

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 | | 14-0275 | | FROM 7/ 1/2009 | | --AUDITED --DESK REVIEW | | / / |
| | | | | TO 6/30/2010 | | --INITIAL --REOPENED | | INTERMEDIARY NO: |
| | | | | | | --FINAL 1-MCR CODE | | |
| | | | | | | OO - # OF REOPENINGS | | |

ELECTRONICALLY FILED COST REPORT DATE: 11/15/2010 TIME 8:04

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:
 ILLINI HOSPITAL 14-0275

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 V | A | TITLE XVIII | B | TITLE XIX | |
|-----|--------------------|---|-------------|---------|-----------|--|
| | 1 | 2 | 3 | 4 | 5 | |
| 1 | HOSPITAL | 0 | 297,283 | 106,595 | 0 | |
| 5 | HOSPITAL-BASED SNF | 0 | -1 | 0 | 0 | |
| 100 | TOTAL | 0 | 297,282 | 106,595 | 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.

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

PROVIDER NO: 14-0275
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/15/2010 WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 801 HOSPITAL ROAD P.O. BOX:
 1.01 CITY: SILVIS STATE: IL ZIP CODE: 61282- COUNTY: ROCK ISLAND

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

| COMPONENT | COMPONENT NAME | PROVIDER NO. | NPI NUMBER | DATE CERTIFIED | PAYMENT SYSTEM (P, T, O OR N) | | |
|-----------|---|--------------|------------|----------------|-------------------------------|-------|-----|
| 0 | 1 | 2 | 2.01 | 3 | V | XVIII | XIX |
| 02.00 | HOSPITAL ILLINI HOSPITAL | 14-0275 | | 7/1/1966 | 4 | 5 | 6 |
| 06.00 | HOSPITAL-BASED SNF ILLINI RESTORATIVE CARE CENTER | 14-5703 | | 9/3/1991 | N | P | N |

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 7/1/2009 TO: 6/30/2010

18 TYPE OF CONTROL 1 2

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
 20 SUBPROVIDER

OTHER INFORMATION

- 21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.
- 21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(c)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. Y N
- 21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).
- 21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION. ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY)(SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N N 19340
- 21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1
- 21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1
- 21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL; UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA \$5105 OR MI PPA \$147? (SEE INSTRUC) ENTER "Y" FOR YES, AND "N" FOR NO. N
- 21.07 DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MI PPA \$147? ENTER "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
- 21.08 WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON S-3, PART I, COL. 5 ENTER IN COLUMN 1, "1" IF IT IS BASED ON DATE OF ADMISSION, "2" IF IT IS BASED ON CENSUS DAYS, OR "3" IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE PRECEEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO. 1 N
- 22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N
- 23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N
- 23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /
- 23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY) / /
- 24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX
IDENTIFICATION DATA

PROVIDER NO: 14-0275
PERIOD: FROM 7/1/2009 TO 6/30/2010
PREPARED 11/15/2010
WORKSHEET S-2

- 57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N
- 58 ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. N
- 58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).
- 59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
- 60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
- 60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORTING PERIOD FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES AND "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(C)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3, (SEE INSTRUC). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COL. 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUC). 0

MULTI CAMPUS

- 61.00 IS THIS FACILITY PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSA? ENTER "Y" FOR YES AND "N" FOR NO. N
- IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

| NAME | COUNTY | STATE | ZIP CODE | CBSA | FTE/CAMPUS |
|------|--------|-------|----------|------|------------|
|------|--------|-------|----------|------|------------|

62.00 0.00

SETTLEMENT DATA

- 63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH" DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY). Y 10/ 4/2010

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

PROVIDER NO: 14-0275
PERIOD: FROM 7/1/2009 TO 6/30/2010
PREPARED 11/15/2010
WORKSHEET S-3
PART I

| COMPONENT | NO. OF BEDS 1 | BED DAYS AVAILABLE 2 | CAH N/A 2.01 | TITLE V 3 | I/P DAYS / TITLE XVII 4 | O/P VISITS / NOT LTCH N/A 4.01 | TRIPS TOTAL TITLE XIX 5 |
|----------------------------------|------------------|-------------------------|-----------------|--------------|----------------------------|-----------------------------------|----------------------------|
| 1 ADULTS & PEDIATRICS | 142 | 51,688 | | | | | 2,423 |
| 2 HMO | | | | | 6,855 | | 565 |
| 2 01 HMO - (IRF PPS SUBPROVIDER) | | | | | | | |
| 3 ADULTS & PED-SB SNF | | | | | | | |
| 4 ADULTS & PED-SB NF | | | | | | | |
| 5 TOTAL ADULTS AND PEDS | 142 | 51,688 | | | 6,855 | | 2,423 |
| 6 INTENSIVE CARE UNIT | 7 | 2,548 | | | 739 | | 117 |
| 7 CORONARY CARE UNIT | | | | | | | |
| 8 BURN INTENSIVE CARE UNIT | | | | | | | |
| 9 SURGICAL INTENSIVE CARE UNIT | | | | | | | |
| 10 OTHER SPECIAL CARE | | | | | | | |
| 11 NURSERY | | | | | | | 1,057 |
| 12 TOTAL | 149 | 54,236 | | | 7,594 | | 3,597 |
| 13 RPCH VISITS | | | | | | | |
| 14 SUBPROVIDER | | | | | | | |
| 15 SKILLED NURSING FACILITY | 22 | 8,008 | | | 5,858 | | |
| 16 NURSING FACILITY | 98 | 35,672 | | | | | |
| 16 01 ICF/MR | | | | | | | |
| 17 OTHER LONG TERM CARE | | | | | | | |
| 18 HOME HEALTH AGENCY | | | | | | | |
| 20 AMBULATORY SURGICAL CENTER (| | | | | | | |
| 21 HOSPICE | | | | | | | |
| 23 CORF | | | | | | | |
| 25 TOTAL | 269 | | | | | | |
| 26 OBSERVATION BED DAYS | | | | | | | 48 |
| 27 AMBULANCE TRIPS | | | | | 2,903 | | |
| 28 EMPLOYEE DISCOUNT DAYS | | | | | | | |
| 28 01 EMP DISCOUNT DAYS -IRF | | | | | | | |
| 29 LABOR & DELIVERY DAYS | | | | | | | |

| COMPONENT | TITLE XIX ADMITTED 5.01 | I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02 | O/P VISITS / TOTAL ALL PATS 6 | TRIPS / TOTAL OBSERVATION BEDS ADMITTED 6.01 | TRIPS / TOTAL OBSERVATION BEDS NOT ADMITTED 6.02 | INTERNS & RES. FTES -- TOTAL 7 | RES. FTES -- LESS I&R REPL NON-PHYS ANES 8 |
|----------------------------------|----------------------------|--|----------------------------------|---|---|-----------------------------------|---|
| 1 ADULTS & PEDIATRICS | | | 13,573 | | | | |
| 2 HMO | | | | | | | |
| 2 01 HMO - (IRF PPS SUBPROVIDER) | | | | | | | |
| 3 ADULTS & PED-SB SNF | | | | | | | |
| 4 ADULTS & PED-SB NF | | | | | | | |
| 5 TOTAL ADULTS AND PEDS | | | 13,573 | | | | |
| 6 INTENSIVE CARE UNIT | | | 1,239 | | | | |
| 7 CORONARY CARE UNIT | | | | | | | |
| 8 BURN INTENSIVE CARE UNIT | | | | | | | |
| 9 SURGICAL INTENSIVE CARE UNIT | | | | | | | |
| 10 OTHER SPECIAL CARE | | | | | | | |
| 11 NURSERY | | | 1,513 | | | | |
| 12 TOTAL | | | 16,325 | | | | |
| 13 RPCH VISITS | | | | | | | |
| 14 SUBPROVIDER | | | | | | | |
| 15 SKILLED NURSING FACILITY | | | 7,360 | | | | |
| 16 NURSING FACILITY | | | 31,264 | | | | |
| 16 01 ICF/MR | | | | | | | |
| 17 OTHER LONG TERM CARE | | | | | | | |
| 18 HOME HEALTH AGENCY | | | | | | | |
| 20 AMBULATORY SURGICAL CENTER (| | | | | | | |
| 21 HOSPICE | | | | | | | |
| 23 CORF | | | | | | | |
| 25 TOTAL | | | | | | | |
| 26 OBSERVATION BED DAYS | 48 | | 289 | 266 | 23 | | |
| 27 AMBULANCE TRIPS | | | | | | | |
| 28 EMPLOYEE DISCOUNT DAYS | | | 16 | | | | |
| 28 01 EMP DISCOUNT DAYS -IRF | | | | | | | |
| 29 LABOR & DELIVERY DAYS | | | | | | | |

| COMPONENT | I & R FTES NET 9 | FULL TIME EMPLOYEES ON PAYROLL 10 | EQUIV NONPAID WORKERS 11 | TITLE V 12 | DISCHARGES TITLE XVII 13 | TITLE XIX 14 | TOTAL ALL PATIENTS 15 |
|----------------------------------|---------------------|--------------------------------------|-----------------------------|---------------|-----------------------------|-----------------|--------------------------|
| 1 ADULTS & PEDIATRICS | | | | | 2,086 | 1,238 | 4,622 |
| 2 HMO | | | | | | | |
| 2 01 HMO - (IRF PPS SUBPROVIDER) | | | | | | | |
| 3 ADULTS & PED-SB SNF | | | | | | | |
| 4 ADULTS & PED-SB NF | | | | | | | |
| 5 TOTAL ADULTS AND PEDS | | | | | | | |
| 6 INTENSIVE CARE UNIT | | | | | | | |
| 7 CORONARY CARE UNIT | | | | | | | |
| 8 BURN INTENSIVE CARE UNIT | | | | | | | |
| 9 SURGICAL INTENSIVE CARE UNIT | | | | | | | |
| 10 OTHER SPECIAL CARE | | | | | | | |
| 11 NURSERY | | | | | | | |

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 14-0275 PERIOD: FROM 7/1/2009 TO 6/30/2010 PREPARED 11/15/2010 WORKSHEET S-3 PARTS II & III

| PART II - WAGE DATA | AMOUNT REPORTED 1 | RECLASS OF SALARIES 2 | ADJUSTED SALARIES 3 | PAID HOURS RELATED TO SALARY 4 | AVERAGE HOURLY WAGE 5 | DATA SOURCE 6 |
|--|----------------------|--------------------------|------------------------|-----------------------------------|--------------------------|------------------|
| SALARIES | | | | | | |
| 1 TOTAL SALARY | 27,997,968 | | 27,997,968 | 1,290,325.91 | 21.70 | |
| 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 | 928,996 | 121,869 | 1,050,865 | 50,842.00 | 20.67 | |
| 8.01 EXCLUDED AREA SALARIES | 3,278,710 | 908,609 | 4,187,319 | 200,182.00 | 20.92 | |
| OTHER WAGES & RELATED COSTS | | | | | | |
| 9 CONTRACT LABOR: | 831,024 | | 831,024 | 18,917.00 | 43.93 | |
| 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 | 5,032,750 | | 5,032,750 | 165,260.00 | 30.45 | |
| 12 HOME OFFICE: PHYS PART A | | | | | | |
| 12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS) | | | | | | |
| WAGE RELATED COSTS | | | | | | |
| 13 WAGE-RELATED COSTS (CORE) | 6,186,923 | | 6,186,923 | | | CMS 339 |
| 14 WAGE-RELATED COSTS (OTHER) | 44,734 | | 44,734 | | | CMS 339 |
| 15 EXCLUDED AREAS | 735,040 | | 735,040 | | | 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 | 108 | | 108 | 8.00 | 13.50 | |
| 22 ADMINISTRATIVE & GENERAL A & G UNDER CONTRACT | 1,312,666 | 260,337 | 1,573,003 | 33,025.34 | 47.63 | |
| 23 MAINTENANCE & REPAIRS | | | | | | |
| 24 OPERATION OF PLANT | 842,978 | | 842,978 | 45,450.97 | 18.55 | |
| 25 LAUNDRY & LINEN SERVICE | 62,241 | -19,368 | 42,873 | 5,480.50 | 7.82 | |
| 26 HOUSEKEEPING | 807,742 | -245,408 | 562,334 | 63,684.34 | 8.83 | |
| 26.01 HOUSEKEEPING UNDER CONTRACT | | | | | | |
| 27 DIETARY | 1,286,658 | -1,286,658 | | 97,955.48 | | |
| 27.01 DIETARY UNDER CONTRACT | | | | | | |
| 28 CAFETERIA | | 79,192 | 79,192 | 5,933.00 | 13.35 | |
| 29 MAINTENANCE OF PERSONNEL | | | | | | |
| 30 NURSING ADMINISTRATION | 825,898 | | 825,898 | 24,310.81 | 33.97 | |
| 31 CENTRAL SERVICE AND SUPPLY | 300,682 | | 300,682 | 20,477.96 | 14.68 | |
| 32 PHARMACY | 1,255,982 | | 1,255,982 | 33,884.00 | 37.07 | |
| 33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY | | | | | | |
| 34 SOCIAL SERVICE | 199,536 | | 199,536 | 9,511.09 | 20.98 | |
| 35 OTHER GENERAL SERVICE | | | | | | |
| PART III - HOSPITAL WAGE INDEX SUMMARY | | | | | | |
| 1 NET SALARIES | 27,997,968 | | 27,997,968 | 1,290,325.91 | 21.70 | |
| 2 EXCLUDED AREA SALARIES | 4,207,706 | 1,030,478 | 5,238,184 | 251,024.00 | 20.87 | |
| 3 SUBTOTAL SALARIES | 23,790,262 | -1,030,478 | 22,759,784 | 1,039,301.91 | 21.90 | |
| 4 SUBTOTAL OTHER WAGES & RELATED COSTS | 5,863,774 | | 5,863,774 | 184,177.00 | 31.84 | |
| 5 SUBTOTAL WAGE-RELATED COSTS | 6,231,657 | | 6,231,657 | | 27.38 | |
| 6 TOTAL | 35,885,693 | -1,030,478 | 34,855,215 | 1,223,478.91 | 28.49 | |
| 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 | 6,894,491 | -1,211,905 | 5,682,586 | 339,721.49 | 16.73 | |

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

| 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 | 9/30/01 DAYS |
|----------|-------------------|-----------------------------|-----------|-----------------------------|-----------|------------------------------|--------------|
| 1 | 2 | 3 | 3.01 | 4 | 4.01 | 4.02 | 4.03 |
| 1 | RUC | | | | | | |
| 2 | RUB | | 69 | | | | |
| 3 | RUA | | 15 | | | | |
| 3.01 | RUX | | | | | | |
| 3.02 | RUL | | 13 | | | | |
| 4 | RVC | | 120 | | | | |
| 5 | RVB | | 150 | | | | |
| 6 | RVA | | 84 | | | | |
| 6.01 | RVX | | 39 | | | | |
| 6.02 | RVL | | 172 | | | | |
| 7 | RHC | | 662 | | | | |
| 8 | RHB | | 940 | | | | |
| 9 | RHA | | 807 | | | | |
| 9.01 | RHX | | | | | | |
| 9.02 | RHL | | | | | | |
| 10 | RMC | | 148 | | | | |
| 11 | RMB | | 202 | | | | |
| 12 | RMA | | 178 | | | | |
| 12.01 | RMX | | 461 | | | | |
| 12.02 | RML | | 1,496 | | | | |
| 13 | RLB | | | | | | |
| 14 | RLA | | | | | | |
| 14.01 | RLX | | | | | | |
| 15 | SE3 | | 9 | | | | |
| 16 | SE2 | | 46 | | | | |
| 17 | SE1 | | | | | | |
| 18 | SSC | | | | | | |
| 19 | SSB | | 8 | | | | |
| 20 | SSA | | 107 | | | | |
| 21 | CC2 | | | | | | |
| 22 | CC1 | | 18 | | | | |
| 23 | CB2 | | | | | | |
| 24 | CB1 | | 25 | | | | |
| 25 | CA2 | | | | | | |
| 26 | CA1 | | 53 | | | | |
| 27 | IB2 | | | | | | |
| 28 | IB1 | | | | | | |
| 29 | IA2 | | | | | | |
| 30 | IA1 | | | | | | |
| 31 | BB2 | | | | | | |
| 32 | BB1 | | | | | | |
| 33 | BA2 | | | | | | |
| 34 | BA1 | | | | | | |
| 35 | PE2 | | | | | | |
| 36 | PE1 | | 21 | | | | |
| 37 | PD2 | | | | | | |
| 38 | PD1 | | 4 | | | | |
| 39 | PC2 | | | | | | |
| 40 | PC1 | | | | | | |
| 41 | PB2 | | | | | | |
| 42 | PB1 | | | | | | |
| 43 | PA2 | | | | | | |
| 44 | PA1 | | | | | | |
| 45 | Default | | 11 | | | | |
| 46 | TOTAL | | 5,858 | | | | |

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

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.8435
 Wage Index Factor (after 10/01) : 0.8284
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : 1960
 SNF CBSA Code : NOT SPECIFIED

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 14-0275 PERIOD: FROM 7/1/2009 TO 6/30/2010
PREPARED 11/15/2010 WORKSHEET S-7

| | GROUP(1) 1 | M3PI REVENUE CODE 2 | HIGH COST(2) | | TOTAL 5 |
|--------|---------------|---------------------------|--------------|-------------------------------|------------|
| | | | RUGs 4.05 | SWING BED SNF DAYS 4.06 | |
| 1 | RUC | | | | |
| 2 | RUB | | | | |
| 3 | RUA | | | | |
| 3 .01 | RUX | | | | |
| 3 .02 | RUL | | | | |
| 4 | RVC | | | | |
| 5 | RVB | | | | |
| 6 | RVA | | | | |
| 6 .01 | RVX | | | | |
| 6 .02 | RVL | | | | |
| 7 | RHC | | | | |
| 8 | RHB | | | | |
| 9 | RHA | | | | |
| 9 .01 | RHX | | | | |
| 9 .02 | RHL | | | | |
| 10 | RMC | | | | |
| 11 | RMB | | | | |
| 12 | RMA | | | | |
| 12 .01 | RMX | | | | |
| 12 .02 | RML | | | | |
| 13 | RLB | | | | |
| 14 | RLA | | | | |
| 14 .01 | RLX | | | | |
| 15 | SE3 | | | | |
| 16 | SE2 | | | | |
| 17 | SE1 | | | | |
| 18 | SSC | | | | |
| 19 | SSB | | | | |
| 20 | SSA | | | | |
| 21 | CC2 | | | | |
| 22 | CC1 | | | | |
| 23 | CB2 | | | | |
| 24 | CB1 | | | | |
| 25 | CA2 | | | | |
| 26 | CA1 | | | | |
| 27 | IB2 | | | | |
| 28 | IB1 | | | | |
| 29 | IA2 | | | | |
| 30 | IA1 | | | | |
| 31 | BB2 | | | | |
| 32 | BB1 | | | | |
| 33 | BA2 | | | | |
| 34 | BA1 | | | | |
| 35 | PE2 | | | | |
| 36 | PE1 | | | | |
| 37 | PD2 | | | | |
| 38 | PD1 | | | | |
| 39 | PC2 | | | | |
| 40 | PC1 | | | | |
| 41 | PB2 | | | | |
| 42 | PB1 | | | | |
| 43 | PA2 | | | | |
| 44 | PA1 | | | | |
| 45 | Default | | | | |
| 46 | TOTAL | | | | |

(2) Enter in column 4.05 those days in either column 3.01 or 4.01 which cover the period of 4/1/2000 through 9/30/2000. These RUGs will be incremented by an additional 20% payment.

(3) Enter in column 4.06 the swing bed days for cost reporting periods beginning on or after 7/1/2002.

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.8435
 Wage Index Factor (after 10/01) : 0.8284
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : 1960
 SNF CBSA Code : NOT SPECIFIED

HOSPITAL UNCOMPENSATED CARE DATA

| | | |
|--------------|----------------|----------------|
| PROVIDER NO: | PERIOD: | PREPARED |
| 14-0275 | FROM 7/ 1/2009 | 11/15/2010 |
| | TO 6/30/2010 | WORKSHEET S-10 |

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 | 10,757,979 |
| 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 | 10,757,979 |
| 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) | .355427 |
| 25 | TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24) | |
| 26 | TOTAL SCHIP CHARGES FROM YOUR RECORDS | |
| 27 | TOTAL SCHIP COST, (LINE 24 * LINE 26) | |
| 28 | TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS | 31,282,880 |

HOSPITAL UNCOMPENSATED CARE DATA

IN LIEU OF FORM CMS-2552-96 S-10 (05/2004)
| PROVIDER NO: | PERIOD: | PREPARED 11/15/2010
| 14-0275 | FROM 7/ 1/2009 | WORKSHEET S-10
| | TO 6/30/2010 |
| | |

DESCRIPTION

| | | |
|----|--|------------|
| 29 | TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28) | 11,118,780 |
| 30 | OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS | 11,876,836 |
| 31 | UNCOMPENSATED CARE COST (LINE 24 * LINE 30) | 4,221,348 |
| 32 | TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29) | 11,118,780 |

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 11/15/2010
 I 14-0275 I FROM 7/ 1/2009 I WORKSHEET A
 I I TO 6/30/2010 I

| | COST CENTER | COST CENTER DESCRIPTION | SALARIES 1 | OTHER 2 | TOTAL 3 | RECLASS- IFICATIONS 4 | RECLASSIFIED TRIAL BALANCE 5 |
|-------|-------------|--------------------------------------|---------------|------------|------------|-----------------------------|------------------------------------|
| | | GENERAL SERVICE COST CNTR | | | | | |
| 1 | 0100 | OLD CAP REL COSTS-BLDG & FIXT | | | | | |
| 2 | 0200 | OLD CAP REL COSTS-MVBLE EQUIP | | | | | |
| 3 | 0300 | NEW CAP REL COSTS-BLDG & FIXT | | 3,136,525 | 3,136,525 | 806,832 | 3,943,357 |
| 3.01 | 0301 | NEW CAP RELATED IRC | | 841,420 | 841,420 | | 841,420 |
| 4 | 0400 | NEW CAP REL COSTS-MVBLE EQUIP | | | | | |
| 5 | 0500 | EMPLOYEE BENEFITS | 108 | 4,908,240 | 4,908,348 | 48,094 | 4,956,442 |
| 6 | 0600 | ADMINISTRATIVE & GENERAL | 1,312,666 | 15,745,078 | 17,057,744 | 292,349 | 17,350,093 |
| 7 | 0700 | MAINTENANCE & REPAIRS | | | | | |
| 8 | 0800 | OPERATION OF PLANT | 840,532 | 2,230,720 | 3,071,252 | | 3,071,252 |
| 8.01 | 0802 | OPERATION OF PLANT | 2,446 | 308,397 | 310,843 | | 310,843 |
| 9 | 0900 | LAUNDRY & LINEN SERVICE | 62,241 | 52,756 | 114,997 | -35,784 | 79,213 |
| 10 | 1000 | HOUSEKEEPING | 807,742 | 398,908 | 1,206,650 | -366,605 | 840,045 |
| 11 | 1100 | DIETARY | 1,286,658 | 1,951,496 | 3,238,154 | -3,238,154 | |
| 12 | 1200 | CAFETERIA | | | | 199,304 | 199,304 |
| 13 | 1300 | MAINTENANCE OF PERSONNEL | | | | | |
| 14 | 1400 | NURSING ADMINISTRATION | 825,898 | 105,124 | 931,022 | | 931,022 |
| 15 | 1500 | CENTRAL SERVICES & SUPPLY | 300,682 | 476,166 | 776,848 | -311,560 | 465,288 |
| 16 | 1600 | PHARMACY | 1,255,982 | 2,470,724 | 3,726,706 | -2,245,252 | 1,481,454 |
| 17 | 1700 | MEDICAL RECORDS & LIBRARY | | 3,474 | 3,474 | | 3,474 |
| 18 | 1800 | SOCIAL SERVICE | 199,536 | 21,046 | 220,582 | | 220,582 |
| 19 | 0000 | OTHER GENERAL SERVICE | | | | | |
| 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 | | | | | |
| | | INPAT ROUTINE SRVC CNTRS | | | | | |
| 25 | 2500 | ADULTS & PEDIATRICS | 5,551,916 | 1,972,755 | 7,524,671 | -35,636 | 7,489,035 |
| 26 | 2600 | INTENSIVE CARE UNIT | 904,350 | 196,102 | 1,100,452 | 2,905 | 1,103,357 |
| 27 | 2700 | CORONARY CARE UNIT | | | | | |
| 28 | 2800 | BURN INTENSIVE CARE UNIT | | | | | |
| 29 | 2900 | SURGICAL INTENSIVE CARE UNIT | | | | | |
| 30 | 0000 | OTHER SPECIAL CARE | | | | | |
| 31 | 3100 | SUBPROVIDER | | | | | |
| 33 | 3300 | NURSERY | | | | 382,517 | 382,517 |
| 34 | 3400 | SKILLED NURSING FACILITY | 928,996 | 483,029 | 1,412,025 | 260,517 | 1,672,542 |
| 35 | 3500 | NURSING FACILITY | 1,544,469 | 1,339,228 | 2,883,697 | 676,443 | 3,560,140 |
| 35.01 | 3510 | ICF/MR | | | | | |
| 36 | 3600 | OTHER LONG TERM CARE | | | | | |
| | | ANCILLARY SRVC COST CNTRS | | | | | |
| 37 | 3700 | OPERATING ROOM | 1,615,700 | 4,743,997 | 6,359,697 | -3,844,745 | 2,514,952 |
| 38 | 3800 | RECOVERY ROOM | | | | | |
| 39 | 3900 | DELIVERY ROOM & LABOR ROOM | | | | | |
| 40 | 4000 | ANESTHESIOLOGY | 340 | 1,129,233 | 1,129,573 | -4,532 | 1,125,041 |
| 41 | 4100 | RADIOLOGY-DIAGNOSTIC | 1,312,583 | 591,287 | 1,903,870 | -8,795 | 1,895,075 |
| 42 | 4200 | RADIOLOGY-THERAPEUTIC | | | | | |
| 43 | 4300 | RADIOISOTOPE | | | | | |
| 44 | 4400 | LABORATORY | 1,909,643 | 2,906,186 | 4,815,829 | -152,073 | 4,663,756 |
| 45 | 4500 | PBP CLINICAL LAB SERVICES-PRGM ONLY | | | | | |
| 46 | 4600 | WHOLE BLOOD & PACKED RED BLOOD CELLS | | | | | |
| 47 | 4700 | BLOOD STORING, PROCESSING & TRANS. | | | | | |
| 48 | 4800 | INTRAVENOUS THERAPY | | | | | |
| 49 | 4900 | RESPIRATORY THERAPY | 1,128,460 | 381,567 | 1,510,027 | -9,110 | 1,500,917 |
| 50 | 5000 | PHYSICAL THERAPY | 1,350,233 | 429,411 | 1,779,644 | -49,926 | 1,729,718 |
| 51 | 5100 | OCCUPATIONAL THERAPY | | | | | |
| 52 | 5200 | SPEECH PATHOLOGY | | | | | |
| 53 | 5300 | ELECTROCARDIOLOGY | | | | | |
| 53.01 | 5301 | CARDIAC REHAB | 409,987 | 160,427 | 570,414 | -51,964 | 518,450 |
| 53.02 | 5302 | CARDIAC CATH LAB | 504,962 | 1,790,186 | 2,295,148 | -1,508,781 | 786,367 |
| 54 | 5400 | ELECTROENCEPHALOGRAPHY | | | | | |
| 55 | 5500 | MEDICAL SUPPLIES CHARGED TO PATIENTS | | | | 311,664 | 311,664 |
| 55.30 | 5530 | IMPL. DEV. CHARGED TO PATIENT | | | | 5,536,991 | 5,536,991 |
| 56 | 5600 | DRUGS CHARGED TO PATIENTS | | | | 2,158,557 | 2,158,557 |
| 57 | 5700 | RENAL DIALYSIS | | | | | |
| 58 | 5800 | ASC (NON-DISTINCT PART) | | | | | |
| 59 | 0000 | OTHER ANCILLARY | | | | | |
| 59.97 | 3997 | CARDIAC REHABILITATION | | | | | |
| 59.98 | 3998 | HYPERBARIC OXYGEN THERAPY | | | | | |
| 59.99 | 3999 | LI THOTRI PSY | | | | | |
| | | OUTPAT SERVICE COST CNTRS | | | | | |
| 60 | 6000 | CLINIC | 78,683 | 8,328 | 87,011 | | 87,011 |
| 61 | 6100 | EMERGENCY | 2,128,914 | 3,718,201 | 5,847,115 | -29,682 | 5,817,433 |
| 62 | 6200 | OBSERVATION BEDS (NON-DISTINCT PART) | | | | | |
| 63 | 0000 | OTHER OUTPATIENT SERVICE | | | | | |
| | | OTHER REIMBURS COST CNTRS | | | | | |
| 64 | 6400 | HOME PROGRAM DIALYSIS | | | | | |
| 65 | 6500 | AMBULANCE SERVICES | 1,629,621 | 604,046 | 2,233,667 | 41,795 | 2,275,462 |
| 66 | 6600 | DURABLE MEDICAL EQUIP-RENTED | | | | | |
| 67 | 6700 | DURABLE MEDICAL EQUIP-SOLD | | | | | |
| 68 | 0000 | OTHER REIMBURSABLE | | | | | |
| 69 | 6900 | CORF | | | | | |
| 70 | 7000 | I&R SERVICES-NOT APPRVD PRGM | | | | | |
| 71 | 7100 | HOME HEALTH AGENCY | | | | | |
| | | SPEC PURPOSE COST CENTERS | | | | | |
| 82 | 8200 | LUNG ACQUISITION | | | | | |
| 83 | 8300 | KIDNEY ACQUISITION | | | | | |

PROVIDER NO: 14-0275
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/15/2010
 WORKSHEET A

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

| COST CENTER | COST CENTER DESCRIPTION | SALARIES 1 | OTHER 2 | TOTAL 3 | RECLASS- IFICATIONS 4 | RECLASSIFIED TRIAL BALANCE 5 |
|-------------|--|---------------|------------|------------|-----------------------------|------------------------------------|
| | SPEC PURPOSE COST CENTERS | | | | | |
| 84 | 8400 LIVER ACQUISITION | | | | | |
| 85 | 8500 HEART ACQUISITION | | | | | |
| 86 | 8600 OTHER ORGAN ACQUISITION | | | | | |
| 88 | 8800 INTEREST EXPENSE | | 502,675 | 502,675 | -502,675 | |
| 89 | 8900 UTILIZATION REVIEW-SNF | | | | | |
| 90 | 9000 OTHER CAPITAL RELATED COSTS | | | | | |
| 92 | 9200 AMBULATORY SURGICAL CENTER (D. P.) | | | | | |
| 93 | 9300 HOSPICE | | | | | |
| 94 | 0000 OTHER SPECIAL PURPOSE | | | | | |
| 95 | SUBTOTALS | 27,893,348 | 53,606,732 | 81,500,080 | -1,677,306 | 79,822,774 |
| | NONREIMBURS COST CENTERS | | | | | |
| 96 | 9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN | | 61,559 | 61,559 | 12,995 | 74,554 |
| 97 | 9700 RESEARCH | | | | | |
| 98 | 9800 PHYSICIANS' PRIVATE OFFICES | | 249,309 | 249,309 | 205,769 | 455,078 |
| 98.01 | 9801 PHYSICIANS' PRIVATE OFFICES | | | | 5,728 | 5,728 |
| 98.02 | 9802 CADS | | | | | |
| 98.03 | 9803 CROSSTOWN SQUARE | 104,620 | 1,164,330 | 1,268,950 | 652,866 | 1,921,816 |
| 98.04 | 9804 NONALLOWABLE PHYSICIANS | | | | 459,573 | 459,573 |
| 98.05 | 9805 NONALLOWABLE GUEST MEALS | | | | 340,375 | 340,375 |
| 98.06 | 9806 PHYSICIANS' PRIVATE OFFICES | | | | | |
| 99 | 9900 NONPAID WORKERS | | | | | |
| 100 | 0000 OTHER NONREIMBURSABLE | | | | | |
| 101 | TOTAL | 27,997,968 | 55,081,930 | 83,079,898 | -0- | 83,079,898 |

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 11/15/2010
I 14-0275 I FROM 7/ 1/2009 I WORKSHEET A
I I TO 6/30/2010 I

| COST CENTER | COST CENTER DESCRIPTION | ADJUSTMENTS | NET EXPENSES FOR ALLOC |
|-------------|--------------------------------------|-------------|------------------------|
| | | 6 | 7 |
| | GENERAL SERVICE COST CNTR | | |
| 1 0100 | OLD CAP REL COSTS-BLDG & FIXT | | |
| 2 0200 | OLD CAP REL COSTS-MVBLE EQUIP | | |
| 3 0300 | NEW CAP REL COSTS-BLDG & FIXT | 1,468,477 | 5,411,834 |
| 3.01 0301 | NEW CAP RELATED IRC | -88,758 | 752,662 |
| 4 0400 | NEW CAP REL COSTS-MVBLE EQUIP | | |
| 5 0500 | EMPLOYEE BENEFITS | -127,355 | 4,829,087 |
| 6 0600 | ADMINISTRATIVE & GENERAL | -3,701,923 | 13,648,170 |
| 7 0700 | MAINTENANCE & REPAIRS | | |
| 8 0800 | OPERATION OF PLANT | -176,040 | 2,895,212 |
| 8.01 0802 | OPERATION OF PLANT | -84,480 | 226,363 |
| 9 0900 | LAUNDRY & LINEN SERVICE | -53,842 | 25,371 |
| 10 1000 | HOUSEKEEPING | -195,797 | 644,248 |
| 11 1100 | DIETARY | -701,777 | -701,777 |
| 12 1200 | CAFETERIA | | 199,304 |
| 13 1300 | MAINTENANCE OF PERSONNEL | | |
| 14 1400 | NURSING ADMINISTRATION | | 931,022 |
| 15 1500 | CENTRAL SERVICES & SUPPLY | 171,805 | 637,093 |
| 16 1600 | PHARMACY | -1,218 | 1,480,236 |
| 17 1700 | MEDICAL RECORDS & LIBRARY | 968,095 | 971,569 |
| 18 1800 | SOCIAL SERVICE | | 220,582 |
| 19 0000 | OTHER GENERAL SERVICE | | |
| 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 | | |
| | INPAT ROUTINE SRVC CNTRS | | |
| 25 2500 | ADULTS & PEDIATRICS | -814,375 | 6,674,660 |
| 26 2600 | INTENSIVE CARE UNIT | -11,538 | 1,091,819 |
| 27 2700 | CORONARY CARE UNIT | | |
| 28 2800 | BURN INTENSIVE CARE UNIT | | |
| 29 2900 | SURGICAL INTENSIVE CARE UNIT | | |
| 30 0000 | OTHER SPECIAL CARE | | |
| 31 3100 | SUBPROVIDER | | |
| 33 3300 | NURSERY | | 382,517 |
| 34 3400 | SKILLED NURSING FACILITY | -30,378 | 1,642,164 |
| 35 3500 | NURSING FACILITY | -861,230 | 2,698,910 |
| 35.01 3510 | ICF/MR | | |
| 36 3600 | OTHER LONG TERM CARE | | |
| | ANCILLARY SRVC COST CNTRS | | |
| 37 3700 | OPERATING ROOM | -119,322 | 2,395,630 |
| 38 3800 | RECOVERY ROOM | | |
| 39 3900 | DELIVERY ROOM & LABOR ROOM | | |
| 40 4000 | ANESTHESIOLOGY | -1,016,317 | 108,724 |
| 41 4100 | RADIOLOGY-DIAGNOSTIC | -2,488 | 1,892,587 |
| 42 4200 | RADIOLOGY-THERAPEUTIC | | |
| 43 4300 | RADIOISOTOPE | | |
| 44 4400 | LABORATORY | -260,859 | 4,402,897 |
| 45 4500 | PBP CLINICAL LAB SERVICES-PRGM ONLY | | |
| 46 4600 | WHOLE BLOOD & PACKED RED BLOOD CELLS | | |
| 47 4700 | BLOOD STORING, PROCESSING & TRANS. | | |
| 48 4800 | INTRAVENOUS THERAPY | | |
| 49 4900 | RESPIRATORY THERAPY | -106,582 | 1,394,335 |
| 50 5000 | PHYSICAL THERAPY | -199,201 | 1,530,517 |
| 51 5100 | OCCUPATIONAL THERAPY | | |
| 52 5200 | SPEECH PATHOLOGY | | |
| 53 5300 | ELECTROCARDIOLOGY | | |
| 53.01 5301 | CARDIAC REHAB | -13,762 | 504,688 |
| 53.02 5302 | CARDIAC CATH LAB | -6,380 | 779,987 |
| 54 5400 | ELECTROENCEPHALOGRAPHY | | |
| 55 5500 | MEDICAL SUPPLIES CHARGED TO PATIENTS | | 311,664 |
| 55.30 5530 | IMPL. DEV. CHARGED TO PATIENT | | 5,536,991 |
| 56 5600 | DRUGS CHARGED TO PATIENTS | | 2,158,557 |
| 57 5700 | RENAL DIALYSIS | | |
| 58 5800 | ASC (NON-DISTINCT PART) | | |
| 59 0000 | OTHER ANCILLARY | | |
| 59.97 3997 | CARDIAC REHABILITATION | | |
| 59.98 3998 | HYPERBARIC OXYGEN THERAPY | | |
| 59.99 3999 | LI THOTRI PSY | | |
| | OUTPAT SERVICE COST CNTRS | | |
| 60 6000 | CLINIC | | 87,011 |
| 61 6100 | EMERGENCY | -3,194,394 | 2,623,039 |
| 62 6200 | OBSERVATION BEDS (NON-DISTINCT PART) | | |
| 63 0000 | OTHER OUTPATIENT SERVICE | | |
| | OTHER REIMBURS COST CNTRS | | |
| 64 6400 | HOME PROGRAM DIALYSIS | | |
| 65 6500 | AMBULANCE SERVICES | -989,080 | 1,286,382 |
| 66 6600 | DURABLE MEDICAL EQUIP-RENTED | | |
| 67 6700 | DURABLE MEDICAL EQUIP-SOLD | | |
| 68 0000 | OTHER REIMBURSABLE | | |
| 69 6900 | CORF | | |
| 70 7000 | I&R SERVICES-NOT APPRVD PRGM | | |
| 71 7100 | HOME HEALTH AGENCY | | |
| | SPEC PURPOSE COST CENTERS | | |
| 82 8200 | LUNG ACQUISITION | | |
| 83 8300 | KIDNEY ACQUISITION | | |

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 11/15/2010
I 14-0275 I FROM 7/ 1/2009 I WORKSHEET A
I I TO 6/30/2010 I

| COST CENTER | COST CENTER DESCRIPTION | ADJUSTMENTS | NET EXPENSES FOR ALLOC |
|-------------|--|-------------|------------------------|
| | | 6 | 7 |
| | SPEC PURPOSE COST CENTERS | | |
| 84 | 8400 LIVER ACQUISITION | | |
| 85 | 8500 HEART ACQUISITION | | |
| 86 | 8600 OTHER ORGAN ACQUISITION | | |
| 88 | 8800 INTEREST EXPENSE | | -0- |
| 89 | 8900 UTILIZATION REVIEW-SNF | | -0- |
| 90 | 9000 OTHER CAPITAL RELATED COSTS | | -0- |
| 92 | 9200 AMBULATORY SURGICAL CENTER (D. P.) | | |
| 93 | 9300 HOSPICE | | |
| 94 | 0000 OTHER SPECIAL PURPOSE | | |
| 95 | SUBTOTALS | -10,148,719 | 69,674,055 |
| | NONREIMBURS COST CENTERS | | |
| 96 | 9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN | | 74,554 |
| 97 | 9700 RESEARCH | | |
| 98 | 9800 PHYSICIANS' PRIVATE OFFICES | | 455,078 |
| 98.01 | 9801 PHYSICIANS' PRIVATE OFFICES | | 5,728 |
| 98.02 | 9802 CADS | | |
| 98.03 | 9803 CROSSTOWN SQUARE | -99,758 | 1,822,058 |
| 98.04 | 9804 NONALLOWABLE PHYSICIANS | | 459,573 |
| 98.05 | 9805 NONALLOWABLE GUEST MEALS | | 340,375 |
| 98.06 | 9806 PHYSICIANS' PRIVATE OFFICES | | |
| 99 | 9900 NONPAID WORKERS | | |
| 100 | 0000 OTHER NONREIMBURSABLE | | |
| 101 | TOTAL | -10,248,477 | 72,831,421 |

COST CENTERS USED IN COST REPORT

PROVIDER NO: 14-0275
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/15/2010
 NOT A CMS WORKSHEET

| LINE NO. | COST CENTER DESCRIPTION | CMS CODE | STANDARD LABEL FOR NON-STANDARD CODES |
|----------|---------------------------------------|----------|---------------------------------------|
| | GENERAL SERVICE COST | | |
| 1 | OLD CAP REL COSTS-BLDG & FIXT | 0100 | |
| 2 | OLD CAP REL COSTS-MVBLE EQUIP | 0200 | |
| 3 | NEW CAP REL COSTS-BLDG & FIXT | 0300 | |
| 3.01 | NEW CAP RELATED IRC | 0301 | NEW CAP REL COSTS-BLDG & FIXT |
| 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 | |
| 8.01 | OPERATION OF PLANT | 0802 | OPERATION OF PLANT |
| 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 | |
| 19 | OTHER GENERAL SERVICE | 0000 | |
| 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 | 2400 | |
| | INPAT ROUTINE SRVC C | | |
| 25 | ADULTS & PEDIATRICS | 2500 | |
| 26 | INTENSIVE CARE UNIT | 2600 | |
| 27 | CORONARY CARE UNIT | 2700 | |
| 28 | BURN INTENSIVE CARE UNIT | 2800 | |
| 29 | SURGICAL INTENSIVE CARE UNIT | 2900 | |
| 30 | OTHER SPECIAL CARE | 0000 | |
| 31 | SUBPROVIDER | 3100 | |
| 33 | NURSERY | 3300 | |
| 34 | SKILLED NURSING FACILITY | 3400 | |
| 35 | NURSING FACILITY | 3500 | |
| 35.01 | ICF/MR | 3510 | |
| 36 | OTHER LONG TERM CARE | 3600 | |
| | ANCILLARY SRVC COST | | |
| 37 | OPERATING ROOM | 3700 | |
| 38 | RECOVERY ROOM | 3800 | |
| 39 | DELIVERY ROOM & LABOR ROOM | 3900 | |
| 40 | ANESTHESIOLOGY | 4000 | |
| 41 | RADIOLOGY-DIAGNOSTIC | 4100 | |
| 42 | RADIOLOGY-THERAPEUTIC | 4200 | |
| 43 | RADIOISOTOPE | 4300 | |
| 44 | LABORATORY | 4400 | |
| 45 | PBP CLINICAL LAB SERVICES-PRGM ONLY | 4500 | |
| 46 | WHOLE BLOOD & PACKED RED BLOOD CELLS | 4600 | |
| 47 | BLOOD STORING, PROCESSING & TRANS. | 4700 | |
| 48 | INTRAVENOUS THERAPY | 4800 | |
| 49 | RESPIRATORY THERAPY | 4900 | |
| 50 | PHYSICAL THERAPY | 5000 | |
| 51 | OCCUPATIONAL THERAPY | 5100 | |
| 52 | SPEECH PATHOLOGY | 5200 | |
| 53 | ELECTROCARDIOLOGY | 5300 | |
| 53.01 | CARDIAC REHAB | 5301 | ELECTROCARDIOLOGY |
| 53.02 | CARDIAC CATH LAB | 5302 | ELECTROCARDIOLOGY |
| 54 | ELECTROENCEPHALOGRAPHY | 5400 | |
| 55 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 5500 | |
| 55.30 | IMPL. DEV. CHARGED TO PATIENT | 5530 | IMPL. DEV. CHARGED TO PATIENT |
| 56 | DRUGS CHARGED TO PATIENTS | 5600 | |
| 57 | RENAL DIALYSIS | 5700 | |
| 58 | ASC (NON-DI STINCT PART) | 5800 | |
| 59 | OTHER ANCILLARY | 0000 | |
| 59.97 | CARDIAC REHABILITATION | 3997 | CARDIAC REHABILITATION |
| 59.98 | HYPERBARIC OXYGEN THERAPY | 3998 | HYPERBARIC OXYGEN THERAPY |
| 59.99 | LI THOTRI PSY | 3999 | LI THOTRI PSY |
| | OUTPAT SERVICE COST | | |
| 60 | CLINIC | 6000 | |
| 61 | EMERGENCY | 6100 | |
| 62 | OBSERVATION BEDS (NON-DI STINCT PART) | 6200 | |
| 63 | OTHER OUTPATIENT SERVICE | 0000 | |
| | OTHER REIMBURS COST | | |
| 64 | HOME PROGRAM DIALYSIS | 6400 | |
| 65 | AMBULANCE SERVICES | 6500 | |
| 66 | DURABLE MEDICAL EQUIP-RENTED | 6600 | |
| 67 | DURABLE MEDICAL EQUIP-SOLD | 6700 | |
| 68 | OTHER REIMBURSABLE | 0000 | |
| 69 | CORF | 6900 | |
| 70 | I&R SERVICES-NOT APPRVD PRGM | 7000 | |
| 71 | HOME HEALTH AGENCY | 7100 | |
| | SPEC PURPOSE COST CE | | |
| 82 | LUNG ACQUISITION | 8200 | |
| 83 | KIDNEY ACQUISITION | 8300 | |
| 84 | LIVER ACQUISITION | 8400 | |

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 11/15/2010
 I 14-0275 I FROM 7/ 1/2009 I NOT A CMS WORKSHEET
 I I TO 6/30/2010 I

| LINE NO. | COST CENTER DESCRIPTION | CMS CODE | STANDARD LABEL FOR NON-STANDARD CODES |
|----------|-------------------------------------|----------|---------------------------------------|
| | SPEC PURPOSE COST CE | | |
| 85 | HEART ACQUISITION | 8500 | |
| 86 | OTHER ORGAN ACQUISITION | 8600 | |
| 88 | INTEREST EXPENSE | 8800 | |
| 89 | UTILIZATION REVIEW-SNF | 8900 | |
| 90 | OTHER CAPITAL RELATED COSTS | 9000 | |
| 92 | AMBULATORY SURGICAL CENTER (D.P.) | 9200 | |
| 93 | HOSPICE | 9300 | |
| 94 | OTHER SPECIAL PURPOSE | 0000 | |
| 95 | SUBTOTALS | 0000 | |
| | NONREIMBURS COST CEN | | |
| 96 | GIFT, FLOWER, COFFEE SHOP & CANTEEN | 9600 | |
| 97 | RESEARCH | 9700 | |
| 98 | PHYSICIANS' PRIVATE OFFICES | 9800 | |
| 98.01 | PHYSICIANS' PRIVATE OFFICES | 9801 | PHYSICIANS' PRIVATE OFFICES |
| 98.02 | CADS | 9802 | PHYSICIANS' PRIVATE OFFICES |
| 98.03 | CROSSTOWN SQUARE | 9803 | PHYSICIANS' PRIVATE OFFICES |
| 98.04 | NONALLOWABLE PHYSICANS | 9804 | PHYSICIANS' PRIVATE OFFICES |
| 98.05 | NONALLOWABLE GUEST MEALS | 9805 | PHYSICIANS' PRIVATE OFFICES |
| 98.06 | PHYSICIANS' PRIVATE OFFICES | 9806 | PHYSICIANS' PRIVATE OFFICES |
| 99 | NONPAID WORKERS | 9900 | |
| 100 | OTHER NONREIMBURSABLE | 0000 | |
| 101 | TOTAL | 0000 | |

RECLASSIFICATIONS

PROVIDER NO:
140275

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

PREPARED 11/15/2010
WORKSHEET A-6

| EXPLANATION OF RECLASSIFICATION | CODE (1) | COST CENTER 2 | INCREASE | | SALARY 4 | OTHER 5 |
|------------------------------------|-------------|--|-----------------|--|-------------|------------------|
| | | | LINE NO 3 | | | |
| 1 WORKMENS COMPENSATION | A | EMPLOYEE BENEFITS | 5 | | | 48,094 |
| 2 | | | | | | |
| 3 LEASE EXPENSE-LARSON CENTER | B | NEW CAP REL COSTS-BLDG & FIXT | 3 | | | 419,566 |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 POB DEPRECIATION | C | PHYSICIANS' PRIVATE OFFICES | 98 | | | 115,409 |
| 9 INTEREST EXPENSE | D | NEW CAP REL COSTS-BLDG & FIXT | 3 | | | 502,675 |
| 10 AUXILIARY EXPENSE | E | PHYSICIANS' PRIVATE OFFICES | 98 | | | 16,000 |
| 11 NURSING HOME OVERHEAD COSTS | F | ADMINISTRATIVE & GENERAL | 6 | | 260,337 | 199,707 |
| 12 NURSERY COSTS | H | NURSERY | 33 | | 303,215 | 79,302 |
| 13 CHARGEABLE SUPPLIES | I | MEDICAL SUPPLIES CHARGED TO PATIENTS | 55 | | | 311,664 |
| 14 CHARGEABLE DRUGS | J | DRUGS CHARGED TO PATIENTS | 56 | | | 2,158,557 |
| 15 CHARGEABLE SUPPLIES | M | IMPL. DEV. CHARGED TO PATIENT CENTRAL SERVICES & SUPPLY | 55, 30 15 | | | 5,536,991 104 |
| 16 | | | | | | |
| 17 | | | | | | |
| 18 | | | | | | |
| 19 | | | | | | |
| 20 | | | | | | |
| 21 | | | | | | |
| 22 | | | | | | |
| 23 | | | | | | |
| 24 | | | | | | |
| 25 | | | | | | |
| 26 | | | | | | |
| 27 | | | | | | |
| 28 | | | | | | |
| 29 PHYSICIAN OFFICE BUILDING | N | PHYSICIANS' PRIVATE OFFICES | 98 | | | 69,532 |
| 30 DIETARY COST AND EMPLOYEE MEALS | O | CAFETERIA | 12 | | 79,192 | 120,112 |
| 31 | | ADULTS & PEDIATRICS | 25 | | 171,294 | 259,804 |
| 32 | | INTENSIVE CARE UNIT | 26 | | 10,133 | 15,368 |
| 33 | | SKILLED NURSING FACILITY | 34 | | 85,228 | 129,267 |
| 34 | | NURSING FACILITY | 35 | | 362,031 | 549,098 |
| 35 | | CROSSTOWN SQUARE | 98.03 | | 260,926 | 395,753 |
| 1 DIETARY COST AND EMPLOYEE MEALS | O | NONALLOWABLE PHYSICIANS | 98.04 | | 182,608 | 276,965 |
| 2 | | NONALLOWABLE GUEST MEALS | 98.05 | | 135,246 | 205,129 |
| 3 RECLASS HOUSEKEEPING COST | P | SKILLED NURSING FACILITY | 34 | | 36,641 | 18,095 |
| 4 | | NURSING FACILITY | 35 | | 161,307 | 79,663 |
| 5 | | AMBULANCE SERVICES | 65 | | 31,695 | 15,653 |
| 6 | | GIFT, FLOWER, COFFEE SHOP & CANTEEN | 96 | | 8,699 | 4,296 |
| 7 | | PHYSICIANS' PRIVATE OFFICES | 98 | | 3,232 | 1,596 |
| 8 | | PHYSICIANS' PRIVATE OFFICES | 98.01 | | 3,834 | 1,894 |
| 9 RECLASS LAUNDRY COST | Q | NURSING FACILITY | 35 | | 18,050 | 15,299 |
| 10 | | CROSSTOWN SQUARE | 98.03 | | 1,318 | 1,117 |
| 36 TOTAL RECLASSIFICATIONS | | | | | 2,114,986 | 11,546,710 |

(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:
140275

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

PREPARED 11/15/2010
WORKSHEET A-6

| EXPLANATION OF RECLASSIFICATION | CODE (1) | COST CENTER 6 | DECREASE | | | A-7 REF 10 |
|------------------------------------|-------------|------------------|-----------------|-------------|------------|------------------|
| | | | LINE NO 7 | SALARY 8 | OTHER 9 | |
| 1 WORKMENS COMPENSATION | A | | 35 | | 41,846 | |
| 2 | | | 98.03 | | 6,248 | |
| 3 LEASE EXPENSE-LARSON CENTER | B | | 6 | | 82,163 | 9 |
| 4 | | | 16 | | 85,322 | |
| 5 | | | 44 | | 150,263 | |
| 6 | | | 50 | | 49,854 | |
| 7 | | | 53.01 | | 51,964 | |
| 8 POB DEPRECIATION | C | | 3 | | 115,409 | 9 |
| 9 INTEREST EXPENSE | D | | 88 | | 502,675 | 11 |
| 10 AUXILIARY EXPENSE | E | | 6 | | 16,000 | |
| 11 NURSING HOME OVERHEAD COSTS | F | | 35 | 260,337 | 199,707 | |
| 12 NURSERY COSTS | H | | 25 | 303,215 | 79,302 | |
| 13 CHARGEABLE SUPPLIES | I | | 15 | | 311,664 | |
| 14 CHARGEABLE DRUGS | J | | 16 | | 2,158,557 | |
| 15 CHARGEABLE SUPPLIES | M | | 25 | | 84,217 | |
| 16 | | | 26 | | 22,596 | |
| 17 | | | 34 | | 8,714 | |
| 18 | | | 35 | | 7,115 | |
| 19 | | | 37 | | 3,844,745 | |
| 20 | | | 40 | | 4,532 | |
| 21 | | | 41 | | 8,795 | |
| 22 | | | 44 | | 1,810 | |
| 23 | | | 49 | | 9,110 | |
| 24 | | | 50 | | 72 | |
| 25 | | | 53.02 | | 1,508,781 | |
| 26 | | | 61 | | 29,682 | |
| 27 | | | 65 | | 5,553 | |
| 28 | | | 16 | | 1,373 | |
| 29 PHYSICIAN OFFICE BUILDING | N | | 6 | | 69,532 | |
| 30 DIETARY COST AND EMPLOYEE MEALS | O | | 11 | 1,286,658 | 1,951,496 | |
| 31 | | | | | | |
| 32 | | | | | | |
| 33 | | | | | | |
| 34 | | | | | | |
| 35 | | | | | | |
| 1 DIETARY COST AND EMPLOYEE MEALS | O | | | | | |
| 2 | | | | | | |
| 3 RECLASS HOUSEKEEPING COST | P | | 10 | 245,408 | 121,197 | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 RECLASS LAUNDRY COST | Q | | 9 | 19,368 | 16,416 | |
| 10 | | | | | | |
| 36 TOTAL RECLASSIFICATIONS | | | | 2,114,986 | 11,546,710 | |

(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: 140275 | PERIOD: FROM 7/ 1/2009 TO 6/30/2010 | PREPARED 11/15/2010 WORKSHEET A-6 NOT A CMS WORKSHEET |
|------------------------|---|---|

RECLASS CODE: A
EXPLANATION : WORKMENS COMPENSATION

| ----- INCREASE ----- | | | | ----- DECREASE ----- | | | |
|------------------------------------|-------------------|------|--------|----------------------|-------|--------|--------|
| LINE | COST CENTER | LINE | AMOUNT | COST CENTER | LINE | AMOUNT | |
| 1.00 | EMPLOYEE BENEFITS | 5 | 48,094 | NURSING FACILITY | 35 | 41,846 | |
| 2.00 | | | 0 | CROSSTOWN SQUARE | 98.03 | 6,248 | |
| TOTAL RECLASSIFICATIONS FOR CODE A | | | 48,094 | | | | 48,094 |

RECLASS CODE: B
EXPLANATION : LEASE EXPENSE-LARSON CENTER

| ----- INCREASE ----- | | | | ----- DECREASE ----- | | | |
|------------------------------------|-------------------------------|------|---------|--------------------------|-------|---------|---------|
| LINE | COST CENTER | LINE | AMOUNT | COST CENTER | LINE | AMOUNT | |
| 1.00 | NEW CAP REL COSTS-BLDG & FIXT | 3 | 419,566 | ADMINISTRATIVE & GENERAL | 6 | 82,163 | |
| 2.00 | | | 0 | PHARMACY | 16 | 85,322 | |
| 3.00 | | | 0 | LABORATORY | 44 | 150,263 | |
| 4.00 | | | 0 | PHYSICAL THERAPY | 50 | 49,854 | |
| 5.00 | | | 0 | CARDIAC REHAB | 53.01 | 51,964 | |
| TOTAL RECLASSIFICATIONS FOR CODE B | | | 419,566 | | | | 419,566 |

RECLASS CODE: C
EXPLANATION : POB DEPRECIATION

| ----- INCREASE ----- | | | | ----- DECREASE ----- | | | |
|------------------------------------|-----------------------------|------|---------|-------------------------------|------|---------|---------|
| LINE | COST CENTER | LINE | AMOUNT | COST CENTER | LINE | AMOUNT | |
| 1.00 | PHYSICIANS' PRIVATE OFFICES | 98 | 115,409 | NEW CAP REL COSTS-BLDG & FIXT | 3 | 115,409 | |
| TOTAL RECLASSIFICATIONS FOR CODE C | | | 115,409 | | | | 115,409 |

RECLASS CODE: D
EXPLANATION : INTEREST EXPENSE

| ----- INCREASE ----- | | | | ----- DECREASE ----- | | | |
|------------------------------------|-------------------------------|------|---------|----------------------|------|---------|---------|
| LINE | COST CENTER | LINE | AMOUNT | COST CENTER | LINE | AMOUNT | |
| 1.00 | NEW CAP REL COSTS-BLDG & FIXT | 3 | 502,675 | INTEREST EXPENSE | 88 | 502,675 | |
| TOTAL RECLASSIFICATIONS FOR CODE D | | | 502,675 | | | | 502,675 |

RECLASS CODE: E
EXPLANATION : AUXILIARY EXPENSE

| ----- INCREASE ----- | | | | ----- DECREASE ----- | | | |
|------------------------------------|-----------------------------|------|--------|--------------------------|------|--------|--------|
| LINE | COST CENTER | LINE | AMOUNT | COST CENTER | LINE | AMOUNT | |
| 1.00 | PHYSICIANS' PRIVATE OFFICES | 98 | 16,000 | ADMINISTRATIVE & GENERAL | 6 | 16,000 | |
| TOTAL RECLASSIFICATIONS FOR CODE E | | | 16,000 | | | | 16,000 |

RECLASS CODE: F
EXPLANATION : NURSING HOME OVERHEAD COSTS

| ----- INCREASE ----- | | | | ----- DECREASE ----- | | | |
|------------------------------------|--------------------------|------|---------|----------------------|------|---------|---------|
| LINE | COST CENTER | LINE | AMOUNT | COST CENTER | LINE | AMOUNT | |
| 1.00 | ADMINISTRATIVE & GENERAL | 6 | 460,044 | NURSING FACILITY | 35 | 460,044 | |
| TOTAL RECLASSIFICATIONS FOR CODE F | | | 460,044 | | | | 460,044 |

RECLASS CODE: H
EXPLANATION : NURSERY COSTS

| ----- INCREASE ----- | | | | ----- DECREASE ----- | | | |
|------------------------------------|-------------|------|---------|----------------------|------|---------|---------|
| LINE | COST CENTER | LINE | AMOUNT | COST CENTER | LINE | AMOUNT | |
| 1.00 | NURSERY | 33 | 382,517 | ADULTS & PEDIATRICS | 25 | 382,517 | |
| TOTAL RECLASSIFICATIONS FOR CODE H | | | 382,517 | | | | 382,517 |

RECLASS CODE: I
EXPLANATION : CHARGEABLE SUPPLIES

| ----- INCREASE ----- | | | | ----- DECREASE ----- | | | |
|------------------------------------|--------------------------------|------|---------|---------------------------|------|---------|---------|
| LINE | COST CENTER | LINE | AMOUNT | COST CENTER | LINE | AMOUNT | |
| 1.00 | MEDICAL SUPPLIES CHARGED TO PA | 55 | 311,664 | CENTRAL SERVICES & SUPPLY | 15 | 311,664 | |
| TOTAL RECLASSIFICATIONS FOR CODE I | | | 311,664 | | | | 311,664 |

RECLASS CODE: J
EXPLANATION : CHARGEABLE DRUGS

| ----- INCREASE ----- | | | | ----- DECREASE ----- | | | |
|------------------------------------|---------------------------|------|-----------|----------------------|------|-----------|-----------|
| LINE | COST CENTER | LINE | AMOUNT | COST CENTER | LINE | AMOUNT | |
| 1.00 | DRUGS CHARGED TO PATIENTS | 56 | 2,158,557 | PHARMACY | 16 | 2,158,557 | |
| TOTAL RECLASSIFICATIONS FOR CODE J | | | 2,158,557 | | | | 2,158,557 |

RECLASSIFICATIONS

| | | |
|------------------------|--|---|
| PROVIDER NO: 140275 | PERIOD: FROM 7/1/2009 TO 6/30/2010 | PREPARED 11/15/2010 WORKSHEET A-6 NOT A CMS WORKSHEET |
|------------------------|--|---|

RECLASS CODE: M
EXPLANATION : CHARGEABLE SUPPLIES

| ----- INCREASE ----- | | | | ----- DECREASE ----- | | | |
|------------------------------------|-------------------------------|-------|-----------|------------------------------------|-------|-----------|-----------|
| LINE | COST CENTER | LINE | AMOUNT | COST CENTER | LINE | AMOUNT | |
| 1.00 | IMPL. DEV. CHARGED TO PATIENT | 55.30 | 5,536,991 | ADULTS & PEDIATRICS | 25 | 84,217 | |
| 2.00 | CENTRAL SERVICES & SUPPLY | 15 | 104 | INTENSIVE CARE UNIT | 26 | 22,596 | |
| 3.00 | | | 0 | SKILLED NURSING FACILITY | 34 | 8,714 | |
| 4.00 | | | 0 | NURSING FACILITY | 35 | 7,115 | |
| 5.00 | | | 0 | OPERATING ROOM | 37 | 3,844,745 | |
| 6.00 | | | 0 | ANESTHESIOLOGY | 40 | 4,532 | |
| 7.00 | | | 0 | RADIOLOGY-DIAGNOSTIC | 41 | 8,795 | |
| 8.00 | | | 0 | LABORATORY | 44 | 1,810 | |
| 9.00 | | | 0 | RESPIRATORY THERAPY | 49 | 9,110 | |
| 10.00 | | | 0 | PHYSICAL THERAPY | 50 | 72 | |
| 11.00 | | | 0 | CARDIAC CATH LAB | 53.02 | 1,508,781 | |
| 12.00 | | | 0 | EMERGENCY | 61 | 29,682 | |
| 13.00 | | | 0 | AMBULANCE SERVICES | 65 | 5,553 | |
| 14.00 | | | 0 | PHARMACY | 16 | 1,373 | |
| TOTAL RECLASSIFICATIONS FOR CODE M | | | 5,537,095 | TOTAL RECLASSIFICATIONS FOR CODE M | | | 5,537,095 |

RECLASS CODE: N
EXPLANATION : PHYSICIAN OFFICE BUILDING

| ----- INCREASE ----- | | | | ----- DECREASE ----- | | | |
|------------------------------------|-----------------------------|------|--------|------------------------------------|------|--------|--------|
| LINE | COST CENTER | LINE | AMOUNT | COST CENTER | LINE | AMOUNT | |
| 1.00 | PHYSICIANS' PRIVATE OFFICES | 98 | 69,532 | ADMINISTRATIVE & GENERAL | 6 | 69,532 | |
| TOTAL RECLASSIFICATIONS FOR CODE N | | | 69,532 | TOTAL RECLASSIFICATIONS FOR CODE N | | | 69,532 |

RECLASS CODE: O
EXPLANATION : DIETARY COST AND EMPLOYEE MEALS

| ----- INCREASE ----- | | | | ----- DECREASE ----- | | | |
|------------------------------------|--------------------------|-------|-----------|------------------------------------|------|-----------|-----------|
| LINE | COST CENTER | LINE | AMOUNT | COST CENTER | LINE | AMOUNT | |
| 1.00 | CAFETERIA | 12 | 199,304 | DIETARY | 11 | 3,238,154 | |
| 2.00 | ADULTS & PEDIATRICS | 25 | 431,098 | | | 0 | |
| 3.00 | INTENSIVE CARE UNIT | 26 | 25,501 | | | 0 | |
| 4.00 | SKILLED NURSING FACILITY | 34 | 214,495 | | | 0 | |
| 5.00 | NURSING FACILITY | 35 | 911,129 | | | 0 | |
| 6.00 | CROSSTOWN SQUARE | 98.03 | 656,679 | | | 0 | |
| 7.00 | NONALLOWABLE PHYSICIANS | 98.04 | 459,573 | | | 0 | |
| 8.00 | NONALLOWABLE GUEST MEALS | 98.05 | 340,375 | | | 0 | |
| TOTAL RECLASSIFICATIONS FOR CODE O | | | 3,238,154 | TOTAL RECLASSIFICATIONS FOR CODE O | | | 3,238,154 |

RECLASS CODE: P
EXPLANATION : RECLASS HOUSEKEEPING COST

| ----- INCREASE ----- | | | | ----- DECREASE ----- | | | |
|------------------------------------|--------------------------------|-------|---------|------------------------------------|------|---------|---------|
| LINE | COST CENTER | LINE | AMOUNT | COST CENTER | LINE | AMOUNT | |
| 1.00 | SKILLED NURSING FACILITY | 34 | 54,736 | HOUSEKEEPING | 10 | 366,605 | |
| 2.00 | NURSING FACILITY | 35 | 240,970 | | | 0 | |
| 3.00 | AMBULANCE SERVICES | 65 | 47,348 | | | 0 | |
| 4.00 | GIFT, FLOWER, COFFEE SHOP & CA | 96 | 12,995 | | | 0 | |
| 5.00 | PHYSICIANS' PRIVATE OFFICES | 98 | 4,828 | | | 0 | |
| 6.00 | PHYSICIANS' PRIVATE OFFICES | 98.01 | 5,728 | | | 0 | |
| TOTAL RECLASSIFICATIONS FOR CODE P | | | 366,605 | TOTAL RECLASSIFICATIONS FOR CODE P | | | 366,605 |

RECLASS CODE: Q
EXPLANATION : RECLASS LAUNDRY COST

| ----- INCREASE ----- | | | | ----- DECREASE ----- | | | |
|------------------------------------|------------------|-------|--------|------------------------------------|------|--------|--------|
| LINE | COST CENTER | LINE | AMOUNT | COST CENTER | LINE | AMOUNT | |
| 1.00 | NURSING FACILITY | 35 | 33,349 | LAUNDRY & LINEN SERVICE | 9 | 35,784 | |
| 2.00 | CROSSTOWN SQUARE | 98.03 | 2,435 | | | 0 | |
| TOTAL RECLASSIFICATIONS FOR CODE Q | | | 35,784 | TOTAL RECLASSIFICATIONS FOR CODE Q | | | 35,784 |

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

| DESCRIPTION | BEGINNING BALANCES 1 | PURCHASES 2 | ACQUISITIONS DONATION 3 | TOTAL 4 | DI SPOSALS AND RETIREMENTS 5 | ENDING BALANCE 6 | FULLY DEPRECIATED ASSETS 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 1 | PURCHASES 2 | ACQUISITIONS DONATION 3 | TOTAL 4 | DI SPOSALS AND RETIREMENTS 5 | ENDING BALANCE 6 | FULLY DEPRECIATED ASSETS 7 |
|------------------------|-------------------------|----------------|-------------------------------|------------|---------------------------------|---------------------|-------------------------------|
| 1 LAND | 494,992 | | | | | 494,992 | |
| 2 LAND IMPROVEMENTS | 1,614,693 | 72,942 | | 72,942 | | 1,687,635 | |
| 3 BUILDINGS & FIXTURE | 51,483,828 | 1,283,843 | | 1,283,843 | 62,482 | 52,705,189 | |
| 4 BUILDING IMPROVEMENT | 16,771 | | | | | 16,771 | |
| 5 FIXED EQUIPMENT | 9,440,173 | 64,950 | | 64,950 | 24,179 | 9,480,944 | |
| 6 MOVABLE EQUIPMENT | 27,270,480 | 2,619,654 | | 2,619,654 | 595,185 | 29,294,949 | |
| 7 SUBTOTAL | 90,320,937 | 4,041,389 | | 4,041,389 | 681,846 | 93,680,480 | |
| 8 RECONCILING ITEMS | | | | | | | |
| 9 TOTAL | 90,320,937 | 4,041,389 | | 4,041,389 | 681,846 | 93,680,480 | |

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

| | | COMPUTATION OF RATIOS | | | ALLOCATION OF OTHER CAPITAL | | | TOTAL |
|------|----------------------|-----------------------|--------------------|------------------------|-----------------------------|-----------|-------|-----------------------------|
| | | GROSS ASSETS | CAPITALIZED LEASES | GROSS ASSETS FOR RATIO | RATIO | INSURANCE | TAXES | OTHER CAPITAL RELATED COSTS |
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| * | | | | | | | | |
| 1 | OLD CAP REL COSTS-BL | | | | | | | |
| 2 | OLD CAP REL COSTS-MV | | | | | | | |
| 3 | NEW CAP REL COSTS-BL | 38,448,687 | | 38,448,687 | .746811 | | | |
| 3 01 | NEW CAP RELATED IRC | 13,035,141 | | 13,035,141 | .253189 | | | |
| 4 | NEW CAP REL COSTS-MV | | | | | | | |
| 5 | TOTAL | 51,483,828 | | 51,483,828 | 1.000000 | | | |

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

| | | DEPRECIATION | LEASE | INTEREST | INSURANCE | TAXES | OTHER CAPITAL RELATED COST | TOTAL (1) |
|------|----------------------|--------------|-------|----------|-----------|-------|----------------------------|-----------|
| | | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| * | | | | | | | | |
| 1 | OLD CAP REL COSTS-BL | | | | | | | |
| 2 | OLD CAP REL COSTS-MV | | | | | | | |
| 3 | NEW CAP REL COSTS-BL | 4,909,159 | | 502,675 | | | | 5,411,834 |
| 3 01 | NEW CAP RELATED IRC | 752,662 | | | | | | 752,662 |
| 4 | NEW CAP REL COSTS-MV | | | | | | | |
| 5 | TOTAL | 5,661,821 | | 502,675 | | | | 6,164,496 |

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

SUMMARY OF OLD AND NEW CAPITAL

| | | DEPRECIATION | LEASE | INTEREST | INSURANCE | TAXES | OTHER CAPITAL RELATED COST | TOTAL (1) |
|------|----------------------|--------------|-------|----------|-----------|-------|----------------------------|-----------|
| | | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| * | | | | | | | | |
| 1 | OLD CAP REL COSTS-BL | | | | | | | |
| 2 | OLD CAP REL COSTS-MV | | | | | | | |
| 3 | NEW CAP REL COSTS-BL | 3,136,525 | | | | | | 3,136,525 |
| 3 01 | NEW CAP RELATED IRC | 841,420 | | | | | | 841,420 |
| 4 | NEW CAP REL COSTS-MV | | | | | | | |
| 5 | TOTAL | 3,977,945 | | | | | | 3,977,945 |

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

ADJUSTMENTS TO EXPENSES

| DESCRPTION (1) | (2) BASIS/CODE | AMOUNT | EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED | | WKST. A-7 REF. 5 |
|---|-------------------|------------|--|---------|---------------------------|
| | | | COST CENTER | LINE NO | |
| | 1 | 2 | 3 | 4 | 5 |
| 1 INVST INCOME-OLD BLDGS AND FIXTURES | | | OLD CAP REL COSTS-BLDG & | 1 | |
| 2 INVESTMENT INCOME-OLD MOVABLE EQUIP | | | OLD CAP REL COSTS-MVBLE E | 2 | |
| 3 INVST INCOME-NEW BLDGS AND FIXTURES | | | NEW CAP REL COSTS-BLDG & | 3 | |
| 4 INVESTMENT INCOME-NEW MOVABLE EQUIP | | | NEW CAP REL COSTS-MVBLE E | 4 | |
| 5 INVESTMENT INCOME-OTHER | | | | | |
| 6 TRADE, QUANTITY AND TIME DISCOUNTS | B | -12,243 | ADMINISTRATIVE & GENERAL | 6 | |
| 7 REFUNDS AND REBATES OF EXPENSES | | | | | |
| 8 RENTAL OF PRVIDER SPACE BY SUPPLIERS | | | | | |
| 9 TELEPHONE SERVICES | | | | | |
| 10 TELEVISION AND RADIO SERVICE | | | | | |
| 11 PARKING LOT | | | | | |
| 12 PROVIDER BASED PHYSICIAN ADJUSTMENT | A-8-2 | -5,277,553 | | | |
| 13 SALE OF SCRAP, WASTE, ETC. | | | | | |
| 14 RELATED ORGANIZATI ON TRANSACTIONS | A-8-1 | -228,981 | | | |
| 15 LAUNDRY AND LINEN SERVICE | | | | | |
| 16 CAFETERIA--EMPLOYEES AND GUESTS | B | -299,222 | DIETARY | 11 | |
| 17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS | | | | | |
| 18 SALE OF MED AND SURG SUPPLIES | | | | | |
| 19 SALE OF DRUGS TO OTHER THAN PATIENTS | | | | | |
| 20 SALE OF MEDICAL RECORDS & ABSTRACTS | | | | | |
| 21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.) | | | | | |
| 22 VENDI NG MACHI NES | B | -13,019 | DIETARY | 11 | |
| 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 UTILIZATI ON REVI EW-PHYSIAN COMP | | | UTILIZATI ON REVI EW-SNF | 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 | | OCCUPATIONAL THERAPY | 51 | |
| 36 ADJUSTMENT FOR SPEECH PATHOLOGY | A-8-4 | | SPEECH PATHOLOGY | 52 | |
| 37 MANAGEMENT SERVICES | B | -15,423 | HOUSEKEEPING | 10 | |
| 38 MISC/OTHER REVENUE | B | -28,134 | DIETARY | 11 | |
| 39 OUTREACH REVENUE | B | 190 | SKILLED NURSING FACILITY | 34 | |
| 39.01 | | | | | |
| 39.03 MISCELLANEOUS REVENUE | B | -451 | RESPIRATORY THERAPY | 49 | |
| 39.04 MISC/OTHER REVENUE | B | -4,878 | RADIOLOGY-DIAGNOSTIC | 41 | |
| 39.05 MISC/OTHER REVENUE | B | -55,390 | LABORATORY | 44 | |
| 39.06 | | | | | |
| 39.07 MISC/OTHER REVENUE | B | -540 | PHYSICAL THERAPY | 50 | |
| 39.08 MISC/OTHER REVENUE | B | -48,684 | ADMINISTRATIVE & GENERAL | 6 | |
| 39.09 OTHER REVENUE | B | -53,842 | LAUNDRY & LINEN SERVICE | 9 | |
| 39.10 | | | | | |
| 39.11 MISC/OTHER REVENUE | B | -176,040 | OPERATION OF PLANT | 8 | |
| 39.12 | | | | | |
| 39.13 MISC/OTHER REVENUE | B | -425 | ADULTS & PEDIATRICS | 25 | |
| 39.14 MISC/OTHER REVENUE | B | 2,390 | RADIOLOGY-DIAGNOSTIC | 41 | |
| 39.15 INTEREST INCOME IRC | B | -81,553 | NEW CAP RELATED IRC | 3.01 | 9 |
| 40 INTEREST INCOME | B | -325,997 | NEW CAP REL COSTS-BLDG & | 3 | 9 |
| 40.02 MISC REV LAB | B | -1,392 | LABORATORY | 44 | |
| 40.03 | | | | | |
| 40.04 CLINICAL NUTRITION REVENUE | B | -361,402 | DIETARY | 11 | |
| 40.05 | | | | | |
| 40.06 TRAUMA MISC REV | B | -65,476 | EMERGENCY | 61 | |
| 40.07 MISC/OTHER REVENUE | B | -15,800 | PHYSICAL THERAPY | 50 | |
| 40.08 CARDIAC MISC | B | -13,762 | CARDIAC REHAB | 53.01 | |
| 40.09 NH INTEREST INCOME | B | -7,205 | NEW CAP RELATED IRC | 3.01 | 9 |
| 40.10 NURSING HOME REVENUE HSKPG | B | -1,250 | HOUSEKEEPING | 10 | |
| 40.11 AMBULANCE REVENUE | B | -989,080 | AMBULANCE SERVICES | 65 | |
| 40.12 | | | | | |
| 40.13 MISC IT REV | B | -10,473 | ADMINISTRATIVE & GENERAL | 6 | |
| 40.14 MISC BIRTH ASSOC REV | B | -3,675 | ADULTS & PEDIATRICS | 25 | |
| 40.15 | | | | | |
| 40.16 MISC GRANTS 1 REV | B | -12,000 | ADMINISTRATIVE & GENERAL | 6 | |
| 40.17 MISC SWITCBOARD REV | B | -1,314 | ADMINISTRATIVE & GENERAL | 6 | |
| 40.18 MISC MGMT FEES | B | -2,750 | ADMINISTRATIVE & GENERAL | 6 | |
| 40.19 | | | | | |
| 40.20 MISC PT RENTAL INC | B | -49,854 | PHYSICAL THERAPY | 50 | |
| 40.21 MISC IRC ADMIN | B | -271 | ADMINISTRATIVE & GENERAL | 6 | |
| 41 ELIMINATE CONTRACT FEES | A | -179,124 | HOUSEKEEPING | 10 | |
| 41.01 ELIMINATE CONTRACT FEES | A | -29,760 | SKILLED NURSING FACILITY | 34 | |
| 41.02 | | | | | |
| 41.03 | | | | | |
| 41.04 | | | | | |
| 41.05 | | | | | |
| 41.06 ELIMINATE CONTRACT FEES | A | -41,244 | NURSING FACILITY | 35 | |
| 41.07 ELIMINATE CONTRACT FEES | A | -84,480 | OPERATION OF PLANT | 8.01 | |
| 41.08 ELIMINATE CONTRACT FEES | A | -114,100 | OPERATING ROOM | 37 | |
| 41.09 DONATIONS | A | -6,380 | CARDIAC CATH LAB | 53.02 | |
| 41.10 DONATIONS | A | -42,437 | ADMINISTRATIVE & GENERAL | 6 | |

ADJUSTMENTS TO EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 11/15/2010
 I 14-0275 I FROM 7/ 1/2009 I WORKSHEET A-8
 I I TO 6/30/2010 I

| DESCRIPTION (1) | (2) BASIS/CODE | AMOUNT | EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED | | LINE NO | WKST. A-7 REF. 5 |
|-------------------------------------|-------------------|-------------|--|---|---------|---------------------------|
| | | | COST CENTER | | | |
| | 1 | 2 | 3 | 4 | | |
| 41.11 DONATIONS | A | -5,222 | OPERATING ROOM | | 37 | |
| 41.12 DONATIONS | A | -4,416 | CENTRAL SERVICES & SUPPLY | | 15 | |
| 41.13 | | | | | | |
| 41.14 LOBBYING FEES PORTION OF DUES | A | -28,257 | ADMINISTRATIVE & GENERAL | | 6 | |
| 42 ADVERTISING | A | -729 | SKILLED NURSING FACILITY | | 34 | |
| 43 ADVERTISING | A | -8,272 | ADMINISTRATIVE & GENERAL | | 6 | |
| 43.01 ADVERTISING | A | -2,177 | NURSING FACILITY | | 35 | |
| 43.02 ADVERTISING | A | -490 | PHYSICAL THERAPY | | 50 | |
| 44 SELF INSURANCE | A | -127,355 | EMPLOYEE BENEFITS | | 5 | |
| 45 MISCELLANEOUS REVENUE | B | -35,909 | ADMINISTRATIVE & GENERAL | | 6 | |
| 46 MISCELLANEOUS REVENUE | B | -132,517 | PHYSICAL THERAPY | | 50 | |
| 47 OTHER ADJUSTMENTS (SPECIFY) | | | | | | |
| 47.01 HEALTHQUEST | A | -1,016 | ADMINISTRATIVE & GENERAL | | 6 | |
| 47.02 PHYSICIANS PRACTICE OVERHEAD | A | -952,799 | ADMINISTRATIVE & GENERAL | | 6 | |
| 47.03 SCHOOL HEALTH LINK | A | -98,635 | ADMINISTRATIVE & GENERAL | | 6 | |
| 47.04 PHYSICIAN SUPPORT SERVICES | A | -196,659 | ADMINISTRATIVE & GENERAL | | 6 | |
| 48 PHARMACY MIS REVENUE | B | -1,000 | PHARMACY | | 16 | |
| 49 OTHER ADJUSTMENTS (SPECIFY) | | | | | | |
| 50 TOTAL (SUM OF LINES 1 THRU 49) | | -10,248,477 | | | | |

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

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

| LINE NO. | COST CENTER | EXPENSE ITEMS | AMOUNT OF ALLOWABLE COST | AMOUNT | NET* ADJUSTMENTS | WKSHT A-7 COL. REF. | |
|----------|-------------|---------------------------|--------------------------|------------|------------------|---------------------|---|
| 1 | 2 | 3 | 4 | 5 | 6 | | |
| 1 | 6 | ADMINISTRATIVE & GENERAL | GHS HOME OFFICE COSTS | 8,326,856 | 10,577,060 | -2,250,204 | |
| 2 | 3 | NEW CAP REL COSTS-BLDG & | GHS HOME OFFICE COSTS | 1,723,977 | | 1,723,977 | 9 |
| 3 | 3 | NEW CAP REL COSTS-BLDG & | GHS HOME OFFICE COSTS | 70,497 | | 70,497 | 9 |
| 4 | 15 | CENTRAL SERVICES & SUPPLY | GHS HOME OFFICE COSTS | 176,221 | | 176,221 | |
| 4.01 | 17 | MEDICAL RECORDS & LIBRARY | GHS HOME OFFICE COSTS | 968,095 | | 968,095 | |
| 4.02 | 35 | NURSING FACILITY | GHS HOME OFFICE COSTS | | 817,809 | -817,809 | |
| 4.03 | 98 3 | CROSSTOWN SQUARE | GHS HOME OFFICE COSTS | | 99,758 | -99,758 | |
| 4.04 | | | GHS HOME OFFICE COSTS | | | | |
| 5 | | TOTALS | | 11,265,646 | 11,494,627 | -228,981 | |

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0275
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/15/2010
 WORKSHEET A-8-2
 GROUP 1

| WKSHT A LINE NO. | COST CENTER/ PHYSICIAN IDENTIFIER | TOTAL REMUN- ERATION | PROFES- SIONAL COMPONENT | PROVIDER COMPONENT | RCE AMOUNT | PHYSICIAN/ PROVIDER COMPONENT HOURS | UNADJUSTED RCE LIMIT | 5 PERCENT OF UNADJUSTED RCE LIMIT |
|---------------------|---|----------------------------|--------------------------------|-----------------------|---------------|--|-------------------------|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1 44 | LABORATORY | 204,077 | 204,077 | | | | | |
| 2 49 | RESPIRATORY THERAPY | 106,131 | 106,131 | | | | | |
| 3 61 | EMERGENCY | 3,128,918 | 3,128,918 | | | | | |
| 4 25 | ADULTS & PEDIATRICS | 810,275 | 810,275 | | | | | |
| 5 | | | | | | | | |
| 6 26 | INTENSIVE CARE UNIT | 11,538 | 11,538 | | | | | |
| 7 16 | PHARMACY | 300 | | 300 | 171,400 | 1 | 82 | 4 |
| 8 34 | SKILLED NURSING | 79 | 79 | | | | | |
| 9 40 | ANESTHESIOLOGY | 1,016,317 | 1,016,317 | | | | | |
| 10 | | | | | | | | |
| 11 | | | | | | | | |
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| 28 | | | | | | | | |
| 29 | | | | | | | | |
| 30 | | | | | | | | |
| 101 | TOTAL | 5,277,635 | 5,277,335 | 300 | | 1 | 82 | 4 |

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 14-0275
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/15/2010
 WORKSHEET A-8-2
 GROUP 1

| WKSHT A LINE NO. | COST CENTER/ PHYSICIAN IDENTIFIER | COST OF MEMBERSHIPS & CONTINUING EDUCATION | PROVIDER COMPONENT SHARE OF COL 12 | PHYSICIAN COST OF MALPRACTICE INSURANCE | PROVIDER COMPONENT SHARE OF COL 14 | ADJUSTED RCE LIMIT | RCE DIS- ALLOWANCE | ADJUSTMENT |
|---------------------|---|---|---|--|---|--------------------------|--------------------------|------------|
| 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 1 44 | LABORATORY | | | | | | | 204,077 |
| 2 49 | RESPIRATORY THERAPY | | | | | | | 106,131 |
| 3 61 | EMERGENCY | | | | | | | 3,128,918 |
| 4 25 | ADULTS & PEDIATRICS | | | | | | | 810,275 |
| 5 | | | | | | | | |
| 6 26 | INTENSIVE CARE UNIT | | | | | | | 11,538 |
| 7 16 | PHARMACY | | | | | 82 | 218 | 218 |
| 8 34 | SKILLED NURSING | | | | | | | 79 |
| 9 40 | ANESTHESIOLOGY | | | | | | | 1,016,317 |
| 10 | | | | | | | | |
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| 30 | | | | | | | | |
| 101 | TOTAL | | | | | 82 | 218 | 5,277,553 |

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 11/15/2010
 I 14-0275 I FROM 7/ 1/2009 I NOT A CMS WORKSHEET
 I I TO 6/30/2010 I

| LINE NO. | COST CENTER DESCRIPTION | STATISTICS CODE | STATISTICS DESCRIPTION | | |
|----------|--------------------------------------|-----------------|------------------------|------------|-------------|
| | GENERAL SERVICE COST | | | | |
| 1 | OLD CAP REL COSTS-BLDG & FIXT | 1 | SQUARE | FEET IRC | NOT ENTERED |
| 2 | OLD CAP REL COSTS-MVBLE EQUIP | 2 | DOLLAR | VALUE | NOT ENTERED |
| 3 | NEW CAP REL COSTS-BLDG & FIXT | 3 | SQUARE | FEET | ENTERED |
| 3.01 | NEW CAP RELATED IRC | 7 | SQUARE | FEET IRC | ENTERED |
| 4 | NEW CAP REL COSTS-MVBLE EQUIP | 4 | DOLLAR | VALUE | NOT ENTERED |
| 5 | EMPLOYEE BENEFITS | 5 | GROSS | SALARIES | ENTERED |
| 6 | ADMINISTRATIVE & GENERAL | # | ACCUM. | COST | NOT ENTERED |
| 7 | MAINTENANCE & REPAIRS | 6 | SQUARE | FEET | NOT ENTERED |
| 8 | OPERATION OF PLANT | 3 | SQUARE | FEET | ENTERED |
| 8.01 | OPERATION OF PLANT | 7 | SQUARE | FEET IRC | ENTERED |
| 9 | LAUNDRY & LINEN SERVICE | 8 | POUNDS OF | LAUNDRY | ENTERED |
| 10 | HOUSEKEEPING | 9 | HOURS OF | SERVICE | ENTERED |
| 11 | DIETARY | 10 | MEALS | SERVED | ENTERED |
| 12 | CAFETERIA | 11 | MEALS | SERVED | ENTERED |
| 13 | MAINTENANCE OF PERSONNEL | 12 | NUMBER | HOUSED | NOT ENTERED |
| 14 | NURSING ADMINISTRATION | 13 | DIRECT | NRSING HRS | ENTERED |
| 15 | CENTRAL SERVICES & SUPPLY | 14 | COSTED | REQUIS. | ENTERED |
| 16 | PHARMACY | 15 | COSTED | REQUIS. | ENTERED |
| 17 | MEDICAL RECORDS & LIBRARY | 16 | TIME | SPENT | ENTERED |
| 18 | SOCIAL SERVICE | 17 | TIME | SPENT | ENTERED |
| 19 | OTHER GENERAL SERVICE | | | | NOT ENTERED |
| 20 | NONPHYSICIAN ANESTHETISTS | 18 | ASSIGNED | TIME | NOT ENTERED |
| 21 | NURSING SCHOOL | 19 | ASSIGNED | TIME | NOT ENTERED |
| 22 | I&R SERVICES-SALARY & FRINGES APPRVD | 20 | ASSIGNED | TIME | NOT ENTERED |
| 23 | I&R SERVICES-OTHER PRGM COSTS APPRVD | 21 | ASSIGNED | TIME | NOT ENTERED |
| 24 | PARAMED ED PRGM | 22 | ASSIGNED | TIME | NOT ENTERED |

COST ALLOCATION - GENERAL SERVICE COSTS

| COST CENTER DESCRIPTION | NET EXPENSES FOR COST ALLOCATION | 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 | NEW CAP REL C OSTS-MVBLE E | EMPLOYEE BENEFITS |
|----------------------------------|----------------------------------|---------------------------|----------------------------|---------------------------|----------------------------|----------------------------|-------------------|
| | 0 | 1 | 2 | 3 | 3.01 | 4 | 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 & | 5,411,834 | | | 5,411,834 | | | |
| 005 01 NEW CAP RELATED IRC | 752,662 | | | | 752,662 | | |
| 006 NEW CAP REL COSTS-MVBLE E | | | | | | | |
| 007 EMPLOYEE BENEFITS | 4,829,087 | | | | | | 4,843,477 |
| 008 ADMINISTRATIVE & GENERAL | 13,648,170 | | | 1,351,146 | | | 272,122 |
| 009 MAINTENANCE & REPAIRS | | | | | | | |
| 010 OPERATION OF PLANT | 2,895,212 | | | 558,370 | | | 145,408 |
| 011 01 OPERATION OF PLANT | 226,363 | | | | 32,757 | | 423 |
| 012 LAUNDRY & LINEN SERVICE | 25,371 | | | 61,519 | 2,643 | | 10,767 |
| 013 HOUSEKEEPING | 644,248 | | | 28,061 | 5,783 | | 139,735 |
| 014 DIETARY | -701,777 | | | 135,706 | | | 222,585 |
| 015 CAFETERIA | 199,304 | | | 75,344 | | | |
| 016 MAINTENANCE OF PERSONNEL | | | | | | | |
| 017 NURSING ADMINISTRATION | 931,022 | | | 18,553 | | | 142,876 |
| 018 CENTRAL SERVICES & SUPPLY | 637,093 | | | 171,861 | | | 52,016 |
| 019 PHARMACY | 1,480,236 | | | 40,678 | | | 217,279 |
| 020 MEDICAL RECORDS & LIBRARY | 971,569 | | | 70,718 | | | |
| 021 SOCIAL SERVICE | 220,582 | | | 28,369 | | | 34,519 |
| 022 OTHER GENERAL SERVICE | | | | | | | |
| 023 NONPHYSICIAN ANESTHETISTS | | | | | | | |
| 024 NURSING SCHOOL | | | | | | | |
| 025 I&R SERVICES-SALARY & FRI | | | | | | | |
| 026 I&R SERVICES-OTHER PRGM C | | | | | | | |
| 027 PARAMEDICAL PRGM | | | | | | | |
| 028 INPAT ROUTINE SRVC CNTRS | | | | | | | |
| 029 ADULTS & PEDIATRICS | 6,674,660 | | | 1,100,190 | | | 907,986 |
| 030 INTENSIVE CARE UNIT | 1,091,819 | | | 96,107 | | | 156,448 |
| 031 CORONARY CARE UNIT | | | | | | | |
| 032 BURN INTENSIVE CARE UNIT | | | | | | | |
| 033 SURGICAL INTENSIVE CARE U | | | | | | | |
| 034 OTHER SPECIAL CARE | | | | | | | |
| 035 SUBPROVIDER | | | | | | | |
| 036 NURSERY | 382,517 | | | 55,737 | | | 52,455 |
| 037 SKILLED NURSING FACILITY | 1,642,164 | | | | 119,884 | | 160,712 |
| 038 NURSING FACILITY | 2,698,910 | | | | 527,775 | | 222,148 |
| 039 01 ICF/MR | | | | | | | |
| 040 OTHER LONG TERM CARE | | | | | | | |
| 041 ANCILLARY SRVC COST CNTRS | | | | | | | |
| 042 OPERATING ROOM | 2,395,630 | | | 413,901 | | | 279,508 |
| 043 RECOVERY ROOM | | | | | | | |
| 044 DELIVERY ROOM & LABOR ROO | | | | | | | |
| 045 ANESTHESIOLOGY | 108,724 | | | | | | 59 |
| 046 RADIOLOGY-DIAGNOSTIC | 1,892,587 | | | 232,301 | | | 227,070 |
| 047 RADIOLOGY-THERAPEUTIC | | | | | | | |
| 048 RADIOISOTOPE | | | | | | | |
| 049 LABORATORY | 4,402,897 | | | 203,803 | | | 330,359 |
| 050 PBP CLINICAL LAB SERVICES | | | | | | | |
| 051 WHOLE BLOOD & PACKED RED | | | | | | | |
| 052 BLOOD STORING, PROCESSING | | | | | | | |
| 053 INTRAVENOUS THERAPY | | | | | | | |
| 054 RESPIRATORY THERAPY | 1,394,335 | | | 72,260 | | | 195,218 |
| 055 PHYSICAL THERAPY | 1,530,517 | | | | 46,105 | | 233,584 |
| 056 OCCUPATIONAL THERAPY | | | | | | | |
| 057 SPEECH PATHOLOGY | | | | | | | |
| 058 ELECTROCARDIOLOGY | | | | | | | |
| 059 01 CARDIAC REHAB | 504,688 | | | 151,818 | | | 70,926 |
| 060 02 CARDIAC CATH LAB | 779,987 | | | 61,878 | | | 87,356 |
| 061 ELECTROENCEPHALOGRAPHY | | | | | | | |
| 062 MEDICAL SUPPLIES CHARGED | 311,664 | | | | | | |
| 063 30 IMPL. DEV. CHARGED TO PAT | 5,536,991 | | | | | | |
| 064 DRUGS CHARGED TO PATIENTS | 2,158,557 | | | | | | |
| 065 RENAL DIALYSIS | | | | | | | |
| 066 ASC (NON-DISTINCT PART) | | | | | | | |
| 067 OTHER ANCILLARY | | | | | | | |
| 068 97 CARDIAC REHABILITATION | | | | | | | |
| 069 98 HYPERBARIC OXYGEN THERAPY | | | | | | | |
| 070 99 LITHOTRIpsy | | | | | | | |
| 071 OUTPAT SERVICE COST CNTRS | | | | | | | |
| 072 CLINIC | 87,011 | | | | | | 13,612 |
| 073 EMERGENCY | 2,623,039 | | | 227,058 | | | 368,291 |
| 074 OBSERVATION BEDS (NON-DIS | | | | | | | |
| 075 OTHER OUTPATIENT SERVICE | | | | | | | |
| 076 OTHER REIMBURS COST CNTRS | | | | | | | |
| 077 HOME PROGRAM DIALYSIS | | | | | | | |
| 078 AMBULANCE SERVICES | 1,286,382 | | | 182,474 | | | 281,916 |
| 079 DURABLE MEDICAL EQUIP-REN | | | | | | | |
| 080 DURABLE MEDICAL EQUIP-SOL | | | | | | | |
| 081 OTHER REIMBURSABLE | | | | | | | |
| 082 CORF | | | | | | | |
| 083 I&R SERVICES-NOT APPRVD P | | | | | | | |
| 084 HOME HEALTH AGENCY | | | | | | | |
| 085 LUNG ACQUISITION | | | | | | | |
| 086 SPEC PURPOSE COST CENTERS | | | | | | | |
| 087 KIDNEY ACQUISITION | | | | | | | |

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-0275
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/15/2010
 WORKSHEET B
 PART I

| COST CENTER DESCRIPTION | NET EXPENSES FOR COST ALLOCATION | 0 | 1 | 2 | 3 | 3.01 | 4 | 5 |
|---------------------------|----------------------------------|------------|---|---|-----------|---------|---|-----------|
| SPEC PURPOSE COST CENTERS | | | | | | | | |
| 084 | LIVER ACQUISITION | | | | | | | |
| 085 | HEART ACQUISITION | | | | | | | |
| 086 | OTHER ORGAN ACQUISITION | | | | | | | |
| 092 | AMBULATORY SURGICAL CENTER | | | | | | | |
| 093 | HOSPICE | | | | | | | |
| 094 | OTHER SPECIAL PURPOSE | | | | | | | |
| 095 | SUBTOTALS | 69,674,055 | | | 5,352,242 | 734,947 | | 4,825,378 |
| NONREIMBURS COST CENTERS | | | | | | | | |
| 096 | GIFT, FLOWER, COFFEE SHOP | 74,554 | | | 40,987 | 5,170 | | |
| 097 | RESEARCH | | | | | | | |
| 098 | PHYSICIANS' PRIVATE OFFICE | 455,078 | | | 18,605 | | | |
| 098 | 01 PHYSICIANS' PRIVATE OFFICE | 5,728 | | | | 12,545 | | |
| 098 | 02 CADS | | | | | | | |
| 098 | 03 CROSSTOWN SQUARE | 1,822,058 | | | | | | 18,099 |
| 098 | 04 NONALLOWABLE PHYSICIANS | 459,573 | | | | | | |
| 098 | 05 NONALLOWABLE GUEST MEALS | 340,375 | | | | | | |
| 098 | 06 PHYSICIANS' PRIVATE OFFICE | | | | | | | |
| 099 | NONPAID WORKERS | | | | | | | |
| 100 | OTHER NONREIMBURSABLE | | | | | | | |
| 101 | CROSS FOOT ADJUSTMENT | | | | | | | |
| 102 | NEGATIVE COST CENTER | | | | | | | |
| 103 | TOTAL | 72,831,421 | | | 5,411,834 | 752,662 | | 4,843,477 |

COST ALLOCATION - GENERAL SERVICE COSTS

| COST CENTER DESCRIPTION | SUBTOTAL | ADMINISTRATIVE & GENERAL | MAINTENANCE & REPAIRS | OPERATION OF PLANT | OPERATION OF PLANT | LAUNDRY & LINEN SERVICE | HOUSEKEEPING |
|----------------------------------|------------|--------------------------|-----------------------|--------------------|--------------------|-------------------------|--------------|
| | 5a.00 | 6 | 7 | 8 | 8.01 | 9 | 10 |
| 001 GENERAL SERVICE COST CNTR | | | | | | | |
| 002 OLD CAP REL COSTS-BLDG & | | | | | | | |
| 003 OLD CAP REL COSTS-MVBLE E | | | | | | | |
| 003 01 NEW CAP RELATED IRC | | | | | | | |
| 004 NEW CAP REL COSTS-MVBLE E | | | | | | | |
| 005 EMPLOYEE BENEFITS | | | | | | | |
| 006 ADMINISTRATIVE & GENERAL | 15,271,438 | 15,271,438 | | | | | |
| 007 MAINTENANCE & REPAIRS | | | | | | | |
| 008 OPERATION OF PLANT | 3,598,990 | 949,198 | | 4,548,188 | | | |
| 008 01 OPERATION OF PLANT | 259,543 | 68,452 | | | 327,995 | | |
| 009 LAUNDRY & LINEN SERVICE | 100,300 | 26,453 | | 80,219 | 1,204 | 208,176 | |
| 010 HOUSEKEEPING | 817,827 | 215,694 | | 36,591 | 2,635 | | 1,072,747 |
| 011 DIETARY | -343,486 | | | 176,958 | | | 31,305 |
| 012 CAFETERIA | 274,648 | 72,436 | | 98,246 | | | 17,381 |
| 013 MAINTENANCE OF PERSONNEL | | | | | | | |
| 014 NURSING ADMINISTRATION | 1,092,451 | 288,123 | | 24,193 | | | 4,280 |
| 015 CENTRAL SERVICES & SUPPLY | 860,970 | 227,072 | | 224,104 | | 2,043 | 39,646 |
| 016 PHARMACY | 1,738,193 | 458,431 | | 53,044 | | | 9,384 |
| 017 MEDICAL RECORDS & LIBRARY | 1,042,287 | 274,893 | | 92,215 | | | 16,314 |
| 018 SOCIAL SERVICE | 283,470 | 74,762 | | 36,993 | | | 6,544 |
| 019 OTHER GENERAL SERVICE | | | | | | | |
| 020 NONPHYSICIAN ANESTHETISTS | | | | | | | |
| 021 NURSING SCHOOL | | | | | | | |
| 022 I&R SERVICES-SALARY & FRI | | | | | | | |
| 023 I&R SERVICES-OTHER PRGM C | | | | | | | |
| 024 PARAMED ED PRGM | | | | | | | |
| 025 INPAT ROUTINE SRVC CNTRS | | | | | | | |
| 025 ADULTS & PEDIATRICS | 8,682,836 | 2,289,987 | | 1,434,626 | | 62,247 | 253,801 |
| 026 INTENSIVE CARE UNIT | 1,344,374 | 354,565 | | 125,321 | | 4,876 | 22,170 |
| 027 CORONARY CARE UNIT | | | | | | | |
| 028 BURN INTENSIVE CARE UNIT | | | | | | | |
| 029 SURGICAL INTENSIVE CARE U | | | | | | | |
| 030 OTHER SPECIAL CARE | | | | | | | |
| 031 SUBPROVIDER | | | | | | | |
| 033 NURSERY | 490,709 | 129,420 | | 72,680 | | 4,000 | 12,858 |
| 034 SKILLED NURSING FACILITY | 1,922,760 | 507,109 | | | 54,620 | | 48,662 |
| 035 NURSING FACILITY | 3,448,833 | 909,595 | | | 240,459 | 60,372 | 214,229 |
| 035 01 ICF/MR | | | | | | | |
| 036 OTHER LONG TERM CARE | | | | | | | |
| 037 ANCILLARY SRVC COST CNTRS | | | | | | | |
| 037 OPERATING ROOM | 3,089,039 | 814,703 | | 539,719 | | 23,553 | 95,481 |
| 038 RECOVERY ROOM | | | | | | | |
| 039 DELIVERY ROOM & LABOR ROO | | | | | | | |
| 040 ANESTHESIOLOGY | 108,783 | 28,690 | | | | | |
| 041 RADIOLOGY-DIAGNOSTIC | 2,351,958 | 620,305 | | 302,915 | | 12,951 | 53,588 |
| 042 RADIOLOGY-THERAPEUTIC | | | | | | | |
| 043 RADIOISOTOPE | | | | | | | |
| 044 LABORATORY | 4,937,059 | 1,302,100 | | 265,755 | | 135 | 47,014 |
| 045 PBP CLINICAL LAB SERVICES | | | | | | | |
| 046 WHOLE BLOOD & PACKED RED | | | | | | | |
| 047 BLOOD STORING, PROCESSING | | | | | | | |
| 048 INTRAVENOUS THERAPY | | | | | | | |
| 049 RESPIRATORY THERAPY | 1,661,813 | 438,287 | | 94,225 | | 1,070 | 16,669 |
| 050 PHYSICAL THERAPY | 1,810,206 | 477,424 | | | 21,006 | 2,484 | 18,714 |
| 051 OCCUPATIONAL THERAPY | | | | | | | |
| 052 SPEECH PATHOLOGY | | | | | | | |
| 053 ELECTROCARDIOLOGY | | | | | | | |
| 053 01 CARDIAC REHAB | 727,432 | 191,853 | | 197,967 | | 1,321 | 35,022 |
| 053 02 CARDIAC CATH LAB | 929,221 | 245,073 | | 80,688 | | 2,066 | 14,274 |
| 054 ELECTROENCEPHALOGRAPHY | | | | | | | |
| 055 MEDICAL SUPPLIES CHARGED | 311,664 | 82,198 | | | | | |
| 055 30 IMPL. DEV. CHARGED TO PAT | 5,536,991 | 1,460,326 | | | | | |
| 056 DRUGS CHARGED TO PATIENTS | 2,158,557 | 569,298 | | | | | |
| 057 RENAL DIALYSIS | | | | | | | |
| 058 ASC (NON-DISTINCT PART) | | | | | | | |
| 059 OTHER ANCILLARY | | | | | | | |
| 059 97 CARDIAC REHABILITATION | | | | | | | |
| 059 98 HYPERBARIC OXYGEN THERAPY | | | | | | | |
| 059 99 LITHOTRIPSY | | | | | | | |
| 060 OUTPAT SERVICE COST CNTRS | | | | | | | |
| 060 CLINIC | 100,623 | 26,538 | | | | | |
| 061 EMERGENCY | 3,218,388 | 848,818 | | 296,080 | | 26,650 | 52,379 |
| 062 OBSERVATION BEDS (NON-DIS | | | | | | | |
| 063 OTHER OUTPATIENT SERVICE | | | | | | | |
| 064 OTHER REIMBURS COST CNTRS | | | | | | | |
| 064 HOME PROGRAM DIALYSIS | | | | | | | |
| 065 AMBULANCE SERVICES | 1,750,772 | 461,749 | | 237,943 | | | 42,094 |
| 066 DURABLE MEDICAL EQUIP-REN | | | | | | | |
| 067 DURABLE MEDICAL EQUIP-SOL | | | | | | | |
| 068 OTHER REIMBURSABLE | | | | | | | |
| 069 CORF | | | | | | | |
| 070 I&R SERVICES-NOT APPRVD P | | | | | | | |
| 071 HOME HEALTH AGENCY | | | | | | | |
| 082 LUNG ACQUISITION | | | | | | | |
| 082 SPEC PURPOSE COST CENTERS | | | | | | | |
| 083 KIDNEY ACQUISITION | | | | | | | |

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-0275
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/15/2010
 WORKSHEET B
 PART I

| COST CENTER DESCRIPTION | | SUBTOTAL | ADMINISTRATIVE & GENERAL | MAINTENANCE & REPAIRS | OPERATION OF PLANT | OPERATION OF PLANT | LAUNDRY & LINEN SERVICE | HOUSEKEEPING |
|------------------------------|-------------------------------|------------|--------------------------|-----------------------|--------------------|--------------------|-------------------------|--------------|
| | | 5a.00 | 6 | 7 | 8 | 8.01 | 9 | 10 |
| SPEC PURPOSE COST CENTERS | | | | | | | | |
| 084 | LIVER ACQUISITION | | | | | | | |
| 085 | HEART ACQUISITION | | | | | | | |
| 086 | OTHER ORGAN ACQUISITION | | | | | | | |
| 092 | AMBULATORY SURGICAL CENTER | | | | | | | |
| 093 | HOSPICE | | | | | | | |
| 094 | OTHER SPECIAL PURPOSE | | | | | | | |
| 095 | SUBTOTALS | 69,578,649 | 14,413,552 | | 4,470,482 | 319,924 | 203,768 | 1,051,809 |
| NONREIMBURSABLE COST CENTERS | | | | | | | | |
| 096 | GIFT, FLOWER, COFFEE SHOP | 120,711 | 31,836 | | 53,446 | 2,355 | | 11,554 |
| 097 | RESEARCH | | | | | | | |
| 098 | PHYSICIANS' PRIVATE OFFICE | 473,683 | 124,929 | | 24,260 | | | 4,292 |
| 098 | 01 PHYSICIANS' PRIVATE OFFICE | 18,273 | 4,819 | | | 5,716 | | 5,092 |
| 098 | 02 CADS | | | | | | | |
| 098 | 03 CROSSTOWN SQUARE | 1,840,157 | 485,323 | | | | 4,408 | |
| 098 | 04 NONALLOWABLE PHYSICIANS | 459,573 | 121,208 | | | | | |
| 098 | 05 NONALLOWABLE GUEST MEALS | 340,375 | 89,771 | | | | | |
| 098 | 06 PHYSICIANS' PRIVATE OFFICE | | | | | | | |
| 099 | NONPAID WORKERS | | | | | | | |
| 100 | OTHER NONREIMBURSABLE | | | | | | | |
| 101 | CROSS FOOT ADJUSTMENT | | | | | | | |
| 102 | NEGATIVE COST CENTER | | | | | | | |
| 103 | TOTAL | 72,831,421 | 15,271,438 | | 4,548,188 | 327,995 | 208,176 | 1,072,747 |

COST ALLOCATION - GENERAL SERVICE COSTS

| COST CENTER DESCRIPTION | DIETARY 11 | CAFETERIA 12 | MAINTENANCE PERSONNEL 13 | NURSING ADMINISTRATION 14 | CENTRAL SERVICES & SUPPLY 15 | PHARMACY 16 | MEDICAL RECORDS & LIBRARY 17 |
|----------------------------------|---------------|-----------------|--------------------------------|------------------------------|---------------------------------|----------------|---------------------------------|
| 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 01 NEW CAP RELATED IRC | | | | | | | |
| 006 NEW CAP REL COSTS-MVBLE E | | | | | | | |
| 007 EMPLOYEE BENEFITS | | | | | | | |
| 008 ADMINISTRATIVE & GENERAL | | | | | | | |
| 009 MAINTENANCE & REPAIRS | | | | | | | |
| 010 OPERATION OF PLANT | | | | | | | |
| 011 01 OPERATION OF PLANT | | | | | | | |
| 012 LAUNDRY & LINEN SERVICE | | | | | | | |
| 013 HOUSEKEEPING | | | | | | | |
| 014 DIETARY | -135,223 | | | | | | |
| 015 CAFETERIA | | 462,711 | | | | | |
| 016 MAINTENANCE OF PERSONNEL | | | | | | | |
| 017 NURSING ADMINISTRATION | | 10,770 | | 1,419,817 | | | |
| 018 CENTRAL SERVICES & SUPPLY | | 9,075 | | | 1,362,910 | | |
| 019 PHARMACY | | 15,008 | | | 1,385 | 2,275,445 | |
| 020 MEDICAL RECORDS & LIBRARY | | | | | | | 1,425,709 |
| 021 SOCIAL SERVICE | | 4,210 | | | | | |
| 022 OTHER GENERAL SERVICE | | | | | | | |
| 023 NONPHYSICIAN ANESTHETISTS | | | | | | | |
| 024 NURSING SCHOOL | | | | | | | |
| 025 I&R SERVICES-SALARY & FRI | | | | | | | |
| 026 I&R SERVICES-OTHER PRGM C | | | | | | | |
| 027 PARAMED ED PRGM | | | | | | | |
| 028 INPAT ROUTINE SRVC CNTRS | | | | | | | |
| 029 ADULTS & PEDIATRICS | | 99,095 | | 799,451 | 47,660 | 659 | 129,501 |
| 030 INTENSIVE CARE UNIT | | 15,367 | | 127,187 | 9,507 | 320 | 26,195 |
| 031 CORONARY CARE UNIT | | | | | | | |
| 032 BURN INTENSIVE CARE UNIT | | | | | | | |
| 033 SURGICAL INTENSIVE CARE U | | | | | | | |
| 034 OTHER SPECIAL CARE | | | | | | | |
| 035 SUBPROVIDER | | | | | | | |
| 036 NURSERY | | 5,583 | | 45,352 | | | 11,253 |
| 037 SKILLED NURSING FACILITY | | 22,516 | | | 6,515 | 208,243 | 21,852 |
| 038 NURSING FACILITY | | 44,480 | | | 8,994 | 20,124 | 38,916 |
| 039 01 ICF/MR | | | | | | | |
| 040 OTHER LONG TERM CARE | | | | | | | |
| 041 ANCILLARY SRVC COST CNTRS | | | | | | | |
| 042 OPERATING ROOM | | 27,602 | | 166,448 | 98,683 | 3,585 | 119,140 |
| 043 RECOVERY ROOM | | | | | | | |
| 044 DELIVERY ROOM & LABOR ROO | | | | | | | |
| 045 ANESTHESIOLOGY | | | | | 4,594 | 43,927 | 25,846 |
| 046 RADIOLOGY-DIAGNOSTIC | | 24,451 | | 230 | 29,412 | 451 | 200,544 |
| 047 RADIOLOGY-THERAPEUTIC | | | | | | | |
| 048 RADIOISOTOPE | | | | | | | |
| 049 LABORATORY | | 43,071 | | | 190,064 | | 176,417 |
| 050 PBP CLINICAL LAB SERVICES | | | | | | | |
| 051 WHOLE BLOOD & PACKED RED | | | | | | | |
| 052 BLOOD STORING, PROCESSING | | | | | | | |
| 053 INTRAVENOUS THERAPY | | | | | | | |
| 054 RESPIRATORY THERAPY | | 21,475 | | 506 | 15,676 | 375 | 92,379 |
| 055 PHYSICAL THERAPY | | 23,751 | | | 1,948 | | 36,624 |
| 056 OCCUPATIONAL THERAPY | | | | | | | |
| 057 SPEECH PATHOLOGY | | | | | | | |
| 058 ELECTROCARDIOLOGY | | | | | | | |
| 059 01 CARDIAC REHAB | | 6,854 | | 23,729 | 644 | | 6,307 |
| 060 02 CARDIAC CATH LAB | | 6,882 | | 24,714 | 21,934 | 40 | 70,905 |
| 061 ELECTROENCEPHALOGRAPHY | | | | | | | |
| 062 MEDICAL SUPPLIES CHARGED | | | | | 888,231 | | 64,621 |
| 063 30 IMPL. DEV. CHARGED TO PAT | | | | | | | 96,325 |
| 064 DRUGS CHARGED TO PATIENTS | | | | | | 1,991,214 | 114,347 |
| 065 RENAL DIALYSIS | | | | | | | |
| 066 ASC (NON-DISTINCT PART) | | | | | | | |
| 067 OTHER ANCILLARY | | | | | | | |
| 068 97 CARDIAC REHABILITATION | | | | | | | |
| 069 98 HYPERBARIC OXYGEN THERAPY | | | | | | | |
| 070 99 LITHOTRIPSY | | | | | | | |
| 071 OUTPAT SERVICE COST CNTRS | | | | | | | |
| 072 CLINIC | | 1,603 | | | | | 697 |
| 073 EMERGENCY | | 36,723 | | 231,030 | 30,797 | 63 | 162,625 |
| 074 OBSERVATION BEDS (NON-DIS | | | | | | | |
| 075 OTHER OUTPATIENT SERVICE | | | | | | | |
| 076 OTHER REIMBURS COST CNTRS | | | | | | | |
| 077 HOME PROGRAM DIALYSIS | | | | | | | |
| 078 AMBULANCE SERVICES | | 41,007 | | 1,170 | 6,866 | 6,444 | 31,215 |
| 079 DURABLE MEDICAL EQUIP-REN | | | | | | | |
| 080 DURABLE MEDICAL EQUIP-SOL | | | | | | | |
| 081 OTHER REIMBURSABLE | | | | | | | |
| 082 CORF | | | | | | | |
| 083 I&R SERVICES-NOT APPRVD P | | | | | | | |
| 084 HOME HEALTH AGENCY | | | | | | | |
| 085 LUNG ACQUISITION | | | | | | | |
| 086 SPEC PURPOSE COST CENTERS | | | | | | | |
| 087 KIDNEY ACQUISITION | | | | | | | |

COST ALLOCATION - GENERAL SERVICE COSTS

| COST CENTER DESCRIPTION | DIETARY | CAFETERIA | MAINTENANCE F PERSONNEL | NURSING ISTRATION | ADMIN CENTRAL SERVICES & SUPPLY | PHARMACY | MEDICAL RECORDS & LIBRARY |
|-----------------------------------|----------|-----------|----------------------------|----------------------|---------------------------------------|-----------|------------------------------|
| | 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| 084 SPEC PURPOSE COST CENTERS | | | | | | | |
| 085 LIVER ACQUISITION | | | | | | | |
| 086 HEART ACQUISITION | | | | | | | |
| 086 OTHER ORGAN ACQUISITION | | | | | | | |
| 092 AMBULATORY SURGICAL CENTER | | | | | | | |
| 093 HOSPICE | | | | | | | |
| 094 OTHER SPECIAL PURPOSE | | | | | | | |
| 095 SUBTOTALS | | 459,523 | | 1,419,817 | 1,362,910 | 2,275,445 | 1,425,709 |
| 096 NONREIMBURS COST CENTERS | | | | | | | |
| 097 GIFT, FLOWER, COFFEE SHOP | | | | | | | |
| 097 RESEARCH | | | | | | | |
| 098 PHYSICIANS' PRIVATE OFFICE | | | | | | | |
| 098 01 PHYSICIANS' PRIVATE OFFICE | | | | | | | |
| 098 02 CADS | | | | | | | |
| 098 03 CROSSTOWN SQUARE | | 3,188 | | | | | |
| 098 04 NONALLOWABLE PHYSICIANS | | | | | | | |
| 098 05 NONALLOWABLE GUEST MEALS | | | | | | | |
| 098 06 PHYSICIANS' PRIVATE OFFICE | | | | | | | |
| 099 NONPAID WORKERS | | | | | | | |
| 100 OTHER NONREIMBURSABLE | | | | | | | |
| 101 CROSS FOOT ADJUSTMENT | | | | | | | |
| 102 NEGATIVE COST CENTER | -135,223 | | | | | | |
| 103 TOTAL | | 462,711 | | 1,419,817 | 1,362,910 | 2,275,445 | 1,425,709 |

COST ALLOCATION - GENERAL SERVICE COSTS

| COST CENTER DESCRIPTION | SOCIAL SERVICE | OTHER GENERAL SERVICE | NONPHYSICIAN ANESTHETISTS | NURSING SCHOOL | I&R SERVICES-SALARY & FRI | I&R SERVICES-OTHER PRGM C | PARAMED ED PRGM |
|----------------------------------|----------------|-----------------------|---------------------------|----------------|---------------------------|---------------------------|-----------------|
| | 18 | 19 | 20 | 21 | 22 | 23 | 24 |
| 001 GENERAL SERVICE COST CNTR | | | | | | | |
| 002 OLD CAP REL COSTS-BLDG & | | | | | | | |
| 003 OLD CAP REL COSTS-MVBLE E | | | | | | | |
| 003 NEW CAP REL COSTS-BLDG & | | | | | | | |
| 004 01 NEW CAP RELATED IRC | | | | | | | |
| 005 NEW CAP REL COSTS-MVBLE E | | | | | | | |
| 006 EMPLOYEE BENEFITS | | | | | | | |
| 007 ADMINISTRATIVE & GENERAL | | | | | | | |
| 008 MAINTENANCE & REPAIRS | | | | | | | |
| 008 01 OPERATION OF PLANT | | | | | | | |
| 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 | | | | | | | |
| 018 SOCIAL SERVICE | 405,979 | | | | | | |
| 019 OTHER GENERAL SERVICE | | | | | | | |
| 020 NONPHYSICIAN ANESTHETISTS | | | | | | | |
| 021 NURSING SCHOOL | | | | | | | |
| 022 I&R SERVICES-SALARY & FRI | | | | | | | |
| 023 I&R SERVICES-OTHER PRGM C | | | | | | | |
| 024 PARAMED ED PRGM | | | | | | | |
| 025 INPAT ROUTINE SRVC CNTRS | | | | | | | |
| 026 ADULTS & PEDIATRICS | 214,400 | | | | | | |
| 027 INTENSIVE CARE UNIT | 7,852 | | | | | | |
| 028 CORONARY CARE UNIT | | | | | | | |
| 029 BURN INTENSIVE CARE UNIT | | | | | | | |
| 030 SURGICAL INTENSIVE CARE U | | | | | | | |
| 031 OTHER SPECIAL CARE | | | | | | | |
| 031 SUBPROVIDER | | | | | | | |
| 033 NURSERY | 22,332 | | | | | | |
| 034 SKILLED NURSING FACILITY | | | | | | | |
| 035 NURSING FACILITY | | | | | | | |
| 035 01 ICF/MR | | | | | | | |
| 036 OTHER LONG TERM CARE | | | | | | | |
| 037 ANCILLARY SRVC COST CNTRS | | | | | | | |
| 038 OPERATING ROOM | 112,097 | | | | | | |
| 039 RECOVERY ROOM | | | | | | | |
| 040 DELIVERY ROOM & LABOR ROO | | | | | | | |
| 041 ANESTHESIOLOGY | | | | | | | |
| 042 RADIOLOGY-DIAGNOSTIC | | | | | | | |
| 043 RADIOLOGY-THERAPEUTIC | | | | | | | |
| 044 RADIOISOTOPE | | | | | | | |
| 044 LABORATORY | | | | | | | |
| 045 PBP CLINICAL LAB SERVICES | | | | | | | |
| 046 WHOLE BLOOD & PACKED RED | | | | | | | |
| 047 BLOOD STORING, PROCESSING | | | | | | | |
| 048 INTRAVENOUS THERAPY | | | | | | | |
| 049 RESPIRATORY THERAPY | | | | | | | |
| 050 PHYSICAL THERAPY | | | | | | | |
| 051 OCCUPATIONAL THERAPY | | | | | | | |
| 052 SPEECH PATHOLOGY | | | | | | | |
| 053 ELECTROCARDIOLOGY | | | | | | | |
| 053 01 CARDIAC REHAB | | | | | | | |
| 053 02 CARDIAC CATH LAB | | | | | | | |
| 054 ELECTROENCEPHALOGRAPHY | | | | | | | |
| 055 MEDICAL SUPPLIES CHARGED | | | | | | | |
| 055 30 IMPL. DEV. CHARGED TO PAT | | | | | | | |
| 056 DRUGS CHARGED TO PATIENTS | | | | | | | |
| 057 RENAL DIALYSIS | | | | | | | |
| 058 ASC (NON-DISTINCT PART) | | | | | | | |
| 059 OTHER ANCILLARY | | | | | | | |
| 059 97 CARDIAC REHABILITATION | | | | | | | |
| 059 98 HYPERBARIC OXYGEN THERAPY | | | | | | | |
| 059 99 LITHOTRIPSY | | | | | | | |
| 060 OUTPAT SERVICE COST CNTRS | | | | | | | |
| 061 CLINIC | | | | | | | |
| 061 EMERGENCY | 49,298 | | | | | | |
| 062 OBSERVATION BEDS (NON-DIS | | | | | | | |
| 063 OTHER OUTPATIENT SERVICE | | | | | | | |
| 064 OTHER REIMBURS COST CNTRS | | | | | | | |
| 065 HOME PROGRAM DIALYSIS | | | | | | | |
| 066 AMBULANCE SERVICES | | | | | | | |
| 067 DURABLE MEDICAL EQUIP-REN | | | | | | | |
| 068 DURABLE MEDICAL EQUIP-SOL | | | | | | | |
| 068 OTHER REIMBURSABLE | | | | | | | |
| 069 CORF | | | | | | | |
| 070 I&R SERVICES-NOT APPRVD P | | | | | | | |
| 071 HOME HEALTH AGENCY | | | | | | | |
| 082 LUNG ACQUISITION | | | | | | | |
| 083 SPEC PURPOSE COST CENTERS | | | | | | | |
| 083 KIDNEY ACQUISITION | | | | | | | |

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-0275
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/15/2010
 WORKSHEET B
 PART I

| COST CENTER DESCRIPTION | SOCIAL SERVICE | OTHER SERVICE | GENERAL | NONPHYSICIAN ANESTHETISTS | NURSING SCHOOL | I&R SERVICES- SALARY & FRI | I&R SERVICES- OTHER PRGM C | PARAMED ED PRGM |
|-----------------------------------|----------------|---------------|---------|---------------------------|----------------|----------------------------|----------------------------|-----------------|
| | 18 | 19 | 20 | 21 | 22 | 23 | 24 | |
| 084 SPEC PURPOSE COST CENTERS | | | | | | | | |
| 085 LIVER ACQUISITION | | | | | | | | |
| 086 HEART ACQUISITION | | | | | | | | |
| 086 OTHER ORGAN ACQUISITION | | | | | | | | |
| 092 AMBULATORY SURGICAL CENTER | | | | | | | | |
| 093 HOSPICE | | | | | | | | |
| 094 OTHER SPECIAL PURPOSE | | | | | | | | |
| 095 SUBTOTALS | 405,979 | | | | | | | |
| 096 NONREIMBURS COST CENTERS | | | | | | | | |
| 096 GIFT, FLOWER, COFFEE SHOP | | | | | | | | |
| 097 RESEARCH | | | | | | | | |
| 098 PHYSICIANS' PRIVATE OFFICE | | | | | | | | |
| 098 01 PHYSICIANS' PRIVATE OFFICE | | | | | | | | |
| 098 02 CADS | | | | | | | | |
| 098 03 CROSSTOWN SQUARE | | | | | | | | |
| 098 04 NONALLOWABLE PHYSICIANS | | | | | | | | |
| 098 05 NONALLOWABLE GUEST MEALS | | | | | | | | |
| 098 06 PHYSICIANS' PRIVATE OFFICE | | | | | | | | |
| 099 NONPAID WORKERS | | | | | | | | |
| 100 OTHER NONREIMBURSABLE | | | | | | | | |
| 101 CROSS FOOT ADJUSTMENT | | | | | | | | |
| 102 NEGATIVE COST CENTER | | | | | | | | |
| 103 TOTAL | 405,979 | | | | | | | |

COST ALLOCATION - GENERAL SERVICE COSTS

| COST CENTER DESCRIPTION | SUBTOTAL | I&R COST POST STEP-DOWN ADJ | TOTAL |
|----------------------------------|------------|-----------------------------|------------|
| | 25 | 26 | 27 |
| 001 GENERAL SERVICE COST CNTR | | | |
| 002 OLD CAP REL COSTS-BLDG & | | | |
| 003 OLD CAP REL COSTS-MVBLE E | | | |
| 003 NEW CAP REL COSTS-BLDG & | | | |
| 004 01 NEW CAP RELATED IRC | | | |
| 005 NEW CAP REL COSTS-MVBLE E | | | |
| 006 EMPLOYEE BENEFITS | | | |
| 007 ADMINISTRATIVE & GENERAL | | | |
| 008 MAINTENANCE & REPAIRS | | | |
| 008 01 OPERATION OF PLANT | | | |
| 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 OTHER GENERAL SERVICE | | | |
| 021 NONPHYSICIAN ANESTHETISTS | | | |
| 022 NURSING SCHOOL | | | |
| 023 I&R SERVICES-SALARY & FRI | | | |
| 024 I&R SERVICES-OTHER PRGM C | | | |
| 025 PARAMED ED PRGM | | | |
| 026 INPAT ROUTINE SRVC CNTRS | | | |
| 027 ADULTS & PEDIATRICS | 14,014,263 | | 14,014,263 |
| 028 INTENSIVE CARE UNIT | 2,037,734 | | 2,037,734 |
| 029 CORONARY CARE UNIT | | | |
| 030 BURN INTENSIVE CARE UNIT | | | |
| 031 SURGICAL INTENSIVE CARE U | | | |
| 032 OTHER SPECIAL CARE | | | |
| 033 SUBPROVIDER | | | |
| 034 NURSERY | 794,187 | | 794,187 |
| 035 SKILLED NURSING FACILITY | 2,792,277 | | 2,792,277 |
| 036 01 NURSING FACILITY | 4,986,002 | | 4,986,002 |
| 037 ICF/MR | | | |
| 038 OTHER LONG TERM CARE | | | |
| 039 ANCILLARY SRVC COST CNTRS | | | |
| 040 OPERATING ROOM | 5,090,050 | | 5,090,050 |
| 041 RECOVERY ROOM | | | |
| 042 DELIVERY ROOM & LABOR ROO | | | |
| 043 ANESTHESIOLOGY | 211,840 | | 211,840 |
| 044 RADIOLOGY-DIAGNOSTIC | 3,596,805 | | 3,596,805 |
| 045 RADIOLOGY-THERAPEUTIC | | | |
| 046 RADIOISOTOPE | | | |
| 047 LABORATORY | 6,961,615 | | 6,961,615 |
| 048 PBP CLINICAL LAB SERVICES | | | |
| 049 WHOLE BLOOD & PACKED RED | | | |
| 050 BLOOD STORING, PROCESSING | | | |
| 051 INTRAVENOUS THERAPY | | | |
| 052 RESPIRATORY THERAPY | 2,342,475 | | 2,342,475 |
| 053 PHYSICAL THERAPY | 2,392,157 | | 2,392,157 |
| 054 OCCUPATIONAL THERAPY | | | |
| 055 SPEECH PATHOLOGY | | | |
| 056 ELECTROCARDIOLOGY | | | |
| 057 01 CARDIAC REHAB | 1,191,129 | | 1,191,129 |
| 058 02 CARDIAC CATH LAB | 1,395,797 | | 1,395,797 |
| 059 ELECTROENCEPHALOGRAPHY | | | |
| 060 MEDICAL SUPPLIES CHARGED | 1,346,714 | | 1,346,714 |
| 061 30 IMPL. DEV. CHARGED TO PAT | 7,093,642 | | 7,093,642 |
| 062 DRUGS CHARGED TO PATIENTS | 4,833,416 | | 4,833,416 |
| 063 RENAL DIALYSIS | | | |
| 064 ASC (NON-DISTINCT PART) | | | |
| 065 OTHER ANCILLARY | | | |
| 066 97 CARDIAC REHABILITATION | | | |
| 067 98 HYPERBARIC OXYGEN THERAPY | | | |
| 068 99 LITHOTRIPSY | | | |
| 069 OUTPAT SERVICE COST CNTRS | | | |
| 070 CLINIC | 129,461 | | 129,461 |
| 071 EMERGENCY | 4,952,851 | | 4,952,851 |
| 072 OBSERVATION BEDS (NON-DIS | | | |
| 073 OTHER OUTPATIENT SERVICE | | | |
| 074 OTHER REIMBURS COST CNTRS | | | |
| 075 HOME PROGRAM DIALYSIS | | | |
| 076 AMBULANCE SERVICES | 2,579,260 | | 2,579,260 |
| 077 DURABLE MEDICAL EQUIP-REN | | | |
| 078 DURABLE MEDICAL EQUIP-SOL | | | |
| 079 OTHER REIMBURSABLE | | | |
| 080 CORF | | | |
| 081 I&R SERVICES-NOT APPRVD P | | | |
| 082 HOME HEALTH AGENCY | | | |
| 083 LUNG ACQUISITION | | | |
| 084 SPEC PURPOSE COST CENTERS | | | |
| 085 KIDNEY ACQUISITION | | | |

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 14-0275
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/15/2010
 WORKSHEET B
 PART I

| COST CENTER DESCRIPTION | SUBTOTAL | I & R COST POST STEP-DOWN ADJ | TOTAL |
|-----------------------------------|------------|-------------------------------|------------|
| | 25 | 26 | 27 |
| 084 SPEC PURPOSE COST CENTERS | | | |
| 085 LIVER ACQUISITION | | | |
| 086 HEART ACQUISITION | | | |
| 092 OTHER ORGAN ACQUISITION | | | |
| 093 AMBULATORY SURGICAL CENTER | | | |
| 094 HOSPICE | | | |
| 095 OTHER SPECIAL PURPOSE | | | |
| 095 SUBTOTALS | 68,741,675 | | 68,741,675 |
| NONREIMBURS COST CENTERS | | | |
| 096 GIFT, FLOWER, COFFEE SHOP | 219,902 | | 219,902 |
| 097 RESEARCH | | | |
| 098 PHYSICIANS' PRIVATE OFFICE | 627,164 | | 627,164 |
| 098 01 PHYSICIANS' PRIVATE OFFICE | 33,900 | | 33,900 |
| 098 02 CADS | | | |
| 098 03 CROSSTOWN SQUARE | 2,333,076 | | 2,333,076 |
| 098 04 NONALLOWABLE PHYSICIANS | 580,781 | | 580,781 |
| 098 05 NONALLOWABLE GUEST MEALS | 430,146 | | 430,146 |
| 098 06 PHYSICIANS' PRIVATE OFFICE | | | |
| 099 NONPAID WORKERS | | | |
| 100 OTHER NONREIMBURSABLE | | | |
| 101 CROSS FOOT ADJUSTMENT | | | |
| 102 NEGATIVE COST CENTER | -135,223 | | -135,223 |
| 103 TOTAL | 72,831,421 | | 72,831,421 |

ALLOCATION OF NEW CAPITAL RELATED COSTS

| COST CENTER DESCRIPTION | DIR ASSGND NEW CAPITAL REL COSTS 0 | 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 ED IRC 3.01 | NEW CAP REL C OSTS-MVBLE E 4 | SUBTOTAL 4a |
|----------------------------------|------------------------------------|-----------------------------|------------------------------|-----------------------------|---------------------------|------------------------------|-------------|
| 001 GENERAL SERVICE COST CNTR | | | | | | | |
| 002 OLD CAP REL COSTS-BLDG & | | | | | | | |
| 003 OLD CAP REL COSTS-MVBLE E | | | | | | | |
| 003 01 NEW CAP RELATED IRC | | | | | | | |
| 004 NEW CAP REL COSTS-MVBLE E | | | | | | | |
| 005 EMPLOYEE BENEFITS | | | | 14,390 | | | 14,390 |
| 006 ADMINISTRATIVE & GENERAL | | | | 1,351,146 | | | 1,351,146 |
| 007 MAINTENANCE & REPAIRS | | | | | | | |
| 008 OPERATION OF PLANT | | | | 558,370 | | | 558,370 |
| 008 01 OPERATION OF PLANT | | | | | 32,757 | | 32,757 |
| 009 LAUNDRY & LINEN SERVICE | | | | 61,519 | 2,643 | | 64,162 |
| 010 HOUSEKEEPING | | | | 28,061 | 5,783 | | 33,844 |
| 011 DIETARY | | | | 135,706 | | | 135,706 |
| 012 CAFETERIA | | | | 75,344 | | | 75,344 |
| 013 MAINTENANCE OF PERSONNEL | | | | | | | |
| 014 NURSING ADMINISTRATION | | | | 18,553 | | | 18,553 |
| 015 CENTRAL SERVICES & SUPPLY | | | | 171,861 | | | 171,861 |
| 016 PHARMACY | | | | 40,678 | | | 40,678 |
| 017 MEDICAL RECORDS & LIBRARY | | | | 70,718 | | | 70,718 |
| 018 SOCIAL SERVICE | | | | 28,369 | | | 28,369 |
| 019 OTHER GENERAL SERVICE | | | | | | | |
| 020 NONPHYSICIAN ANESTHETISTS | | | | | | | |
| 021 NURSING SCHOOL | | | | | | | |
| 022 I&R SERVICES-SALARY & FRI | | | | | | | |
| 023 I&R SERVICES-OTHER PRGM C | | | | | | | |
| 024 PARAMED ED PRGM | | | | | | | |
| 025 INPAT ROUTINE SRVC CNTRS | | | | | | | |
| 025 ADULTS & PEDIATRICS | | | | 1,100,190 | | | 1,100,190 |
| 026 INTENSIVE CARE UNIT | | | | 96,107 | | | 96,107 |
| 027 CORONARY CARE UNIT | | | | | | | |
| 028 BURN INTENSIVE CARE UNIT | | | | | | | |
| 029 SURGICAL INTENSIVE CARE U | | | | | | | |
| 030 OTHER SPECIAL CARE | | | | | | | |
| 031 SUBPROVIDER | | | | | | | |
| 033 NURSERY | | | | 55,737 | | | 55,737 |
| 034 SKILLED NURSING FACILITY | | | | | 119,884 | | 119,884 |
| 035 NURSING FACILITY | | | | | 527,775 | | 527,775 |
| 035 01 ICF/MR | | | | | | | |
| 036 OTHER LONG TERM CARE | | | | | | | |
| 037 ANCILLARY SRVC COST CNTRS | | | | | | | |
| 037 OPERATING ROOM | | | | 413,901 | | | 413,901 |
| 038 RECOVERY ROOM | | | | | | | |
| 039 DELIVERY ROOM & LABOR ROO | | | | | | | |
| 040 ANESTHESIOLOGY | | | | | | | |
| 041 RADIOLOGY-DIAGNOSTIC | | | | 232,301 | | | 232,301 |
| 042 RADIOLOGY-THERAPEUTIC | | | | | | | |
| 043 RADIOISOTOPE | | | | | | | |
| 044 LABORATORY | | | | 203,803 | | | 203,803 |
| 045 PBP CLINICAL LAB SERVICES | | | | | | | |
| 046 WHOLE BLOOD & PACKED RED | | | | | | | |
| 047 BLOOD STORING, PROCESSING | | | | | | | |
| 048 INTRAVENOUS THERAPY | | | | | | | |
| 049 RESPIRATORY THERAPY | | | | 72,260 | | | 72,260 |
| 050 PHYSICAL THERAPY | | | | | 46,105 | | 46,105 |
| 051 OCCUPATIONAL THERAPY | | | | | | | |
| 052 SPEECH PATHOLOGY | | | | | | | |
| 053 ELECTROCARDIOLOGY | | | | | | | |
| 053 01 CARDIAC REHAB | | | | 151,818 | | | 151,818 |
| 053 02 CARDIAC CATH LAB | | | | 61,878 | | | 61,878 |
| 054 ELECTROENCEPHALOGRAPHY | | | | | | | |
| 055 MEDICAL SUPPLIES CHARGED | | | | | | | |
| 055 30 IMPL. DEV. CHARGED TO PAT | | | | | | | |
| 056 DRUGS CHARGED TO PATIENTS | | | | | | | |
| 057 RENAL DIALYSIS | | | | | | | |
| 058 ASC (NON-DISTINCT PART) | | | | | | | |
| 059 OTHER ANCILLARY | | | | | | | |
| 059 97 CARDIAC REHABILITATION | | | | | | | |
| 059 98 HYPERBARIC OXYGEN THERAPY | | | | | | | |
| 059 99 LITHOTRIPSY | | | | | | | |
| 060 OUTPAT SERVICE COST CNTRS | | | | | | | |
| 061 CLINIC | | | | | | | |
| 061 EMERGENCY | | | | 227,058 | | | 227,058 |
| 062 OBSERVATION BEDS (NON-DIS | | | | | | | |
| 063 OTHER OUTPATIENT SERVICE | | | | | | | |
| 064 OTHER REIMBURS COST CNTRS | | | | | | | |
| 064 HOME PROGRAM DIALYSIS | | | | | | | |
| 065 AMBULANCE SERVICES | | | | 182,474 | | | 182,474 |
| 066 DURABLE MEDICAL EQUIP-REN | | | | | | | |
| 067 DURABLE MEDICAL EQUIP-SOL | | | | | | | |
| 068 OTHER REIMBURSABLE | | | | | | | |
| 069 CORF | | | | | | | |
| 070 I&R SERVICES-NOT APPRVD P | | | | | | | |
| 071 HOME HEALTH AGENCY | | | | | | | |
| 082 LUNG ACQUISITION | | | | | | | |
| 082 SPEC PURPOSE COST CENTERS | | | | | | | |
| 083 KIDNEY ACQUISITION | | | | | | | |

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 ED IRC | NEW CAP REL C OSTS-MVBLE E | SUBTOTAL |
|----------------------------------|----------------------------------|---------------------------|----------------------------|---------------------------|----------------------|----------------------------|-----------|
| | 0 | 1 | 2 | 3 | 3.01 | 4 | 4a |
| 084 SPEC PURPOSE COST CENTERS | | | | | | | |
| 085 LIVER ACQUISITION | | | | | | | |
| 086 HEART ACQUISITION | | | | | | | |
| 086 OTHER ORGAN ACQUISITION | | | | | | | |
| 092 AMBULATORY SURGICAL CENTE | | | | | | | |
| 093 HOSPICE | | | | | | | |
| 094 OTHER SPECIAL PURPOSE | | | | | | | |
| 095 SUBTOTALS | | | | 5,352,242 | 734,947 | | 6,087,189 |
| NONREIMBURS COST CENTERS | | | | | | | |
| 096 GIFT, FLOWER, COFFEE SHOP | | | | 40,987 | 5,170 | | 46,157 |
| 097 RESEARCH | | | | | | | |
| 098 PHYSICIANS' PRIVATE OFFIC | | | | 18,605 | | | 18,605 |
| 098 01 PHYSICIANS' PRIVATE OFFIC | | | | | 12,545 | | 12,545 |
| 098 02 CADS | | | | | | | |
| 098 03 CROSSTOWN SQUARE | | | | | | | |
| 098 04 NONALLOWABLE PHYSICANS | | | | | | | |
| 098 05 NONALLOWABLE GUEST MEALS | | | | | | | |
| 098 06 PHYSICIANS' PRIVATE OFFIC | | | | | | | |
| 099 NONPAID WORKERS | | | | | | | |
| 100 OTHER NONREIMBURSABLE | | | | | | | |
| 101 CROSS FOOT ADJUSTMENTS | | | | | | | |
| 102 NEGATIVE COST CENTER | | | | | | | |
| 103 TOTAL | | | | 5,411,834 | 752,662 | | 6,164,496 |

ALLOCATION OF NEW CAPITAL RELATED COSTS

| COST CENTER DESCRIPTION | EMPLOYEE BENEFITS | ADMINISTRATIVE & GENERAL | MAINTENANCE & REPAIRS | OPERATION OF PLANT | OPERATION OF PLANT | LAUNDRY & LINEN SERVICE | HOUSEKEEPING |
|----------------------------------|-------------------|--------------------------|-----------------------|--------------------|--------------------|-------------------------|--------------|
| | 5 | 6 | 7 | 8 | 8.01 | 9 | 10 |
| 001 GENERAL SERVICE COST CNTR | | | | | | | |
| 002 OLD CAP REL COSTS-BLDG & | | | | | | | |
| 003 OLD CAP REL COSTS-MVBLE E | | | | | | | |
| 003 NEW CAP REL COSTS-BLDG & | | | | | | | |
| 004 01 NEW CAP RELATED IRC | | | | | | | |
| 004 NEW CAP REL COSTS-MVBLE E | | | | | | | |
| 005 EMPLOYEE BENEFITS | 14,390 | | | | | | |
| 006 ADMINISTRATIVE & GENERAL | 809 | 1,351,955 | | | | | |
| 007 MAINTENANCE & REPAIRS | | | | | | | |
| 008 OPERATION OF PLANT | 432 | 84,029 | | 642,831 | | | |
| 008 01 OPERATION OF PLANT | 1 | 6,060 | | | 38,818 | | |
| 009 LAUNDRY & LINEN SERVICE | 32 | 2,342 | | 11,338 | 143 | 78,017 | |
| 010 HOUSEKEEPING | 415 | 19,095 | | 5,172 | 312 | | 58,838 |
| 011 DIETARY | 661 | | | 25,011 | | | 1,717 |
| 012 CAFETERIA | | 6,412 | | 13,886 | | | 953 |
| 013 MAINTENANCE OF PERSONNEL | | | | | | | |
| 014 NURSING ADMINISTRATION | 425 | 25,507 | | 3,419 | | | 235 |
| 015 CENTRAL SERVICES & SUPPLY | 155 | 20,102 | | 31,674 | | 765 | 2,175 |
| 016 PHARMACY | 646 | 40,583 | | 7,497 | | | 515 |
| 017 MEDICAL RECORDS & LIBRARY | | 24,335 | | 13,033 | | | 895 |
| 018 SOCIAL SERVICE | 103 | 6,618 | | 5,229 | | | 359 |
| 019 OTHER GENERAL SERVICE | | | | | | | |
| 020 NONPHYSICIAN ANESTHETISTS | | | | | | | |
| 021 NURSING SCHOOL | | | | | | | |
| 022 I&R SERVICES-SALARY & FRI | | | | | | | |
| 023 I&R SERVICES-OTHER PRGM C | | | | | | | |
| 024 PARAMED ED PRGM | | | | | | | |
| 025 INPAT ROUTINE SRVC CNTRS | | | | | | | |
| 025 ADULTS & PEDIATRICS | 2,694 | 202,752 | | 202,768 | | 23,329 | 13,920 |
| 026 INTENSIVE CARE UNIT | 465 | 31,388 | | 17,713 | | 1,827 | 1,216 |
| 027 CORONARY CARE UNIT | | | | | | | |
| 028 BURN INTENSIVE CARE UNIT | | | | | | | |
| 029 SURGICAL INTENSIVE CARE U | | | | | | | |
| 030 OTHER SPECIAL CARE | | | | | | | |
| 031 SUBPROVIDER | | | | | | | |
| 033 NURSERY | 156 | 11,457 | | 10,272 | | 1,499 | 705 |
| 034 SKILLED NURSING FACILITY | 478 | 44,893 | | | 6,464 | | 2,669 |
| 035 NURSING FACILITY | 660 | 80,523 | | | 28,458 | 22,625 | 11,750 |
| 035 01 ICF/MR | | | | | | | |
| 036 OTHER LONG TERM CARE | | | | | | | |
| 037 ANCILLARY SRVC COST CNTRS | | | | | | | |
| 037 OPERATING ROOM | 830 | 72,123 | | 76,283 | | 8,827 | 5,237 |
| 038 RECOVERY ROOM | | | | | | | |
| 039 DELIVERY ROOM & LABOR ROO | | | | | | | |
| 040 ANESTHESIOLOGY | | 2,540 | | | | | |
| 041 RADIOLOGY-DIAGNOSTIC | 675 | 54,914 | | 42,813 | | 4,854 | 2,939 |
| 042 RADIOLOGY-THERAPEUTIC | | | | | | | |
| 043 RADIOISOTOPE | | | | | | | |
| 044 LABORATORY | 982 | 115,270 | | 37,561 | | 50 | 2,579 |
| 045 PBP CLINICAL LAB SERVICES | | | | | | | |
| 046 WHOLE BLOOD & PACKED RED | | | | | | | |
| 047 BLOOD STORING, PROCESSING | | | | | | | |
| 048 INTRAVENOUS THERAPY | | | | | | | |
| 049 RESPIRATORY THERAPY | 580 | 38,800 | | 13,318 | | 401 | 914 |
| 050 PHYSICAL THERAPY | 694 | 42,265 | | | 2,486 | 931 | 1,026 |
| 051 OCCUPATIONAL THERAPY | | | | | | | |
| 052 SPEECH PATHOLOGY | | | | | | | |
| 053 ELECTROCARDIOLOGY | | | | | | | |
| 053 01 CARDIAC REHAB | 211 | 16,984 | | 27,980 | | 495 | 1,921 |
| 053 02 CARDIAC CATH LAB | 260 | 21,695 | | 11,404 | | 774 | 783 |
| 054 ELECTROENCEPHALOGRAPHY | | | | | | | |
| 055 MEDICAL SUPPLIES CHARGED | | 7,277 | | | | | |
| 055 30 IMPL. DEV. CHARGED TO PAT | | 129,278 | | | | | |
| 056 DRUGS CHARGED TO PATIENTS | | 50,398 | | | | | |
| 057 RENAL DIALYSIS | | | | | | | |
| 058 ASC (NON-DISTINCT PART) | | | | | | | |
| 059 OTHER ANCILLARY | | | | | | | |
| 059 97 CARDIAC REHABILITATION | | | | | | | |
| 059 98 HYPERBARIC OXYGEN THERAPY | | | | | | | |
| 059 99 LITHOTRIPSY | | | | | | | |
| 060 OUTPAT SERVICE COST CNTRS | | | | | | | |
| 060 CLINIC | 40 | 2,349 | | | | | |
| 061 EMERGENCY | 1,094 | 75,143 | | 41,847 | | 9,988 | 2,873 |
| 062 OBSERVATION BEDS (NON-DIS | | | | | | | |
| 063 OTHER OUTPATIENT SERVICE | | | | | | | |
| 064 OTHER REIMBURS COST CNTRS | | | | | | | |
| 064 HOME PROGRAM DIALYSIS | | | | | | | |
| 065 AMBULANCE SERVICES | 838 | 40,877 | | 33,630 | | | 2,309 |
| 066 DURABLE MEDICAL EQUIP-REN | | | | | | | |
| 067 DURABLE MEDICAL EQUIP-SOL | | | | | | | |
| 068 OTHER REIMBURSABLE | | | | | | | |
| 069 CORF | | | | | | | |
| 070 I&R SERVICES-NOT APPRVD P | | | | | | | |
| 071 HOME HEALTH AGENCY | | | | | | | |
| 082 LUNG ACQUISITION | | | | | | | |
| 083 SPEC PURPOSE COST CENTERS | | | | | | | |
| 083 KIDNEY ACQUISITION | | | | | | | |

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0275
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/15/2010
 WORKSHEET B
 PART III

| COST CENTER DESCRIPTION | EMPLOYEE BENEFITS | ADMINISTRATIVE & GENERAL | MAINTENANCE & REPAIRS | OPERATION OF PLANT | OPERATION OF PLANT | LAUNDRY & LINEN SERVICE | HOUSEKEEPING |
|-----------------------------------|-------------------|--------------------------|-----------------------|--------------------|--------------------|-------------------------|--------------|
| | 5 | 6 | 7 | 8 | 8.01 | 9 | 10 |
| 084 SPEC PURPOSE COST CENTERS | | | | | | | |
| 085 LIVER ACQUISITION | | | | | | | |
| 086 HEART ACQUISITION | | | | | | | |
| 086 OTHER ORGAN ACQUISITION | | | | | | | |
| 092 AMBULATORY SURGICAL CENTER | | | | | | | |
| 093 HOSPICE | | | | | | | |
| 094 OTHER SPECIAL PURPOSE | | | | | | | |
| 095 SUBTOTALS | 14,336 | 1,276,009 | | 631,848 | 37,863 | 76,365 | 57,690 |
| 096 NONREIMBURS COST CENTERS | | | | | | | |
| 096 GIFT, FLOWER, COFFEE SHOP | | 2,818 | | 7,554 | 279 | | 634 |
| 097 RESEARCH | | | | | | | |
| 098 PHYSICIANS' PRIVATE OFFICE | | 11,060 | | 3,429 | | | 235 |
| 098 01 PHYSICIANS' PRIVATE OFFICE | | 427 | | | 676 | | 279 |
| 098 02 CADS | | | | | | | |
| 098 03 CROSSTOWN SQUARE | 54 | 42,964 | | | | 1,652 | |
| 098 04 NONALLOWABLE PHYSICIANS | | 10,730 | | | | | |
| 098 05 NONALLOWABLE GUEST MEALS | | 7,947 | | | | | |
| 098 06 PHYSICIANS' PRIVATE OFFICE | | | | | | | |
| 099 NONPAID WORKERS | | | | | | | |
| 100 OTHER NONREIMBURSABLE | | | | | | | |
| 101 CROSS FOOT ADJUSTMENTS | | | | | | | |
| 102 NEGATIVE COST CENTER | | | | | | | |
| 103 TOTAL | 14,390 | 1,351,955 | | 642,831 | 38,818 | 78,017 | 58,838 |

ALLOCATION OF NEW CAPITAL RELATED COSTS

| COST CENTER DESCRIPTION | DIETARY | CAFETERIA | MAINTENANCE O F PERSONNEL | NURSING ADMIN ISTRATION | CENTRAL SERVI CES & SUPPLY | PHARMACY | MEDI CAL RECOR DS & LIBRARY |
|----------------------------------|---------|-----------|---------------------------|-------------------------|----------------------------|----------|-----------------------------|
| | 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| 001 GENERAL SERVICE COST CNTR | | | | | | | |
| 002 OLD CAP REL COSTS-BLDG & | | | | | | | |
| 003 OLD CAP REL COSTS-MVBLE E | | | | | | | |
| 003 01 NEW CAP RELATED IRC | | | | | | | |
| 004 NEW CAP REL COSTS-MVBLE E | | | | | | | |
| 005 EMPLOYEE BENEFITS | | | | | | | |
| 006 ADMINISTRATIVE & GENERAL | | | | | | | |
| 007 MAINTENANCE & REPAIRS | | | | | | | |
| 008 OPERATION OF PLANT | | | | | | | |
| 008 01 OPERATION OF PLANT | | | | | | | |
| 009 LAUNDRY & LINEN SERVICE | | | | | | | |
| 010 HOUSEKEEPING | | | | | | | |
| 011 DIETARY | 163,095 | | | | | | |
| 012 CAFETERIA | | 96,595 | | | | | |
| 013 MAINTENANCE OF PERSONNEL | | | | | | | |
| 014 NURSING ADMINISTRATION | | 2,248 | | 50,387 | | | |
| 015 CENTRAL SERVICES & SUPPLY | | 1,894 | | | 228,626 | | |
| 016 PHARMACY | | 3,133 | | | 232 | 93,284 | |
| 017 MEDICAL RECORDS & LIBRARY | | | | | | | 108,981 |
| 018 SOCIAL SERVICE | | 879 | | | | | |
| 019 OTHER GENERAL SERVICE | | | | | | | |
| 020 NONPHYSICIAN ANESTHETISTS | | | | | | | |
| 021 NURSING SCHOOL | | | | | | | |
| 022 I&R SERVICES-SALARY & FRI | | | | | | | |
| 023 I&R SERVICES-OTHER PRGM C | | | | | | | |
| 024 PARAMED ED PRGM | | | | | | | |
| 025 INPAT ROUTINE SRVC CNTRS | | | | | | | |
| 025 ADULTS & PEDIATRICS | | 20,687 | | 28,371 | 7,995 | 27 | 9,900 |
| 026 INTENSIVE CARE UNIT | | 3,208 | | 4,514 | 1,595 | 13 | 2,003 |
| 027 CORONARY CARE UNIT | | | | | | | |
| 028 BURN INTENSIVE CARE UNIT | | | | | | | |
| 029 SURGICAL INTENSIVE CARE U | | | | | | | |
| 030 OTHER SPECIAL CARE | | | | | | | |
| 031 SUBPROVIDER | | | | | | | |
| 033 NURSERY | | 1,166 | | 1,609 | | | 860 |
| 034 SKILLED NURSING FACILITY | | 4,701 | | | 1,093 | 8,537 | 1,671 |
| 035 NURSING FACILITY | | 9,286 | | | 1,509 | 825 | 2,975 |
| 035 01 ICF/MR | | | | | | | |
| 036 OTHER LONG TERM CARE | | | | | | | |
| 037 ANCILLARY SRVC COST CNTRS | | | | | | | |
| 037 OPERATING ROOM | | 5,762 | | 5,907 | 16,554 | 147 | 9,108 |
| 038 RECOVERY ROOM | | | | | | | |
| 039 DELIVERY ROOM & LABOR ROO | | | | | | | |
| 040 ANESTHESIOLOGY | | | | | 771 | 1,801 | 1,976 |
| 041 RADIOLOGY-DIAGNOSTIC | | 5,104 | | 8 | 4,934 | 18 | 15,319 |
| 042 RADIOLOGY-THERAPEUTIC | | | | | | | |
| 043 RADIOISOTOPE | | | | | | | |
| 044 LABORATORY | | 8,991 | | | 31,883 | | 13,487 |
| 045 PBP CLINICAL LAB SERVICES | | | | | | | |
| 046 WHOLE BLOOD & PACKED RED | | | | | | | |
| 047 BLOOD STORING, PROCESSING | | | | | | | |
| 048 INTRAVENOUS THERAPY | | | | | | | |
| 049 RESPIRATORY THERAPY | | 4,483 | | 18 | 2,630 | 15 | 7,062 |
| 050 PHYSICAL THERAPY | | 4,958 | | | 327 | | 2,800 |
| 051 OCCUPATIONAL THERAPY | | | | | | | |
| 052 SPEECH PATHOLOGY | | | | | | | |
| 053 ELECTROCARDIOLOGY | | | | | | | |
| 053 01 CARDIAC REHAB | | 1,431 | | 842 | 108 | | 482 |
| 053 02 CARDIAC CATH LAB | | 1,437 | | 877 | 3,679 | 2 | 5,421 |
| 054 ELECTROENCEPHALOGRAPHY | | | | | | | |
| 055 MEDICAL SUPPLIES CHARGED | | | | | 148,998 | | 4,940 |
| 055 30 IMPL. DEV. CHARGED TO PAT | | | | | | | 7,364 |
| 056 DRUGS CHARGED TO PATIENTS | | | | | | 81,632 | 8,742 |
| 057 RENAL DIALYSIS | | | | | | | |
| 058 ASC (NON-DISTINCT PART) | | | | | | | |
| 059 OTHER ANCILLARY | | | | | | | |
| 059 97 CARDIAC REHABILITATION | | | | | | | |
| 059 98 HYPERBARIC OXYGEN THERAPY | | | | | | | |
| 059 99 LITHOTRIpsy | | | | | | | |
| 060 OUTPAT SERVICE COST CNTRS | | | | | | | |
| 060 CLINIC | | 335 | | | | | 53 |
| 061 EMERGENCY | | 7,666 | | 8,199 | 5,166 | 3 | 12,432 |
| 062 OBSERVATION BEDS (NON-DIS | | | | | | | |
| 063 OTHER OUTPATIENT SERVICE | | | | | | | |
| 064 OTHER REIMBURS COST CNTRS | | | | | | | |
| 064 HOME PROGRAM DIALYSIS | | | | | | | |
| 065 AMBULANCE SERVICES | | 8,561 | | 42 | 1,152 | 264 | 2,386 |
| 066 DURABLE MEDICAL EQUIP-REN | | | | | | | |
| 067 DURABLE MEDICAL EQUIP-SOL | | | | | | | |
| 068 OTHER REIMBURSABLE | | | | | | | |
| 069 CORF | | | | | | | |
| 070 I&R SERVICES-NOT APPRVD P | | | | | | | |
| 071 HOME HEALTH AGENCY | | | | | | | |
| 082 LUNG ACQUISITION | | | | | | | |
| 082 SPEC PURPOSE COST CENTERS | | | | | | | |
| 083 KIDNEY ACQUISITION | | | | | | | |

ALLOCATION OF NEW CAPITAL RELATED COSTS

| COST CENTER DESCRIPTION | DIETARY 11 | CAFETERIA 12 | MAINTENANCE OF F PERSONNEL 13 | NURSING ADMIN ISTRATION 14 | CENTRAL SERVI CES & SUPPLY 15 | PHARMACY 16 | MEDICAL RECOR DS & LIBRARY 17 |
|----------------------------------|---------------|-----------------|-------------------------------------|----------------------------------|-------------------------------------|----------------|-------------------------------------|
| 084 SPEC PURPOSE COST CENTERS | | | | | | | |
| 085 LIVER ACQUISITION | | | | | | | |
| 086 HEART ACQUISITION | | | | | | | |
| 086 OTHER ORGAN ACQUISITION | | | | | | | |
| 092 AMBULATORY SURGICAL CENTE | | | | | | | |
| 093 HOSPICE | | | | | | | |
| 094 OTHER SPECIAL PURPOSE | | | | | | | |
| 095 SUBTOTALS | | 95,930 | | 50,387 | 228,626 | 93,284 | 108,981 |
| 096 NONREIMBURS COST CENTERS | | | | | | | |
| 096 GIFT, FLOWER, COFFEE SHOP | | | | | | | |
| 097 RESEARCH | | | | | | | |
| 098 PHYSICIANS' PRIVATE OFFIC | | | | | | | |
| 098 01 PHYSICIANS' PRIVATE OFFIC | | | | | | | |
| 098 02 CADS | | | | | | | |
| 098 03 CROSSTOWN SQUARE | | 665 | | | | | |
| 098 04 NONALLOWABLE PHYSICANS | | | | | | | |
| 098 05 NONALLOWABLE GUEST MEALS | | | | | | | |
| 098 06 PHYSICIANS' PRIVATE OFFIC | | | | | | | |
| 099 NONPAID WORKERS | | | | | | | |
| 100 OTHER NONREIMBURSABLE | | | | | | | |
| 101 CROSS FOOT ADJUSTMENTS | | | | | | | |
| 102 NEGATIVE COST CENTER | 163,095 | | | | | | |
| 103 TOTAL | 163,095 | 96,595 | | 50,387 | 228,626 | 93,284 | 108,981 |

ALLOCATION OF NEW CAPITAL RELATED COSTS

| COST CENTER DESCRIPTION | SOCIAL SERVICE | OTHER GENERAL SERVICE | NONPHYSICIAN ANESTHETISTS | NURSING SCHOOL | I&R SERVICES-SALARY & FRI | I&R SERVICES-OTHER PRGM | PARAMED PRGM |
|----------------------------------|----------------|-----------------------|---------------------------|----------------|---------------------------|-------------------------|--------------|
| | 18 | 19 | 20 | 21 | 22 | 23 | 24 |
| 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 01 NEW CAP RELATED IRC | | | | | | | |
| 006 NEW CAP REL COSTS-MVBLE E | | | | | | | |
| 007 EMPLOYEE BENEFITS | | | | | | | |
| 008 ADMINISTRATIVE & GENERAL | | | | | | | |
| 009 MAINTENANCE & REPAIRS | | | | | | | |
| 010 OPERATION OF PLANT | | | | | | | |
| 011 01 OPERATION OF PLANT | | | | | | | |
| 012 LAUNDRY & LINEN SERVICE | | | | | | | |
| 013 HOUSEKEEPING | | | | | | | |
| 014 DIETARY | | | | | | | |
| 015 CAFETERIA | | | | | | | |
| 016 MAINTENANCE OF PERSONNEL | | | | | | | |
| 017 NURSING ADMINISTRATION | | | | | | | |
| 018 CENTRAL SERVICES & SUPPLY | | | | | | | |
| 019 PHARMACY | | | | | | | |
| 020 MEDICAL RECORDS & LIBRARY | | | | | | | |
| 021 SOCIAL SERVICE | 41,557 | | | | | | |
| 022 OTHER GENERAL SERVICE | | | | | | | |
| 023 NONPHYSICIAN ANESTHETISTS | | | | | | | |
| 024 NURSING SCHOOL | | | | | | | |
| 025 I&R SERVICES-SALARY & FRI | | | | | | | |
| 026 I&R SERVICES-OTHER PRGM C | | | | | | | |
| 027 PARAMED PRGM | | | | | | | |
| 028 INPAT ROUTINE SRVC CNTRS | | | | | | | |
| 029 ADULTS & PEDIATRICS | 21,947 | | | | | | |
| 030 INTENSIVE CARE UNIT | 804 | | | | | | |
| 031 CORONARY CARE UNIT | | | | | | | |
| 032 BURN INTENSIVE CARE UNIT | | | | | | | |
| 033 SURGICAL INTENSIVE CARE U | | | | | | | |
| 034 OTHER SPECIAL CARE | | | | | | | |
| 035 SUBPROVIDER | | | | | | | |
| 036 NURSERY | 2,286 | | | | | | |
| 037 SKILLED NURSING FACILITY | | | | | | | |
| 038 NURSING FACILITY | | | | | | | |
| 039 01 ICF/MR | | | | | | | |
| 040 OTHER LONG TERM CARE | | | | | | | |
| 041 ANCILLARY SRVC COST CNTRS | | | | | | | |
| 042 OPERATING ROOM | 11,474 | | | | | | |
| 043 RECOVERY ROOM | | | | | | | |
| 044 DELIVERY ROOM & LABOR ROO | | | | | | | |
| 045 ANESTHESIOLOGY | | | | | | | |
| 046 RADIOLOGY-DIAGNOSTIC | | | | | | | |
| 047 RADIOLOGY-THERAPEUTIC | | | | | | | |
| 048 RADIOISOTOPE | | | | | | | |
| 049 LABORATORY | | | | | | | |
| 050 PBP CLINICAL LAB SERVICES | | | | | | | |
| 051 WHOLE BLOOD & PACKED RED | | | | | | | |
| 052 BLOOD STORING, PROCESSING | | | | | | | |
| 053 INTRAVENOUS THERAPY | | | | | | | |
| 054 RESPIRATORY THERAPY | | | | | | | |
| 055 PHYSICAL THERAPY | | | | | | | |
| 056 OCCUPATIONAL THERAPY | | | | | | | |
| 057 SPEECH PATHOLOGY | | | | | | | |
| 058 ELECTROCARDIOLOGY | | | | | | | |
| 059 01 CARDIAC REHAB | | | | | | | |
| 060 02 CARDIAC CATH LAB | | | | | | | |
| 061 ELECTROENCEPHALOGRAPHY | | | | | | | |
| 062 MEDICAL SUPPLIES CHARGED | | | | | | | |
| 063 30 IMPL. DEV. CHARGED TO PAT | | | | | | | |
| 064 DRUGS CHARGED TO PATIENTS | | | | | | | |
| 065 RENAL DIALYSIS | | | | | | | |
| 066 ASC (NON-DISTINCT PART) | | | | | | | |
| 067 OTHER ANCILLARY | | | | | | | |
| 068 97 CARDIAC REHABILITATION | | | | | | | |
| 069 98 HYPERBARIC OXYGEN THERAPY | | | | | | | |
| 070 99 LITHOTRIpsy | | | | | | | |
| 071 OUTPAT SERVICE COST CNTRS | | | | | | | |
| 072 CLINIC | | | | | | | |
| 073 EMERGENCY | 5,046 | | | | | | |
| 074 OBSERVATION BEDS (NON-DIS | | | | | | | |
| 075 OTHER OUTPATIENT SERVICE | | | | | | | |
| 076 OTHER REIMBURS COST CNTRS | | | | | | | |
| 077 HOME PROGRAM DIALYSIS | | | | | | | |
| 078 AMBULANCE SERVICES | | | | | | | |
| 079 DURABLE MEDICAL EQUIP-REN | | | | | | | |
| 080 DURABLE MEDICAL EQUIP-SOL | | | | | | | |
| 081 OTHER REIMBURSABLE | | | | | | | |
| 082 CORF | | | | | | | |
| 083 I&R SERVICES-NOT APPRVD P | | | | | | | |
| 084 HOME HEALTH AGENCY | | | | | | | |
| 085 LUNG ACQUISITION | | | | | | | |
| 086 SPEC PURPOSE COST CENTERS | | | | | | | |
| 087 KIDNEY ACQUISITION | | | | | | | |

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 14-0275
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/15/2010
 WORKSHEET B
 PART III

| COST CENTER DESCRIPTION | SOCIAL SERVICE | OTHER GENERAL SERVICE | NONPHYSICIAN ANESTHETISTS | NURSING SCHOOL | I&R SERVICES- SALARY & FRI | I&R SERVICES- OTHER PRGM C | PARAMED ED PR GM |
|----------------------------------|----------------|-----------------------|---------------------------|----------------|----------------------------|----------------------------|------------------|
| | 18 | 19 | 20 | 21 | 22 | 23 | 24 |
| 084 SPEC PURPOSE COST CENTERS | | | | | | | |
| 085 LIVER ACQUISITION | | | | | | | |
| 086 HEART ACQUISITION | | | | | | | |
| 086 OTHER ORGAN ACQUISITION | | | | | | | |
| 092 AMBULATORY SURGICAL CENTE | | | | | | | |
| 093 HOSPICE | | | | | | | |
| 094 OTHER SPECIAL PURPOSE | | | | | | | |
| 095 SUBTOTALS | 41,557 | | | | | | |
| 096 NONREIMBURS COST CENTERS | | | | | | | |
| 096 GIFT, FLOWER, COFFEE SHOP | | | | | | | |
| 097 RESEARCH | | | | | | | |
| 098 PHYSICIANS' PRIVATE OFFIC | | | | | | | |
| 098 01 PHYSICIANS' PRIVATE OFFIC | | | | | | | |
| 098 02 CADS | | | | | | | |
| 098 03 CROSSTOWN SQUARE | | | | | | | |
| 098 04 NONALLOWABLE PHYSICANS | | | | | | | |
| 098 05 NONALLOWABLE GUEST MEALS | | | | | | | |
| 098 06 PHYSICIANS' PRIVATE OFFIC | | | | | | | |
| 099 NONPAID WORKERS | | | | | | | |
| 100 OTHER NONREIMBURSABLE | | | | | | | |
| 101 CROSS FOOT ADJUSTMENTS | | | | | | | |
| 102 NEGATIVE COST CENTER | | | | | | | |
| 103 TOTAL | 41,557 | | | | | | |

ALLOCATION OF NEW CAPITAL RELATED COSTS

| | SUBTOTAL | POST STEPDOWN ADJUSTMENT | TOTAL |
|----------------------------------|-----------|--------------------------------|-----------|
| | 25 | 26 | 27 |
| 001 GENERAL SERVICE COST CNTR | | | |
| 002 OLD CAP REL COSTS-BLDG & | | | |
| 003 OLD CAP REL COSTS-MVBLE E | | | |
| 003 NEW CAP REL COSTS-BLDG & | | | |
| 004 01 NEW CAP RELATED IRC | | | |
| 005 NEW CAP REL COSTS-MVBLE E | | | |
| 006 EMPLOYEE BENEFITS | | | |
| 007 ADMINISTRATIVE & GENERAL | | | |
| 008 MAINTENANCE & REPAIRS | | | |
| 008 01 OPERATION OF PLANT | | | |
| 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 OTHER GENERAL SERVICE | | | |
| 021 NONPHYSICIAN ANESTHETISTS | | | |
| 022 NURSING SCHOOL | | | |
| 023 I&R SERVICES-SALARY & FRI | | | |
| 024 I&R SERVICES-OTHER PRGM C | | | |
| 025 PARAMED ED PRGM | | | |
| 026 INPAT ROUTINE SRVC CNTRS | 1,634,580 | | 1,634,580 |
| 027 ADULTS & PEDIATRICS | 160,853 | | 160,853 |
| 028 INTENSIVE CARE UNIT | | | |
| 029 CORONARY CARE UNIT | | | |
| 030 BURN INTENSIVE CARE UNIT | | | |
| 031 SURGICAL INTENSIVE CARE U | | | |
| 032 OTHER SPECIAL CARE | | | |
| 033 SUBPROVIDER | | | |
| 034 NURSERY | 85,747 | | 85,747 |
| 035 SKILLED NURSING FACILITY | 190,390 | | 190,390 |
| 036 01 NURSING FACILITY | 686,386 | | 686,386 |
| 037 ICF/MR | | | |
| 038 OTHER LONG TERM CARE | | | |
| 039 ANCILLARY SRVC COST CNTRS | | | |
| 040 OPERATING ROOM | 626,153 | | 626,153 |
| 041 RECOVERY ROOM | | | |
| 042 DELIVERY ROOM & LABOR ROO | | | |
| 043 ANESTHESIOLOGY | 7,088 | | 7,088 |
| 044 RADIOLOGY-DIAGNOSTIC | 363,879 | | 363,879 |
| 045 RADIOLOGY-THERAPEUTIC | | | |
| 046 RADIOISOTOPE | | | |
| 047 LABORATORY | 414,606 | | 414,606 |
| 048 PBP CLINICAL LAB SERVICES | | | |
| 049 WHOLE BLOOD & PACKED RED | | | |
| 050 BLOOD STORING, PROCESSING | | | |
| 051 INTRAVENOUS THERAPY | | | |
| 052 RESPIRATORY THERAPY | 140,481 | | 140,481 |
| 053 PHYSICAL THERAPY | 101,592 | | 101,592 |
| 054 OCCUPATIONAL THERAPY | | | |
| 055 SPEECH PATHOLOGY | | | |
| 056 ELECTROCARDIOLOGY | | | |
| 057 01 CARDIAC REHAB | 202,272 | | 202,272 |
| 058 02 CARDIAC CATH LAB | 108,210 | | 108,210 |
| 059 ELECTROENCEPHALOGRAPHY | | | |
| 060 MEDICAL SUPPLIES CHARGED | 161,215 | | 161,215 |
| 061 30 IMPL. DEV. CHARGED TO PAT | 136,642 | | 136,642 |
| 062 DRUGS CHARGED TO PATIENTS | 140,772 | | 140,772 |
| 063 RENAL DIALYSIS | | | |
| 064 ASC (NON-DISTINCT PART) | | | |
| 065 OTHER ANCILLARY | | | |
| 066 97 CARDIAC REHABILITATION | | | |
| 067 98 HYPERBARIC OXYGEN THERAPY | | | |
| 068 99 LITHOTRIpsy | | | |
| 069 OUTPAT SERVICE COST CNTRS | | | |
| 070 CLINIC | 2,777 | | 2,777 |
| 071 EMERGENCY | 396,515 | | 396,515 |
| 072 OBSERVATION BEDS (NON-DIS | | | |
| 073 OTHER OUTPATIENT SERVICE | | | |
| 074 OTHER REIMBURS COST CNTRS | | | |
| 075 HOME PROGRAM DIALYSIS | | | |
| 076 AMBULANCE SERVICES | 272,533 | | 272,533 |
| 077 DURABLE MEDICAL EQUIP-REN | | | |
| 078 DURABLE MEDICAL EQUIP-SOL | | | |
| 079 OTHER REIMBURSABLE | | | |
| 080 CORF | | | |
| 081 I&R SERVICES-NOT APPRVD P | | | |
| 082 HOME HEALTH AGENCY | | | |
| 083 LUNG ACQUISITION | | | |
| 084 SPEC PURPOSE COST CENTERS | | | |
| 085 KIDNEY ACQUISITION | | | |

ALLOCATION OF NEW CAPITAL RELATED COSTS

| COST CENTER DESCRIPTION | SUBTOTAL | POST STEPDOWN ADJUSTMENT | TOTAL |
|-----------------------------------|-----------|--------------------------|-----------|
| | 25 | 26 | 27 |
| SPEC PURPOSE COST CENTERS | | | |
| 084 LIVER ACQUISITION | | | |
| 085 HEART ACQUISITION | | | |
| 086 OTHER ORGAN ACQUISITION | | | |
| 092 AMBULATORY SURGICAL CENTER | | | |
| 093 HOSPICE | | | |
| 094 OTHER SPECIAL PURPOSE | | | |
| 095 SUBTOTALS | 5,832,691 | | 5,832,691 |
| NONREIMBURS COST CENTERS | | | |
| 096 GIFT, FLOWER, COFFEE SHOP | 57,442 | | 57,442 |
| 097 RESEARCH | | | |
| 098 PHYSICIANS' PRIVATE OFFICE | 33,329 | | 33,329 |
| 098 01 PHYSICIANS' PRIVATE OFFICE | 13,927 | | 13,927 |
| 098 02 CADS | | | |
| 098 03 CROSSTOWN SQUARE | 45,335 | | 45,335 |
| 098 04 NONALLOWABLE PHYSICIANS | 10,730 | | 10,730 |
| 098 05 NONALLOWABLE GUEST MEALS | 7,947 | | 7,947 |
| 098 06 PHYSICIANS' PRIVATE OFFICE | | | |
| 099 NONPAID WORKERS | | | |
| 100 OTHER NONREIMBURSABLE | | | |
| 101 CROSS FOOT ADJUSTMENTS | | | |
| 102 NEGATIVE COST CENTER | 163,095 | | 163,095 |
| 103 TOTAL | 6,164,496 | | 6,164,496 |

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0275
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/15/2010
 WORKSHEET B-1

| COST CENTER DESCRIPTION | OLD CAP REL C | OLD CAP REL C | NEW CAP REL C | NEW CAP RELAT | NEW CAP REL C | EMPLOYEE BENE |
|------------------------------|------------------|----------------|----------------|--------------------|----------------|-----------------|
| | OSTS-BLDG & | OSTS-MVBLE E | OSTS-BLDG & | ED IRC | OSTS-MVBLE E | FITS |
| | (SQUARE FEET IRC | (DOLLAR)VALUE | (SQUARE) FEET | (SQUARE) FEET IRC | (DOLLAR)VALUE | (GROSS)ALARIES |
| | 1 | 2 | 3 | 3.01 | 4 | 5 |
| 070 OTHER REIMBURS COST C | | | | | | |
| 071 I&R SERVICES-NOT APPR | | | | | | |
| 082 HOME HEALTH AGENCY | | | | | | |
| 082 LUNG ACQUISITION | | | | | | |
| 083 SPEC PURPOSE COST GEN | | | | | | |
| 083 KIDNEY ACQUISITION | | | | | | |
| 084 LIVER ACQUISITION | | | | | | |
| 085 HEART ACQUISITION | | | | | | |
| 086 OTHER ORGAN ACQUISITI | | | | | | |
| 092 AMBULATORY SURGICAL C | | | | | | |
| 093 HOSPICE | | | | | | |
| 094 OTHER SPECIAL PURPOSE | | | | | | |
| 095 SUBTOTALS | | | 208,283 | 50,325 | | 27,893,240 |
| 096 NONREIMBURS COST CENT | | | | | | |
| 096 GIFT, FLOWER, COFFEE | | | 1,595 | 354 | | |
| 097 RESEARCH | | | | | | |
| 098 PHYSICIANS' PRIVATE O | | | 724 | | | |
| 098 01 PHYSICIANS' PRIVATE O | | | | 859 | | |
| 098 02 CADS | | | | | | |
| 098 03 CROSSTOWN SQUARE | | | | | | 104,620 |
| 098 04 NONALLOWABLE PHYSICAN | | | | | | |
| 098 05 NONALLOWABLE GUEST ME | | | | | | |
| 098 06 PHYSICIANS' PRIVATE O | | | | | | |
| 099 NONPAID WORKERS | | | | | | |
| 100 OTHER NONREIMBURSABLE | | | | | | |
| 101 CROSS FOOT ADJUSTMENT | | | | | | |
| 102 NEGATIVE COST CENTER | | | | | | |
| 103 COST TO BE ALLOCATED | | | 5,411,834 | 752,662 | | 4,843,477 |
| (WRKSHT B, PART I) | | | | | | |
| 104 UNIT COST MULTIPLIER | | | 25.696973 | | | |
| (WRKSHT B, PT I) | | | | 14.604020 | | .172995 |
| 105 COST TO BE ALLOCATED | | | | | | |
| (WRKSHT B, PART II) | | | | | | |
| 106 UNIT COST MULTIPLIER | | | | | | |
| (WRKSHT B, PT II) | | | | | | |
| 107 COST TO BE ALLOCATED | | | | | | 14,390 |
| (WRKSHT B, PART III) | | | | | | |
| 108 UNIT COST MULTIPLIER | | | | | | .000514 |
| (WRKSHT B, PT III) | | | | | | |

COST ALLOCATION - STATISTICAL BASIS

| COST CENTER DESCRIPTION | RECONCILIATION | ADMINISTRATIVE & GENERAL | MAINTENANCE & REPAIRS | OPERATION OF PLANT | OPERATION OF PLANT | LAUNDRY & LINEN SERVICE | HOUSEKEEPING |
|------------------------------|----------------|--------------------------|-----------------------|--------------------|--------------------|-------------------------|--------------------|
| | | (ACCUM. COST) | (SQUARE FEET) | (SQUARE FEET) | (SQUARE FEET IRC) | (POUNDS OF LAUNDRY) | (HOURS OF SERVICE) |
| | 6a.00 | 6 | 7 | 8 | 8.01 | 9 | 10 |
| GENERAL SERVICE COST | | | | | | | |
| 001 OLD CAP REL COSTS-BLD | | | | | | | |
| 002 OLD CAP REL COSTS-MVB | | | | | | | |
| 003 NEW CAP REL COSTS-BLD | | | | | | | |
| 003 01 NEW CAP RELATED IRC | | | | | | | |
| 004 NEW CAP REL COSTS-MVB | | | | | | | |
| 005 EMPLOYEE BENEFITS | | | | | | | |
| 006 ADMINISTRATIVE & GENERAL | -15,271,438 | 57,903,469 | | | | | |
| 007 MAINTENANCE & REPAIRS | | | | | | | |
| 008 OPERATION OF PLANT | | 3,598,990 | | 135,733 | | | |
| 008 01 OPERATION OF PLANT | | 259,543 | | | 49,295 | | |
| 009 LAUNDRY & LINEN SERVICE | | 100,300 | | 2,394 | 181 | 725,347 | |
| 010 HOUSEKEEPING | | 817,827 | | 1,092 | 396 | | 180,965 |
| 011 DIETARY | 343,486 | | | 5,281 | | | 5,281 |
| 012 CAFETERIA | | 274,648 | | 2,932 | | | 2,932 |
| 013 MAINTENANCE OF PERSON | | | | | | | |
| 014 NURSING ADMINISTRATIO | | 1,092,451 | | 722 | | | 722 |
| 015 CENTRAL SERVICES & SU | | 860,970 | | 6,688 | | 7,117 | 6,688 |
| 016 PHARMACY | | 1,738,193 | | 1,583 | | | 1,583 |
| 017 MEDICAL RECORDS & LIB | | 1,042,287 | | 2,752 | | | 2,752 |
| 018 SOCIAL SERVICE | | 283,470 | | 1,104 | | | 1,104 |
| 019 OTHER GENERAL SERVICE | | | | | | | |
| 020 NONPHYSICIAN ANESTHET | | | | | | | |
| 021 NURSING SCHOOL | | | | | | | |
| 022 I&R SERVICES-SALARY & | | | | | | | |
| 023 I&R SERVICES-OTHER PR | | | | | | | |
| 024 PARAMED ED PRGM | | | | | | | |
| 025 INPAT ROUTINE SRVC CN | | 8,682,836 | | 42,814 | | 216,882 | 42,814 |
| 026 ADULTS & PEDIATRICS | | 1,344,374 | | 3,740 | | 16,989 | 3,740 |
| 027 INTENSIVE CARE UNIT | | | | | | | |
| 028 CORONARY CARE UNIT | | | | | | | |
| 028 BURN INTENSIVE CARE U | | | | | | | |
| 029 SURGICAL INTENSIVE CA | | | | | | | |
| 030 OTHER SPECIAL CARE | | | | | | | |
| 031 SUBPROVIDER | | | | | | | |
| 033 NURSERY | | 490,709 | | 2,169 | | 13,938 | 2,169 |
| 034 SKILLED NURSING FACIL | | 1,922,760 | | | 8,209 | | 8,209 |
| 035 NURSING FACILITY | | 3,448,833 | | | 36,139 | 210,355 | 36,139 |
| 035 01 ICF/MR | | | | | | | |
| 036 OTHER LONG TERM CARE | | | | | | | |
| 037 ANCILLARY SRVC COST C | | | | | | | |
| 038 OPERATING ROOM | | 3,089,039 | | 16,107 | | 82,065 | 16,107 |
| 039 RECOVERY ROOM | | | | | | | |
| 039 DELIVERY ROOM & LABOR | | | | | | | |
| 040 ANESTHESIOLOGY | | 108,783 | | | | | |
| 041 RADIOLOGY-DIAGNOSTIC | | 2,351,958 | | 9,040 | | 45,126 | 9,040 |
| 042 RADIOLOGY-THERAPEUTIC | | | | | | | |
| 043 RADIOISOTOPE | | | | | | | |
| 044 LABORATORY | | 4,937,059 | | 7,931 | | 469 | 7,931 |
| 045 PBP CLINICAL LAB SERV | | | | | | | |
| 046 WHOLE BLOOD & PACKED | | | | | | | |
| 047 BLOOD STORING, PROCES | | | | | | | |
| 048 INTRAVENOUS THERAPY | | | | | | | |
| 049 RESPIRATORY THERAPY | | 1,661,813 | | 2,812 | | 3,728 | 2,812 |
| 050 PHYSICAL THERAPY | | 1,810,206 | | | 3,157 | 8,656 | 3,157 |
| 051 OCCUPATIONAL THERAPY | | | | | | | |
| 052 SPEECH PATHOLOGY | | | | | | | |
| 053 ELECTROCARDIOLOGY | | | | | | | |
| 053 01 CARDIAC REHAB | | 727,432 | | 5,908 | | 4,604 | 5,908 |
| 053 02 CARDIAC CATH LAB | | 929,221 | | 2,408 | | 7,200 | 2,408 |
| 054 ELECTROENCEPHALOGRAPH | | | | | | | |
| 055 MEDICAL SUPPLIES CHAR | | 311,664 | | | | | |
| 055 30 IMPL. DEV. CHARGED TO | | 5,536,991 | | | | | |
| 056 DRUGS CHARGED TO PATI | | 2,158,557 | | | | | |
| 057 RENAL DIALYSIS | | | | | | | |
| 058 ASC (NON-DISTINCT PAR | | | | | | | |
| 059 OTHER ANCILLARY | | | | | | | |
| 059 97 CARDIAC REHABILITATIO | | | | | | | |
| 059 98 HYPERBARIC OXYGEN THE | | | | | | | |
| 059 99 LI THOTRI PSY | | | | | | | |
| 060 OUTPAT SERVICE COST C | | | | | | | |
| 061 CLINIC | | 100,623 | | | | | |
| 062 EMERGENCY | | 3,218,388 | | 8,836 | | 92,858 | 8,836 |
| 062 OBSERVATION BEDS (NON | | | | | | | |
| 063 OTHER OUTPATIENT SERV | | | | | | | |
| 064 OTHER REIMBURS COST C | | | | | | | |
| 065 HOME PROGRAM DIALYSIS | | | | | | | |
| 066 AMBULANCE SERVICES | | 1,750,772 | | 7,101 | | | 7,101 |
| 066 DURABLE MEDICAL EQUIP | | | | | | | |
| 067 DURABLE MEDICAL EQUIP | | | | | | | |
| 068 OTHER REIMBURSABLE | | | | | | | |
| 069 CORF | | | | | | | |

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 14-0275
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/15/2010
 WORKSHEET B-1

| COST CENTER DESCRIPTION | RECONCILIATION | ADMINISTRATIVE & GENERAL | MAINTENANCE REPAIRS | OPERATION OF PLANT | OPERATION OF PLANT | LAUNDRY & LINEN SERVICE | HOUSEKEEPING |
|------------------------------|----------------|--------------------------|---------------------|--------------------|--------------------|-------------------------|--------------------|
| | | (ACCUM. COST) | (SQUARE FEET) | (SQUARE FEET) | (SQUARE FEET) IRC | (POUNDS OF LAUNDRY) | (HOURS OF SERVICE) |
| OTHER REIMBURS COST C | 6a.00 | 6 | 7 | 8 | 8.01 | 9 | 10 |
| 070 I&R SERVICES-NOT APPR | | | | | | | |
| 071 HOME HEALTH AGENCY | | | | | | | |
| 082 LUNG ACQUISITION | | | | | | | |
| SPEC PURPOSE COST CEN | | | | | | | |
| 083 KIDNEY ACQUISITION | | | | | | | |
| 084 LIVER ACQUISITION | | | | | | | |
| 085 HEART ACQUISITION | | | | | | | |
| 086 OTHER ORGAN ACQUISITI | | | | | | | |
| 092 AMBULATORY SURGICAL C | | | | | | | |
| 093 HOSPICE | | | | | | | |
| 094 OTHER SPECIAL PURPOSE | | | | | | | |
| 095 SUBTOTALS | -14,927,952 | 54,650,697 | | 133,414 | 48,082 | 709,987 | 177,433 |
| NONREIMBURS COST CENT | | | | | | | |
| 096 GIFT, FLOWER, COFFEE | | 120,711 | | 1,595 | 354 | | 1,949 |
| 097 RESEARCH | | | | | | | |
| 098 PHYSICIANS' PRIVATE O | | 473,683 | | 724 | | | 724 |
| 098 01 PHYSICIANS' PRIVATE O | | 18,273 | | | 859 | | 859 |
| 098 02 CADS | | | | | | | |
| 098 03 CROSTOWN SQUARE | | 1,840,157 | | | | 15,360 | |
| 098 04 NONALLOWABLE PHYSICAN | | 459,573 | | | | | |
| 098 05 NONALLOWABLE GUEST ME | | 340,375 | | | | | |
| 098 06 PHYSICIANS' PRIVATE O | | | | | | | |
| 099 NONPAID WORKERS | | | | | | | |
| 100 OTHER NONREIMBURSABLE | | | | | | | |
| 101 CROSS FOOT ADJUSTMENT | | | | | | | |
| 102 NEGATIVE COST CENTER | | | | | | | |
| 103 COST TO BE ALLOCATED | | 15,271,438 | | 4,548,188 | 327,995 | 208,176 | 1,072,747 |
| (WRKSHT B, PART I) | | | | | | | |
| 104 UNIT COST MULTIPLIER | | .263740 | | 33.508344 | 6.653717 | .287002 | 5.927925 |
| (WRKSHT B, PT I) | | | | | | | |
| 105 COST TO BE ALLOCATED | | | | | | | |
| (WRKSHT B, PART II) | | | | | | | |
| 106 UNIT COST MULTIPLIER | | | | | | | |
| (WRKSHT B, PT II) | | | | | | | |
| 107 COST TO BE ALLOCATED | | 1,351,955 | | 642,831 | 38,818 | 78,017 | 58,838 |
| (WRKSHT B, PART III) | | | | | | | |
| 108 UNIT COST MULTIPLIER | | .023348 | | 4.735996 | .787463 | .107558 | .325135 |
| (WRKSHT B, PT III) | | | | | | | |

COST ALLOCATION - STATISTICAL BASIS

| COST CENTER DESCRIPTION | DIETARY | CAFETERIA | MAINTENANCE PERSONNEL | NURSING ADMINISTRATION | CENTRAL SERVICES & SUPPLY | PHARMACY | MEDICAL RECORDS & LIBRARY |
|--|----------------|----------------|-----------------------|------------------------|---------------------------|-------------------|---------------------------|
| | (MEALS SERVED) | (MEALS SERVED) | (NUMBER HOUSED) | (DIRECT SING HRS) | NR(COSTED) EQUI S. | R(COSTED) EQUI S. | R(TIME) SPENT |
| | 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| GENERAL SERVICE COST | | | | | | | |
| 001 OLD CAP REL COSTS-BLD | | | | | | | |
| 002 OLD CAP REL COSTS-MVB | | | | | | | |
| 003 NEW CAP REL COSTS-BLD | | | | | | | |
| 003 01 NEW CAP RELATED IRC | | | | | | | |
| 004 NEW CAP REL COSTS-MVB | | | | | | | |
| 005 EMPLOYEE BENEFITS | | | | | | | |
| 006 ADMINISTRATIVE & GENERAL | | | | | | | |
| 007 MAINTENANCE & REPAIRS | | | | | | | |
| 008 OPERATION OF PLANT | | | | | | | |
| 008 01 OPERATION OF PLANT | | | | | | | |
| 009 LAUNDRY & LINEN SERVICE | | | | | | | |
| 010 HOUSEKEEPING | | | | | | | |
| 011 DIETARY | 339,674 | | | | | | |
| 012 CAFETERIA | 104,819 | 50,224 | | | | | |
| 013 MAINTENANCE OF PERSONNEL | | | | | | | |
| 014 NURSING ADMINISTRATION | | 1,169 | | 376,246 | | | |
| 015 CENTRAL SERVICES & SUPPLY | | 985 | | | 8,736,141 | | |
| 016 PHARMACY | | 1,629 | | | 8,875 | 2,466,675 | |
| 017 MEDICAL RECORDS & LIBRARY | | | | | | | 191,215,193 |
| 018 SOCIAL SERVICE | | 457 | | | | | |
| 019 OTHER GENERAL SERVICE | | | | | | | |
| 020 NONPHYSICIAN ANESTHETIC | | | | | | | |
| 021 NURSING SCHOOL | | | | | | | |
| 022 I&R SERVICES-SALARY & BENEFITS | | | | | | | |
| 023 I&R SERVICES-OTHER PERSONNEL | | | | | | | |
| 024 PARAMEDICAL PRGM | | | | | | | |
| 025 INPATIENT ROUTINE SERVICE CENTER ADULTS & PEDIATRICS | 45,221 | 10,756 | | 211,852 | 305,498 | 714 | 17,368,712 |
| 026 INTENSIVE CARE UNIT | 2,675 | 1,668 | | 33,704 | 60,937 | 347 | 3,513,237 |
| 027 CORONARY CARE UNIT | | | | | | | |
| 028 BURN INTENSIVE CARE UNIT | | | | | | | |
| 029 SURGICAL INTENSIVE CARE UNIT | | | | | | | |
| 030 OTHER SPECIAL CARE | | | | | | | |
| 031 SUBPROVIDER | | | | | | | |
| 033 NURSERY | | 606 | | 12,018 | | | 1,509,206 |
| 034 SKILLED NURSING FACILITY | 22,500 | 2,444 | | | 41,762 | 225,744 | 2,930,837 |
| 035 NURSING FACILITY | 95,575 | 4,828 | | | 57,648 | 21,815 | 5,219,433 |
| 035 01 ICF/MR | | | | | | | |
| 036 OTHER LONG TERM CARE | | | | | | | |
| 037 ANCILLARY SERVICE COST CENTER | | | | | | | |
| 038 OPERATING ROOM | | 2,996 | | 44,108 | 632,552 | 3,886 | 15,979,090 |
| 039 RECOVERY ROOM | | | | | | | |
| 040 DELIVERY ROOM & LABOR | | | | | | | |
| 041 ANESTHESIOLOGY | | | | | 29,445 | 47,619 | 3,466,454 |
| 042 RADIOLOGY-DIAGNOSTIC | | 2,654 | | 61 | 188,530 | 489 | 26,896,020 |
| 043 RADIOLOGY-THERAPEUTIC | | | | | | | |
| 044 RADIOISOTOPE LABORATORY | | 4,675 | | | 1,218,295 | | 23,661,018 |
| 045 PBP CLINICAL LAB SERVICE | | | | | | | |
| 046 WHOLE BLOOD & PACKED BLOOD STORAGE, PROCESSING | | | | | | | |
| 047 INTRAVENOUS THERAPY | | | | | | | |
| 048 RESPIRATORY THERAPY | | 2,331 | | 134 | 100,484 | 407 | 12,389,890 |
| 049 PHYSICAL THERAPY | | 2,578 | | | 12,484 | | 4,912,004 |
| 050 OCCUPATIONAL THERAPY | | | | | | | |
| 051 SPEECH PATHOLOGY | | | | | | | |
| 053 ELECTROCARDIOLOGY | | | | | | | |
| 053 01 CARDIAC REHAB | | 744 | | 6,288 | 4,131 | | 845,842 |
| 053 02 CARDIAC CATH LAB | | 747 | | 6,549 | 140,593 | 43 | 9,509,795 |
| 054 ELECTROENCEPHALOGRAPHY | | | | | | | |
| 055 MEDICAL SUPPLIES CHARACTERIZED | | | | | 5,693,490 | | 8,666,994 |
| 055 30 IMPL. DEV. CHARGED TO PATIENT | | | | | | | 12,919,100 |
| 056 DRUGS CHARGED TO PATIENT | | | | | | 2,158,557 | 15,336,174 |
| 057 RENAL DIALYSIS | | | | | | | |
| 058 ASC (NON-DISTINCT PARALLEL) | | | | | | | |
| 059 OTHER ANCILLARY | | | | | | | |
| 059 97 CARDIAC REHABILITATION | | | | | | | |
| 059 98 HYPERBARIC OXYGEN THERAPY | | | | | | | |
| 059 99 LI THOTRI PSY | | | | | | | |
| 060 OUTPATIENT SERVICE COST CENTER CLINIC | | 174 | | | | | 93,439 |
| 061 EMERGENCY | | 3,986 | | 61,222 | 197,406 | 68 | 21,811,324 |
| 062 OBSERVATION BEDS (NON-PATIENT) | | | | | | | |
| 063 OTHER OUTPATIENT SERVICE | | | | | | | |
| 064 OTHER REIMBURSABLE COST CENTER HOME PROGRAM DIALYSIS | | | | | | | |
| 065 AMBULANCE SERVICES | | 4,451 | | 310 | 44,011 | 6,986 | 4,186,624 |
| 066 DURABLE MEDICAL EQUIPMENT | | | | | | | |
| 067 DURABLE MEDICAL EQUIPMENT | | | | | | | |
| 068 OTHER REIMBURSABLE | | | | | | | |
| 069 CORF | | | | | | | |

COST ALLOCATION - STATISTICAL BASIS

| | COST CENTER DESCRIPTION | DIETARY | CAFETERIA | MAINTENANCE | NURSING ADMINISTRATION | CENTRAL SERVICES & SUPPLY | PHARMACY | MEDICAL RECORDS & LIBRARY |
|-----|--------------------------|----------------|----------------|-----------------|------------------------|---------------------------|-----------------|---------------------------|
| | | (MEALS SERVED) | S(MEALS)SERVED | S(NUMBER)HOUSED | (DIRECT)SING HRS | NR(COSTED)EQUIS. | R(COSTED)EQUIS. | R(TIME)SPENT |
| | | 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| 070 | OTHER REIMBURS COST C | | | | | | | |
| 071 | I&R SERVICES-NOT APPR | | | | | | | |
| 082 | HOME HEALTH AGENCY | | | | | | | |
| | LUNG ACQUISITION | | | | | | | |
| | SPEC PURPOSE COST GEN | | | | | | | |
| 083 | KIDNEY ACQUISITION | | | | | | | |
| 084 | LIVER ACQUISITION | | | | | | | |
| 085 | HEART ACQUISITION | | | | | | | |
| 086 | OTHER ORGAN ACQUISITI | | | | | | | |
| 092 | AMBULATORY SURGICAL C | | | | | | | |
| 093 | HOSPICE | | | | | | | |
| 094 | OTHER SPECIAL PURPOSE | | | | | | | |
| 095 | SUBTOTALS | 270,790 | 49,878 | | 376,246 | 8,736,141 | 2,466,675 | 191,215,193 |
| | NONREIMBURS COST CENT | | | | | | | |
| 096 | GIFT, FLOWER, COFFEE | | | | | | | |
| 097 | RESEARCH | | | | | | | |
| 098 | PHYSICIANS' PRIVATE O | | | | | | | |
| 098 | 01 PHYSICIANS' PRIVATE O | | | | | | | |
| 098 | 02 CADS | | | | | | | |
| 098 | 03 CROSTOWN SQUARE | 68,884 | 346 | | | | | |
| 098 | 04 NONALLOWABLE PHYSICAN | | | | | | | |
| 098 | 05 NONALLOWABLE GUEST ME | | | | | | | |
| 098 | 06 PHYSICIANS' PRIVATE O | | | | | | | |
| 099 | NONPAID WORKERS | | | | | | | |
| 100 | OTHER NONREIMBURSABLE | | | | | | | |
| 101 | CROSS FOOT ADJUSTMENT | | | | | | | |
| 102 | NEGATIVE COST CENTER | | | | | | | |
| 103 | COST TO BE ALLOCATED | -135,223 | 462,711 | | 1,419,817 | 1,362,910 | 2,275,445 | 1,425,709 |
| | (WRKSHT B, PART I) | | | | | | | |
| 104 | UNIT COST MULTIPLIER | | 9.212946 | | 3.773640 | .156008 | .922475 | .007456 |
| | (WRKSHT B, PT I) | | | | | | | |
| 105 | COST TO BE ALLOCATED | | | | | | | |
| | (WRKSHT B, PART II) | | | | | | | |
| 106 | UNIT COST MULTIPLIER | | | | | | | |
| | (WRKSHT B, PT II) | | | | | | | |
| 107 | COST TO BE ALLOCATED | 163,095 | 96,595 | | 50,387 | 228,626 | 93,284 | 108,981 |
| | (WRKSHT B, PART III) | | | | | | | |
| 108 | UNIT COST MULTIPLIER | | 1.923284 | | .133920 | .026170 | .037818 | .000570 |
| | (WRKSHT B, PT III) | | | | | | | |

COST ALLOCATION - STATISTICAL BASIS

| COST CENTER DESCRIPTION | SOCIAL SERVICE (TIME SPENT) | OTHER GENERAL SERVICE () | NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME) | NURSING SCHOOL (ASSIGNED TIME) | I&R SERVICES-SALARY & FRI (ASSIGNED TIME) | I&R SERVICES-OTHER PRGM (ASSIGNED TIME) | PARAMED PRGM (ASSIGNED TIME) |
|------------------------------|-----------------------------|---------------------------|---|--------------------------------|---|---|------------------------------|
| | 18 | 19 | 20 | 21 | 22 | 23 | 24 |
| GENERAL SERVICE COST | | | | | | | |
| 001 OLD CAP REL COSTS-BLD | | | | | | | |
| 002 OLD CAP REL COSTS-MVB | | | | | | | |
| 003 NEW CAP REL COSTS-BLD | | | | | | | |
| 003 01 NEW CAP RELATED IRC | | | | | | | |
| 004 NEW CAP REL COSTS-MVB | | | | | | | |
| 005 EMPLOYEE BENEFITS | | | | | | | |
| 006 ADMINISTRATIVE & GENE | | | | | | | |
| 007 MAINTENANCE & REPAIRS | | | | | | | |
| 008 OPERATION OF PLANT | | | | | | | |
| 008 01 OPERATION OF PLANT | | | | | | | |
| 009 LAUNDRY & LINEN SERVI | | | | | | | |
| 010 HOUSEKEEPING | | | | | | | |
| 011 DIETARY | | | | | | | |
| 012 CAFETERIA | | | | | | | |
| 013 MAINTENANCE OF PERSON | | | | | | | |
| 014 NURSING ADMINISTRATIO | | | | | | | |
| 015 CENTRAL SERVICES & SU | | | | | | | |
| 016 PHARMACY | | | | | | | |
| 017 MEDICAL RECORDS & LIB | | | | | | | |
| 018 SOCIAL SERVICE | 23,215 | | | | | | |
| 019 OTHER GENERAL SERVICE | | | | | | | |
| 020 NONPHYSICIAN ANESTHET | | | | | | | |
| 021 NURSING SCHOOL | | | | | | | |
| 022 I&R SERVICES-SALARY & | | | | | | | |
| 023 I&R SERVICES-OTHER PR | | | | | | | |
| 024 PARAMED PRGM | | | | | | | |
| 025 INPAT ROUTINE SRVC CN | 12,260 | | | | | | |
| 026 ADULTS & PEDIATRICS | 449 | | | | | | |
| 027 INTENSIVE CARE UNIT | | | | | | | |
| 027 CORONARY CARE UNIT | | | | | | | |
| 028 BURN INTENSIVE CARE U | | | | | | | |
| 029 SURGICAL INTENSIVE CA | | | | | | | |
| 030 OTHER SPECIAL CARE | | | | | | | |
| 031 SUBPROVIDER | | | | | | | |
| 033 NURSERY | 1,277 | | | | | | |
| 034 SKILLED NURSING FACIL | | | | | | | |
| 035 NURSING FACILITY | | | | | | | |
| 035 01 ICF/MR | | | | | | | |
| 036 OTHER LONG TERM CARE | | | | | | | |
| 037 ANCILLARY SRVC COST C | 6,410 | | | | | | |
| 038 OPERATING ROOM | | | | | | | |
| 039 RECOVERY ROOM | | | | | | | |
| 039 DELIVERY ROOM & LABOR | | | | | | | |
| 040 ANESTHESIOLOGY | | | | | | | |
| 041 RADIOLOGY-DIAGNOSTIC | | | | | | | |
| 042 RADIOLOGY-THERAPEUTIC | | | | | | | |
| 043 RADIOISOTOPE | | | | | | | |
| 044 LABORATORY | | | | | | | |
| 045 PBP CLINICAL LAB SERV | | | | | | | |
| 046 WHOLE BLOOD & PACKED | | | | | | | |
| 047 BLOOD STORING, PROCES | | | | | | | |
| 048 INTRAVENOUS THERAPY | | | | | | | |
| 049 RESPIRATORY THERAPY | | | | | | | |
| 050 PHYSICAL THERAPY | | | | | | | |
| 051 OCCUPATIONAL THERAPY | | | | | | | |
| 052 SPEECH PATHOLOGY | | | | | | | |
| 053 ELECTROCARDIOLOGY | | | | | | | |
| 053 01 CARDIAC REHAB | | | | | | | |
| 053 02 CARDIAC CATH LAB | | | | | | | |
| 054 ELECTROENCEPHALOGRAPH | | | | | | | |
| 055 MEDICAL SUPPLIES CHAR | | | | | | | |
| 055 30 IMPL. DEV. CHARGED TO | | | | | | | |
| 056 DRUGS CHARGED TO PATI | | | | | | | |
| 057 RENAL DIALYSIS | | | | | | | |
| 058 ASC (NON-DISTINCT PAR | | | | | | | |
| 059 OTHER ANCILLARY | | | | | | | |
| 059 97 CARDIAC REHABILITATIO | | | | | | | |
| 059 98 HYPERBARIC OXYGEN THE | | | | | | | |
| 059 99 LI THOTRI PSY | | | | | | | |
| 060 OUTPAT SERVICE COST C | | | | | | | |
| 061 CLINIC | | | | | | | |
| 061 EMERGENCY | 2,819 | | | | | | |
| 062 OBSERVATION BEDS (NON | | | | | | | |
| 063 OTHER OUTPATIENT SERV | | | | | | | |
| 064 OTHER REIMBURS COST C | | | | | | | |
| 064 HOME PROGRAM DIALYSIS | | | | | | | |
| 065 AMBULANCE SERVICES | | | | | | | |
| 066 DURABLE MEDICAL EQUIP | | | | | | | |
| 067 DURABLE MEDICAL EQUIP | | | | | | | |
| 068 OTHER REIMBURSABLE | | | | | | | |
| 069 CORF | | | | | | | |

COST ALLOCATION - STATISTICAL BASIS

| COST CENTER DESCRIPTION | SOCIAL SERVICE (TIME SPENT) | OTHER GENERAL SERVICE () | NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME) | NURSING SCHOOL (ASSIGNED TIME) | I&R SERVICES- SALARY & FRI (ASSIGNED TIME) | I&R SERVICES- OTHER PRGM C (ASSIGNED TIME) | PARAMED ED PRGM (ASSIGNED TIME) |
|--|---------------------------------|------------------------------|---|------------------------------------|--|--|-------------------------------------|
| OTHER REIMBURS COST C | 18 | 19 | 20 | 21 | 22 | 23 | 24 |
| 070 I&R SERVICES-NOT APPR | | | | | | | |
| 071 HOME HEALTH AGENCY | | | | | | | |
| 082 LUNG ACQUISITION | | | | | | | |
| SPEC PURPOSE COST GEN | | | | | | | |
| 083 KIDNEY ACQUISITION | | | | | | | |
| 084 LIVER ACQUISITION | | | | | | | |
| 085 HEART ACQUISITION | | | | | | | |
| 086 OTHER ORGAN ACQUISITI | | | | | | | |
| 092 AMBULATORY SURGICAL C | | | | | | | |
| 093 HOSPICE | | | | | | | |
| 094 OTHER SPECIAL PURPOSE | | | | | | | |
| 095 SUBTOTALS | 23,215 | | | | | | |
| NONREIMBURS COST CENT | | | | | | | |
| 096 GIFT, FLOWER, COFFEE | | | | | | | |
| 097 RESEARCH | | | | | | | |
| 098 PHYSICIANS' PRIVATE O | | | | | | | |
| 098 01 PHYSICIANS' PRIVATE O | | | | | | | |
| 098 02 CADS | | | | | | | |
| 098 03 CROSSTOWN SQUARE | | | | | | | |
| 098 04 NONALLOWABLE PHYSICAN | | | | | | | |
| 098 05 NONALLOWABLE GUEST ME | | | | | | | |
| 098 06 PHYSICIANS' PRIVATE O | | | | | | | |
| 099 NONPAID WORKERS | | | | | | | |
| 100 OTHER NONREIMBURSABLE | | | | | | | |
| 101 CROSS FOOT ADJUSTMENT | | | | | | | |
| 102 NEGATIVE COST CENTER | | | | | | | |
| 103 COST TO BE ALLOCATED (WRKSHT B, PART I) | 405,979 | | | | | | |
| 104 UNIT COST MULTIPLIER (WRKSHT B, PT I) | 17.487788 | | | | | | |
| 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) | 41,557 | | | | | | |
| 108 UNIT COST MULTIPLIER (WRKSHT B, PT III) | 1.790093 | | | | | | |

COMPUTATION OF RATIO OF COSTS TO CHARGES

| WKST A LINE NO. | COST CENTER DESCRIPTION | WKST B, PT I COL. 27 1 | THERAPY ADJUSTMENT 2 | TOTAL COSTS 3 | RCE DI ALLOWANCE 4 | TOTAL COSTS 5 |
|--------------------|------------------------------|------------------------------|----------------------------|---------------------|--------------------------|---------------------|
| | INPAT ROUTINE SRVC CNTRS | | | | | |
| 25 | ADULTS & PEDIATRICS | 14,014,263 | | 14,014,263 | | 14,014,263 |
| 26 | INTENSIVE CARE UNIT | 2,037,734 | | 2,037,734 | | 2,037,734 |
| 27 | CORONARY CARE UNIT | | | | | |
| 28 | BURN INTENSIVE CARE UNIT | | | | | |
| 29 | SURGICAL INTENSIVE CARE U | | | | | |
| 30 | OTHER SPECIAL CARE | | | | | |
| 31 | SUBPROVIDER | | | | | |
| 33 | NURSERY | 794,187 | | 794,187 | | 794,187 |
| 34 | SKILLED NURSING FACILITY | 2,792,277 | | 2,792,277 | | 2,792,277 |
| 35 | NURSING FACILITY | 4,986,002 | | 4,986,002 | | 4,986,002 |
| 35 | 01 ICF/MR | | | | | |
| 36 | OTHER LONG TERM CARE | | | | | |
| | ANCILLARY SRVC COST CNTRS | | | | | |
| 37 | OPERATING ROOM | 5,090,050 | | 5,090,050 | | 5,090,050 |
| 38 | RECOVERY ROOM | | | | | |
| 39 | DELIVERY ROOM & LABOR ROO | | | | | |
| 40 | ANESTHESIOLOGY | 211,840 | | 211,840 | | 211,840 |
| 41 | RADIOLOGY-DIAGNOSTIC | 3,596,805 | | 3,596,805 | | 3,596,805 |
| 42 | RADIOLOGY-THERAPEUTIC | | | | | |
| 43 | RADIOISOTOPE | | | | | |
| 44 | LABORATORY | 6,961,615 | | 6,961,615 | | 6,961,615 |
| 45 | PBP CLINICAL LAB SERVICES | | | | | |
| 46 | WHOLE BLOOD & PACKED RED | | | | | |
| 47 | BLOOD STORING, PROCESSING | | | | | |
| 48 | INTRAVENOUS THERAPY | | | | | |
| 49 | RESPIRATORY THERAPY | 2,342,475 | | 2,342,475 | | 2,342,475 |
| 50 | PHYSICAL THERAPY | 2,392,157 | | 2,392,157 | | 2,392,157 |
| 51 | OCCUPATIONAL THERAPY | | | | | |
| 52 | SPEECH PATHOLOGY | | | | | |
| 53 | ELECTROCARDIOLOGY | | | | | |
| 53 | 01 CARDIAC REHAB | 1,191,129 | | 1,191,129 | | 1,191,129 |
| 53 | 02 CARDIAC CATH LAB | 1,395,797 | | 1,395,797 | | 1,395,797 |
| 54 | ELECTROENCEPHALOGRAPHY | | | | | |
| 55 | MEDICAL SUPPLIES CHARGED | 1,346,714 | | 1,346,714 | | 1,346,714 |
| 55 | 30 IMPL. DEV. CHARGED TO PAT | 7,093,642 | | 7,093,642 | | 7,093,642 |
| 56 | DRUGS CHARGED TO PATIENTS | 4,833,416 | | 4,833,416 | | 4,833,416 |
| 57 | RENAL DIALYSIS | | | | | |
| 58 | ASC (NON-DISTINCT PART) | | | | | |
| 59 | OTHER ANCILLARY | | | | | |
| 59 | 97 CARDIAC REHABILITATION | | | | | |
| 59 | 98 HYPERBARIC OXYGEN THERAPY | | | | | |
| 59 | 99 LI THOTRI PSY | | | | | |
| | OUTPAT SERVICE COST CNTRS | | | | | |
| | CLINIC | 129,461 | | 129,461 | | 129,461 |
| 61 | EMERGENCY | 4,952,851 | | 4,952,851 | | 4,952,851 |
| 62 | OBSERVATION BEDS (NON-DIS | 292,173 | | 292,173 | | 292,173 |
| 63 | OTHER OUTPATIENT SERVICE | | | | | |
| | OTHER REIMBURS COST CNTRS | | | | | |
| 64 | HOME PROGRAM DIALYSIS | | | | | |
| 65 | AMBULANCE SERVICES | 2,579,260 | | 2,579,260 | | 2,579,260 |
| 66 | DURABLE MEDICAL EQUIP-REN | | | | | |
| 67 | DURABLE MEDICAL EQUIP-SOL | | | | | |
| 68 | OTHER REIMBURSABLE | | | | | |
| 101 | SUBTOTAL | 69,033,848 | | 69,033,848 | | 69,033,848 |
| 102 | LESS OBSERVATION BEDS | 292,173 | | 292,173 | | 292,173 |
| 103 | TOTAL | 68,741,675 | | 68,741,675 | | 68,741,675 |

COMPUTATION OF RATIO OF COSTS TO CHARGES

| WKST A LINE NO. | COST CENTER DESCRIPTION | INPATIENT CHARGES 6 | OUTPATIENT CHARGES 7 | TOTAL CHARGES 8 | COST OR OTHER RATIO 9 | TEFRA INPAT- IENT RATIO 10 | PPS INPAT- IENT RATIO 11 |
|--------------------|------------------------------|---------------------------|----------------------------|-----------------------|-----------------------------|----------------------------------|--------------------------------|
| | INPAT ROUTINE SRVC CNTRS | | | | | | |
| 25 | ADULTS & PEDIATRICS | 17,368,712 | | 17,368,712 | | | |
| 26 | INTENSIVE CARE UNIT | 3,513,237 | | 3,513,237 | | | |
| 27 | CORONARY CARE UNIT | | | | | | |
| 28 | BURN INTENSIVE CARE UNIT | | | | | | |
| 29 | SURGICAL INTENSIVE CARE U | | | | | | |
| 30 | OTHER SPECIAL CARE | | | | | | |
| 31 | SUBPROVIDER | | | | | | |
| 33 | NURSERY | 1,509,206 | | 1,509,206 | | | |
| 34 | SKILLED NURSING FACILITY | 2,930,837 | | 2,930,837 | | | |
| 35 | NURSING FACILITY | 5,219,433 | | 5,219,433 | | | |
| 35 | 01 ICF/MR | | | | | | |
| 36 | OTHER LONG TERM CARE | | | | | | |
| | ANCILLARY SRVC COST CNTRS | | | | | | |
| 37 | OPERATING ROOM | 7,579,060 | 8,400,030 | 15,979,090 | .318544 | .318544 | .318544 |
| 38 | RECOVERY ROOM | | | | | | |
| 39 | DELIVERY ROOM & LABOR ROO | | | | | | |
| 40 | ANESTHESIOLOGY | 2,134,776 | 1,331,678 | 3,466,454 | .061111 | .061111 | .061111 |
| 41 | RADIOLOGY-DIAGNOSTIC | 5,570,178 | 21,325,842 | 26,896,020 | .133730 | .133730 | .133730 |
| 42 | RADIOLOGY-THERAPEUTIC | | | | | | |
| 43 | RADIOISOTOPE | | | | | | |
| 44 | LABORATORY | 8,339,545 | 15,321,473 | 23,661,018 | .294223 | .294223 | .294223 |
| 45 | PBP CLINICAL LAB SERVICES | | | | | | |
| 46 | WHOLE BLOOD & PACKED RED | | | | | | |
| 47 | BLOOD STORING, PROCESSING | | | | | | |
| 48 | INTRAVENOUS THERAPY | | | | | | |
| 49 | RESPIRATORY THERAPY | 7,959,821 | 4,430,069 | 12,389,890 | .189063 | .189063 | .189063 |
| 50 | PHYSICAL THERAPY | 2,361,364 | 2,550,640 | 4,912,004 | .487002 | .487002 | .487002 |
| 51 | OCCUPATIONAL THERAPY | | | | | | |
| 52 | SPEECH PATHOLOGY | | | | | | |
| 53 | ELECTROCARDIOLOGY | | | | | | |
| 53 | 01 CARDIAC REHAB | 22,209 | 823,633 | 845,842 | 1.408217 | 1.408217 | 1.408217 |
| 53 | 02 CARDIAC CATH LAB | 3,282,319 | 6,227,476 | 9,509,795 | .146775 | .146775 | .146775 |
| 54 | ELECTROENCEPHALOGRAPHY | | | | | | |
| 55 | MEDICAL SUPPLIES CHARGED | 5,096,882 | 3,570,112 | 8,666,994 | .155384 | .155384 | .155384 |
| 55 | 30 IMPL. DEV. CHARGED TO PAT | 10,303,492 | 2,615,608 | 12,919,100 | .549082 | .549082 | .549082 |
| 56 | DRUGS CHARGED TO PATIENTS | 10,591,393 | 4,744,781 | 15,336,174 | .315164 | .315164 | .315164 |
| 57 | RENAL DIALYSIS | | | | | | |
| 58 | ASC (NON-DISTINCT PART) | | | | | | |
| 59 | OTHER ANCILLARY | | | | | | |
| 59 | 97 CARDIAC REHABILITATION | | | | | | |
| 59 | 98 HYPERBARIC OXYGEN THERAPY | | | | | | |
| 59 | 99 LITHOTRIPSY | | | | | | |
| | OUTPAT SERVICE COST CNTRS | | | | | | |
| | CLINIC | 3,653 | 89,786 | 93,439 | 1.385514 | 1.385514 | 1.385514 |
| 61 | EMERGENCY | 4,251,848 | 17,559,476 | 21,811,324 | .227077 | .227077 | .227077 |
| 62 | OBSERVATION BEDS (NON-DIS | 426,167 | 1,764,449 | 2,190,616 | .133375 | .133375 | .133375 |
| 63 | OTHER OUTPATIENT SERVICE | | | | | | |
| | OTHER REIMBURS COST CNTRS | | | | | | |
| 64 | HOME PROGRAM DIALYSIS | | | | | | |
| 65 | AMBULANCE SERVICES | | 4,186,624 | 4,186,624 | .616072 | .616072 | .616072 |
| 66 | DURABLE MEDICAL EQUIP-REN | | | | | | |
| 67 | DURABLE MEDICAL EQUIP-SOL | | | | | | |
| 68 | OTHER REIMBURSABLE | | | | | | |
| 101 | SUBTOTAL | 98,464,132 | 94,941,677 | 193,405,809 | | | |
| 102 | LESS OBSERVATION BEDS | | | | | | |
| 103 | TOTAL | 98,464,132 | 94,941,677 | 193,405,809 | | | |

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

PROVIDER NO: 14-0275
PERIOD: FROM 7/1/2009 TO 6/30/2010
PREPARED 11/15/2010
WORKSHEET C PART I

| WKST A LINE NO. | COST CENTER DESCRIPTION | WKST B, PT I COL. 27 1 | THERAPY ADJUSTMENT 2 | TOTAL COSTS 3 | RCE DI ALLOWANCE 4 | TOTAL COSTS 5 |
|--------------------|------------------------------|------------------------------|----------------------------|---------------------|--------------------------|---------------------|
| | INPAT ROUTINE SRVC CNTRS | | | | | |
| 25 | ADULTS & PEDIATRICS | 14,014,263 | | 14,014,263 | | 14,014,263 |
| 26 | INTENSIVE CARE UNIT | 2,037,734 | | 2,037,734 | | 2,037,734 |
| 27 | CORONARY CARE UNIT | | | | | |
| 28 | BURN INTENSIVE CARE UNIT | | | | | |
| 29 | SURGICAL INTENSIVE CARE U | | | | | |
| 30 | OTHER SPECIAL CARE | | | | | |
| 31 | SUBPROVIDER | | | | | |
| 33 | NURSERY | 794,187 | | 794,187 | | 794,187 |
| 34 | SKILLED NURSING FACILITY | 2,792,277 | | 2,792,277 | | 2,792,277 |
| 35 | NURSING FACILITY | 4,986,002 | | 4,986,002 | | 4,986,002 |
| 35 | ICF/MR | | | | | |
| 36 | OTHER LONG TERM CARE | | | | | |
| | ANCILLARY SRVC COST CNTRS | | | | | |
| 37 | OPERATING ROOM | 5,090,050 | | 5,090,050 | | 5,090,050 |
| 38 | RECOVERY ROOM | | | | | |
| 39 | DELIVERY ROOM & LABOR ROO | | | | | |
| 40 | ANESTHESIOLOGY | 211,840 | | 211,840 | | 211,840 |
| 41 | RADIOLOGY-DIAGNOSTIC | 3,596,805 | | 3,596,805 | | 3,596,805 |
| 42 | RADIOLOGY-THERAPEUTIC | | | | | |
| 43 | RADIOISOTOPE | | | | | |
| 44 | LABORATORY | 6,961,615 | | 6,961,615 | | 6,961,615 |
| 45 | PBP CLINICAL LAB SERVICES | | | | | |
| 46 | WHOLE BLOOD & PACKED RED | | | | | |
| 47 | BLOOD STORING, PROCESSING | | | | | |
| 48 | INTRAVENOUS THERAPY | | | | | |
| 49 | RESPIRATORY THERAPY | 2,342,475 | | 2,342,475 | | 2,342,475 |
| 50 | PHYSICAL THERAPY | 2,392,157 | | 2,392,157 | | 2,392,157 |
| 51 | OCCUPATIONAL THERAPY | | | | | |
| 52 | SPEECH PATHOLOGY | | | | | |
| 53 | ELECTROCARDIOLOGY | | | | | |
| 53 | 01 CARDIAC REHAB | 1,191,129 | | 1,191,129 | | 1,191,129 |
| 53 | 02 CARDIAC CATH LAB | 1,395,797 | | 1,395,797 | | 1,395,797 |
| 54 | ELECTROENCEPHALOGRAPHY | | | | | |
| 55 | MEDICAL SUPPLIES CHARGED | 1,346,714 | | 1,346,714 | | 1,346,714 |
| 55 | 30 IMPL. DEV. CHARGED TO PAT | 7,093,642 | | 7,093,642 | | 7,093,642 |
| 56 | DRUGS CHARGED TO PATIENTS | 4,833,416 | | 4,833,416 | | 4,833,416 |
| 57 | RENAL DIALYSIS | | | | | |
| 58 | ASC (NON-DISTINCT PART) | | | | | |
| 59 | OTHER ANCILLARY | | | | | |
| 59 | 97 CARDIAC REHABILITATION | | | | | |
| 59 | 98 HYPERBARIC OXYGEN THERAPY | | | | | |
| 59 | 99 LI THOTRI PSY | | | | | |
| | OUTPAT SERVICE COST CNTRS | | | | | |
| | CLINIC | 129,461 | | 129,461 | | 129,461 |
| 61 | EMERGENCY | 4,952,851 | | 4,952,851 | | 4,952,851 |
| 62 | OBSERVATION BEDS (NON-DIS | 292,173 | | 292,173 | | 292,173 |
| 63 | OTHER OUTPATIENT SERVICE | | | | | |
| | OTHER REIMBURS COST CNTRS | | | | | |
| 64 | HOME PROGRAM DIALYSIS | | | | | |
| 65 | AMBULANCE SERVICES | 2,579,260 | | 2,579,260 | | 2,579,260 |
| 66 | DURABLE MEDICAL EQUIP-REN | | | | | |
| 67 | DURABLE MEDICAL EQUIP-SOL | | | | | |
| 68 | OTHER REIMBURSABLE | | | | | |
| 101 | SUBTOTAL | 69,033,848 | | 69,033,848 | | 69,033,848 |
| 102 | LESS OBSERVATION BEDS | 292,173 | | 292,173 | | 292,173 |
| 103 | TOTAL | 68,741,675 | | 68,741,675 | | 68,741,675 |

COMPUTATION OF RATIO OF COSTS TO CHARGES
 SPECIAL TITLE XIX WORKSHEET

| WKST A LINE NO. | COST CENTER DESCRIPTION | INPATIENT CHARGES 6 | OUTPATIENT CHARGES 7 | TOTAL CHARGES 8 | COST OR OTHER RATIO 9 | TEFRA INPAT- IENT RATIO 10 | PPS INPAT- IENT RATIO 11 |
|--------------------|------------------------------|---------------------------|----------------------------|-----------------------|-----------------------------|----------------------------------|--------------------------------|
| | INPAT ROUTINE SRVC CNTRS | | | | | | |
| 25 | ADULTS & PEDIATRICS | 17,368,712 | | 17,368,712 | | | |
| 26 | INTENSIVE CARE UNIT | 3,513,237 | | 3,513,237 | | | |
| 27 | CORONARY CARE UNIT | | | | | | |
| 28 | BURN INTENSIVE CARE UNIT | | | | | | |
| 29 | SURGICAL INTENSIVE CARE U | | | | | | |
| 30 | OTHER SPECIAL CARE | | | | | | |
| 31 | SUBPROVIDER | | | | | | |
| 33 | NURSERY | 1,509,206 | | 1,509,206 | | | |
| 34 | SKILLED NURSING FACILITY | 2,930,837 | | 2,930,837 | | | |
| 35 | NURSING FACILITY | 5,219,433 | | 5,219,433 | | | |
| 35 | 01 ICF/MR | | | | | | |
| 36 | OTHER LONG TERM CARE | | | | | | |
| | ANCILLARY SRVC COST CNTRS | | | | | | |
| 37 | OPERATING ROOM | 7,579,060 | 8,400,030 | 15,979,090 | .318544 | .318544 | .318544 |
| 38 | RECOVERY ROOM | | | | | | |
| 39 | DELIVERY ROOM & LABOR ROO | | | | | | |
| 40 | ANESTHESIOLOGY | 2,134,776 | 1,331,678 | 3,466,454 | .061111 | .061111 | .061111 |
| 41 | RADIOLOGY-DIAGNOSTIC | 5,570,178 | 21,325,842 | 26,896,020 | .133730 | .133730 | .133730 |
| 42 | RADIOLOGY-THERAPEUTIC | | | | | | |
| 43 | RADIOISOTOPE | | | | | | |
| 44 | LABORATORY | 8,339,545 | 15,321,473 | 23,661,018 | .294223 | .294223 | .294223 |
| 45 | PBP CLINICAL LAB SERVICES | | | | | | |
| 46 | WHOLE BLOOD & PACKED RED | | | | | | |
| 47 | BLOOD STORING, PROCESSING | | | | | | |
| 48 | INTRAVENOUS THERAPY | | | | | | |
| 49 | RESPIRATORY THERAPY | 7,959,821 | 4,430,069 | 12,389,890 | .189063 | .189063 | .189063 |
| 50 | PHYSICAL THERAPY | 2,361,364 | 2,550,640 | 4,912,004 | .487002 | .487002 | .487002 |
| 51 | OCCUPATIONAL THERAPY | | | | | | |
| 52 | SPEECH PATHOLOGY | | | | | | |
| 53 | ELECTROCARDIOLOGY | | | | | | |
| 53 | 01 CARDIAC REHAB | 22,209 | 823,633 | 845,842 | 1.408217 | 1.408217 | 1.408217 |
| 53 | 02 CARDIAC CATH LAB | 3,282,319 | 6,227,476 | 9,509,795 | .146775 | .146775 | .146775 |
| 54 | ELECTROENCEPHALOGRAPHY | | | | | | |
| 55 | MEDICAL SUPPLIES CHARGED | 5,096,882 | 3,570,112 | 8,666,994 | .155384 | .155384 | .155384 |
| 55 | 30 IMPL. DEV. CHARGED TO PAT | 10,303,492 | 2,615,608 | 12,919,100 | .549082 | .549082 | .549082 |
| 56 | DRUGS CHARGED TO PATIENTS | 10,591,393 | 4,744,781 | 15,336,174 | .315164 | .315164 | .315164 |
| 57 | RENAL DIALYSIS | | | | | | |
| 58 | ASC (NON-DISTINCT PART) | | | | | | |
| 59 | OTHER ANCILLARY | | | | | | |
| 59 | 97 CARDIAC REHABILITATION | | | | | | |
| 59 | 98 HYPERBARIC OXYGEN THERAPY | | | | | | |
| 59 | 99 LITHOTRIPSY | | | | | | |
| | OUTPAT SERVICE COST CNTRS | | | | | | |
| | CLINIC | 3,653 | 89,786 | 93,439 | 1.385514 | 1.385514 | 1.385514 |
| 61 | EMERGENCY | 4,251,848 | 17,559,476 | 21,811,324 | .227077 | .227077 | .227077 |
| 62 | OBSERVATION BEDS (NON-DIS | 426,167 | 1,764,449 | 2,190,616 | .133375 | .133375 | .133375 |
| 63 | OTHER OUTPATIENT SERVICE | | | | | | |
| | OTHER REIMBURS COST CNTRS | | | | | | |
| 64 | HOME PROGRAM DIALYSIS | | | | | | |
| 65 | AMBULANCE SERVICES | | 4,186,624 | 4,186,624 | .616072 | .616072 | .616072 |
| 66 | DURABLE MEDICAL EQUIP-REN | | | | | | |
| 67 | DURABLE MEDICAL EQUIP-SOL | | | | | | |
| 68 | OTHER REIMBURSABLE | | | | | | |
| 101 | SUBTOTAL | 98,464,132 | 94,941,677 | 193,405,809 | | | |
| 102 | LESS OBSERVATION BEDS | | | | | | |
| 103 | TOTAL | 98,464,132 | 94,941,677 | 193,405,809 | | | |

| WKST A LINE NO. | COST CENTER DESCRIPTION | TOTAL COST WKST B, PT I COL. 27 1 | CAPITAL COST WKST B PT II & III, COL. 27 2 | OPERATING COST NET OF CAPITAL COST 3 | CAPITAL REDUCTION 4 | OPERATING COST REDUCTION AMOUNT 5 | COST NET OF CAP AND OPER COST REDUCTION 6 |
|--------------------|-------------------------------|--|---|---|---------------------------|--|--|
| 37 | ANCILLARY SRVC COST CNTRS | | | | | | |
| 38 | OPERATING ROOM | 5,090,050 | 626,153 | 4,463,897 | | | 5,090,050 |
| 39 | RECOVERY ROOM | | | | | | |
| 40 | DELIVERY ROOM & LABOR ROO | 211,840 | 7,088 | 204,752 | | | 211,840 |
| 41 | ANESTHESIOLOGY | 3,596,805 | 363,879 | 3,232,926 | | | 3,596,805 |
| 42 | RADIOLOGY-DIAGNOSTIC | | | | | | |
| 43 | RADIOLOGY-THERAPEUTIC | | | | | | |
| 44 | RADIOISOTOPE | | | | | | |
| 45 | LABORATORY | 6,961,615 | 414,606 | 6,547,009 | | | 6,961,615 |
| 46 | PBP CLINICAL LAB SERVICES | | | | | | |
| 47 | WHOLE BLOOD & PACKED RED | | | | | | |
| 48 | BLOOD STORING, PROCESSING | | | | | | |
| 49 | INTRAVENOUS THERAPY | 2,342,475 | 140,481 | 2,201,994 | | | 2,342,475 |
| 50 | RESPIRATORY THERAPY | 2,392,157 | 101,592 | 2,290,565 | | | 2,392,157 |
| 51 | PHYSICAL THERAPY | | | | | | |
| 52 | OCCUPATIONAL THERAPY | | | | | | |
| 53 | SPEECH PATHOLOGY | | | | | | |
| 53 | ELECTROCARDIOLOGY | | | | | | |
| 53 | 01 CARDIAC REHAB | 1,191,129 | 202,272 | 988,857 | | | 1,191,129 |
| 53 | 02 CARDIAC CATH LAB | 1,395,797 | 108,210 | 1,287,587 | | | 1,395,797 |
| 54 | ELECTROENCEPHALOGRAPHY | | | | | | |
| 55 | MEDICAL SUPPLIES CHARGED | 1,346,714 | 161,215 | 1,185,499 | | | 1,346,714 |
| 55 | 30 IMPL. DEV. CHARGED TO PAT | 7,093,642 | 136,642 | 6,957,000 | | | 7,093,642 |
| 56 | DRUGS CHARGED TO PATIENTS | 4,833,416 | 140,772 | 4,692,644 | | | 4,833,416 |
| 57 | RENAL DIALYSIS | | | | | | |
| 58 | ASC (NON-DISTINCT PART) | | | | | | |
| 59 | OTHER ANCILLARY | | | | | | |
| 59 | 97 CARDIAC REHABILITATION | | | | | | |
| 59 | 98 HYPERBARI C OXYGEN THERAPY | | | | | | |
| 59 | 99 LITHOTRIPSY | | | | | | |
| 60 | OUTPAT SERVICE COST CNTRS | | | | | | |
| 60 | CLINIC | 129,461 | 2,777 | 126,684 | | | 129,461 |
| 61 | EMERGENCY | 4,952,851 | 396,515 | 4,556,336 | | | 4,952,851 |
| 62 | OBSERVATION BEDS (NON-DIS | 292,173 | 34,078 | 258,095 | | | 292,173 |
| 63 | OTHER OUTPATIENT SERVICE | | | | | | |
| 64 | OTHER REIMBURS COST CNTRS | | | | | | |
| 64 | HOME PROGRAM DIALYSIS | | | | | | |
| 65 | AMBULANCE SERVICES | 2,579,260 | 272,533 | 2,306,727 | | | 2,579,260 |
| 66 | DURABLE MEDICAL EQUIP-REN | | | | | | |
| 67 | DURABLE MEDICAL EQUIP-SOL | | | | | | |
| 68 | OTHER REIMBURSABLE | | | | | | |
| 101 | SUBTOTAL | 44,409,385 | 3,108,813 | 41,300,572 | | | 44,409,385 |
| 102 | LESS OBSERVATION BEDS | 292,173 | 34,078 | 258,095 | | | 292,173 |
| 103 | TOTAL | 44,117,212 | 3,074,735 | 41,042,477 | | | 44,117,212 |

| WKST A LINE NO. | COST CENTER DESCRIPTION | TOTAL CHARGES | OUTPAT COST TO CHRG RATIO | I/P PT B COST TO CHRG RATIO |
|--------------------|------------------------------|------------------|------------------------------|--------------------------------|
| | | 7 | 8 | 9 |
| 37 | ANCILLARY SRVC COST CNTRS | | | |
| 38 | OPERATING ROOM | 15,979,090 | .318544 | .318544 |
| 39 | RECOVERY ROOM | | | |
| 40 | DELIVERY ROOM & LABOR ROO | | | |
| 41 | ANESTHESIOLOGY | 3,466,454 | .061111 | .061111 |
| 42 | RADIOLOGY-DIAGNOSTIC | 26,896,020 | .133730 | .133730 |
| 43 | RADIOLOGY-THERAPEUTIC | | | |
| 44 | RADIOISOTOPE | | | |
| 45 | LABORATORY | 23,661,018 | .294223 | .294223 |
| 46 | PBP CLINICAL LAB SERVICES | | | |
| 47 | WHOLE BLOOD & PACKED RED | | | |
| 48 | BLOOD STORING, PROCESSING | | | |
| 49 | INTRAVENOUS THERAPY | | | |
| 50 | RESPIRATORY THERAPY | 12,389,890 | .189063 | .189063 |
| 51 | PHYSICAL THERAPY | 4,912,004 | .487002 | .487002 |
| 52 | OCCUPATIONAL THERAPY | | | |
| 53 | SPEECH PATHOLOGY | | | |
| 53 | ELECTROCARDIOLOGY | | | |
| 53 | 01 CARDIAC REHAB | 845,842 | 1.408217 | 1.408217 |
| 53 | 02 CARDIAC CATH LAB | 9,509,795 | .146775 | .146775 |
| 54 | ELECTROENCEPHALOGRAPHY | | | |
| 55 | MEDICAL SUPPLIES CHARGED | 8,666,994 | .155384 | .155384 |
| 55 | 30 IMPL. DEV. CHARGED TO PAT | 12,919,100 | .549082 | .549082 |
| 56 | DRUGS CHARGED TO PATIENTS | 15,336,174 | .315164 | .315164 |
| 57 | RENAL DIALYSIS | | | |
| 58 | ASC (NON-DISTINCT PART) | | | |
| 59 | OTHER ANCILLARY | | | |
| 59 | 97 CARDIAC REHABILITATION | | | |
| 59 | 98 HYPERBARIC OXYGEN THERAPY | | | |
| 59 | 99 LITHOTRIPSY | | | |
| 60 | OUTPAT SERVICE COST CNTRS | | | |
| 60 | CLINIC | 93,439 | 1.385514 | 1.385514 |
| 61 | EMERGENCY | 21,811,324 | .227077 | .227077 |
| 62 | OBSERVATION BEDS (NON-DIS | 2,190,616 | .133375 | .133375 |
| 63 | OTHER OUTPATIENT SERVICE | | | |
| 64 | OTHER REIMBURS COST CNTRS | | | |
| 65 | HOME PROGRAM DIALYSIS | | | |
| 66 | AMBULANCE SERVICES | 4,186,624 | .616072 | .616072 |
| 67 | DURABLE MEDICAL EQUIP-REN | | | |
| 68 | DURABLE MEDICAL EQUIP-SOL | | | |
| 68 | OTHER REIMBURSABLE | | | |
| 101 | SUBTOTAL | 162,864,384 | | |
| 102 | LESS OBSERVATION BEDS | 2,190,616 | | |
| 103 | TOTAL | 160,673,768 | | |

Health Financial Systems MCRIF32 FOR ILLINI HOSPITAL
 CALCULATION OF OUTPATIENT SERVICE COST TO
 CHARGE RATIOS NET OF REDUCTIONS
 SPECIAL TITLE XIX WORKSHEET

**NOT A CMS WORKSHEET ** (09/2000)
 PROVIDER NO: 14-0275 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/15/2010 WORKSHEET C PART II

| WKST A LINE NO. | COST CENTER DESCRIPTION | TOTAL COST WKST B, PT I COL. 27 1 | CAPITAL COST WKST B PT II & III, COL. 27 2 | OPERATING COST NET OF CAPITAL COST 3 | CAPITAL REDUCTION 4 | OPERATING COST REDUCTION AMOUNT 5 | COST NET OF CAP AND OPER COST REDUCTION 6 |
|--------------------|-------------------------------|--|---|---|---------------------------|--|--|
| 37 | ANCILLARY SRVC COST CNTRS | | | | | | |
| 38 | OPERATING ROOM | 5,090,050 | 626,153 | 4,463,897 | 62,615 | 258,906 | 4,768,529 |
| 39 | RECOVERY ROOM | | | | | | |
| 40 | DELIVERY ROOM & LABOR ROO | | | | | | |
| 41 | ANESTHESIOLOGY | 211,840 | 7,088 | 204,752 | 709 | 11,876 | 199,255 |
| 42 | RADIOLOGY-DIAGNOSTIC | 3,596,805 | 363,879 | 3,232,926 | 36,388 | 187,510 | 3,372,907 |
| 43 | RADIOLOGY-THERAPEUTIC | | | | | | |
| 44 | RADIOISOTOPE | | | | | | |
| 45 | LABORATORY | 6,961,615 | 414,606 | 6,547,009 | 41,461 | 379,727 | 6,540,427 |
| 46 | PBP CLINICAL LAB SERVICES | | | | | | |
| 47 | WHOLE BLOOD & PACKED RED | | | | | | |
| 48 | BLOOD STORING, PROCESSING | | | | | | |
| 49 | INTRAVENOUS THERAPY | | | | | | |
| 50 | RESPIRATORY THERAPY | 2,342,475 | 140,481 | 2,201,994 | 14,048 | 127,716 | 2,200,711 |
| 51 | PHYSICAL THERAPY | 2,392,157 | 101,592 | 2,290,565 | 10,159 | 132,853 | 2,249,145 |
| 52 | OCCUPATIONAL THERAPY | | | | | | |
| 53 | SPEECH PATHOLOGY | | | | | | |
| 53 | ELECTROCARDIOLOGY | | | | | | |
| 53 | 01 CARDIAC REHAB | 1,191,129 | 202,272 | 988,857 | 20,227 | 57,354 | 1,113,548 |
| 53 | 02 CARDIAC CATH LAB | 1,395,797 | 108,210 | 1,287,587 | 10,821 | 74,680 | 1,310,296 |
| 54 | ELECTROENCEPHALOGRAPHY | | | | | | |
| 55 | MEDICAL SUPPLIES CHARGED | 1,346,714 | 161,215 | 1,185,499 | 16,122 | 68,759 | 1,261,833 |
| 55 | 30 IMPL. DEV. CHARGED TO PAT | 7,093,642 | 136,642 | 6,957,000 | 13,664 | 403,506 | 6,676,472 |
| 56 | DRUGS CHARGED TO PATIENTS | 4,833,416 | 140,772 | 4,692,644 | 14,077 | 272,173 | 4,547,166 |
| 57 | RENAL DIALYSIS | | | | | | |
| 58 | ASC (NON-DISTINCT PART) | | | | | | |
| 59 | OTHER ANCILLARY | | | | | | |
| 59 | 97 CARDIAC REHABILITATION | | | | | | |
| 59 | 98 HYPERBARI C OXYGEN THERAPY | | | | | | |
| 59 | 99 LITHOTRIPSY | | | | | | |
| 60 | OUTPAT SERVICE COST CNTRS | | | | | | |
| 61 | CLINIC | 129,461 | 2,777 | 126,684 | 278 | 7,348 | 121,835 |
| 61 | EMERGENCY | 4,952,851 | 396,515 | 4,556,336 | 39,652 | 264,267 | 4,648,932 |
| 62 | OBSERVATION BEDS (NON-DIS | 292,173 | 34,078 | 258,095 | 3,408 | 14,970 | 273,795 |
| 63 | OTHER OUTPATIENT SERVICE | | | | | | |
| 64 | OTHER REIMBURS COST CNTRS | | | | | | |
| 65 | HOME PROGRAM DIALYSIS | | | | | | |
| 66 | AMBULANCE SERVICES | 2,579,260 | 272,533 | 2,306,727 | 27,253 | 133,790 | 2,418,217 |
| 66 | DURABLE MEDICAL EQUIP-REN | | | | | | |
| 67 | DURABLE MEDICAL EQUIP-SOL | | | | | | |
| 68 | OTHER REIMBURSABLE | | | | | | |
| 101 | SUBTOTAL | 44,409,385 | 3,108,813 | 41,300,572 | 310,882 | 2,395,435 | 41,703,068 |
| 102 | LESS OBSERVATION BEDS | 292,173 | 34,078 | 258,095 | 3,408 | 14,970 | 273,795 |
| 103 | TOTAL | 44,117,212 | 3,074,735 | 41,042,477 | 307,474 | 2,380,465 | 41,429,273 |

| WKST A LINE NO. | COST CENTER DESCRIPTION | TOTAL CHARGES | OUTPAT COST TO CHRG RATIO | I/P PT B COST TO CHRG RATIO |
|--------------------|-------------------------------|------------------|------------------------------|--------------------------------|
| | | 7 | 8 | 9 |
| 37 | ANCILLARY SRVC COST CNTRS | | | |
| 38 | OPERATING ROOM | 15,979,090 | .298423 | .314626 |
| 39 | RECOVERY ROOM | | | |
| 40 | DELIVERY ROOM & LABOR ROO | | | |
| 41 | ANESTHESIOLOGY | 3,466,454 | .057481 | .060907 |
| 42 | RADIOLOGY-DIAGNOSTIC | 26,896,020 | .125405 | .132377 |
| 43 | RADIOLOGY-THERAPEUTIC | | | |
| 44 | RADIOISOTOPE | | | |
| 45 | LABORATORY | 23,661,018 | .276422 | .292471 |
| 46 | PBP CLINICAL LAB SERVICES | | | |
| 47 | WHOLE BLOOD & PACKED RED | | | |
| 48 | BLOOD STORING, PROCESSING | | | |
| 49 | INTRAVENOUS THERAPY | | | |
| 50 | RESPIRATORY THERAPY | 12,389,890 | .177622 | .187930 |
| 51 | PHYSICAL THERAPY | 4,912,004 | .457887 | .484934 |
| 52 | OCCUPATIONAL THERAPY | | | |
| 53 | SPEECH PATHOLOGY | | | |
| 53 | ELECTROCARDIOLOGY | | | |
| 53 | 01 CARDIAC REHAB | 845,842 | 1.316496 | 1.384303 |
| 53 | 02 CARDIAC CATH LAB | 9,509,795 | .137784 | .145637 |
| 54 | ELECTROENCEPHALOGRAPHY | | | |
| 55 | MEDICAL SUPPLIES CHARGED | 8,666,994 | .145591 | .153524 |
| 55 | 30 IMPL. DEV. CHARGED TO PAT | 12,919,100 | .516791 | .548024 |
| 56 | DRUGS CHARGED TO PATIENTS | 15,336,174 | .296499 | .314246 |
| 57 | RENAL DIALYSIS | | | |
| 58 | ASC (NON-DISTINCT PART) | | | |
| 59 | OTHER ANCILLARY | | | |
| 59 | 97 CARDIAC REHABILITATION | | | |
| 59 | 98 HYPERBARI C OXYGEN THERAPY | | | |
| 59 | 99 LITHOTRIPSY | | | |
| 60 | OUTPAT SERVICE COST CNTRS | | | |
| 60 | CLINIC | 93,439 | 1.303899 | 1.382538 |
| 61 | EMERGENCY | 21,811,324 | .213143 | .225259 |
| 62 | OBSERVATION BEDS (NON-DIS | 2,190,616 | .124985 | .131819 |
| 63 | OTHER OUTPATIENT SERVICE | | | |
| 64 | OTHER REIMBURS COST CNTRS | | | |
| 65 | HOME PROGRAM DIALYSIS | | | |
| 66 | AMBULANCE SERVICES | 4,186,624 | .577605 | .609562 |
| 67 | DURABLE MEDICAL EQUIP-REN | | | |
| 68 | DURABLE MEDICAL EQUIP-SOL | | | |
| 68 | OTHER REIMBURSABLE | | | |
| 101 | SUBTOTAL | 162,864,384 | | |
| 102 | LESS OBSERVATION BEDS | 2,190,616 | | |
| 103 | TOTAL | 160,673,768 | | |

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 14-0275
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/15/2010
 WORKSHEET D
 PART I

TITLE XVIII, PART A

PPS

| WKST A LINE NO. | COST CENTER DESCRIPTION | OLD CAPITAL | | | NEW CAPITAL | | |
|--------------------|---------------------------|----------------------------------|------------------------------|----------------------------------|-----------------------------------|------------------------------|----------------------------------|
| | | CAPITAL REL COST (B, 11) 1 | SWING BED ADJUSTMENT 2 | REDUCED CAP RELATED COST 3 | CAPITAL REL COST (B, 111) 4 | SWING BED ADJUSTMENT 5 | REDUCED CAP RELATED COST 6 |
| | INPAT ROUTINE SRVC CNTRS | | | | | | |
| 25 | ADULTS & PEDIATRICS | | | | 1,634,580 | | 1,634,580 |
| 26 | INTENSIVE CARE UNIT | | | | 160,853 | | 160,853 |
| 27 | CORONARY CARE UNIT | | | | | | |
| 28 | BURN INTENSIVE CARE UNIT | | | | | | |
| 29 | SURGICAL INTENSIVE CARE U | | | | | | |
| 30 | OTHER SPECIAL CARE | | | | | | |
| 31 | SUBPROVIDER | | | | | | |
| 33 | NURSERY | | | | 85,747 | | 85,747 |
| 101 | TOTAL | | | | 1,881,180 | | 1,881,180 |

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 14-0275 PERIOD: FROM 7/1/2009 TO 6/30/2010 PREPARED 11/15/2010 WORKSHEET D PART I

TITLE XVIII, PART A

PPS

| WKST A LINE NO. | COST CENTER DESCRIPTION | TOTAL PATIENT DAYS 7 | INPATIENT PROGRAM DAYS 8 | OLD CAPITAL PER DIEM 9 | INPAT PROGRAM OLD CAP CST 10 | NEW CAPITAL PER DIEM 11 | INPAT PROGRAM NEW CAP CST 12 |
|--------------------|---|----------------------------|--------------------------------|------------------------------|------------------------------------|-------------------------------|------------------------------------|
| 25 | INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS | 13,862 | 6,855 | | | 117.92 | 808,342 |
| 26 | INTENSIVE CARE UNIT | 1,239 | 739 | | | 129.82 | 95,937 |
| 27 | CORONARY CARE UNIT | | | | | | |
| 28 | BURN INTENSIVE CARE UNIT | | | | | | |
| 29 | SURGICAL INTENSIVE CARE U | | | | | | |
| 30 | OTHER SPECIAL CARE | | | | | | |
| 31 | SUBPROVIDER | | | | | | |
| 33 | NURSERY | 1,513 | | | | 56.67 | |
| 101 | TOTAL | 16,614 | 7,594 | | | | 904,279 |

PROVIDER NO: 14-0275
 COMPONENT NO: 14-0275
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/15/2010
 WORKSHEET D
 PART II

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XVIII, PART A HOSPITAL

| WKST A LINE NO. | COST CENTER DESCRIPTION | OLD CAPITAL RELATED COST 1 | NEW CAPITAL RELATED COST 2 | TOTAL CHARGES 3 | INPAT PROGRAM CHARGES 4 | OLD CAPITAL CST/CHRG RATIO 5 | CAPITAL COSTS 6 |
|--------------------|-------------------------------|----------------------------------|----------------------------------|-----------------------|-------------------------------|------------------------------------|-----------------------|
| 37 | ANCILLARY SRVC COST CNTRS | | | | | | |
| 38 | OPERATING ROOM | | 626,153 | 15,979,090 | 3,058,400 | | |
| 39 | RECOVERY ROOM | | | | | | |
| 40 | DELIVERY ROOM & LABOR ROO | | | | | | |
| 41 | ANESTHESIOLOGY | | 7,088 | 3,466,454 | 361,696 | | |
| 42 | RADIOLOGY-DIAGNOSTIC | | 363,879 | 26,896,020 | 2,923,665 | | |
| 43 | RADIOLOGY-THERAPEUTIC | | | | | | |
| 44 | RADIOISOTOPE | | | | | | |
| 45 | LABORATORY | | 414,606 | 23,661,018 | 4,550,074 | | |
| 46 | PBP CLINICAL LAB SERVICES | | | | | | |
| 47 | WHOLE BLOOD & PACKED RED | | | | | | |
| 48 | BLOOD STORING, PROCESSING | | | | | | |
| 49 | INTRAVENOUS THERAPY | | | | | | |
| 50 | RESPIRATORY THERAPY | | 140,481 | 12,389,890 | 4,556,118 | | |
| 51 | PHYSICAL THERAPY | | 101,592 | 4,912,004 | 631,921 | | |
| 52 | OCCUPATIONAL THERAPY | | | | | | |
| 53 | SPEECH PATHOLOGY | | | | | | |
| 53 | 01 ELECTROCARDIOLOGY | | | | | | |
| 53 | 02 CARDIAC REHAB | | 202,272 | 845,842 | 13,292 | | |
| 54 | CARDIAC CATH LAB | | 108,210 | 9,509,795 | 1,950,615 | | |
| 55 | ELECTROENCEPHALOGRAPHY | | | | | | |
| 55 | MEDICAL SUPPLIES CHARGED | | 161,215 | 8,666,994 | 2,629,228 | | |
| 56 | 30 IMPL. DEV. CHARGED TO PAT | | 136,642 | 12,919,100 | 5,437,606 | | |
| 57 | DRUGS CHARGED TO PATIENTS | | 140,772 | 15,336,174 | 5,379,891 | | |
| 58 | RENAL DIALYSIS | | | | | | |
| 59 | ASC (NON-DISTINCT PART) | | | | | | |
| 59 | OTHER ANCILLARY | | | | | | |
| 59 | 97 CARDIAC REHABILITATION | | | | | | |
| 59 | 98 HYPERBARI C OXYGEN THERAPY | | | | | | |
| 59 | 99 LITHOTRIPSY | | | | | | |
| 60 | OUTPAT SERVICE COST CNTRS | | | | | | |
| 61 | CLINIC | | 2,777 | 93,439 | 2,426 | | |
| 62 | EMERGENCY | | 396,515 | 21,811,324 | 2,237,428 | | |
| 63 | OBSERVATION BEDS (NON-DIS | | 34,078 | 2,190,616 | 276,325 | | |
| 64 | OTHER OUTPATIENT SERVICE | | | | | | |
| 65 | OTHER REIMBURS COST CNTRS | | | | | | |
| 66 | HOME PROGRAM DIALYSIS | | | | | | |
| 67 | AMBULANCE SERVICES | | | | | | |
| 68 | DURABLE MEDICAL EQUIP-REN | | | | | | |
| 68 | DURABLE MEDICAL EQUIP-SOL | | | | | | |
| 68 | OTHER REIMBURSABLE | | | | | | |
| 101 | TOTAL | | 2,836,280 | 158,677,760 | 34,008,685 | | |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0275
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 COMPONENT NO: 14-0275
 PREPARED 11/15/2010
 WORKSHEET D
 PART II
 PPS

| TITLE XVIII, PART A | | HOSPITAL | |
|---------------------|-------------------------------|-------------------|------------|
| WKST A LINE NO. | COST CENTER DESCRIPTION | NEW CAPITAL COSTS | |
| | | CST/CHRG 7 | RATIO 8 |
| 37 | ANCILLARY SRVC COST CNTRS | | |
| 38 | OPERATING ROOM | .039186 | 119,846 |
| 39 | RECOVERY ROOM | | |
| 40 | DELIVERY ROOM & LABOR ROO | | |
| 41 | ANESTHESIOLOGY | .002045 | 740 |
| 42 | RADIOLOGY-DIAGNOSTIC | .013529 | 39,554 |
| 43 | RADIOLOGY-THERAPEUTIC | | |
| 44 | RADIOISOTOPE | | |
| 45 | LABORATORY | .017523 | 79,731 |
| 46 | PBP CLINICAL LAB SERVICES | | |
| 47 | WHOLE BLOOD & PACKED RED | | |
| 48 | BLOOD STORING, PROCESSING | | |
| 49 | INTRAVENOUS THERAPY | | |
| 50 | RESPIRATORY THERAPY | .011338 | 51,657 |
| 51 | PHYSICAL THERAPY | .020682 | 13,069 |
| 52 | OCCUPATIONAL THERAPY | | |
| 53 | SPEECH PATHOLOGY | | |
| 53 | ELECTROCARDIOLOGY | | |
| 53 | 01 CARDIAC REHAB | .239137 | 3,179 |
| 53 | 02 CARDIAC CATH LAB | .011379 | 22,196 |
| 54 | ELECTROENCEPHALOGRAPHY | | |
| 55 | MEDICAL SUPPLIES CHARGED | .018601 | 48,906 |
| 55 | 30 IMPL. DEV. CHARGED TO PAT | .010577 | 57,514 |
| 56 | DRUGS CHARGED TO PATIENTS | .009179 | 49,382 |
| 57 | RENAL DIALYSIS | | |
| 58 | ASC (NON-DISTINCT PART) | | |
| 59 | OTHER ANCILLARY | | |
| 59 | 97 CARDIAC REHABILITATION | | |
| 59 | 98 HYPERBARI C OXYGEN THERAPY | | |
| 59 | 99 LI THOTRI PSY | | |
| 60 | OUTPAT SERVICE COST CNTRS | | |
| 60 | CLINIC | .029720 | 72 |
| 61 | EMERGENCY | .018179 | 40,674 |
| 62 | OBSERVATION BEDS (NON-DIS | .015556 | 4,299 |
| 63 | OTHER OUTPATIENT SERVICE | | |
| 64 | OTHER REIMBURS COST CNTRS | | |
| 64 | HOME PROGRAM DIALYSIS | | |
| 65 | AMBULANCE SERVICES | | |
| 66 | DURABLE MEDICAL EQUIP-REN | | |
| 67 | DURABLE MEDICAL EQUIP-SOL | | |
| 68 | OTHER REIMBURSABLE | | |
| 101 | TOTAL | | 530,819 |

PROVIDER NO: 14-0275
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/15/2010
 WORKSHEET D
 PART III
 PPS

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

| WKST A LINE NO. | COST CENTER DESCRIPTION | NONPHYSICIAN ANESTHETIST 1 | MED EDUCATN COST 2 | SWING BED ADJ AMOUNT 3 | TOTAL COSTS 4 | TOTAL PATIENT DAYS 5 | PER DIEM 6 |
|--------------------|---|----------------------------------|--------------------------|------------------------------|---------------------|----------------------------|---------------|
| 25 | INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS | | | | | 13,862 | |
| 26 | INTENSIVE CARE UNIT | | | | | 1,239 | |
| 27 | CORONARY CARE UNIT | | | | | | |
| 28 | BURN INTENSIVE CARE UNIT | | | | | | |
| 29 | SURGICAL INTENSIVE CARE U | | | | | | |
| 30 | OTHER SPECIAL CARE | | | | | | |
| 31 | SUBPROVIDER | | | | | | |
| 33 | NURSERY | | | | | 1,513 | |
| 34 | SKILLED NURSING FACILITY | | | | | 7,360 | |
| 35 | NURSING FACILITY | | | | | 31,264 | |
| 35 01 | ICF/MR | | | | | | |
| 101 | TOTAL | | | | | 55,238 | |

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

| WKST A LINE NO. | COST CENTER DESCRIPTION | INPATIENT PROG DAYS 7 | INPAT PROGRAM PASS THRU COST 8 |
|--------------------|---------------------------|-----------------------------|--------------------------------------|
| 25 | ADULTS & PEDIATRICS | | 6,855 |
| 26 | INTENSIVE CARE UNIT | | 739 |
| 27 | CORONARY CARE UNIT | | |
| 28 | BURN INTENSIVE CARE UNIT | | |
| 29 | SURGICAL INTENSIVE CARE U | | |
| 30 | OTHER SPECIAL CARE | | |
| 31 | SUBPROVIDER | | |
| 33 | NURSERY | | |
| 34 | SKILLED NURSING FACILITY | 5,858 | |
| 35 | NURSING FACILITY | | |
| 35 01 | ICF/MR | | |
| 101 | TOTAL | 13,452 | |

TITLE XVIII, PART A HOSPITAL

PPS

| WKST A LINE NO. | COST CENTER DESCRIPTION | NONPHYSICIAN ANESTHETIST | HOSPITAL | MED ED NRS SCHOOL COST | MED ED ALLIED HEALTH COST | MED ED ALL OTHER COSTS | BLOOD CLOT FOR HEMOPHILIACS |
|--------------------|------------------------------|-----------------------------|----------|---------------------------|------------------------------|---------------------------|--------------------------------|
| | | 1 | 1.01 | 2 | 2.01 | 2.02 | 2.03 |
| 37 | ANCILLARY SRVC COST CNTRS | | | | | | |
| 38 | OPERATING ROOM | | | | | | |
| 39 | RECOVERY ROOM | | | | | | |
| 40 | DELIVERY ROOM & LABOR ROO | | | | | | |
| 41 | ANESTHESIOLOGY | | | | | | |
| 42 | RADIOLOGY-DIAGNOSTIC | | | | | | |
| 43 | RADIOLOGY-THERAPEUTIC | | | | | | |
| 44 | RADIOISOTOPE | | | | | | |
| 45 | LABORATORY | | | | | | |
| 46 | PBP CLINICAL LAB SERVICES | | | | | | |
| 47 | WHOLE BLOOD & PACKED RED | | | | | | |
| 48 | BLOOD STORING, PROCESSING | | | | | | |
| 49 | INTRAVENOUS THERAPY | | | | | | |
| 50 | RESPIRATORY THERAPY | | | | | | |
| 51 | PHYSICAL THERAPY | | | | | | |
| 52 | OCCUPATIONAL THERAPY | | | | | | |
| 53 | SPEECH PATHOLOGY | | | | | | |
| 53 | ELECTROCARDIOLOGY | | | | | | |
| 53 | 01 CARDIAC REHAB | | | | | | |
| 53 | 02 CARDIAC CATH LAB | | | | | | |
| 54 | ELECTROENCEPHALOGRAPHY | | | | | | |
| 55 | MEDICAL SUPPLIES CHARGED | | | | | | |
| 55 | 30 IMPL. DEV. CHARGED TO PAT | | | | | | |
| 56 | DRUGS CHARGED TO PATIENTS | | | | | | |
| 57 | RENAL DIALYSIS | | | | | | |
| 58 | ASC (NON-DISTINCT PART) | | | | | | |
| 59 | OTHER ANCILLARY | | | | | | |
| 59 | 97 CARDIAC REHABILITATION | | | | | | |
| 59 | 98 HYPERBARIC OXYGEN THERAPY | | | | | | |
| 59 | 99 LI THOTRI PSY | | | | | | |
| 60 | OUTPAT SERVICE COST CNTRS | | | | | | |
| 61 | CLINIC | | | | | | |
| 62 | EMERGENCY | | | | | | |
| 62 | OBSERVATION BEDS (NON-DIS | | | | | | |
| 63 | OTHER OUTPATIENT SERVICE | | | | | | |
| 64 | OTHER REIMBURS COST CNTRS | | | | | | |
| 64 | HOME PROGRAM DIALYSIS | | | | | | |
| 65 | AMBULANCE SERVICES | | | | | | |
| 66 | DURABLE MEDICAL EQUIP-REN | | | | | | |
| 67 | DURABLE MEDICAL EQUIP-SOL | | | | | | |
| 68 | OTHER REIMBURSABLE | | | | | | |
| 101 | TOTAL | | | | | | |

TITLE XVIII, PART A

HOSPITAL

PPS

| WKST A LINE NO. | COST CENTER DESCRIPTION | TOTAL COSTS 3 | O/P PASS THRU COSTS 3.01 | TOTAL CHARGES 4 | RATIO OF COST TO CHARGES 5 | O/P RATIO OF CST TO CHARGES 5.01 | INPAT PROG CHARGE 6 | INPAT PROG PASS THRU COST 7 |
|--------------------|-------------------------------|---------------------|--------------------------------|-----------------------|----------------------------------|--|---------------------------|-----------------------------------|
| 37 | ANCILLARY SRVC COST CNTRS | | | | | | | |
| 38 | OPERATING ROOM | | | 15,979,090 | | | 3,058,400 | |
| 39 | RECOVERY ROOM | | | | | | | |
| 40 | DELIVERY ROOM & LABOR ROO | | | | | | | |
| 41 | ANESTHESIOLOGY | | | 3,466,454 | | | 361,696 | |
| 42 | RADIOLOGY-DIAGNOSTIC | | | 26,896,020 | | | 2,923,665 | |
| 43 | RADIOLOGY-THERAPEUTIC | | | | | | | |
| 44 | RADIOISOTOPE | | | | | | | |
| 45 | LABORATORY | | | 23,661,018 | | | 4,550,074 | |
| 46 | PBP CLINICAL LAB SERVICES | | | | | | | |
| 47 | WHOLE BLOOD & PACKED RED | | | | | | | |
| 48 | BLOOD STORING, PROCESSING | | | | | | | |
| 49 | INTRAVENOUS THERAPY | | | 12,389,890 | | | 4,556,118 | |
| 50 | RESPIRATORY THERAPY | | | 4,912,004 | | | 631,921 | |
| 51 | PHYSICAL THERAPY | | | | | | | |
| 52 | OCCUPATIONAL THERAPY | | | | | | | |
| 53 | SPEECH PATHOLOGY | | | | | | | |
| 53 | ELECTROCARDIOLOGY | | | | | | | |
| 53 | 01 CARDIAC REHAB | | | 845,842 | | | 13,292 | |
| 53 | 02 CARDIAC CATH LAB | | | 9,509,795 | | | 1,950,615 | |
| 54 | ELECTROENCEPHALOGRAPHY | | | | | | | |
| 55 | MEDICAL SUPPLIES CHARGED | | | 8,666,994 | | | 2,629,228 | |
| 55 | 30 IMPL. DEV. CHARGED TO PAT | | | 12,919,100 | | | 5,437,606 | |
| 56 | DRUGS CHARGED TO PATIENTS | | | 15,336,174 | | | 5,379,891 | |
| 57 | RENAL DIALYSIS | | | | | | | |
| 58 | ASC (NON-DISTINCT PART) | | | | | | | |
| 59 | OTHER ANCILLARY | | | | | | | |
| 59 | 97 CARDIAC REHABILITATION | | | | | | | |
| 59 | 98 HYPERBARI C OXYGEN THERAPY | | | | | | | |
| 59 | 99 LI THOTRI PSY | | | | | | | |
| 60 | OUTPAT SERVICE COST CNTRS | | | | | | | |
| 60 | CLINIC | | | 93,439 | | | 2,426 | |
| 61 | EMERGENCY | | | 21,811,324 | | | 2,237,428 | |
| 62 | OBSERVATION BEDS (NON-DIS | | | 2,190,616 | | | 276,325 | |
| 63 | OTHER OUTPATIENT SERVICE | | | | | | | |
| 64 | OTHER REIMBURS COST CNTRS | | | | | | | |
| 64 | HOME PROGRAM DIALYSIS | | | | | | | |
| 65 | AMBULANCE SERVICES | | | | | | | |
| 66 | DURABLE MEDICAL EQUIP-REN | | | | | | | |
| 67 | DURABLE MEDICAL EQUIP-SOL | | | | | | | |
| 68 | OTHER REIMBURSABLE | | | | | | | |
| 101 | TOTAL | | | 158,677,760 | | | 34,008,685 | |

TITLE XVIII, PART A HOSPITAL PPS

| WKST A LINE NO. | COST CENTER DESCRIPTION | OUTPAT PROG CHARGES 8 | OUTPAT PROG D, V COL 5.03 8.01 | OUTPAT PROG D, V COL 5.04 8.02 | OUTPAT PROG PASS THRU COST 9 | COL 8.01 * COL 5 9.01 | COL 8.02 * COL 5 9.02 |
|--------------------|-------------------------------|-----------------------------|--------------------------------------|--------------------------------------|------------------------------------|-----------------------------|-----------------------------|
| 37 | ANCILLARY SRVC COST CNTRS | | | | | | |
| 38 | OPERATING ROOM | 2,751,794 | | | | | |
| 39 | RECOVERY ROOM | | | | | | |
| 40 | DELIVERY ROOM & LABOR ROO | | | | | | |
| 41 | ANESTHESIOLOGY | 335,086 | | | | | |
| 42 | RADIOLOGY-DIAGNOSTIC | 5,072,358 | | | | | |
| 43 | RADIOLOGY-THERAPEUTIC | | | | | | |
| 44 | RADIOISOTOPE | | | | | | |
| 45 | LABORATORY | 258,191 | | | | | |
| 46 | PBP CLINICAL LAB SERVICES | | | | | | |
| 47 | WHOLE BLOOD & PACKED RED | | | | | | |
| 48 | BLOOD STORING, PROCESSING | | | | | | |
| 49 | INTRAVENOUS THERAPY | | | | | | |
| 50 | RESPIRATORY THERAPY | 1,454,127 | | | | | |
| 51 | PHYSICAL THERAPY | | | | | | |
| 52 | OCCUPATIONAL THERAPY | | | | | | |
| 53 | SPEECH PATHOLOGY | | | | | | |
| 53 | ELECTROCARDIOLOGY | | | | | | |
| 53 | 01 CARDIAC REHAB | 484,249 | | | | | |
| 53 | 02 CARDIAC CATH LAB | 3,312,496 | | | | | |
| 54 | ELECTROENCEPHALOGRAPHY | | | | | | |
| 55 | MEDICAL SUPPLIES CHARGED | 1,606,272 | | | | | |
| 55 | 30 IMPL. DEV. CHARGED TO PAT | 1,015,347 | | | | | |
| 56 | DRUGS CHARGED TO PATIENTS | 1,099,475 | | | | | |
| 57 | RENAL DIALYSIS | | | | | | |
| 58 | ASC (NON-DISTINCT PART) | | | | | | |
| 59 | OTHER ANCILLARY | | | | | | |
| 59 | 97 CARDIAC REHABILITATION | | | | | | |
| 59 | 98 HYPERBARI C OXYGEN THERAPY | | | | | | |
| 59 | 99 LI THOTRI PSY | | | | | | |
| 60 | OUTPAT SERVICE COST CNTRS | | | | | | |
| 60 | CLINIC | 7,775 | | | | | |
| 61 | EMERGENCY | 2,634,387 | | | | | |
| 62 | OBSERVATION BEDS (NON-DIS | 535,491 | | | | | |
| 63 | OTHER OUTPATIENT SERVICE | | | | | | |
| 64 | OTHER REIMBURS COST CNTRS | | | | | | |
| 64 | HOME PROGRAM DIALYSIS | | | | | | |
| 65 | AMBULANCE SERVICES | | | | | | |
| 66 | DURABLE MEDICAL EQUIP-REN | | | | | | |
| 67 | DURABLE MEDICAL EQUIP-SOL | | | | | | |
| 68 | OTHER REIMBURSABLE | | | | | | |
| 101 | TOTAL | 20,567,048 | | | | | |

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 11/15/2010
 | 14-0275 | FROM 7/ 1/2009 | WORKSHEET D
 | COMPONENT NO: | TO 6/30/2010 | PART V
 | 14-0275 | |

TITLE XVIII, PART B HOSPITAL

| Cost Center Description | Cost/Charge Ratio (C, Pt I, col. 9) | Cost/Charge Ratio (C, Pt II, col. 9) | Outpatient Ambulatory Surgical Ctr | Outpatient Radiology | Other Outpatient Diagnostic |
|---|-------------------------------------|--------------------------------------|------------------------------------|----------------------|-----------------------------|
| | 1 | 1.02 | 2 | 3 | 4 |
| (A) ANCILLARY SRVC COST CNTRS | | | | | |
| 37 OPERATING ROOM | . 318544 | . 318544 | | | |
| 38 RECOVERY ROOM | | | | | |
| 39 DELIVERY ROOM & LABOR ROOM | | | | | |
| 40 ANESTHESIOLOGY | . 061111 | . 061111 | | | |
| 41 RADIOLOGY-DIAGNOSTIC | . 133730 | . 133730 | | | |
| 42 RADIOLOGY-THERAPEUTIC | | | | | |
| 43 RADIOISOTOPE | | | | | |
| 44 LABORATORY | . 294223 | . 294223 | | | |
| 45 PBP CLINICAL LAB SERVICES-PRGM ONLY | | | | | |
| 46 WHOLE BLOOD & PACKED RED BLOOD CELLS | | | | | |
| 47 BLOOD STORING, PROCESSING & TRANS. | | | | | |
| 48 INTRAVENOUS THERAPY | | | | | |
| 49 RESPIRATORY THERAPY | . 189063 | . 189063 | | | |
| 50 PHYSICAL THERAPY | . 487002 | . 487002 | | | |
| 51 OCCUPATIONAL THERAPY | | | | | |
| 52 SPEECH PATHOLOGY | | | | | |
| 53 ELECTROCARDIOLOGY | | | | | |
| 53 01 CARDIAC REHAB | 1. 408217 | 1. 408217 | | | |
| 53 02 CARDIAC CATH LAB | . 146775 | . 146775 | | | |
| 54 ELECTROENCEPHALOGRAPHY | | | | | |
| 55 MEDICAL SUPPLIES CHARGED TO PATIENTS | . 155384 | . 155384 | | | |
| 55 30 IMPL. DEV. CHARGED TO PATIENT | . 549082 | . 549082 | | | |
| 56 DRUGS CHARGED TO PATIENTS | . 315164 | . 315164 | | | |
| 57 RENAL DIALYSIS | | | | | |
| 58 ASC (NON-DISTINCT PART) | | | | | |
| 59 OTHER ANCILLARY | | | | | |
| 59 97 CARDIAC REHABILITATION | | | | | |
| 59 98 HYPERBARI C OXYGEN THERAPY | | | | | |
| 59 99 LI THOTRI PSY | | | | | |
| 60 OUTPAT SERVICE COST CNTRS | | | | | |
| 60 CLINIC | 1. 385514 | 1. 385514 | | | |
| 61 EMERGENCY | . 227077 | . 227077 | | | |
| 62 OBSERVATION BEDS (NON-DISTINCT PART) | . 133375 | . 133375 | | | |
| 63 OTHER OUTPATIENT SERVICE | | | | | |
| 64 OTHER REIMBURS COST CNTRS | | | | | |
| 64 HOME PROGRAM DIALYSIS | | | | | |
| 65 AMBULANCE SERVICES | . 616072 | . 616072 | | | |
| 66 DURABLE MEDICAL EQUIP-RENTED | | | | | |
| 67 DURABLE MEDICAL EQUIP-SOLD | | | | | |
| 68 OTHER REIMBURSABLE | | | | | |
| 101 SUBTOTAL | | | | | |
| 102 CRNA CHARGES | | | | | |
| 103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES | | | | | |
| 104 NET CHARGES | | | | | |

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS
 TITLE XVIII, PART B HOSPITAL

| Cost Center Description | All Other (1) | PPS Services FYB to 12/31 | Non-PPS Services | PPS Services 1/1 to FYE | Outpatient Ambulatory Surgical Ctr |
|---|---------------|------------------------------|---------------------|----------------------------|--|
| | 5 | 5.01 | 5.02 | 5.03 | 6 |
| (A) ANCILLARY SRVC COST CNTRS | | | | | |
| 37 OPERATING ROOM | | 2,751,794 | | | |
| 38 RECOVERY ROOM | | | | | |
| 39 DELIVERY ROOM & LABOR ROOM | | | | | |
| 40 ANESTHESIOLOGY | | 335,086 | | | |
| 41 RADIOLOGY-DIAGNOSTIC | | 5,072,358 | | | |
| 42 RADIOLOGY-THERAPEUTIC | | | | | |
| 43 RADIOISOTOPE | | | | | |
| 44 LABORATORY | | 258,191 | 355 | | |
| 45 PBP CLINICAL LAB SERVICES-PRGM ONLY | | | | | |
| 46 WHOLE BLOOD & PACKED RED BLOOD CELLS | | | | | |
| 47 BLOOD STORING, PROCESSING & TRANS. | | | | | |
| 48 INTRAVENOUS THERAPY | | | | | |
| 49 RESPIRATORY THERAPY | | 1,454,127 | 239 | | |
| 50 PHYSICAL THERAPY | | | | | |
| 51 OCCUPATIONAL THERAPY | | | | | |
| 52 SPEECH PATHOLOGY | | | | | |
| 53 ELECTROCARDIOLOGY | | | | | |
| 53 01 CARDIAC REHAB | | 484,249 | | | |
| 53 02 CARDIAC CATH LAB | | 3,312,496 | 301 | | |
| 54 ELECTROENCEPHALOGRAPHY | | | | | |
| 55 MEDICAL SUPPLIES CHARGED TO PATIENTS | | 1,606,272 | 285 | | |
| 55 30 IMPL. DEV. CHARGED TO PATIENT | | 1,015,347 | | | |
| 56 DRUGS CHARGED TO PATIENTS | | 1,099,475 | 1,399 | | |
| 57 RENAL DIALYSIS | | | | | |
| 58 ASC (NON-DISTINCT PART) | | | | | |
| 59 OTHER ANCILLARY | | | | | |
| 59 97 CARDIAC REHABILITATION | | | | | |
| 59 98 HYPERBARIC OXYGEN THERAPY | | | | | |
| 59 99 LI THOTRI PSY | | | | | |
| 60 OUTPAT SERVICE COST CNTRS | | | | | |
| 60 CLINIC | | 7,775 | | | |
| 61 EMERGENCY | | 2,634,387 | | | |
| 62 OBSERVATION BEDS (NON-DISTINCT PART) | | 535,491 | | | |
| 63 OTHER OUTPATIENT SERVICE | | | | | |
| 64 OTHER REIMBURS COST CNTRS | | | | | |
| 64 HOME PROGRAM DIALYSIS | | | | | |
| 65 AMBULANCE SERVICES | | | | | |
| 66 DURABLE MEDICAL EQUIP-RENTED | | | | | |
| 67 DURABLE MEDICAL EQUIP-SOLD | | | | | |
| 68 OTHER REIMBURSABLE | | | | | |
| 101 SUBTOTAL | | 20,567,048 | 2,579 | | |
| 102 CRNA CHARGES | | | | | |
| 103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES | | | | | |
| 104 NET CHARGES | | 20,567,048 | 2,579 | | |

(A) WORKSHEET A LINE NUMBERS

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 11/15/2010
 | 14-0275 | FROM 7/ 1/2009 | WORKSHEET D
 | COMPONENT NO: | TO 6/30/2010 | PART V
 | 14-0275 | |

TITLE XVIII, PART B HOSPITAL

| Cost Center Description | Outpatient Radiology | Other Outpatient Diagnostic | All Other | PPS Services FYB to 12/31 | Non-PPS Services |
|---|----------------------|-----------------------------|-----------|---------------------------|------------------|
| | 7 | 8 | 9 | 9.01 | 9.02 |
| (A) ANCILLARY SRVC COST CNTRS | | | | | |
| 37 OPERATING ROOM | | | | 876,567 | |
| 38 RECOVERY ROOM | | | | | |
| 39 DELIVERY ROOM & LABOR ROOM | | | | | |
| 40 ANESTHESIOLOGY | | | | 20,477 | |
| 41 RADIOLOGY-DIAGNOSTIC | | | | 678,326 | |
| 42 RADIOLOGY-THERAPEUTIC | | | | | |
| 43 RADIOISOTOPE | | | | | |
| 44 LABORATORY | | | | 75,966 | 104 |
| 45 PBP CLINICAL LAB SERVICES-PRGM ONLY | | | | | |
| 46 WHOLE BLOOD & PACKED RED BLOOD CELLS | | | | | |
| 47 BLOOD STORING, PROCESSING & TRANS. | | | | | |
| 48 INTRAVENOUS THERAPY | | | | | |
| 49 RESPIRATORY THERAPY | | | | 274,922 | 45 |
| 50 PHYSICAL THERAPY | | | | | |
| 51 OCCUPATIONAL THERAPY | | | | | |
| 52 SPEECH PATHOLOGY | | | | | |
| 53 ELECTROCARDIOLOGY | | | | | |
| 53 01 CARDIAC REHAB | | | | 681,928 | |
| 53 02 CARDIAC CATH LAB | | | | 486,192 | 44 |
| 54 ELECTROENCEPHALOGRAPHY | | | | | |
| 55 MEDICAL SUPPLIES CHARGED TO PATIENTS | | | | 249,589 | 44 |
| 55 30 IMPL. DEV. CHARGED TO PATIENT | | | | 557,509 | |
| 56 DRUGS CHARGED TO PATIENTS | | | | 346,515 | 441 |
| 57 RENAL DIALYSIS | | | | | |
| 58 ASC (NON-DISTINCT PART) | | | | | |
| 59 OTHER ANCILLARY | | | | | |
| 59 97 CARDIAC REHABILITATION | | | | | |
| 59 98 HYPERBARIC OXYGEN THERAPY | | | | | |
| 59 99 LI THOTRI PSY | | | | | |
| 60 OUTPAT SERVICE COST CNTRS | | | | | |
| 60 CLINIC | | | | 10,772 | |
| 61 EMERGENCY | | | | 598,209 | |
| 62 OBSERVATION BEDS (NON-DISTINCT PART) | | | | 71,421 | |
| 63 OTHER OUTPATIENT SERVICE | | | | | |
| 63 OTHER REIMBURS COST CNTRS | | | | | |
| 64 HOME PROGRAM DIALYSIS | | | | | |
| 65 AMBULANCE SERVICES | | | | | |
| 66 DURABLE MEDICAL EQUIP-RENTED | | | | | |
| 67 DURABLE MEDICAL EQUIP-SOLD | | | | | |
| 68 OTHER REIMBURSABLE | | | | | |
| 101 SUBTOTAL | | | | 4,928,393 | 678 |
| 102 CRNA CHARGES | | | | | |
| 103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES | | | | | |
| 104 NET CHARGES | | | | 4,928,393 | 678 |

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS | PROVIDER NO: | PERIOD: | PREPARED 11/15/2010
 | 14-0275 | FROM 7/ 1/2009 | WORKSHEET D
 | COMPONENT NO: | TO 6/30/2010 | PART V
 | 14-0275 | |

TITLE XVIII, PART B HOSPITAL

PPS Services Hospital I/P Hospital I/P
 1/1 to FYE Part B Charges Part B Costs

Cost Center Description 9.03 10 11

- (A) ANCILLARY SRVC COST CNTRS
- 37 OPERATING ROOM
- 38 RECOVERY ROOM
- 39 DELIVERY ROOM & LABOR ROOM
- 40 ANESTHESIOLOGY
- 41 RADIOLOGY-DIAGNOSTIC
- 42 RADIOLOGY-THERAPEUTIC
- 43 RADIOISOTOPE
- 44 LABORATORY
- 45 PBP CLINICAL LAB SERVICES-PRGM ONLY
- 46 WHOLE BLOOD & PACKED RED BLOOD CELLS
- 47 BLOOD STORING, PROCESSING & TRANS.
- 48 INTRAVENOUS THERAPY
- 49 RESPIRATORY THERAPY
- 50 PHYSICAL THERAPY
- 51 OCCUPATIONAL THERAPY
- 52 SPEECH PATHOLOGY
- 53 ELECTROCARDIOLOGY
- 53 01 CARDIAC REHAB
- 53 02 CARDIAC CATH LAB
- 54 ELECTROENCEPHALOGRAPHY
- 55 MEDICAL SUPPLIES CHARGED TO PATIENTS
- 55 30 IMPL. DEV. CHARGED TO PATIENT
- 56 DRUGS CHARGED TO PATIENTS
- 57 RENAL DIALYSIS
- 58 ASC (NON-DISTINCT PART)
- 59 OTHER ANCILLARY
- 59 97 CARDIAC REHABILITATION
- 59 98 HYPERBARI C OXYGEN THERAPY
- 59 99 LI THOTRI PSY
- 60 OUTPAT SERVICE COST CNTRS
- 60 CLINIC
- 61 EMERGENCY
- 62 OBSERVATION BEDS (NON-DISTINCT PART)
- 63 OTHER OUTPATIENT SERVICE
- 63 OTHER REIMBURS COST CNTRS
- 64 HOME PROGRAM DIALYSIS
- 65 AMBULANCE SERVICES
- 66 DURABLE MEDICAL EQUIP-RENTED
- 67 DURABLE MEDICAL EQUIP-SOLD
- 68 OTHER REIMBURSABLE
- 101 SUBTOTAL
- 102 CRNA CHARGES
- 103 LESS PBP CLINIC LAB SVCS-
- PROGRAM ONLY CHARGES
- 104 NET CHARGES

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

| | | |
|---------------|----------------|---------------------|
| PROVIDER NO: | PERIOD: | PREPARED 11/15/2010 |
| 14-0275 | FROM 7/ 1/2009 | WORKSHEET D |
| COMPONENT NO: | TO 6/30/2010 | PART VI |
| 14-0275 | | |

TITLE XVIII, PART B

HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

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

| | |
|---|---------|
| 1 | .315164 |
| 2 | 22,385 |
| 3 | 7,055 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 14-0275
 COMPONENT NO: 14-5703
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/15/2010
 WORKSHEET D
 PART II

TITLE XVIII, PART A SKILLED NURSING FACILITY

PPS

| WKST A LINE NO. | COST CENTER DESCRIPTION | OLD CAPITAL RELATED COST 1 | NEW CAPITAL RELATED COST 2 | TOTAL CHARGES 3 | INPAT PROGRAM CHARGES 4 | OLD CAPITAL CST/CHRG RATIO 5 | CAPITAL COSTS 6 |
|--------------------|-------------------------------|----------------------------------|----------------------------------|-----------------------|-------------------------------|------------------------------------|-----------------------|
| 37 | ANCILLARY SRVC COST CNTRS | | | | | | |
| 38 | OPERATING ROOM | | | | | | |
| 39 | RECOVERY ROOM | | | | | | |
| 40 | DELIVERY ROOM & LABOR ROO | | | | | | |
| 41 | ANESTHESIOLOGY | | | | | | |
| 42 | RADIOLOGY-DIAGNOSTIC | | | | | | |
| 43 | RADIOLOGY-THERAPEUTIC | | | | | | |
| 44 | RADIOISOTOPE | | | | | | |
| 45 | LABORATORY | | | | | | |
| 46 | PBP CLINICAL LAB SERVICES | | | | | | |
| 47 | WHOLE BLOOD & PACKED RED | | | | | | |
| 48 | BLOOD STORING, PROCESSING | | | | | | |
| 49 | INTRAVENOUS THERAPY | | | | | | |
| 50 | RESPIRATORY THERAPY | | | | | | |
| 51 | PHYSICAL THERAPY | | | | | | |
| 52 | OCCUPATIONAL THERAPY | | | | | | |
| 53 | SPEECH PATHOLOGY | | | | | | |
| 53 | ELECTROCARDIOLOGY | | | | | | |
| 53 | 01 CARDIAC REHAB | | | | | | |
| 53 | 02 CARDIAC CATH LAB | | | | | | |
| 54 | ELECTROENCEPHALOGRAPHY | | | | | | |
| 55 | MEDICAL SUPPLIES CHARGED | | | | | | |
| 55 | 30 IMPL. DEV. CHARGED TO PAT | | | | | | |
| 56 | DRUGS CHARGED TO PATIENTS | | | | | | |
| 57 | RENAL DIALYSIS | | | | | | |
| 58 | ASC (NON-DISTINCT PART) | | | | | | |
| 59 | OTHER ANCILLARY | | | | | | |
| 59 | 97 CARDIAC REHABILITATION | | | | | | |
| 59 | 98 HYPERBARI C OXYGEN THERAPY | | | | | | |
| 59 | 99 LI THOTRI PSY | | | | | | |
| 60 | OUTPAT SERVICE COST CNTRS | | | | | | |
| 60 | CLINIC | | | | | | |
| 61 | EMERGENCY | | | | | | |
| 62 | OBSERVATION BEDS (NON-DIS | | | | | | |
| 63 | OTHER OUTPATIENT SERVICE | | | | | | |
| 63 | OTHER REIMBURS COST CNTRS | | | | | | |
| 64 | HOME PROGRAM DIALYSIS | | | | | | |
| 65 | AMBULANCE SERVICES | | | | | | |
| 66 | DURABLE MEDICAL EQUIP-REN | | | | | | |
| 67 | DURABLE MEDICAL EQUIP-SOL | | | | | | |
| 68 | OTHER REIMBURSABLE | | | | | | |
| 101 | TOTAL | | | | | | |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

| | | |
|---------------|----------------|---------------------|
| PROVIDER NO: | PERIOD: | PREPARED 11/15/2010 |
| 14-0275 | FROM 7/ 1/2009 | WORKSHEET D |
| COMPONENT NO: | TO 6/30/2010 | PART II |
| 14-5703 | | |

TITLE XVIII, PART A SKILLED NURSING FACILITY

PPS

| WKST A LINE NO. | COST CENTER DESCRIPTION | NEW CAPITAL | |
|--------------------|----------------------------|----------------|-------|
| | | CST/CHRG RATIO | COSTS |
| | | 7 | 8 |
| 37 | ANCILLARY SRVC COST CNTRS | | |
| | OPERATING ROOM | | |
| 38 | RECOVERY ROOM | | |
| 39 | DELIVERY ROOM & LABOR ROO | | |
| 40 | ANESTHESIOLOGY | | |
| 41 | RADIOLOGY-DIAGNOSTIC | | |
| 42 | RADIOLOGY-THERAPEUTIC | | |
| 43 | RADIOISOTOPE | | |
| 44 | LABORATORY | | |
| 45 | PBP CLINICAL LAB SERVICES | | |
| 46 | WHOLE BLOOD & PACKED RED | | |
| 47 | BLOOD STORING, PROCESSING | | |
| 48 | INTRAVENOUS THERAPY | | |
| 49 | RESPIRATORY THERAPY | | |
| 50 | PHYSICAL THERAPY | | |
| 51 | OCCUPATIONAL THERAPY | | |
| 52 | SPEECH PATHOLOGY | | |
| 53 | ELECTROCARDIOLOGY | | |
| 53 01 | CARDIAC REHAB | | |
| 53 02 | CARDIAC CATH LAB | | |
| 54 | ELECTROENCEPHALOGRAPHY | | |
| 55 | MEDICAL SUPPLIES CHARGED | | |
| 55 30 | IMPL. DEV. CHARGED TO PAT | | |
| 56 | DRUGS CHARGED TO PATIENTS | | |
| 57 | RENAL DIALYSIS | | |
| 58 | ASC (NON-DISTINCT PART) | | |
| 59 | OTHER ANCILLARY | | |
| 59 97 | CARDIAC REHABILITATION | | |
| 59 98 | HYPERBARI C OXYGEN THERAPY | | |
| 59 99 | LITHOTRIPSY | | |
| 60 | OUTPAT SERVICE COST CNTRS | | |
| | CLINIC | | |
| 61 | EMERGENCY | | |
| 62 | OBSERVATION BEDS (NON-DIS | | |
| 63 | OTHER OUTPATIENT SERVICE | | |
| | OTHER REIMBURS COST CNTRS | | |
| 64 | HOME PROGRAM DIALYSIS | | |
| 65 | AMBULANCE SERVICES | | |
| 66 | DURABLE MEDICAL EQUIP-REN | | |
| 67 | DURABLE MEDICAL EQUIP-SOL | | |
| 68 | OTHER REIMBURSABLE | | |
| 101 | TOTAL | | |

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

| WKST A LINE NO. | COST CENTER DESCRIPTION | TOTAL COSTS 3 | O/P PASS THRU COSTS 3.01 | TOTAL CHARGES 4 | RATIO OF COST TO CHARGES 5 | O/P RATIO OF CST TO CHARGES 5.01 | INPAT PROG CHARGE 6 | INPAT PROG PASS THRU COST 7 |
|--------------------|-------------------------------|---------------------|-----------------------------------|-----------------------|----------------------------------|--|---------------------------|-----------------------------------|
| 37 | ANCILLARY SRVC COST CNTRS | | | | | | | |
| 38 | OPERATING ROOM | | | 15,979,090 | | | 407 | |
| 39 | RECOVERY ROOM | | | | | | | |
| 40 | DELIVERY ROOM & LABOR ROO | | | | | | | |
| 41 | ANESTHESIOLOGY | | | 3,466,454 | | | | |
| 42 | RADIOLOGY-DIAGNOSTIC | | | 26,896,020 | | | 20,629 | |
| 43 | RADIOLOGY-THERAPEUTIC | | | | | | | |
| 44 | RADIOISOTOPE | | | | | | | |
| 45 | LABORATORY | | | 23,661,018 | | | 69,503 | |
| 46 | PBP CLINICAL LAB SERVICES | | | | | | | |
| 47 | WHOLE BLOOD & PACKED RED | | | | | | | |
| 48 | BLOOD STORING, PROCESSING | | | | | | | |
| 49 | INTRAVENOUS THERAPY | | | 12,389,890 | | | 35,711 | |
| 50 | RESPIRATORY THERAPY | | | 4,912,004 | | | 1,097,701 | |
| 51 | PHYSICAL THERAPY | | | | | | | |
| 52 | OCCUPATIONAL THERAPY | | | | | | | |
| 53 | SPEECH PATHOLOGY | | | | | | | |
| 53 | ELECTROCARDIOLOGY | | | | | | | |
| 53 | 01 CARDIAC REHAB | | | 845,842 | | | | |
| 53 | 02 CARDIAC CATH LAB | | | 9,509,795 | | | 4,045 | |
| 54 | ELECTROENCEPHALOGRAPHY | | | | | | | |
| 55 | MEDICAL SUPPLIES CHARGED | | | 8,666,994 | | | 55,756 | |
| 55 | 30 IMPL. DEV. CHARGED TO PAT | | | 12,919,100 | | | | |
| 56 | DRUGS CHARGED TO PATIENTS | | | 15,336,174 | | | 335,867 | |
| 57 | RENAL DIALYSIS | | | | | | | |
| 58 | ASC (NON-DISTINCT PART) | | | | | | | |
| 59 | OTHER ANCILLARY | | | | | | | |
| 59 | 97 CARDIAC REHABILITATION | | | | | | | |
| 59 | 98 HYPERBARI C OXYGEN THERAPY | | | | | | | |
| 59 | 99 LI THOTRI PSY | | | | | | | |
| 60 | OUTPAT SERVICE COST CNTRS | | | | | | | |
| 60 | CLINIC | | | 93,439 | | | | |
| 61 | EMERGENCY | | | 21,811,324 | | | 34,834 | |
| 62 | OBSERVATION BEDS (NON-DIS | | | 2,190,616 | | | | |
| 63 | OTHER OUTPATIENT SERVICE | | | | | | | |
| 64 | OTHER REIMBURS COST CNTRS | | | | | | | |
| 64 | HOME PROGRAM DIALYSIS | | | | | | | |
| 65 | AMBULANCE SERVICES | | | | | | | |
| 66 | DURABLE MEDICAL EQUIP-REN | | | | | | | |
| 67 | DURABLE MEDICAL EQUIP-SOL | | | | | | | |
| 68 | OTHER REIMBURSABLE | | | | | | | |
| 101 | TOTAL | | | 158,677,760 | | | 1,654,453 | |

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

| WKST A LINE NO. | COST CENTER DESCRIPTION | OUTPAT PROG CHARGES 8 | OUTPAT PROG D, V COL 5.03 8.01 | OUTPAT PROG D, V COL 5.04 8.02 | OUTPAT PROG PASS THRU COST 9 | COL 8.01 * COL 5 9.01 | COL 8.02 * COL 5 9.02 |
|--------------------|---------------------------|-----------------------------|--------------------------------------|--------------------------------------|------------------------------------|-----------------------------|-----------------------------|
| 37 | ANCILLARY SRVC COST CNTRS | | | | | | |
| | OPERATING ROOM | | | | | | |
| 38 | RECOVERY ROOM | | | | | | |
| 39 | DELIVERY ROOM & LABOR ROO | | | | | | |
| 40 | ANESTHESIOLOGY | | | | | | |
| 41 | RADIOLOGY-DIAGNOSTIC | | | | | | |
| 42 | RADIOLOGY-THERAPEUTIC | | | | | | |
| 43 | RADIOISOTOPE | | | | | | |
| 44 | LABORATORY | | | | | | |
| 45 | PBP CLINICAL LAB SERVICES | | | | | | |
| 46 | WHOLE BLOOD & PACKED RED | | | | | | |
| 47 | BLOOD STORING, PROCESSING | | | | | | |
| 48 | INTRAVENOUS THERAPY | | | | | | |
| 49 | RESPIRATORY THERAPY | | | | | | |
| 50 | PHYSICAL THERAPY | | | | | | |
| 51 | OCCUPATIONAL THERAPY | | | | | | |
| 52 | SPEECH PATHOLOGY | | | | | | |
| 53 | ELECTROCARDIOLOGY | | | | | | |
| 53 01 | CARDIAC REHAB | | | | | | |
| 53 02 | CARDIAC CATH LAB | | | | | | |
| 54 | ELECTROENCEPHALOGRAPHY | | | | | | |
| 55 | MEDICAL SUPPLIES CHARGED | | | | | | |
| 55 30 | IMPL. DEV. CHARGED TO PAT | | | | | | |
| 56 | DRUGS CHARGED TO PATIENTS | | | | | | |
| 57 | RENAL DIALYSIS | | | | | | |
| 58 | ASC (NON-DISTINCT PART) | | | | | | |
| 59 | OTHER ANCILLARY | | | | | | |
| 59 97 | CARDIAC REHABILITATION | | | | | | |
| 59 98 | HYPERBARIC OXYGEN THERAPY | | | | | | |
| 59 99 | LITHOTRIPSY | | | | | | |
| 60 | OUTPAT SERVICE COST CNTRS | | | | | | |
| | CLINIC | | | | | | |
| 61 | EMERGENCY | | | | | | |
| 62 | OBSERVATION BEDS (NON-DIS | | | | | | |
| 63 | OTHER OUTPATIENT SERVICE | | | | | | |
| | OTHER REIMBURS COST CNTRS | | | | | | |
| 64 | HOME PROGRAM DIALYSIS | | | | | | |
| 65 | AMBULANCE SERVICES | | | | | | |
| 66 | DURABLE MEDICAL EQUIP-REN | | | | | | |
| 67 | DURABLE MEDICAL EQUIP-SOL | | | | | | |
| 68 | OTHER REIMBURSABLE | | | | | | |
| 101 | TOTAL | | | | | | |

COMPUTATION OF INPATIENT OPERATING COST

| | | |
|---------------|----------------|---------------------|
| PROVIDER NO: | PERIOD: | PREPARED 11/15/2010 |
| 14-0275 | FROM 7/ 1/2009 | WORKSHEET D-1 |
| COMPONENT NO: | TO 6/30/2010 | PART I |
| 14-0275 | | |

TITLE XVIII PART A

HOSPITAL

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

| | | |
|----|---|--------|
| 1 | INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN) | 13,862 |
| 2 | INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS) | 13,862 |
| 3 | PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) | |
| 4 | SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) | 13,862 |
| 5 | TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 6 | TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | |
| 7 | TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 8 | TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | |
| 9 | TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS) | 6,855 |
| 10 | SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 11 | SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | |
| 12 | SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 13 | SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | |
| 14 | MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS) | |
| 15 | TOTAL NURSERY DAYS (TITLE V OR XIX ONLY) | |
| 16 | NURSERY DAYS (TITLE V OR XIX ONLY) | |

SWING-BED ADJUSTMENT

| | | |
|----|--|------------|
| 17 | MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 18 | MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 19 | MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 20 | MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 21 | TOTAL GENERAL INPATIENT ROUTINE SERVICE COST | 14,014,263 |
| 22 | SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 23 | SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 24 | SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 25 | SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 26 | TOTAL SWING-BED COST (SEE INSTRUCTIONS) | |
| 27 | GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST | 14,014,263 |

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

| | | |
|----|---|------------|
| 28 | GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES) | |
| 29 | PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) | |
| 30 | SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) | |
| 31 | GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO | |
| 32 | AVERAGE PRIVATE ROOM PER DIEM CHARGE | |
| 33 | AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE | |
| 34 | AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL | |
| 35 | AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL | |
| 36 | PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT | |
| 37 | GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL | 14,014,263 |

COMPUTATION OF INPATIENT OPERATING COST

| | | |
|---------------|---------------|---------------------|
| PROVIDER NO: | PERIOD: | PREPARED 11/15/2010 |
| 14-0275 | FROM 7/1/2009 | WORKSHEET D-1 |
| COMPONENT NO: | TO 6/30/2010 | PART II |
| 14-0275 | | |

TITLE XVIII PART A HOSPITAL PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
PASS THROUGH COST ADJUSTMENTS

| | | | | | |
|----|---|--|--|--|-----------|
| 38 | ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM | | | | 1,010.98 |
| 39 | PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST | | | | 6,930,268 |
| 40 | MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM | | | | |
| 41 | TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST | | | | 6,930,268 |

| | TOTAL I/P COST 1 | TOTAL I/P DAYS 2 | AVERAGE PER DIEM 3 | PROGRAM DAYS 4 | PROGRAM COST 5 |
|----|---|------------------------|--------------------------|----------------------|----------------------|
| 42 | NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS | | | | |
| 43 | 2,037,734 | 1,239 | 1,644.66 | 739 | 1,215,404 |
| 44 | CORONARY CARE UNIT | | | | |
| 45 | BURN INTENSIVE CARE UNIT | | | | |
| 46 | SURGICAL INTENSIVE CARE UNIT | | | | |
| 47 | OTHER SPECIAL CARE | | | | |
| 48 | PROGRAM INPATIENT ANCILLARY SERVICE COST | | | | |
| 49 | TOTAL PROGRAM INPATIENT COSTS | | | | |

PASS THROUGH COST ADJUSTMENTS

| | | |
|----|---|------------|
| 50 | PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES | 904,279 |
| 51 | PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES | 530,819 |
| 52 | TOTAL PROGRAM EXCLUDABLE COST | 1,435,098 |
| 53 | TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS | 16,548,855 |

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

| | |
|----|--|
| 60 | MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) |
| 61 | MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) |
| 62 | TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS |
| 63 | TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD |
| 64 | TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD |
| 65 | TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS |

COMPUTATION OF INPATIENT OPERATING COST

| | | |
|---------------|----------------|---------------------|
| PROVIDER NO: | PERIOD: | PREPARED 11/15/2010 |
| 14-0275 | FROM 7/ 1/2009 | WORKSHEET D-1 |
| COMPONENT NO: | TO 6/30/2010 | PART III |
| 14-0275 | | |

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

| | | |
|----|--|----------|
| 83 | TOTAL OBSERVATION BED DAYS | 289 |
| 84 | ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM | 1,010.98 |
| 85 | OBSERVATION BED COST | 292,173 |

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

| | COST | ROUTINE COST | COLUMN 1 DIVIDED BY COLUMN 2 | TOTAL OBSERVATION BED COST | OBSERVATION BED PASS THROUGH COST |
|-------|--------------------------------|--------------|------------------------------------|----------------------------------|---|
| | 1 | 2 | 3 | 4 | 5 |
| 86 | OLD CAPITAL-RELATED COST | 14,014,263 | | 292,173 | |
| 87 | NEW CAPITAL-RELATED COST | 1,634,580 | .116637 | 292,173 | 34,078 |
| 88 | NON PHYSICIAN ANESTHETIST | 14,014,263 | | 292,173 | |
| 89 | MEDICAL EDUCATION | 14,014,263 | | 292,173 | |
| 89.01 | MEDICAL EDUCATION - ALLIED HEA | | | | |
| 89.02 | MEDICAL EDUCATION - ALL OTHER | | | | |

COMPUTATION OF INPATIENT OPERATING COST

| | | |
|---------------|----------------|---------------------|
| PROVIDER NO: | PERIOD: | PREPARED 11/15/2010 |
| 14-0275 | FROM 7/ 1/2009 | WORKSHEET D-1 |
| COMPONENT NO: | TO 6/30/2010 | PART I |
| 14-5703 | | |

TITLE XVIII PART A

SNF

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

| | | |
|----|---|-------|
| 1 | INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN) | 7,360 |
| 2 | INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS) | 7,360 |
| 3 | PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) | |
| 4 | SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) | 7,360 |
| 5 | TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 6 | TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | |
| 7 | TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 8 | TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | |
| 9 | TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS) | 5,858 |
| 10 | SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 11 | SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | |
| 12 | SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 13 | SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | |
| 14 | MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS) | |
| 15 | TOTAL NURSERY DAYS (TITLE V OR XIX ONLY) | |
| 16 | NURSERY DAYS (TITLE V OR XIX ONLY) | |

SWING-BED ADJUSTMENT

| | | |
|----|--|-----------|
| 17 | MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 18 | MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 19 | MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 20 | MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 21 | TOTAL GENERAL INPATIENT ROUTINE SERVICE COST | 2,792,277 |
| 22 | SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 23 | SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 24 | SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 25 | SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 26 | TOTAL SWING-BED COST (SEE INSTRUCTIONS) | |
| 27 | GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST | 2,792,277 |

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

| | | |
|----|---|-----------|
| 28 | GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES) | |
| 29 | PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) | |
| 30 | SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) | |
| 31 | GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO | |
| 32 | AVERAGE PRIVATE ROOM PER DIEM CHARGE | |
| 33 | AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE | |
| 34 | AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL | |
| 35 | AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL | |
| 36 | PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT | |
| 37 | GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL | 2,792,277 |

COMPUTATION OF INPATIENT OPERATING COST

| | | |
|---------------|----------------|---------------------|
| PROVIDER NO: | PERIOD: | PREPARED 11/15/2010 |
| 14-0275 | FROM 7/ 1/2009 | WORKSHEET D-1 |
| COMPONENT NO: | TO 6/30/2010 | PART III |
| 14-5703 | | |

TITLE XVIII PART A SNF PPS

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

| | | |
|----|---|-----------|
| 66 | SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST | 2,792,277 |
| 67 | ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM | 379.39 |
| 68 | PROGRAM ROUTINE SERVICE COST | 2,222,467 |
| 69 | MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM | |
| 70 | TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS | 2,222,467 |
| 71 | CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS | 190,390 |
| 72 | PER DIEM CAPITAL-RELATED COSTS | 25.87 |
| 73 | PROGRAM CAPITAL-RELATED COSTS | 151,546 |
| 74 | INPATIENT ROUTINE SERVICE COST | 2,070,921 |
| 75 | AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS | |
| 76 | TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION | 2,070,921 |
| 77 | INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION | |
| 78 | INPATIENT ROUTINE SERVICE COST LIMITATION | |
| 79 | REASONABLE INPATIENT ROUTINE SERVICE COSTS | 2,222,467 |
| 80 | PROGRAM INPATIENT ANCILLARY SERVICES | 687,694 |
| 81 | UTILIZATION REVIEW - PHYSICIAN COMPENSATION | |
| 82 | TOTAL PROGRAM INPATIENT OPERATING COSTS | 2,910,161 |

PART IV - COMPUTATION OF OBSERVATION BED COST

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

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

| | COST | ROUTINE COST | COLUMN 1 DIVIDED BY COLUMN 2 | TOTAL OBSERVATION BED COST | OBSERVATION BED PASS THROUGH COST |
|-------|--------------------------------|--------------|------------------------------|----------------------------|-----------------------------------|
| | 1 | 2 | 3 | 4 | 5 |
| 86 | OLD CAPITAL-RELATED COST | | | | |
| 87 | NEW CAPITAL-RELATED COST | | | | |
| 88 | NON PHYSICIAN ANESTHETIST | | | | |
| 89 | MEDICAL EDUCATION | | | | |
| 89.01 | MEDICAL EDUCATION - ALLIED HEA | | | | |
| 89.02 | MEDICAL EDUCATION - ALL OTHER | | | | |

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-0275
 COMPONENT NO: 14-0275
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/15/2010
 WORKSHEET D-4

TITLE XVIII, PART A HOSPITAL

PPS

| WKST A LINE NO. | COST CENTER DESCRIPTION | RATIO COST TO CHARGES 1 | INPATIENT CHARGES 2 | INPATIENT COST 3 |
|--------------------|---|-------------------------------|---------------------------|------------------------|
| 25 | INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS | | 7,600,198 | |
| 26 | INTENSIVE CARE UNIT | | 2,042,083 | |
| 27 | CORONARY CARE UNIT | | | |
| 28 | BURN INTENSIVE CARE UNIT | | | |
| 29 | SURGICAL INTENSIVE CARE UNIT | | | |
| 30 | OTHER SPECIAL CARE | | | |
| 31 | SUBPROVIDER ANCILLARY SRVC COST CNTRS | | | |
| 37 | OPERATING ROOM | .318544 | 3,058,400 | 974,235 |
| 38 | RECOVERY ROOM | | | |
| 39 | DELIVERY ROOM & LABOR ROOM | | | |
| 40 | ANESTHESIOLOGY | .061111 | 361,696 | 22,104 |
| 41 | RADIOLOGY-DIAGNOSTIC | .133730 | 2,923,665 | 390,982 |
| 42 | RADIOLOGY-THERAPEUTIC | | | |
| 43 | RADIOISOTOPE | | | |
| 44 | LABORATORY | .294223 | 4,550,074 | 1,338,736 |
| 45 | PBP CLINICAL LAB SERVICES-PRGM ONLY | | | |
| 46 | WHOLE BLOOD & PACKED RED BLOOD CELLS | | | |
| 47 | BLOOD STORING, PROCESSING & TRANS. | | | |
| 48 | INTRAVENOUS THERAPY | | | |
| 49 | RESPIRATORY THERAPY | .189063 | 4,556,118 | 861,393 |
| 50 | PHYSICAL THERAPY | .487002 | 631,921 | 307,747 |
| 51 | OCCUPATIONAL THERAPY | | | |
| 52 | SPEECH PATHOLOGY | | | |
| 53 | ELECTROCARDIOLOGY | | | |
| 53 | 01 CARDIAC REHAB | 1.408217 | 13,292 | 18,718 |
| 53 | 02 CARDIAC CATH LAB | .146775 | 1,950,615 | 286,302 |
| 54 | ELECTROENCEPHALOGRAPHY | | | |
| 55 | MEDICAL SUPPLIES CHARGED TO PATIENTS | .155384 | 2,629,228 | 408,540 |
| 55 | 30 IMPL. DEV. CHARGED TO PATIENT | .549082 | 5,437,606 | 2,985,692 |
| 56 | DRUGS CHARGED TO PATIENTS | .315164 | 5,379,891 | 1,695,548 |
| 57 | RENAL DIALYSIS | | | |
| 58 | ASC (NON-DISTINCT PART) | | | |
| 59 | OTHER ANCILLARY | | | |
| 59 | 97 CARDIAC REHABILITATION | | | |
| 59 | 98 HYPERBARIC OXYGEN THERAPY | | | |
| 59 | 99 LITHOTRIPSY | | | |
| 60 | OUTPAT SERVICE COST CNTRS CLINIC | 1.385514 | 2,426 | 3,361 |
| 61 | EMERGENCY | .227077 | 2,237,428 | 508,068 |
| 62 | OBSERVATION BEDS (NON-DISTINCT PART) | .133375 | 276,325 | 36,855 |
| 63 | OTHER OUTPATIENT SERVICE | | | |
| 64 | OTHER REIMBURS COST CNTRS | | | |
| 64 | HOME PROGRAM DIALYSIS | | | |
| 65 | AMBULANCE SERVICES | | | |
| 66 | DURABLE MEDICAL EQUIP-RENTED | | | |
| 67 | DURABLE MEDICAL EQUIP-SOLD | | | |
| 68 | OTHER REIMBURSABLE | | | |
| 101 | TOTAL | | 34,008,685 | 9,838,281 |
| 102 | LESS PBP CLINICAL LABORATORY SERVICES - PROGRAM ONLY CHARGES | | | |
| 103 | NET CHARGES | | 34,008,685 | |

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 14-0275
 COMPONENT NO: 14-5703
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/15/2010
 WORKSHEET D-4

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

| WKST A LINE NO. | COST CENTER DESCRIPTION | RATIO COST TO CHARGES 1 | INPATIENT CHARGES 2 | INPATIENT COST 3 |
|--------------------|---|-------------------------------|---------------------------|------------------------|
| 25 | INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS | | | |
| 26 | INTENSIVE CARE UNIT | | | |
| 27 | CORONARY CARE UNIT | | | |
| 28 | BURN INTENSIVE CARE UNIT | | | |
| 29 | SURGICAL INTENSIVE CARE UNIT | | | |
| 30 | OTHER SPECIAL CARE | | | |
| 31 | SUBPROVIDER ANCILLARY SRVC COST CNTRS | | | |
| 37 | OPERATING ROOM | .318544 | 407 | 130 |
| 38 | RECOVERY ROOM | | | |
| 39 | DELIVERY ROOM & LABOR ROOM | | | |
| 40 | ANESTHESIOLOGY | .061111 | | |
| 41 | RADIOLOGY-DIAGNOSTIC | .133730 | 20,629 | 2,759 |
| 42 | RADIOLOGY-THERAPEUTIC | | | |
| 43 | RADIOISOTOPE | | | |
| 44 | LABORATORY | .294223 | 69,503 | 20,449 |
| 45 | PBP CLINICAL LAB SERVICES-PRGM ONLY | | | |
| 46 | WHOLE BLOOD & PACKED RED BLOOD CELLS | | | |
| 47 | BLOOD STORING, PROCESSING & TRANS. | | | |
| 48 | INTRAVENOUS THERAPY | | | |
| 49 | RESPIRATORY THERAPY | .189063 | 35,711 | 6,752 |
| 50 | PHYSICAL THERAPY | .487002 | 1,097,701 | 534,583 |
| 51 | OCCUPATIONAL THERAPY | | | |
| 52 | SPEECH PATHOLOGY | | | |
| 53 | ELECTROCARDIOLOGY | | | |
| 53 | 01 CARDIAC REHAB | 1.408217 | | |
| 53 | 02 CARDIAC CATH LAB | .146775 | 4,045 | 594 |
| 54 | ELECTROENCEPHALOGRAPHY | | | |
| 55 | MEDICAL SUPPLIES CHARGED TO PATIENTS | .155384 | 55,756 | 8,664 |
| 55 | 30 IMPL. DEV. CHARGED TO PATIENT | .549082 | | |
| 56 | DRUGS CHARGED TO PATIENTS | .315164 | 335,867 | 105,853 |
| 57 | RENAL DIALYSIS | | | |
| 58 | ASC (NON-DISTINCT PART) | | | |
| 59 | OTHER ANCILLARY | | | |
| 59 | 97 CARDIAC REHABILITATION | | | |
| 59 | 98 HYPERBARIC OXYGEN THERAPY | | | |
| 59 | 99 LITHOTRIPSY | | | |
| 60 | OUTPAT SERVICE COST CNTRS CLINIC | 1.385514 | | |
| 61 | EMERGENCY | .227077 | 34,834 | 7,910 |
| 62 | OBSERVATION BEDS (NON-DISTINCT PART) | .133375 | | |
| 63 | OTHER OUTPATIENT SERVICE | | | |
| 64 | OTHER REIMBURS COST CNTRS | | | |
| 64 | HOME PROGRAM DIALYSIS | | | |
| 65 | AMBULANCE SERVICES | | | |
| 66 | DURABLE MEDICAL EQUIP-RENTED | | | |
| 67 | DURABLE MEDICAL EQUIP-SOLD | | | |
| 68 | OTHER REIMBURSABLE | | | |
| 101 | TOTAL | | 1,654,453 | 687,694 |
| 102 | LESS PBP CLINICAL LABORATORY SERVICES - PROGRAM ONLY CHARGES | | | |
| 103 | NET CHARGES | | 1,654,453 | |

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
 HOSPITAL

| DESCRIPTION | 1 | 1.01 |
|--|---|-----------------------------|
| DRG AMOUNT | | |
| 1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1 | 3,118,153 | |
| 1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1 | 3,568,214 | |
| 1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 | 6,455,366 | |
| MANAGED CARE PATIENTS | | |
| 1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST | | |
| 1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1 | | |
| 1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1 | 145,236 | |
| 1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR) | | |
| 1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001. | | |
| 1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001. | | |
| 2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97 | | |
| 2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS) | 186,008 | |
| 3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD | 148.53 | |
| INDIRECT MEDICAL EDUCATION ADJUSTMENT | | |
| 3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I | | |
| 3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS) | | |
| 3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT | | |
| 3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996. | | |
| 3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) | | |
| 3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) | | |
| | FOR CR PERIODS ENDING ON OR AFTER 7/1/2005 E-3 PT 6 LN 15 PLUS LN 3.06 | |
| 3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS) | | |
| 3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS | | |
| 3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1. | | |
| 3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1 | | |
| 3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09 | | |
| 3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10 | | |
| 3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS. | | |
| 3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS) | | |
| 3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE | | |
| 3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE | | |
| 3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS). | | |
| 3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3) | | |
| 3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS) | | |
| 3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19 (SEE INST) | | |
| 3.21 I ME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1 | | |
| 3.22 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS) | | |
| 3.23 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1 | | |
| | SUM OF LINES 3.21 - 3.23 | PLUS E-3, PT VI, LINE 23 |
| 3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS). | | |
| DISPROPORTIONATE SHARE ADJUSTMENT | | |
| 4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS) | 3.21 | |
| 4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I | 25.35 | |
| 4.02 SUM OF LINES 4 AND 4.01 | 28.56 | |
| 4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC) | 12.78 | |
| 4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS) | 1,679,513 | |
| ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES | | |
| 5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, 317 OR MS-DRGS 652, 682 - 685. (SEE INSTRUCTIONS) | | |
| 5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS) | | |

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
 HOSPITAL

| DESCRIPTION | 1 | 1.01 |
|--|------------|------|
| 5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT) | | |
| 5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS) | | |
| 5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK | | |
| 5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC) | | |
| 5.06 TOTAL ADDITIONAL PAYMENT | | |
| 6 SUBTOTAL (SEE INSTRUCTIONS) | 15,007,254 | |
| 7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS) | | |
| 7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000) | | |
| 8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS) | 15,007,254 | |
| 9 PAYMENT FOR INPATIENT PROGRAM CAPITAL | 1,157,215 | |
| 10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS) | | |
| 11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS) | | |
| 11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT | | |
| 11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES | | |
| 12 NET ORGAN ACQUISITION COST | | |
| 13 COST OF TEACHING PHYSICIANS | | |
| 14 ROUTINE SERVICE OTHER PASS THROUGH COSTS | | |
| 15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS | | |
| 16 TOTAL | 16,164,469 | |
| 17 PRIMARY PAYER PAYMENTS | 17,859 | |
| 18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES | 16,146,610 | |
| 19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES | 1,658,564 | |
| 20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES | 22,577 | |
| 21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) | 307,620 | |
| 21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) | 215,334 | |
| 21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES | 168,322 | |
| 22 SUBTOTAL | 14,680,803 | |
| 23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION | | |
| 24 OTHER ADJUSTMENTS (SPECIFY) | | |
| 24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES | | |
| 24.99 OUTLIER RECONCILIATION ADJUSTMENT | | |
| 25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS | | |
| 26 AMOUNT DUE PROVIDER | 14,680,803 | |
| 27 SEQUESTRATION ADJUSTMENT | | |
| 28 INTERIM PAYMENTS | 14,383,520 | |
| 28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY) | | |
| 29 BALANCE DUE PROVIDER (PROGRAM) | 297,283 | |
| 30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2. | | |
| ----- FI ONLY ----- | | |
| 50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01 | | |
| 51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01 | | |
| 52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS) | | |
| 53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS) | | |
| 54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY | | |
| 55 TIME VALUE OF MONEY (SEE INSTRUCTIONS) | | |
| 56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS) | | |

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

| | | |
|--|---|-----------|
| 1 | MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS) | 7,733 |
| 1.01 | MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS). | 4,928,393 |
| 1.02 | PPS PAYMENTS RECEIVED INCLUDING OUTLIERS. | 5,339,786 |
| 1.03 | ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO. | |
| 1.04 | LINE 1.01 TIMES LINE 1.03. | |
| 1.05 | LINE 1.02 DIVIDED BY LINE 1.04. | |
| 1.06 | TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS) | |
| 1.07 | ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101. | |
| 2 | INTERNS AND RESIDENTS | |
| 3 | ORGAN ACQUISITIONS | |
| 4 | COST OF TEACHING PHYSICIANS | |
| 5 | TOTAL COST (SEE INSTRUCTIONS) | 7,733 |
| COMPUTATION OF LESSER OF COST OR CHARGES | | |
| REASONABLE CHARGES | | |
| 6 | ANCILLARY SERVICE CHARGES | 24,964 |
| 7 | INTERNS AND RESIDENTS SERVICE CHARGES | |
| 8 | ORGAN ACQUISITION CHARGES | |
| 9 | CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS. | |
| 10 | TOTAL REASONABLE CHARGES | 24,964 |
| CUSTOMARY CHARGES | | |
| 11 | AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS | |
| 12 | AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e). | |
| 13 | RATIO OF LINE 11 TO LINE 12 | |
| 14 | TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS) | 24,964 |
| 15 | EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST | 17,231 |
| 16 | EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES | |
| 17 | LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC) | 7,733 |
| 17.01 | TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07) | 5,339,786 |
| COMPUTATION OF REIMBURSEMENT SETTLEMENT | | |
| 18 | DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS) | 402 |
| 18.01 | DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS) | 1,275,653 |
| 19 | SUBTOTAL (SEE INSTRUCTIONS) | 4,071,464 |
| 20 | SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.) | |
| 21 | DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS | |
| 22 | ESRD DIRECT MEDICAL EDUCATION COSTS | |
| 23 | SUBTOTAL | 4,071,464 |
| 24 | PRIMARY PAYER PAYMENTS | 2,586 |
| 25 | SUBTOTAL | 4,068,878 |
| REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) | | |
| 26 | COMPOSITE RATE ESRD | |
| 27 | BAD DEBTS (SEE INSTRUCTIONS) | 190,811 |
| 27.01 | ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) | 133,568 |
| 27.02 | REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES | 149,048 |
| 28 | SUBTOTAL | 4,202,446 |
| 29 | RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION. | |
| 30 | OTHER ADJUSTMENTS (SPECIFY) | |
| 30.99 | OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT) | |
| 31 | AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS. | |
| 32 | SUBTOTAL | 4,202,446 |
| 33 | SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS) | |
| 34 | INTERIM PAYMENTS | 4,095,851 |
| 34.01 | TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY) | |
| 35 | BALANCE DUE PROVIDER/PROGRAM | 106,595 |
| 36 | PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2 | |
| TO BE COMPLETED BY CONTRACTOR | | |
| 50 | ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS) | |
| 51 | OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS) | |
| 52 | THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY | |
| 53 | TIME VALUE OF MONEY (SEE INSTRUCTIONS) | |
| 54 | TOTAL (SUM OF LINES 51 AND 53) | |

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 14-0275
 COMPONENT NO: 14-0275
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/15/2010
 WORKSHEET E-1

TITLE XVII HOSPITAL

| DESCRIPTION | INPATIENT-PART A | | PART B | |
|--|------------------|------------|------------|-----------|
| | MM/DD/YYYY | AMOUNT | MM/DD/YYYY | AMOUNT |
| | 1 | 2 | 3 | 4 |
| 1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER | | 14,409,920 | | 4,095,851 |
| 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 | 1/6/2010 | 26,400 | | |
| ADJUSTMENTS TO PROGRAM .51 | | | | |
| ADJUSTMENTS TO PROGRAM .52 | | | | |
| ADJUSTMENTS TO PROGRAM .53 | | | | |
| ADJUSTMENTS TO PROGRAM .54 | | | | |
| SUBTOTAL .99 | | -26,400 | | NONE |
| 4 TOTAL INTERIM PAYMENTS | | 14,383,520 | | 4,095,851 |
| 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 | | NONE | | NONE |
| 6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1) | | 297,283 | | 106,595 |
| 7 TOTAL MEDICARE PROGRAM LIABILITY | | 14,680,803 | | 4,202,446 |

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.

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 14-0275
 COMPONENT NO: 14-5703
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/15/2010
 WORKSHEET E-1

TITLE XVII 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 | | 1,682,437 | | |
| 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 |
| | | 1,682,437 | | |
| 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) | | | | |
| SETTLEMENT TO PROVIDER | | .01 | | |
| SETTLEMENT TO PROGRAM | | .02 | | |
| | | 1 | | |
| 7 TOTAL MEDICARE PROGRAM LIABILITY | | 1,682,436 | | |

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO: 14-0275
 COMPONENT NO: 14-5703
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/15/2010
 WORKSHEET E-3
 PART III

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

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

TITLE XVIII

SNF

PPS
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

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

| | | |
|---------------|---------------|---------------------|
| PROVIDER NO: | PERIOD: | PREPARED 11/15/2010 |
| 14-0275 | FROM 7/1/2009 | WORKSHEET E-3 |
| COMPONENT NO: | TO 6/30/2010 | PART III |
| 14-5703 | | |

BALANCE SHEET

| | | GENERAL FUND | SPECIFIC PURPOSE FUND | ENDOWMENT FUND | PLANT FUND |
|----------------|---|--------------|-----------------------|----------------|------------|
| ASSETS | | 1 | 2 | 3 | 4 |
| CURRENT ASSETS | | | | | |
| 1 | CASH ON HAND AND IN BANKS | 10,853,778 | | | |
| 2 | TEMPORARY INVESTMENTS | | | | |
| 3 | NOTES RECEIVABLE | | | | |
| 4 | ACCOUNTS RECEIVABLE | 16,658,520 | | | |
| 5 | OTHER RECEIVABLES | 9,971,968 | | | |
| 6 | LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE | | | | |
| 7 | INVENTORY | 2,089,969 | | | |
| 8 | PREPAID EXPENSES | 673,203 | | | |
| 9 | OTHER CURRENT ASSETS | | | | |
| 10 | DUE FROM OTHER FUNDS | | | | |
| 11 | TOTAL CURRENT ASSETS | 40,247,438 | | | |
| FIXED ASSETS | | | | | |
| 12 | LAND | 494,992 | | | |
| 12.01 | LAND IMPROVEMENTS | 1,687,635 | | | |
| 13 | LESS ACCUMULATED DEPRECIATION | -1,385,248 | | | |
| 14 | BUILDINGS | 52,705,189 | | | |
| 14.01 | LESS ACCUMULATED DEPRECIATION | -26,778,915 | | | |
| 15 | LEASEHOLD IMPROVEMENTS | 16,771 | | | |
| 15.01 | LESS ACCUMULATED DEPRECIATION | -4,889 | | | |
| 16 | FIXED EQUIPMENT | | | | |
| 16.01 | LESS ACCUMULATED DEPRECIATION | | | | |
| 17 | AUTOMOBILES AND TRUCKS | | | | |
| 17.01 | LESS ACCUMULATED DEPRECIATION | | | | |
| 18 | MAJOR MOVABLE EQUIPMENT | 38,775,893 | | | |
| 18.01 | LESS ACCUMULATED DEPRECIATION | -30,292,620 | | | |
| 19 | MINOR EQUIPMENT DEPRECIABLE | | | | |
| 19.01 | LESS ACCUMULATED DEPRECIATION | | | | |
| 20 | MINOR EQUIPMENT-NONDEPRECIABLE | | | | |
| 21 | TOTAL FIXED ASSETS | 35,218,808 | | | |
| OTHER ASSETS | | | | | |
| 22 | INVESTMENTS | 2,765,851 | | | |
| 23 | DEPOSITS ON LEASES | | | | |
| 24 | DUE FROM OWNERS/OFFICERS | | | | |
| 25 | OTHER ASSETS | 1,361,429 | | | |
| 26 | TOTAL OTHER ASSETS | 4,127,280 | | | |
| 27 | TOTAL ASSETS | 79,593,526 | | | |

BALANCE SHEET

| | GENERAL FUND | SPECIFIC PURPOSE FUND | ENDOWMENT FUND | PLANT FUND |
|---|--------------|-----------------------|----------------|------------|
| LIABILITIES AND FUND BALANCE | 1 | 2 | 3 | 4 |
| CURRENT LIABILITIES | | | | |
| 28 ACCOUNTS PAYABLE | 5,331,476 | | | |
| 29 SALARIES, WAGES & FEES PAYABLE | 3,311,603 | | | |
| 30 PAYROLL TAXES PAYABLE | | | | |
| 31 NOTES AND LOANS PAYABLE (SHORT TERM) | 603,902 | | | |
| 32 DEFERRED INCOME | | | | |
| 33 ACCELERATED PAYMENTS | | | | |
| 34 DUE TO OTHER FUNDS | | | | |
| 35 OTHER CURRENT LIABILITIES | 3,181,443 | | | |
| 36 TOTAL CURRENT LIABILITIES | 12,428,424 | | | |
| LONG TERM LIABILITIES | | | | |
| 37 MORTGAGE PAYABLE | | | | |
| 38 NOTES PAYABLE | 16,369,460 | | | |
| 39 UNSECURED LOANS | | | | |
| 40.01 LOANS PRIOR TO 7/1/66 | | | | |
| 40.02 ON OR AFTER 7/1/66 | | | | |
| 41 OTHER LONG TERM LIABILITIES | 37,329 | | | |
| 42 TOTAL LONG-TERM LIABILITIES | 16,406,789 | | | |
| 43 TOTAL LIABILITIES | 28,835,213 | | | |
| CAPITAL ACCOUNTS | | | | |
| 44 GENERAL FUND BALANCE | 50,758,313 | | | |
| 45 SPECIFIC PURPOSE FUND | | | | |
| 46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED | | | | |
| 47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICTED | | | | |
| 48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE | | | | |
| 49 PLANT FUND BALANCE-INVESTED IN PLANT | | | | |
| 50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION | | | | |
| 51 TOTAL FUND BALANCES | 50,758,313 | | | |
| 52 TOTAL LIABILITIES AND FUND BALANCES | 79,593,526 | | | |

STATEMENT OF CHANGES IN FUND BALANCES

| | | GENERAL FUND | | SPECIFIC PURPOSE FUND | |
|----|---|--------------|------------|-----------------------|---|
| | | 1 | 2 | 3 | 4 |
| 1 | FUND BALANCE AT BEGINNING OF PERIOD | | 42,618,667 | | |
| 2 | NET INCOME (LOSS) | | 8,138,550 | | |
| 3 | TOTAL | | 50,757,217 | | |
| 4 | ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY) | | | | |
| 5 | ADDITIONS (CREDIT ADJUSTM | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 | | | | | |
| 10 | TOTAL ADDITIONS | | | | |
| 11 | SUBTOTAL | | 50,757,217 | | |
| 12 | DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY) | | | | |
| 13 | DEDUCTIONS (DEBIT ADJUSTM | 100,630 | | | |
| 14 | | | | | |
| 15 | | | | | |
| 16 | | | | | |
| 17 | | | | | |
| 18 | TOTAL DEDUCTIONS | | 100,630 | | |
| 19 | FUND BALANCE AT END OF PERIOD PER BALANCE SHEET | | 50,656,587 | | |

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

PROVIDER NO: 14-0275
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/15/2010
 WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

| REVENUE CENTER | INPATIENT 1 | OUTPATIENT 2 | TOTAL 3 |
|---|----------------|-----------------|-------------|
| GENERAL INPATIENT ROUTINE CARE SERVICES | | | |
| 1 00 HOSPITAL | 15,143,879 | | 15,143,879 |
| 2 00 SUBPROVIDER | | | |
| 4 00 SWING BED - SNF | | | |
| 5 00 SWING BED - NF | | | |
| 6 00 SKILLED NURSING FACILITY | 2,715,608 | | 2,715,608 |
| 7 00 NURSING FACILITY | 5,213,692 | | 5,213,692 |
| 7 01 ICF/MR | | | |
| 8 00 OTHER LONG TERM CARE | 1,203,532 | | 1,203,532 |
| 9 00 TOTAL GENERAL INPATIENT ROUTINE CARE | 24,276,711 | | 24,276,711 |
| INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS | | | |
| 10 00 INTENSIVE CARE UNIT | 3,251,749 | | 3,251,749 |
| 11 00 CORONARY CARE UNIT | | | |
| 12 00 BURN INTENSIVE CARE UNIT | | | |
| 13 00 SURGICAL INTENSIVE CARE UNIT | | | |
| 14 00 OTHER SPECIAL CARE | | | |
| 15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP | 3,251,749 | | 3,251,749 |
| 16 00 TOTAL INPATIENT ROUTINE CARE SERVICE | 27,528,460 | | 27,528,460 |
| 17 00 ANCILLARY SERVICES | 72,176,677 | 104,118,072 | 176,294,749 |
| 18 00 OUTPATIENT SERVICES | | | |
| 19 00 HOME HEALTH AGENCY | | | |
| 20 00 AMBULANCE SERVICES | | | |
| 21 00 CORF | | | |
| 22 00 AMBULATORY SURGICAL CENTER (D.P.) | | | |
| 23 00 HOSPICE | | | |
| 24 00 | | | |
| 25 00 TOTAL PATIENT REVENUES | 99,705,137 | 104,118,072 | 203,823,209 |

PART II - OPERATING EXPENSES

| | | | |
|--------------------------------|-----------|------------|--|
| 26 00 OPERATING EXPENSES | | 83,079,898 | |
| ADD (SPECIFY) | | | |
| 27 00 ADD (SPECIFY) | | | |
| 28 00 HOSPITAL BAD DEBTS | 7,965,241 | | |
| 29 00 NURSING HOME BAD DEBTS | 10,005 | | |
| 30 00 | | | |
| 31 00 | | | |
| 32 00 | | | |
| 33 00 TOTAL ADDITIONS | | 7,975,246 | |
| DEDUCT (SPECIFY) | | | |
| 34 00 DEDUCT (SPECIFY) | | | |
| 35 00 | | | |
| 36 00 | | | |
| 37 00 | | | |
| 38 00 | | | |
| 39 00 TOTAL DEDUCTIONS | | | |
| 40 00 TOTAL OPERATING EXPENSES | | 91,055,144 | |

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 14-0275
 PERIOD: FROM 7/1/2009 TO 6/30/2010
 PREPARED 11/15/2010
 WORKSHEET G-3

DESCRIPTION

| | | |
|-------|---|-------------|
| 1 | TOTAL PATIENT REVENUES | 203,823,209 |
| 2 | LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS | 109,687,146 |
| 3 | NET PATIENT REVENUES | 94,136,063 |
| 4 | LESS: TOTAL OPERATING EXPENSES | 91,055,144 |
| 5 | NET INCOME FROM SERVICE TO PATIENTS | 3,080,919 |
| | OTHER INCOME | |
| 6 | CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC. | |
| 7 | INCOME FROM INVESTMENTS | |
| 8 | REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE | |
| 9 | REVENUE FROM TELEVISION AND RADIO SERVICE | |
| 10 | PURCHASE DISCOUNTS | |
| 11 | REBATES AND REFUNDS OF EXPENSES | |
| 12 | PARKING LOT RECEIPTS | |
| 13 | REVENUE FROM LAUNDRY AND LINEN SERVICE | |
| 14 | REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS | |
| 15 | REVENUE FROM RENTAL OF LIVING QUARTERS | |
| 16 | REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS | |
| 17 | REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS | |
| 18 | REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS | |
| 19 | TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC) | |
| 20 | REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN | |
| 21 | RENTAL OF VENDING MACHINES | |
| 22 | RENTAL OF HOSPITAL SPACE | |
| 23 | GOVERNMENTAL APPROPRIATIONS | |
| 24 | OTHER REVENUE | 4,688,610 |
| 24.02 | NONOPERATING GAINS & LOSSES | 369,021 |
| 25 | TOTAL OTHER INCOME | 5,057,631 |
| 26 | TOTAL | 8,138,550 |
| | OTHER EXPENSES | |
| 27 | OTHER EXPENSES (SPECIFY) | |
| 28 | | |
| 29 | | |
| 30 | TOTAL OTHER EXPENSES | |
| 31 | NET INCOME (OR LOSS) FOR THE PERIOD | 8,138,550 |

CALCULATION OF CAPITAL PAYMENT

TITLE XVIII, PART A HOSPITAL

FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD

| | | |
|---|--|-----------|
| 1 | CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS | |
| | CAPITAL FEDERAL AMOUNT | |
| 2 | CAPITAL DRG OTHER THAN OUTLIER | 1,067,404 |
| 3 | CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997 | |
| 3.01 | CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997 | 26,300 |
| | INDIRECT MEDICAL EDUCATION ADJUSTMENT | |
| 4 | TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS | 40.62 |
| | IN THE COST REPORTING PERIOD | |
| 4.01 | NUMBER OF INTERNS AND RESIDENTS | .00 |
| | (SEE INSTRUCTIONS) | |
| 4.02 | INDIRECT MEDICAL EDUCATION PERCENTAGE | .00 |
| 4.03 | INDIRECT MEDICAL EDUCATION ADJUSTMENT | |
| | (SEE INSTRUCTIONS) | |
| 5 | PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO | 3.21 |
| | MEDICARE PART A PATIENT DAYS | |
| 5.01 | PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL | 25.35 |
| | DAYS REPORTED ON S-3, PART I | |
| 5.02 | SUM OF 5 AND 5.01 | 28.56 |
| 5.03 | ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE | 5.95 |
| 5.04 | DISPROPORTIONATE SHARE ADJUSTMENT | 63,511 |
| 6 | TOTAL PROSPECTIVE CAPITAL PAYMENTS | 1,157,215 |
| PART II - HOLD HARMLESS METHOD | | |
| 1 | NEW CAPITAL | |
| 2 | OLD CAPITAL | |
| 3 | TOTAL CAPITAL | |
| 4 | RATIO OF NEW CAPITAL TO OLD CAPITAL | .000000 |
| 5 | TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE | |
| 6 | REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT | |
| 7 | REDUCED OLD CAPITAL AMOUNT | |
| 8 | HOLD HARMLESS PAYMENT FOR NEW CAPITAL | |
| 9 | SUBTOTAL | |
| 10 | PAYMENT UNDER HOLD HARMLESS | |
| PART III - PAYMENT UNDER REASONABLE COST | | |
| 1 | PROGRAM INPATIENT ROUTINE CAPITAL COST | |
| 2 | PROGRAM INPATIENT ANCILLARY CAPITAL COST | |
| 3 | TOTAL INPATIENT PROGRAM CAPITAL COST | |
| 4 | CAPITAL COST PAYMENT FACTOR | |
| 5 | TOTAL INPATIENT PROGRAM CAPITAL COST | |
| PART IV - COMPUTATION OF EXCEPTION PAYMENTS | | |
| 1 | PROGRAM INPATIENT CAPITAL COSTS | |
| 2 | PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY | |
| | CIRCUMSTANCES | |
| 3 | NET PROGRAM INPATIENT CAPITAL COSTS | |
| 4 | APPLICABLE EXCEPTION PERCENTAGE | .00 |
| 5 | CAPITAL COST FOR COMPARISON TO PAYMENTS | |
| 6 | PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY | .00 |
| | CIRCUMSTANCES | |
| 7 | ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL | |
| | FOR EXTRAORDINARY CIRCUMSTANCES | |
| 8 | CAPITAL MINIMUM PAYMENT LEVEL | |
| 9 | CURRENT YEAR CAPITAL PAYMENTS | |
| 10 | CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT | |
| | LEVEL TO CAPITAL PAYMENTS | |
| 11 | CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT | |
| | LEVEL OVER CAPITAL PAYMENT | |
| 12 | NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL | |
| | TO CAPITAL PAYMENTS | |
| 13 | CURRENT YEAR EXCEPTION PAYMENT | |
| 14 | CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT | |
| | LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD | |
| 15 | CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT | |
| 16 | CURRENT YEAR OPERATING AND CAPITAL COSTS | |
| 17 | CURRENT YEAR EXCEPTION OFFSET AMOUNT | |
| | (SEE INSTRUCTIONS) | |