | B                  | -12,825    | OPERATION OF PLANT   | 8       |                           |
| 12 PROVIDER BASED PHYSICIAN ADJUSTMENT    | A-8-2              | -4,621,403 |  |         |                           |
| 13 SALE OF SCRAP, WASTE, ETC.             | B                  | -807       | RADIOLOGY-DIAGNOSTIC   | 41      |                           |
| 14 RELATED ORGANIZATION TRANSACTIONS      | A-8-1              |            |  |         |                           |
| 15 LAUNDRY AND LINEN SERVICE              |                    |            |  |         |                           |
| 16 CAFETERIA--EMPLOYEES AND GUESTS        | B                  | -157,246   | CAFETERIA  | 12      |                           |
| 17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS   |                    |            |  |         |                           |
| 18 SALE OF MED AND SURG SUPPLIES          |                    |            |  |         |                           |
| 19 SALE OF DRUGS TO OTHER THAN PATIENTS   |                    |            |  |         |                           |
| 20 SALE OF MEDICAL RECORDS & ABSTRACTS    | B                  | -2,220     | 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              |                    |            | NONPHYSICIAN ANESTHETISTS  | 20      |                           |
| 34 PHYSICIANS' ASSISTANT                  |                    |            |  |         |                           |
| 35 ADJUSTMENT FOR OCCUPATIONAL THERAPY    | A-8-4              |            | **COST CENTER DELETED**  | 51      |                           |
| 36 ADJUSTMENT FOR SPEECH PATHOLOGY        | A-8-4              |            | **COST CENTER DELETED**  | 52      |                           |
| 37 OTHER ADJUSTMENTS (SPECIFY)            |                    |            |  |         |                           |
| 38 OTHER ADJUSTMENTS (SPECIFY)            |                    |            |  |         |                           |
| 39 PARKING GARAGE PARKING TAXES           | B                  | -6,550     | OPERATION OF PLANT   | 8       |                           |
| 40 OTHER ADJUSTMENTS (SPECIFY)            |                    |            |  |         |                           |
| 41 PHYSICIAN BILLING 2110                 | A                  | -57,340    | ADMINISTRATIVE & GENERAL   | 6       |                           |
| 42 OTHER ADJUSTMENTS (SPECIFY)            |                    |            |  |         |                           |
| 43 A LOBBYING 25%                         | A                  | -20,485    | ADMINISTRATIVE & GENERAL   | 6       |                           |
| 44 HYGENIC INSTITUTE                      | A                  | 1,011,724  | IV HEALTH CORP   | 98.07   |                           |
| 45 OTHER ADJUSTMENTS (SPECIFY)            |                    |            |  |         |                           |
| 45.02 NUTRITIONAL SUPPORT G/L 4095.02     | B                  | -9,920     | DIETARY  | 11      |                           |
| 45.05 INTEREST EXPENSE                    | B                  | -539,546   | NEW CAP REL COSTS-BLDG &   | 3       | 11                        |
| 45.06 PHYSICIAN RECRUITMENT               | A                  | -94,717    | ADMINISTRATIVE & GENERAL   | 6       |                           |
| 45.07 MISCELLANEOUS REV G/L 5100.090      | B                  | -25,290    | ADMINISTRATIVE & GENERAL   | 6       |                           |
| 45.09 COMMUNICAL REVENUE G/L 5100.030     | B                  | -80,535    | ADMINISTRATIVE & GENERAL   | 6       |                           |
| 45.11 TV OPERATING COSTS                  | A                  | -7,281     | OPERATION OF PLANT   | 8       |                           |
| 45.15 POB EXP                             | A                  | 89,669     | PHYSICIANS' PRIVATE OFFIC  | 98      |                           |
| 45.20 TV DEPR                             | A                  | -9,094     | NEW CAP REL COSTS-MVBLE E  | 4       | 9                         |
| 45.24 OTHER CORPS ADC                     | A                  | 578,046    | ADULT DAY CARE   | 98.05   |                           |
| 45.27 FOUNDATION                          | A                  | 247,593    | IV HEALTH CORP   | 98.07   |                           |
| 45.29 FAMILY RX                           | A                  | 1,041,458  | FAMILY PHARMACY  | 98.04   |                           |
| 45.30 IVHS PHYSICIANS                     | A                  | 2,722,546  | IV HEALTH CORP   | 98.07   |                           |
| 45.31 IV HEALTH CORP                      | A                  | 2,067,396  | IV HEALTH CORP   | 98.07   |                           |
| 45.32 PHYSICIAN COMPENSATION              | A                  | -20,004    | HOSPICE  | 93      |                           |
| 45.33 UTICA MEDICAL CENTER                | A                  | 261,329    | UTICA MEDICAL CENTER   | 98.09   |                           |
| 45.34 OGLESBY FAMILY MEDICINE             | A                  | 597,979    | OGLESBY FAMILY MEDICINE  | 98.10   |                           |
| 46 AMORTIZATION                           | A                  | -3,031     | ADMINISTRATIVE & GENERAL   | 6       |                           |
| 47 OTHER ADJUSTMENTS (SPECIFY)            |                    |            |  |         |                           |
| 48 OTHER ADJUSTMENTS (SPECIFY)            |                    |            |  |         |                           |
| 49 OTHER ADJUSTMENTS (SPECIFY)            |                    |            |  |         |                           |
| 50 TOTAL (SUM OF LINES 1 THRU 49)         |                    | 2,805,898  |  |         |                           |

(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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I PERIOD: I PREPARED 11/23/2010  
 I 14-0234 I FROM 7/ 1/2009 I WORKSHEET A-8-2  
 I I TO 6/30/2010 I 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 44                | LABORATORY                              | 11,090                     | 11,090                         |                       | 208,000       |  |                         |   |
| 2 41                | RADIOLOGY-DIAGNOSTIC                    | 68,330                     | 68,330                         |                       | 217,600       |  |                         |   |
| 3 49                | RESPIRATORY THERAPY                     | 6,300                      | 6,300                          |                       | 159,800       |  |                         |   |
| 4 53                | ELECTROCARDIOLOGY                       | 108,700                    | 108,700                        |                       | 159,800       |  |                         |   |
| 5 54                | ELECTROENCEPHALOGRAPHY                  | 4,620                      | 4,620                          |                       | 159,800       |  |                         |   |
| 6 61                | EMERGENCY                               | 2,290,512                  | 2,290,512                      |                       | 159,800       |  |                         |   |
| 7 40                | ANESTHESIOLOGY                          | 2,131,851                  | 2,131,851                      |                       | 167,500       |  |                         |   |
| 8                   |   |                            |                                |                       |               |  |                         |   |
| 9                   |   |                            |                                |                       |               |  |                         |   |
| 10                  |   |                            |                                |                       |               |  |                         |   |
| 11                  |   |                            |                                |                       |               |  |                         |   |
| 12                  |   |                            |                                |                       |               |  |                         |   |
| 13                  |   |                            |                                |                       |               |  |                         |   |
| 14                  |   |                            |                                |                       |               |  |                         |   |
| 15                  |   |                            |                                |                       |               |  |                         |   |
| 16                  |   |                            |                                |                       |               |  |                         |   |
| 17                  |   |                            |                                |                       |               |  |                         |   |
| 18                  |   |                            |                                |                       |               |  |                         |   |
| 19                  |   |                            |                                |                       |               |  |                         |   |
| 20                  |   |                            |                                |                       |               |  |                         |   |
| 21                  |   |                            |                                |                       |               |  |                         |   |
| 22                  |   |                            |                                |                       |               |  |                         |   |
| 23                  |   |                            |                                |                       |               |  |                         |   |
| 24                  |   |                            |                                |                       |               |  |                         |   |
| 25                  |   |                            |                                |                       |               |  |                         |   |
| 26                  |   |                            |                                |                       |               |  |                         |   |
| 27                  |   |                            |                                |                       |               |  |                         |   |
| 28                  |   |                            |                                |                       |               |  |                         |   |
| 29                  |   |                            |                                |                       |               |  |                         |   |
| 30                  |   |                            |                                |                       |               |  |                         |   |
| 101                 | TOTAL                                   | 4,621,403                  | 4,621,403                      |                       |               |  |                         |   |



COST ALLOCATION STATISTICS

PROVIDER NO: 14-0234  
 PERIOD: FROM 7/1/2009 TO 6/30/2010  
 PREPARED 11/23/2010  
 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     |
| 2        | OLD CAP REL COSTS-MVBLE EQUIP        | 1               | SQUARE FEET            | ENTERED     |
| 3        | NEW CAP REL COSTS-BLDG & FIXT        | 1               | SQUARE FEET            | ENTERED     |
| 4        | NEW CAP REL COSTS-MVBLE EQUIP        | 1               | SQUARE FEET            | ENTERED     |
| 5        | EMPLOYEE BENEFITS                    | S               | GROSS SALARIES         | ENTERED     |
| 6        | ADMINISTRATIVE & GENERAL             | -3              | ACCUM. COST            | NOT ENTERED |
| 7        | MAINTENANCE & REPAIRS                | 4               | SQUARE FEET            | NOT ENTERED |
| 8        | OPERATION OF PLANT                   | 1               | SQUARE FEET            | ENTERED     |
| 9        | LAUNDRY & LINEN SERVICE              | 6               | POUNDS OF LAUNDRY      | ENTERED     |
| 10       | HOUSEKEEPING                         | 7               | HOURS OF SERVICE       | ENTERED     |
| 11       | DIETARY                              | 8               | MEALS SERVED           | ENTERED     |
| 12       | CAFETERIA                            | 9               | FTES SERVED            | ENTERED     |
| 13       | MAINTENANCE OF PERSONNEL             | 10              | NUMBER HOUSED          | NOT ENTERED |
| 14       | NURSING ADMINISTRATION               | 11              | DIRECT NRSNG HRS       | ENTERED     |
| 15       | CENTRAL SERVICES & SUPPLY            | 12              | COSTED REQUIS          | ENTERED     |
| 16       | PHARMACY                             | 13              | COSTED REQUIS          | ENTERED     |
| 17       | MEDICAL RECORDS & LIBRARY            | 14              | GROSS CHARGES          | ENTERED     |
| 18       | SOCIAL SERVICE                       | 15              | TIME SPENT             | ENTERED     |
| 20       | NONPHYSICIAN ANESTHETISTS            | 16              | ASSIGNED TIME          | NOT ENTERED |
| 21       | NURSING SCHOOL                       | 17              | ASSIGNED TIME          | NOT ENTERED |
| 22       | I&R SERVICES-SALARY & FRINGES APPRVD | 18              | ASSIGNED TIME          | NOT ENTERED |
| 23       | I&R SERVICES-OTHER PRGM COSTS APPRVD | 19              | ASSIGNED TIME          | NOT ENTERED |
| 24       | PARAMED ED PRGM-(SPECIFY)            | 20              | ASSIGNED TIME          | NOT ENTERED |

| COST CENTER DESCRIPTION          | NET EXPENSES FOR COST ALLOCATION | OLD CAP REL C OSTS-BLDG & 1 | OLD CAP REL C OSTS-MVBLE E 2 | NEW CAP REL C OSTS-BLDG & 3 | NEW CAP REL C OSTS-MVBLE E 4 | EMPLOYEE BENE FITS 5 | SUBTOTAL 5a.00 |
|----------------------------------|----------------------------------|-----------------------------|------------------------------|-----------------------------|------------------------------|----------------------|----------------|
| 001 GENERAL SERVICE COST CNTR    |                                  |                             |                              |                             |                              |                      |                |
| 002 OLD CAP REL COSTS-BLDG &     |                                  |                             |                              |                             |                              |                      |                |
| 003 OLD CAP REL COSTS-MVBLE E    |                                  |                             |                              |                             |                              |                      |                |
| 004 NEW CAP REL COSTS-BLDG &     | 4,113,067                        |                             |                              | 4,113,067                   |                              |                      |                |
| 005 NEW CAP REL COSTS-MVBLE E    | 761,995                          |                             |                              |                             | 761,995                      |                      |                |
| 006 EMPLOYEE BENEFITS            | 8,721,888                        |                             |                              | 20,812                      | 3,856                        | 8,746,556            |                |
| 007 ADMINISTRATIVE & GENERAL     | 6,170,971                        |                             |                              | 798,833                     | 147,994                      | 1,513,679            | 8,631,477      |
| 008 MAINTENANCE & REPAIRS        |                                  |                             |                              |                             |                              |                      |                |
| 009 OPERATION OF PLANT           | 2,208,732                        |                             |                              | 780,093                     | 144,522                      | 307,368              | 3,440,715      |
| 010 LAUNDRY & LINEN SERVICE      | 237,376                          |                             |                              | 88,813                      | 16,454                       | 15,571               | 358,214        |
| 011 HOUSEKEEPING                 | 789,032                          |                             |                              | 59,738                      | 11,067                       | 271,196              | 1,131,033      |
| 012 DIETARY                      | 433,594                          |                             |                              | 99,677                      | 18,466                       | 129,826              | 681,563        |
| 013 CAFETERIA                    | 338,541                          |                             |                              | 58,197                      | 10,782                       | 144,879              | 552,399        |
| 014 MAINTENANCE OF PERSONNEL     |                                  |                             |                              |                             |                              |                      |                |
| 015 NURSING ADMINISTRATION       | 644,390                          |                             |                              | 32,880                      | 6,091                        | 271,002              | 954,363        |
| 016 CENTRAL SERVICES & SUPPLY    | 185,079                          |                             |                              | 64,580                      | 11,964                       | 67,195               | 328,818        |
| 017 PHARMACY                     | 590,240                          |                             |                              | 30,399                      | 5,632                        | 246,473              | 872,744        |
| 018 MEDICAL RECORDS & LIBRARY    | 652,329                          |                             |                              | 40,613                      | 7,524                        | 239,633              | 940,099        |
| 019 SOCIAL SERVICE               | 244,848                          |                             |                              | 10,406                      | 1,928                        | 103,811              | 360,993        |
| 020 NONPHYSICIAN ANESTHETISTS    |                                  |                             |                              |                             |                              |                      |                |
| 021 NURSING SCHOOL               |                                  |                             |                              |                             |                              |                      |                |
| 022 I&R SERVICES-SALARY & FRI    |                                  |                             |                              |                             |                              |                      |                |
| 023 I&R SERVICES-OTHER PRGM C    |                                  |                             |                              |                             |                              |                      |                |
| 024 PARAMEDICAL PRGM-(SPECIFY)   |                                  |                             |                              |                             |                              |                      |                |
| 025 INPAT ROUTINE SRVC CNTRS     |                                  |                             |                              |                             |                              |                      |                |
| 026 ADULTS & PEDIATRICS          | 3,902,694                        |                             |                              | 695,231                     | 128,800                      | 1,595,652            | 6,322,377      |
| 031 INTENSIVE CARE UNIT          | 787,926                          |                             |                              | 83,032                      | 15,383                       | 311,139              | 1,197,480      |
| 033 SUBPROVIDER                  |                                  |                             |                              |                             |                              |                      |                |
| 037 NURSERY                      | 151,487                          |                             |                              | 22,354                      | 4,141                        | 54,270               | 232,252        |
| 037 01 ANCILLARY SRVC COST CNTRS |                                  |                             |                              |                             |                              |                      |                |
| 037 02 OPERATING ROOM            | 2,757,939                        |                             |                              | 198,028                     | 36,687                       | 451,088              | 3,443,742      |
| 037 02 SAME DAY SURGERY          | 365,099                          |                             |                              | 74,986                      | 13,892                       | 151,311              | 605,288        |
| 037 02 LI THOTRI PSY             |                                  |                             |                              |                             |                              |                      |                |
| 038 RECOVERY ROOM                |                                  |                             |                              | 20,836                      | 3,860                        |                      | 24,696         |
| 039 DELIVERY ROOM & LABOR ROO    | 221,327                          |                             |                              | 31,507                      | 5,837                        | 83,139               | 341,810        |
| 040 ANESTHESIOLOGY               | 350,700                          |                             |                              | 4,336                       | 803                          | 65,829               | 421,668        |
| 041 RADIOLOGY-DIAGNOSTIC         | 2,412,558                        |                             |                              | 193,355                     | 35,821                       | 564,180              | 3,205,914      |
| 044 LABORATORY                   | 2,962,007                        |                             |                              | 83,827                      | 15,530                       | 476,762              | 3,538,126      |
| 046 30 BLOOD CLOTTING FACTORS AD |                                  |                             |                              |                             |                              |                      |                |
| 047 BLOOD STORING, PROCESSING    |                                  |                             |                              |                             |                              |                      |                |
| 048 INTRAVENOUS THERAPY          | 567,043                          |                             |                              | 97,051                      | 17,980                       | 121,581              | 803,655        |
| 049 RESPIRATORY THERAPY          | 339,042                          |                             |                              | 23,510                      | 4,356                        | 144,086              | 510,994        |
| 050 PHYSICAL THERAPY             | 1,640,766                        |                             |                              | 114,178                     | 21,153                       | 428,212              | 2,204,309      |
| 053 ELECTROCARDIOLOGY            | 193,648                          |                             |                              | 12,911                      | 2,392                        | 54,691               | 263,642        |
| 053 02 CARDIAC REHAB             | 71,658                           |                             |                              | 65,953                      | 12,219                       | 28,045               | 177,875        |
| 054 ELECTROENCEPHALOGRAPHY       | 140,737                          |                             |                              | 1,951                       | 361                          | 1,943                | 144,992        |
| 055 MEDICAL SUPPLIES CHARGED     | 4,727,530                        |                             |                              |                             |                              |                      | 4,727,530      |
| 056 DRUGS CHARGED TO PATIENTS    | 1,430,791                        |                             |                              |                             |                              |                      | 1,430,791      |
| 059 I/P AMBULANCE SERVICES       |                                  |                             |                              |                             |                              |                      |                |
| 061 OUTPAT SERVICE COST CNTRS    |                                  |                             |                              |                             |                              |                      |                |
| 062 EMERGENCY                    | 1,323,806                        |                             |                              | 79,057                      | 14,646                       | 509,339              | 1,926,848      |
| 062 OBSERVATION BEDS (NON-DIS    |                                  |                             |                              |                             |                              |                      |                |
| 063 50 RHC                       |                                  |                             |                              |                             |                              |                      |                |
| 063 60 FOHC                      |                                  |                             |                              |                             |                              |                      |                |
| 065 OTHER REIMBURS COST CNTRS    |                                  |                             |                              |                             |                              |                      |                |
| 069 10 CMHC                      | 84,046                           |                             |                              | 1,012                       | 187                          | 24,770               | 110,015        |
| 069 20 OUTPATIENT PHYSICAL THERA |                                  |                             |                              |                             |                              |                      |                |
| 069 30 OUTPATIENT OCCUPATIONAL T |                                  |                             |                              |                             |                              |                      |                |
| 069 40 OUTPATIENT SPEECH PATHOLO |                                  |                             |                              |                             |                              |                      |                |
| 071 HOME HEALTH AGENCY           | 163,664                          |                             |                              | 163,920                     | 30,368                       | 63,868               | 421,820        |
| 085 SPEC PURPOSE COST CENTERS    |                                  |                             |                              |                             |                              |                      |                |
| 085 01 PANCREAS ACQUISITION      |                                  |                             |                              |                             |                              |                      |                |
| 085 02 INTESTINAL ACQUISITION    |                                  |                             |                              |                             |                              |                      |                |
| 093 HOSPICE                      | 506,252                          |                             |                              | 46,129                      | 8,546                        | 116,089              | 677,016        |
| 095 SUBTOTALS                    | 51,192,802                       |                             |                              | 4,098,205                   | 759,242                      | 8,556,627            | 50,985,258     |
| 096 NONREIMBURS COST CENTERS     |                                  |                             |                              |                             |                              |                      |                |
| 097 GIFT, FLOWER, COFFEE SHOP    |                                  |                             |                              | 7,901                       | 1,464                        |                      | 9,365          |
| 098 RESEARCH                     |                                  |                             |                              |                             |                              |                      |                |
| 098 PHYSICIANS' PRIVATE OFFIC    | 89,669                           |                             |                              |                             |                              |                      | 89,669         |
| 098 01 PRIVATE DUTY NURSING      |                                  |                             |                              |                             |                              |                      |                |
| 098 02 COMMUNITY HEALTH          | 244,647                          |                             |                              |                             |                              | 78,834               | 323,481        |
| 098 03 OCCUPATIONAL MEDICINE     | 190,697                          |                             |                              | 3,878                       | 718                          | 81,236               | 276,529        |
| 098 04 FAMILY PHARMACY           | 1,041,458                        |                             |                              |                             |                              |                      | 1,041,458      |
| 098 05 ADULT DAY CARE            | 578,046                          |                             |                              |                             |                              |                      | 578,046        |
| 098 06 PERSONAL TOUCH            |                                  |                             |                              |                             |                              |                      |                |
| 098 07 IV HEALTH CORP            | 6,049,259                        |                             |                              |                             |                              |                      | 6,049,259      |
| 098 08 PUBLIC RELATIONS          | 477,142                          |                             |                              | 3,083                       | 571                          | 29,859               | 510,655        |
| 098 09 UTICA MEDICAL CENTER      | 261,329                          |                             |                              |                             |                              |                      | 261,329        |
| 098 10 OGLESBY FAMILY MEDICINE   | 597,979                          |                             |                              |                             |                              |                      | 597,979        |
| 101 CROSS FOOT ADJUSTMENT        |                                  |                             |                              |                             |                              |                      |                |
| 102 NEGATIVE COST CENTER         |                                  |                             |                              |                             |                              |                      |                |
| 103 TOTAL                        | 60,723,028                       |                             |                              | 4,113,067                   | 761,995                      | 8,746,556            | 60,723,028     |

| COST CENTER DESCRIPTION          | ADMINISTRATIVE & GENERAL | MAINTENANCE & REPAIRS | OPERATION OF PLANT | LAUNDRY & LINEN SERVICE | HOUSEKEEPING | DIETARY | CAFETERIA |
|----------------------------------|--------------------------|-----------------------|--------------------|-------------------------|--------------|---------|-----------|
|                                  | 6                        | 7                     | 8                  | 9                       | 10           | 11      | 12        |
| 001 GENERAL SERVICE COST CNTR    |                          |                       |                    |                         |              |         |           |
| 002 OLD CAP REL COSTS-BLDG &     |                          |                       |                    |                         |              |         |           |
| 003 OLD CAP REL COSTS-MVBLE E    |                          |                       |                    |                         |              |         |           |
| 004 NEW CAP REL COSTS-BLDG &     |                          |                       |                    |                         |              |         |           |
| 005 NEW CAP REL COSTS-MVBLE E    |                          |                       |                    |                         |              |         |           |
| 006 EMPLOYEE BENEFITS            |                          |                       |                    |                         |              |         |           |
| 007 ADMINISTRATIVE & GENERAL     | 8,631,477                |                       |                    |                         |              |         |           |
| 008 MAINTENANCE & REPAIRS        |                          |                       |                    |                         |              |         |           |
| 009 OPERATION OF PLANT           | 570,120                  |                       | 4,010,835          |                         |              |         |           |
| 010 LAUNDRY & LINEN SERVICE      | 59,355                   |                       | 141,730            | 559,299                 |              |         |           |
| 011 HOUSEKEEPING                 | 187,410                  |                       | 95,332             |                         | 1,413,775    |         |           |
| 012 DIETARY                      | 112,934                  |                       | 159,066            | 3,745                   | 36,470       | 993,778 |           |
| 013 CAFETERIA                    | 91,531                   |                       | 92,872             |                         |              |         | 736,802   |
| 014 MAINTENANCE OF PERSONNEL     |                          |                       |                    |                         |              |         |           |
| 015 NURSING ADMINISTRATION       | 158,136                  |                       | 52,471             |                         | 7,823        |         | 24,857    |
| 016 CENTRAL SERVICES & SUPPLY    | 54,484                   |                       | 103,059            | 5,583                   | 23,679       |         | 14,037    |
| 017 PHARMACY                     | 144,612                  |                       | 48,512             |                         | 10,782       |         | 20,577    |
| 018 MEDICAL RECORDS & LIBRARY    | 155,773                  |                       | 64,811             |                         | 8,563        |         | 46,683    |
| 019 SOCIAL SERVICE               | 59,816                   |                       | 16,606             |                         |              |         | 12,442    |
| 020 NONPHYSICIAN ANESTHETISTS    |                          |                       |                    |                         |              |         |           |
| 021 NURSING SCHOOL               |                          |                       |                    |                         |              |         |           |
| 022 I&R SERVICES-SALARY & FRI    |                          |                       |                    |                         |              |         |           |
| 023 I&R SERVICES-OTHER PRGM C    |                          |                       |                    |                         |              |         |           |
| 024 PARAMEDICAL PRGM-(SPECIFY)   |                          |                       |                    |                         |              |         |           |
| 025 INPAT ROUTINE SRVC CNTRS     |                          |                       |                    |                         |              |         |           |
| 026 ADULTS & PEDIATRICS          | 1,047,614                |                       | 1,109,469          | 298,853                 | 531,196      | 826,895 | 220,122   |
| 031 INTENSIVE CARE UNIT          | 198,420                  |                       | 132,504            | 20,151                  | 46,301       | 53,305  | 31,450    |
| 033 SUBPROVIDER                  |                          |                       |                    |                         |              |         |           |
| 037 NURSERY                      | 38,484                   |                       | 35,673             |                         | 72,306       |         | 6,434     |
| 037 01 ANCILLARY SRVC COST CNTRS |                          |                       |                    |                         |              |         |           |
| 037 02 OPERATING ROOM            | 570,621                  |                       | 316,019            | 46,647                  | 198,842      |         | 50,059    |
| 037 02 SAME DAY SURGERY          | 100,295                  |                       | 119,665            | 42,983                  | 66,915       |         | 16,217    |
| 038 LI THOTRI PSY                |                          |                       |                    |                         |              |         |           |
| 039 RECOVERY ROOM                | 4,092                    |                       | 33,251             |                         |              |         |           |
| 040 DELIVERY ROOM & LABOR ROO    | 56,637                   |                       | 50,280             | 8,715                   |              |         | 9,438     |
| 041 ANESTHESIOLOGY               | 69,870                   |                       | 6,919              | 7,376                   |              |         | 8,667     |
| 044 RADIOLOGY-DIAGNOSTIC         | 531,214                  |                       | 308,561            | 41,560                  | 35,836       |         | 61,571    |
| 046 LABORATORY                   | 586,260                  |                       | 133,773            | 531                     | 32,665       |         | 62,395    |
| 047 BLOOD CLOTTING FACTORS AD    |                          |                       |                    |                         |              |         |           |
| 048 BLOOD STORING, PROCESSING    |                          |                       |                    |                         |              |         |           |
| 049 INTRAVENOUS THERAPY          | 133,164                  |                       | 154,876            | 2,484                   |              |         | 11,564    |
| 050 RESPIRATORY THERAPY          | 84,671                   |                       | 37,518             | 2,494                   | 31,290       |         | 15,260    |
| 053 PHYSICAL THERAPY             | 365,250                  |                       | 182,208            | 310                     | 10,360       |         | 53,808    |
| 053 02 ELECTROCARDIOLOGY         | 43,685                   |                       | 20,604             | 5,390                   | 12,368       |         | 9,624     |
| 054 CARDIAC REHAB                | 29,474                   |                       | 105,250            |                         |              |         | 4,387     |
| 055 ELECTROENCEPHALOGRAPHY       | 24,025                   |                       | 3,114              |                         | 10,148       |         | 292       |
| 056 MEDICAL SUPPLIES CHARGED     | 783,342                  |                       |                    |                         |              |         |           |
| 059 DRUGS CHARGED TO PATIENTS    | 237,079                  |                       |                    |                         |              |         |           |
| 061 I/P AMBULANCE SERVICES       |                          |                       |                    |                         |              |         |           |
| 062 OUTPAT SERVICE COST CNTRS    |                          |                       |                    |                         |              |         |           |
| 062 EMERGENCY                    | 319,275                  |                       | 126,161            | 35,186                  | 67,232       |         | 54,180    |
| 063 OBSERVATION BEDS (NON-DIS    |                          |                       |                    |                         |              |         |           |
| 063 50 RHC                       |                          |                       |                    |                         |              |         |           |
| 063 60 FOHC                      |                          |                       |                    |                         |              |         |           |
| 065 OTHER REIMBURS COST CNTRS    |                          |                       |                    |                         |              |         |           |
| 065 10 AMBULANCE SERVICES        | 18,229                   |                       | 1,614              | 16,772                  |              |         | 2,738     |
| 069 CMHC                         |                          |                       |                    |                         |              |         |           |
| 069 20 OUTPATIENT PHYSICAL THERA |                          |                       |                    |                         |              |         |           |
| 069 30 OUTPATIENT OCCUPATIONAL T |                          |                       |                    |                         |              |         |           |
| 069 40 OUTPATIENT SPEECH PATHOLO |                          |                       |                    |                         |              |         |           |
| 071 HOME HEALTH AGENCY           | 69,895                   |                       | 261,587            |                         |              |         |           |
| 085 SPEC PURPOSE COST CENTERS    |                          |                       |                    |                         |              |         |           |
| 085 01 PANCREAS ACQUISITION      |                          |                       |                    |                         |              |         |           |
| 085 02 INTESTINAL ACQUISITION    |                          |                       |                    |                         |              |         |           |
| 093 HOSPICE                      | 112,180                  |                       | 73,613             |                         |              |         |           |
| 095 SUBTOTALS                    | 7,017,947                |                       | 3,987,118          | 538,780                 | 1,202,776    | 880,200 | 736,802   |
| 096 NONREIMBURS COST CENTERS     |                          |                       |                    |                         |              |         |           |
| 097 GIFT, FLOWER, COFFEE SHOP    | 1,552                    |                       | 12,608             |                         |              |         |           |
| 098 RESEARCH                     |                          |                       |                    |                         |              | 113,578 |           |
| 098 PHYSICIANS' PRIVATE OFFIC    | 14,858                   |                       |                    | 10,800                  | 186,474      |         |           |
| 098 01 PRIVATE DUTY NURSING      |                          |                       |                    |                         |              |         |           |
| 098 02 COMMUNITY HEALTH          | 53,600                   |                       |                    |                         | 1,480        |         |           |
| 098 03 OCCUPATIONAL MEDICINE     | 45,820                   |                       | 6,189              |                         | 23,045       |         |           |
| 098 04 FAMILY PHARMACY           | 172,568                  |                       |                    |                         |              |         |           |
| 098 05 ADULT DAY CARE            | 95,781                   |                       |                    | 9,719                   |              |         |           |
| 098 06 PERSONAL TOUCH            |                          |                       |                    |                         |              |         |           |
| 098 07 IV HEALTH CORP            | 1,002,350                |                       |                    |                         |              |         |           |
| 098 08 PUBLIC RELATIONS          | 84,615                   |                       | 4,920              |                         |              |         |           |
| 098 09 UTICA MEDICAL CENTER      | 43,302                   |                       |                    |                         |              |         |           |
| 098 10 OGLESBY FAMILY MEDICINE   | 99,084                   |                       |                    |                         |              |         |           |
| 101 CROSS FOOT ADJUSTMENT        |                          |                       |                    |                         |              |         |           |
| 102 NEGATIVE COST CENTER         |                          |                       |                    |                         |              |         |           |
| 103 TOTAL                        | 8,631,477                |                       | 4,010,835          | 559,299                 | 1,413,775    | 993,778 | 736,802   |

| COST CENTER DESCRIPTION          | MAINTENANCE O F PERSONNEL | NURSING ADMINISTRATION | CENTRAL SERVICES & SUPPLY | PHARMACY  | MEDICAL RECORDS & LIBRARY | SOCIAL SERVICE | NONPHYSICIAN ANESTHETISTS |
|----------------------------------|---------------------------|------------------------|---------------------------|-----------|---------------------------|----------------|---------------------------|
|                                  | 13                        | 14                     | 15                        | 16        | 17                        | 18             | 20                        |
| 001 GENERAL SERVICE COST CNTR    |                           |                        |                           |           |                           |                |                           |
| 002 OLD CAP REL COSTS-BLDG &     |                           |                        |                           |           |                           |                |                           |
| 003 OLD CAP REL COSTS-MVBLE E    |                           |                        |                           |           |                           |                |                           |
| 004 NEW CAP REL COSTS-BLDG &     |                           |                        |                           |           |                           |                |                           |
| 005 NEW CAP REL COSTS-MVBLE E    |                           |                        |                           |           |                           |                |                           |
| 006 EMPLOYEE BENEFITS            |                           |                        |                           |           |                           |                |                           |
| 007 ADMINISTRATIVE & GENERAL     |                           |                        |                           |           |                           |                |                           |
| 008 MAINTENANCE & REPAIRS        |                           |                        |                           |           |                           |                |                           |
| 009 OPERATION OF PLANT           |                           |                        |                           |           |                           |                |                           |
| 010 LAUNDRY & LINEN SERVICE      |                           |                        |                           |           |                           |                |                           |
| 011 HOUSEKEEPING                 |                           |                        |                           |           |                           |                |                           |
| 012 DIETARY                      |                           |                        |                           |           |                           |                |                           |
| 013 CAFETERIA                    |                           |                        |                           |           |                           |                |                           |
| 014 MAINTENANCE OF PERSONNEL     |                           |                        |                           |           |                           |                |                           |
| 015 NURSING ADMINISTRATION       |                           | 1,197,650              |                           |           |                           |                |                           |
| 016 CENTRAL SERVICES & SUPPLY    |                           |                        | 529,660                   |           |                           |                |                           |
| 017 PHARMACY                     |                           |                        |                           | 1,097,227 |                           |                |                           |
| 018 MEDICAL RECORDS & LIBRARY    |                           |                        |                           |           | 1,215,929                 |                |                           |
| 020 SOCIAL SERVICE               |                           | 31,369                 |                           |           |                           | 481,226        |                           |
| 021 NONPHYSICIAN ANESTHETISTS    |                           |                        |                           |           |                           |                |                           |
| 022 NURSING SCHOOL               |                           |                        |                           |           |                           |                |                           |
| 023 I&R SERVICES-SALARY & FRI    |                           |                        |                           |           |                           |                |                           |
| 024 I&R SERVICES-OTHER PRGM C    |                           |                        |                           |           |                           |                |                           |
| 025 PARAMED ED PRGM-(SPECIFY)    |                           |                        |                           |           |                           |                |                           |
| 026 INPAT ROUTINE SRVC CNTRS     |                           |                        |                           |           |                           |                |                           |
| 031 ADULTS & PEDIATRICS          |                           | 546,818                |                           | 1,594     | 52,095                    | 442,085        |                           |
| 033 INTENSIVE CARE UNIT          |                           | 78,126                 |                           | 866       | 14,495                    |                |                           |
| 037 SUBPROVIDER                  |                           |                        |                           |           |                           |                |                           |
| 037 NURSERY                      |                           | 15,982                 |                           |           | 4,714                     | 39,141         |                           |
| 037 ANCILLARY SRVC COST CNTRS    |                           |                        |                           |           |                           |                |                           |
| 037 01 OPERATING ROOM            |                           | 124,355                |                           | 10,816    | 293,878                   |                |                           |
| 037 02 SAME DAY SURGERY          |                           | 40,285                 |                           | 1,195     | 11,751                    |                |                           |
| 038 LI THOTRIPSY                 |                           |                        |                           |           |                           |                |                           |
| 039 RECOVERY ROOM                |                           |                        |                           |           | 22,378                    |                |                           |
| 040 DELIVERY ROOM & LABOR ROO    |                           | 23,444                 |                           |           | 9,140                     |                |                           |
| 041 ANESTHESIOLOGY               |                           | 21,529                 |                           | 25,419    | 82,568                    |                |                           |
| 044 RADIOLOGY-DIAGNOSTIC         |                           |                        |                           | 3,247     | 201,202                   |                |                           |
| 046 LABORATORY                   |                           |                        |                           | 4         | 146,595                   |                |                           |
| 047 BLOOD CLOTTING FACTORS AD    |                           |                        |                           |           |                           |                |                           |
| 048 BLOOD STORING, PROCESSING    |                           |                        |                           |           |                           |                |                           |
| 049 INTRAVENOUS THERAPY          |                           | 28,728                 |                           | 29,808    | 48,198                    |                |                           |
| 050 RESPIRATORY THERAPY          |                           |                        |                           | 264       | 34,527                    |                |                           |
| 053 PHYSICAL THERAPY             |                           | 133,667                |                           | 2,793     | 40,288                    |                |                           |
| 053 ELECTROCARDIOLOGY            |                           |                        |                           |           | 17,547                    |                |                           |
| 053 02 CARDIAC REHAB             |                           |                        |                           |           | 1,697                     |                |                           |
| 054 ELECTROENCEPHALOGRAPHY       |                           |                        |                           |           | 4,877                     |                |                           |
| 055 MEDICAL SUPPLIES CHARGED     |                           |                        | 529,660                   | 100       | 3,670                     |                |                           |
| 056 DRUGS CHARGED TO PATIENTS    |                           |                        |                           | 1,019,222 | 84,457                    |                |                           |
| 059 I/P AMBULANCE SERVICES       |                           |                        |                           |           |                           |                |                           |
| 061 OUTPAT SERVICE COST CNTRS    |                           |                        |                           |           |                           |                |                           |
| 062 EMERGENCY                    |                           | 134,591                |                           | 629       | 141,816                   |                |                           |
| 063 OBSERVATION BEDS (NON-DIS    |                           |                        |                           |           |                           |                |                           |
| 063 50 RHC                       |                           |                        |                           |           |                           |                |                           |
| 063 60 FOHC                      |                           |                        |                           |           |                           |                |                           |
| 065 OTHER REIMBURS COST CNTRS    |                           |                        |                           |           |                           |                |                           |
| 069 10 CMHC                      |                           |                        |                           |           | 36                        |                |                           |
| 069 20 OUTPATIENT PHYSICAL THERA |                           |                        |                           |           |                           |                |                           |
| 069 30 OUTPATIENT OCCUPATIONAL T |                           |                        |                           |           |                           |                |                           |
| 069 40 OUTPATIENT SPEECH PATHOLO |                           |                        |                           |           |                           |                |                           |
| 071 HOME HEALTH AGENCY           |                           | 18,756                 |                           |           |                           |                |                           |
| 085 SPEC PURPOSE COST CENTERS    |                           |                        |                           |           |                           |                |                           |
| 085 01 PANCREAS ACQUISITION      |                           |                        |                           |           |                           |                |                           |
| 085 02 INTESTINAL ACQUISITION    |                           |                        |                           |           |                           |                |                           |
| 093 HOSPICE                      |                           |                        |                           |           | 45                        |                |                           |
| 095 SUBTOTALS                    |                           | 1,197,650              | 529,660                   | 1,096,002 | 1,215,929                 | 481,226        |                           |
| 096 NONREIMBURS COST CENTERS     |                           |                        |                           |           |                           |                |                           |
| 097 GIFT, FLOWER, COFFEE SHOP    |                           |                        |                           |           |                           |                |                           |
| 098 RESEARCH                     |                           |                        |                           |           |                           |                |                           |
| 098 PHYSICIANS' PRIVATE OFFIC    |                           |                        |                           |           |                           |                |                           |
| 098 01 PRIVATE DUTY NURSING      |                           |                        |                           |           |                           |                |                           |
| 098 02 COMMUNITY HEALTH          |                           |                        |                           | 1,225     |                           |                |                           |
| 098 03 OCCUPATIONAL MEDICINE     |                           |                        |                           |           |                           |                |                           |
| 098 04 FAMILY PHARMACY           |                           |                        |                           |           |                           |                |                           |
| 098 05 ADULT DAY CARE            |                           |                        |                           |           |                           |                |                           |
| 098 06 PERSONAL TOUCH            |                           |                        |                           |           |                           |                |                           |
| 098 07 IV HEALTH CORP            |                           |                        |                           |           |                           |                |                           |
| 098 08 PUBLIC RELATIONS          |                           |                        |                           |           |                           |                |                           |
| 098 09 UTICA MEDICAL CENTER      |                           |                        |                           |           |                           |                |                           |
| 098 10 OGLESBY FAMILY MEDICINE   |                           |                        |                           |           |                           |                |                           |
| 101 CROSS FOOT ADJUSTMENT        |                           |                        |                           |           |                           |                |                           |
| 102 NEGATIVE COST CENTER         |                           |                        |                           |           |                           |                |                           |
| 103 TOTAL                        |                           | 1,197,650              | 529,660                   | 1,097,227 | 1,215,929                 | 481,226        |                           |

| COST CENTER DESCRIPTION | NURSING SCHOOL               | I&R SERVICES-SALARY & FRI | I&R SERVICES-OTHER PRGM C | PARAMED ED PRGM-(SPECIFY) | SUBTOTAL   | I&R COST POST STEP-DOWN ADJ | TOTAL      |
|-------------------------|------------------------------|---------------------------|---------------------------|---------------------------|------------|-----------------------------|------------|
|                         | 21                           | 22                        | 23                        | 24                        | 25         | 26                          | 27         |
| 001                     | GENERAL SERVICE COST CNTR    |                           |                           |                           |            |                             |            |
| 002                     | OLD CAP REL COSTS-BLDG &     |                           |                           |                           |            |                             |            |
| 003                     | OLD CAP REL COSTS-MVBLE E    |                           |                           |                           |            |                             |            |
| 004                     | NEW CAP REL COSTS-BLDG &     |                           |                           |                           |            |                             |            |
| 005                     | NEW CAP REL COSTS-MVBLE E    |                           |                           |                           |            |                             |            |
| 006                     | EMPLOYEE BENEFITS            |                           |                           |                           |            |                             |            |
| 007                     | ADMINISTRATIVE & GENERAL     |                           |                           |                           |            |                             |            |
| 008                     | MAINTENANCE & REPAIRS        |                           |                           |                           |            |                             |            |
| 009                     | OPERATION OF PLANT           |                           |                           |                           |            |                             |            |
| 010                     | LAUNDRY & LINEN SERVICE      |                           |                           |                           |            |                             |            |
| 011                     | HOUSEKEEPING                 |                           |                           |                           |            |                             |            |
| 012                     | DIETARY                      |                           |                           |                           |            |                             |            |
| 013                     | CAFETERIA                    |                           |                           |                           |            |                             |            |
| 014                     | MAINTENANCE OF PERSONNEL     |                           |                           |                           |            |                             |            |
| 015                     | NURSING ADMINISTRATION       |                           |                           |                           |            |                             |            |
| 016                     | CENTRAL SERVICES & SUPPLY    |                           |                           |                           |            |                             |            |
| 017                     | PHARMACY                     |                           |                           |                           |            |                             |            |
| 018                     | MEDICAL RECORDS & LIBRARY    |                           |                           |                           |            |                             |            |
| 019                     | SOCIAL SERVICE               |                           |                           |                           |            |                             |            |
| 020                     | NONPHYSICIAN ANESTHETISTS    |                           |                           |                           |            |                             |            |
| 021                     | NURSING SCHOOL               |                           |                           |                           |            |                             |            |
| 022                     | I&R SERVICES-SALARY & FRI    |                           |                           |                           |            |                             |            |
| 023                     | I&R SERVICES-OTHER PRGM C    |                           |                           |                           |            |                             |            |
| 024                     | PARAMED ED PRGM-(SPECIFY)    |                           |                           |                           |            |                             |            |
| 025                     | INPAT ROUTINE SRVC CNTRS     |                           |                           |                           |            |                             |            |
| 025                     | ADULTS & PEDIATRICS          |                           |                           |                           | 11,399,118 |                             | 11,399,118 |
| 026                     | INTENSIVE CARE UNIT          |                           |                           |                           | 1,773,098  |                             | 1,773,098  |
| 031                     | SUBPROVIDER                  |                           |                           |                           |            |                             |            |
| 033                     | NURSERY                      |                           |                           |                           | 444,986    |                             | 444,986    |
| 037                     | ANCILLARY SRVC COST CNTRS    |                           |                           |                           |            |                             |            |
| 037                     | OPERATING ROOM               |                           |                           |                           | 5,054,979  |                             | 5,054,979  |
| 037                     | 01 SAME DAY SURGERY          |                           |                           |                           | 1,004,594  |                             | 1,004,594  |
| 037                     | 02 LITHOTRIpsy               |                           |                           |                           |            |                             |            |
| 038                     | RECOVERY ROOM                |                           |                           |                           | 84,417     |                             | 84,417     |
| 039                     | DELIVERY ROOM & LABOR ROO    |                           |                           |                           | 499,464    |                             | 499,464    |
| 040                     | ANESTHESIOLOGY               |                           |                           |                           | 644,016    |                             | 644,016    |
| 041                     | RADIOLOGY-DIAGNOSTIC         |                           |                           |                           | 4,389,105  |                             | 4,389,105  |
| 044                     | LABORATORY                   |                           |                           |                           | 4,500,349  |                             | 4,500,349  |
| 046                     | 30 BLOOD CLOTTING FACTORS AD |                           |                           |                           |            |                             |            |
| 047                     | BLOOD STORING, PROCESSING    |                           |                           |                           |            |                             |            |
| 048                     | INTRAVENOUS THERAPY          |                           |                           |                           | 1,212,477  |                             | 1,212,477  |
| 049                     | RESPIRATORY THERAPY          |                           |                           |                           | 717,018    |                             | 717,018    |
| 050                     | PHYSICAL THERAPY             |                           |                           |                           | 2,992,993  |                             | 2,992,993  |
| 053                     | ELECTROCARDIOLOGY            |                           |                           |                           | 372,860    |                             | 372,860    |
| 053                     | 02 CARDIAC REHAB             |                           |                           |                           | 318,683    |                             | 318,683    |
| 054                     | ELECTROENCEPHALOGRAPHY       |                           |                           |                           | 187,448    |                             | 187,448    |
| 055                     | MEDICAL SUPPLIES CHARGED     |                           |                           |                           | 6,044,302  |                             | 6,044,302  |
| 056                     | DRUGS CHARGED TO PATIENTS    |                           |                           |                           | 2,771,549  |                             | 2,771,549  |
| 059                     | I/P AMBULANCE SERVICES       |                           |                           |                           |            |                             |            |
| 061                     | OUTPAT SERVICE COST CNTRS    |                           |                           |                           |            |                             |            |
| 061                     | EMERGENCY                    |                           |                           |                           | 2,805,918  |                             | 2,805,918  |
| 062                     | OBSERVATION BEDS (NON-DIS    |                           |                           |                           |            |                             |            |
| 063                     | 50 RHC                       |                           |                           |                           |            |                             |            |
| 063                     | 60 FOHC                      |                           |                           |                           |            |                             |            |
| 065                     | OTHER REIMBURS COST CNTRS    |                           |                           |                           |            |                             |            |
| 065                     | AMBULANCE SERVICES           |                           |                           |                           | 149,404    |                             | 149,404    |
| 069                     | 10 CMHC                      |                           |                           |                           |            |                             |            |
| 069                     | 20 OUTPATIENT PHYSICAL THERA |                           |                           |                           |            |                             |            |
| 069                     | 30 OUTPATIENT OCCUPATIONAL T |                           |                           |                           |            |                             |            |
| 069                     | 40 OUTPATIENT SPEECH PATHOLO |                           |                           |                           |            |                             |            |
| 071                     | HOME HEALTH AGENCY           |                           |                           |                           | 772,058    |                             | 772,058    |
| 071                     | SPEC PURPOSE COST CENTERS    |                           |                           |                           |            |                             |            |
| 085                     | 01 PANCREAS ACQUISITION      |                           |                           |                           |            |                             |            |
| 085                     | 02 INTESTINAL ACQUISITION    |                           |                           |                           |            |                             |            |
| 093                     | HOSPICE                      |                           |                           |                           | 862,854    |                             | 862,854    |
| 095                     | SUBTOTALS                    |                           |                           |                           | 49,001,690 |                             | 49,001,690 |
| 096                     | NONREIMBURS COST CENTERS     |                           |                           |                           |            |                             |            |
| 096                     | GIFT, FLOWER, COFFEE SHOP    |                           |                           |                           | 23,525     |                             | 23,525     |
| 097                     | RESEARCH                     |                           |                           |                           | 113,578    |                             | 113,578    |
| 098                     | PHYSICIANS' PRIVATE OFFIC    |                           |                           |                           | 301,801    |                             | 301,801    |
| 098                     | 01 PRIVATE DUTY NURSING      |                           |                           |                           |            |                             |            |
| 098                     | 02 COMMUNITY HEALTH          |                           |                           |                           | 379,786    |                             | 379,786    |
| 098                     | 03 OCCUPATIONAL MEDICINE     |                           |                           |                           | 351,583    |                             | 351,583    |
| 098                     | 04 FAMILY PHARMACY           |                           |                           |                           | 1,214,026  |                             | 1,214,026  |
| 098                     | 05 ADULT DAY CARE            |                           |                           |                           | 683,546    |                             | 683,546    |
| 098                     | 06 PERSONAL TOUCH            |                           |                           |                           |            |                             |            |
| 098                     | 07 IV HEALTH CORP            |                           |                           |                           | 7,051,609  |                             | 7,051,609  |
| 098                     | 08 PUBLIC RELATIONS          |                           |                           |                           | 600,190    |                             | 600,190    |
| 098                     | 09 UTICA MEDICAL CENTER      |                           |                           |                           | 304,631    |                             | 304,631    |
| 098                     | 10 OGLESBY FAMILY MEDICINE   |                           |                           |                           | 697,063    |                             | 697,063    |
| 101                     | CROSS FOOT ADJUSTMENT        |                           |                           |                           |            |                             |            |
| 102                     | NEGATIVE COST CENTER         |                           |                           |                           |            |                             |            |
| 103                     | TOTAL                        |                           |                           |                           | 60,723,028 |                             | 60,723,028 |

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 | NEW CAP REL C OSTS-BLDG & | NEW CAP REL C OSTS-MVBLE E | SUBTOTAL  | EMPLOYEE BENEFITS |
|----------------------------------|----------------------------------|---------------------------|----------------------------|---------------------------|----------------------------|-----------|-------------------|
|                                  | 0                                | 1                         | 2                          | 3                         | 4                          | 4a        | 5                 |
| 001 GENERAL SERVICE COST CNTR    |                                  |                           |                            |                           |                            |           |                   |
| 002 OLD CAP REL COSTS-BLDG &     |                                  |                           |                            |                           |                            |           |                   |
| 003 OLD CAP REL COSTS-MVBLE E    |                                  |                           |                            |                           |                            |           |                   |
| 004 NEW CAP REL COSTS-BLDG &     |                                  |                           |                            |                           |                            |           |                   |
| 005 NEW CAP REL COSTS-MVBLE E    |                                  |                           |                            |                           |                            |           |                   |
| 006 EMPLOYEE BENEFITS            |                                  |                           |                            | 20,812                    | 3,856                      | 24,668    | 24,668            |
| 007 ADMINISTRATIVE & GENERAL     |                                  |                           |                            | 798,833                   | 147,994                    | 946,827   | 4,271             |
| 008 MAINTENANCE & REPAIRS        |                                  |                           |                            |                           |                            |           |                   |
| 009 OPERATION OF PLANT           |                                  |                           |                            | 780,093                   | 144,522                    | 924,615   | 867               |
| 010 LAUNDRY & LINEN SERVICE      |                                  |                           |                            | 88,813                    | 16,454                     | 105,267   | 44                |
| 011 HOUSEKEEPING                 |                                  |                           |                            | 59,738                    | 11,067                     | 70,805    | 765               |
| 012 DIETARY                      |                                  |                           |                            | 99,677                    | 18,466                     | 118,143   | 366               |
| 013 CAFETERIA                    |                                  |                           |                            | 58,197                    | 10,782                     | 68,979    | 409               |
| 014 MAINTENANCE OF PERSONNEL     |                                  |                           |                            |                           |                            |           |                   |
| 015 NURSING ADMINISTRATION       |                                  |                           |                            | 32,880                    | 6,091                      | 38,971    | 765               |
| 016 CENTRAL SERVICES & SUPPLY    |                                  |                           |                            | 64,580                    | 11,964                     | 76,544    | 190               |
| 017 PHARMACY                     |                                  |                           |                            | 30,399                    | 5,632                      | 36,031    | 695               |
| 018 MEDICAL RECORDS & LIBRARY    |                                  |                           |                            | 40,613                    | 7,524                      | 48,137    | 676               |
| 020 SOCIAL SERVICE               |                                  |                           |                            | 10,406                    | 1,928                      | 12,334    | 293               |
| 021 NONPHYSICIAN ANESTHETISTS    |                                  |                           |                            |                           |                            |           |                   |
| 022 NURSING SCHOOL               |                                  |                           |                            |                           |                            |           |                   |
| 023 I&R SERVICES-SALARY & FRI    |                                  |                           |                            |                           |                            |           |                   |
| 024 I&R SERVICES-OTHER PRGM C    |                                  |                           |                            |                           |                            |           |                   |
| 025 PARAMEDICAL PRGM-(SPECIFY)   |                                  |                           |                            |                           |                            |           |                   |
| 026 INPAT ROUTINE SRVC CNTRS     |                                  |                           |                            |                           |                            |           |                   |
| 031 ADULTS & PEDIATRICS          |                                  |                           |                            | 695,231                   | 128,800                    | 824,031   | 4,492             |
| 033 INTENSIVE CARE UNIT          |                                  |                           |                            | 83,032                    | 15,383                     | 98,415    | 878               |
| 037 SUBPROVIDER                  |                                  |                           |                            |                           |                            |           |                   |
| 037 NURSERY                      |                                  |                           |                            | 22,354                    | 4,141                      | 26,495    | 153               |
| 037 ANCILLARY SRVC COST CNTRS    |                                  |                           |                            |                           |                            |           |                   |
| 037 OPERATING ROOM               |                                  |                           |                            | 198,028                   | 36,687                     | 234,715   | 1,273             |
| 037 01 SAME DAY SURGERY          |                                  |                           |                            | 74,986                    | 13,892                     | 88,878    | 427               |
| 037 02 LITHOTRIpsy               |                                  |                           |                            |                           |                            |           |                   |
| 038 RECOVERY ROOM                |                                  |                           |                            | 20,836                    | 3,860                      | 24,696    |                   |
| 039 DELIVERY ROOM & LABOR ROO    |                                  |                           |                            | 31,507                    | 5,837                      | 37,344    | 235               |
| 040 ANESTHESIOLOGY               |                                  |                           |                            | 4,336                     | 803                        | 5,139     | 186               |
| 041 RADIOLOGY-DIAGNOSTIC         |                                  |                           |                            | 193,355                   | 35,821                     | 229,176   | 1,592             |
| 044 LABORATORY                   |                                  |                           |                            | 83,827                    | 15,530                     | 99,357    | 1,345             |
| 046 30 BLOOD CLOTTING FACTORS AD |                                  |                           |                            |                           |                            |           |                   |
| 047 BLOOD STORING, PROCESSING    |                                  |                           |                            |                           |                            |           |                   |
| 048 INTRAVENOUS THERAPY          |                                  |                           |                            | 97,051                    | 17,980                     | 115,031   | 343               |
| 049 RESPIRATORY THERAPY          |                                  |                           |                            | 23,510                    | 4,356                      | 27,866    | 407               |
| 050 PHYSICAL THERAPY             |                                  |                           |                            | 114,178                   | 21,153                     | 135,331   | 1,208             |
| 053 ELECTROCARDIOLOGY            |                                  |                           |                            | 12,911                    | 2,392                      | 15,303    | 154               |
| 053 02 CARDIAC REHAB             |                                  |                           |                            | 65,953                    | 12,219                     | 78,172    | 79                |
| 054 ELECTROENCEPHALOGRAPHY       |                                  |                           |                            | 1,951                     | 361                        | 2,312     | 5                 |
| 055 MEDICAL SUPPLIES CHARGED     |                                  |                           |                            |                           |                            |           |                   |
| 056 DRUGS CHARGED TO PATIENTS    |                                  |                           |                            |                           |                            |           |                   |
| 059 I/P AMBULANCE SERVICES       |                                  |                           |                            |                           |                            |           |                   |
| 061 OUTPAT SERVICE COST CNTRS    |                                  |                           |                            |                           |                            |           |                   |
| 062 EMERGENCY                    |                                  |                           |                            | 79,057                    | 14,646                     | 93,703    | 1,437             |
| 062 OBSERVATION BEDS (NON-DIS    |                                  |                           |                            |                           |                            |           |                   |
| 063 50 RHC                       |                                  |                           |                            |                           |                            |           |                   |
| 063 60 FOHC                      |                                  |                           |                            |                           |                            |           |                   |
| 065 OTHER REIMBURS COST CNTRS    |                                  |                           |                            |                           |                            |           |                   |
| 069 AMBULANCE SERVICES           |                                  |                           |                            | 1,012                     | 187                        | 1,199     | 70                |
| 069 10 CMHC                      |                                  |                           |                            |                           |                            |           |                   |
| 069 20 OUTPATIENT PHYSICAL THERA |                                  |                           |                            |                           |                            |           |                   |
| 069 30 OUTPATIENT OCCUPATIONAL T |                                  |                           |                            |                           |                            |           |                   |
| 069 40 OUTPATIENT SPEECH PATHOLO |                                  |                           |                            |                           |                            |           |                   |
| 071 HOME HEALTH AGENCY           |                                  |                           |                            | 163,920                   | 30,368                     | 194,288   | 180               |
| 085 SPEC PURPOSE COST CENTERS    |                                  |                           |                            |                           |                            |           |                   |
| 085 01 PANCREAS ACQUISITION      |                                  |                           |                            |                           |                            |           |                   |
| 085 02 INTESTINAL ACQUISITION    |                                  |                           |                            |                           |                            |           |                   |
| 093 HOSPICE                      |                                  |                           |                            | 46,129                    | 8,546                      | 54,675    | 328               |
| 095 SUBTOTALS                    |                                  |                           |                            | 4,098,205                 | 759,242                    | 4,857,447 | 24,133            |
| 096 NONREIMBURS COST CENTERS     |                                  |                           |                            |                           |                            |           |                   |
| 097 GIFT, FLOWER, COFFEE SHOP    |                                  |                           |                            | 7,901                     | 1,464                      | 9,365     |                   |
| 098 RESEARCH                     |                                  |                           |                            |                           |                            |           |                   |
| 098 PHYSICIANS' PRIVATE OFFIC    |                                  |                           |                            |                           |                            |           |                   |
| 098 01 PRIVATE DUTY NURSING      |                                  |                           |                            |                           |                            |           |                   |
| 098 02 COMMUNITY HEALTH          |                                  |                           |                            |                           |                            |           | 222               |
| 098 03 OCCUPATIONAL MEDICINE     |                                  |                           |                            | 3,878                     | 718                        | 4,596     | 229               |
| 098 04 FAMILY PHARMACY           |                                  |                           |                            |                           |                            |           |                   |
| 098 05 ADULT DAY CARE            |                                  |                           |                            |                           |                            |           |                   |
| 098 06 PERSONAL TOUCH            |                                  |                           |                            |                           |                            |           |                   |
| 098 07 IV HEALTH CORP            |                                  |                           |                            |                           |                            |           |                   |
| 098 08 PUBLIC RELATIONS          |                                  |                           |                            | 3,083                     | 571                        | 3,654     | 84                |
| 098 09 UTICA MEDICAL CENTER      |                                  |                           |                            |                           |                            |           |                   |
| 098 10 OGLESBY FAMILY MEDICINE   |                                  |                           |                            |                           |                            |           |                   |
| 101 CROSS FOOT ADJUSTMENTS       |                                  |                           |                            |                           |                            |           |                   |
| 102 NEGATIVE COST CENTER         |                                  |                           |                            |                           |                            |           |                   |
| 103 TOTAL                        |                                  |                           |                            | 4,113,067                 | 761,995                    | 4,875,062 | 24,668            |

ALLOCATION OF NEW CAPITAL RELATED COSTS

| COST CENTER DESCRIPTION          | ADMINISTRATIVE & GENERAL | MAINTENANCE & REPAIRS | OPERATION OF PLANT | LAUNDRY & LINEN SERVICE | HOUSEKEEPING | DIETARY | CAFETERIA |
|----------------------------------|--------------------------|-----------------------|--------------------|-------------------------|--------------|---------|-----------|
|                                  | 6                        | 7                     | 8                  | 9                       | 10           | 11      | 12        |
| 001 GENERAL SERVICE COST CNTR    |                          |                       |                    |                         |              |         |           |
| 002 OLD CAP REL COSTS-BLDG &     |                          |                       |                    |                         |              |         |           |
| 003 OLD CAP REL COSTS-MVBLE E    |                          |                       |                    |                         |              |         |           |
| 004 NEW CAP REL COSTS-BLDG &     |                          |                       |                    |                         |              |         |           |
| 005 NEW CAP REL COSTS-MVBLE E    |                          |                       |                    |                         |              |         |           |
| 006 EMPLOYEE BENEFITS            |                          |                       |                    |                         |              |         |           |
| 007 ADMINISTRATIVE & GENERAL     | 951,098                  |                       |                    |                         |              |         |           |
| 008 MAINTENANCE & REPAIRS        |                          |                       |                    |                         |              |         |           |
| 009 OPERATION OF PLANT           | 62,821                   |                       | 988,303            |                         |              |         |           |
| 010 LAUNDRY & LINEN SERVICE      | 6,540                    |                       | 34,923             | 146,774                 |              |         |           |
| 011 HOUSEKEEPING                 | 20,650                   |                       | 23,491             |                         | 115,711      |         |           |
| 012 DIETARY                      | 12,444                   |                       | 39,195             | 983                     | 2,985        | 174,116 |           |
| 013 CAFETERIA                    | 10,086                   |                       | 22,884             |                         |              |         | 102,358   |
| 014 MAINTENANCE OF PERSONNEL     |                          |                       |                    |                         |              |         |           |
| 015 NURSING ADMINISTRATION       | 17,425                   |                       | 12,929             |                         | 640          |         | 3,453     |
| 016 CENTRAL SERVICES & SUPPLY    | 6,004                    |                       | 25,395             | 1,465                   | 1,938        |         | 1,950     |
| 017 PHARMACY                     | 15,935                   |                       | 11,954             |                         | 882          |         | 2,859     |
| 018 MEDICAL RECORDS & LIBRARY    | 17,164                   |                       | 15,970             |                         | 701          |         | 6,485     |
| 019 SOCIAL SERVICE               | 6,591                    |                       | 4,092              |                         |              |         | 1,728     |
| 020 NONPHYSICIAN ANESTHETISTS    |                          |                       |                    |                         |              |         |           |
| 021 NURSING SCHOOL               |                          |                       |                    |                         |              |         |           |
| 022 I&R SERVICES-SALARY & FRI    |                          |                       |                    |                         |              |         |           |
| 023 I&R SERVICES-OTHER PRGM C    |                          |                       |                    |                         |              |         |           |
| 024 PARAMEDICAL PRGM-(SPECIFY)   |                          |                       |                    |                         |              |         |           |
| 025 INPAT ROUTINE SRVC CNTRS     |                          |                       |                    |                         |              |         |           |
| 026 ADULTS & PEDIATRICS          | 115,443                  |                       | 273,384            | 78,428                  | 43,476       | 144,877 | 30,580    |
| 031 INTENSIVE CARE UNIT          | 21,864                   |                       | 32,650             | 5,288                   | 3,790        | 9,339   | 4,369     |
| 033 SUBPROVIDER                  |                          |                       |                    |                         |              |         |           |
| 037 NURSERY                      | 4,240                    |                       | 8,790              |                         | 5,918        |         | 894       |
| 037 01 ANCILLARY SRVC COST CNTRS |                          |                       |                    |                         |              |         |           |
| 037 02 OPERATING ROOM            | 62,876                   |                       | 77,870             | 12,241                  | 16,274       |         | 6,954     |
| 038 SAME DAY SURGERY             | 11,051                   |                       | 29,486             | 11,280                  | 5,477        |         | 2,253     |
| 039 LI THOTRI PSY                |                          |                       |                    |                         |              |         |           |
| 040 RECOVERY ROOM                | 451                      |                       | 8,193              |                         |              |         |           |
| 041 DELIVERY ROOM & LABOR ROO    | 6,241                    |                       | 12,389             | 2,287                   |              |         | 1,311     |
| 042 ANESTHESIOLOGY               | 7,699                    |                       | 1,705              | 1,936                   |              |         | 1,204     |
| 043 RADIOLOGY-DIAGNOSTIC         | 58,534                   |                       | 76,032             | 10,906                  | 2,933        |         | 8,554     |
| 044 LABORATORY                   | 64,599                   |                       | 32,963             | 139                     | 2,673        |         | 8,668     |
| 046 30 BLOOD CLOTTING FACTORS AD |                          |                       |                    |                         |              |         |           |
| 047 BLOOD STORING, PROCESSING    |                          |                       |                    |                         |              |         |           |
| 048 INTRAVENOUS THERAPY          | 14,673                   |                       | 38,163             | 652                     |              |         | 1,607     |
| 049 RESPIRATORY THERAPY          | 9,330                    |                       | 9,245              | 655                     | 2,561        |         | 2,120     |
| 050 PHYSICAL THERAPY             | 40,246                   |                       | 44,897             | 81                      | 848          |         | 7,475     |
| 053 ELECTROCARDIOLOGY            | 4,814                    |                       | 5,077              | 1,414                   | 1,012        |         | 1,337     |
| 053 02 CARDIAC REHAB             | 3,248                    |                       | 25,934             |                         |              |         | 609       |
| 054 ELECTROENCEPHALOGRAPHY       | 2,647                    |                       | 767                |                         | 831          |         | 41        |
| 055 MEDICAL SUPPLIES CHARGED     | 86,315                   |                       |                    |                         |              |         |           |
| 056 DRUGS CHARGED TO PATIENTS    | 26,123                   |                       |                    |                         |              |         |           |
| 059 I/P AMBULANCE SERVICES       |                          |                       |                    |                         |              |         |           |
| 061 OUTPAT SERVICE COST CNTRS    |                          |                       |                    |                         |              |         |           |
| 062 EMERGENCY                    | 35,180                   |                       | 31,087             | 9,234                   | 5,503        |         | 7,527     |
| 062 OBSERVATION BEDS (NON-DIS    |                          |                       |                    |                         |              |         |           |
| 063 50 RHC                       |                          |                       |                    |                         |              |         |           |
| 063 60 FOHC                      |                          |                       |                    |                         |              |         |           |
| 065 OTHER REIMBURS COST CNTRS    |                          |                       |                    |                         |              |         |           |
| 069 10 CMHC                      | 2,009                    |                       | 398                | 4,401                   |              |         | 380       |
| 069 20 OUTPATIENT PHYSICAL THERA |                          |                       |                    |                         |              |         |           |
| 069 30 OUTPATIENT OCCUPATIONAL T |                          |                       |                    |                         |              |         |           |
| 069 40 OUTPATIENT SPEECH PATHOLO |                          |                       |                    |                         |              |         |           |
| 071 HOME HEALTH AGENCY           | 7,702                    |                       | 64,457             |                         |              |         |           |
| 085 01 PANCREAS ACQUISITION      |                          |                       |                    |                         |              |         |           |
| 085 02 INTESTINAL ACQUISITION    |                          |                       |                    |                         |              |         |           |
| 093 HOSPICE                      | 12,361                   |                       | 18,139             |                         |              |         |           |
| 095 SUBTOTALS                    | 773,306                  |                       | 982,459            | 141,390                 | 98,442       | 154,216 | 102,358   |
| 096 NONREIMBURS COST CENTERS     |                          |                       |                    |                         |              |         |           |
| 097 GIFT, FLOWER, COFFEE SHOP    | 171                      |                       | 3,107              |                         |              |         |           |
| 098 RESEARCH                     |                          |                       |                    |                         |              | 19,900  |           |
| 098 PHYSICIANS' PRIVATE OFFIC    | 1,637                    |                       |                    | 2,834                   | 15,262       |         |           |
| 098 01 PRIVATE DUTY NURSING      |                          |                       |                    |                         |              |         |           |
| 098 02 COMMUNITY HEALTH          | 5,906                    |                       |                    |                         | 121          |         |           |
| 098 03 OCCUPATIONAL MEDICINE     | 5,049                    |                       | 1,525              |                         | 1,886        |         |           |
| 098 04 FAMILY PHARMACY           | 19,015                   |                       |                    |                         |              |         |           |
| 098 05 ADULT DAY CARE            | 10,554                   |                       |                    | 2,550                   |              |         |           |
| 098 06 PERSONAL TOUCH            |                          |                       |                    |                         |              |         |           |
| 098 07 IV HEALTH CORP            | 110,447                  |                       |                    |                         |              |         |           |
| 098 08 PUBLIC RELATIONS          | 9,324                    |                       | 1,212              |                         |              |         |           |
| 098 09 UTICA MEDICAL CENTER      | 4,771                    |                       |                    |                         |              |         |           |
| 098 10 OGLESBY FAMILY MEDICINE   | 10,918                   |                       |                    |                         |              |         |           |
| 101 CROSS FOOT ADJUSTMENTS       |                          |                       |                    |                         |              |         |           |
| 102 NEGATIVE COST CENTER         |                          |                       |                    |                         |              |         |           |
| 103 TOTAL                        | 951,098                  |                       | 988,303            | 146,774                 | 115,711      | 174,116 | 102,358   |

| COST CENTER DESCRIPTION          | MAINTENANCE PERSONNEL | NURSING ADMINISTRATION | CENTRAL SERVICES & SUPPLY | PHARMACY | MEDICAL RECORDS & LIBRARY | SOCIAL SERVICE | SERVICES | NONPHYSICIAN ANESTHETISTS |
|----------------------------------|-----------------------|------------------------|---------------------------|----------|---------------------------|----------------|----------|---------------------------|
|                                  | 13                    | 14                     | 15                        | 16       | 17                        | 18             | 19       | 20                        |
| 001 GENERAL SERVICE COST CNTR    |                       |                        |                           |          |                           |                |          |                           |
| 002 OLD CAP REL COSTS-BLDG &     |                       |                        |                           |          |                           |                |          |                           |
| 003 OLD CAP REL COSTS-MVBLE E    |                       |                        |                           |          |                           |                |          |                           |
| 004 NEW CAP REL COSTS-BLDG &     |                       |                        |                           |          |                           |                |          |                           |
| 005 NEW CAP REL COSTS-MVBLE E    |                       |                        |                           |          |                           |                |          |                           |
| 006 EMPLOYEE BENEFITS            |                       |                        |                           |          |                           |                |          |                           |
| 007 ADMINISTRATIVE & GENERAL     |                       |                        |                           |          |                           |                |          |                           |
| 008 MAINTENANCE & REPAIRS        |                       |                        |                           |          |                           |                |          |                           |
| 009 OPERATION OF PLANT           |                       |                        |                           |          |                           |                |          |                           |
| 010 LAUNDRY & LINEN SERVICE      |                       |                        |                           |          |                           |                |          |                           |
| 011 HOUSEKEEPING                 |                       |                        |                           |          |                           |                |          |                           |
| 012 DIETARY                      |                       |                        |                           |          |                           |                |          |                           |
| 013 CAFETERIA                    |                       |                        |                           |          |                           |                |          |                           |
| 014 MAINTENANCE OF PERSONNEL     |                       |                        |                           |          |                           |                |          |                           |
| 015 NURSING ADMINISTRATION       |                       | 74,183                 |                           |          |                           |                |          |                           |
| 016 CENTRAL SERVICES & SUPPLY    |                       |                        | 113,486                   |          |                           |                |          |                           |
| 017 PHARMACY                     |                       |                        |                           | 68,356   |                           |                |          |                           |
| 018 MEDICAL RECORDS & LIBRARY    |                       |                        |                           |          | 89,133                    |                |          |                           |
| 020 SOCIAL SERVICE               |                       | 1,943                  |                           |          |                           | 26,981         |          |                           |
| 021 NONPHYSICIAN ANESTHETISTS    |                       |                        |                           |          |                           |                |          |                           |
| 022 NURSING SCHOOL               |                       |                        |                           |          |                           |                |          |                           |
| 023 I&R SERVICES-SALARY & FRI    |                       |                        |                           |          |                           |                |          |                           |
| 024 I&R SERVICES-OTHER PRGM C    |                       |                        |                           |          |                           |                |          |                           |
| 025 PARAMED ED PRGM-(SPECIFY)    |                       |                        |                           |          |                           |                |          |                           |
| 026 INPAT ROUTINE SRVC CNTRS     |                       |                        |                           |          |                           |                |          |                           |
| 027 ADULTS & PEDIATRICS          |                       | 33,870                 |                           | 99       | 3,815                     |                | 24,786   |                           |
| 028 INTENSIVE CARE UNIT          |                       | 4,839                  |                           | 54       | 1,061                     |                |          |                           |
| 031 SUBPROVIDER                  |                       |                        |                           |          |                           |                |          |                           |
| 033 NURSERY                      |                       | 990                    |                           |          | 345                       |                | 2,195    |                           |
| 037 ANCILLARY SRVC COST CNTRS    |                       |                        |                           |          |                           |                |          |                           |
| 037 01 OPERATING ROOM            |                       | 7,703                  |                           | 674      | 21,611                    |                |          |                           |
| 037 02 SAME DAY SURGERY          |                       | 2,495                  |                           | 74       | 861                       |                |          |                           |
| 038 LITHOTRI PSY                 |                       |                        |                           |          |                           |                |          |                           |
| 039 RECOVERY ROOM                |                       |                        |                           |          | 1,639                     |                |          |                           |
| 040 DELIVERY ROOM & LABOR ROO    |                       | 1,452                  |                           |          | 669                       |                |          |                           |
| 041 ANESTHESIOLOGY               |                       | 1,334                  |                           | 1,584    | 6,047                     |                |          |                           |
| 044 RADIOLOGY-DIAGNOSTIC         |                       |                        |                           | 202      | 14,734                    |                |          |                           |
| 046 LABORATORY                   |                       |                        |                           |          | 10,735                    |                |          |                           |
| 047 BLOOD CLOTTING FACTORS AD    |                       |                        |                           |          |                           |                |          |                           |
| 048 BLOOD STORING, PROCESSING    |                       |                        |                           |          |                           |                |          |                           |
| 049 INTRAVENOUS THERAPY          |                       | 1,779                  |                           | 1,857    | 3,530                     |                |          |                           |
| 050 RESPIRATORY THERAPY          |                       |                        |                           | 16       | 2,528                     |                |          |                           |
| 053 PHYSICAL THERAPY             |                       | 8,279                  |                           | 174      | 2,950                     |                |          |                           |
| 055 ELECTROCARDIOLOGY            |                       |                        |                           |          | 1,285                     |                |          |                           |
| 053 02 CARDIAC REHAB             |                       |                        |                           |          | 124                       |                |          |                           |
| 054 ELECTROENCEPHALOGRAPHY       |                       |                        |                           |          | 357                       |                |          |                           |
| 055 MEDICAL SUPPLIES CHARGED     |                       |                        | 113,486                   | 6        | 269                       |                |          |                           |
| 056 DRUGS CHARGED TO PATIENTS    |                       |                        |                           | 63,498   | 6,185                     |                |          |                           |
| 059 I/P AMBULANCE SERVICES       |                       |                        |                           |          |                           |                |          |                           |
| 061 OUTPAT SERVICE COST CNTRS    |                       |                        |                           |          |                           |                |          |                           |
| 062 EMERGENCY                    |                       | 8,337                  |                           | 39       | 10,385                    |                |          |                           |
| 063 OBSERVATION BEDS (NON-DIS    |                       |                        |                           |          |                           |                |          |                           |
| 063 50 RHC                       |                       |                        |                           |          |                           |                |          |                           |
| 063 60 FOHC                      |                       |                        |                           |          |                           |                |          |                           |
| 065 OTHER REIMBURS COST CNTRS    |                       |                        |                           |          |                           |                |          |                           |
| 069 10 CMHC                      |                       |                        |                           |          |                           | 3              |          |                           |
| 069 20 OUTPATIENT PHYSICAL THERA |                       |                        |                           |          |                           |                |          |                           |
| 069 30 OUTPATIENT OCCUPATIONAL T |                       |                        |                           |          |                           |                |          |                           |
| 069 40 OUTPATIENT SPEECH PATHOLO |                       |                        |                           |          |                           |                |          |                           |
| 071 HOME HEALTH AGENCY           |                       | 1,162                  |                           |          |                           |                |          |                           |
| 085 SPEC PURPOSE COST CENTERS    |                       |                        |                           |          |                           |                |          |                           |
| 085 01 PANCREAS ACQUISITION      |                       |                        |                           |          |                           |                |          |                           |
| 085 02 INTESTINAL ACQUISITION    |                       |                        |                           |          |                           |                |          |                           |
| 093 HOSPICE                      |                       |                        |                           |          | 3                         |                |          |                           |
| 095 SUBTOTALS                    |                       | 74,183                 | 113,486                   | 68,280   | 89,133                    |                | 26,981   |                           |
| 096 NONREIMBURS COST CENTERS     |                       |                        |                           |          |                           |                |          |                           |
| 097 GI FT, FLOWER, COFFEE SHOP   |                       |                        |                           |          |                           |                |          |                           |
| 098 RESEARCH                     |                       |                        |                           |          |                           |                |          |                           |
| 098 PHYSICIANS' PRIVATE OFFIC    |                       |                        |                           |          |                           |                |          |                           |
| 098 01 PRIVATE DUTY NURSING      |                       |                        |                           |          |                           |                |          |                           |
| 098 02 COMMUNITY HEALTH          |                       |                        |                           | 76       |                           |                |          |                           |
| 098 03 OCCUPATIONAL MEDICINE     |                       |                        |                           |          |                           |                |          |                           |
| 098 04 FAMILY PHARMACY           |                       |                        |                           |          |                           |                |          |                           |
| 098 05 ADULT DAY CARE            |                       |                        |                           |          |                           |                |          |                           |
| 098 06 PERSONAL TOUCH            |                       |                        |                           |          |                           |                |          |                           |
| 098 07 IV HEALTH CORP            |                       |                        |                           |          |                           |                |          |                           |
| 098 08 PUBLIC RELATIONS          |                       |                        |                           |          |                           |                |          |                           |
| 098 09 UTICA MEDICAL CENTER      |                       |                        |                           |          |                           |                |          |                           |
| 098 10 OGLESBY FAMILY MEDICINE   |                       |                        |                           |          |                           |                |          |                           |
| 101 CROSS FOOT ADJUSTMENTS       |                       |                        |                           |          |                           |                |          |                           |
| 102 NEGATIVE COST CENTER         |                       |                        |                           |          |                           |                |          |                           |
| 103 TOTAL                        |                       | 74,183                 | 113,486                   | 68,356   | 89,133                    |                | 26,981   |                           |

| COST CENTER DESCRIPTION | NURSING SCHOOL               | I&R SERVICES-SALARY & FRI | I&R SERVICES-OTHER PRGM C | PARAMED ED PRGM-(SPECIFY) | SUBTOTAL  | POST STEPDOWN ADJUSTMENT | TOTAL     |
|-------------------------|------------------------------|---------------------------|---------------------------|---------------------------|-----------|--------------------------|-----------|
|                         | 21                           | 22                        | 23                        | 24                        | 25        | 26                       | 27        |
| 001                     | GENERAL SERVICE COST CNTR    |                           |                           |                           |           |                          |           |
| 002                     | OLD CAP REL COSTS-BLDG &     |                           |                           |                           |           |                          |           |
| 003                     | OLD CAP REL COSTS-MVBLE E    |                           |                           |                           |           |                          |           |
| 004                     | NEW CAP REL COSTS-BLDG &     |                           |                           |                           |           |                          |           |
| 005                     | NEW CAP REL COSTS-MVBLE E    |                           |                           |                           |           |                          |           |
| 006                     | EMPLOYEE BENEFITS            |                           |                           |                           |           |                          |           |
| 007                     | ADMINISTRATIVE & GENERAL     |                           |                           |                           |           |                          |           |
| 008                     | MAINTENANCE & REPAIRS        |                           |                           |                           |           |                          |           |
| 009                     | OPERATION OF PLANT           |                           |                           |                           |           |                          |           |
| 010                     | LAUNDRY & LINEN SERVICE      |                           |                           |                           |           |                          |           |
| 011                     | HOUSEKEEPING                 |                           |                           |                           |           |                          |           |
| 012                     | DIETARY                      |                           |                           |                           |           |                          |           |
| 013                     | CAFETERIA                    |                           |                           |                           |           |                          |           |
| 014                     | MAINTENANCE OF PERSONNEL     |                           |                           |                           |           |                          |           |
| 015                     | NURSING ADMINISTRATION       |                           |                           |                           |           |                          |           |
| 016                     | CENTRAL SERVICES & SUPPLY    |                           |                           |                           |           |                          |           |
| 017                     | PHARMACY                     |                           |                           |                           |           |                          |           |
| 018                     | MEDICAL RECORDS & LIBRARY    |                           |                           |                           |           |                          |           |
| 020                     | SOCIAL SERVICE               |                           |                           |                           |           |                          |           |
| 021                     | NONPHYSICIAN ANESTHETISTS    |                           |                           |                           |           |                          |           |
| 022                     | NURSING SCHOOL               |                           |                           |                           |           |                          |           |
| 023                     | I&R SERVICES-SALARY & FRI    |                           |                           |                           |           |                          |           |
| 024                     | I&R SERVICES-OTHER PRGM C    |                           |                           |                           |           |                          |           |
| 025                     | PARAMED ED PRGM-(SPECIFY)    |                           |                           |                           |           |                          |           |
| 026                     | INPAT ROUTINE SRVC CNTRS     |                           |                           |                           |           |                          |           |
| 031                     | ADULTS & PEDIATRICS          |                           |                           |                           | 1,577,281 |                          | 1,577,281 |
| 033                     | INTENSIVE CARE UNIT          |                           |                           |                           | 182,547   |                          | 182,547   |
| 037                     | SUBPROVIDER                  |                           |                           |                           |           |                          |           |
| 037                     | NURSERY                      |                           |                           |                           | 50,020    |                          | 50,020    |
| 037                     | ANCILLARY SRVC COST CNTRS    |                           |                           |                           |           |                          |           |
| 037                     | OPERATING ROOM               |                           |                           |                           | 442,191   |                          | 442,191   |
| 037                     | 01 SAME DAY SURGERY          |                           |                           |                           | 152,282   |                          | 152,282   |
| 037                     | 02 LITHOTRIpsy               |                           |                           |                           |           |                          |           |
| 038                     | RECOVERY ROOM                |                           |                           |                           | 34,979    |                          | 34,979    |
| 039                     | DELIVERY ROOM & LABOR ROO    |                           |                           |                           | 61,928    |                          | 61,928    |
| 040                     | ANESTHESIOLOGY               |                           |                           |                           | 26,834    |                          | 26,834    |
| 041                     | RADIOLOGY-DIAGNOSTIC         |                           |                           |                           | 402,663   |                          | 402,663   |
| 044                     | LABORATORY                   |                           |                           |                           | 220,479   |                          | 220,479   |
| 046                     | 30 BLOOD CLOTTING FACTORS AD |                           |                           |                           |           |                          |           |
| 047                     | BLOOD STORING, PROCESSING    |                           |                           |                           |           |                          |           |
| 048                     | INTRAVENOUS THERAPY          |                           |                           |                           | 177,635   |                          | 177,635   |
| 049                     | RESPIRATORY THERAPY          |                           |                           |                           | 54,728    |                          | 54,728    |
| 050                     | PHYSICAL THERAPY             |                           |                           |                           | 241,489   |                          | 241,489   |
| 053                     | ELECTROCARDIOLOGY            |                           |                           |                           | 30,396    |                          | 30,396    |
| 053                     | 02 CARDIAC REHAB             |                           |                           |                           | 108,166   |                          | 108,166   |
| 054                     | ELECTROENCEPHALOGRAPHY       |                           |                           |                           | 6,960     |                          | 6,960     |
| 055                     | MEDICAL SUPPLIES CHARGED     |                           |                           |                           | 200,076   |                          | 200,076   |
| 056                     | DRUGS CHARGED TO PATIENTS    |                           |                           |                           | 95,806    |                          | 95,806    |
| 059                     | I/P AMBULANCE SERVICES       |                           |                           |                           |           |                          |           |
| 061                     | OUTPAT SERVICE COST CNTRS    |                           |                           |                           |           |                          |           |
| 062                     | EMERGENCY                    |                           |                           |                           | 202,432   |                          | 202,432   |
| 063                     | OBSERVATION BEDS (NON-DIS    |                           |                           |                           |           |                          |           |
| 063                     | 50 RHC                       |                           |                           |                           |           |                          |           |
| 063                     | 60 FOHC                      |                           |                           |                           |           |                          |           |
| 065                     | OTHER REIMBURS COST CNTRS    |                           |                           |                           |           |                          |           |
| 069                     | AMBULANCE SERVICES           |                           |                           |                           | 8,460     |                          | 8,460     |
| 069                     | 10 CMHC                      |                           |                           |                           |           |                          |           |
| 069                     | 20 OUTPATIENT PHYSICAL THERA |                           |                           |                           |           |                          |           |
| 069                     | 30 OUTPATIENT OCCUPATIONAL T |                           |                           |                           |           |                          |           |
| 069                     | 40 OUTPATIENT SPEECH PATHOLO |                           |                           |                           |           |                          |           |
| 071                     | HOME HEALTH AGENCY           |                           |                           |                           | 267,789   |                          | 267,789   |
| 085                     | SPEC PURPOSE COST CENTERS    |                           |                           |                           |           |                          |           |
| 085                     | 01 PANCREAS ACQUISITION      |                           |                           |                           |           |                          |           |
| 085                     | 02 INTESTINAL ACQUISITION    |                           |                           |                           |           |                          |           |
| 093                     | HOSPICE                      |                           |                           |                           | 85,506    |                          | 85,506    |
| 095                     | SUBTOTALS                    |                           |                           |                           | 4,630,647 |                          | 4,630,647 |
| 096                     | NONREIMBURS COST CENTERS     |                           |                           |                           |           |                          |           |
| 097                     | GIFT, FLOWER, COFFEE SHOP    |                           |                           |                           | 12,643    |                          | 12,643    |
| 098                     | RESEARCH                     |                           |                           |                           | 19,900    |                          | 19,900    |
| 098                     | PHYSICIANS' PRIVATE OFFIC    |                           |                           |                           | 19,733    |                          | 19,733    |
| 098                     | 01 PRIVATE DUTY NURSING      |                           |                           |                           |           |                          |           |
| 098                     | 02 COMMUNITY HEALTH          |                           |                           |                           | 6,325     |                          | 6,325     |
| 098                     | 03 OCCUPATIONAL MEDICINE     |                           |                           |                           | 13,285    |                          | 13,285    |
| 098                     | 04 FAMILY PHARMACY           |                           |                           |                           | 19,015    |                          | 19,015    |
| 098                     | 05 ADULT DAY CARE            |                           |                           |                           | 13,104    |                          | 13,104    |
| 098                     | 06 PERSONAL TOUCH            |                           |                           |                           |           |                          |           |
| 098                     | 07 IV HEALTH CORP            |                           |                           |                           | 110,447   |                          | 110,447   |
| 098                     | 08 PUBLIC RELATIONS          |                           |                           |                           | 14,274    |                          | 14,274    |
| 098                     | 09 UTICA MEDICAL CENTER      |                           |                           |                           | 4,771     |                          | 4,771     |
| 098                     | 10 OGLESBY FAMILY MEDICINE   |                           |                           |                           | 10,918    |                          | 10,918    |
| 101                     | CROSS FOOT ADJUSTMENTS       |                           |                           |                           |           |                          |           |
| 102                     | NEGATIVE COST CENTER         |                           |                           |                           |           |                          |           |
| 103                     | TOTAL                        |                           |                           |                           | 4,875,062 |                          | 4,875,062 |

| COST CENTER DESCRIPTION      | OLD CAP REL COSTS-BLDG & (SQUARE FEET) | OLD CAP REL COSTS-MVBLE (SQUARE FEET) | NEW CAP REL COSTS-BLDG & (SQUARE FEET) | NEW CAP REL COSTS-MVBLE (SQUARE FEET) | EMPLOYEE BENEFITS (GROSS SALARIES) | RECONCILIATION |
|------------------------------|--|---------------------------------------|--|---------------------------------------|------------------------------------|----------------|
|                              | 1                                      | 2                                     | 3                                      | 4                                     | 5                                  | 6a. 00         |
| 001 GENERAL SERVICE COST     |  |                                       |  |                                       |                                    |                |
| 002 OLD CAP REL COSTS-BLD    | 170,751                                |                                       |  |                                       |                                    |                |
| 003 OLD CAP REL COSTS-MVB    |  | 170,751                               |  |                                       |                                    |                |
| 004 NEW CAP REL COSTS-BLD    |  |                                       | 170,751                                |                                       |                                    |                |
| 005 NEW CAP REL COSTS-MVB    |  |                                       |  | 170,751                               |                                    |                |
| 006 EMPLOYEE BENEFITS        | 864                                    | 864                                   | 864                                    | 864                                   | 19,998,216                         |                |
| 007 ADMIN STRATIVE & GENE    | 33,163                                 | 33,163                                | 33,163                                 | 33,163                                | 3,460,890                          | -8,631,477     |
| 008 MAINTENANCE & REPAIRS    |  |                                       |  |                                       |                                    |                |
| 009 OPERATION OF PLANT       | 32,385                                 | 32,385                                | 32,385                                 | 32,385                                | 702,769                            |                |
| 010 LAUNDRY & LINEN SERVI    | 3,687                                  | 3,687                                 | 3,687                                  | 3,687                                 | 35,602                             |                |
| 011 HOUSEKEEPING             | 2,480                                  | 2,480                                 | 2,480                                  | 2,480                                 | 620,066                            |                |
| 012 DIETARY                  | 4,138                                  | 4,138                                 | 4,138                                  | 4,138                                 | 296,836                            |                |
| 013 CAFETERIA                | 2,416                                  | 2,416                                 | 2,416                                  | 2,416                                 | 331,253                            |                |
| 014 MAINTENANCE OF PERSON    |  |                                       |  |                                       |                                    |                |
| 015 NURSING ADMINISTRATION   | 1,365                                  | 1,365                                 | 1,365                                  | 1,365                                 | 619,622                            |                |
| 016 CENTRAL SERVICES & SU    | 2,681                                  | 2,681                                 | 2,681                                  | 2,681                                 | 153,635                            |                |
| 017 PHARMACY                 | 1,262                                  | 1,262                                 | 1,262                                  | 1,262                                 | 563,538                            |                |
| 018 MEDICAL RECORDS & LIB    | 1,686                                  | 1,686                                 | 1,686                                  | 1,686                                 | 547,898                            |                |
| 019 SOCIAL SERVICE           | 432                                    | 432                                   | 432                                    | 432                                   | 237,354                            |                |
| 020 NONPHYSICIAN ANESTHET    |  |                                       |  |                                       |                                    |                |
| 021 NURSING SCHOOL           |  |                                       |  |                                       |                                    |                |
| 022 I&R SERVICES-SALARY &    |  |                                       |  |                                       |                                    |                |
| 023 I&R SERVICES-OTHER PR    |  |                                       |  |                                       |                                    |                |
| 024 PARAMED ED PRGM-(SPEC    |  |                                       |  |                                       |                                    |                |
| 025 INPAT ROUTINE SRVC CN    |  |                                       |  |                                       |                                    |                |
| 026 ADULTS & PEDIATRICS      | 28,862                                 | 28,862                                | 28,862                                 | 28,862                                | 3,648,320                          |                |
| 031 INTENSIVE CARE UNIT      | 3,447                                  | 3,447                                 | 3,447                                  | 3,447                                 | 711,390                            |                |
| 033 SUBPROVIDER              |  |                                       |  |                                       |                                    |                |
| 037 NURSERY                  | 928                                    | 928                                   | 928                                    | 928                                   | 124,083                            |                |
| 037 ANCILLARY SRVC COST C    |  |                                       |  |                                       |                                    |                |
| 037 01 OPERATING ROOM        | 8,221                                  | 8,221                                 | 8,221                                  | 8,221                                 | 1,031,372                          |                |
| 037 02 SAME DAY SURGERY      | 3,113                                  | 3,113                                 | 3,113                                  | 3,113                                 | 345,959                            |                |
| 038 LIOTHOTRI PSY            |  |                                       |  |                                       |                                    |                |
| 039 RECOVERY ROOM            | 865                                    | 865                                   | 865                                    | 865                                   |                                    |                |
| 040 DELIVERY ROOM & LABOR    | 1,308                                  | 1,308                                 | 1,308                                  | 1,308                                 | 190,090                            |                |
| 041 ANESTHESIOLOGY           | 180                                    | 180                                   | 180                                    | 180                                   | 150,512                            |                |
| 044 RADIOLOGY-DIAGNOSTIC     | 8,027                                  | 8,027                                 | 8,027                                  | 8,027                                 | 1,289,946                          |                |
| 046 LABORATORY               | 3,480                                  | 3,480                                 | 3,480                                  | 3,480                                 | 1,090,074                          |                |
| 047 30 BLOOD CLOTTING FACTOR |  |                                       |  |                                       |                                    |                |
| 048 BLOOD STORING, PROCES    |  |                                       |  |                                       |                                    |                |
| 049 INTRAVENOUS THERAPY      | 4,029                                  | 4,029                                 | 4,029                                  | 4,029                                 | 277,985                            |                |
| 050 RESPIRATORY THERAPY      | 976                                    | 976                                   | 976                                    | 976                                   | 329,440                            |                |
| 053 PHYSICAL THERAPY         | 4,740                                  | 4,740                                 | 4,740                                  | 4,740                                 | 979,067                            |                |
| 055 ELECTROCARDIOLOGY        | 536                                    | 536                                   | 536                                    | 536                                   | 125,046                            |                |
| 054 02 CARDIAC REHAB         | 2,738                                  | 2,738                                 | 2,738                                  | 2,738                                 | 64,123                             |                |
| 056 ELECTROENCEPHALOGRAPH    | 81                                     | 81                                    | 81                                     | 81                                    | 4,443                              |                |
| 059 MEDICAL SUPPLIES CHAR    |  |                                       |  |                                       |                                    |                |
| 061 DRUGS CHARGED TO PATI    |  |                                       |  |                                       |                                    |                |
| 062 I/P AMBULANCE SERVICE    |  |                                       |  |                                       |                                    |                |
| 063 OUTPAT SERVICE COST C    |  |                                       |  |                                       |                                    |                |
| 063 50 EMERGENCY             | 3,282                                  | 3,282                                 | 3,282                                  | 3,282                                 | 1,164,557                          |                |
| 063 60 OBSERVATION BEDS (NON |  |                                       |  |                                       |                                    |                |
| 065 RHC                      |  |                                       |  |                                       |                                    |                |
| 065 60 FQHC                  |  |                                       |  |                                       |                                    |                |
| 069 OTHER REIMBURS COST C    |  |                                       |  |                                       |                                    |                |
| 069 10 AMBULANCE SERVICES    | 42                                     | 42                                    | 42                                     | 42                                    | 56,635                             |                |
| 069 20 CMHC                  |  |                                       |  |                                       |                                    |                |
| 069 30 OUTPATIENT PHYSICAL T |  |                                       |  |                                       |                                    |                |
| 069 40 OUTPATIENT OCCUPATION |  |                                       |  |                                       |                                    |                |
| 071 OUTPATIENT SPEECH PAT    |  |                                       |  |                                       |                                    |                |
| 085 HOME HEALTH AGENCY       | 6,805                                  | 6,805                                 | 6,805                                  | 6,805                                 | 146,028                            |                |
| 085 01 SPEC PURPOSE COST CEN |  |                                       |  |                                       |                                    |                |
| 085 02 PANCREAS ACQUISITION  |  |                                       |  |                                       |                                    |                |
| 093 INTRESTINAL ACQUISITIO   |  |                                       |  |                                       |                                    |                |
| 095 HOSPICE                  | 1,915                                  | 1,915                                 | 1,915                                  | 1,915                                 | 265,428                            |                |
| 096 SUBTOTALS                | 170,134                                | 170,134                               | 170,134                                | 170,134                               | 19,563,961                         | -8,631,477     |
| 096 NONREIMBURS COST CENT    |  |                                       |  |                                       |                                    |                |
| 097 GIFT, FLOWER, COFFEE     | 328                                    | 328                                   | 328                                    | 328                                   |                                    |                |
| 097 RESEARCH                 |  |                                       |  |                                       |                                    |                |
| 098 PHYSICIANS' PRIVATE O    |  |                                       |  |                                       |                                    |                |
| 098 01 PRIVATE DUTY NURSING  |  |                                       |  |                                       |                                    |                |
| 098 02 COMMUNITY HEALTH      |  |                                       |  |                                       | 180,247                            |                |
| 098 03 OCCUPATIONAL MEDICINE | 161                                    | 161                                   | 161                                    | 161                                   | 185,738                            |                |
| 098 04 FAMILY PHARMACY       |  |                                       |  |                                       |                                    |                |
| 098 05 ADULT DAY CARE        |  |                                       |  |                                       |                                    |                |
| 098 06 PERSONAL TOUCH        |  |                                       |  |                                       |                                    |                |
| 098 07 IV HEALTH CORP        |  |                                       |  |                                       |                                    |                |
| 098 08 PUBLIC RELATIONS      | 128                                    | 128                                   | 128                                    | 128                                   | 68,270                             |                |
| 098 09 UTICA MEDICAL CENTER  |  |                                       |  |                                       |                                    |                |
| 101 10 OGLESBY FAMILY MEDICI |  |                                       |  |                                       |                                    |                |
| CROSS FOOT ADJUSTMENT        |  |                                       |  |                                       |                                    |                |

| COST CENTER<br>DESCRIPTION                       | OLD CAP REL C   | OLD CAP REL C    | NEW CAP REL C    | NEW CAP REL C    | EMPLOYEE BENE         | RECONCI L-<br>IATION |
|--|-----------------|------------------|------------------|------------------|-----------------------|----------------------|
|  | OSTS-BLDG &     | OSTS-MVBLE E     | OSTS-BLDG &      | OSTS-MVBLE E     | FITS                  |                      |
|  | (SQUARE<br>FEET | (SQUARE<br>)FEET | (SQUARE<br>)FEET | (SQUARE<br>)FEET | ( GROSS<br>SALARIES ) |                      |
|  | 1               | 2                | 3                | 4                | 5                     | 6a.00                |
| NONREIMBURS COST CENT                            |                 |                  |                  |                  |                       |                      |
| 102 NEGATIVE COST CENTER                         |                 |                  |                  |                  |                       |                      |
| 103 COST TO BE ALLOCATED<br>(WRKSHT B, PART I)   |                 |                  | 4,113,067        | 761,995          | 8,746,556             |                      |
| 104 UNIT COST MULTIPLIER<br>(WRKSHT B, PT I)     |                 |                  | 24.088099        | 4.462609         | .437367               |                      |
| 105 COST TO BE ALLOCATED<br>(WRKSHT B, PART II)  |                 |                  |                  |                  |                       |                      |
| 106 UNIT COST MULTIPLIER<br>(WRKSHT B, PT II)    |                 |                  |                  |                  |                       |                      |
| 107 COST TO BE ALLOCATED<br>(WRKSHT B, PART III) |                 |                  |                  |                  | 24,668                |                      |
| 108 UNIT COST MULTIPLIER<br>(WRKSHT B, PT III)   |                 |                  |                  |                  | .001234               |                      |

|     | COST CENTER DESCRIPTION                                     | ADMINISTRATIVE & GENERAL | MAINTENANCE & REPAIRS | OPERATION OF PLANT | LAUNDRY & LINEN SERVICE | HOUSEKEEPING       | DIETARY        | CAFETERIA     |
|-----|---|--------------------------|-----------------------|--------------------|-------------------------|--------------------|----------------|---------------|
|     |   | (ACCUM. COST)            | (SQUARE FEET)         | (SQUARE FEET)      | (POUNDS OF LAUNDRY)     | (HOURS OF SERVICE) | (MEALS SERVED) | (FTES SERVED) |
|     |   | 6                        | 7                     | 8                  | 9                       | 10                 | 11             | 12            |
|     | GENERAL SERVICE COST  |                          |                       |                    |                         |                    |                |               |
| 001 | OLD CAP REL COSTS-BLD                                       |                          |                       |                    |                         |                    |                |               |
| 002 | OLD CAP REL COSTS-MVB                                       |                          |                       |                    |                         |                    |                |               |
| 003 | NEW CAP REL COSTS-BLD                                       |                          |                       |                    |                         |                    |                |               |
| 004 | NEW CAP REL COSTS-MVB                                       |                          |                       |                    |                         |                    |                |               |
| 005 | EMPLOYEE BENEFITS   |                          |                       |                    |                         |                    |                |               |
| 006 | ADMINISTRATIVE & GENERAL                                    | 52,091,551               |                       |                    |                         |                    |                |               |
| 007 | MAINTENANCE & REPAIRS                                       |                          |                       |                    |                         |                    |                |               |
| 008 | OPERATION OF PLANT  | 3,440,715                |                       | 104,339            |                         |                    |                |               |
| 009 | LAUNDRY & LINEN SERVICE                                     | 358,214                  |                       | 3,687              | 417,976                 |                    |                |               |
| 010 | HOUSEKEEPING  | 1,131,033                |                       | 2,480              |                         | 13,374             |                |               |
| 011 | DIETARY   | 681,563                  |                       | 4,138              | 2,799                   | 345                | 43,215         |               |
| 012 | CAFETERIA   | 552,399                  |                       | 2,416              |                         |                    |                | 27,715        |
| 013 | MAINTENANCE OF PERSONNEL                                    |                          |                       |                    |                         |                    |                |               |
| 014 | NURSING ADMINISTRATION                                      | 954,363                  |                       | 1,365              |                         | 74                 |                | 935           |
| 015 | CENTRAL SERVICES & SUPPORT                                  | 328,818                  |                       | 2,681              | 4,172                   | 224                |                | 528           |
| 016 | PHARMACY  | 872,744                  |                       | 1,262              |                         | 102                |                | 774           |
| 017 | MEDICAL RECORDS & LIBRARY                                   | 940,099                  |                       | 1,686              |                         | 81                 |                | 1,756         |
| 018 | SOCIAL SERVICE  | 360,993                  |                       | 432                |                         |                    |                | 468           |
| 020 | NONPHYSICIAN ANESTHETIC                                     |                          |                       |                    |                         |                    |                |               |
| 021 | NURSING SCHOOL  |                          |                       |                    |                         |                    |                |               |
| 022 | I&R SERVICES-SALARY & BENEFITS                              |                          |                       |                    |                         |                    |                |               |
| 023 | I&R SERVICES-OTHER PERSONNEL                                |                          |                       |                    |                         |                    |                |               |
| 024 | PARAMEDICAL PRGM-(SPECIAL INPATIENT ROUTINE SERVICE CENTER) |                          |                       |                    |                         |                    |                |               |
| 025 | ADULTS & PEDIATRICS   | 6,322,377                |                       | 28,862             | 223,340                 | 5,025              | 35,958         | 8,280         |
| 026 | INTENSIVE CARE UNIT   | 1,197,480                |                       | 3,447              | 15,059                  | 438                | 2,318          | 1,183         |
| 031 | SUBPROVIDER   |                          |                       |                    |                         |                    |                |               |
| 033 | NURSERY   | 232,252                  |                       | 928                |                         | 684                |                | 242           |
| 037 | ANCILLARY SERVICE COST CENTER                               |                          |                       |                    |                         |                    |                |               |
| 037 | 01 OPERATING ROOM   | 3,443,742                |                       | 8,221              | 34,860                  | 1,881              |                | 1,883         |
| 037 | 02 SAME DAY SURGERY   | 605,288                  |                       | 3,113              | 32,122                  | 633                |                | 610           |
| 037 | 02 LITHOTRIPSY  |                          |                       |                    |                         |                    |                |               |
| 038 | RECOVERY ROOM   | 24,696                   |                       | 865                |                         |                    |                |               |
| 039 | DELIVERY ROOM & LABOR                                       | 341,810                  |                       | 1,308              | 6,513                   |                    |                | 355           |
| 040 | ANESTHESIOLOGY  | 421,668                  |                       | 180                | 5,512                   |                    |                | 326           |
| 041 | RADIOLOGY-DIAGNOSTIC  | 3,205,914                |                       | 8,027              | 31,059                  | 339                |                | 2,316         |
| 044 | LABORATORY  | 3,538,126                |                       | 3,480              | 397                     | 309                |                | 2,347         |
| 046 | 30 BLOOD CLOTTING FACTOR                                    |                          |                       |                    |                         |                    |                |               |
| 047 | BLOOD STORING, PROCESSING                                   |                          |                       |                    |                         |                    |                |               |
| 048 | INTRAVENOUS THERAPY   | 803,655                  |                       | 4,029              | 1,856                   |                    |                | 435           |
| 049 | RESPIRATORY THERAPY   | 510,994                  |                       | 976                | 1,864                   | 296                |                | 574           |
| 050 | PHYSICAL THERAPY  | 2,204,309                |                       | 4,740              | 232                     | 98                 |                | 2,024         |
| 053 | ELECTROCARDIOLOGY   | 263,642                  |                       | 536                | 4,028                   | 117                |                | 362           |
| 053 | 02 CARDIAC REHAB  | 177,875                  |                       | 2,738              |                         |                    |                | 165           |
| 054 | ELECTROENCEPHALOGRAPHY                                      | 144,992                  |                       | 81                 |                         | 96                 |                | 11            |
| 055 | MEDICAL SUPPLIES CHARACTERIZED                              | 4,727,530                |                       |                    |                         |                    |                |               |
| 056 | DRUGS CHARGED TO PATIENT                                    | 1,430,791                |                       |                    |                         |                    |                |               |
| 059 | I/P AMBULANCE SERVICE                                       |                          |                       |                    |                         |                    |                |               |
| 061 | OUTPATIENT SERVICE COST CENTER                              |                          |                       |                    |                         |                    |                |               |
| 062 | EMERGENCY   | 1,926,848                |                       | 3,282              | 26,295                  | 636                |                | 2,038         |
| 062 | OBSERVATION BEDS (NON-PAYING)                               |                          |                       |                    |                         |                    |                |               |
| 063 | 50 RHC  |                          |                       |                    |                         |                    |                |               |
| 063 | 60 FOHC   |                          |                       |                    |                         |                    |                |               |
| 065 | OTHER REIMBURSEMENT COST CENTER                             |                          |                       |                    |                         |                    |                |               |
| 065 | 10 AMBULANCE SERVICES                                       | 110,015                  |                       | 42                 | 12,534                  |                    |                | 103           |
| 069 | 20 CMHC   |                          |                       |                    |                         |                    |                |               |
| 069 | 30 OUTPATIENT PHYSICAL THERAPY                              |                          |                       |                    |                         |                    |                |               |
| 069 | 40 OUTPATIENT OCCUPATIONAL THERAPY                          |                          |                       |                    |                         |                    |                |               |
| 069 | 40 OUTPATIENT SPEECH THERAPY                                |                          |                       |                    |                         |                    |                |               |
| 071 | HOME HEALTH AGENCY  | 421,820                  |                       | 6,805              |                         |                    |                |               |
| 071 | SPEC PURPOSE COST CENTER                                    |                          |                       |                    |                         |                    |                |               |
| 085 | 01 PANCREAS ACQUISITION                                     |                          |                       |                    |                         |                    |                |               |
| 085 | 02 INTESTINAL ACQUISITION                                   |                          |                       |                    |                         |                    |                |               |
| 093 | HOSPICE   | 677,016                  |                       | 1,915              |                         |                    |                |               |
| 095 | SUBTOTALS   | 42,353,781               |                       | 103,722            | 402,642                 | 11,378             | 38,276         | 27,715        |
| 096 | NONREIMBURSEMENT COST CENTER                                |                          |                       |                    |                         |                    |                |               |
| 096 | GIFT, FLOWER, COFFEE  | 9,365                    |                       | 328                |                         |                    |                |               |
| 097 | RESEARCH  |                          |                       |                    |                         |                    | 4,939          |               |
| 098 | PHYSICIANS' PRIVATE OFFICE                                  | 89,669                   |                       |                    | 8,071                   | 1,764              |                |               |
| 098 | 01 PRIVATE DUTY NURSING                                     |                          |                       |                    |                         |                    |                |               |
| 098 | 02 COMMUNITY HEALTH   | 323,481                  |                       |                    |                         | 14                 |                |               |
| 098 | 03 OCCUPATIONAL MEDICINE                                    | 276,529                  |                       | 161                |                         | 218                |                |               |
| 098 | 04 FAMILY PHARMACY  | 1,041,458                |                       |                    |                         |                    |                |               |
| 098 | 05 ADULT DAY CARE   | 578,046                  |                       |                    | 7,263                   |                    |                |               |
| 098 | 06 PERSONAL TOUCH   |                          |                       |                    |                         |                    |                |               |
| 098 | 07 IV HEALTH CORP   | 6,049,259                |                       |                    |                         |                    |                |               |
| 098 | 08 PUBLIC RELATIONS   | 510,655                  |                       | 128                |                         |                    |                |               |
| 098 | 09 UTICA MEDICAL CENTER                                     | 261,329                  |                       |                    |                         |                    |                |               |
| 098 | 10 OGLESBY FAMILY MEDICAL CENTER                            | 597,979                  |                       |                    |                         |                    |                |               |
| 101 | CROSS FOOT ADJUSTMENT                                       |                          |                       |                    |                         |                    |                |               |

|     | COST CENTER DESCRIPTION                                      | ADMINISTRATIVE & GENERAL | MAINTENANCE REPAIRS | & OPERATION OF PLANT | LAUNDRY & LINEN SERVICE | HOUSEKEEPING       | DIETARY        | CAFETERIA     |
|-----|--|--------------------------|---------------------|----------------------|-------------------------|--------------------|----------------|---------------|
|     |  | ( ACCUM. COST )          | (SQUARE FEET )      | (SQUARE FEET )       | (POUNDS OF )LAUNDRY     | (HOURS OF )SERVICE | (MEALS )SERVED | (FTES )SERVED |
|     |  | 6                        | 7                   | 8                    | 9                       | 10                 | 11             | 12            |
| 102 | NONREIMBURS COST CENTER                                      |                          |                     |                      |                         |                    |                |               |
| 103 | NEGATIVE COST CENTER COST TO BE ALLOCATED (WRKSHT B, PART I) | 8,631,477                |                     | 4,010,835            | 559,299                 | 1,413,775          | 993,778        | 736,802       |
| 104 | UNIT COST MULTIPLIER (WRKSHT B, PT I)                        | .165698                  |                     | 38.440420            | 1.338113                | 105.710707         | 22.996136      | 26.584954     |
| 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)                    | 951,098                  |                     | 988,303              | 146,774                 | 115,711            | 174,116        | 102,358       |
| 108 | UNIT COST MULTIPLIER (WRKSHT B, PT III)                      | .018258                  |                     | 9.472038             | .351154                 | 8.651937           | 4.029064       | 3.693235      |



| COST CENTER DESCRIPTION                       | MAINTENANCE PERSONNEL | NURSING ADMINISTRATION | CENTRAL SERVICES & SUPPLY | PHARMACY        | MEDICAL RECORDS & LIBRARY | SOCIAL SERVICE | NONPHYSICIAN ANESTHETISTS |
|---|-----------------------|------------------------|---------------------------|-----------------|---------------------------|----------------|---------------------------|
|   | (NUMBER HOUSED)       | (DIRECT NRSNG HRS)     | (COSTED) REQUIS           | (COSTED) REQUIS | (GROSS) CHARGES           | (TIME) SPENT   | (ASSIGNED) TIME           |
|   | 13                    | 14                     | 15                        | 16              | 17                        | 18             | 20                        |
| NONREIMBURS COST CENTER                       |                       |                        |                           |                 |                           |                |                           |
| 102 NEGATIVE COST CENTER                      |                       |                        |                           |                 |                           |                |                           |
| 103 COST TO BE ALLOCATED (WRKSHT B, PART I)   |                       | 1,197,650              | 529,660                   | 1,097,227       | 1,215,929                 | 481,226        |                           |
| 104 UNIT COST MULTIPLIER (WRKSHT B, PT I)     |                       | 66.040805              |                           | .712349         |                           | 37.313019      |                           |
| 105 COST TO BE ALLOCATED (WRKSHT B, PART II)  |                       |                        | 5,296.600000              |                 | .006937                   |                |                           |
| 106 UNIT COST MULTIPLIER (WRKSHT B, PT II)    |                       |                        |                           |                 |                           |                |                           |
| 107 COST TO BE ALLOCATED (WRKSHT B, PART III) |                       | 74,183                 | 113,486                   | 68,356          | 89,133                    | 26,981         |                           |
| 108 UNIT COST MULTIPLIER (WRKSHT B, PT III)   |                       | 4.090598               |                           | .044379         |                           | 2.092037       |                           |
|   |                       |                        | 1,134.860000              |                 | .000508                   |                |                           |



| COST CENTER DESCRIPTION  | NURSING SCHOOL  | I&R SERVICES- SALARY & FRI | I&R SERVICES- OTHER PRGM C | PARAMED ED PRGM-(SPECIFY) |
|--------------------------|-----------------|----------------------------|----------------------------|---------------------------|
|                          | (ASSIGNED TIME) | (ASSIGNED TIME)            | (ASSIGNED TIME)            | (ASSIGNED TIME)           |
| NONREIMBURS COST CENTER  | 21              | 22                         | 23                         | 24                        |
| 102 NEGATIVE COST CENTER |                 |                            |                            |                           |
| 103 COST TO BE ALLOCATED |                 |                            |                            |                           |
| (PER WRKSHT B, PART      |                 |                            |                            |                           |
| 104 UNIT COST MULTIPLIER |                 |                            |                            |                           |
| (WRKSHT B, PT I)         |                 |                            |                            |                           |
| 105 COST TO BE ALLOCATED |                 |                            |                            |                           |
| (PER WRKSHT B, PART      |                 |                            |                            |                           |
| 106 UNIT COST MULTIPLIER |                 |                            |                            |                           |
| (WRKSHT B, PT II)        |                 |                            |                            |                           |
| 107 COST TO BE ALLOCATED |                 |                            |                            |                           |
| (PER WRKSHT B, PART      |                 |                            |                            |                           |
| 108 UNIT COST MULTIPLIER |                 |                            |                            |                           |
| (WRKSHT B, PT III)       |                 |                            |                            |                           |



| 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       | 7,509,731                 |                            | 7,509,731             |                             |                                  |                                |
| 26                 | INTENSIVE CARE UNIT       | 2,089,472                 |                            | 2,089,472             |                             |                                  |                                |
| 31                 | SUBPROVIDER               |                           |                            |                       |                             |                                  |                                |
| 33                 | NURSERY                   | 679,588                   |                            | 679,588               |                             |                                  |                                |
|                    | ANCILLARY SRVC COST CNTRS |                           |                            |                       |                             |                                  |                                |
| 37                 | OPERATING ROOM            | 8,304,052                 | 22,307,343                 | 30,611,395            | .165134                     | .165134                          | .165134                        |
| 37 01              | SAME DAY SURGERY          | 132,533                   | 1,561,383                  | 1,693,916             | .593060                     | .593060                          | .593060                        |
| 37 02              | LITHOTRIpsy               |                           |                            |                       |                             |                                  |                                |
| 38                 | RECOVERY ROOM             | 859,044                   | 2,366,800                  | 3,225,844             | .026169                     | .026169                          | .026169                        |
| 39                 | DELIVERY ROOM & LABOR ROO | 980,235                   | 337,397                    | 1,317,632             | .379062                     | .379062                          | .379062                        |
| 40                 | ANESTHESIOLOGY            | 726,896                   | 4,731,172                  | 5,458,068             | .117993                     | .117993                          | .117993                        |
| 41                 | RADIOLOGY-DIAGNOSTIC      | 3,491,756                 | 25,512,489                 | 29,004,245            | .151326                     | .151326                          | .151326                        |
| 44                 | LABORATORY                | 4,432,138                 | 16,700,225                 | 21,132,363            | .212960                     | .212960                          | .212960                        |
| 46 30              | BLOOD CLOTTING FACTORS AD |                           |                            |                       |                             |                                  |                                |
| 47                 | BLOOD STORING, PROCESSING |                           |                            |                       |                             |                                  |                                |
| 48                 | INTRAVENOUS THERAPY       | 3,938,651                 | 2,982,109                  | 6,920,760             | .175194                     | .175194                          | .175194                        |
| 49                 | RESPIRATORY THERAPY       | 1,848,126                 | 988,968                    | 2,837,094             | .252730                     | .252730                          | .252730                        |
| 50                 | PHYSICAL THERAPY          | 1,524,699                 | 4,277,232                  | 5,801,931             | .515862                     | .515862                          | .515862                        |
| 53                 | ELECTROCARDIOLOGY         | 570,289                   | 1,959,186                  | 2,529,475             | .147406                     | .147406                          | .147406                        |
| 53 02              | CARDIAC REHAB             | 134                       | 244,530                    | 244,664               | 1.302533                    | 1.302533                         | 1.302533                       |
| 54                 | ELECTROENCEPHALOGRAPHY    | 15,600                    | 687,442                    | 703,042               | .266624                     | .266624                          | .266624                        |
| 55                 | MEDICAL SUPPLIES CHARGED  | 11,372,007                | 3,098,476                  | 14,470,483            | .417699                     | .417699                          | .417699                        |
| 56                 | DRUGS CHARGED TO PATIENTS | 5,004,385                 | 7,170,528                  | 12,174,913            | .227644                     | .227644                          | .227644                        |
| 59                 | I/P AMBULANCE SERVICES    |                           |                            |                       |                             |                                  |                                |
|                    | OUTPAT SERVICE COST CNTRS |                           |                            |                       |                             |                                  |                                |
| 61                 | EMERGENCY                 | 3,168,171                 | 10,808,081                 | 13,976,252            | .200763                     | .200763                          | .200763                        |
| 62                 | OBSERVATION BEDS (NON-DIS | 354,056                   | 1,894,567                  | 2,248,623             | .820236                     | .820236                          | .820236                        |
| 63 50              | RHC                       |                           |                            |                       |                             |                                  |                                |
| 63 60              | FQHC                      |                           |                            |                       |                             |                                  |                                |
|                    | OTHER REIMBURS COST CNTRS |                           |                            |                       |                             |                                  |                                |
| 65                 | AMBULANCE SERVICES        | 3,420                     | 1,700                      | 5,120                 | 29.180469                   | 29.180469                        | 29.180469                      |
| 101                | SUBTOTAL                  | 57,004,983                | 107,629,628                | 164,634,611           |                             |                                  |                                |
| 102                | LESS OBSERVATION BEDS     |                           |                            |                       |                             |                                  |                                |
| 103                | TOTAL                     | 57,004,983                | 107,629,628                | 164,634,611           |                             |                                  |                                |

COMPUTATION OF RATIO OF COSTS TO CHARGES  
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO:  
14-0234

PERIOD:  
FROM 7/1/2009  
TO 6/30/2010

PREPARED 11/23/2010  
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>DI ALLOWANCE<br>4 | TOTAL<br>COSTS<br>5 |
|--------------------|---------------------------|------------------------------|----------------------------|---------------------|--------------------------|---------------------|
|                    | INPAT ROUTINE SRVC CNTRS  |                              |                            |                     |                          |                     |
| 25                 | ADULTS & PEDIATRICS       | 11,399,118                   |                            | 11,399,118          |                          | 11,399,118          |
| 26                 | INTENSIVE CARE UNIT       | 1,773,098                    |                            | 1,773,098           |                          | 1,773,098           |
| 31                 | SUBPROVIDER               |                              |                            |                     |                          |                     |
| 33                 | NURSERY                   | 444,986                      |                            | 444,986             |                          | 444,986             |
|                    | ANCILLARY SRVC COST CNTRS |                              |                            |                     |                          |                     |
| 37                 | OPERATING ROOM            | 5,054,979                    |                            | 5,054,979           |                          | 5,054,979           |
| 37 01              | SAME DAY SURGERY          | 1,004,594                    |                            | 1,004,594           |                          | 1,004,594           |
| 37 02              | LITHOTRIpsy               |                              |                            |                     |                          |                     |
| 38                 | RECOVERY ROOM             | 84,417                       |                            | 84,417              |                          | 84,417              |
| 39                 | DELIVERY ROOM & LABOR ROO | 499,464                      |                            | 499,464             |                          | 499,464             |
| 40                 | ANESTHESIOLOGY            | 644,016                      |                            | 644,016             |                          | 644,016             |
| 41                 | RADIOLOGY-DIAGNOSTIC      | 4,389,105                    |                            | 4,389,105           |                          | 4,389,105           |
| 44                 | LABORATORY                | 4,500,349                    |                            | 4,500,349           |                          | 4,500,349           |
| 46 30              | BLOOD CLOTTING FACTORS AD |                              |                            |                     |                          |                     |
| 47                 | BLOOD STORING, PROCESSING |                              |                            |                     |                          |                     |
| 48                 | INTRAVENOUS THERAPY       | 1,212,477                    |                            | 1,212,477           |                          | 1,212,477           |
| 49                 | RESPIRATORY THERAPY       | 717,018                      |                            | 717,018             |                          | 717,018             |
| 50                 | PHYSICAL THERAPY          | 2,992,993                    |                            | 2,992,993           |                          | 2,992,993           |
| 53                 | ELECTROCARDIOLOGY         | 372,860                      |                            | 372,860             |                          | 372,860             |
| 53 02              | CARDIAC REHAB             | 318,683                      |                            | 318,683             |                          | 318,683             |
| 54                 | ELECTROENCEPHALOGRAPHY    | 187,448                      |                            | 187,448             |                          | 187,448             |
| 55                 | MEDICAL SUPPLIES CHARGED  | 6,044,302                    |                            | 6,044,302           |                          | 6,044,302           |
| 56                 | DRUGS CHARGED TO PATIENTS | 2,771,549                    |                            | 2,771,549           |                          | 2,771,549           |
| 59                 | I/P AMBULANCE SERVICES    |                              |                            |                     |                          |                     |
|                    | OUTPAT SERVICE COST CNTRS |                              |                            |                     |                          |                     |
| 61                 | EMERGENCY                 | 2,805,918                    |                            | 2,805,918           |                          | 2,805,918           |
| 62                 | OBSERVATION BEDS (NON-DIS | 1,844,401                    |                            | 1,844,401           |                          | 1,844,401           |
| 63 50              | RHC                       |                              |                            |                     |                          |                     |
| 63 60              | FQHC                      |                              |                            |                     |                          |                     |
| 65                 | OTHER REIMBURS COST CNTRS |                              |                            |                     |                          |                     |
|                    | AMBULANCE SERVICES        | 149,404                      |                            | 149,404             |                          | 149,404             |
| 101                | SUBTOTAL                  | 49,211,179                   |                            | 49,211,179          |                          | 49,211,179          |
| 102                | LESS OBSERVATION BEDS     | 1,844,401                    |                            | 1,844,401           |                          | 1,844,401           |
| 103                | TOTAL                     | 47,366,778                   |                            | 47,366,778          |                          | 47,366,778          |



| 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            | 5,054,979                                  | 442,191   | 4,612,788                                     |                           |  | 5,054,979  |
| 37 01              | SAME DAY SURGERY          | 1,004,594                                  | 152,282   | 852,312                                       |                           |  | 1,004,594  |
| 37 02              | LITHOTRIpsy               |  |   |   |                           |  |  |
| 38                 | RECOVERY ROOM             | 84,417                                     | 34,979  | 49,438  |                           |  | 84,417   |
| 39                 | DELIVERY ROOM & LABOR ROO | 499,464                                    | 61,928  | 437,536                                       |                           |  | 499,464  |
| 40                 | ANESTHESIOLOGY            | 644,016                                    | 26,834  | 617,182                                       |                           |  | 644,016  |
| 41                 | RADIOLOGY-DIAGNOSTIC      | 4,389,105                                  | 402,663   | 3,986,442                                     |                           |  | 4,389,105  |
| 44                 | LABORATORY                | 4,500,349                                  | 220,479   | 4,279,870                                     |                           |  | 4,500,349  |
| 46 30              | BLOOD CLOTTING FACTORS AD |  |   |   |                           |  |  |
| 47                 | BLOOD STORING, PROCESSING |  |   |   |                           |  |  |
| 48                 | INTRAVENOUS THERAPY       | 1,212,477                                  | 177,635   | 1,034,842                                     |                           |  | 1,212,477  |
| 49                 | RESPIRATORY THERAPY       | 717,018                                    | 54,728  | 662,290                                       |                           |  | 717,018  |
| 50                 | PHYSICAL THERAPY          | 2,992,993                                  | 241,489   | 2,751,504                                     |                           |  | 2,992,993  |
| 53                 | ELECTROCARDIOLOGY         | 372,860                                    | 30,396  | 342,464                                       |                           |  | 372,860  |
| 53 02              | CARDIAC REHAB             | 318,683                                    | 108,166   | 210,517                                       |                           |  | 318,683  |
| 54                 | ELECTROENCEPHALOGRAPHY    | 187,448                                    | 6,960   | 180,488                                       |                           |  | 187,448  |
| 55                 | MEDICAL SUPPLIES CHARGED  | 6,044,302                                  | 200,076   | 5,844,226                                     |                           |  | 6,044,302  |
| 56                 | DRUGS CHARGED TO PATIENTS | 2,771,549                                  | 95,806  | 2,675,743                                     |                           |  | 2,771,549  |
| 59                 | I/P AMBULANCE SERVICES    |  |   |   |                           |  |  |
|                    | OUTPAT SERVICE COST CNTRS |  |   |   |                           |  |  |
| 61                 | EMERGENCY                 | 2,805,918                                  | 202,432   | 2,603,486                                     |                           |  | 2,805,918  |
| 62                 | OBSERVATION BEDS (NON-DIS | 1,844,401                                  | 257,975   | 1,586,426                                     |                           |  | 1,844,401  |
| 63 50              | RHC                       |  |   |   |                           |  |  |
| 63 60              | FOHC                      |  |   |   |                           |  |  |
|                    | OTHER REIMBURS COST CNTRS |  |   |   |                           |  |  |
| 65                 | AMBULANCE SERVICES        | 149,404                                    | 8,460   | 140,944                                       |                           |  | 149,404  |
| 101                | SUBTOTAL                  | 35,593,977                                 | 2,725,479   | 32,868,498                                    |                           |  | 35,593,977   |
| 102                | LESS OBSERVATION BEDS     | 1,844,401                                  | 257,975   | 1,586,426                                     |                           |  | 1,844,401  |
| 103                | TOTAL                     | 33,749,576                                 | 2,467,504   | 31,282,072                                    |                           |  | 33,749,576   |

| 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            | 30,611,395       | .165134                     | .165134                       |
| 37 01              | SAME DAY SURGERY          | 1,693,916        | .593060                     | .593060                       |
| 37 02              | LITHOTRI PSY              |                  |                             |                               |
| 38                 | RECOVERY ROOM             | 3,225,844        | .026169                     | .026169                       |
| 39                 | DELIVERY ROOM & LABOR ROO | 1,317,632        | .379062                     | .379062                       |
| 40                 | ANESTHESIOLOGY            | 5,458,068        | .117993                     | .117993                       |
| 41                 | RADIOLOGY-DIAGNOSTIC      | 29,004,245       | .151326                     | .151326                       |
| 44                 | LABORATORY                | 21,132,363       | .212960                     | .212960                       |
| 46 30              | BLOOD CLOTTING FACTORS AD |                  |                             |                               |
| 47                 | BLOOD STORING, PROCESSING |                  |                             |                               |
| 48                 | INTRAVENOUS THERAPY       | 6,920,760        | .175194                     | .175194                       |
| 49                 | RESPIRATORY THERAPY       | 2,837,094        | .252730                     | .252730                       |
| 50                 | PHYSICAL THERAPY          | 5,801,931        | .515862                     | .515862                       |
| 53                 | ELECTROCARDIOLOGY         | 2,529,475        | .147406                     | .147406                       |
| 53 02              | CARDIAC REHAB             | 244,664          | 1.302533                    | 1.302533                      |
| 54                 | ELECTROENCEPHALOGRAPHY    | 703,042          | .266624                     | .266624                       |
| 55                 | MEDICAL SUPPLIES CHARGED  | 14,470,483       | .417699                     | .417699                       |
| 56                 | DRUGS CHARGED TO PATIENTS | 12,174,913       | .227644                     | .227644                       |
| 59                 | I/P AMBULANCE SERVICES    |                  |                             |                               |
|                    | OUTPAT SERVICE COST CNTRS |                  |                             |                               |
| 61                 | EMERGENCY                 | 13,976,252       | .200763                     | .200763                       |
| 62                 | OBSERVATION BEDS (NON-DIS | 2,248,623        | .820236                     | .820236                       |
| 63 50              | RHC                       |                  |                             |                               |
| 63 60              | FOHC                      |                  |                             |                               |
|                    | OTHER REIMBURS COST CNTRS |                  |                             |                               |
| 65                 | AMBULANCE SERVICES        | 5,120            | 29.180469                   | 29.180469                     |
| 101                | SUBTOTAL                  | 154,355,820      |                             |                               |
| 102                | LESS OBSERVATION BEDS     | 2,248,623        |                             |                               |
| 103                | TOTAL                     | 152,107,197      |                             |                               |

| 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            | 5,054,979                                  | 442,191   | 4,612,788                                     | 44,219                    | 267,542                                    | 4,743,218  |
| 37 01              | SAME DAY SURGERY          | 1,004,594                                  | 152,282   | 852,312                                       | 15,228                    | 49,434                                     | 939,932  |
| 37 02              | LITHOTRIpsy               |  |   |   |                           |  |  |
| 38                 | RECOVERY ROOM             | 84,417                                     | 34,979  | 49,438  | 3,498                     | 2,867                                      | 78,052   |
| 39                 | DELIVERY ROOM & LABOR ROO | 499,464                                    | 61,928  | 437,536                                       | 6,193                     | 25,377                                     | 467,894  |
| 40                 | ANESTHESIOLOGY            | 644,016                                    | 26,834  | 617,182                                       | 2,683                     | 35,797                                     | 605,536  |
| 41                 | RADIOLOGY-DIAGNOSTIC      | 4,389,105                                  | 402,663   | 3,986,442                                     | 40,266                    | 231,214                                    | 4,117,625  |
| 44                 | LABORATORY                | 4,500,349                                  | 220,479   | 4,279,870                                     | 22,048                    | 248,232                                    | 4,230,069  |
| 46 30              | BLOOD CLOTTING FACTORS AD |  |   |   |                           |  |  |
| 47                 | BLOOD STORING, PROCESSING |  |   |   |                           |  |  |
| 48                 | INTRAVENOUS THERAPY       | 1,212,477                                  | 177,635   | 1,034,842                                     | 17,764                    | 60,021                                     | 1,134,692  |
| 49                 | RESPIRATORY THERAPY       | 717,018                                    | 54,728  | 662,290                                       | 5,473                     | 38,413                                     | 673,132  |
| 50                 | PHYSICAL THERAPY          | 2,992,993                                  | 241,489   | 2,751,504                                     | 24,149                    | 159,587                                    | 2,809,257  |
| 53                 | ELECTROCARDIOLOGY         | 372,860                                    | 30,396  | 342,464                                       | 3,040                     | 19,863                                     | 349,957  |
| 53 02              | CARDIAC REHAB             | 318,683                                    | 108,166   | 210,517                                       | 10,817                    | 12,210                                     | 295,656  |
| 54                 | ELECTROENCEPHALOGRAPHY    | 187,448                                    | 6,960   | 180,488                                       | 696                       | 10,468                                     | 176,284  |
| 55                 | MEDICAL SUPPLIES CHARGED  | 6,044,302                                  | 200,076   | 5,844,226                                     | 20,008                    | 338,965                                    | 5,685,329  |
| 56                 | DRUGS CHARGED TO PATIENTS | 2,771,549                                  | 95,806  | 2,675,743                                     | 9,581                     | 155,193                                    | 2,606,775  |
| 59                 | I/P AMBULANCE SERVICES    |  |   |   |                           |  |  |
|                    | OUTPAT SERVICE COST CNTRS |  |   |   |                           |  |  |
| 61                 | EMERGENCY                 | 2,805,918                                  | 202,432   | 2,603,486                                     | 20,243                    | 151,002                                    | 2,634,673  |
| 62                 | OBSERVATION BEDS (NON-DIS | 1,844,401                                  | 257,975   | 1,586,426                                     | 25,798                    | 92,013                                     | 1,726,590  |
| 63 50              | RHC                       |  |   |   |                           |  |  |
| 63 60              | FQHC                      |  |   |   |                           |  |  |
|                    | OTHER REIMBURS COST CNTRS |  |   |   |                           |  |  |
| 65                 | AMBULANCE SERVICES        | 149,404                                    | 8,460   | 140,944                                       | 846                       | 8,175                                      | 140,383  |
| 101                | SUBTOTAL                  | 35,593,977                                 | 2,725,479   | 32,868,498                                    | 272,550                   | 1,906,373                                  | 33,415,054   |
| 102                | LESS OBSERVATION BEDS     | 1,844,401                                  | 257,975   | 1,586,426                                     | 25,798                    | 92,013                                     | 1,726,590  |
| 103                | TOTAL                     | 33,749,576                                 | 2,467,504   | 31,282,072                                    | 246,752                   | 1,814,360                                  | 31,688,464   |

| 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            | 30,611,395       | .154949                     | .163689                       |
| 37 01              | SAME DAY SURGERY          | 1,693,916        | .554887                     | .584070                       |
| 37 02              | LITHOTRI PSY              |                  |                             |                               |
| 38                 | RECOVERY ROOM             | 3,225,844        | .024196                     | .025085                       |
| 39                 | DELIVERY ROOM & LABOR ROO | 1,317,632        | .355102                     | .374362                       |
| 40                 | ANESTHESIOLOGY            | 5,458,068        | .110943                     | .117502                       |
| 41                 | RADIOLOGY-DIAGNOSTIC      | 29,004,245       | .141966                     | .149938                       |
| 44                 | LABORATORY                | 21,132,363       | .200170                     | .211917                       |
| 46 30              | BLOOD CLOTTING FACTORS AD |                  |                             |                               |
| 47                 | BLOOD STORING, PROCESSING |                  |                             |                               |
| 48                 | INTRAVENOUS THERAPY       | 6,920,760        | .163955                     | .172627                       |
| 49                 | RESPIRATORY THERAPY       | 2,837,094        | .237261                     | .250801                       |
| 50                 | PHYSICAL THERAPY          | 5,801,931        | .484193                     | .511699                       |
| 53                 | ELECTROCARDIOLOGY         | 2,529,475        | .138352                     | .146204                       |
| 53 02              | CARDIAC REHAB             | 244,664          | 1.208416                    | 1.258322                      |
| 54                 | ELECTROENCEPHALOGRAPHY    | 703,042          | .250745                     | .265634                       |
| 55                 | MEDICAL SUPPLIES CHARGED  | 14,470,483       | .392891                     | .416316                       |
| 56                 | DRUGS CHARGED TO PATIENTS | 12,174,913       | .214110                     | .226857                       |
| 59                 | I/P AMBULANCE SERVICES    |                  |                             |                               |
|                    | OUTPAT SERVICE COST CNTRS |                  |                             |                               |
| 61                 | EMERGENCY                 | 13,976,252       | .188511                     | .199315                       |
| 62                 | OBSERVATION BEDS (NON-DIS | 2,248,623        | .767843                     | .808763                       |
| 63 50              | RHC                       |                  |                             |                               |
| 63 60              | FOHC                      |                  |                             |                               |
|                    | OTHER REIMBURS COST CNTRS |                  |                             |                               |
| 65                 | AMBULANCE SERVICES        | 5,120            | 27.418555                   | 29.015234                     |
| 101                | SUBTOTAL                  | 154,355,820      |                             |                               |
| 102                | LESS OBSERVATION BEDS     | 2,248,623        |                             |                               |
| 103                | TOTAL                     | 152,107,197      |                             |                               |

TITLE XVIII, PART A

PPS

| WKST A<br>LINE NO. | COST CENTER DESCRIPTION  | OLD CAPITAL                      |                              |                                  | NEW CAPITAL                       |                              |                                  |
|--------------------|--------------------------|----------------------------------|------------------------------|----------------------------------|-----------------------------------|------------------------------|----------------------------------|
|                    |                          | CAPITAL REL<br>COST (B, 11)<br>1 | SWING BED<br>ADJUSTMENT<br>2 | REDUCED CAP<br>RELATED COST<br>3 | CAPITAL REL<br>COST (B, 111)<br>4 | SWING BED<br>ADJUSTMENT<br>5 | REDUCED CAP<br>RELATED COST<br>6 |
|                    | INPAT ROUTINE SRVC CNTRS |                                  |                              |                                  |                                   |                              |                                  |
| 25                 | ADULTS & PEDIATRICS      |                                  |                              |                                  | 1,577,281                         | 16,919                       | 1,560,362                        |
| 26                 | INTENSIVE CARE UNIT      |                                  |                              |                                  | 182,547                           |                              | 182,547                          |
| 31                 | SUBPROVIDER              |                                  |                              |                                  |                                   |                              |                                  |
| 33                 | NURSERY                  |                                  |                              |                                  | 50,020                            |                              | 50,020                           |
| 101                | TOTAL                    |                                  |                              |                                  | 1,809,848                         |                              | 1,792,929                        |





TITLE XVIII, PART A      HOSPITAL      PPS

| WKST A<br>LINE NO. | COST CENTER DESCRIPTION   | NEW CAPITAL COSTS |            |
|--------------------|---------------------------|-------------------|------------|
|                    |                           | CST/CHRG<br>7     | RATIO<br>8 |
| 37                 | ANCILLARY SRVC COST CNTRS |                   |            |
|                    | OPERATING ROOM            | .014445           | 67,717     |
| 37 01              | SAME DAY SURGERY          | .089899           | 11,915     |
| 37 02              | LITHOTRI PSY              |                   |            |
| 38                 | RECOVERY ROOM             | .010843           | 5,369      |
| 39                 | DELIVERY ROOM & LABOR ROO | .046999           |            |
| 40                 | ANESTHESIOLOGY            | .004916           | 1,626      |
| 41                 | RADIOLOGY-DIAGNOSTIC      | .013883           | 47,938     |
| 44                 | LABORATORY                | .010433           | 45,175     |
| 46 30              | BLOOD CLOTTING FACTORS AD |                   |            |
| 47                 | BLOOD STORING, PROCESSING |                   |            |
| 48                 | INTRAVENOUS THERAPY       | .025667           | 64,272     |
| 49                 | RESPIRATORY THERAPY       | .019290           | 28,456     |
| 50                 | PHYSICAL THERAPY          | .041622           | 39,435     |
| 53                 | ELECTROCARDIOLOGY         | .012017           | 6,824      |
| 53 02              | CARDIAC REHAB             | .442100           |            |
| 54                 | ELECTROENCEPHALOGRAPHY    | .009900           | 105        |
| 55                 | MEDICAL SUPPLIES CHARGED  | .013826           | 95,811     |
| 56                 | DRUGS CHARGED TO PATIENTS | .007869           | 24,784     |
| 59                 | I/P AMBULANCE SERVICES    |                   |            |
|                    | OUTPAT SERVICE COST CNTRS |                   |            |
| 61                 | EMERGENCY                 | .014484           | 22,358     |
| 62                 | OBSERVATION BEDS (NON-DIS | .114726           | 40,619     |
| 63 50              | RHC                       |                   |            |
| 63 60              | FOHC                      |                   |            |
|                    | OTHER REIMBURS COST CNTRS |                   |            |
| 65                 | AMBULANCE SERVICES        |                   |            |
| 101                | TOTAL                     |                   | 502,404    |

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

PROVIDER NO: 14-0234  
PERIOD: FROM 7/1/2009 TO 6/30/2010  
PREPARED 11/23/2010  
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 |
|--------------------|---|----------------------------------|--------------------------|------------------------------|---------------------|----------------------------|---------------|
| 25                 | INPAT ROUTINE SRVC CNTRS<br>ADULTS & PEDIATRICS |                                  |                          |                              |                     | 10,718                     |               |
| 26                 | INTENSIVE CARE UNIT                             |                                  |                          |                              |                     | 623                        |               |
| 31                 | SUBPROVIDER                                     |                                  |                          |                              |                     |                            |               |
| 33                 | NURSERY   |                                  |                          |                              |                     | 1,038                      |               |
| 101                | TOTAL   |                                  |                          |                              |                     | 12,379                     |               |

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

|              |               |                     |
|--------------|---------------|---------------------|
| PROVIDER NO: | PERIOD:       | PREPARED 11/23/2010 |
| 14-0234      | FROM 7/1/2009 | WORKSHEET D         |
|              | TO 6/30/2010  | PART III            |

| WKST A<br>LINE NO. | COST CENTER DESCRIPTION | INPATIENT<br>PROG DAYS | INPAT PROGRAM<br>PASS THRU COST |
|--------------------|-------------------------|------------------------|---------------------------------|
|                    |                         | 7                      | 8                               |
| 25                 | ADULTS & PEDIATRICS     |                        | 5,694                           |
| 26                 | INTENSIVE CARE UNIT     |                        | 401                             |
| 31                 | SUBPROVIDER             |                        |                                 |
| 33                 | NURSERY                 |                        |                                 |
| 101                | TOTAL                   |                        | 6,095                           |

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            |                             |          |                           |                              |                           |                                |
| 37                 | 01          | SAME DAY SURGERY          |                             |          |                           |                              |                           |                                |
| 37                 | 02          | LITHOTRI PSY              |                             |          |                           |                              |                           |                                |
| 38                 |             | RECOVERY ROOM             |                             |          |                           |                              |                           |                                |
| 39                 |             | DELIVERY ROOM & LABOR ROO |                             |          |                           |                              |                           |                                |
| 40                 |             | ANESTHESIOLOGY            |                             |          |                           |                              |                           |                                |
| 41                 |             | RADIOLOGY-DIAGNOSTIC      |                             |          |                           |                              |                           |                                |
| 44                 |             | LABORATORY                |                             |          |                           |                              |                           |                                |
| 46                 | 30          | BLOOD CLOTTING FACTORS AD |                             |          |                           |                              |                           |                                |
| 47                 |             | BLOOD STORING, PROCESSING |                             |          |                           |                              |                           |                                |
| 48                 |             | INTRAVENOUS THERAPY       |                             |          |                           |                              |                           |                                |
| 49                 |             | RESPIRATORY THERAPY       |                             |          |                           |                              |                           |                                |
| 50                 |             | PHYSICAL THERAPY          |                             |          |                           |                              |                           |                                |
| 53                 |             | ELECTROCARDIOLOGY         |                             |          |                           |                              |                           |                                |
| 53                 | 02          | CARDIAC REHAB             |                             |          |                           |                              |                           |                                |
| 54                 |             | ELECTROENCEPHALOGRAPHY    |                             |          |                           |                              |                           |                                |
| 55                 |             | MEDICAL SUPPLIES CHARGED  |                             |          |                           |                              |                           |                                |
| 56                 |             | DRUGS CHARGED TO PATIENTS |                             |          |                           |                              |                           |                                |
| 59                 |             | I/P AMBULANCE SERVICES    |                             |          |                           |                              |                           |                                |
|                    |             | OUTPAT SERVICE COST CNTRS |                             |          |                           |                              |                           |                                |
| 61                 |             | EMERGENCY                 |                             |          |                           |                              |                           |                                |
| 62                 |             | OBSERVATION BEDS (NON-DIS |                             |          |                           |                              |                           |                                |
| 63                 | 50          | RHC                       |                             |          |                           |                              |                           |                                |
| 63                 | 60          | FOHC                      |                             |          |                           |                              |                           |                                |
|                    |             | 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    |                     |                                | 30,611,395            |                                  |  | 4,687,935                 |                                   |
| 37                 | 01 OPERATING ROOM            |                     |                                | 1,693,916             |                                  |  | 132,533                   |                                   |
| 37                 | 02 LITHOTRI PSY              |                     |                                |                       |                                  |  |                           |                                   |
| 38                 | RECOVERY ROOM                |                     |                                | 3,225,844             |                                  |  | 495,180                   |                                   |
| 39                 | DELIVERY ROOM & LABOR ROO    |                     |                                | 1,317,632             |                                  |  |                           |                                   |
| 40                 | ANESTHESIOLOGY               |                     |                                | 5,458,068             |                                  |  | 330,825                   |                                   |
| 41                 | RADIOLOGY-DIAGNOSTIC         |                     |                                | 29,004,245            |                                  |  | 3,453,027                 |                                   |
| 44                 | LABORATORY                   |                     |                                | 21,132,363            |                                  |  | 4,330,047                 |                                   |
| 46                 | 30 BLOOD CLOTTING FACTORS AD |                     |                                |                       |                                  |  |                           |                                   |
| 47                 | BLOOD STORING, PROCESSING    |                     |                                |                       |                                  |  |                           |                                   |
| 48                 | INTRAVENOUS THERAPY          |                     |                                | 6,920,760             |                                  |  | 2,504,054                 |                                   |
| 49                 | RESPIRATORY THERAPY          |                     |                                | 2,837,094             |                                  |  | 1,475,165                 |                                   |
| 50                 | PHYSICAL THERAPY             |                     |                                | 5,801,931             |                                  |  | 947,460                   |                                   |
| 53                 | ELECTROCARDIOLOGY            |                     |                                | 2,529,475             |                                  |  | 567,835                   |                                   |
| 53                 | 02 CARDIAC REHAB             |                     |                                | 244,664               |                                  |  |                           |                                   |
| 54                 | ELECTROENCEPHALOGRAPHY       |                     |                                | 703,042               |                                  |  | 10,560                    |                                   |
| 55                 | MEDICAL SUPPLIES CHARGED     |                     |                                | 14,470,483            |                                  |  | 6,929,779                 |                                   |
| 56                 | DRUGS CHARGED TO PATIENTS    |                     |                                | 12,174,913            |                                  |  | 3,149,600                 |                                   |
| 59                 | I/P AMBULANCE SERVICES       |                     |                                |                       |                                  |  |                           |                                   |
|                    | OUTPAT SERVICE COST CNTRS    |                     |                                |                       |                                  |  |                           |                                   |
| 61                 | EMERGENCY                    |                     |                                | 13,976,252            |                                  |  | 1,543,610                 |                                   |
| 62                 | OBSERVATION BEDS (NON-DIS    |                     |                                | 2,248,623             |                                  |  | 354,056                   |                                   |
| 63                 | 50 RHC                       |                     |                                |                       |                                  |  |                           |                                   |
| 63                 | 60 FOHC                      |                     |                                |                       |                                  |  |                           |                                   |
|                    | OTHER REIMBURS COST CNTRS    |                     |                                |                       |                                  |  |                           |                                   |
| 65                 | AMBULANCE SERVICES           |                     |                                |                       |                                  |  |                           |                                   |
| 101                | TOTAL                        |                     |                                | 154,350,700           |                                  |  | 30,911,666                |                                   |

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 |
|--------------------|---------------------------|-----------------------------|--------------------------------------|--------------------------------------|------------------------------------|-----------------------------|-----------------------------|
|                    | ANCILLARY SRVC COST CNTRS |                             |                                      |                                      |                                    |                             |                             |
| 37                 | OPERATING ROOM            | 7,506,321                   |                                      |                                      |                                    |                             |                             |
| 37 01              | SAME DAY SURGERY          | 958,167                     |                                      |                                      |                                    |                             |                             |
| 37 02              | LITHOTRIPSY               |                             |                                      |                                      |                                    |                             |                             |
| 38                 | RECOVERY ROOM             | 1,515,604                   |                                      |                                      |                                    |                             |                             |
| 39                 | DELIVERY ROOM & LABOR ROO |                             |                                      |                                      |                                    |                             |                             |
| 40                 | ANESTHESIOLOGY            | 486,799                     |                                      |                                      |                                    |                             |                             |
| 41                 | RADIOLOGY-DIAGNOSTIC      | 10,591,580                  |                                      |                                      |                                    |                             |                             |
| 44                 | LABORATORY                | 813,292                     |                                      |                                      |                                    |                             |                             |
| 46 30              | BLOOD CLOTTING FACTORS AD |                             |                                      |                                      |                                    |                             |                             |
| 47                 | BLOOD STORING, PROCESSING |                             |                                      |                                      |                                    |                             |                             |
| 48                 | INTRAVENOUS THERAPY       | 1,073,487                   |                                      |                                      |                                    |                             |                             |
| 49                 | RESPIRATORY THERAPY       | 362,978                     |                                      |                                      |                                    |                             |                             |
| 50                 | PHYSICAL THERAPY          | 3,978                       |                                      |                                      |                                    |                             |                             |
| 53                 | ELECTROCARDIOLOGY         | 642,074                     |                                      |                                      |                                    |                             |                             |
| 53 02              | CARDIAC REHAB             | 10,910                      |                                      |                                      |                                    |                             |                             |
| 54                 | ELECTROENCEPHALOGRAPHY    | 191,637                     |                                      |                                      |                                    |                             |                             |
| 55                 | MEDICAL SUPPLIES CHARGED  | 1,271,572                   |                                      |                                      |                                    |                             |                             |
| 56                 | DRUGS CHARGED TO PATIENTS | 1,481,678                   |                                      |                                      |                                    |                             |                             |
| 59                 | I/P AMBULANCE SERVICES    |                             |                                      |                                      |                                    |                             |                             |
|                    | OUTPAT SERVICE COST CNTRS |                             |                                      |                                      |                                    |                             |                             |
| 61                 | EMERGENCY                 | 2,033,769                   |                                      |                                      |                                    |                             |                             |
| 62                 | OBSERVATION BEDS (NON-DIS | 904,786                     |                                      |                                      |                                    |                             |                             |
| 63 50              | RHC                       |                             |                                      |                                      |                                    |                             |                             |
| 63 60              | FOHC                      |                             |                                      |                                      |                                    |                             |                             |
|                    | OTHER REIMBURS COST CNTRS |                             |                                      |                                      |                                    |                             |                             |
| 65                 | AMBULANCE SERVICES        |                             |                                      |                                      |                                    |                             |                             |
| 101                | TOTAL                     | 29,848,632                  |                                      |                                      |                                    |                             |                             |





























TITLE XVII SWING BED SNF

| 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  |                  | 199,125 |            |        |
| 2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.                      |                  | NONE    |            | NONE   |
| 3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1) |                  |         |            |        |
| ADJUSTMENTS TO PROVIDER  |                  | .01     |            |        |
| ADJUSTMENTS TO PROVIDER  |                  | .02     |            |        |
| ADJUSTMENTS TO PROVIDER  |                  | .03     |            |        |
| ADJUSTMENTS TO PROVIDER  |                  | .04     |            |        |
| ADJUSTMENTS TO PROVIDER  |                  | .05     |            |        |
| ADJUSTMENTS TO PROGRAM   |                  | .50     |            |        |
| ADJUSTMENTS TO PROGRAM   |                  | .51     |            |        |
| ADJUSTMENTS TO PROGRAM   |                  | .52     |            |        |
| ADJUSTMENTS TO PROGRAM   |                  | .53     |            |        |
| ADJUSTMENTS TO PROGRAM   |                  | .54     |            |        |
| SUBTOTAL   |                  | .99     |            |        |
| 4 TOTAL INTERIM PAYMENTS   |                  |         | NONE       | NONE   |
|  |                  |         | 199,125    |        |
| TO BE COMPLETED BY INTERMEDIARY  |                  |         |            |        |
| 5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)  |                  |         |            |        |
| TENTATIVE TO PROVIDER  |                  | .01     |            |        |
| TENTATIVE TO PROVIDER  |                  | .02     |            |        |
| TENTATIVE TO PROVIDER  |                  | .03     |            |        |
| TENTATIVE TO PROGRAM   |                  | .50     |            |        |
| TENTATIVE TO PROGRAM   |                  | .51     |            |        |
| TENTATIVE TO PROGRAM   |                  | .52     |            |        |
| SUBTOTAL   |                  | .99     |            |        |
| 6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)  |                  |         | NONE       | NONE   |
| SETTLEMENT TO PROVIDER   |                  | .01     |            |        |
| SETTLEMENT TO PROGRAM  |                  | .02     |            |        |
| 7 TOTAL MEDICARE PROGRAM LIABILITY   |                  |         | 199,125    |        |

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.





|  | 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  | 2,148,623       |                             |                   |               |
| 29 SALARIES, WAGES & FEES PAYABLE  |                 |                             |                   |               |
| 30 PAYROLL TAXES PAYABLE   | 676,670         |                             |                   |               |
| 31 NOTES AND LOANS PAYABLE (SHORT TERM)  |                 |                             |                   |               |
| 32 DEFERRED INCOME   |                 |                             |                   |               |
| 33 ACCELERATED PAYMENTS  |                 |                             |                   |               |
| 34 DUE TO OTHER FUNDS  | 3,117,263       |                             |                   |               |
| 35 OTHER CURRENT LIABILITIES   | 3,302,579       |                             |                   |               |
| 36 TOTAL CURRENT LIABILITIES   | 9,245,135       |                             |                   |               |
| LONG TERM LIABILITIES  |                 |                             |                   |               |
| 37 MORTGAGE PAYABLE  | 23,972,730      |                             |                   |               |
| 38 NOTES PAYABLE   |                 |                             |                   |               |
| 39 UNSECURED LOANS   |                 |                             |                   |               |
| 40.01 LOANS PRIOR TO 7/1/66  |                 |                             |                   |               |
| 40.02 ON OR AFTER 7/1/66   |                 |                             |                   |               |
| 41 OTHER LONG TERM LIABILITIES   | 18,590,264      |                             |                   |               |
| 42 TOTAL LONG-TERM LIABILITIES   | 42,562,994      |                             |                   |               |
| 43 TOTAL LIABILITIES   | 51,808,129      |                             |                   |               |
| CAPITAL ACCOUNTS   |                 |                             |                   |               |
| 44 GENERAL FUND BALANCE  | 26,953,679      |                             |                   |               |
| 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   | 26,953,679      |                             |                   |               |
| 52 TOTAL LIABILITIES AND FUND BALANCES   | 78,761,808      |                             |                   |               |

|    |   | GENERAL FUND |            | SPECIFIC PURPOSE FUND |   |
|----|---|--------------|------------|-----------------------|---|
|    |   | 1            | 2          | 3                     | 4 |
| 1  | FUND BALANCE AT BEGINNING OF PERIOD             |              | 25,509,246 |                       |   |
| 2  | NET INCOME (LOSS)                               |              | 1,444,433  |                       |   |
| 3  | TOTAL   |              | 26,953,679 |                       |   |
| 4  | ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)        |              |            |                       |   |
| 5  | RECONCILING ITEM                                |              |            |                       |   |
| 6  |   |              |            |                       |   |
| 7  |   |              |            |                       |   |
| 8  |   |              |            |                       |   |
| 9  |   |              |            |                       |   |
| 10 | TOTAL ADDITIONS                                 |              |            |                       |   |
| 11 | SUBTOTAL  |              | 26,953,679 |                       |   |
| 12 | DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)        |              |            |                       |   |
| 13 | DEDUCTIONS (DEBIT ADJUSTM                       |              |            |                       |   |
| 14 |   |              |            |                       |   |
| 15 |   |              |            |                       |   |
| 16 |   |              |            |                       |   |
| 17 |   |              |            |                       |   |
| 18 | TOTAL DEDUCTIONS                                |              |            |                       |   |
| 19 | FUND BALANCE AT END OF PERIOD PER BALANCE SHEET |              | 26,953,679 |                       |   |

|    |   | 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  | RECONCILING ITEM                                |                |   |            |   |
| 6  |   |                |   |            |   |
| 7  |   |                |   |            |   |
| 8  |   |                |   |            |   |
| 9  |   |                |   |            |   |
| 10 | TOTAL ADDITIONS                                 |                |   |            |   |
| 11 | SUBTOTAL  |                |   |            |   |
| 12 | DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)        |                |   |            |   |
| 13 | DEDUCTIONS (DEBIT ADJUSTM                       |                |   |            |   |
| 14 |   |                |   |            |   |
| 15 |   |                |   |            |   |
| 16 |   |                |   |            |   |
| 17 |   |                |   |            |   |
| 18 | TOTAL DEDUCTIONS                                |                |   |            |   |
| 19 | FUND BALANCE AT END OF PERIOD PER BALANCE SHEET |                |   |            |   |



DESCRIPTION

|       |   |             |
|-------|---|-------------|
| 1     | TOTAL PATIENT REVENUES  | 179,318,739 |
| 2     | LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS                       | 114,860,058 |
| 3     | NET PATIENT REVENUES  | 64,458,681  |
| 4     | LESS: TOTAL OPERATING EXPENSES  | 63,536,146  |
| 5     | NET INCOME FROM SERVICE TO PATIENTS                                     | 922,535     |
|       | OTHER INCOME  |             |
| 6     | CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.                                | 956,955     |
| 7     | INCOME FROM INVESTMENTS   |             |
| 8     | REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE                            |             |
| 9     | REVENUE FROM TELEVISION AND RADIO SERVICE                               |             |
| 10    | PURCHASE DISCOUNTS  | 3,737       |
| 11    | REBATES AND REFUNDS OF EXPENSES   |             |
| 12    | PARKING LOT RECEIPTS  | 12,825      |
| 13    | REVENUE FROM LAUNDRY AND LINEN SERVICE                                  |             |
| 14    | REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS                         | 226,307     |
| 15    | REVENUE FROM RENTAL OF LIVING QUARTERS                                  |             |
| 16    | REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS |             |
| 17    | REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS                       |             |
| 18    | REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS                        | 2,220       |
| 19    | TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)                        |             |
| 20    | REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN                       |             |
| 21    | RENTAL OF VENDING MACHINES  |             |
| 22    | RENTAL OF HOSPITAL SPACE  |             |
| 23    | GOVERNMENTAL APPROPRIATIONS   |             |
| 24    | OTHER   | 243,651     |
| 24.01 | WAGE INDEX RECLASSIFICATION   |             |
| 25    | TOTAL OTHER INCOME  | 1,445,695   |
| 26    | TOTAL   | 2,368,230   |
|       | OTHER EXPENSES  |             |
| 27    | OTHER EXPENSES (SPECIFY)  |             |
| 28    | LOSS DUE FROM AFFILIATES  | 780,126     |
| 29    | OTHER NON-OPERATING INCOME  | 143,671     |
| 30    | TOTAL OTHER EXPENSES  | 923,797     |
| 31    | NET INCOME (OR LOSS) FOR THE PERIOD                                     | 1,444,433   |

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|                              | 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                            | 24,921   |                   |                |                           | 11,776      | 36,697  |
| HHA REIMBURSABLE SERVICES    |          |                   |                |                           |             |         |
| 6                            | 5,303    |                   | 2,469          |                           |             | 7,772   |
| 7                            | 113,012  |                   | 2,013          |                           |             | 115,025 |
| 8                            | 390      |                   | 31             |                           |             | 421     |
| 9                            | 90       |                   |                |                           |             | 90      |
| 10                           | 88       |                   |                |                           |             | 88      |
| 11                           | 2,224    |                   | 302            |                           |             | 2,526   |
| 12                           |          |                   |                |                           | 1,760       | 1,760   |
| 13                           |          |                   |                |                           |             |         |
| 13.20                        |          |                   |                |                           |             |         |
| 14                           |          |                   |                |                           |             |         |
| HHA NONREIMBURSABLE SERVICES |          |                   |                |                           |             |         |
| 15                           |          |                   |                |                           |             |         |
| 16                           |          |                   |                |                           |             |         |
| 17                           |          |                   |                |                           |             |         |
| 18                           |          |                   |                |                           |             |         |
| 19                           |          |                   |                |                           |             |         |
| 20                           |          |                   |                |                           |             |         |
| 21                           |          |                   |                |                           |             |         |
| 22                           |          |                   |                |                           |             |         |
| 23                           |          |                   |                |                           |             |         |
| 23.50                        |          |                   |                |                           |             |         |
| 24                           | 146,028  |                   | 4,815          |                           | 13,536      | 164,379 |

|                              | RECLASSIFICATIONS | RECLASSIFIED TRIAL BALANCE | ADJUSTMENTS | NET EXPENSES FOR ALLOCATION |
|------------------------------|-------------------|----------------------------|-------------|-----------------------------|
|                              | 7                 | 8                          | 9           | 10                          |
| GENERAL SERVICE COST CENTERS |                   |                            |             |                             |
| 1                            |                   |                            |             |                             |
| 2                            |                   |                            |             |                             |
| 3                            |                   |                            |             |                             |
| 4                            |                   |                            |             |                             |
| 5                            | -715              | 35,982                     |             | 35,982                      |
| HHA REIMBURSABLE SERVICES    |                   |                            |             |                             |
| 6                            |                   | 7,772                      |             | 7,772                       |
| 7                            |                   | 115,025                    |             | 115,025                     |
| 8                            |                   | 421                        |             | 421                         |
| 9                            |                   | 90                         |             | 90                          |
| 10                           |                   | 88                         |             | 88                          |
| 11                           |                   | 2,526                      |             | 2,526                       |
| 12                           |                   | 1,760                      |             | 1,760                       |
| 13                           |                   |                            |             |                             |
| 13.20                        |                   |                            |             |                             |
| 14                           |                   |                            |             |                             |
| HHA NONREIMBURSABLE SERVICES |                   |                            |             |                             |
| 15                           |                   |                            |             |                             |
| 16                           |                   |                            |             |                             |
| 17                           |                   |                            |             |                             |
| 18                           |                   |                            |             |                             |
| 19                           |                   |                            |             |                             |
| 20                           |                   |                            |             |                             |
| 21                           |                   |                            |             |                             |
| 22                           |                   |                            |             |                             |
| 23                           |                   |                            |             |                             |
| 23.50                        |                   |                            |             |                             |
| 24                           | -715              | 163,664                    |             | 163,664                     |

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|                              | NET EXPENSES<br>FOR COST<br>ALLOCATION | CAP-REL<br>COST-BLDG &<br>FIX | CAP-REL<br>COST-MOV<br>EQUIP | PLANT OPER &<br>MAINT | TRANSPORTATION | SUBTOTAL | ADMINISTRATIVE<br>& GENERAL |
|------------------------------|--|-------------------------------|------------------------------|-----------------------|----------------|----------|-----------------------------|
|                              | 0                                      | 1                             | 2                            | 3                     | 4              | 4A       | 5                           |
| GENERAL SERVICE COST CENTERS |  |                               |                              |                       |                |          |                             |
| 1                            |  |                               |                              |                       |                |          |                             |
| 2                            |  |                               |                              |                       |                |          |                             |
| 3                            |  |                               |                              |                       |                |          |                             |
| 4                            |  |                               |                              |                       |                |          |                             |
| 5                            |  |                               |                              |                       |                |          |                             |
|                              |  |                               |                              |                       |                |          |                             |
| 5                            |  | 35,982                        |                              |                       |                | 35,982   | 35,982                      |
| HHA REIMBURSABLE SERVICES    |  |                               |                              |                       |                |          |                             |
| 6                            |  | 7,772                         |                              |                       |                | 7,772    | 2,190                       |
| 7                            |  | 115,025                       |                              |                       |                | 115,025  | 32,415                      |
| 8                            |  | 421                           |                              |                       |                | 421      | 119                         |
| 9                            |  | 90                            |                              |                       |                | 90       | 25                          |
| 10                           |  | 88                            |                              |                       |                | 88       | 25                          |
| 11                           |  | 2,526                         |                              |                       |                | 2,526    | 712                         |
| 12                           |  | 1,760                         |                              |                       |                | 1,760    | 496                         |
| 13                           |  |                               |                              |                       |                |          |                             |
| 13. 20                       |  |                               |                              |                       |                |          |                             |
| 14                           |  |                               |                              |                       |                |          |                             |
| HHA NONREIMBURSABLE SERVICES |  |                               |                              |                       |                |          |                             |
| 15                           |  |                               |                              |                       |                |          |                             |
| 16                           |  |                               |                              |                       |                |          |                             |
| 17                           |  |                               |                              |                       |                |          |                             |
| 18                           |  |                               |                              |                       |                |          |                             |
| 19                           |  |                               |                              |                       |                |          |                             |
| 20                           |  |                               |                              |                       |                |          |                             |
| 21                           |  |                               |                              |                       |                |          |                             |
| 22                           |  |                               |                              |                       |                |          |                             |
| 23                           |  |                               |                              |                       |                |          |                             |
| 23. 50                       |  |                               |                              |                       |                |          |                             |
| 24                           |  | 163,664                       |                              |                       |                | 163,664  |                             |
| TOTAL (SUM OF LINES 1-23)    |  |                               |                              |                       |                |          |                             |

TOTAL

6

|                              |  |         |  |  |  |  |  |
|------------------------------|--|---------|--|--|--|--|--|
| GENERAL SERVICE COST CENTERS |  |         |  |  |  |  |  |
| 1                            |  |         |  |  |  |  |  |
| 2                            |  |         |  |  |  |  |  |
| 3                            |  |         |  |  |  |  |  |
| 4                            |  |         |  |  |  |  |  |
| 5                            |  |         |  |  |  |  |  |
| HHA REIMBURSABLE SERVICES    |  |         |  |  |  |  |  |
| 6                            |  | 9,962   |  |  |  |  |  |
| 7                            |  | 147,440 |  |  |  |  |  |
| 8                            |  | 540     |  |  |  |  |  |
| 9                            |  | 115     |  |  |  |  |  |
| 10                           |  | 113     |  |  |  |  |  |
| 11                           |  | 3,238   |  |  |  |  |  |
| 12                           |  | 2,256   |  |  |  |  |  |
| 13                           |  |         |  |  |  |  |  |
| 13. 20                       |  |         |  |  |  |  |  |
| 14                           |  |         |  |  |  |  |  |
| HHA NONREIMBURSABLE SERVICES |  |         |  |  |  |  |  |
| 15                           |  |         |  |  |  |  |  |
| 16                           |  |         |  |  |  |  |  |
| 17                           |  |         |  |  |  |  |  |
| 18                           |  |         |  |  |  |  |  |
| 19                           |  |         |  |  |  |  |  |
| 20                           |  |         |  |  |  |  |  |
| 21                           |  |         |  |  |  |  |  |
| 22                           |  |         |  |  |  |  |  |
| 23                           |  |         |  |  |  |  |  |
| 23. 50                       |  |         |  |  |  |  |  |
| 24                           |  | 163,664 |  |  |  |  |  |
| TOTAL (SUM OF LINES 1-23)    |  |         |  |  |  |  |  |

HHA 1

|                              | CAP-REL<br>COST-BLDG &<br>FIX<br>( SQUARE<br>FEET ) | CAP-REL<br>COST-MOV<br>EQUIP<br>( DOLLAR<br>VALUE ) | PLANT OPER &<br>MAINT<br>( SQUARE<br>FEET ) | TRANSPORTATIO<br>N<br>( MI LEAGE<br>) | RECONCILIATIO<br>N<br>( | ADMINISTRATIV<br>E & GENERAL<br>( ACCUM.<br>COST ) |
|------------------------------|---|---|---|---------------------------------------|-------------------------|--|
|                              | 1   | 2   | 3   | 4                                     | 5A                      | 5  |
| GENERAL SERVICE COST CENTERS |   |   |   |                                       |                         |  |
| 1                            | CAP-REL COST-BLDG & FIX                             |   |   |                                       |                         |  |
| 2                            | CAP-REL COST-MOV EQUIP                              |   |   |                                       |                         |  |
| 3                            | PLANT OPER & MAINT                                  |   |   |                                       |                         |  |
| 4                            | TRANSPORTATION                                      |   |   |                                       |                         |  |
| 5                            | ADMINISTRATIVE & GENERAL                            |   |   |                                       | -35,982                 | 127,682  |
|                              | HHA REIMBURSABLE SERVICES                           |   |   |                                       |                         |  |
| 6                            | SKILLED NURSING CARE                                |   |   |                                       |                         | 7,772  |
| 7                            | PHYSICAL THERAPY                                    |   |   |                                       |                         | 115,025  |
| 8                            | OCCUPATIONAL THERAPY                                |   |   |                                       |                         | 421  |
| 9                            | SPEECH PATHOLOGY                                    |   |   |                                       |                         | 90   |
| 10                           | MEDICAL SOCIAL SERVICES                             |   |   |                                       |                         | 88   |
| 11                           | HOME HEALTH AIDE                                    |   |   |                                       |                         | 2,526  |
| 12                           | SUPPLIES  |   |   |                                       |                         | 1,760  |
| 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)                           |   |   |                                       | -35,982                 | 127,682  |
| 25                           | COST TO BE ALLOCATED                                |   |   |                                       |                         | 35,982   |
| 26                           | UNIT COST MULTIPLIER                                |   |   |                                       |                         | .281809  |

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| HHA COST CENTER               | HHA TRIAL BALANCE (1) | OLD CAP REL COSTS-BLDG & | OLD CAP REL COSTS-MVBLE | NEW CAP REL COSTS-BLDG & | NEW CAP REL COSTS-MVBLE | EMPLOYEE BENEFITS |
|-------------------------------|-----------------------|--------------------------|-------------------------|--------------------------|-------------------------|-------------------|
|                               | 0                     | 1                        | 2                       | 3                        | 4                       | 5                 |
| 1 ADMIN & GENERAL             |                       |                          |                         | 163,920                  | 30,368                  | 10,900            |
| 2 SKILLED NURSING CARE        | 9,962                 |                          |                         |                          |                         | 2,319             |
| 3 PHYSICAL THERAPY            | 147,440               |                          |                         |                          |                         | 49,426            |
| 4 OCCUPATIONAL THERAPY        | 540                   |                          |                         |                          |                         | 173               |
| 5 SPEECH PATHOLOGY            | 115                   |                          |                         |                          |                         | 39                |
| 6 MEDICAL SOCIAL SERVICES     | 113                   |                          |                         |                          |                         | 38                |
| 7 HOME HEALTH AIDE            | 3,238                 |                          |                         |                          |                         | 973               |
| 8 SUPPLIES                    | 2,256                 |                          |                         |                          |                         |                   |
| 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)    | 163,664               |                          |                         | 163,920                  | 30,368                  | 63,868            |
| 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               | SUBTOTAL | ADMINISTRATIVE & GENERAL | MAINTENANCE & REPAIRS | OPERATION OF PLANT | LAUNDRY & LINEN SERVICE | HOUSEKEEPING |
|-------------------------------|----------|--------------------------|-----------------------|--------------------|-------------------------|--------------|
|                               | 5A       | 6                        | 7                     | 8                  | 9                       | 10           |
| 1 ADMIN & GENERAL             | 205,188  | 33,999                   |                       | 261,587            |                         |              |
| 2 SKILLED NURSING CARE        | 12,281   | 2,035                    |                       |                    |                         |              |
| 3 PHYSICAL THERAPY            | 196,866  | 32,620                   |                       |                    |                         |              |
| 4 OCCUPATIONAL THERAPY        | 713      | 118                      |                       |                    |                         |              |
| 5 SPEECH PATHOLOGY            | 154      | 26                       |                       |                    |                         |              |
| 6 MEDICAL SOCIAL SERVICES     | 151      | 25                       |                       |                    |                         |              |
| 7 HOME HEALTH AIDE            | 4,211    | 698                      |                       |                    |                         |              |
| 8 SUPPLIES                    | 2,256    | 374                      |                       |                    |                         |              |
| 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)    | 421,820  | 69,895                   |                       | 261,587            |                         |              |
| 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               | DIETARY<br>11 | CAFETERIA<br>12 | MAINTENANCE<br>OF PERSONNEL<br>13 | NURSING ADMINISTRATION<br>14 | CENTRAL SERVICES & SUPPL<br>15 | PHARMACY<br>16 |
|-------------------------------|---------------|-----------------|-----------------------------------|------------------------------|--------------------------------|----------------|
| 1 ADMIN & GENERAL             |               |                 |                                   | 18,756                       |                                |                |
| 2 SKILLED NURSING CARE        |               |                 |                                   |                              |                                |                |
| 3 PHYSICAL THERAPY            |               |                 |                                   |                              |                                |                |
| 4 OCCUPATIONAL THERAPY        |               |                 |                                   |                              |                                |                |
| 5 SPEECH PATHOLOGY            |               |                 |                                   |                              |                                |                |
| 6 MEDICAL SOCIAL SERVICES     |               |                 |                                   |                              |                                |                |
| 7 HOME HEALTH AIDE            |               |                 |                                   |                              |                                |                |
| 8 SUPPLIES                    |               |                 |                                   |                              |                                |                |
| 9 DRUGS                       |               |                 |                                   |                              |                                |                |
| 9.20 COST ADMINISTERING DRUGS |               |                 |                                   |                              |                                |                |
| 10 DME                        |               |                 |                                   |                              |                                |                |
| 11 HOME DIALYSIS AIDE SVCS    |               |                 |                                   |                              |                                |                |
| 12 RESPIRATORY THERAPY        |               |                 |                                   |                              |                                |                |
| 13 PRIVATE DUTY NURSING       |               |                 |                                   |                              |                                |                |
| 14 CLINIC                     |               |                 |                                   |                              |                                |                |
| 15 HEALTH PROM ACTIVITIES     |               |                 |                                   |                              |                                |                |
| 16 DAY CARE PROGRAM           |               |                 |                                   |                              |                                |                |
| 17 HOME DEL MEALS PROGRAM     |               |                 |                                   |                              |                                |                |
| 18 HOMEMAKER SERVICE          |               |                 |                                   |                              |                                |                |
| 19 ALL OTHER                  |               |                 |                                   |                              |                                |                |
| 19.50 TELEMEDICINE            |               |                 |                                   |                              |                                |                |
| 20 TOTAL (SUM OF 1-19) (2)    |               |                 |                                   | 18,756                       |                                |                |
| 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<br>17 | SOCIAL SERVICE<br>18 | NONPHYSICIAN ANESTHETIST<br>20 | NURSING SCHOOL<br>21 | I&R SERVICES -SALARY & FR<br>22 | I&R SERVICES -OTHER PRGM<br>23 |
|-------------------------------|---------------------------------|----------------------|--------------------------------|----------------------|---------------------------------|--------------------------------|
| 1 ADMIN & GENERAL             |                                 |                      |                                |                      |                                 |                                |
| 2 SKILLED NURSING CARE        |                                 |                      |                                |                      |                                 |                                |
| 3 PHYSICAL THERAPY            |                                 |                      |                                |                      |                                 |                                |
| 4 OCCUPATIONAL THERAPY        |                                 |                      |                                |                      |                                 |                                |
| 5 SPEECH PATHOLOGY            |                                 |                      |                                |                      |                                 |                                |
| 6 MEDICAL SOCIAL SERVICES     |                                 |                      |                                |                      |                                 |                                |
| 7 HOME HEALTH AIDE            |                                 |                      |                                |                      |                                 |                                |
| 8 SUPPLIES                    |                                 |                      |                                |                      |                                 |                                |
| 9 DRUGS                       |                                 |                      |                                |                      |                                 |                                |
| 9.20 COST ADMINISTERING DRUGS |                                 |                      |                                |                      |                                 |                                |
| 10 DME                        |                                 |                      |                                |                      |                                 |                                |
| 11 HOME DIALYSIS AIDE SVCS    |                                 |                      |                                |                      |                                 |                                |
| 12 RESPIRATORY THERAPY        |                                 |                      |                                |                      |                                 |                                |
| 13 PRIVATE DUTY NURSING       |                                 |                      |                                |                      |                                 |                                |
| 14 CLINIC                     |                                 |                      |                                |                      |                                 |                                |
| 15 HEALTH PROM ACTIVITIES     |                                 |                      |                                |                      |                                 |                                |
| 16 DAY CARE PROGRAM           |                                 |                      |                                |                      |                                 |                                |
| 17 HOME DEL MEALS PROGRAM     |                                 |                      |                                |                      |                                 |                                |
| 18 HOMEMAKER SERVICE          |                                 |                      |                                |                      |                                 |                                |
| 19 ALL OTHER                  |                                 |                      |                                |                      |                                 |                                |
| 19.50 TELEMEDICINE            |                                 |                      |                                |                      |                                 |                                |
| 20 TOTAL (SUM OF 1-19) (2)    |                                 |                      |                                |                      |                                 |                                |
| 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               | PARAMED ED P<br>RGM-(SPECIFY<br>24 | SUBTOTAL<br>25 | POST STEP<br>DOWN ADJUST<br>26 | SUBTOTAL<br>27 | ALLOCATED<br>HHA A & G<br>28 | TOTAL HHA<br>COSTS<br>29 |
|-------------------------------|------------------------------------|----------------|--------------------------------|----------------|------------------------------|--------------------------|
| 1 ADMIN & GENERAL             |                                    | 519,530        |                                | 519,530        |                              |                          |
| 2 SKILLED NURSING CARE        |                                    | 14,316         |                                | 14,316         | 29,453                       | 43,769                   |
| 3 PHYSICAL THERAPY            |                                    | 229,486        |                                | 229,486        | 472,125                      | 701,611                  |
| 4 OCCUPATIONAL THERAPY        |                                    | 831            |                                | 831            | 1,710                        | 2,541                    |
| 5 SPEECH PATHOLOGY            |                                    | 180            |                                | 180            | 370                          | 550                      |
| 6 MEDICAL SOCIAL SERVICES     |                                    | 176            |                                | 176            | 362                          | 538                      |
| 7 HOME HEALTH AIDE            |                                    | 4,909          |                                | 4,909          | 10,099                       | 15,008                   |
| 8 SUPPLIES                    |                                    | 2,630          |                                | 2,630          | 5,411                        | 8,041                    |
| 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)    |                                    | 772,058        |                                | 772,058        | 519,530                      | 772,058                  |
| 21 UNIT COST MULTIPLIER       |                                    |                |                                |                | 2.057316                     |                          |

(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-MVBLE (SQUARE FEET ) 2 | NEW CAP REL COSTS-BLDG & (SQUARE FEET ) 3 | NEW CAP REL COSTS-MVBLE (SQUARE FEET ) 4 | EMPLOYEE BENEFITS (GROSS SALARIES ) 5 | RECONCILIATION 6A |
|-------------------------------|---|--|---|--|---------------------------------------|-------------------|
| 1 ADMIN & GENERAL             | 6,805                                     | 6,805                                    | 6,805                                     | 6,805                                    | 24,921                                |                   |
| 2 SKILLED NURSING CARE        |   |  |   |  | 5,303                                 |                   |
| 3 PHYSICAL THERAPY            |   |  |   |  | 113,006                               |                   |
| 4 OCCUPATIONAL THERAPY        |   |  |   |  | 396                                   |                   |
| 5 SPEECH PATHOLOGY            |   |  |   |  | 90                                    |                   |
| 6 MEDICAL SOCIAL SERVICES     |   |  |   |  | 88                                    |                   |
| 7 HOME HEALTH AIDE            |   |  |   |  | 2,224                                 |                   |
| 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)        | 6,805                                     | 6,805                                    | 6,805                                     | 6,805                                    | 146,028                               |                   |
| 21 COST TO BE ALLOCATED       |   |  | 163,920                                   | 30,368                                   | 63,868                                |                   |
| 22 UNIT COST MULTIPLIER       |   |  | 24.088170                                 | 4.462601                                 | 0.437368                              |                   |

| HHA COST CENTER               | ADMINISTRATIVE & GENERAL (ACCUM. COST ) 6 | MAINTENANCE & REPAIRS (SQUARE FEET ) 7 | OPERATION OF PLANT (SQUARE FEET ) 8 | LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY ) 9 | HOUSEKEEPING (HOURS OF SERVICE ) 10 | DIETARY (MEALS SERVED ) 11 |
|-------------------------------|---|--|-------------------------------------|--|-------------------------------------|----------------------------|
| 1 ADMIN & GENERAL             | 205,188                                   |  | 6,805                               |  |                                     |                            |
| 2 SKILLED NURSING CARE        | 12,281                                    |  |                                     |  |                                     |                            |
| 3 PHYSICAL THERAPY            | 196,866                                   |  |                                     |  |                                     |                            |
| 4 OCCUPATIONAL THERAPY        | 713                                       |  |                                     |  |                                     |                            |
| 5 SPEECH PATHOLOGY            | 154                                       |  |                                     |  |                                     |                            |
| 6 MEDICAL SOCIAL SERVICES     | 151                                       |  |                                     |  |                                     |                            |
| 7 HOME HEALTH AIDE            | 4,211                                     |  |                                     |  |                                     |                            |
| 8 SUPPLIES                    | 2,256                                     |  |                                     |  |                                     |                            |
| 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)        | 421,820                                   |  | 6,805                               |  |                                     |                            |
| 21 COST TO BE ALLOCATED       | 69,895                                    |  | 261,587                             |  |                                     |                            |
| 22 UNIT COST MULTIPLIER       | 0.165699                                  |  | 38.440411                           |  |                                     |                            |

HHA 1

| HHA COST CENTER               | CAFETERIA<br>(FTES SERVED)<br>12 | MAINTENANCE<br>OF PERSONNEL<br>(NUMBER<br>) HOUSED<br>13 | NURSING ADMINISTRATION<br>(DIRECT<br>) NRSNG HRS<br>14 | CENTRAL SERVICES & SUPPL<br>(COSTED<br>) REQUIS<br>15 | PHARMACY<br>(COSTED<br>) REQUIS<br>16 | MEDICAL RECORDS & LIBRAR<br>(GROSS<br>) CHARGES<br>17 |
|-------------------------------|----------------------------------|--|--|---|---------------------------------------|---|
| 1 ADMIN & GENERAL             |                                  |  | 284  |   |                                       |   |
| 2 SKILLED NURSING CARE        |                                  |  |  |   |                                       |   |
| 3 PHYSICAL THERAPY            |                                  |  |  |   |                                       |   |
| 4 OCCUPATIONAL THERAPY        |                                  |  |  |   |                                       |   |
| 5 SPEECH PATHOLOGY            |                                  |  |  |   |                                       |   |
| 6 MEDICAL SOCIAL SERVICES     |                                  |  |  |   |                                       |   |
| 7 HOME HEALTH AIDE            |                                  |  |  |   |                                       |   |
| 8 SUPPLIES                    |                                  |  |  |   |                                       |   |
| 9 DRUGS                       |                                  |  |  |   |                                       |   |
| 9.20 COST ADMINISTERING DRUGS |                                  |  |  |   |                                       |   |
| 10 DME                        |                                  |  |  |   |                                       |   |
| 11 HOME DIALYSIS AIDE SVCS    |                                  |  |  |   |                                       |   |
| 12 RESPIRATORY THERAPY        |                                  |  |  |   |                                       |   |
| 13 PRIVATE DUTY NURSING       |                                  |  |  |   |                                       |   |
| 14 CLINIC                     |                                  |  |  |   |                                       |   |
| 15 HEALTH PROM ACTIVITIES     |                                  |  |  |   |                                       |   |
| 16 DAY CARE PROGRAM           |                                  |  |  |   |                                       |   |
| 17 HOME DEL MEALS PROGRAM     |                                  |  |  |   |                                       |   |
| 18 HOMEMAKER SERVICE          |                                  |  |  |   |                                       |   |
| 19 ALL OTHER                  |                                  |  |  |   |                                       |   |
| 19.50 TELEMEDICINE            |                                  |  |  |   |                                       |   |
| 20 TOTAL (SUM OF 1-19)        |                                  |  | 284  |   |                                       |   |
| 21 COST TO BE ALLOCATED       |                                  |  | 18,756   |   |                                       |   |
| 22 UNIT COST MULTIPLIER       |                                  |  | 66.042254  |   |                                       |   |

| HHA COST CENTER               | SOCIAL SERVICE<br>(TIME<br>SPENT)<br>18 | NONPHYSICIAN<br>ANESTHETIST<br>(ASSIGNED<br>) TIME<br>20 | NURSING SCHOOL<br>(ASSIGNED<br>) TIME<br>21 | I&R SERVICES<br>-SALARY & FR<br>(ASSIGNED<br>) TIME<br>22 | I&R SERVICES<br>-OTHER PRGM<br>(ASSIGNED<br>) TIME<br>23 | PARAMEDICAL<br>PRGM-(SPECIFY<br>(ASSIGNED<br>) TIME<br>24 |
|-------------------------------|---|--|---|---|--|---|
| 1 ADMIN & GENERAL             |   |  |   |   |  |   |
| 2 SKILLED NURSING CARE        |   |  |   |   |  |   |
| 3 PHYSICAL THERAPY            |   |  |   |   |  |   |
| 4 OCCUPATIONAL THERAPY        |   |  |   |   |  |   |
| 5 SPEECH PATHOLOGY            |   |  |   |   |  |   |
| 6 MEDICAL SOCIAL SERVICES     |   |  |   |   |  |   |
| 7 HOME HEALTH AIDE            |   |  |   |   |  |   |
| 8 SUPPLIES                    |   |  |   |   |  |   |
| 9 DRUGS                       |   |  |   |   |  |   |
| 9.20 COST ADMINISTERING DRUGS |   |  |   |   |  |   |
| 10 DME                        |   |  |   |   |  |   |
| 11 HOME DIALYSIS AIDE SVCS    |   |  |   |   |  |   |
| 12 RESPIRATORY THERAPY        |   |  |   |   |  |   |
| 13 PRIVATE DUTY NURSING       |   |  |   |   |  |   |
| 14 CLINIC                     |   |  |   |   |  |   |
| 15 HEALTH PROM ACTIVITIES     |   |  |   |   |  |   |
| 16 DAY CARE PROGRAM           |   |  |   |   |  |   |
| 17 HOME DEL MEALS PROGRAM     |   |  |   |   |  |   |
| 18 HOMEMAKER SERVICE          |   |  |   |   |  |   |
| 19 ALL OTHER                  |   |  |   |   |  |   |
| 19.50 TELEMEDICINE            |   |  |   |   |  |   |
| 20 TOTAL (SUM OF 1-19)        |   |  |   |   |  |   |
| 21 COST TO BE ALLOCATED       |   |  |   |   |  |   |
| 22 UNIT COST MULTIPLIER       |   |  |   |   |  |   |

[ ] 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                           | FACILITY COSTS                 | SHARED ANCILLARY COSTS           | TOTAL HHA COSTS | TOTAL VISITS | AVERAGE COST PER VISIT | PROGRAM VISITS |
|----------------------------|--------------------------|--------------------------------|--------------------------------|----------------------------------|-----------------|--------------|------------------------|----------------|
|                            |                          | WKST H-5 PART I COL. 29, LINE: | (FROM PART I) WKST H-5 PART I) | (FROM PART II) WKST H-5 PART II) |                 |              |                        | PART A         |
| 1                          | SKILLED NURSING          | 2                              | 43,769                         | 2                                | 43,769          | 361          | 121.24                 | 136            |
| 2                          | PHYSICAL THERAPY         | 3                              | 701,611                        |                                  | 701,611         | 332          | 2,113.29               | 233            |
| 3                          | OCCUPATIONAL THERAPY     | 4                              | 2,541                          |                                  | 2,541           | 8            | 317.63                 | 1              |
| 4                          | SPEECH PATHOLOGY         | 5                              | 550                            |                                  | 550             |              |                        |                |
| 5                          | MEDICAL SOCIAL SERVICES  | 6                              | 538                            |                                  | 538             | 1            | 538.00                 | 1              |
| 6                          | HOME HEALTH AIDE SERVICE | 7                              | 15,008                         |                                  | 15,008          | 51           | 294.27                 | 30             |
| 7                          | TOTAL                    |                                | 764,017                        |                                  | 764,017         | 753          |                        | 401            |

| PATIENT SERVICES | 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 |                    |
| 1                | 7                               | 146                         | 9                               | 10                          | 12                 |
| 2                |                                 | 74                          | 16,489                          | 17,701                      | 34,190             |
| 3                |                                 | 1                           | 492,397                         | 156,383                     | 648,780            |
| 4                |                                 |                             | 318                             | 318                         | 636                |
| 5                |                                 |                             | 538                             |                             | 538                |
| 6                |                                 | 21                          | 8,828                           | 6,180                       | 15,008             |
| 7                |                                 | 242                         | 518,570                         | 180,582                     | 699,152            |

| LIMITATION COST COMPUTATION | PATIENT SERVICES         | 1 | 2 | 3 | 4 | PROGRAM COST | PROGRAM VISITS |
|-----------------------------|--------------------------|---|---|---|---|--------------|----------------|
|                             |                          |   |   |   |   | LIMITS       | PART A         |
| 8                           | SKILLED NURSING          |   |   |   |   | 5            | 6              |
| 8.01                        | SKILLED NURSING          |   |   |   |   |              |                |
| 9                           | PHYSICAL THERAPY         |   |   |   |   |              |                |
| 9.01                        | PHYSICAL THERAPY         |   |   |   |   |              |                |
| 10                          | OCCUPATIONAL THERAPY     |   |   |   |   |              |                |
| 10.01                       | OCCUPATIONAL THERAPY     |   |   |   |   |              |                |
| 11                          | SPEECH PATHOLOGY         |   |   |   |   |              |                |
| 11.01                       | SPEECH PATHOLOGY         |   |   |   |   |              |                |
| 12                          | MEDICAL SOCIAL SERVICES  |   |   |   |   |              |                |
| 12.01                       | MEDICAL SOCIAL SERVICES  |   |   |   |   |              |                |
| 13                          | HOME HEALTH AIDE SERVICE |   |   |   |   |              |                |
| 13.01                       | HOME HEALTH AIDE SERVICE |   |   |   |   |              |                |
| 14                          | TOTAL                    |   |   |   |   |              |                |

| PATIENT SERVICES | 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 |                    |
| 8                | 7                               | 8                           | 9                               | 10                          | 11                 |
| 8.01             |                                 |                             |                                 |                             |                    |
| 9                |                                 |                             |                                 |                             |                    |
| 9.01             |                                 |                             |                                 |                             |                    |
| 10               |                                 |                             |                                 |                             |                    |
| 10.01            |                                 |                             |                                 |                             |                    |
| 11               |                                 |                             |                                 |                             |                    |
| 11.01            |                                 |                             |                                 |                             |                    |
| 12               |                                 |                             |                                 |                             |                    |
| 12.01            |                                 |                             |                                 |                             |                    |
| 13               |                                 |                             |                                 |                             |                    |
| 13.01            |                                 |                             |                                 |                             |                    |
| 14               |                                 |                             |                                 |                             |                    |

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

PART I - APPORTIONMENT OF HHA COST CENTERS:

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

| SUPPLIES AND EQUIPMENT COST COMPUTATION | FROM WKST H-5 PART I COL. 29, LINE: | FACILITY COSTS (FROM WKST H-5 PART I) 1 | SHARED ANCILLARY COSTS (FROM PART II) 2 | TOTAL HHA COSTS 3 | TOTAL CHARGES 4 | RATIO 5  | PROGRAM COVERED CHARGES PART A 6 |
|---|-------------------------------------|---|---|-------------------|-----------------|----------|----------------------------------|
| 15 COST OF MEDICAL SUPPLIES             | 8.00                                | 8,041                                   | 1,759                                   | 9,800             | 4,210           | 2.327791 | 157                              |
| 16 COST OF DRUGS                        | 9.00                                |   |   |                   |                 |          |                                  |
| 16.20 COST OF DRUGS                     | 9.20                                |   |   |                   |                 |          |                                  |

|                             | PROGRAM COVERED CHARGES -----PART B----- |                               | -----COST OF SERVICES-----        |                                |
|-----------------------------|--|-------------------------------|-----------------------------------|--------------------------------|
|                             | NOT SUBJECT TO DEDUCT & COINSUR 7        | SUBJECT TO DEDUCT & COINSUR 8 | NOT SUBJECT TO DEDUCT & COINSUR 9 | SUBJECT TO DEDUCT & COINSUR 10 |
| 15 COST OF MEDICAL SUPPLIES |  | 4,053                         | 365                               | 9,435                          |
| 16 COST OF DRUGS            |  |                               |                                   |                                |
| 16.20 COST OF DRUGS         |  |                               |                                   |                                |

| PER BENEFICIARY COST LIMITATION:          | MSA NUMBER 1 | AMOUNT 2 |
|---|--------------|----------|
| 162 PROGRAM UNDUP CENSUS FROM WRKST S-4   |              |          |
| 16.01 PROGRAM UNDUP CENSUS FROM WRKST S-4 |              |          |
| 17 PER BENE COST LIMITATION (FRM FI)      |              |          |
| 17.01 PER BENE COST LIMITATION (FRM FI)   |              |          |
| 18 PER BENE COST LIMITATION (LN 17*18)    |              |          |

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

|                                       | FROM WKST C PART I, COL 9 | COST TO CHARGE RATIO 1 | TOTAL HHA CHARGES 2 | HHA SHARED ANCILLARY COSTS 3 | TRANSFER TO PART I AS INDICATED 4 |
|---------------------------------------|---------------------------|------------------------|---------------------|------------------------------|-----------------------------------|
| 1 PHYSICAL THERAPY                    | 50                        | .515862                |                     |                              | COL 2, LN 2                       |
| 2 OCCUPATIONAL THERAPY                | 51                        |                        |                     |                              | COL 2, LN 3                       |
| 3 SPEECH PATHOLOGY                    | 52                        |                        |                     |                              | COL 2, LN 4                       |
| 4 MEDICAL SUPPLIES CHARGED TO PATIENT | 55                        | .417699                | 4,210               | 1,759                        | COL 2, LN 15                      |
| 5 DRUGS CHARGED TO PATIENTS           | 56                        | .227644                |                     |                              | COL 2, LN 16                      |

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

|                            | FROM PART I, COL 5 | COST PER VISIT 2 | PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE ----- |                                       | PROGRAM COSTS -----          |                                      | PROG VISITS ON OR AFTER 5 |
|----------------------------|--------------------|------------------|--|---------------------------------------|------------------------------|--------------------------------------|---------------------------|
|                            |                    |                  | PROGRAM VISITS PRIOR 1/1/1998 TO 12/31/1998                  | PROGRAM VISITS 1/1/1998 TO 12/31/1998 | PRIOR 1/1/1998 TO 12/31/1998 | PROGRAM COSTS 1/1/1998 TO 12/31/1998 |                           |
| 1 PHYSICAL THERAPY         | 1                  | 2,113.29         | 2.01   | 3                                     | 3.01                         | 4                                    | 5                         |
| 2 OCCUPATIONAL THERAPY     | 2                  | 317.63           |  |                                       |                              |                                      |                           |
| 3 SPEECH PATHOLOGY         | 3                  |                  |  |                                       |                              |                                      |                           |
| 4 TOTAL (SUM OF LINES 1-3) | 4                  |                  |  |                                       |                              |                                      |                           |





RECLASSIFICATION AND ADJUSTMENT  
OF TRIAL BALANCE EXPENSES

|              |               |             |
|--------------|---------------|-------------|
| PROVIDER NO: | PERIOD:       | PREPARED    |
| 14-0234      | FROM 7/1/2009 | 11/23/2010  |
| HOSPICE NO:  | TO 6/30/2010  | WORKSHEET K |
| 14-1533      |               |             |

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           |                             |   |                                    |   |
| 6 ADMINISTRATIVE AND GENERAL               |                             |   |                                    |   |
| INPATIENT CARE SERVICE                     |                             |   |                                    |   |
| 7 INPATIENT - GENERAL CARE                 |                             |   |                                    |   |
| 8 INPATIENT - RESPIRE CARE                 |                             |   |                                    |   |
| VISITING SERVICES                          |                             |   |                                    |   |
| 9 PHYSICIAN SERVICES                       |                             |   |                                    |   |
| 10 NURSING CARE                            | 265,428                     |   | 19,747                             |   |
| 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 HOME MAKER         |                             |   |                                    |   |
| 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)          | 265,428                     |   | 19,747                             |   |

RECLASSIFICATION AND ADJUSTMENT  
OF TRIAL BALANCE EXPENSES

|              |               |             |
|--------------|---------------|-------------|
| PROVIDER NO: | PERIOD:       | PREPARED    |
| 14-0234      | FROM 7/1/2009 | 11/23/2010  |
| HOSPICE NO:  | TO 6/30/2010  | WORKSHEET K |
| 14-1533      |               |             |

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           |            |                           |                        |                                       |
| 6 ADMINISTRATIVE AND GENERAL               |            |                           |                        |                                       |
| INPATIENT CARE SERVICE                     |            |                           |                        |                                       |
| 7 INPATIENT - GENERAL CARE                 |            |                           |                        |                                       |
| 8 INPATIENT - RESPIRE CARE                 |            |                           |                        |                                       |
| VISITING SERVICES                          |            |                           |                        |                                       |
| 9 PHYSICIAN SERVICES                       |            |                           |                        |                                       |
| 10 NURSING CARE                            | 242,875    | 528,050                   | -1,794                 | 526,256                               |
| 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 HOME MAKER         |            |                           |                        |                                       |
| 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)          | 242,875    | 528,050                   | -1,794                 | 526,256                               |

RECLASSIFICATION AND ADJUSTMENT  
OF TRIAL BALANCE EXPENSES

|              |               |             |
|--------------|---------------|-------------|
| PROVIDER NO: | PERIOD:       | PREPARED    |
| 14-0234      | FROM 7/1/2009 | 11/23/2010  |
| HOSPICE NO:  | TO 6/30/2010  | WORKSHEET K |
| 14-1533      |               |             |

HOSPICE 1

|   | ADJUSTMENTS | TOTAL<br>(COL. 8<br>+ COL. 9) |
|---|-------------|-------------------------------|
|   | 9           | 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          |             |                               |
| 6 ADMINISTRATIVE AND GENERAL              |             |                               |
| INPATIENT CARE SERVICE                    |             |                               |
| 7 INPATIENT - GENERAL CARE                |             |                               |
| 8 INPATIENT - RESPIRE CARE                |             |                               |
| VISITING SERVICES                         |             |                               |
| 9 PHYSICIAN SERVICES                      |             |                               |
| 10 NURSING CARE                           | -20,004     | 506,252                       |
| 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)         | -20,004     | 506,252                       |

COMPENSATION ANALYSIS  
SALARIES AND WAGES

|              |                |               |
|--------------|----------------|---------------|
| PROVIDER NO: | PERIOD:        | PREPARED      |
| 14-0234      | FROM 7/ 1/2009 | 11/23/2010    |
| HOSPICE NO:  | TO 6/30/2010   | WORKSHEET K-1 |
| 14-1533      |                |               |

HOSPICE 1

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

|       |                                       |        |  |
|-------|---------------------------------------|--------|--|
| 1     | GENERAL SERVICE COST CENTERS          |        |  |
| 2     | CAPITAL RELATED COSTS-BLDG AND FIXT.  |        |  |
| 3     | CAPITAL RELATED COSTS-MOVABLE EQUIP.  |        |  |
| 4     | PLANT OPERATION AND MAINTENANCE       |        |  |
| 5     | TRANSPORTATION - STAFF                |        |  |
| 6     | VOLUNTEER SERVICE COORDINATION        |        |  |
| 7     | ADMINISTRATIVE AND GENERAL            |        |  |
| 8     | INPATIENT CARE SERVICE                |        |  |
| 9     | INPATIENT - GENERAL CARE              |        |  |
| 10    | INPATIENT - RESPIRE CARE              |        |  |
| 10.20 | VISITING SERVICES                     |        |  |
| 11    | PHYSICIAN SERVICES                    |        |  |
| 12    | NURSING CARE                          |        |  |
| 13    | NURSING CARE-CONTINUOUS HOME CARE     | 58,642 |  |
| 14    | PHYSICAL THERAPY                      |        |  |
| 15    | OCCUPATIONAL THERAPY                  |        |  |
| 16    | SPEECH/LANGUAGE PATHOLOGY             |        |  |
| 17    | MEDICAL SOCIAL SERVICES               |        |  |
| 18    | SPIRITUAL COUNSELING                  |        |  |
| 19    | DIETARY COUNSELING                    |        |  |
| 20    | COUNSELING - OTHER                    |        |  |
| 20.30 | HOME HEALTH AIDE AND HOMEMAKER        |        |  |
| 21    | HH AIDE & HOMEMAKER-CONT. HOME CARE   |        |  |
| 22    | OTHER HOSPICE SERVICE COSTS           |        |  |
| 23    | OTHER                                 |        |  |
| 24    | DRUGS BIOLOGICAL AND INFUSION THERAPY |        |  |
| 25    | ANALGESICS                            |        |  |
| 26    | SEDATIVES / HYPNOTICS                 |        |  |
| 27    | OTHER - SPECIFY                       |        |  |
| 28    | DURABLE MEDICAL EQUIPMENT/OXYGEN      |        |  |
| 29    | PATIENT TRANSPORTATION                |        |  |
| 30    | IMAGING SERVICES                      |        |  |
| 31    | LABS AND DIAGNOSTICS                  |        |  |
| 32    | MEDICAL SUPPLIES                      |        |  |
| 33    | OUTPATIENT SERVICES (INCL. E/R DEPT.) |        |  |
| 34    | RADIATION THERAPY                     |        |  |
|       | CHEMOTHERAPY                          |        |  |
|       | OTHER                                 |        |  |
|       | BEREAVEMENT PROGRAM COSTS             |        |  |
|       | VOLUNTEER PROGRAM COSTS               |        |  |
|       | FUNDRAISING                           |        |  |
|       | OTHER PROGRAM COSTS                   |        |  |
|       | TOTAL (SUM OF LINES 1 THRU 33)        | 58,642 |  |

COMPENSATION ANALYSIS  
SALARIES AND WAGES

|              |               |               |
|--------------|---------------|---------------|
| PROVIDER NO: | PERIOD:       | PREPARED      |
| 14-0234      | FROM 7/1/2009 | 11/23/2010    |
| HOSPICE NO:  | TO 6/30/2010  | WORKSHEET K-1 |
| 14-1533      |               |               |

HOSPICE 1

|  | NURSES<br>5 | TOTAL<br>THERAPISTS<br>6 | AIDES<br>7 | ALL<br>OTHER<br>8 |
|--|-------------|--------------------------|------------|-------------------|
| 1 GENERAL SERVICE COST CENTERS             |             |                          |            |                   |
| 2 CAPITAL RELATED COSTS-BLDG AND FIXT.     |             |                          |            |                   |
| 3 CAPITAL RELATED COSTS-MOVABLE EQUIP.     |             |                          |            |                   |
| 4 PLANT OPERATION AND MAINTENANCE          |             |                          |            |                   |
| 5 TRANSPORTATION - STAFF                   |             |                          |            |                   |
| 6 VOLUNTEER SERVICE COORDINATION           |             |                          |            |                   |
| 7 ADMINISTRATIVE AND GENERAL               |             |                          |            |                   |
| 8 INPATIENT CARE SERVICE                   |             |                          |            |                   |
| 9 INPATIENT - GENERAL CARE                 |             |                          |            |                   |
| 10 INPATIENT - RESPIRE CARE                |             |                          |            |                   |
| 11 VISITING SERVICES                       |             |                          |            |                   |
| 12 PHYSICIAN SERVICES                      |             |                          |            |                   |
| 13 NURSING CARE                            | 169,326     |                          | 14,548     | 22,912            |
| 14.20 NURSING CARE-CONTINUOUS HOME CARE    |             |                          |            |                   |
| 15 PHYSICAL THERAPY                        |             |                          |            |                   |
| 16 OCCUPATIONAL THERAPY                    |             |                          |            |                   |
| 17 SPEECH/LANGUAGE PATHOLOGY               |             |                          |            |                   |
| 18 MEDICAL SOCIAL SERVICES                 |             |                          |            |                   |
| 19 SPIRITUAL COUNSELING                    |             |                          |            |                   |
| 20 DIETARY COUNSELING                      |             |                          |            |                   |
| 21 COUNSELING - OTHER                      |             |                          |            |                   |
| 22 HOME HEALTH AIDE AND HOME MAKER         |             |                          |            |                   |
| 23.20 HH AIDE & HOME MAKER-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 BEREAVEMENT PROGRAM COSTS               |             |                          |            |                   |
| 40 VOLUNTEER PROGRAM COSTS                 |             |                          |            |                   |
| 41 FUNDRAISING                             |             |                          |            |                   |
| 42 OTHER PROGRAM COSTS                     |             |                          |            |                   |
| 43 TOTAL (SUM OF LINES 1 THRU 33)          | 169,326     |                          | 14,548     | 22,912            |

COMPENSATION ANALYSIS  
SALARIES AND WAGES

|              |               |               |
|--------------|---------------|---------------|
| PROVIDER NO: | PERIOD:       | PREPARED      |
| 14-0234      | FROM 7/1/2009 | 11/23/2010    |
| HOSPICE NO:  | TO 6/30/2010  | WORKSHEET K-1 |
| 14-1533      |               |               |

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        |         |
| 7  | ADMINISTRATIVE AND GENERAL            |         |
| 8  | INPATIENT CARE SERVICE                |         |
| 9  | INPATIENT - GENERAL CARE              |         |
| 10 | INPATIENT - RESPIRE CARE              |         |
| 11 | VISITING SERVICES                     |         |
| 12 | PHYSICIAN SERVICES                    |         |
| 13 | NURSING CARE                          | 265,428 |
| 14 | NURSING CARE-CONTINUOUS HOME CARE     |         |
| 15 | PHYSICAL THERAPY                      |         |
| 16 | OCCUPATIONAL THERAPY                  |         |
| 17 | SPEECH/LANGUAGE PATHOLOGY             |         |
| 18 | MEDICAL SOCIAL SERVICES               |         |
| 19 | SPIRITUAL COUNSELING                  |         |
| 20 | DIETARY COUNSELING                    |         |
| 21 | COUNSELING - OTHER                    |         |
| 22 | HOME HEALTH AIDE AND HOME MAKER       |         |
| 23 | HH AIDE & HOME MAKER-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)        | 265,428 |

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

COST ALLOCATION -  
HOSPICE GENERAL SERVICE COST

|              |               |               |
|--------------|---------------|---------------|
| PROVIDER NO: | PERIOD:       | PREPARED      |
| 14-0234      | FROM 7/1/2009 | 11/23/2010    |
| HOSPICE NO:  | TO 6/30/2010  | WORKSHEET K-4 |
| 14-1533      |               | 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          |         |  |  |
| 6 ADMINISTRATIVE AND GENERAL              |         |  |  |
| INPATIENT CARE SERVICE                    |         |  |  |
| 7 INPATIENT - GENERAL CARE                |         |  |  |
| 8 INPATIENT - RESPIRE CARE                |         |  |  |
| VISITING SERVICES                         |         |  |  |
| 9 PHYSICIAN SERVICES                      |         |  |  |
| 10 NURSING CARE                           | 506,252 |  |  |
| 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)         | 506,252 |  |  |

|                              |              |                |                     |
|------------------------------|--------------|----------------|---------------------|
| COST ALLOCATION -            | PROVIDER NO: | PERIOD:        | PREPARED 11/23/2010 |
| HOSPICE GENERAL SERVICE COST | 14-0234      | FROM 7/ 1/2009 | WORKSHEET K-4       |
|                              | HOSPICE NO:  | TO 6/30/2010   | PART I              |
|                              | 14-1533      |                |                     |

HOSPICE 1

|   | TRANSPORTATION | VOLUNTEER SERVICES COORDINATOR | SUBTOTAL (COL. 0-5) | ADMINISTRATIVE & GENERAL |
|---|----------------|--------------------------------|---------------------|--------------------------|
|   | 4              | 5                              | 5A                  | 6                        |
| GENERAL SERVICE COST CENTERS              |                |                                |                     |                          |
| 1 CAPITAL RELATED COSTS-BLDG AND FIXT.    |                |                                |                     |                          |
| 2 CAPITAL RELATED COSTS-MOVABLE EQUIP.    |                |                                |                     |                          |
| 3 PLANT OPERATION AND MAINTENANCE         |                |                                |                     |                          |
| 4 TRANSPORTATION - STAFF                  |                |                                |                     |                          |
| 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                           |                |                                | 506,252             |                          |
| 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)         |                |                                | 506,252             |                          |

COST ALLOCATION -  
HOSPICE GENERAL SERVICE COST

|              |                |               |
|--------------|----------------|---------------|
| PROVIDER NO: | PERIOD:        | PREPARED      |
| 14-0234      | FROM 7/ 1/2009 | 11/23/2010    |
| HOSPICE NO:  | TO 6/30/2010   | WORKSHEET K-4 |
| 14-1533      |                | PART I        |

HOSPICE 1

TOTAL  
(COL. 5A  
+ COL. 6)

7

|    |                                       |         |
|----|---------------------------------------|---------|
| 1  | GENERAL SERVICE COST CENTERS          |         |
| 2  | CAPITAL RELATED COSTS-BLDG AND FIXT.  |         |
| 3  | CAPITAL RELATED COSTS-MOVABLE EQUIP.  |         |
| 4  | PLANT OPERATION AND MAINTENANCE       |         |
| 5  | TRANSPORTATION - STAFF                |         |
| 6  | VOLUNTEER SERVICE COORDINATION        |         |
| 7  | ADMINISTRATIVE AND GENERAL            |         |
| 8  | INPATIENT CARE SERVICE                |         |
| 9  | INPATIENT - GENERAL CARE              |         |
| 10 | INPATIENT - RESPIRE CARE              |         |
| 11 | VISITING SERVICES                     |         |
| 12 | PHYSICIAN SERVICES                    |         |
| 13 | NURSING CARE                          | 506,252 |
| 14 | NURSING CARE-CONTINUOUS HOME CARE     |         |
| 15 | PHYSICAL THERAPY                      |         |
| 16 | OCCUPATIONAL THERAPY                  |         |
| 17 | SPEECH/LANGUAGE PATHOLOGY             |         |
| 18 | MEDICAL SOCIAL SERVICES               |         |
| 19 | SPIRITUAL COUNSELING                  |         |
| 20 | DIETARY COUNSELING                    |         |
| 21 | COUNSELING - OTHER                    |         |
| 22 | HOME HEALTH AIDE AND HOMEMAKER        |         |
| 23 | HH AIDE & HOMEMAKER-CONT. HOME CARE   |         |
| 24 | OTHER HOSPICE SERVICE COSTS           |         |
| 25 | OTHER                                 |         |
| 26 | DRUGS BIOLOGICAL AND INFUSION THERAPY |         |
| 27 | ANALGESICS                            |         |
| 28 | SEDATIVES / HYPNOTICS                 |         |
| 29 | OTHER - SPECIFY                       |         |
| 30 | DURABLE MEDICAL EQUIPMENT/OXYGEN      |         |
| 31 | PATIENT TRANSPORTATION                |         |
| 32 | IMAGING SERVICES                      |         |
| 33 | LABS AND DIAGNOSTICS                  |         |
| 34 | MEDICAL SUPPLIES                      |         |
| 35 | OUTPATIENT SERVICES (INCL. E/R DEPT.) |         |
| 36 | RADIATION THERAPY                     |         |
| 37 | CHEMOTHERAPY                          |         |
| 38 | OTHER                                 |         |
| 39 | BEREAVEMENT PROGRAM COSTS             |         |
| 40 | VOLUNTEER PROGRAM COSTS               |         |
| 41 | FUNDRAISING                           |         |
| 42 | OTHER PROGRAM COSTS                   |         |
| 43 | TOTAL (SUM OF LINES 1 THRU 33)        | 506,252 |

COST ALLOCATION -  
HOSPICE STATISTICAL BASIS

|              |               |               |
|--------------|---------------|---------------|
| PROVIDER NO: | PERIOD:       | PREPARED      |
| 14-0234      | FROM 7/1/2009 | 11/23/2010    |
| HOSPICE NO:  | TO 6/30/2010  | WORKSHEET K-4 |
| 14-1533      |               | PART 11       |

HOSPICE 1

| CAP. REL. COST<br>BUILDINGS &<br>FIXTURES<br>(SQUARE FEET) | CAP. REL. COST<br>MOVABLE<br>EQUIPMENT<br>(DOLLAR VALUE) | PLANT<br>OPERATION<br>& MAINT.<br>(SQUARE FEET) | TRANSPORTATION<br>(MILEAGE) |
|--|--|---|-----------------------------|
| 1  | 2  | 3   | 4                           |

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

COST ALLOCATION -  
HOSPICE STATISTICAL BASIS

|              |                |               |
|--------------|----------------|---------------|
| PROVIDER NO: | PERIOD:        | PREPARED      |
| 14-0234      | FROM 7/ 1/2009 | 11/23/2010    |
| HOSPICE NO:  | TO 6/30/2010   | WORKSHEET K-4 |
| 14-1533      |                | PART II       |

HOSPICE 1

| VOLUNTEER SERVICES COORDINATOR (HOURS) | RECONCILIATION | ADMINISTRATIVE & GENERAL (ACCUM. COST) |
|--|----------------|--|
| 5                                      | 6A             | 6                                      |

|    |   |         |         |
|----|---|---------|---------|
| 1  | GENERAL SERVICE COST CENTERS                |         |         |
| 2  | CAPITAL RELATED COSTS-BLDG AND FIXT.        |         |         |
| 3  | CAPITAL RELATED COSTS-MOVABLE EQUIP.        |         |         |
| 4  | PLANT OPERATION AND MAINTENANCE             |         |         |
| 5  | TRANSPORTATION - STAFF                      |         |         |
| 6  | VOLUNTEER SERVICE COORDINATION              |         |         |
| 7  | ADMINISTRATIVE AND GENERAL                  |         | 506,252 |
| 8  | INPATIENT CARE SERVICE                      |         |         |
| 9  | INPATIENT - GENERAL CARE                    |         |         |
| 10 | INPATIENT - RESPIRE CARE                    |         |         |
| 11 | VISITING SERVICES                           |         |         |
| 12 | PHYSICIAN SERVICES                          |         |         |
| 13 | NURSING CARE                                |         | 506,252 |
| 14 | NURSING CARE-CONTINUOUS HOME CARE           |         |         |
| 15 | PHYSICAL THERAPY                            |         |         |
| 16 | OCCUPATIONAL THERAPY                        |         |         |
| 17 | SPEECH/LANGUAGE PATHOLOGY                   |         |         |
| 18 | MEDICAL SOCIAL SERVICES                     |         |         |
| 19 | SPIRITUAL COUNSELING                        |         |         |
| 20 | DIETARY COUNSELING                          |         |         |
| 21 | COUNSELING - OTHER                          |         |         |
| 22 | HOME HEALTH AIDE AND HOME MAKER             |         |         |
| 23 | HH AIDE & HOME MAKER-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 | FUNDRAISING                                 |         |         |
| 40 | OTHER PROGRAM COSTS                         |         |         |
| 41 | COST TO BE ALLOCATED (PER WKST K-4, PART I) |         |         |
| 42 | UNIT COST MULTIPLIER                        | .000000 | .000000 |



HOSPICE 1

| HOSPICE COST CENTER                         | MAINTENANCE & REPAIRS | OPERATION OF PLANT | LAUNDRY & LINEN SERVICE | HOUSEKEEPING |
|---|-----------------------|--------------------|-------------------------|--------------|
|   | 7                     | 8                  | 9                       | 10           |
| 1.00 ADMINISTRATIVE AND GENERAL             |                       |                    |                         |              |
| 2.00 INPATIENT - GENERAL CARE               |                       |                    |                         |              |
| 3.00 INPATIENT - RESPIRE CARE               |                       |                    |                         |              |
| 4.00 PHYSICIAN SERVICES                     |                       |                    |                         |              |
| 5.00 NURSING CARE                           |                       | 73,613             |                         |              |
| 5.20 NURSING CARE-CONTINUOUS HOME CARE      |                       |                    |                         |              |
| 6.00 PHYSICAL THERAPY                       |                       |                    |                         |              |
| 7.00 OCCUPATIONAL THERAPY                   |                       |                    |                         |              |
| 8.00 SPEECH/LANGUAGE PATHOLOGY              |                       |                    |                         |              |
| 9.00 MEDICAL SOCIAL SERVICES                |                       |                    |                         |              |
| 10.00 SPIRITUAL COUNSELING                  |                       |                    |                         |              |
| 11.00 DIETARY COUNSELING                    |                       |                    |                         |              |
| 12.00 COUNSELING - OTHER                    |                       |                    |                         |              |
| 13.00 HOME HEALTH AIDE AND HOMEMAKER        |                       |                    |                         |              |
| 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE    |                       |                    |                         |              |
| 14.00                                       |                       |                    |                         |              |
| 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY |                       |                    |                         |              |
| 15.30 ANALGESICS                            |                       |                    |                         |              |
| 15.31 SEDATIVES / HYPNOTICS                 |                       |                    |                         |              |
| 15.32 OTHER                                 |                       |                    |                         |              |
| 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN      |                       |                    |                         |              |
| 17.00 PATIENT TRANSPORTATION                |                       |                    |                         |              |
| 18.00 IMAGING SERVICES                      |                       |                    |                         |              |
| 19.00 LABS AND DIAGNOSTICS                  |                       |                    |                         |              |
| 20.00 MEDICAL SUPPLIES                      |                       |                    |                         |              |
| 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.) |                       |                    |                         |              |
| 22.00 RADIATION THERAPY                     |                       |                    |                         |              |
| 23.00 CHEMOTHERAPY                          |                       |                    |                         |              |
| 24.00                                       |                       |                    |                         |              |
| 25.00 BEREAVEMENT PROGRAM COSTS             |                       |                    |                         |              |
| 26.00 VOLUNTEER PROGRAM COSTS               |                       |                    |                         |              |
| 27.00 FUNDRAISING                           |                       |                    |                         |              |
| 28.00 OTHER PROGRAM COSTS                   |                       |                    |                         |              |
| 29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)     |                       | 73,613             |                         |              |
| 30.00 UNIT COST MULTIPLIER                  |                       |                    |                         |              |

| HOSPICE COST CENTER                         | DIETARY | CAFETERIA | MAINTENANCE OF PERSONNEL | NURSING ADMINISTRATION |
|---|---------|-----------|--------------------------|------------------------|
|   | 11      | 12        | 13                       | 14                     |
| 1.00 ADMINISTRATIVE AND GENERAL             |         |           |                          |                        |
| 2.00 INPATIENT - GENERAL CARE               |         |           |                          |                        |
| 3.00 INPATIENT - RESPIRE CARE               |         |           |                          |                        |
| 4.00 PHYSICIAN SERVICES                     |         |           |                          |                        |
| 5.00 NURSING CARE                           |         |           |                          |                        |
| 5.20 NURSING CARE-CONTINUOUS HOME CARE      |         |           |                          |                        |
| 6.00 PHYSICAL THERAPY                       |         |           |                          |                        |
| 7.00 OCCUPATIONAL THERAPY                   |         |           |                          |                        |
| 8.00 SPEECH/LANGUAGE PATHOLOGY              |         |           |                          |                        |
| 9.00 MEDICAL SOCIAL SERVICES                |         |           |                          |                        |
| 10.00 SPIRITUAL COUNSELING                  |         |           |                          |                        |
| 11.00 DIETARY COUNSELING                    |         |           |                          |                        |
| 12.00 COUNSELING - OTHER                    |         |           |                          |                        |
| 13.00 HOME HEALTH AIDE AND HOMEMAKER        |         |           |                          |                        |
| 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE    |         |           |                          |                        |
| 14.00                                       |         |           |                          |                        |
| 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY |         |           |                          |                        |
| 15.30 ANALGESICS                            |         |           |                          |                        |
| 15.31 SEDATIVES / HYPNOTICS                 |         |           |                          |                        |
| 15.32 OTHER                                 |         |           |                          |                        |
| 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN      |         |           |                          |                        |
| 17.00 PATIENT TRANSPORTATION                |         |           |                          |                        |
| 18.00 IMAGING SERVICES                      |         |           |                          |                        |
| 19.00 LABS AND DIAGNOSTICS                  |         |           |                          |                        |
| 20.00 MEDICAL SUPPLIES                      |         |           |                          |                        |
| 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.) |         |           |                          |                        |
| 22.00 RADIATION THERAPY                     |         |           |                          |                        |
| 23.00 CHEMOTHERAPY                          |         |           |                          |                        |
| 24.00                                       |         |           |                          |                        |
| 25.00 BEREAVEMENT PROGRAM COSTS             |         |           |                          |                        |
| 26.00 VOLUNTEER PROGRAM COSTS               |         |           |                          |                        |
| 27.00 FUNDRAISING                           |         |           |                          |                        |
| 28.00 OTHER PROGRAM COSTS                   |         |           |                          |                        |
| 29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)     |         |           |                          |                        |
| 30.00 UNIT COST MULTIPLIER                  |         |           |                          |                        |

HOSPICE 1

| HOSPICE COST CENTER                         | CENTRAL SERVICES & SUPPLY | PHARMACY | MEDICAL RECORDS & LIBRARY | SOCIAL SERVICE |
|---|---------------------------|----------|---------------------------|----------------|
|   | 15                        | 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                           |                           |          | 45                        |                |
| 5.20 NURSING CARE-CONTINUOUS HOME CARE      |                           |          |                           |                |
| 6.00 PHYSICAL THERAPY                       |                           |          |                           |                |
| 7.00 OCCUPATIONAL THERAPY                   |                           |          |                           |                |
| 8.00 SPEECH/LANGUAGE PATHOLOGY              |                           |          |                           |                |
| 9.00 MEDICAL SOCIAL SERVICES                |                           |          |                           |                |
| 10.00 SPIRITUAL COUNSELING                  |                           |          |                           |                |
| 11.00 DIETARY COUNSELING                    |                           |          |                           |                |
| 12.00 COUNSELING - OTHER                    |                           |          |                           |                |
| 13.00 HOME HEALTH AIDE AND HOMEMAKER        |                           |          |                           |                |
| 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE    |                           |          |                           |                |
| 14.00                                       |                           |          |                           |                |
| 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY |                           |          |                           |                |
| 15.30 ANALGESICS                            |                           |          |                           |                |
| 15.31 SEDATIVES / HYPNOTICS                 |                           |          |                           |                |
| 15.32 OTHER                                 |                           |          |                           |                |
| 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN      |                           |          |                           |                |
| 17.00 PATIENT TRANSPORTATION                |                           |          |                           |                |
| 18.00 IMAGING SERVICES                      |                           |          |                           |                |
| 19.00 LABS AND DIAGNOSTICS                  |                           |          |                           |                |
| 20.00 MEDICAL SUPPLIES                      |                           |          |                           |                |
| 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.) |                           |          |                           |                |
| 22.00 RADIATION THERAPY                     |                           |          |                           |                |
| 23.00 CHEMOTHERAPY                          |                           |          |                           |                |
| 24.00                                       |                           |          |                           |                |
| 25.00 BEREAVEMENT PROGRAM COSTS             |                           |          |                           |                |
| 26.00 VOLUNTEER PROGRAM COSTS               |                           |          |                           |                |
| 27.00 FUNDRAISING                           |                           |          |                           |                |
| 28.00 OTHER PROGRAM COSTS                   |                           |          |                           |                |
| 29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)     |                           |          | 45                        |                |
| 30.00 UNIT COST MULTIPLIER                  |                           |          |                           |                |

| HOSPICE COST CENTER                         | NONPHYSICIAN ANESTHETISTS | NURSING SCHOOL | I&R SERVICES-SALARY & FRINGES APPRVD | I&R SERVICES-OTHER PRGM COSTS APPRVD |
|---|---------------------------|----------------|--------------------------------------|--------------------------------------|
|   | 20                        | 21             | 22                                   | 23                                   |
| 1.00 ADMINISTRATIVE AND GENERAL             |                           |                |                                      |                                      |
| 2.00 INPATIENT - GENERAL CARE               |                           |                |                                      |                                      |
| 3.00 INPATIENT - RESPIRE CARE               |                           |                |                                      |                                      |
| 4.00 PHYSICIAN SERVICES                     |                           |                |                                      |                                      |
| 5.00 NURSING CARE                           |                           |                |                                      |                                      |
| 5.20 NURSING CARE-CONTINUOUS HOME CARE      |                           |                |                                      |                                      |
| 6.00 PHYSICAL THERAPY                       |                           |                |                                      |                                      |
| 7.00 OCCUPATIONAL THERAPY                   |                           |                |                                      |                                      |
| 8.00 SPEECH/LANGUAGE PATHOLOGY              |                           |                |                                      |                                      |
| 9.00 MEDICAL SOCIAL SERVICES                |                           |                |                                      |                                      |
| 10.00 SPIRITUAL COUNSELING                  |                           |                |                                      |                                      |
| 11.00 DIETARY COUNSELING                    |                           |                |                                      |                                      |
| 12.00 COUNSELING - OTHER                    |                           |                |                                      |                                      |
| 13.00 HOME HEALTH AIDE AND HOMEMAKER        |                           |                |                                      |                                      |
| 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE    |                           |                |                                      |                                      |
| 14.00                                       |                           |                |                                      |                                      |
| 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY |                           |                |                                      |                                      |
| 15.30 ANALGESICS                            |                           |                |                                      |                                      |
| 15.31 SEDATIVES / HYPNOTICS                 |                           |                |                                      |                                      |
| 15.32 OTHER                                 |                           |                |                                      |                                      |
| 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN      |                           |                |                                      |                                      |
| 17.00 PATIENT TRANSPORTATION                |                           |                |                                      |                                      |
| 18.00 IMAGING SERVICES                      |                           |                |                                      |                                      |
| 19.00 LABS AND DIAGNOSTICS                  |                           |                |                                      |                                      |
| 20.00 MEDICAL SUPPLIES                      |                           |                |                                      |                                      |
| 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.) |                           |                |                                      |                                      |
| 22.00 RADIATION THERAPY                     |                           |                |                                      |                                      |
| 23.00 CHEMOTHERAPY                          |                           |                |                                      |                                      |
| 24.00                                       |                           |                |                                      |                                      |
| 25.00 BEREAVEMENT PROGRAM COSTS             |                           |                |                                      |                                      |
| 26.00 VOLUNTEER PROGRAM COSTS               |                           |                |                                      |                                      |
| 27.00 FUNDRAISING                           |                           |                |                                      |                                      |
| 28.00 OTHER PROGRAM COSTS                   |                           |                |                                      |                                      |
| 29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)     |                           |                |                                      |                                      |
| 30.00 UNIT COST MULTIPLIER                  |                           |                |                                      |                                      |

HOSPICE 1

| HOSPICE COST CENTER                         | PARAMED ED PRGM- (SPECIFY) | SUBTOTAL | INTRN & RSDNT COST & POST STEPDOWN AD | SUBTOTAL |
|---|----------------------------|----------|---------------------------------------|----------|
|   | 24                         | 25       | 26                                    | 27       |
| 1.00 ADMINISTRATIVE AND GENERAL             |                            |          |                                       |          |
| 2.00 INPATIENT - GENERAL CARE               |                            |          |                                       |          |
| 3.00 INPATIENT - RESPIRE CARE               |                            |          |                                       |          |
| 4.00 PHYSICIAN SERVICES                     |                            |          |                                       |          |
| 5.00 NURSING CARE                           |                            | 862,854  |                                       | 862,854  |
| 5.20 NURSING CARE-CONTINUOUS HOME CARE      |                            |          |                                       |          |
| 6.00 PHYSICAL THERAPY                       |                            |          |                                       |          |
| 7.00 OCCUPATIONAL THERAPY                   |                            |          |                                       |          |
| 8.00 SPEECH/LANGUAGE PATHOLOGY              |                            |          |                                       |          |
| 9.00 MEDICAL SOCIAL SERVICES                |                            |          |                                       |          |
| 10.00 SPIRITUAL COUNSELING                  |                            |          |                                       |          |
| 11.00 DIETARY COUNSELING                    |                            |          |                                       |          |
| 12.00 COUNSELING - OTHER                    |                            |          |                                       |          |
| 13.00 HOME HEALTH AIDE AND HOMEMAKER        |                            |          |                                       |          |
| 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE    |                            |          |                                       |          |
| 14.00                                       |                            |          |                                       |          |
| 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY |                            |          |                                       |          |
| 15.30 ANALGESICS                            |                            |          |                                       |          |
| 15.31 SEDATIVES / HYPNOTICS                 |                            |          |                                       |          |
| 15.32 OTHER                                 |                            |          |                                       |          |
| 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN      |                            |          |                                       |          |
| 17.00 PATIENT TRANSPORTATION                |                            |          |                                       |          |
| 18.00 IMAGING SERVICES                      |                            |          |                                       |          |
| 19.00 LABS AND DIAGNOSTICS                  |                            |          |                                       |          |
| 20.00 MEDICAL SUPPLIES                      |                            |          |                                       |          |
| 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.) |                            |          |                                       |          |
| 22.00 RADIATION THERAPY                     |                            |          |                                       |          |
| 23.00 CHEMOTHERAPY                          |                            |          |                                       |          |
| 24.00                                       |                            |          |                                       |          |
| 25.00 BEREAVEMENT PROGRAM COSTS             |                            |          |                                       |          |
| 26.00 VOLUNTEER PROGRAM COSTS               |                            |          |                                       |          |
| 27.00 FUNDRAISING                           |                            |          |                                       |          |
| 28.00 OTHER PROGRAM COSTS                   |                            |          |                                       |          |
| 29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)     |                            | 862,854  |                                       | 862,854  |
| 30.00 UNIT COST MULTIPLIER                  |                            |          |                                       |          |

| HOSPICE COST CENTER                         | ALLOCATED HOSPICE A & G | TOTAL HOSPICE COSTS |
|---|-------------------------|---------------------|
|   | 28                      | 29                  |
| 1.00 ADMINISTRATIVE AND GENERAL             |                         |                     |
| 2.00 INPATIENT - GENERAL CARE               |                         |                     |
| 3.00 INPATIENT - RESPIRE CARE               |                         |                     |
| 4.00 PHYSICIAN SERVICES                     |                         |                     |
| 5.00 NURSING CARE                           |                         | 862,854             |
| 5.20 NURSING CARE-CONTINUOUS HOME CARE      |                         |                     |
| 6.00 PHYSICAL THERAPY                       |                         |                     |
| 7.00 OCCUPATIONAL THERAPY                   |                         |                     |
| 8.00 SPEECH/LANGUAGE PATHOLOGY              |                         |                     |
| 9.00 MEDICAL SOCIAL SERVICES                |                         |                     |
| 10.00 SPIRITUAL COUNSELING                  |                         |                     |
| 11.00 DIETARY COUNSELING                    |                         |                     |
| 12.00 COUNSELING - OTHER                    |                         |                     |
| 13.00 HOME HEALTH AIDE AND HOMEMAKER        |                         |                     |
| 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE    |                         |                     |
| 14.00                                       |                         |                     |
| 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY |                         |                     |
| 15.30 ANALGESICS                            |                         |                     |
| 15.31 SEDATIVES / HYPNOTICS                 |                         |                     |
| 15.32 OTHER                                 |                         |                     |
| 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN      |                         |                     |
| 17.00 PATIENT TRANSPORTATION                |                         |                     |
| 18.00 IMAGING SERVICES                      |                         |                     |
| 19.00 LABS AND DIAGNOSTICS                  |                         |                     |
| 20.00 MEDICAL SUPPLIES                      |                         |                     |
| 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.) |                         |                     |
| 22.00 RADIATION THERAPY                     |                         |                     |
| 23.00 CHEMOTHERAPY                          |                         |                     |
| 24.00                                       |                         |                     |
| 25.00 BEREAVEMENT PROGRAM COSTS             |                         |                     |
| 26.00 VOLUNTEER PROGRAM COSTS               |                         |                     |
| 27.00 FUNDRAISING                           |                         |                     |
| 28.00 OTHER PROGRAM COSTS                   |                         |                     |
| 29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)     |                         | 862,854             |
| 30.00 UNIT COST MULTIPLIER                  | .000000                 |                     |

(1) COLUMN 0, LINE 29 MUST AGREE WITH WKST. A, COLUMN 7, LINE 93.

HOSPICE 1

| HOSPICE COST CENTER | ALLOCATED<br>HOSPICE A & G | TOTAL HOSPICE<br>COSTS |
|---------------------|----------------------------|------------------------|
|                     | 28                         | 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 | OLD CAP REL COSTS-MVBLE EQUIP | NEW CAP REL COSTS-BLDG & FIXT | NEW CAP REL COSTS-MVBLE EQUIP |
|---|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
|   | (SQUARE FEET)                 | (SQUARE FEET)                 | (SQUARE FEET)                 | (SQUARE FEET)                 |
|   | 1                             | 2                             | 3                             | 4                             |
| 1.00 ADMINISTRATIVE AND GENERAL             |                               |                               |                               |                               |
| 2.00 INPATIENT - GENERAL CARE               |                               |                               |                               |                               |
| 3.00 INPATIENT - RESPIRE CARE               |                               |                               |                               |                               |
| 4.00 PHYSICIAN SERVICES                     |                               |                               |                               |                               |
| 5.00 NURSING CARE                           | 1,915                         | 1,915                         | 1,915                         | 1,915                         |
| 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)         | 1,915                         | 1,915                         | 1,915                         | 1,915                         |
| 30.00 TOTAL COST TO BE ALLOCATED            |                               |                               | 46,129                        | 8,546                         |
| 31.00 UNIT COST MULTIPLIER                  | .000000                       | .000000                       | 24.088251                     | 4.462663                      |

| HOSPICE COST CENTER                         | EMPLOYEE BENEFITS | RECONCILIATION | ADMINISTRATIVE & GENERAL | MAINTENANCE & REPAIRS |
|---|-------------------|----------------|--------------------------|-----------------------|
|   | (GROSS SALARIES)  |                | (ACCUMULATED COST)       | (SQUARE FEET)         |
|   | 5                 | 6A             | 6                        | 7                     |
| 1.00 ADMINISTRATIVE AND GENERAL             |                   |                |                          |                       |
| 2.00 INPATIENT - GENERAL CARE               |                   |                |                          |                       |
| 3.00 INPATIENT - RESPIRE CARE               |                   |                |                          |                       |
| 4.00 PHYSICIAN SERVICES                     |                   |                |                          |                       |
| 5.00 NURSING CARE                           | 265,428           |                | 677,016                  |                       |
| 5.20 NURSING CARE-CONTINUOUS HOME CARE      |                   |                |                          |                       |
| 6.00 PHYSICAL THERAPY                       |                   |                |                          |                       |
| 7.00 OCCUPATIONAL THERAPY                   |                   |                |                          |                       |
| 8.00 SPEECH/LANGUAGE PATHOLOGY              |                   |                |                          |                       |
| 9.00 MEDICAL SOCIAL SERVICES                |                   |                |                          |                       |
| 10.00 SPIRITUAL COUNSELING                  |                   |                |                          |                       |
| 11.00 DIETARY COUNSELING                    |                   |                |                          |                       |
| 12.00 COUNSELING - OTHER                    |                   |                |                          |                       |
| 13.00 HOME HEALTH AIDE AND HOMEMAKER        |                   |                |                          |                       |
| 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE    |                   |                |                          |                       |
| 14.00                                       |                   |                |                          |                       |
| 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY |                   |                |                          |                       |
| 15.30 ANALGESICS                            |                   |                |                          |                       |
| 15.31 SEDATIVES / HYPNOTICS                 |                   |                |                          |                       |
| 15.32 OTHER                                 |                   |                |                          |                       |
| 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN      |                   |                |                          |                       |
| 17.00 PATIENT TRANSPORTATION                |                   |                |                          |                       |
| 18.00 IMAGING SERVICES                      |                   |                |                          |                       |
| 19.00 LABS AND DIAGNOSTICS                  |                   |                |                          |                       |
| 20.00 MEDICAL SUPPLIES                      |                   |                |                          |                       |
| 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.) |                   |                |                          |                       |
| 22.00 RADIATION THERAPY                     |                   |                |                          |                       |
| 23.00 CHEMOTHERAPY                          |                   |                |                          |                       |
| 24.00                                       |                   |                |                          |                       |
| 25.00 BEREAVEMENT PROGRAM COSTS             |                   |                |                          |                       |
| 26.00 VOLUNTEER PROGRAM COSTS               |                   |                |                          |                       |
| 27.00 FUNDRAISING                           |                   |                |                          |                       |

HOSPICE 1

| HOSPICE COST CENTER                 | EMPLOYEE BENEFITS | RECONCILIATION | ADMINISTRATIVE & GENERAL | MAINTENANCE & REPAIRS |
|-------------------------------------|-------------------|----------------|--------------------------|-----------------------|
|                                     | 5                 | 6A             | 6                        | 7                     |
| 28.00 OTHER PROGRAM COSTS           |                   |                |                          |                       |
| 29.00 TOTAL (SUM OF LINE 1 THRU 28) | 265,428           |                | 677,016                  |                       |
| 30.00 TOTAL COST TO BE ALLOCATED    | 116,089           |                | 112,180                  |                       |
| 31.00 UNIT COST MULTIPLIER          | .437365           |                | .165698                  | .000000               |

| HOSPICE COST CENTER                         | OPERATION OF PLANT<br>(SQUARE FEET) | LAUNDRY & LINEN SERVICE<br>(POUNDS OF LAUNDRY) | HOUSEKEEPING<br>(HOURS OF SERVICE) | DIETARY<br>(MEALS SERVED) |
|---|-------------------------------------|--|------------------------------------|---------------------------|
|   | 8                                   | 9  | 10                                 | 11                        |
| 1.00 ADMINISTRATIVE AND GENERAL             |                                     |  |                                    |                           |
| 2.00 INPATIENT - GENERAL CARE               |                                     |  |                                    |                           |
| 3.00 INPATIENT - RESPIRE CARE               |                                     |  |                                    |                           |
| 4.00 PHYSICIAN SERVICES                     |                                     |  |                                    |                           |
| 5.00 NURSING CARE                           | 1,915                               |  |                                    |                           |
| 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)         | 1,915                               |  |                                    |                           |
| 30.00 TOTAL COST TO BE ALLOCATED            | 73,613                              |  |                                    |                           |
| 31.00 UNIT COST MULTIPLIER                  | 38.440209                           | .000000  | .000000                            | .000000                   |

HOSPICE 1

| HOSPICE COST CENTER                         | CAFETERIA<br>(FTES SERVED) | MAINTENANCE OF PERSONNEL<br>(NUMBER HOUSED) | NURSING ADMINISTRATION<br>(DIRECT NRSG HRS) | CENTRAL SERVICES & SUPPLY<br>(COSTED REQUIS) |
|---|----------------------------|---|---|--|
|   | 12                         | 13  | 14  | 15   |
| 1.00 ADMINISTRATIVE AND GENERAL             |                            |   |   |  |
| 2.00 INPATIENT - GENERAL CARE               |                            |   |   |  |
| 3.00 INPATIENT - RESPIRE CARE               |                            |   |   |  |
| 4.00 PHYSICIAN SERVICES                     |                            |   |   |  |
| 5.00 NURSING CARE                           |                            |   |   |  |
| 5.20 NURSING CARE-CONTINUOUS HOME CARE      |                            |   |   |  |
| 6.00 PHYSICAL THERAPY                       |                            |   |   |  |
| 7.00 OCCUPATIONAL THERAPY                   |                            |   |   |  |
| 8.00 SPEECH/LANGUAGE PATHOLOGY              |                            |   |   |  |
| 9.00 MEDICAL SOCIAL SERVICES                |                            |   |   |  |
| 10.00 SPIRITUAL COUNSELING                  |                            |   |   |  |
| 11.00 DIETARY COUNSELING                    |                            |   |   |  |
| 12.00 COUNSELING - OTHER                    |                            |   |   |  |
| 13.00 HOME HEALTH AIDE AND HOMEMAKER        |                            |   |   |  |
| 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE    |                            |   |   |  |
| 14.00                                       |                            |   |   |  |
| 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY |                            |   |   |  |
| 15.30 ANALGESICS                            |                            |   |   |  |
| 15.31 SEDATIVES / HYPNOTICS                 |                            |   |   |  |
| 15.32 OTHER                                 |                            |   |   |  |
| 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN      |                            |   |   |  |
| 17.00 PATIENT TRANSPORTATION                |                            |   |   |  |
| 18.00 IMAGING SERVICES                      |                            |   |   |  |
| 19.00 LABS AND DIAGNOSTICS                  |                            |   |   |  |
| 20.00 MEDICAL SUPPLIES                      |                            |   |   |  |
| 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.) |                            |   |   |  |
| 22.00 RADIATION THERAPY                     |                            |   |   |  |
| 23.00 CHEMOTHERAPY                          |                            |   |   |  |
| 24.00                                       |                            |   |   |  |
| 25.00 BEREAVEMENT PROGRAM COSTS             |                            |   |   |  |
| 26.00 VOLUNTEER PROGRAM COSTS               |                            |   |   |  |
| 27.00 FUNDRAISING                           |                            |   |   |  |
| 28.00 OTHER PROGRAM COSTS                   |                            |   |   |  |
| 29.00 TOTAL (SUM OF LINE 1 THRU 28)         |                            |   |   |  |
| 30.00 TOTAL COST TO BE ALLOCATED            |                            |   |   |  |
| 31.00 UNIT COST MULTIPLIER                  | .000000                    | .000000                                     | .000000                                     | .000000                                      |

| HOSPICE COST CENTER                         | PHARMACY<br>(COSTED REQUIS) | MEDICAL RECORDS & LIBRARY<br>(GROSS CHARGES) | SOCIAL SERVICE<br>(TIME SPENT) | NONPHYSICIAN ANESTHETISTS<br>(ASSIGNED TIME) |
|---|-----------------------------|--|--------------------------------|--|
|   | 16                          | 17   | 18                             | 20   |
| 1.00 ADMINISTRATIVE AND GENERAL             |                             |  |                                |  |
| 2.00 INPATIENT - GENERAL CARE               |                             |  |                                |  |
| 3.00 INPATIENT - RESPIRE CARE               |                             |  |                                |  |
| 4.00 PHYSICIAN SERVICES                     |                             |  |                                |  |
| 5.00 NURSING CARE                           |                             | 63   |                                |  |
| 5.20 NURSING CARE-CONTINUOUS HOME CARE      |                             |  |                                |  |
| 6.00 PHYSICAL THERAPY                       |                             |  |                                |  |
| 7.00 OCCUPATIONAL THERAPY                   |                             |  |                                |  |
| 8.00 SPEECH/LANGUAGE PATHOLOGY              |                             |  |                                |  |
| 9.00 MEDICAL SOCIAL SERVICES                |                             |  |                                |  |
| 10.00 SPIRITUAL COUNSELING                  |                             |  |                                |  |
| 11.00 DIETARY COUNSELING                    |                             |  |                                |  |
| 12.00 COUNSELING - OTHER                    |                             |  |                                |  |
| 13.00 HOME HEALTH AIDE AND HOMEMAKER        |                             |  |                                |  |
| 13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE    |                             |  |                                |  |
| 14.00                                       |                             |  |                                |  |
| 15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY |                             |  |                                |  |
| 15.30 ANALGESICS                            |                             |  |                                |  |
| 15.31 SEDATIVES / HYPNOTICS                 |                             |  |                                |  |
| 15.32 OTHER                                 |                             |  |                                |  |
| 16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN      |                             |  |                                |  |
| 17.00 PATIENT TRANSPORTATION                |                             |  |                                |  |
| 18.00 IMAGING SERVICES                      |                             |  |                                |  |
| 19.00 LABS AND DIAGNOSTICS                  |                             |  |                                |  |
| 20.00 MEDICAL SUPPLIES                      |                             |  |                                |  |
| 21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.) |                             |  |                                |  |
| 22.00 RADIATION THERAPY                     |                             |  |                                |  |
| 23.00 CHEMOTHERAPY                          |                             |  |                                |  |
| 24.00                                       |                             |  |                                |  |
| 25.00 BEREAVEMENT PROGRAM COSTS             |                             |  |                                |  |
| 26.00 VOLUNTEER PROGRAM COSTS               |                             |  |                                |  |
| 27.00 FUNDRAISING                           |                             |  |                                |  |

HOSPICE 1

| HOSPICE COST CENTER                 | PHARMACY | MEDICAL RECORDS & LIBRARY | SOCIAL SERVICE | NONPHYSICIAN ANESTHETISTS |
|-------------------------------------|----------|---------------------------|----------------|---------------------------|
|                                     | 16       | 17                        | 18             | 20                        |
| 28.00 OTHER PROGRAM COSTS           |          |                           |                |                           |
| 29.00 TOTAL (SUM OF LINE 1 THRU 28) |          | 63                        |                |                           |
| 30.00 TOTAL COST TO BE ALLOCATED    |          | 45                        |                |                           |
| 31.00 UNIT COST MULTIPLIER          | .714286  | .000000                   | .000000        | .000000                   |

| HOSPICE COST CENTER                         | NURSING SCHOOL<br>(ASSIGNED TIME) | I&R SERVICES-SALARY & FRINGES<br>(ASSIGNED TIME) | I&R SERVICES-OTHER PRGM COSTS<br>(ASSIGNED TIME) | PARAMED ED PRGM-(SPECIFY)<br>(ASSIGNED TIME) |
|---|-----------------------------------|--|--|--|
|   | 21                                | 22   | 23   | 24   |
| 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                                      |



CALCULATION OF PER DIEM COST

|              |                |               |
|--------------|----------------|---------------|
| PROVIDER NO: | PERIOD:        | PREPARED      |
| 14-0234      | FROM 7/ 1/2009 | 11/23/2010    |
| HOSPICE NO:  | TO 6/30/2010   | WORKSHEET K-6 |
| 14-1533      |                |               |

HOSPICE 1

COMPUTATION OF PER DIEM COST

|   | TITLE XVIII | TITLE XIX | OTHER   | TOTAL(1) |
|---|-------------|-----------|---------|----------|
|   | 1           | 2         | 3       | 4        |
| 1 TOTAL COST (WORKSHEET K-5, PART I, COL. 29, LINE 29 LESS COL. 29, LINE 28 PLUS WORKSHEET K-5, PART III, COL. 4, LINE 11) (SEE INSTRUCTIONS) |             |           |         | 862,854  |
| 2 TOTAL UNDUPLICATED DAYS (S-9, LINE 9, COL. 4)   |             |           |         | 3,923    |
| 3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)  |             |           |         | 219.95   |
| 4 UNDUPLICATED MEDICARE DAYS (S-9, LINE 9, COL. 1)  | 3,332       |           |         |          |
| 5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)   | 732,873     |           |         |          |
| 6 UNDUPLICATED MEDICAID DAYS  |             |           |         |          |
| 7 AGGREGATE MEDICAID COST   |             |           |         |          |
| 8 UNDUPLICATED SNF DAYS (S-9, LINE 9, COL. 2)   |             |           |         |          |
| 9 AGGREGATE SNF COST (LINE 3 TIMES LINE 8)  |             |           |         |          |
| 10 UNDUPLICATED NF DAYS   |             |           |         |          |
| 11 AGGREGATE NF COST  |             |           |         |          |
| 12 OTHER UNDUPLICATED DAYS (S-9, LINE 9, COL. 3)  |             |           | 591     |          |
| 13 AGGREGATE COST FOR OTHER DAYS (LN 3 TIMES LN 12)   |             |           | 129,990 |          |

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

