

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

WORKSHEET S
 PARTS I & II

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

PART I - CERTIFICATION

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

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY ALEXIAN BROTHERS BEHAVIORAL HEALTH (14-4031) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 01/01/2010 AND ENDING 12/31/2010, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

| | TITLE V | TITLE XVIII | TITLE XIX |
|-----|------------------------------------|-------------|-----------|
| | | PART A | PART B |
| | | 2 | 3 |
| 1 | HOSPITAL | | |
| 2 | SUBPROVIDER I | -191117 | -27809 |
| 3 | SWING BED - SNF | | |
| 4 | SWING BED - NF | | |
| 5 | SKILLED NURSING FACILITY | | |
| 6 | NURSING FACILITY | | |
| 7 | HOME HEALTH AGENCY | | |
| 8 | OUTPATIENT REHABILITATION PROVIDER | | |
| 9 | HEALTH CLINIC | | |
| 100 | TOTAL | -191117 | -27809 |

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

ACCORDING TO THE PAPERWORK REDUCTION ACT OF 1995, NO PERSONS ARE REQUIRED TO RESPOND TO A COLLECTION OF INFORMATION UNLESS IT DISPLAYS A VALID OMB CONTROL NUMBER. THE VALID OMB CONTROL NUMBER FOR THIS INFORMATION COLLECTION IS 0938-0050. THE TIME REQUIRED TO COMPLETE THIS INFORMATION COLLECTION IS ESTIMATED 657 HOURS PER RESPONSE, INCLUDING THE TIME TO REVIEW INSTRUCTIONS, SEARCH EXISTING RESOURCES, GATHER THE DATA NEEDED, AND COMPLETE AND REVIEW THE INFORMATION COLLECTION. IF YOU HAVE ANY COMMENTS CONCERNING THE ACCURACY OF THE TIME ESTIMATE(S) OR SUGGESTIONS FOR IMPROVING THIS FORM, PLEASE WRITE TO: HEALTH CARE FINANCING ADMINISTRATION, 7500 SECURITY BOULEVARD, N2-14-26, BALTIMORE, MARYLAND 21244-1850, AND TO THE OFFICE OF THE INFORMATION AND REGULATORY AFFAIRS, OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, D.C. 20503.

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 1650 MOON LAKE BOULEVARD P.O.BOX: 1
 1.01 CITY: HOFFMAN ESTATES STATE: IL ZIP CODE: 60194 COUNTY: COOK 1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

| COMPONENT 0 | COMPONENT NAME 1 | PROVIDER NUMBER 2 | DATE CERTIFIED 3 | PAYMENT SYSTEM (P,T,O OR N) | | | |
|------------------------------|------------------------------------|--|------------------------|--------------------------------|------------|----------|----|
| | | | | V 4 | XVIII 5 | XIX 6 | |
| 2 | HOSPITAL | ALEXIAN BROTHERS BEHAVIORAL HEALTH 14-4031 | 06/28/1990 | N | P | O | 2 |
| 3 | SUBPROVIDER I | | | | | | 3 |
| 4 | SWING BEDS - SNF | | | | | | 4 |
| 5 | SWING BEDS - NF | | | | | | 5 |
| 6 | HOSPITAL-BASED SNF | | | | | | 6 |
| 7 | HOSPITAL-BASED NF | | | | | | 7 |
| 8 | HOSPITAL-BASED OLTC | | | | | | 8 |
| 9 | HOSPITAL-BASED HHA | | | | | | 9 |
| 11 | SEPARATELY CERTIFIED ASC | | | | | | 11 |
| 12 | HOSPITAL-BASED HOSPICE | | | | | | 12 |
| 14 | HOSP-BASED RHC | | | | | | 14 |
| 15 | OUTPATIENT REHABILITATION PROVID | | | | | | 15 |
| 16 | RENAL DIALYSIS | | | | | | 16 |
| 17 | COST REPORTING PERIOD (MM/DD/YYYY) | FROM: 01/01/2010 | TO: 12/31/2010 | 1 | 2 | | 17 |
| 18 | TYPE OF CONTROL | | | 1 | | | 18 |
| TYPE OF HOSPITAL/SUBPROVIDER | | | | | | | |
| 19 | HOSPITAL | | 4 | | | | 19 |
| 20 | SUBPROVIDER I | | | | | | 20 |

OTHER INFORMATION

| | | | | | | | |
|-------|--|--|--|----|----|---------|-------|
| 21 | INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. | | | | | | 21 |
| 21.01 | DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106? 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' OR 'N' FOR NO. | | | NO | NO | | 21.01 |
| 21.02 | HAS YOUR FACILITY RECEIVED GEOGRAPHIC RECLASSIFICATION? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, REPORT IN COLUMN 2 THE EFFECTIVE DATE. | | | | | | 21.02 |
| 21.03 | ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy)(SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. | | | 1 | N | Y 16974 | 21.03 |
| 21.04 | FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL. | | | 1 | | | 21.04 |
| 21.05 | FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL. | | | 1 | | | 21.05 |
| 21.06 | DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION (OR APPLICABLE EXTENSION) OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105, MIPPA 147, ACA 3121, OR MMEA 108? (SEE INSTRUCTIONS). ENTER 'Y' FOR YES OR 'N' FOR NO. | | | NO | | | 21.06 |
| 21.07 | DOES THIS HOSPITAL QUALIFY AS AN SCH WITH 100 OR FEWER BEDS UNDER MIPPA 147? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO (SEE INSTRUCTIONS). IS THIS AN SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA SECTION 3121 OR MMEA SECTION 108? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO (SEE INSTRUCTIONS). | | | NO | NO | | 21.07 |
| 21.08 | WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS? 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 LAST COST REPORTING PERIOD? ENTER IN COLUMN 2, 'Y' FOR YES AND 'N' FOR NO. | | | | | NO | 21.08 |
| 22 | ARE YOU CLASSIFIED AS A REFERRAL CENTER? | | | NO | | | 22 |
| 23 | DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW | | | NO | | | 23 |
| 23.01 | IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. | | | | | | 23.01 |
| 23.02 | IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. | | | | | | 23.02 |
| 23.03 | IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. | | | | | | 23.03 |
| 23.04 | IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. | | | | | | 23.04 |
| 23.05 | IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. | | | | | | 23.05 |
| 23.06 | IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. | | | | | | 23.06 |
| 23.07 | IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. | | | | | | 23.07 |
| 24 | IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COL 2. AND TERMINATION IN COL. 3. | | | | | | 24 |
| 24.01 | IF THIS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COL 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COL 3. | | | | | | 24.01 |

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

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

| | | | | | |
|--|--|------|-------|-----|-------|
| 28.03 | STAFFING | 0.00 | NO | | 28.03 |
| 28.04 | RECRUITMENT | 0.00 | NO | | 28.04 |
| 28.05 | RETENTION OF EMPLOYEES | 0.00 | NO | | 28.05 |
| 28.06 | TRAINING | 0.00 | NO | | 28.06 |
| 28.07 | OTHER (SPECIFY) | | NO | | 28.07 |
| 29 | IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT? | | NO | | 29 |
| 30 | DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff. | | NO | | 30 |
| 30.01 | IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70. | | | | 30.01 |
| 30.02 | IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? | | | | 30.02 |
| 30.03 | IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000) | | | | 30.03 |
| 30.04 | IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II. | | | | 30.04 |
| 31 | IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). | | NO | | 31 |
| MISCELLANEOUS COST REPORTING INFORMATION | | | | | |
| 32 | IS THIS AN ALL-INCLUSIVE RATE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2. | | NO | | 32 |
| 33 | IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT. ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 2. | | NO | | 33 |
| 34 | IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40(f)(1)(i) TEFRA? | | NO | | 34 |
| 35 | HAVE YOU ESTABLISHED A NEW SUBPROVIDER I (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? | | NO | | 35 |
| PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL | | | | | |
| | | V | XVIII | XIX | |
| 36 | DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? | 1 | 2 | 3 | 36 |
| 36.01 | DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320? | NO | NO | NO | 36.01 |
| 37 | DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? | NO | NO | NO | 37 |
| 37.01 | IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE? | | | | 37.01 |
| TITLE XIX INPATIENT HOSPITAL SERVICES | | | | | |
| 38 | DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? | YES | | | 38 |
| 38.01 | IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? | NO | | | 38.01 |
| 38.02 | DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? | NO | | | 38.02 |
| 38.03 | ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? | NO | | | 38.03 |
| 38.04 | DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? | NO | | | 38.04 |

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, YES 149019 40
 CHAPTER 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COL. 2
 THE HOME OFFICE CHAIN NUMBER. (SEE INST.) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION,
 ENTER THE NAME AND ADDRESS OF THE HOME OFFICE ON LINES 40.01-40.03.
 40.01 NAME: ALEXIAN BROTHERS HOSPITAL N FI/CONTRACTOR'S NAME: WPS FI/CONTRACTOR'S NUMBER: 52280 40.01
 40.02 STREET: 3040 SALT CREEK LANE P.O.BOX: 40.02
 40.03 CITY: ARLINGTON HEIGHTS STATE: IL ZIP CODE: 60005 40.03
 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? YES 41
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? NO 42
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? NO 42.01
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? NO 42.02
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS? NO 43
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY? NO 44
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? NO 45
 SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.
 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS? 45.01
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? 45.02
 45.03 WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD? 45.03
 46 IF YOU ARE PARTICIPATING IN THE NCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) 46
 DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.

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

| | PART A | PART B | OUTPATIENT ASC | OUTPATIENT RADIOLOGY | OUTPATIENT DIAGNOSTIC | | | |
|--|--------|--------|-------------------|----------------------------|--------------------------|----------------|-----------------|----|
| | 1 | 2 | 3 | 4 | 5 | | | |
| 47 HOSPITAL | N | N | N | N | N | 47 | | |
| 48 SUBPROVIDER I | N | N | N | N | N | 48 | | |
| 49 SKILLED NURSING FACILITY | N | N | | | | 49 | | |
| 50 HOME HEALTH AGENCY | N | N | | | | 50 | | |
| 52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? | | | | NO | | 52 | | |
| 52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV. | | | | NO | | 52.01 | | |
| 53 IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. | | | | | | 53 | | |
| 53.01 MDH PERIOD: BEGINNING: ENDING: | | | | | | 53.01 | | |
| 54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 1051480 PAID LOSSES: AND/OR SELF INSURANCE: | | | | | | 54 | | |
| 54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. | | | | NO | | 54.01 | | |
| 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO. | | | | NO | | 55 | | |
| 56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002. | | | | DATE 0 / / Y/N NO | LIMIT 2 0.00 | Y/N 3 NO | FEEES 4 4 | 56 |
| 57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? | | | | NO | | 57 | | |
| 58 ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. | | | | NO | | 58 | | |
| 58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS) | | | | | | 58.01 | | |
| 59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS) | | | | NO | | 59 | | |

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

| | | | | | | | | | | |
|--------------------|--|-----|--------|------------|------|----------------|--|--|-------|----|
| 60 | ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS) | YES | | | | | | | 60 | |
| 60.01 | IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.) | NO | NO | | | | | | 60.01 | |
| MULTICAMPUS | | | | | | | | | | |
| 61 | DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5. | NO | | | | | | | | 61 |
| | COUNTY: | | STATE: | ZIP CODE | CBSA | FTE/ CAMPUS | | | | |
| | 1 | | 2 | 3 | 4 | 5 | | | | |
| SETTLEMENT DATA | | | | | | | | | | |
| 63 | WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy) | YES | | 05/17/2011 | | | | | | 63 |
| MISCELLANEOUS DATA | | | | | | | | | | |
| 64 | DOES THIS HOSPITAL HAVE DIRECT ASSIGNMENT OF COST FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. | NO | | | | | | | | 64 |

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

| | | -----DISCHARGES----- | | | | |
|-----------|---|----------------------|--------------------|-----------------------------|------|----|
| COMPONENT | TITLE V 12 | TITLE XVIII 13 | TITLE XIX 14 | TOTAL ALL PATIENTS 15 | | |
| 1 | HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS | | 1434 | 386 | 6089 | 1 |
| 2 | HMO XIX | | | | | 2 |
| 3 | HOSPITAL ADULTS & PEDS - SWING BED SNF | | | | | 3 |
| 4 | HOSPITAL ADULTS & PEDS - SWING BED NF | | | | | 4 |
| 5 | TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS | | | | | 5 |
| 6 | INTENSIVE CARE UNIT | | | | | 6 |
| 7 | CORONARY CARE UNIT | | | | | 7 |
| 8 | BURN INTENSIVE CARE UNIT | | | | | 8 |
| 9 | SURGICAL INTENSIVE CARE UNIT | | | | | 9 |
| 10 | OTHER SPECIAL CARE (SPECIFY) | | | | | 10 |
| 11 | NURSERY | | | | | 11 |
| 12 | TOTAL HOSPITAL | | 1434 | 386 | 6089 | 12 |
| 13 | RPCH VISITS | | | | | 13 |
| 14 | SUBPROVIDER I | | | | | 14 |
| 15 | SKILLED NURSING FACILITY | | | | | 15 |
| 16 | NURSING FACILITY | | | | | 16 |
| 17 | OTHER LONG TERM CARE | | | | | 17 |
| 18 | HOME HEALTH AGENCY | | | | | 18 |
| 20 | ASC (DISTINCT PART) | | | | | 20 |
| 21 | HOSPICE (DISTINCT PART) | | | | | 21 |
| 23 | O/P REHAB PROVIDER | | | | | 23 |
| 24 | RHC I | | | | | 24 |
| 25 | TOTAL | | | | | 25 |
| 26 | OBSERVATION BED DAYS | | | | | 26 |
| 27 | AMBULANCE TRIPS | | | | | 27 |
| 28 | EMPLOYEE DISCOUNT DAYS | | | | | 28 |

HOSPITAL WAGE INDEX INFORMATION

| PART II - WAGE DATA | | AMOUNT REPORTED | RECLASS. OF SALARIES FROM WKST. A-6 | ADJUSTED SALARIES (COL.1 + COL.2) | PAID HOURS RELATED TO SALARY IN COL.3 | AVERAGE HOURLY WAGE (COL.3 / COL.4) | DATA SOURCE | WORKSHEET S-3 PART II |
|---------------------|---|--------------------|--|--|--|--|-----------------|--------------------------|
| 1 | SALARIES | 1 | 2 | 3 | 4 | 5 | 6 | |
| 1 | TOTAL SALARIES | 30992798 | | | 991384.00 | | | 1 |
| 2 | NON-PHYSICIAN ANESTHETIST PART A | | | | | | | 2 |
| 3 | NON-PHYSICIAN ANESTHETIST PART B | | | | | | | 3 |
| 4 | PHYSICIAN - PART A | 137206 | | | 2080.00 | | | 4 |
| 4.01 | TEACHING PHYSICIAN SALARIES | | | | | | | 4.01 |
| 5 | PHYSICIAN - PART B | | | | | | | 5 |
| 5.01 | NON-PHYSICIAN - PART B | | | | | | | 5.01 |
| 6 | INTERNS & RESIDENTS (IN APPR PGM) | | | | | | | 6 |
| 6.01 | CONTRACT SERVICES, I&R | | | | | | | 6.01 |
| 7 | HOME OFFICE PERSONNEL | | | | | | | 7 |
| 8 | SNF | | | | | | | 8 |
| 8.01 | EXCLUDED AREA SALARIES | 7881847 | | | 177478.00 | | | 8.01 |
| | OTHER WAGES & RELATED COSTS | | | | | | | |
| 9 | CONTRACT LABOR | | | | | | | 9 |
| 9.01 | PHARMACY SERVICES UNDER CONTRACT | | | | | | | 9.01 |
| 9.02 | LABORATORY SERVICES UNDER CONTRACT | | | | | | | 9.02 |
| 9.03 | MANAGEMENT AND ADMINISTRATIVE SERVICES' | | | | | | | 9.03 |
| 10 | CONTRACT LABOR: PHYSICIAN PART A | | | | | | | 10 |
| 10.01 | TEACHING PHYSICIAN UNDER CONTRACT | | | | | | | 10.01 |
| 11 | HOME OFFICE SALARIES & WAGE REL COSTS | 2254774 | | | 56721.00 | | HOME OFFICE WPS | 11 |
| 12 | HOME OFFICE: PHYSICIAN PART A | | | | | | | 12 |
| 12.01 | TEACHING PHYSICIAN SALARIES | | | | | | | 12.01 |
| | WAGE-RELATED COSTS | | | | | | | |
| 13 | WAGE RELATED COSTS (CORE) | 4856644 | | | | | CMS 339 | 13 |
| 14 | WAGE RELATED COSTS (OTHER) | | | | | | CMS 339 | 14 |
| 15 | EXCLUDED AREAS | 1656329 | | | | | CMS 339 | 15 |
| 16 | NON-PHYSICIAN ANESTHETIST PART A | | | | | | CMS 339 | 16 |
| 17 | NON-PHYSICIAN ANESTHETIST PART B | | | | | | CMS 339 | 17 |
| 18 | PHYSICIAN PART A | | | | | | CMS 339 | 18 |
| 18.01 | PART A TEACHING PHYSICIANS | | | | | | CMS 339 | 18.01 |
| 19 | PHYSICIAN PART B | | | | | | CMS 339 | 19 |
| 19.01 | WAGE RELATED COSTS (RHC/FQHC) | | | | | | CMS 339 | 19.01 |
| 20 | INTERNS & RESIDENTS (IN APPR PGM) | | | | | | CMS 339 | 20 |
| | OVERHEAD COSTS - DIRECT SALARIES | | | | | | | |
| 21 | EMPLOYEE BENEFITS | 307829 | | | 10163.00 | | | 21 |
| 22 | ADMINISTRATIVE & GENERAL | 5583127 | | | 174429.00 | | | 22 |
| 22.01 | ADMINISTRATIVE & GENERAL UNDER CONTACT | | | | | | | 22.01 |
| 23 | MAINTENANCE & REPAIRS | | | | | | | 23 |
| 24 | OPERATION OF PLANT | 99629 | | | 2086.00 | | | 24 |
| 25 | LAUNDRY & LINEN SERVICE | | | | | | | 25 |
| 26 | HOUSEKEEPING | 58812 | | | | | | 26 |
| 26.01 | HOUSEKEEPING UNDER CONTRACT | | | | | | | 26.01 |
| 27 | DIETARY | 207574 | | | 8348.00 | | | 27 |
| 27.01 | DIETARY UNDER CONTRACT | | | | | | | 27.01 |
| 28 | CAFETERIA | | | | | | | 28 |
| 29 | MAINTENANCE OF PERSONNEL | | | | | | | 29 |
| 30 | NURSING ADMINISTRATION | 946908 | | | 27833.00 | | | 30 |
| 31 | CENTRAL SERVICES AND SUPPLY | | | | | | | 31 |
| 32 | PHARMACY | | | | | | | 32 |
| 33 | MEDICAL RECORDS & MEDICAL RECORDS LIBR | 323790 | | | 14947.00 | | | 33 |
| 34 | SOCIAL SERVICE | | | | | | | 34 |
| 35 | OTHER GENERAL SERVICE | | | | | | | 35 |

HOSPITAL WAGE INDEX INFORMATION

| PART III - HOSPITAL WAGE INDEX SUMMARY | | AMOUNT REPORTED | RECLASS. OF SALARIES FROM WKST. A-6 | ADJUSTED SALARIES (COL.1 + COL.2) | PAID HOURS RELATED TO SALARY IN COL.3 | AVERAGE HOURLY WAGE (COL.3 / COL.4) | WORKSHEET S-3 PART III |
|--|---|--------------------|--|--|--|--|---------------------------|
| 1 | | 1 | 2 | 3 | 4 | 5 | |
| 1 | NET SALARIES | 30992798 | | 30992798 | 991384.00 | 31.26 | 1 |
| 2 | EXCLUDED AREA SALARIES | 7881847 | | 7881847 | 177478.00 | 44.41 | 2 |
| 3 | SUBTOTAL SALARIES (LINE 1 MINUS LINE 2) | 23110951 | | 23110951 | 813906.00 | 28.40 | 3 |
| 4 | SUBTOTAL OTHER WAGES & REL COSTS | 2254774 | | 2254774 | 56721.00 | 39.75 | 4 |
| 5 | SUBTOTAL WAGE-RELATED COSTS | 4856644 | | 4856644 | | 21.01% | 5 |
| 6 | TOTAL (SUM OF LINES 3 THRU 5) | 30222369 | | 30222369 | 870627.00 | 34.71 | 6 |
| 7 | NET SALARIES | | | | | | 7 |
| 8 | EXCLUDED AREA SALARIES | | | | | | 8 |
| 9 | SUBTOTAL SALARIES (LINE 7 MINUS LINE 8) | | | | | | 9 |
| 10 | SUBTOTAL OTHER WAGES & REL COSTS | | | | | | 10 |
| 11 | SUBTOTAL WAGE-RELATED COSTS | | | | | | 11 |
| 12 | TOTAL (SUM OF LINES 9 THRU 11) | | | | | | 12 |
| 13 | TOTAL OVERHEAD COSTS | 7527669 | | 7527669 | 237806.00 | 31.65 | 13 |

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

| | COST CENTER | SALARIES 1 | OTHER 2 | TOTAL 3 | RECLASSI- FICATIONS 4 | RECLASS. TRIAL BALANCE 5 | ADJUST- MENTS 6 | NET EXP FOR ALLOCATION 7 | |
|--------|--------------------------------------|---------------|------------|------------|-----------------------------|-----------------------------------|-----------------------|-----------------------------------|--------|
| | GENERAL SERVICE COST CENTERS | | | | | | | | |
| 1 | 0100 OLD CAP REL COSTS-BLDG & FIXT | | | | | | | | 1 |
| 2 | 0200 OLD CAP REL COSTS-MVBLE EQUIP | | | | | | | | 2 |
| 3 | 0300 NEW CAP REL COSTS-BLDG & FIXT | | 1202678 | 1202678 | 121267 | 1323945 | 861825 | 2185770 | 3 |
| 4 | 0400 NEW CAP REL COSTS-MVBLE EQUIP | | | | | | | | 4 |
| 5 | 0500 EMPLOYEE BENEFITS | 307829 | 4452551 | 4760380 | -82812 | 4677568 | -31166 | 4646402 | 5 |
| 6 | 0600 ADMINISTRATIVE & GENERAL | 5583127 | 15299016 | 20882143 | -599403 | 20282740 | -2722216 | 17560524 | 6 |
| 7 | 0700 MAINTENANCE & REPAIRS | | | | | | | | 7 |
| 8 | 0800 OPERATION OF PLANT | 99629 | 1469848 | 1569477 | | 1569477 | 728207 | 2297684 | 8 |
| 9 | 0900 LAUNDRY & LINEN SERVICE | | | | | | | | 9 |
| 10 | 1000 HOUSEKEEPING | 58812 | 821957 | 880769 | | 880769 | | 880769 | 10 |
| 11 | 1100 DIETARY | 207574 | 1566543 | 1774117 | -258847 | 1515270 | | 1515270 | 11 |
| 12 | 1200 CAFETERIA | | | | 258847 | 258847 | -146430 | 112417 | 12 |
| 13 | 1300 MAINTENANCE OF PERSONNEL | | | | | | | | 13 |
| 14 | 1400 NURSING ADMINISTRATION | 946908 | 95372 | 1042280 | | 1042280 | | 1042280 | 14 |
| 15 | 1500 CENTRAL SERVICES & SUPPLY | | | | | | | | 15 |
| 16 | 1600 PHARMACY | | | | | | | | 16 |
| 17 | 1700 MEDICAL RECORDS & LIBRARY | 323790 | 301322 | 625112 | | 625112 | -1472 | 623640 | 17 |
| 18 | 1800 SOCIAL SERVICE | | | | | | | | 18 |
| 20 | 2000 NONPHYSICIAN ANESTHETISTS | | | | | | | | 20 |
| 21 | 2100 NURSING SCHOOL | | | | | | | | 21 |
| 22 | 2200 I&R SERVICES-SALARY & FRINGES A | | | | | | | | 22 |
| 23 | 2300 I&R SERVICES-OTHER PRGM COSTS A | 200669 | 21422 | 222091 | -222091 | | | | 23 |
| 24 | 2400 PARAMED ED PRGM-(SPECIFY) | | | | | | | | 24 |
| | INPATIENT ROUTINE SERV COST CENTERS | | | | | | | | |
| 25 | 2500 ADULTS & PEDIATRICS | 12341011 | 1683235 | 14024246 | 528832 | 14553078 | | 14553078 | 25 |
| | ANCILLARY SERVICE COST CENTERS | | | | | | | | |
| 41 | 4100 RADIOLOGY-DIAGNOSTIC | | 28095 | 28095 | 85 | 28180 | | 28180 | 41 |
| 44 | 4400 LABORATORY | | 673883 | 673883 | 22147 | 696030 | | 696030 | 44 |
| 46.30 | 4650 BLOOD CLOTTING FACTORS ADMIN CO | | | | | | | | 46.30 |
| 50 | 5000 PHYSICAL THERAPY | 82427 | 6155 | 88582 | 2453 | 91035 | | 91035 | 50 |
| 55.30 | 5530 IMPL. DEV. CHARGED TO PATIENT | | | | | | | | 55.30 |
| 56 | 5600 DRUGS CHARGED TO PATIENTS | | 1713310 | 1713310 | 33343 | 1746653 | | 1746653 | 56 |
| 59 | 3550 ADOLESCENT THERAPY | | | | | | | | 59 |
| 59.01 | 3950 ECT | 326675 | 93672 | 420347 | 14653 | 435000 | | 435000 | 59.01 |
| 59.02 | 3951 CHEMICAL DEPENDENCY | | | | | | | | 59.02 |
| 59.97 | 3997 CARDIAC REHABILITATION | | | | | | | | 59.97 |
| 59.98 | 3998 HYPERBARIC OXYGEN THERAPY | | | | | | | | 59.98 |
| 59.99 | 3999 LITHOTRIPSY | | | | | | | | 59.99 |
| | OUTPATIENT SERVICE COST CENTERS | | | | | | | | |
| 62 | 6200 OBSERVATION BEDS (NON-DISTINCT | | | | | | | | 62 |
| 63 | 4950 PARTIAL HOSPITALIZATION | 2632500 | 280169 | 2912669 | 177326 | 3089995 | -51171 | 3038824 | 63 |
| 63.50 | 6310 RHC | | | | | | | | 63.50 |
| 63.60 | 6320 FQHC | | | | | | | | 63.60 |
| | OTHER REIMBURSABLE COST CENTERS | | | | | | | | |
| 69.10 | 6910 CMHC | | | | | | | | 69.10 |
| 69.20 | 6920 OUTPATIENT PHYSICAL THERAPY | | | | | | | | 69.20 |
| 69.30 | 6930 OUTPATIENT OCCUPATIONAL THERAPY | | | | | | | | 69.30 |
| 69.40 | 6940 OUTPATIENT SPEECH PATHOLOGY | | | | | | | | 69.40 |
| 71 | 7100 HOME HEALTH AGENCY | | | | | | | | 71 |
| | SPECIAL PURPOSE COST CENTERS | | | | | | | | |
| 85.01 | 8510 PANCREAS ACQUISITION | | | | | | | | 85.01 |
| 85.02 | 8520 INTESTINAL ACQUISITION | | | | | | | | 85.02 |
| 85.03 | 8530 ISLET CELL ACQUISITION | | | | | | | | 85.03 |
| 95 | SUBTOTALS | 23110951 | 29709228 | 52820179 | -4200 | 52815979 | -1362423 | 51453556 | 95 |
| | NONREIMBURSABLE COST CENTERS | | | | | | | | |
| 97 | 9700 RESEARCH | 1294184 | 759894 | 2054078 | 4200 | 2058278 | -17218 | 2041060 | 97 |
| 98 | 9800 PHYSICIANS' PRIVATE OFFICES | 6525722 | 1026661 | 7552383 | | 7552383 | -999594 | 6552789 | 98 |
| 99 | 9900 NONPAID WORKERS | 61941 | 6018 | 67959 | | 67959 | | 67959 | 99 |
| 100 | 7950 GUEST MEALS | | | | | | | | 100 |
| 100.01 | 7951 ADOLESCENT SCHOOL | | | | | | | | 100.01 |
| 100.02 | 7952 MARKETING | | | | | | | | 100.02 |
| 100.03 | 7953 OTHER NONREIMBURSEABLE | | | | | | | | 100.03 |
| 101 | TOTAL | 30992798 | 31501801 | 62494599 | | 62494599 | -2379235 | 60115364 | 101 |

RECLASSIFICATIONS

| EXPLANATION OF RECLASSIFICATION ENTRY | CODE | COST CENTER | INCREASE | | OTHER |
|---------------------------------------|------|-------------------------------|----------|--------|--------|
| | | | LINE # | SALARY | |
| 1 | 2 | 3 | 4 | 5 | |
| 1 BUILDING RENT EXPENSE | A | NEW CAP REL COSTS-BLDG & FIXT | 3 | | 100398 |
| 2 | A | | | | |
| 3 | | | | | |
| 4 RENTAL EXPENSE | B | NEW CAP REL COSTS-BLDG & FIXT | 3 | | 20869 |
| 5 | B | | | | |
| 6 | | | | | |
| 7 CAFETERIA | C | CAFETERIA | 12 | | 258847 |
| 8 | | | | | |
| 9 PFS | D | ADULTS & PEDIATRICS | 25 | | 326223 |
| 10 | D | RADIOLOGY-DIAGNOSTIC | 41 | | 85 |
| 11 | D | LABORATORY | 44 | | 22147 |
| 12 | D | PHYSICAL THERAPY | 50 | | 2453 |
| 13 | D | DRUGS CHARGED TO PATIENTS | 56 | | 33343 |
| 14 | D | ECT | 59.01 | | 14653 |
| 15 | D | PARTIAL HOSPITALIZATION | 63 | | 177326 |
| 16 | D | RESEARCH | 97 | | 4200 |
| 17 | | | | | |
| 18 RESIDENTS TO RM AND BOARD | E | ADULTS & PEDIATRICS | 25 | 200669 | 21422 |
| 19 | | | | | |
| 20 | | | | | |
| 21 | | | | | |
| 22 | | | | | |
| 23 | | | | | |
| 24 | | | | | |
| 25 | | | | | |
| 26 | | | | | |
| 27 | | | | | |
| 28 | | | | | |
| 29 | | | | | |
| 30 | | | | | |
| 31 | | | | | |
| 32 | | | | | |
| 33 | | | | | |
| 34 | | | | | |
| 35 | | | | | |
| 36 TOTAL RECLASSIFICATIONS | | | | 200669 | 981966 |

RECLASSIFICATIONS

| EXPLANATION OF RECLASSIFICATION ENTRY | CODE | COST CENTER | DECREASE | | | WKST A-7 REF. 10 |
|--|------|-------------------------------|----------|--------|--------|------------------------|
| | | | LINE # | SALARY | OTHER | |
| 1 | 1 | 6 | 7 | 8 | 9 | |
| 1 BUILDING RENT EXPENSE | A | EMPLOYEE BENEFITS | 5 | | 82812 | 9 1 |
| 2 | A | ADMINISTRATIVE & GENERAL | 6 | | 17586 | 2 |
| 3 | | | | | | 3 |
| 4 RENTAL EXPENSE | B | ADMINISTRATIVE & GENERAL | 6 | | 1387 | 9 4 |
| 5 | B | ADULTS & PEDIATRICS | 25 | | 19482 | 5 |
| 6 | | | | | | 6 |
| 7 CAFETERIA | C | DIETARY | 11 | | 258847 | 7 |
| 8 | | | | | | 8 |
| 9 PFS | D | ADMINISTRATIVE & GENERAL | 6 | | 580430 | 9 |
| 10 | D | | | | | 10 |
| 11 | D | | | | | 11 |
| 12 | D | | | | | 12 |
| 13 | D | | | | | 13 |
| 14 | D | | | | | 14 |
| 15 | D | | | | | 15 |
| 16 | D | | | | | 16 |
| 17 | | | | | | 17 |
| 18 RESIDENTS TO RM AND BOARD | E | I&R SERVICES-OTHER PRGM COSTS | 23 | 200669 | 21422 | 18 |
| 19 | | | | | | 19 |
| 20 | | | | | | 20 |
| 21 | | | | | | 21 |
| 22 | | | | | | 22 |
| 23 | | | | | | 23 |
| 24 | | | | | | 24 |
| 25 | | | | | | 25 |
| 26 | | | | | | 26 |
| 27 | | | | | | 27 |
| 28 | | | | | | 28 |
| 29 | | | | | | 29 |
| 30 | | | | | | 30 |
| 31 | | | | | | 31 |
| 32 | | | | | | 32 |
| 33 | | | | | | 33 |
| 34 | | | | | | 34 |
| 35 | | | | | | 35 |
| 36 TOTAL RECLASSIFICATIONS | | | | 200669 | 981966 | 36 |

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

WORKSHEET A-7
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

| DESCRIPTION | BEGINNING BALANCES 1 | ----- ACQUISITIONS ----- | | | DISPOSALS AND RETIREMENTS 5 | ENDING BALANCE 6 | FULLY DEPRECIATED ASSETS 7 | |
|--------------------------|----------------------------|--------------------------|---------------|------------|--------------------------------------|------------------------|-------------------------------------|---|
| | | PURCHASE 2 | DONATION 3 | TOTAL 4 | | | | |
| 1 LAND | 1400000 | | | | | 1400000 | | 1 |
| 2 LAND IMPROVEMENTS | 660000 | 39000 | | 39000 | | 699000 | | 2 |
| 3 BUILDINGS AND FIXTURES | 26179000 | 250000 | | 250000 | 63000 | 26366000 | | 3 |
| 4 BUILDING IMPROVEMENTS | | | | | | | | 4 |
| 5 FIXED EQUIPMENT | 881000 | 137000 | | 137000 | 2000 | 1016000 | | 5 |
| 6 MOVABLE EQUIPMENT | 4830000 | 513000 | | 513000 | 81000 | 5262000 | | 6 |
| 7 SUBTOTAL | 33950000 | 939000 | | 939000 | 146000 | 34743000 | | 7 |
| 8 RECONCILING ITEMS | | | | | | | | 8 |
| 9 TOTAL | 33950000 | 939000 | | 939000 | 146000 | 34743000 | | 9 |

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS III & IV

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

| DESCRIPTION | SUMMARY OF OLD AND NEW CAPITAL | | | | | | | TOTAL |
|---------------------------------|--------------------------------|---------|----------|-----------|-------|-----------------------------|--|-------|
| | DEPREC-IATION | LEASE | INTEREST | INSURANCE | TAXES | OTHER CAPITAL-RELATED COSTS | | |
| | 9 | 10 | 11 | 12 | 13 | 14 | | |
| 1 OLD CAP REL COSTS-BLDG & FIXT | | | | | | | | 1 |
| 2 OLD CAP REL COSTS-MVBLE EQUIP | | | | | | | | 2 |
| 3 NEW CAP REL COSTS-BLDG & FIXT | | 2185770 | | | | | | 3 |
| 4 NEW CAP REL COSTS-MVBLE EQUIP | | | | | | | | 4 |
| 5 TOTAL | | 2185770 | | | | | | 5 |

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

| DESCRIPTION | SUMMARY OF OLD AND NEW CAPITAL | | | | | | | TOTAL |
|---------------------------------|--------------------------------|---------|----------|-----------|-------|-----------------------------|--|-------|
| | DEPREC-IATION | LEASE | INTEREST | INSURANCE | TAXES | OTHER CAPITAL-RELATED COSTS | | |
| | 9 | 10 | 11 | 12 | 13 | 14 | | |
| 1 OLD CAP REL COSTS-BLDG & FIXT | | | | | | | | 1 |
| 2 OLD CAP REL COSTS-MVBLE EQUIP | | | | | | | | 2 |
| 3 NEW CAP REL COSTS-BLDG & FIXT | | 1202678 | | | | | | 3 |
| 4 NEW CAP REL COSTS-MVBLE EQUIP | | | | | | | | 4 |
| 5 TOTAL | | 1202678 | | | | | | 5 |

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

| DESCRIPTION | BASIS | AMOUNT | EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED | | WKST A-7 REF |
|--|------------|----------|--|----------|-----------------|
| | | | COST CENTER | LINE NO. | |
| | 1 | 2 | 3 | 4 | 5 |
| 1 INVESTMENT INCOME-OLD BLDGS & FIXTURES | | | OLD CAP REL COSTS-BLDG & FIXT | 1 | 1 |
| 2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT | | | OLD CAP REL COSTS-MVBLE EQUIP | 2 | 2 |
| 3 INVESTMENT INCOME-NEW BLDGS & FIXTURES | | | NEW CAP REL COSTS-BLDG & FIXT | 3 | 3 |
| 4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT | | | NEW CAP REL COSTS-MVBLE EQUIP | 4 | 4 |
| 5 INVESTMENT INCOME-OTHER | | | | | 5 |
| 6 TRADE, QUANTITY, AND TIME DISCOUNTS | | | | | 6 |
| 7 REFUNDS AND REBATES OF EXPENSES | | | | | 7 |
| 8 RENTAL OF PROVIDER SPACE BY SUPPLIERS | | | | | 8 |
| 9 TELEPHONE SERVICES (PAY STATIONS EXCL) | | | | | 9 |
| 10 TELEVISION AND RADIO SERVICE | | | | | 10 |
| 11 PARKING LOT | | | | | 11 |
| 12 PROVIDER-BASED PHYSICIAN ADJUSTMENT | WKST | | | | |
| | A-8-2 | | | | 12 |
| 13 SALE OF SCRAP, WASTE, ETC. | | | | | 13 |
| 14 RELATED ORGANIZATION TRANSACTIONS | WKST | | | | |
| | A-8-1 | 1321834 | | | 14 |
| 15 LAUNDRY AND LINEN SERVICE | | | | | 15 |
| 16 CAFETERIA - EMPLOYEES AND GUESTS | B | -146430 | CAFETERIA | 12 | 16 |
| 17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS | | | | | 17 |
| 18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS | | | | | 18 |
| 19 SALE OF DRUGS TO OTHER THAN PATIENTS | | | | | 19 |
| 20 SALE OF MEDICAL RECORDS AND ABSTRACTS | B | -1472 | MEDICAL RECORDS & LIBRARY | 17 | 20 |
| 21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.) | | | | | 21 |
| 22 VENDING MACHINES | | | | | 22 |
| 23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES | | | | | 23 |
| 24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT | | | | | 24 |
| 25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL | WKST | | RESPIRATORY THERAPY | 49 | 25 |
| 26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL | WKST | | PHYSICAL THERAPY | 50 | 26 |
| 27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION | WKST | | | | |
| | A-8-3 | | HOME HEALTH AGENCY | 71 | 27 |
| 28 UTIL REVIEW-PHYSICIANS' COMPENSATION | | | UTILIZATION REVIEW-SNF | 89 | 28 |
| 29 DEPRECIATION--OLD BUILDINGS & FIXTURES | | | OLD CAP REL COSTS-BLDG & FIXT | 1 | 29 |
| 30 DEPRECIATION--OLD MOVABLE EQUIPMENT | | | OLD CAP REL COSTS-MVBLE EQUIP | 2 | 30 |
| 31 DEPRECIATION--NEW BUILDINGS & FIXTURES | | | NEW CAP REL COSTS-BLDG & FIXT | 3 | 31 |
| 32 DEPRECIATION--NEW MOVABLE EQUIPMENT | | | NEW CAP REL COSTS-MVBLE EQUIP | 4 | 32 |
| 33 NON-PHYSICIAN ANESTHETIST | | | NONPHYSICIAN ANESTHETISTS | 20 | 33 |
| 34 PHYSICIANS' ASSISTANT | | | | | 34 |
| 35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL | WKST | | | | |
| | WKST A-8-4 | | | | 35 |
| 36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL | WKST | | | | |
| | WKST A-8-4 | | | | 36 |
| 37 MISC INCOME | B | -9879 | ADMINISTRATIVE & GENERAL | 6 | 37 |
| 37.01 BAD DEBTS | A | -1676037 | ADMINISTRATIVE & GENERAL | 6 | 37.01 |
| 37.02 RESEARCH HBP | A | -138306 | PHYSICIANS' PRIVATE OFFICES | 98 | 37.02 |
| 37.03 GROUP PRACTICE HBP | A | -818336 | PHYSICIANS' PRIVATE OFFICES | 98 | 37.03 |
| 38 BUSINESS DEVELOPMENT/MARKETING | A | -269413 | ADMINISTRATIVE & GENERAL | 6 | 38 |
| 39 PHYSICIAN GUARANTEE FORGIVENESS | A | -82787 | ADMINISTRATIVE & GENERAL | 6 | 39 |
| 40 | | | | | 40 |
| 41 SCHOOL REIMBURSEMENT | A | -505650 | ADMINISTRATIVE & GENERAL | 6 | 41 |
| 42 PARTIAL HOSPITALIZATION | B | -43359 | PARTIAL HOSPITALIZATION | 63 | 42 |
| 43 REAL ESTATE TAXES | A | -6000 | ADMINISTRATIVE & GENERAL | 6 | 43 |
| 44 CONTRIBUTIONS | A | -3400 | ADMINISTRATIVE & GENERAL | 6 | 44 |
| 45 | | | | | 45 |
| 46 | | | | | 46 |
| 47 | | | | | 47 |
| 48 | | | | | 48 |
| 49 | | | | | 49 |
| 50 TOTAL | | -2379235 | | | 50 |

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

WORKSHEET A-8-1

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

| LINE NO. | COST CENTER | EXPENSE ITEMS | AMOUNT OF ALLOWABLE COST | AMOUNT (INCL IN WKST A, COL 5) | NET ADJ- USTMENTS | WKST A-7 REF |
|----------|-------------|-------------------------------|--------------------------|--------------------------------|-------------------|--------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 1 | 6 | ADMINISTRATIVE & GENERAL | 4769821 | 4935984 | -166163 | 1 |
| 2 | 3 | NEW CAP REL COSTS-BLDG & FIXT | 887389 | | 887389 | 9 2 |
| 3 | 8 | OPERATION OF PLANT | 671473 | | 671473 | 3 |
| 4 | 6 | ADMINISTRATIVE & GENERAL | 626767 | 626767 | | 4 |
| 4.01 | 5 | EMPLOYEE BENEFITS | 129710 | 129710 | | 4.01 |
| 4.02 | 3 | NEW CAP REL COSTS-BLDG & FIXT | 22242 | 82812 | -60570 | 9 4.02 |
| 4.03 | 8 | OPERATION OF PLANT | 56734 | | 56734 | 4.03 |
| 4.04 | 3 | NEW CAP REL COSTS-BLDG & FIXT | 35006 | | 35006 | 9 4.04 |
| 4.05 | 5 | EMPLOYEE BENEFITS | 12110 | 43276 | -31166 | 4.05 |
| 4.06 | 6 | ADMINISTRATIVE & GENERAL | 1122 | 4009 | -2887 | 9 4.06 |
| 4.07 | 63 | PARTIAL HOSPITALIZATION | 3036 | 10848 | -7812 | 4.07 |
| 4.08 | 97 | RESEARCH | 128694 | 145912 | -17218 | 4.08 |
| 4.09 | 98 | PHYSICIANS' PRIVATE OFFICES | 321038 | 363990 | -42952 | 4.09 |
| 5 | | TOTALS | 7665142 | 6343308 | 1321834 | 5 |

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

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

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

| SYMBOL (1) | NAME | RELATED ORGANIZATION(S) AND/OR HOME OFFICE | | | | |
|---------------|-----------------------|--|------|----------------------|------------------|---|
| | | PERCENT OF OWNERSHIP | NAME | PERCENT OF OWNERSHIP | TYPE OF BUSINESS | |
| 1 | 2 | 3 | 4 | 5 | 6 | |
| 1 | B ALEXIAN BROS HEALTH | 100.00 | | | | 1 |
| 2 | | | | | | 2 |
| 3 | | | | | | 3 |
| 4 | | | | | | 4 |
| 5 | | | | | | 5 |

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

PROVIDER NO. 14-4031 ALEXIAN BROTHERS BEHAVIORAL HE
 PERIOD FROM 01/01/2010 TO 12/31/2010

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

VERSION: 2011.03
 05/17/2011 09:38

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

| WKST A | COST CENTER/ PHYSICIAN IDENTIFIER | TOTAL REMUNERA- TION INCL FRINGES | PROFES- SIONAL COMPONENT | PROVIDER COMPONENT | RCE AMOUNT | PHYSICIAN/ PROVIDER COMPONENT HOURS | UNAD- JUSTED RCE LIMIT | PERCENT OF UNAD- JUSTED RCE LIMIT |
|-----------|---|--|--------------------------------|-----------------------|---------------|--|---------------------------------|--|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 2 | 6 ADMINISTRATIVE & GENERAL ADMINISTRATION | 114857 | | 114857 | 154100 | 2080 | 154100 | 7705 |
| 101 | TOTAL | 114857 | | 114857 | | 2080 | 154100 | 7705 |

PROVIDER NO. 14-4031 ALEXIAN BROTHERS BEHAVIORAL HE
PERIOD FROM 01/01/2010 TO 12/31/2010

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

VERSION: 2011.03
05/17/2011 09:38

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

| WKST A | COST CENTER/ PHYSICIAN IDENTIFIER | COST OF MEMBERSHIP & CONTIN. EDUCATION | PROVIDER COMPONENT SHARE OF COLUMN 12 | PHYSICIAN COST OF MALPRACTICE INSURANCE | PROVIDER COMPONENT SHARE OF COLUMN 14 | ADJUSTED RCE LIMIT | RCE DIS- ALLOWANCE | ADJUST- MENT |
|-------------|--------------------------------------|---|--|--|--|--------------------------|--------------------------|-----------------|
| LINE NO. | | 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 2 | 6 | ADMINISTRATIVE & GENERAL ADMINISTRATION | | | | 154100 | | |
| 101 | | TOTAL | | | | 154100 | | |

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

| COST CENTER DESCRIPTION | NET EXP FOR COST ALLOCATION 0 | NEW CAP BLDGS & FIXTURES 3 | EMPLOYEE BENEFITS 5 | SUBTOTAL 5A | ADMINIS- TRATIVE & GENERAL 6 | OPERATION OF PLANT 8 | LAUNDRY & LINEN SERVICE 9 | HOUSE- KEEPING 10 | |
|---------------------------------------|--|-------------------------------------|---------------------------|----------------|---------------------------------------|----------------------------|------------------------------------|-------------------------|--------|
| GENERAL SERVICE COST CENTERS | | | | | | | | | |
| 1 OLD CAP REL COSTS-BLDG & FIXT | | | | | | | | | 1 |
| 2 OLD CAP REL COSTS-MVBLE EQUIP | | | | | | | | | 2 |
| 3 NEW CAP REL COSTS-BLDG & FIXT | 2185770 | 2185770 | | | | | | | 3 |
| 4 NEW CAP REL COSTS-MVBLE EQUIP | | | | | | | | | 4 |
| 5 EMPLOYEE BENEFITS | 4646402 | | 4646402 | | | | | | 5 |
| 6 ADMINISTRATIVE & GENERAL | 17560524 | 673438 | 845414 | 19079376 | 19079376 | | | | 6 |
| 7 MAINTENANCE & REPAIRS | | | | | | | | | 7 |
| 8 OPERATION OF PLANT | 2297684 | 10253 | 15086 | 2323023 | 1080073 | 3403096 | | | 8 |
| 9 LAUNDRY & LINEN SERVICE | | 4551 | | 4551 | 2116 | 10311 | 16978 | | 9 |
| 10 HOUSEKEEPING | 880769 | 2559 | 8905 | 892233 | 414837 | 5798 | | 1312868 | 10 |
| 11 DIETARY | 1515270 | 28715 | 31431 | 1575416 | 732479 | 65057 | | 25218 | 11 |
| 12 CAFETERIA | 112417 | 46422 | | 158839 | 73851 | 105173 | | 40767 | 12 |
| 13 MAINTENANCE OF PERSONNEL | | | | | | | | | 13 |
| 14 NURSING ADMINISTRATION | 1042280 | | 143384 | 1185664 | 551266 | | | | 14 |
| 15 CENTRAL SERVICES & SUPPLY | | | | | | | | | 15 |
| 16 PHARMACY | | | | | | | | | 16 |
| 17 MEDICAL RECORDS & LIBRARY | 623640 | 18308 | 49029 | 690977 | 321265 | 41478 | | 16078 | 17 |
| 18 SOCIAL SERVICE | | | | | | | | | 18 |
| 20 NONPHYSICIAN ANESTHETISTS | | | | | | | | | 20 |
| 21 NURSING SCHOOL | | | | | | | | | 21 |
| 22 I&R SERVICES-SALARY & FRINGES A | | | | | | | | | 22 |
| 23 I&R SERVICES-OTHER PRGM COSTS A | | | | | | | | | 23 |
| 24 PARAMED ED PRGM-(SPECIFY) | | | | | | | | | 24 |
| INPATIENT ROUTINE SERV COST CENTERS | | | | | | | | | |
| 25 ADULTS & PEDIATRICS | 14553078 | 1025305 | 1899093 | 17477476 | 8126011 | 2322920 | 16978 | 900412 | 25 |
| ANCILLARY SERVICE COST CENTERS | | | | | | | | | |
| 41 RADIOLOGY-DIAGNOSTIC | 28180 | | | 28180 | 13102 | | | | 41 |
| 44 LABORATORY | 696030 | | | 696030 | 323614 | | | | 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN CO | | | | | | | | | 46.30 |
| 50 PHYSICAL THERAPY | 91035 | | 12481 | 103516 | 48129 | | | | 50 |
| 55.30 IMPL. DEV. CHARGED TO PATIENT | | | | | | | | | 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | 1746653 | 7814 | | 1754467 | 815727 | 17704 | | 6862 | 56 |
| 59 ADOLSCENT THERAPY | | | | | | | | | 59 |
| 59.01 ECT | 435000 | 10579 | 49466 | 495045 | 230168 | 23968 | | 9291 | 59.01 |
| 59.02 CHEMICAL DEPENDENCY | | | | | | | | | 59.02 |
| 59.97 CARDIAC REHABILITATION | | | | | | | | | 59.97 |
| 59.98 HYPERBARIC OXYGEN THERAPY | | | | | | | | | 59.98 |
| 59.99 LITHOTRIPSY | | | | | | | | | 59.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | | | |
| 62 OBSERVATION BEDS (NON-DISTINCT | | | | | | | | | 62 |
| 63 PARTIAL HOSPITALIZATION | 3038824 | 95283 | 398621 | 3532728 | 1642517 | 215872 | | 83677 | 63 |
| 63.50 RHC | | | | | | | | | 63.50 |
| 63.60 FQHC | | | | | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | | | |
| 69.10 CMHC | | | | | | | | | 69.10 |
| 69.20 OUTPATIENT PHYSICAL THERAPY | | | | | | | | | 69.20 |
| 69.30 OUTPATIENT OCCUPATIONAL THERAPY | | | | | | | | | 69.30 |
| 69.40 OUTPATIENT SPEECH PATHOLOGY | | | | | | | | | 69.40 |
| 71 HOME HEALTH AGENCY | | | | | | | | | 71 |
| SPECIAL PURPOSE COST CENTERS | | | | | | | | | |
| 85.01 PANCREAS ACQUISITION | | | | | | | | | 85.01 |
| 85.02 INTESTINAL ACQUISITION | | | | | | | | | 85.02 |
| 85.03 ISLET CELL ACQUISITION | | | | | | | | | 85.03 |
| 95 SUBTOTALS | 51453556 | 1923227 | 3452910 | 49997521 | 14375155 | 2808281 | 16978 | 1082305 | 95 |
| NONREIMBURSABLE COST CENTERS | | | | | | | | | |
| 97 RESEARCH | 2041060 | 3538 | 195969 | 2240567 | 1041736 | 8015 | | 3107 | 97 |
| 98 PHYSICIANS' PRIVATE OFFICES | 6552789 | 259005 | 988144 | 7799938 | 3626527 | 586800 | | 227456 | 98 |
| 99 NONPAID WORKERS | 67959 | | 9379 | 77338 | 35958 | | | | 99 |
| 100 GUEST MEALS | | | | | | | | | 100 |
| 100.01 ADOLESCENT SCHOOL | | | | | | | | | 100.01 |
| 100.02 MARKETING | | | | | | | | | 100.02 |
| 100.03 OTHER NONREIMBURSEABLE | | | | | | | | | 100.03 |
| 101 CROSS FOOT ADJUSTMENTS | | | | | | | | | 101 |
| 102 NEGATIVE COST CENTER | | | | | | | | | 102 |
| 103 TOTAL | 60115364 | 2185770 | 4646402 | 60115364 | 19079376 | 3403096 | 16978 | 1312868 | 103 |

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

| COST CENTER DESCRIPTION | DIETARY 11 | CAFETERIA 12 | NURSING ADMINIS- TRATION 14 | MEDICAL RECORDS & LIBRARY 17 | SUBTOTAL 25 | I&R COST & POST STEP- DOWN ADJS 26 | TOTAL 27 | |
|---------------------------------------|---------------|-----------------|--------------------------------------|---------------------------------------|----------------|---|-------------|--------|
| GENERAL SERVICE COST CENTERS | | | | | | | | |
| 1 OLD CAP REL COSTS-BLDG & FIXT | | | | | | | | 1 |
| 2 OLD CAP REL COSTS-MVBLE EQUIP | | | | | | | | 2 |
| 3 NEW CAP REL COSTS-BLDG & FIXT | | | | | | | | 3 |
| 4 NEW CAP REL COSTS-MVBLE EQUIP | | | | | | | | 4 |
| 5 EMPLOYEE BENEFITS | | | | | | | | 5 |
| 6 ADMINISTRATIVE & GENERAL | | | | | | | | 6 |
| 7 MAINTENANCE & REPAIRS | | | | | | | | 7 |
| 8 OPERATION OF PLANT | | | | | | | | 8 |
| 9 LAUNDRY & LINEN SERVICE | | | | | | | | 9 |
| 10 HOUSEKEEPING | | | | | | | | 10 |
| 11 DIETARY | 2398170 | | | | | | | 11 |
| 12 CAFETERIA | | 378630 | | | | | | 12 |
| 13 MAINTENANCE OF PERSONNEL | | | | | | | | 13 |
| 14 NURSING ADMINISTRATION | | | 1736930 | | | | | 14 |
| 15 CENTRAL SERVICES & SUPPLY | | | | | | | | 15 |
| 16 PHARMACY | | | | | | | | 16 |
| 17 MEDICAL RECORDS & LIBRARY | | 13449 | | 1083247 | | | | 17 |
| 18 SOCIAL SERVICE | | | | | | | | 18 |
| 20 NONPHYSICIAN ANESTHETISTS | | | | | | | | 20 |
| 21 NURSING SCHOOL | | | | | | | | 21 |
| 22 I&R SERVICES-SALARY & FRINGES A | | | | | | | | 22 |
| 23 I&R SERVICES-OTHER PRGM COSTS A | | | | | | | | 23 |
| 24 PARAMED ED PRGM-(SPECIFY) | | | | | | | | 24 |
| INPATIENT ROUTINE SERV COST CENTERS | | | | | | | | |
| 25 ADULTS & PEDIATRICS | 2398170 | 222898 | 1416774 | 616652 | 33498291 | | 33498291 | 25 |
| ANCILLARY SERVICE COST CENTERS | | | | | | | | |
| 41 RADIOLOGY-DIAGNOSTIC | | | | 160 | 41442 | | 41442 | 41 |
| 44 LABORATORY | | | | 41334 | 1060978 | | 1060978 | 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN CO | | | | | | | | 46.30 |
| 50 PHYSICAL THERAPY | | 1096 | | 4577 | 157318 | | 157318 | 50 |
| 55.30 IMPL. DEV. CHARGED TO PATIENT | | | | | | | | 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | | | | 62228 | 2656988 | | 2656988 | 56 |
| 59 ADOLSCENT THERAPY | | | | | | | | 59 |
| 59.01 ECT | | 5046 | | 27348 | 790866 | | 790866 | 59.01 |
| 59.02 CHEMICAL DEPENDENCY | | | | | | | | 59.02 |
| 59.97 CARDIAC REHABILITATION | | | | | | | | 59.97 |
| 59.98 HYPERBARIC OXYGEN THERAPY | | | | | | | | 59.98 |
| 59.99 LITHOTRIPSY | | | | | | | | 59.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | | |
| 62 OBSERVATION BEDS (NON-DISTINCT | | | | | | | | 62 |
| 63 PARTIAL HOSPITALIZATION | | 50369 | 320156 | 330948 | 6176267 | | 6176267 | 63 |
| 63.50 RHC | | | | | | | | 63.50 |
| 63.60 FQHC | | | | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | | |
| 69.10 CMHC | | | | | | | | 69.10 |
| 69.20 OUTPATIENT PHYSICAL THERAPY | | | | | | | | 69.20 |
| 69.30 OUTPATIENT OCCUPATIONAL THERAPY | | | | | | | | 69.30 |
| 69.40 OUTPATIENT SPEECH PATHOLOGY | | | | | | | | 69.40 |
| 71 HOME HEALTH AGENCY | | | | | | | | 71 |
| SPECIAL PURPOSE COST CENTERS | | | | | | | | |
| 85.01 PANCREAS ACQUISITION | | | | | | | | 85.01 |
| 85.02 INTESTINAL ACQUISITION | | | | | | | | 85.02 |
| 85.03 ISLET CELL ACQUISITION | | | | | | | | 85.03 |
| 95 SUBTOTALS | 2398170 | 292858 | 1736930 | 1083247 | 44382150 | | 44382150 | 95 |
| NONREIMBURSABLE COST CENTERS | | | | | | | | |
| 97 RESEARCH | | 10876 | | | 3304301 | | 3304301 | 97 |
| 98 PHYSICIANS' PRIVATE OFFICES | | 73800 | | | 12314521 | | 12314521 | 98 |
| 99 NONPAID WORKERS | | 1096 | | | 114392 | | 114392 | 99 |
| 100 GUEST MEALS | | | | | | | | 100 |
| 100.01ADOLESCENT SCHOOL | | | | | | | | 100.01 |
| 100.02MARKETING | | | | | | | | 100.02 |
| 100.03OTHER NONREIMBURSEABLE | | | | | | | | 100.03 |
| 101 CROSS FOOT ADJUSTMENTS | | | | | | | | 101 |
| 102 NEGATIVE COST CENTER | | | | | | | | 102 |
| 103 TOTAL | 2398170 | 378630 | 1736930 | 1083247 | 60115364 | | 60115364 | 103 |

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

| COST CENTER DESCRIPTION | DIR ASSGND | NEW CAP | CAP REL | ADMINIS- | OPERATION | LAUNDRY | HOUSE- | DIETARY |
|-------------------------------------|-----------------------|--------------------------|---------------------------|---------------------------|---------------|-------------------------|---------------|-----------|
| | CAP-REL COSTS 0 | BLDGS & FIXTURES 3 | COST TO BE ALLOC 4A | TRATIVE & GENERAL 6 | OF PLANT 8 | & LINEN SERVICE 9 | KEEPING 10 | 11 |
| GENERAL SERVICE COST CENTERS | | | | | | | | |
| 1 | | | | | | | | 1 |
| 2 | | | | | | | | 2 |
| 3 | | | | | | | | 3 |
| 4 | | | | | | | | 4 |
| 5 | | | | | | | | 5 |
| 6 | | 673438 | 673438 | 673438 | | | | 6 |
| 7 | | | | | | | | 7 |
| 8 | | 10253 | 10253 | 38123 | 48376 | | | 8 |
| 9 | | 4551 | 4551 | 75 | 147 | 4773 | | 9 |
| 10 | | 2559 | 2559 | 14642 | 82 | | 17283 | 10 |
| 11 | | 28715 | 28715 | 25854 | 925 | | 332 | 55826 11 |
| 12 | | 46422 | 46422 | 2607 | 1495 | | 537 | 12 |
| 13 | | | | | | | | 13 |
| 14 | | | | 19458 | | | | 14 |
| 15 | | | | | | | | 15 |
| 16 | | | | | | | | 16 |
| 17 | | 18308 | 18308 | 11340 | 590 | | 212 | 17 |
| 18 | | | | | | | | 18 |
| 20 | | | | | | | | 20 |
| 21 | | | | | | | | 21 |
| 22 | | | | | | | | 22 |
| 23 | | | | | | | | 23 |
| 24 | | | | | | | | 24 |
| INPATIENT ROUTINE SERV COST CENTERS | | | | | | | | |
| 25 | | 1025305 | 1025305 | 286818 | 33019 | 4773 | 11853 | 55826 25 |
| ANCILLARY SERVICE COST CENTERS | | | | | | | | |
| 41 | | | | 462 | | | | 41 |
| 44 | | | | 11423 | | | | 44 |
| 46.30 | | | | | | | | 46.30 |
| 50 | | | | 1699 | | | | 50 |
| 55.30 | | | | | | | | 55.30 |
| 56 | | 7814 | 7814 | 28793 | 252 | | 90 | 56 |
| 59 | | | | | | | | 59 |
| 59.01 | | 10579 | 10579 | 8124 | 341 | | 122 | 59.01 |
| 59.02 | | | | | | | | 59.02 |
| 59.97 | | | | | | | | 59.97 |
| 59.98 | | | | | | | | 59.98 |
| 59.99 | | | | | | | | 59.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | | |
| 62 | | | | | | | | 62 |
| 63 | | 95283 | 95283 | 57976 | 3069 | | 1102 | 63 |
| 63.50 | | | | | | | | 63.50 |
| 63.60 | | | | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | | |
| 69.10 | | | | | | | | 69.10 |
| 69.20 | | | | | | | | 69.20 |
| 69.30 | | | | | | | | 69.30 |
| 69.40 | | | | | | | | 69.40 |
| 71 | | | | | | | | 71 |
| SPECIAL PURPOSE COST CENTERS | | | | | | | | |
| 85.01 | | | | | | | | 85.01 |
| 85.02 | | | | | | | | 85.02 |
| 85.03 | | | | | | | | 85.03 |
| 95 | | 1923227 | 1923227 | 507394 | 39920 | 4773 | 14248 | 55826 95 |
| NONREIMBURSABLE COST CENTERS | | | | | | | | |
| 97 | | 3538 | 3538 | 36770 | 114 | | 41 | 97 |
| 98 | | 259005 | 259005 | 128005 | 8342 | | 2994 | 98 |
| 99 | | | | 1269 | | | | 99 |
| 100 | | | | | | | | 100 |
| 100.01 | | | | | | | | 100.01 |
| 100.02 | | | | | | | | 100.02 |
| 100.03 | | | | | | | | 100.03 |
| 101 | | | | | | | | 101 |
| 102 | | | | | | | | 102 |
| 103 | | 2185770 | 2185770 | 673438 | 48376 | 4773 | 17283 | 55826 103 |

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

| COST CENTER DESCRIPTION | CAFETERIA | NURSING ADMINIS- TRATION | MEDICAL RECORDS & LIBRARY | SUBTOTAL | I&R COST & POST STEP- DOWN ADJS | TOTAL | |
|--|-----------|--------------------------------|---------------------------------|----------|---------------------------------------|---------|--------|
| | 12 | 14 | 17 | 25 | 26 | 27 | |
| GENERAL SERVICE COST CENTERS | | | | | | | |
| 1 OLD CAP REL COSTS-BLDG & FIXT | | | | | | | 1 |
| 2 OLD CAP REL COSTS-MVBLE EQUIP | | | | | | | 2 |
| 3 NEW CAP REL COSTS-BLDG & FIXT | | | | | | | 3 |
| 4 NEW CAP REL COSTS-MVBLE EQUIP | | | | | | | 4 |
| 5 EMPLOYEE BENEFITS | | | | | | | 5 |
| 6 ADMINISTRATIVE & GENERAL | | | | | | | 6 |
| 7 MAINTENANCE & REPAIRS | | | | | | | 7 |
| 8 OPERATION OF PLANT | | | | | | | 8 |
| 9 LAUNDRY & LINEN SERVICE | | | | | | | 9 |
| 10 HOUSEKEEPING | | | | | | | 10 |
| 11 DIETARY | | | | | | | 11 |
| 12 CAFETERIA | 51061 | | | | | | 12 |
| 13 MAINTENANCE OF PERSONNEL | | | | | | | 13 |
| 14 NURSING ADMINISTRATION | | 19458 | | | | | 14 |
| 15 CENTRAL SERVICES & SUPPLY | | | | | | | 15 |
| 16 PHARMACY | | | | | | | 16 |
| 17 MEDICAL RECORDS & LIBRARY | 1814 | | 32264 | | | | 17 |
| 18 SOCIAL SERVICE | | | | | | | 18 |
| 20 NONPHYSICIAN ANESTHETISTS | | | | | | | 20 |
| 21 NURSING SCHOOL | | | | | | | 21 |
| 22 I&R SERVICES-SALARY & FRINGES A | | | | | | | 22 |
| 23 I&R SERVICES-OTHER PRGM COSTS A | | | | | | | 23 |
| 24 PARAMED ED PRGM-(SPECIFY) | | | | | | | 24 |
| 25 INPATIENT ROUTINE SERV COST CENTERS | | | | | | | |
| ADULTS & PEDIATRICS | 30059 | 15871 | 18371 | 1481895 | | 1481895 | 25 |
| ANCILLARY SERVICE COST CENTERS | | | | | | | |
| 41 RADIOLOGY-DIAGNOSTIC | | | 5 | 467 | | 467 | 41 |
| 44 LABORATORY | | | 1231 | 12654 | | 12654 | 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN CO | | | | | | | 46.30 |
| 50 PHYSICAL THERAPY | 148 | | 136 | 1983 | | 1983 | 50 |
| 55.30 IMPL. DEV. CHARGED TO PATIENT | | | | | | | 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | | | 1853 | 38802 | | 38802 | 56 |
| 59 ADOLSCENT THERAPY | | | | | | | 59 |
| 59.01 ECT | 680 | | 814 | 20660 | | 20660 | 59.01 |
| 59.02 CHEMICAL DEPENDENCY | | | | | | | 59.02 |
| 59.97 CARDIAC REHABILITATION | | | | | | | 59.97 |
| 59.98 HYPERBARIC OXYGEN THERAPY | | | | | | | 59.98 |
| 59.99 LITHOTRIPSY | | | | | | | 59.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | |
| 62 OBSERVATION BEDS (NON-DISTINCT | | | | | | | 62 |
| 63 PARTIAL HOSPITALIZATION | 6793 | 3587 | 9854 | 177664 | | 177664 | 63 |
| 63.50 RHC | | | | | | | 63.50 |
| 63.60 FQHC | | | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | |
| 69.10 CMHC | | | | | | | 69.10 |
| 69.20 OUTPATIENT PHYSICAL THERAPY | | | | | | | 69.20 |
| 69.30 OUTPATIENT OCCUPATIONAL THERAPY | | | | | | | 69.30 |
| 69.40 OUTPATIENT SPEECH PATHOLOGY | | | | | | | 69.40 |
| 71 HOME HEALTH AGENCY | | | | | | | 71 |
| SPECIAL PURPOSE COST CENTERS | | | | | | | |
| 85.01 PANCREAS ACQUISITION | | | | | | | 85.01 |
| 85.02 INTESTINAL ACQUISITION | | | | | | | 85.02 |
| 85.03 ISLET CELL ACQUISITION | | | | | | | 85.03 |
| 95 SUBTOTALS | 39494 | 19458 | 32264 | 1734125 | | 1734125 | 95 |
| NONREIMBURSABLE COST CENTERS | | | | | | | |
| 97 RESEARCH | 1467 | | | 41930 | | 41930 | 97 |
| 98 PHYSICIANS' PRIVATE OFFICES | 9952 | | | 408298 | | 408298 | 98 |
| 99 NONPAID WORKERS | 148 | | | 1417 | | 1417 | 99 |
| 100 GUEST MEALS | | | | | | | 100 |
| 100.01ADOLESCENT SCHOOL | | | | | | | 100.01 |
| 100.02MARKETING | | | | | | | 100.02 |
| 100.03OTHER NONREIMBURSEABLE | | | | | | | 100.03 |
| 101 CROSS FOOT ADJUSTMENTS | | | | | | | 101 |
| 102 NEGATIVE COST CENTER | | | | | | | 102 |
| 103 TOTAL | 51061 | 19458 | 32264 | 2185770 | | 2185770 | 103 |

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

| COST CENTER DESCRIPTION | OLD CAP | OLD CAP | NEW CAP | NEW CAP | EMPLOYEE | RECON- CILIATION |
|---|---------------------------------------|--|---------------------------------------|--|-----------------------------------|---------------------|
| | BLDGS & FIXTURES SQUARE FEET | MOVABLE EQUIPMENT SQUARE FEET | BLDGS & FIXTURES SQUARE FEET | MOVABLE EQUIPMENT SQUARE FEET | BENEFITS GROSS SALARIES | |
| | 1 | 2 | 3 | 4 | 5 | 6A |
| GENERAL SERVICE COST CENTERS | | | | | | |
| 1 OLD CAP REL COSTS-BLDG & FIXT | 127270 | | | | | 1 |
| 2 OLD CAP REL COSTS-MVBLE EQUIP | | 127270 | | | | 2 |
| 3 NEW CAP REL COSTS-BLDG & FIXT | | | 127270 | | | 3 |
| 4 NEW CAP REL COSTS-MVBLE EQUIP | | | | 127270 | | 4 |
| 5 EMPLOYEE BENEFITS | | | | | 30684969 | 5 |
| 6 ADMINISTRATIVE & GENERAL | 39212 | 39212 | 39212 | 39212 | 5583127 | -19079376 |
| 7 MAINTENANCE & REPAIRS | | | | | | 7 |
| 8 OPERATION OF PLANT | 597 | 597 | 597 | 597 | 99629 | 8 |
| 9 LAUNDRY & LINEN SERVICE | 265 | 265 | 265 | 265 | | 9 |
| 10 HOUSEKEEPING | 149 | 149 | 149 | 149 | 58812 | 10 |
| 11 DIETARY | 1672 | 1672 | 1672 | 1672 | 207574 | 11 |
| 12 CAFETERIA | 2703 | 2703 | 2703 | 2703 | | 12 |
| 13 MAINTENANCE OF PERSONNEL | | | | | | 13 |
| 14 NURSING ADMINISTRATION | | | | | 946908 | 14 |
| 15 CENTRAL SERVICES & SUPPLY | | | | | | 15 |
| 16 PHARMACY | | | | | | 16 |
| 17 MEDICAL RECORDS & LIBRARY | 1066 | 1066 | 1066 | 1066 | 323790 | 17 |
| 18 SOCIAL SERVICE | | | | | | 18 |
| 20 NONPHYSICIAN ANESTHETISTS | | | | | | 20 |
| 21 NURSING SCHOOL | | | | | | 21 |
| 22 I&R SERVICES-SALARY & FRINGES | | | | | | 22 |
| 23 I&R SERVICES-OTHER PRGM COSTS | | | | | | 23 |
| 24 PARAMED ED PRGM-(SPECIFY) | | | | | | 24 |
| 25 INPATIENT ROUTINE SERV COST CENTERS ADULTS & PEDIATRICS | 59700 | 59700 | 59700 | 59700 | 12541680 | 25 |
| ANCILLARY SERVICE COST CENTERS | | | | | | |
| 41 RADIOLOGY-DIAGNOSTIC | | | | | | 41 |
| 44 LABORATORY | | | | | | 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN | | | | | | 46.30 |
| 50 PHYSICAL THERAPY | | | | | 82427 | 50 |
| 55.30 IMPL. DEV. CHARGED TO PATIENT | | | | | | 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | 455 | 455 | 455 | 455 | | 56 |
| 59 ADOLSCENT THERAPY | | | | | | 59 |
| 59.01 ECT | 616 | 616 | 616 | 616 | 326675 | 59.01 |
| 59.02 CHEMICAL DEPENDENCY | | | | | | 59.02 |
| 59.97 CARDIAC REHABILITATION | | | | | | 59.97 |
| 59.98 HYPERBARIC OXYGEN THERAPY | | | | | | 59.98 |
| 59.99 LITHOTRIPSY | | | | | | 59.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 62 OBSERVATION BEDS (NON-DISTINC | | | | | | 62 |
| 63 PARTIAL HOSPITALIZATION | 5548 | 5548 | 5548 | 5548 | 2632500 | 63 |
| 63.50 RHC | | | | | | 63.50 |
| 63.60 FQHC | | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 69.10 CMHC | | | | | | 69.10 |
| 69.20 OUTPATIENT PHYSICAL THERAPY | | | | | | 69.20 |
| 69.30 OUTPATIENT OCCUPATIONAL THERA | | | | | | 69.30 |
| 69.40 OUTPATIENT SPEECH PATHOLOGY | | | | | | 69.40 |
| 71 HOME HEALTH AGENCY | | | | | | 71 |
| SPECIAL PURPOSE COST CENTERS | | | | | | |
| 85.01 PANCREAS ACQUISITION | | | | | | 85.01 |
| 85.02 INTESTINAL ACQUISITION | | | | | | 85.02 |
| 85.03 ISLET CELL ACQUISITION | | | | | | 85.03 |
| 95 SUBTOTALS | 111983 | 111983 | 111983 | 111983 | 22803122 | -19079376 |
| NONREIMBURSABLE COST CENTERS | | | | | | |
| 97 RESEARCH | 206 | 206 | 206 | 206 | 1294184 | 97 |
| 98 PHYSICIANS' PRIVATE OFFICES | 15081 | 15081 | 15081 | 15081 | 6525722 | 98 |
| 99 NONPAID WORKERS | | | | | 61941 | 99 |
| 100 GUEST MEALS | | | | | | 100 |
| 100.01 ADOLESCENT SCHOOL | | | | | | 100.01 |
| 100.02 MARKETING | | | | | | 100.02 |
| 100.03 OTHER NONREIMBURSEABLE | | | | | | 100.03 |

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

| COST CENTER DESCRIPTION | OLD CAP | OLD CAP | NEW CAP | NEW CAP | EMPLOYEE | RECON- CILIATION |
|-----------------------------------|---------------------------------------|--|---------------------------------------|--|-------------------------------|---------------------|
| | BLDGS & FIXTURES SQUARE FEET | MOVABLE EQUIPMENT SQUARE FEET | BLDGS & FIXTURES SQUARE FEET | MOVABLE EQUIPMENT SQUARE FEET | BENEFITS GROSS SALARIES | |
| | 1 | 2 | 3 | 4 | 5 | 6A |
| 101 CROSS FOOT ADJUSTMENTS | | | | | | 101 |
| 102 NEGATIVE COST CENTER | | | | | | 102 |
| 103 COST TO BE ALLOC PER B PT I | | | 2185770 | | 4646402 | 103 |
| 104 UNIT COST MULT-WS B PT I | | | | | | 104 |
| 104 UNIT COST MULT-WS B PT I | | | 17.174275 | | .151423 | 104 |
| 105 COST TO BE ALLOC PER B PT II | | | | | | 105 |
| 106 UNIT COST MULT-WS B PT II | | | | | | 106 |
| 106 UNIT COST MULT-WS B PT II | | | | | | 106 |
| 107 COST TO BE ALLOC PER B PT III | | | | | | 107 |
| 108 UNIT COST MULT-WS B PT III | | | | | | 108 |
| 108 UNIT COST MULT-WS B PT III | | | | | | 108 |

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

| COST CENTER DESCRIPTION | ADMINIS- TRATIVE & GENERAL ACCUM COST 6 | OPERATION OF PLANT SQUARE FEET 8 | LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 9 | HOUSE- KEEPING SQUARE FEET 10 | DIETARY MEALS SERVED 11 | CAFETERIA FULL TIME EQUIV'S 12 | NURSING ADMINIS- TRATION DIRECT NRSING HRS 14 | |
|-----------------------------------|--|--|--|---|----------------------------------|---|--|-----|
| 101 CROSS FOOT ADJUSTMENTS | | | | | | | | 101 |
| 102 NEGATIVE COST CENTER | | | | | | | | 102 |
| 103 COST TO BE ALLOC PER B PT I | 19079376 | 3403096 | 16978 | 1312868 | 2398170 | 378630 | 1736930 | 103 |
| 104 UNIT COST MULT-WS B PT I | .464943 | | 169.780000 | | 17.151470 | | 63.890605 | 104 |
| 104 UNIT COST MULT-WS B PT I | | 38.909868 | | 15.082289 | | 10.051768 | | 104 |
| 105 COST TO BE ALLOC PER B PT II | | | | | | | | 105 |
| 106 UNIT COST MULT-WS B PT II | | | | | | | | 106 |
| 106 UNIT COST MULT-WS B PT II | | | | | | | | 106 |
| 107 COST TO BE ALLOC PER B PT III | 673438 | 48376 | 4773 | 17283 | 55826 | 51061 | 19458 | 107 |
| 108 UNIT COST MULT-WS B PT III | .016411 | | 47.730000 | | .399262 | | .715736 | 108 |
| 108 UNIT COST MULT-WS B PT III | | .553115 | | .198548 | | 1.355554 | | 108 |

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

| COST CENTER DESCRIPTION | MEDICAL RECORDS & LIBRARY GROSS REVENUE | |
|--|---|--------|
| | 17 | |
| GENERAL SERVICE COST CENTERS | | |
| 1 OLD CAP REL COSTS-BLDG & FIXT | | 1 |
| 2 OLD CAP REL COSTS-MVBLE EQUIP | | 2 |
| 3 NEW CAP REL COSTS-BLDG & FIXT | | 3 |
| 4 NEW CAP REL COSTS-MVBLE EQUIP | | 4 |
| 5 EMPLOYEE BENEFITS | | 5 |
| 6 ADMINISTRATIVE & GENERAL | | 6 |
| 7 MAINTENANCE & REPAIRS | | 7 |
| 8 OPERATION OF PLANT | | 8 |
| 9 LAUNDRY & LINEN SERVICE | | 9 |
| 10 HOUSEKEEPING | | 10 |
| 11 DIETARY | | 11 |
| 12 CAFETERIA | | 12 |
| 13 MAINTENANCE OF PERSONNEL | | 13 |
| 14 NURSING ADMINISTRATION | | 14 |
| 15 CENTRAL SERVICES & SUPPLY | | 15 |
| 16 PHARMACY | | 16 |
| 17 MEDICAL RECORDS & LIBRARY 110459019 | | 17 |
| 18 SOCIAL SERVICE | | 18 |
| 20 NONPHYSICIAN ANESTHETISTS | | 20 |
| 21 NURSING SCHOOL | | 21 |
| 22 I&R SERVICES-SALARY & FRINGES | | 22 |
| 23 I&R SERVICES-OTHER PRGM COSTS | | 23 |
| 24 PARAMED ED PRGM-(SPECIFY) | | 24 |
| 25 INPATIENT ROUTINE SERV COST CENTERS | | |
| ADULTS & PEDIATRICS 62881220 | | 25 |
| ANCILLARY SERVICE COST CENTERS | | |
| 41 RADIOLOGY-DIAGNOSTIC 16264 | | 41 |
| 44 LABORATORY 4214784 | | 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN | | 46.30 |
| 50 PHYSICAL THERAPY 466743 | | 50 |
| 55.30 IMPL. DEV. CHARGED TO PATIENT | | 55.30 |
| 56 DRUGS CHARGED TO PATIENTS 6345290 | | 56 |
| 59 ADOLSCENT THERAPY | | 59 |
| 59.01 ECT 2788578 | | 59.01 |
| 59.02 CHEMICAL DEPENDENCY | | 59.02 |
| 59.97 CARDIAC REHABILITATION | | 59.97 |
| 59.98 HYPERBARIC OXYGEN THERAPY | | 59.98 |
| 59.99 LITHOTRIPSY | | 59.99 |
| OUTPATIENT SERVICE COST CENTERS | | |
| 62 OBSERVATION BEDS (NON-DISTINC | | 62 |
| 63 PARTIAL HOSPITALIZATION 33746140 | | 63 |
| 63.50 RHC | | 63.50 |
| 63.60 FQHC | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | |
| 69.10 CMHC | | 69.10 |
| 69.20 OUTPATIENT PHYSICAL THERAPY | | 69.20 |
| 69.30 OUTPATIENT OCCUPATIONAL THERA | | 69.30 |
| 69.40 OUTPATIENT SPEECH PATHOLOGY | | 69.40 |
| 71 HOME HEALTH AGENCY | | 71 |
| SPECIAL PURPOSE COST CENTERS | | |
| 85.01 PANCREAS ACQUISITION | | 85.01 |
| 85.02 INTESTINAL ACQUISITION | | 85.02 |
| 85.03 ISLET CELL ACQUISITION | | 85.03 |
| 95 SUBTOTALS 110459019 | | 95 |
| NONREIMBURSABLE COST CENTERS | | |
| 97 RESEARCH | | 97 |
| 98 PHYSICIANS' PRIVATE OFFICES | | 98 |
| 99 NONPAID WORKERS | | 99 |
| 100 GUEST MEALS | | 100 |
| 100.01 ADOLESCENT SCHOOL | | 100.01 |
| 100.02 MARKETING | | 100.02 |
| 100.03 OTHER NONREIMBURSEABLE | | 100.03 |

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

| COST CENTER DESCRIPTION | MEDICAL RECORDS & LIBRARY GROSS REVENUE 17 | |
|-----------------------------------|---|-----|
| 101 CROSS FOOT ADJUSTMENTS | | 101 |
| 102 NEGATIVE COST CENTER | | 102 |
| 103 COST TO BE ALLOC PER B PT I | 1083247 | 103 |
| 104 UNIT COST MULT-WS B PT I | .009807 | |
| | | 104 |
| 104 UNIT COST MULT-WS B PT I | | 104 |
| 105 COST TO BE ALLOC PER B PT II | | 105 |
| 106 UNIT COST MULT-WS B PT II | | |
| | | 106 |
| 106 UNIT COST MULT-WS B PT II | | 106 |
| 107 COST TO BE ALLOC PER B PT III | 32264 | 107 |
| 108 UNIT COST MULT-WS B PT III | .000292 | |
| | | 108 |
| 108 UNIT COST MULT-WS B PT III | | 108 |

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

| COST CENTER DESCRIPTION | TOTAL COST | THERAPY | TOTAL COSTS | RCE DISALLOWANCE | TOTAL COSTS | |
|-------------------------------------|----------------------------------|---------------------|-------------|------------------|-------------|-------|
| | (FROM WKST B, PART I, COL 27) | LIMIT ADJUSTMENT | | | | |
| | 1 | 2 | 3 | 4 | 5 | |
| INPATIENT ROUTINE SERV COST CENTERS | | | | | | |
| 25 ADULTS & PEDIATRICS | 33498291 | | 33498291 | | 33498291 | 25 |
| ANCILLARY SERVICE COST CENTERS | | | | | | |
| 41 RADIOLOGY-DIAGNOSTIC | 41442 | | 41442 | | 41442 | 41 |
| 44 LABORATORY | 1060978 | | 1060978 | | 1060978 | 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMI | | | | | | 46.30 |
| 50 PHYSICAL THERAPY | 157318 | | 157318 | | 157318 | 50 |
| 55.30 IMPL. DEV. CHARGED TO PATIE | | | | | | 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | 2656988 | | 2656988 | | 2656988 | 56 |
| 59 ADOLSCENT THERAPY | | | | | | 59 |
| 59.01 ECT | 790866 | | 790866 | | 790866 | 59.01 |
| 59.02 CHEMICAL DEPENDENCY | | | | | | 59.02 |
| 59.97 CARDIAC REHABILITATION | | | | | | 59.97 |
| 59.98 HYPERBARIC OXYGEN THERAPY | | | | | | 59.98 |
| 59.99 LITHOTRIPSY | | | | | | 59.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 62 OBSERVATION BEDS (NON-DISTI | | | | | | 62 |
| 63 PARTIAL HOSPITALIZATION | 6176267 | | 6176267 | | 6176267 | 63 |
| 63.50 RHC | | | | | | 63.50 |
| 63.60 FQHC | | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 101 SUBTOTAL | 44382150 | | 44382150 | | 44382150 | 101 |
| 102 LESS OBSERVATION BEDS | | | | | | 102 |
| 103 TOTAL | 44382150 | | 44382150 | | 44382150 | 103 |

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I (CONT)

| COST CENTER DESCRIPTION | ----- CHARGES ----- | | | COST OR OTHER RATIO 9 | TEFRA INPATIENT RATIO 10 | PPS INPATIENT RATIO 11 |
|--|---------------------|-----------------|------------|--------------------------------|-----------------------------------|---------------------------------|
| | INPATIENT 6 | OUTPATIENT 7 | TOTAL 8 | | | |
| 25 INPATIENT ROUTINE SERV COST CENTERS | | | | | | 25 |
| ADULTS & PEDIATRICS | 62881220 | | 62881220 | | | |
| ANCILLARY SERVICE COST CENTERS | | | | | | |
| 41 RADIOLOGY-DIAGNOSTIC | 16264 | | 16264 | 2.548082 | 2.548082 | 2.548082 41 |
| 44 LABORATORY | 3989298 | 225486 | 4214784 | .251728 | .251728 | .251728 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMI | | | | | | 46.30 |
| 50 PHYSICAL THERAPY | 466743 | | 466743 | .337055 | .337055 | .337055 50 |
| 55.30 IMPL. DEV. CHARGED TO PATIE | | | | | | 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | 6345076 | 214 | 6345290 | .418734 | .418734 | .418734 56 |
| 59 ADOLSCENT THERAPY | | | | | | 59 |
| 59.01 ECT | 1440351 | 1348227 | 2788578 | .283609 | .283609 | .283609 59.01 |
| 59.02 CHEMICAL DEPENDENCY | | | | | | 59.02 |
| 59.97 CARDIAC REHABILITATION | | | | | | 59.97 |
| 59.98 HYPERBARIC OXYGEN THERAPY | | | | | | 59.98 |
| 59.99 LITHOTRIPSY | | | | | | 59.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 62 OBSERVATION BEDS (NON-DISTI | | | | | | 62 |
| 63 PARTIAL HOSPITALIZATION | | 33746140 | 33746140 | .183021 | .183021 | .183021 63 |
| 63.50 RHC | | | | | | 63.50 |
| 63.60 FQHC | | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 101 SUBTOTAL | 75138952 | 35320067 | 110459019 | | | 101 |
| 102 LESS OBSERVATION BEDS | | | | | | 102 |
| 103 TOTAL | 75138952 | 35320067 | 110459019 | | | 103 |

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

| COST CENTER DESCRIPTION | ----- OLD CAPITAL ----- | | | ----- NEW CAPITAL ----- | | |
|---------------------------------|-------------------------|----------------------|------------------------------|-------------------------|----------------------|------------------------------|
| | CAPITAL RELATED COST | SWING-BED ADJUSTMENT | REDUCED CAPITAL RELATED COST | CAPITAL RELATED COST | SWING-BED ADJUSTMENT | REDUCED CAPITAL RELATED COST |
| | 1 | 2 | 3 | 4 | 5 | 6 |
| INPAT ROUTINE SERV COST CTRS | | | | | | |
| 25 ADULTS & PEDIATRICS | | | | 1481895 | | 1481895 |
| 26 INTENSIVE CARE UNIT | | | | | | |
| 27 CORONARY CARE UNIT | | | | | | |
| 28 BURN INTENSIVE CARE UNIT | | | | | | |
| 29 SURGICAL INTENSIVE CARE UNIT | | | | | | |
| 30 OTHER SPECIAL CARE (SPECIFY) | | | | | | |
| 31 SUBPROVIDER I | | | | | | |
| 33 NURSERY | | | | | | |
| 101 TOTAL | | | | 1481895 | | 1481895 |

| COST CENTER DESCRIPTION | ---- OLD CAPITAL ---- | | | ---- NEW CAPITAL ---- | | |
|---------------------------------|-----------------------|------------------------|----------|--------------------------------|----------|--------------------------------|
| | TOTAL PATIENT DAYS | INPATIENT PROGRAM DAYS | PER DIEM | INPATIENT PROGRAM CAPITAL COST | PER DIEM | INPATIENT PROGRAM CAPITAL COST |
| | 7 | 8 | 9 | 10 | 11 | 12 |
| INPAT ROUTINE SERV COST CTRS | | | | | | |
| 25 ADULTS & PEDIATRICS | 46541 | 17461 | | | 31.84 | 555958 |
| 26 INTENSIVE CARE UNIT | | | | | | |
| 27 CORONARY CARE UNIT | | | | | | |
| 28 BURN INTENSIVE CARE UNIT | | | | | | |
| 29 SURGICAL INTENSIVE CARE UNIT | | | | | | |
| 30 OTHER SPECIAL CARE (SPECIFY) | | | | | | |
| 31 SUBPROVIDER I | | | | | | |
| 33 NURSERY | | | | | | |
| 101 TOTAL | 46541 | 17461 | | | | 555958 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-4031) [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

| COST CENTER DESCRIPTION | OLD | NEW | TOTAL CHARGES | INPATIENT PROGRAM CHARGES | ---- OLD CAPITAL ---- | | ---- NEW CAPITAL ---- | | |
|-------------------------------------|----------------------|----------------------|---------------|---------------------------|--------------------------|---------------|--------------------------|---------------|-----------|
| | CAPITAL RELATED COST | CAPITAL RELATED COST | | | RATIO OF COST TO CHARGES | CAPITAL COSTS | RATIO OF COST TO CHARGES | CAPITAL COSTS | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | |
| ANCILLARY SERVICE COST CENTERS | | | | | | | | | |
| 41 RADIOLOGY-DIAGNOSTIC | | 467 | 16264 | 9739 | | | .028714 | 280 | 41 |
| 44 LABORATORY | | 12654 | 4214784 | 1540654 | | | .003002 | 4625 | 44 |
| 46.30 BLOOD CLOTting FACTORS ADMIN | | | | | | | | | 46.30 |
| 50 PHYSICAL THERAPY | | 1983 | 466743 | 338441 | | | .004249 | 1438 | 50 |
| 55.30 IMPL. DEV. CHARGED TO PATIENT | | | | | | | | | 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | | 38802 | 6345290 | 3202337 | | | .006115 | 19582 | 56 |
| 59 ADOLSCENT THERAPY | | | | | | | | | 59 |
| 59.01 ECT | | 20660 | 2788578 | 594795 | | | .007409 | 4407 | 59.01 |
| 59.02 CHEMICAL DEPENDENCY | | | | | | | | | 59.02 |
| 59.97 CARDIAC REHABILITATION | | | | | | | | | 59.97 |
| 59.98 HYPERBARIC OXYGEN THERAPY | | | | | | | | | 59.98 |
| 59.99 LITHOTRIPSY | | | | | | | | | 59.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | | | |
| 62 OBSERVATION BEDS (NON-DISTINC | | | | | | | | | 62 |
| 63 PARTIAL HOSPITALIZATION | | 177664 | 33746140 | | | | .005265 | | 63 |
| 63.50 RHC | | | | | | | | | 63.50 |
| 63.60 FQHC | | | | | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | | | |
| 101 TOTAL | | 252230 | 47577799 | 5685966 | | | | | 30332 101 |

PROVIDER NO. 14-4031 ALEXIAN BROTHERS BEHAVIORAL HE
 PERIOD FROM 01/01/2010 TO 12/31/2010

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

VERSION: 2011.03
 05/17/2011 09:38

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

| COST CENTER DESCRIPTION | NONPHYSICIAN | MEDICAL | SWING-BED | TOTAL COSTS | TOTAL | PER DIEM | INPATIENT | INPATIENT |
|---------------------------------|------------------|----------------|-------------------|-------------|--------------|----------|--------------|-------------------------|
| | ANESTHETIST COST | EDUCATION COST | ADJUSTMENT AMOUNT | | PATIENT DAYS | | PROGRAM DAYS | PROGRAM PASS THRU COSTS |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| INPAT ROUTINE SERV COST CTRS | | | | | | | | |
| 25 ADULTS & PEDIATRICS | | | | | 46541 | | 17461 | 25 |
| 26 INTENSIVE CARE UNIT | | | | | | | | 26 |
| 27 CORONARY CARE UNIT | | | | | | | | 27 |
| 28 BURN INTENSIVE CARE UNIT | | | | | | | | 28 |
| 29 SURGICAL INTENSIVE CARE UNIT | | | | | | | | 29 |
| 30 OTHER SPECIAL CARE (SPECIFY) | | | | | | | | 30 |
| 31 SUBPROVIDER I | | | | | | | | 31 |
| 33 NURSERY | | | | | | | | 33 |
| 34 SKILLED NURSING FACILITY | | | | | | | | 34 |
| 35 NURSING FACILITY | | | | | | | | 35 |
| 101 TOTAL | | | | | 46541 | | 17461 | 101 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

| | | | | | | | | |
|------------|------|------------------|------|--------------------|-----|--------|-----|-------|
| CHECK | [] | TITLE V | [XX] | HOSPITAL (14-4031) | [] | SUB IV | [] | PPS |
| APPLICABLE | [XX] | TITLE XVIII-PT A | [] | SUB I | [] | SNF | [] | TEFRA |
| BOXES | [] | TITLE XIX | [] | SUB II | [] | NF | | |
| | | | [] | SUB III | [] | ICF/MR | | |

| COST CENTER DESCRIPTION | OUTPATIENT | | | N/A | N/A | N/A | TOTAL COSTS |
|-------------------------------------|-------------------------------|-------------------------------|------------------------|------|------|------|-------------|
| | NONPHYSICIAN ANESTHETIST COST | NONPHYSICIAN ANESTHETIST COST | MEDICAL EDUCATION COST | | | | |
| | 1 | 1.01 | 2 | 2.01 | 2.02 | 2.03 | 3 |
| ANCILLARY SERVICE COST CENTERS | | | | | | | |
| 41 RADIOLOGY-DIAGNOSTIC | | | | | | | 41 |
| 44 LABORATORY | | | | | | | 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN | | | | | | | 46.30 |
| 50 PHYSICAL THERAPY | | | | | | | 50 |
| 55.30 IMPL. DEV. CHARGED TO PATIENT | | | | | | | 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | | | | | | | 56 |
| 59 ADOLSCENT THERAPY | | | | | | | 59 |
| 59.01 ECT | | | | | | | 59.01 |
| 59.02 CHEMICAL DEPENDENCY | | | | | | | 59.02 |
| 59.97 CARDIAC REHABILITATION | | | | | | | 59.97 |
| 59.98 HYPERBARIC OXYGEN THERAPY | | | | | | | 59.98 |
| 59.99 LITHOTRIPSY | | | | | | | 59.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | |
| 62 OBSERVATION BEDS (NON-DISTINC | | | | | | | 62 |
| 63 PARTIAL HOSPITALIZATION | | | | | | | 63 |
| 63.50 RHC | | | | | | | 63.50 |
| 63.60 FQHC | | | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | |
| 101 TOTAL | | | | | | | 101 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-4031) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

| COST CENTER DESCRIPTION | OUTPATIENT | TOTAL | RATIO OF | OUTPATIENT | INPATIENT | INPATIENT | OUTPATIENT |
|-------------------------------------|--------------|----------|----------|---------------|-----------|--------------|-------------|
| | PASS THROUGH | | COST TO | RATIO OF COST | PROGRAM | PROGRAM | |
| | COSTS | CHARGES | CHARGES | TO CHARGES | CHARGES | PASS THROUGH | CHARGES |
| | 3.01 | 4 | 5 | 5.01 | 6 | 7 | 8 |
| ANCILLARY SERVICE COST CENTERS | | | | | | | |
| 41 RADIOLOGY-DIAGNOSTIC | | 16264 | | | 9739 | | 41 |
| 44 LABORATORY | | 4214784 | | | 1540654 | | 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN | | | | | | | 46.30 |
| 50 PHYSICAL THERAPY | | 466743 | | | 338441 | | 50 |
| 55.30 IMPL. DEV. CHARGED TO PATIENT | | | | | | | 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | | 6345290 | | | 3202337 | | 56 |
| 59 ADOLSCENT THERAPY | | | | | | | 59 |
| 59.01 ECT | | 2788578 | | | 594795 | | 59.01 |
| 59.02 CHEMICAL DEPENDENCY | | | | | | | 59.02 |
| 59.97 CARDIAC REHABILITATION | | | | | | | 59.97 |
| 59.98 HYPERBARIC OXYGEN THERAPY | | | | | | | 59.98 |
| 59.99 LITHOTRIPSY | | | | | | | 59.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | |
| 62 OBSERVATION BEDS (NON-DISTINC | | | | | | | 62 |
| 63 PARTIAL HOSPITALIZATION | | 33746140 | | | | | 63 |
| 63.50 RHC | | | | | | | 63.50 |
| 63.60 FQHC | | | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | |
| 101 TOTAL | | 47577799 | | | 5685966 | | 2558332 101 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-4031) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

| COST CENTER DESCRIPTION | OUTPATIENT PROGRAM CHARGES 8.01 | OUTPATIENT PROGRAM CHARGES 8.02 | OUTPATIENT PROGRAM PASS THROUGH COSTS 9 | OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01 | OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02 | |
|-------------------------------------|--|--|---|--|--|-------|
| ANCILLARY SERVICE COST CENTERS | | | | | | |
| 41 RADIOLOGY-DIAGNOSTIC | | | | | | 41 |
| 44 LABORATORY | | | | | | 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN | | | | | | 46.30 |
| 50 PHYSICAL THERAPY | | | | | | 50 |
| 55.30 IMPL. DEV. CHARGED TO PATIENT | | | | | | 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | | | | | | 56 |
| 59 ADOLSCENT THERAPY | | | | | | 59 |
| 59.01 ECT | | | | | | 59.01 |
| 59.02 CHEMICAL DEPENDENCY | | | | | | 59.02 |
| 59.97 CARDIAC REHABILITATION | | | | | | 59.97 |
| 59.98 HYPERBARIC OXYGEN THERAPY | | | | | | 59.98 |
| 59.99 LITHOTRIPSY | | | | | | 59.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 62 OBSERVATION BEDS (NON-DISTINC | | | | | | 62 |
| 63 PARTIAL HOSPITALIZATION | | | | | | 63 |
| 63.50 RHC | | | | | | 63.50 |
| 63.60 FOHC | | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 101 TOTAL | | | | | | 101 |

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-4031) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

| COST CENTER DESCRIPTION | COST TO CHARGE RATIO FROM WORKSHEET C, | | | PROGRAM CHARGES | | | |
|---|--|----------|----------|-----------------|------------|------------|-------|
| | PART II | PART I | PART II | OUTPATIENT | OUTPATIENT | OTHER | |
| | COL. 8 | COL. 9 | COL. 9 | AMBULATORY | RADIOLOGY | OUTPATIENT | |
| | 1 | 1.01 | 1.02 | SURGICAL | 3 | DIAGNOSTIC | |
| | | | | CENTER | | 4 | |
| | | | | 2 | | | |
| 41 ANCILLARY SERVICE COST CENTERS | | | | | | | |
| 41 RADIOLOGY-DIAGNOSTIC | 2.548082 | 2.548082 | 2.548082 | | | | 41 |
| 44 LABORATORY | .251728 | .251728 | .251728 | | | | 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN CO | | | | | | | 46.30 |
| 50 PHYSICAL THERAPY | .337055 | .337055 | .337055 | | | | 50 |
| 55.30 IMPL. DEV. CHARGED TO PATIENT | | | | | | | 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | .418734 | .418734 | .418734 | | | | 56 |
| 59 ADOLSCENT THERAPY | | | | | | | 59 |
| 59.01 ECT | .283609 | .283609 | .283609 | | | | 59.01 |
| 59.02 CHEMICAL DEPENDENCY | | | | | | | 59.02 |
| 59.97 CARDIAC REHABILITATION | | | | | | | 59.97 |
| 59.98 HYPERBARIC OXYGEN THERAPY | | | | | | | 59.98 |
| 59.99 LITHOTRIPSY | | | | | | | 59.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | |
| 62 OBSERVATION BEDS (NON-DISTINCT | | | | | | | 62 |
| 63 PARTIAL HOSPITALIZATION | .183021 | .183021 | .183021 | | | | 63 |
| 63.50 RHC | | | | | | | 63.50 |
| 63.60 FQHC | | | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | |
| 65.01 AMBULANCE SERVICES (2ND PERIOD) | | | | | | | 65.01 |
| 65.02 AMBULANCE CHARGES (S-2 LINE 56. | | | | | | | 65.02 |
| 65.03 AMBULANCE CHARGES (S-2 LINE 56. | | | | | | | 65.03 |
| 101 SUBTOTAL | | | | | | | 101 |
| 102 CRNA CHARGES | | | | | | | 102 |
| 103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS | | | | | | | 103 |
| 104 NET CHARGES | | | | | | | 104 |

PART VI - VACCINE COST APPORTIONMENT

| | | |
|--|---------|------|
| 1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES | .418734 | 1 |
| 2 PROGRAM VACCINE CHARGES | | 2 |
| 2.01 PROGRAM VACCINE CHARGES | | 2.01 |
| 3 PROGRAM COSTS | | 3 |
| 3.01 PROGRAM COSTS | | 3.01 |

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-4031) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

| COST CENTER DESCRIPTION | PROGRAM CHARGES | | | | PROGRAM COST | | | |
|--------------------------------------|-----------------|------------------------------|-------------------------|------------------------------|------------------------------|---------------------------------------|----------------------|-----------------------------|
| | ALL OTHER (1) | PPS SER- VICES (SEE INSTRU.) | ALL OTHER (SEE INSTRU.) | PPS SER- VICES (SEE INSTRU.) | PPS SER- VICES (SEE INSTRU.) | OUTPATIENT AMBULATORY SURGICAL CENTER | OUTPATIENT RADIOLOGY | OUTPATIENT OTHER DIAGNOSTIC |
| | 5 | 5.01 | 5.02 | 5.03 | 5.04 | 6 | 7 | 8 |
| ANCILLARY SERVICE COST CENTERS | | | | | | | | |
| 41 RADIOLOGY-DIAGNOSTIC | | | | | | | | 41 |
| 44 LABORATORY | | | | | | | | 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN C | | | | | | | | 46.30 |
| 50 PHYSICAL THERAPY | | | | | | | | 50 |
| 55.30 IMPL. DEV. CHARGED TO PATIENT | | | | | | | | 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | | | | | | | | 56 |
| 59 ADOLSCENT THERAPY | | | | | | | | 59 |
| 59.01 ECT | | 705082 | | | | | | 59.01 |
| 59.02 CHEMICAL DEPENDENCY | | | | | | | | 59.02 |
| 59.97 CARDIAC REHABILITATION | | | | | | | | 59.97 |
| 59.98 HYPERBARIC OXYGEN THERAPY | | | | | | | | 59.98 |
| 59.99 LITHOTRIPSY | | | | | | | | 59.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | | |
| 62 OBSERVATION BEDS (NON-DISTINCT | | | | | | | | 62 |
| 63 PARTIAL HOSPITALIZATION | | 1853250 | | | | | | 63 |
| 63.50 RHC | | | | | | | | 63.50 |
| 63.60 FQHC | | | | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | | |
| 65.01 AMBULANCE SERVICES (2ND PERIOD | | | | | | | | 65.01 |
| 65.02 AMBULANCE CHARGES (S-2 LINE 56 | | | | | | | | 65.02 |
| 65.03 AMBULANCE CHARGES (S-2 LINE 56 | | | | | | | | 65.03 |
| 101 SUBTOTAL | | 2558332 | | | | | | 101 |
| 102 CRNA CHARGES | | | | | | | | 102 |
| 103 PBP CLINIC LAB | | | | | | | | 103 |
| 104 NET CHARGES | | 2558332 | | | | | | 104 |

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-4031) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

| COST CENTER DESCRIPTION | PROGRAM COST | | | | HOSPITAL | HOSPITAL | |
|---|-------------------------|---|-------------------------------------|---|---|---|--|
| | ALL OTHER (COLS 1x5) | PPS SERVICES (COLUMNS 1.01x5.01) | ALL OTHER (COLUMNS 1.01x5.02) | PPS SERVICES (COLUMNS 1.01x5.03) | PPS SERVICES (COLUMNS 1.01x5.04) | I/P PART B CHARGES (SEE INSTRU.) | I/P PART B COST (COLUMNS 1.02x10) |
| | 9 | 9.01 | 9.02 | 9.03 | 9.04 | 10 | 11 |
| ANCILLARY SERVICE COST CENTERS | | | | | | | |
| 41 RADIOLOGY-DIAGNOSTIC | | | | | | | 41 |
| 44 LABORATORY | | | | | | | 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN CO | | | | | | | 46.30 |
| 50 PHYSICAL THERAPY | | | | | | | 50 |
| 55.30 IMPL. DEV. CHARGED TO PATIENT | | | | | | | 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | | | | | | | 56 |
| 59 ADOLSCENT THERAPY | | | | | | | 59 |
| 59.01 ECT | | 199968 | | | | | 59.01 |
| 59.02 CHEMICAL DEPENDENCY | | | | | | | 59.02 |
| 59.97 CARDIAC REHABILITATION | | | | | | | 59.97 |
| 59.98 HYPERBARIC OXYGEN THERAPY | | | | | | | 59.98 |
| 59.99 LITHOTRIPSY | | | | | | | 59.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | |
| 62 OBSERVATION BEDS (NON-DISTINCT | | | | | | | 62 |
| 63 PARTIAL HOSPITALIZATION | | 339184 | | | | | 63 |
| 63.50 RHC | | | | | | | 63.50 |
| 63.60 FQHC | | | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | |
| 65.01 AMBULANCE SERVICES (2ND PERIOD) | | | | | | | 65.01 |
| 65.02 AMBULANCE CHARGES (S-2 LINE 56. | | | | | | | 65.02 |
| 65.03 AMBULANCE CHARGES (S-2 LINE 56. | | | | | | | 65.03 |
| 101 SUBTOTAL | | 539152 | | | | | 101 |
| 102 CRNA CHARGES | | | | | | | 102 |
| 103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS | | | | | | | 103 |
| 104 NET CHARGES | | 539152 | | | | | 104 |

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

| COST CENTER DESCRIPTION | ----- OLD CAPITAL ----- | | | ----- NEW CAPITAL ----- | | |
|---------------------------------|-------------------------|----------------------|------------------------------|-------------------------|----------------------|------------------------------|
| | CAPITAL RELATED COST | SWING-BED ADJUSTMENT | REDUCED CAPITAL RELATED COST | CAPITAL RELATED COST | SWING-BED ADJUSTMENT | REDUCED CAPITAL RELATED COST |
| | 1 | 2 | 3 | 4 | 5 | 6 |
| INPAT ROUTINE SERV COST CTRS | | | | | | |
| 25 ADULTS & PEDIATRICS | | | | 1481895 | | 1481895 |
| 26 INTENSIVE CARE UNIT | | | | | | |
| 27 CORONARY CARE UNIT | | | | | | |
| 28 BURN INTENSIVE CARE UNIT | | | | | | |
| 29 SURGICAL INTENSIVE CARE UNIT | | | | | | |
| 30 OTHER SPECIAL CARE (SPECIFY) | | | | | | |
| 31 SUBPROVIDER I | | | | | | |
| 33 NURSERY | | | | | | |
| 101 TOTAL | | | | 1481895 | | 1481895 |

| COST CENTER DESCRIPTION | ---- OLD CAPITAL ---- | | | ---- NEW CAPITAL ---- | | |
|---------------------------------|-----------------------|------------------------|----------|--------------------------------|----------|--------------------------------|
| | TOTAL PATIENT DAYS | INPATIENT PROGRAM DAYS | PER DIEM | INPATIENT PROGRAM CAPITAL COST | PER DIEM | INPATIENT PROGRAM CAPITAL COST |
| | 7 | 8 | 9 | 10 | 11 | 12 |
| INPAT ROUTINE SERV COST CTRS | | | | | | |
| 25 ADULTS & PEDIATRICS | 46541 | 3675 | | | 31.84 | 117012 |
| 26 INTENSIVE CARE UNIT | | | | | | |
| 27 CORONARY CARE UNIT | | | | | | |
| 28 BURN INTENSIVE CARE UNIT | | | | | | |
| 29 SURGICAL INTENSIVE CARE UNIT | | | | | | |
| 30 OTHER SPECIAL CARE (SPECIFY) | | | | | | |
| 31 SUBPROVIDER I | | | | | | |
| 33 NURSERY | | | | | | |
| 101 TOTAL | 46541 | 3675 | | | | 117012 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-4031) [] SUB III [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [XX] OTHER

| COST CENTER DESCRIPTION | OLD | NEW | TOTAL | INPATIENT | ---- OLD CAPITAL ---- | | ---- NEW CAPITAL ---- | |
|-------------------------------------|---------|---------|----------|-----------|-----------------------|---------|-----------------------|---------|
| | CAPITAL | CAPITAL | | | RATIO OF | CAPITAL | RATIO OF | CAPITAL |
| | RELATED | RELATED | CHARGES | PROGRAM | COST TO | COSTS | COST TO | CAPITAL |
| | COST | COST | | CHARGES | CHARGES | | CHARGES | COSTS |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| ANCILLARY SERVICE COST CENTERS | | | | | | | | |
| 41 RADIOLOGY-DIAGNOSTIC | | 467 | 16264 | | | | .028714 | 41 |
| 44 LABORATORY | | 12654 | 4214784 | | | | .003002 | 44 |
| 46.30 BLOOD CLOTING FACTORS ADMIN | | | | | | | | 46.30 |
| 50 PHYSICAL THERAPY | | 1983 | 466743 | | | | .004249 | 50 |
| 55.30 IMPL. DEV. CHARGED TO PATIENT | | | | | | | | 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | | 38802 | 6345290 | | | | .006115 | 56 |
| 59 ADOLSCENT THERAPY | | | | | | | | 59 |
| 59.01 ECT | | 20660 | 2788578 | | | | .007409 | 59.01 |
| 59.02 CHEMICAL DEPENDENCY | | | | | | | | 59.02 |
| 59.97 CARDIAC REHABILITATION | | | | | | | | 59.97 |
| 59.98 HYPERBARIC OXYGEN THERAPY | | | | | | | | 59.98 |
| 59.99 LITHOTRIPSY | | | | | | | | 59.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | | |
| 62 OBSERVATION BEDS (NON-DISTINC | | | | | | | | 62 |
| 63 PARTIAL HOSPITALIZATION | | 177664 | 33746140 | | | | .005265 | 63 |
| 63.50 RHC | | | | | | | | 63.50 |
| 63.60 FQHC | | | | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | | |
| 101 TOTAL | | 252230 | 47577799 | | | | | 101 |

PROVIDER NO. 14-4031 ALEXIAN BROTHERS BEHAVIORAL HE
 PERIOD FROM 01/01/2010 TO 12/31/2010

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

VERSION: 2011.03
 05/17/2011 09:38

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

| COST CENTER DESCRIPTION | NONPHYSICIAN | MEDICAL | SWING-BED | TOTAL COSTS | TOTAL | PER DIEM | INPATIENT | INPATIENT |
|---------------------------------|------------------|----------------|-------------------|-------------|--------------|----------|--------------|-------------------------|
| | ANESTHETIST COST | EDUCATION COST | ADJUSTMENT AMOUNT | | PATIENT DAYS | | PROGRAM DAYS | PROGRAM PASS THRU COSTS |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| INPAT ROUTINE SERV COST CTRS | | | | | | | | |
| 25 ADULTS & PEDIATRICS | | | | | 46541 | | 3675 | 25 |
| 26 INTENSIVE CARE UNIT | | | | | | | | 26 |
| 27 CORONARY CARE UNIT | | | | | | | | 27 |
| 28 BURN INTENSIVE CARE UNIT | | | | | | | | 28 |
| 29 SURGICAL INTENSIVE CARE UNIT | | | | | | | | 29 |
| 30 OTHER SPECIAL CARE (SPECIFY) | | | | | | | | 30 |
| 31 SUBPROVIDER I | | | | | | | | 31 |
| 33 NURSERY | | | | | | | | 33 |
| 34 SKILLED NURSING FACILITY | | | | | | | | 34 |
| 35 NURSING FACILITY | | | | | | | | 35 |
| 101 TOTAL | | | | | 46541 | | 3675 | 101 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

| | | | | | | | | |
|------------|------|------------------|------|--------------------|-----|--------|-----|-------|
| CHECK | [] | TITLE V | [XX] | HOSPITAL (14-4031) | [] | SUB IV | [] | PPS |
| APPLICABLE | [] | TITLE XVIII-PT A | [] | SUB I | [] | SNF | [] | TEFRA |
| BOXES | [XX] | TITLE XIX | [] | SUB II | [] | NF | [] | OTHER |
| | | | [] | SUB III | [] | ICF/MR | | |

| COST CENTER DESCRIPTION | OUTPATIENT | | | N/A | N/A | N/A | TOTAL COSTS |
|-------------------------------------|-------------------------------|-------------------------------|------------------------|------|------|------|-------------|
| | NONPHYSICIAN ANESTHETIST COST | NONPHYSICIAN ANESTHETIST COST | MEDICAL EDUCATION COST | | | | |
| | 1 | 1.01 | 2 | 2.01 | 2.02 | 2.03 | 3 |
| ANCILLARY SERVICE COST CENTERS | | | | | | | |
| 41 RADIOLOGY-DIAGNOSTIC | | | | | | | 41 |
| 44 LABORATORY | | | | | | | 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN | | | | | | | 46.30 |
| 50 PHYSICAL THERAPY | | | | | | | 50 |
| 55.30 IMPL. DEV. CHARGED TO PATIENT | | | | | | | 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | | | | | | | 56 |
| 59 ADOLSCENT THERAPY | | | | | | | 59 |
| 59.01 ECT | | | | | | | 59.01 |
| 59.02 CHEMICAL DEPENDENCY | | | | | | | 59.02 |
| 59.97 CARDIAC REHABILITATION | | | | | | | 59.97 |
| 59.98 HYPERBARIC OXYGEN THERAPY | | | | | | | 59.98 |
| 59.99 LITHOTRIPSY | | | | | | | 59.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | |
| 62 OBSERVATION BEDS (NON-DISTINC | | | | | | | 62 |
| 63 PARTIAL HOSPITALIZATION | | | | | | | 63 |
| 63.50 RHC | | | | | | | 63.50 |
| 63.60 FQHC | | | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | |
| 101 TOTAL | | | | | | | 101 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-4031) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

| COST CENTER DESCRIPTION | OUTPATIENT | TOTAL | RATIO OF | OUTPATIENT | INPATIENT | INPATIENT | OUTPATIENT |
|-------------------------------------|--------------|----------|----------|---------------|-----------|--------------|------------|
| | PASS THROUGH | | COST TO | RATIO OF COST | PROGRAM | PROGRAM | |
| | COSTS | CHARGES | CHARGES | TO CHARGES | CHARGES | PASS THROUGH | PROGRAM |
| | 3.01 | 4 | 5 | 5.01 | 6 | 7 | 8 |
| ANCILLARY SERVICE COST CENTERS | | | | | | | |
| 41 RADIOLOGY-DIAGNOSTIC | | 16264 | | | | | 41 |
| 44 LABORATORY | | 4214784 | | | | | 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN | | | | | | | 46.30 |
| 50 PHYSICAL THERAPY | | 466743 | | | | | 50 |
| 55.30 IMPL. DEV. CHARGED TO PATIENT | | | | | | | 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | | 6345290 | | | | | 56 |
| 59 ADOLSCENT THERAPY | | | | | | | 59 |
| 59.01 ECT | | 2788578 | | | | | 59.01 |
| 59.02 CHEMICAL DEPENDENCY | | | | | | | 59.02 |
| 59.97 CARDIAC REHABILITATION | | | | | | | 59.97 |
| 59.98 HYPERBARIC OXYGEN THERAPY | | | | | | | 59.98 |
| 59.99 LITHOTRIPSY | | | | | | | 59.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | |
| 62 OBSERVATION BEDS (NON-DISTINC | | | | | | | 62 |
| 63 PARTIAL HOSPITALIZATION | | 33746140 | | | | | 63 |
| 63.50 RHC | | | | | | | 63.50 |
| 63.60 FQHC | | | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | |
| 101 TOTAL | | 47577799 | | | | | 101 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-4031) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

| COST CENTER DESCRIPTION | OUTPATIENT PROGRAM CHARGES 8.01 | OUTPATIENT PROGRAM CHARGES 8.02 | OUTPATIENT PROGRAM PASS THROUGH COSTS 9 | OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01 | OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02 | |
|-------------------------------------|--|--|---|--|--|-------|
| ANCILLARY SERVICE COST CENTERS | | | | | | |
| 41 RADIOLOGY-DIAGNOSTIC | | | | | | 41 |
| 44 LABORATORY | | | | | | 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN | | | | | | 46.30 |
| 50 PHYSICAL THERAPY | | | | | | 50 |
| 55.30 IMPL. DEV. CHARGED TO PATIENT | | | | | | 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | | | | | | 56 |
| 59 ADOLSCENT THERAPY | | | | | | 59 |
| 59.01 ECT | | | | | | 59.01 |
| 59.02 CHEMICAL DEPENDENCY | | | | | | 59.02 |
| 59.97 CARDIAC REHABILITATION | | | | | | 59.97 |
| 59.98 HYPERBARIC OXYGEN THERAPY | | | | | | 59.98 |
| 59.99 LITHOTRIPSY | | | | | | 59.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 62 OBSERVATION BEDS (NON-DISTINC | | | | | | 62 |
| 63 PARTIAL HOSPITALIZATION | | | | | | 63 |
| 63.50 RHC | | | | | | 63.50 |
| 63.60 FOHC | | | | | | 63.60 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 101 TOTAL | | | | | | 101 |

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

| | HOSPITAL (PPS) (14-4031) | SUB I | SUB II | SUB III | SUB IV | SNF | |
|---|--------------------------------|-------|--------|---------|--------|-----|----|
| INPATIENT DAYS | 1 | 1 | 1 | 1 | 1 | 1 | |
| 1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN) | 46541 | | | | | | 1 |
| 2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS) | 46541 | | | | | | 2 |
| 3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) | | | | | | | 3 |
| 4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) | 46541 | | | | | | 4 |
| 5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 5 |
| 6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 6 |
| 7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 7 |
| 8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 8 |
| 9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS) | 17461 | | | | | | 9 |
| 10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 10 |
| 11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 11 |
| 12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 12 |
| 13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 13 |
| 14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS) | | | | | | | 14 |
| 15 TOTAL NURSERY DAYS | | | | | | | 15 |
| 16 TITLE V OR XIX NURSERY DAYS | | | | | | | 16 |

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

| | HOSPITAL (PPS) (14-4031) | SUB I | SUB II | SUB III | SUB IV | SNF | |
|---|--------------------------------|-------|--------|---------|--------|-----|----|
| SWING-BED ADJUSTMENT | 1 | 1 | 1 | 1 | 1 | 1 | |
| 17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 17 |
| 18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 18 |
| 19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 19 |
| 20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 20 |
| 21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST | 33498291 | | | | | | 21 |
| 22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 22 |
| 23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 23 |
| 24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 24 |
| 25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 25 |
| 26 TOTAL SWING-BED COST | | | | | | | 26 |
| 27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST | 33498291 | | | | | | 27 |
| PRIVATE ROOM DIFFERENTIAL ADJUSTMENT | | | | | | | |
| 28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES) | 17937595 | | | | | | 28 |
| 29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) | | | | | | | 29 |
| 30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) | 17937595 | | | | | | 30 |
| 31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO | 1.867491 | | | | | | 31 |
| 32 AVERAGE PRIVATE ROOM PER DIEM CHARGE | | | | | | | 32 |
| 33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE | 385.41 | | | | | | 33 |
| 34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL | | | | | | | 34 |
| 35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL | | | | | | | 35 |
| 36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT | | | | | | | 36 |
| 37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL | 33498291 | | | | | | 37 |

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

| | HOSPITAL (PPS) (14-4031) | SUB I | SUB II | SUB III | SUB IV | |
|--|--------------------------------|-------|--------|---------|--------|----|
| PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS | 1 | 1 | 1 | 1 | 1 | |
| 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM | 719.76 | | | | | 38 |
| 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST | 12567729 | | | | | 39 |
| 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM | | | | | | 40 |
| 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST | 12567729 | | | | | 41 |

| | TOTAL I/P COST 1 | TOTAL I/P DAYS 2 | AVERAGE PER DIEM 3 | PROGRAM DAYS 4 | PROGRAM COST 5 |
|---|------------------------|------------------------|--------------------------|----------------------|----------------------|
| 42 NURSERY (TITLES V AND XIX ONLY) | | | | | 42 |
| 43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS | | | | | 43 |
| 44 INTENSIVE CARE UNIT | | | | | 44 |
| 45 CORONARY CARE UNIT | | | | | 45 |
| 46 BURN INTENSIVE CARE UNIT | | | | | 46 |
| 47 SURGICAL INTENSIVE CARE UNIT | | | | | 46 |
| 47 OTHER SPECIAL CARE (SPECIFY) | | | | | 47 |

| | HOSPITAL (PPS) (14-4031) | SUB I | SUB II | SUB III | SUB IV | |
|--|--------------------------------|-------|--------|---------|--------|----|
| 48 PROGRAM INPATIENT ANCILLARY SERVICE COST | 2036331 | | | | | 48 |
| 49 TOTAL PROGRAM INPATIENT COSTS | 14604060 | | | | | 49 |
| PASS THROUGH COST ADJUSTMENTS | | | | | | |
| 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES | 555958 | | | | | 50 |
| 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES | 30332 | | | | | 51 |
| 52 TOTAL PROGRAM EXCLUDABLE COST | 586290 | | | | | 52 |
| 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS | 14017770 | | | | | 53 |

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

| | HOSPITAL (PPS) (14-4031) | SUB I | SUB II | SUB III | SUB IV | |
|--|--------------------------------|-------|--------|---------|--------|-------|
| TARGET AMOUNT AND LIMITATION COMPUTATION | 1 | 1 | 1 | 1 | 1 | |
| 54 PROGRAM DISCHARGES | | | | | | 54 |
| 55 TARGET AMOUNT PER DISCHARGE | | | | | | 55 |
| 56 TARGET AMOUNT | | | | | | 56 |
| 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT | | | | | | 57 |
| 58 BONUS PAYMENT | | | | | | 58 |
| 58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET | | | | | | 58.01 |
| 58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET | | | | | | 58.02 |
| 58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT | | | | | | 58.03 |
| 58.04 RELIEF PAYMENT | | | | | | 58.04 |
| 59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT | | | | | | 59 |
| 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY) | | | | | | 59.01 |
| 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1 | | | | | | 59.02 |
| 59.03 PROGRAM DISCHARGES AFTER JULY 1 | | | | | | 59.03 |
| 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS) | | | | | | 59.04 |
| 59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1 | | | | | | 59.05 |
| 59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 | | | | | | 59.06 |
| 59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY) | | | | | | 59.07 |
| 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.) | | | | | | 59.08 |
| PROGRAM INPATIENT ROUTINE SWING BED COST | | | | | | |
| 60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | 60 |
| 61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | 61 |
| 62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS | | | | | | 62 |
| 63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | 63 |
| 64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | 64 |
| 65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS | | | | | | 65 |

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

SNF

1

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

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

HOSPITAL SUB I SUB II SUB III SUB IV
 (PPS)
 (14-4031)
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

| | | |
|---|--------|----|
| 83 TOTAL OBSERVATION BEDS | | 83 |
| 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM | 719.76 | 84 |
| 85 OBSERVATION BED COST | | 85 |

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

| | COST 1 | ROUTINE COST (FROM LINE 27) 2 | COLUMN 1 DIVIDED BY COLUMN 2 3 | TOTAL OBSERVATION BED COST (FROM LINE 85) 4 | OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4 5 | |
|------------------------------|-----------|--|---|---|--|----|
| 86 OLD CAPITAL-RELATED COST | | 33498291 | | | | 86 |
| 87 NEW CAPITAL-RELATED COST | 1481895 | 33498291 | .044238 | | | 87 |
| 88 NON PHYSICIAN ANESTHETIST | | 33498291 | | | | 88 |
| 89 MEDICAL EDUCATION | | 33498291 | | | | 89 |

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

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

PART I - ALL PROVIDER COMPONENTS

| | HOSPITAL (OTHER) (14-4031) | SUB I | SUB II | SUB III | SUB IV | NF | |
|---|----------------------------------|-------|--------|---------|--------|----|----|
| INPATIENT DAYS | 1 | 1 | 1 | 1 | 1 | 1 | |
| 1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN) | 46541 | | | | | | 1 |
| 2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS) | 46541 | | | | | | 2 |
| 3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) | | | | | | | 3 |
| 4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) | 46541 | | | | | | 4 |
| 5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 5 |
| 6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 6 |
| 7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 7 |
| 8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 8 |
| 9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS) | 3675 | | | | | | 9 |
| 10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 10 |
| 11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 11 |
| 12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 12 |
| 13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 13 |
| 14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS) | | | | | | | 14 |
| 15 TOTAL NURSERY DAYS | | | | | | | 15 |
| 16 TITLE V OR XIX NURSERY DAYS | | | | | | | 16 |

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

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

PART I - ALL PROVIDER COMPONENTS

| | HOSPITAL (OTHER) (14-4031) | SUB I | SUB II | SUB III | SUB IV | NF | |
|---|----------------------------------|-------|--------|---------|--------|----|----|
| SWING-BED ADJUSTMENT | 1 | 1 | 1 | 1 | 1 | 1 | |
| 17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 17 |
| 18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 18 |
| 19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 19 |
| 20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 20 |
| 21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST | 33498291 | | | | | | 21 |
| 22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 22 |
| 23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 23 |
| 24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 24 |
| 25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | | 25 |
| 26 TOTAL SWING-BED COST | | | | | | | 26 |
| 27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST | 33498291 | | | | | | 27 |
| PRIVATE ROOM DIFFERENTIAL ADJUSTMENT | | | | | | | |
| 28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES) | 17937595 | | | | | | 28 |
| 29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) | | | | | | | 29 |
| 30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) | 17937595 | | | | | | 30 |
| 31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO | 1.867491 | | | | | | 31 |
| 32 AVERAGE PRIVATE ROOM PER DIEM CHARGE | | | | | | | 32 |
| 33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE | 385.41 | | | | | | 33 |
| 34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL | | | | | | | 34 |
| 35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL | | | | | | | 35 |
| 36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT | | | | | | | 36 |
| 37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL | 33498291 | | | | | | 37 |

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

| | HOSPITAL (OTHER) (14-4031) | SUB I | SUB II | SUB III | SUB IV | |
|--|----------------------------------|------------------------|--------------------------|----------------------|----------------------|----|
| PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS | 1 | 1 | 1 | 1 | 1 | |
| 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM | 719.76 | | | | | 38 |
| 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST | 2645118 | | | | | 39 |
| 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM | | | | | | 40 |
| 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST | 2645118 | | | | | 41 |
| | TOTAL I/P COST 1 | TOTAL I/P DAYS 2 | AVERAGE PER DIEM 3 | PROGRAM DAYS 4 | PROGRAM COST 5 | |
| 42 NURSERY (TITLES V AND XIX ONLY) | | | | | | 42 |
| 43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS | | | | | | 43 |
| 44 INTENSIVE CARE UNIT | | | | | | 44 |
| 45 CORONARY CARE UNIT | | | | | | 45 |
| 46 BURN INTENSIVE CARE UNIT | | | | | | 46 |
| 47 SURGICAL INTENSIVE CARE UNIT | | | | | | 46 |
| 47 OTHER SPECIAL CARE (SPECIFY) | | | | | | 47 |
| | HOSPITAL (OTHER) (14-4031) | SUB I | SUB II | SUB III | SUB IV | |
| | 1 | 1 | 1 | 1 | 1 | |
| 48 PROGRAM INPATIENT ANCILLARY SERVICE COST | | | | | | 48 |
| 49 TOTAL PROGRAM INPATIENT COSTS | 2645118 | | | | | 49 |
| PASS THROUGH COST ADJUSTMENTS | | | | | | |
| 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES | 117012 | | | | | 50 |
| 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES | | | | | | 51 |
| 52 TOTAL PROGRAM EXCLUDABLE COST | 117012 | | | | | 52 |
| 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS | | | | | | 53 |

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

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

PART II - HOSPITAL AND SUBPROVIDERS ONLY

| | HOSPITAL (OTHER) (14-4031) | SUB I | SUB II | SUB III | SUB IV | |
|--|----------------------------------|-------|--------|---------|--------|-------|
| TARGET AMOUNT AND LIMITATION COMPUTATION | 1 | 1 | 1 | 1 | 1 | |
| 54 PROGRAM DISCHARGES | 386 | | | | | 54 |
| 55 TARGET AMOUNT PER DISCHARGE | | | | | | 55 |
| 56 TARGET AMOUNT | | | | | | 56 |
| 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT | | | | | | 57 |
| 58 BONUS PAYMENT | | | | | | 58 |
| 58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET | | | | | | 58.01 |
| 58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET | | | | | | 58.02 |
| 58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT | | | | | | 58.03 |
| 58.04 RELIEF PAYMENT | | | | | | 58.04 |
| 59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT | | | | | | 59 |
| 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY) | | | | | | 59.01 |
| 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1 | | | | | | 59.02 |
| 59.03 PROGRAM DISCHARGES AFTER JULY 1 | | | | | | 59.03 |
| 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS) | | | | | | 59.04 |
| 59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1 | | | | | | 59.05 |
| 59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 | | | | | | 59.06 |
| 59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY) | | | | | | 59.07 |
| 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.) | | | | | | 59.08 |
| PROGRAM INPATIENT ROUTINE SWING BED COST | | | | | | |
| 60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | 60 |
| 61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | 61 |
| 62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS | | | | | | 62 |
| 63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | 63 |
| 64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | | | | | | 64 |
| 65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS | | | | | | 65 |

PROVIDER NO. 14-4031 ALEXIAN BROTHERS BEHAVIORAL HE
PERIOD FROM 01/01/2010 TO 12/31/2010

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

VERSION: 2011.03
05/17/2011 09:38

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

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

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

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

PROVIDER NO. 14-4031 ALEXIAN BROTHERS BEHAVIORAL HE
PERIOD FROM 01/01/2010 TO 12/31/2010

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

VERSION: 2011.03
05/17/2011 09:38

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

TITLE V-INPT

TITLE XVIII-PART A

TITLE XIX-INPT

| HOSPITAL (OTHER) (14-4031) | SUB I | SUB II | SUB III | SUB IV |
|----------------------------------|-------|--------|---------|--------|
| 1 | 1 | 1 | 1 | 1 |

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS

83

84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM

719.76

84

85 OBSERVATION BED COST

85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

| | | | |
|--|--|----------------------------------|---|
| <input type="checkbox"/> TITLE V | <input checked="" type="checkbox"/> HOSPITAL (14-4031) | <input type="checkbox"/> SNF | <input checked="" type="checkbox"/> PPS |
| <input checked="" type="checkbox"/> TITLE XVIII-PT A | <input type="checkbox"/> SUB I | <input type="checkbox"/> NF | <input type="checkbox"/> TEFRA |
| <input type="checkbox"/> TITLE XIX | <input type="checkbox"/> SUB II | <input type="checkbox"/> S/B-SNF | <input type="checkbox"/> OTHER |
| | <input type="checkbox"/> SUB III | <input type="checkbox"/> S/B-NF | |
| | <input type="checkbox"/> SUB IV | <input type="checkbox"/> ICF/MR | |

| COST CENTER DESCRIPTION | RATIO OF COST | INPATIENT | INPATIENT | |
|---|---------------|-----------------|---------------|-------|
| | TO CHARGES | PROGRAM CHARGES | PROGRAM COSTS | |
| | 1 | 2 | 3 | |
| INPATIENT ROUTINE SERVICE COST CENTERS | | | | |
| 25 ADULTS & PEDIATRICS | | 23672558 | | 25 |
| ANCILLARY SERVICE COST CENTERS | | | | |
| 41 RADIOLOGY-DIAGNOSTIC | 2.548082 | 9739 | 24816 | 41 |
| 44 LABORATORY | .251728 | 1540654 | 387826 | 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN CO | | | | 46.30 |
| 50 PHYSICAL THERAPY | .337055 | 338441 | 114073 | 50 |
| 55.30 IMPL. DEV. CHARGED TO PATIENT | | | | 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | .418734 | 3202337 | 1340927 | 56 |
| 59 ADOLSCENT THERAPY | | | | 59 |
| 59.01 ECT | .283609 | 594795 | 168689 | 59.01 |
| 59.02 CHEMICAL DEPENDENCY | | | | 59.02 |
| 59.97 CARDIAC REHABILITATION | | | | 59.97 |
| 59.98 HYPERBARIC OXYGEN THERAPY | | | | 59.98 |
| 59.99 LITHOTRIPSY | | | | 59.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | |
| 62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS) | | | | 62 |
| 63 PARTIAL HOSPITALIZATION | .183021 | | | 63 |
| 63.50 RHC | | | | 63.50 |
| 63.60 FQHC | | | | 63.60 |
| 101 TOTAL | | 5685966 | 2036331 | 101 |
| 102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES | | | | 102 |
| 103 NET CHARGES | | 5685966 | | 103 |

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

| | | | |
|---|--|----------------------------------|---|
| <input type="checkbox"/> TITLE V | <input checked="" type="checkbox"/> HOSPITAL (14-4031) | <input type="checkbox"/> SNF | <input type="checkbox"/> PPS |
| <input type="checkbox"/> TITLE XVIII-PT A | <input type="checkbox"/> SUB I | <input type="checkbox"/> NF | <input type="checkbox"/> TEFRA |
| <input checked="" type="checkbox"/> TITLE XIX | <input type="checkbox"/> SUB II | <input type="checkbox"/> S/B-SNF | <input checked="" type="checkbox"/> OTHER |
| | <input type="checkbox"/> SUB III | <input type="checkbox"/> S/B-NF | |
| | <input type="checkbox"/> SUB IV | <input type="checkbox"/> ICF/MR | |

| COST CENTER DESCRIPTION | RATIO OF COST | INPATIENT | INPATIENT |
|---|---------------|-----------------|---------------|
| | TO CHARGES | PROGRAM CHARGES | PROGRAM COSTS |
| | 1 | 2 | 3 |
| INPATIENT ROUTINE SERVICE COST CENTERS | | | |
| 25 ADULTS & PEDIATRICS | | | 25 |
| ANCILLARY SERVICE COST CENTERS | | | |
| 41 RADIOLOGY-DIAGNOSTIC | 2.548082 | | 41 |
| 44 LABORATORY | .251728 | | 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN CO | | | 46.30 |
| 50 PHYSICAL THERAPY | .337055 | | 50 |
| 55.30 IMPL. DEV. CHARGED TO PATIENT | | | 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | .418734 | | 56 |
| 59 ADOLSCENT THERAPY | | | 59 |
| 59.01 ECT | .283609 | | 59.01 |
| 59.02 CHEMICAL DEPENDENCY | | | 59.02 |
| 59.97 CARDIAC REHABILITATION | | | 59.97 |
| 59.98 HYPERBARIC OXYGEN THERAPY | | | 59.98 |
| 59.99 LITHOTRIPSY | | | 59.99 |
| OUTPATIENT SERVICE COST CENTERS | | | |
| 62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS) | | | 62 |
| 63 PARTIAL HOSPITALIZATION | .183021 | | 63 |
| 63.50 RHC | | | 63.50 |
| 63.60 FQHC | | | 63.60 |
| 101 TOTAL | | | 101 |
| 102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES | | | 102 |
| 103 NET CHARGES | | | 103 |

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

| | HOSPITAL (14-4031) 1 | HOSPITAL (14-4031) 1.01 | HOSPITAL (14-4031) 1.02 | |
|--|----------------------------|-------------------------------|-------------------------------|-------|
| 1 MEDICAL AND OTHER SERVICES | | | | 1 |
| 1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000 | 539152 | | | 1.01 |
| 1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS | 859037 | | | 1.02 |
| 1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO | | | | 1.03 |
| 1.04 LINE 1.01 TIMES LINE 1.03 | | | | 1.04 |
| 1.05 LINE 1.02 DIVIDED BY LINE 1.04 | | | | 1.05 |
| 1.06 TRANSITIONAL CORRIDOR PAYMENT | | | | 1.06 |
| 1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101 | | | | 1.07 |
| 2 INTERNS AND RESIDENTS | | | | 2 |
| 3 ORGAN ACQUISITIONS | | | | 3 |
| 4 COST OF TEACHING PHYSICIANS | | | | 4 |
| 5 TOTAL COST | | | | 5 |
| COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES | | | | |
| 6 ANCILLARY SERVICE CHARGES | | | | 6 |
| 7 INTERNS AND RESIDENTS SERVICE CHARGES | | | | 7 |
| 8 ORGAN ACQUISITION CHARGES | | | | 8 |
| 9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS | | | | 9 |
| 10 TOTAL REASONABLE CHARGES | | | | 10 |
| CUSTOMARY CHARGES | | | | |
| 11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS | | | | 11 |
| 12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E) | | | | 12 |
| 13 RATIO OF LINE 11 TO LINE 12 | | | | 13 |
| 14 TOTAL CUSTOMARY CHARGES | | | | 14 |
| 15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST | | | | 15 |
| 16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES | | | | 16 |
| 17 LESSER OF COST OR CHARGES | | | | 17 |
| 17.01 TOTAL PPS PAYMENTS | 859037 | | | 17.01 |

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

| | HOSPITAL (14-4031) 1 | HOSPITAL (14-4031) 1.01 | HOSPITAL (14-4031) 1.02 |
|---|----------------------------|-------------------------------|-------------------------------|
| COMPUTATION OF REIMBURSEMENT SETTLEMENT | | | |
| 18 DEDUCTIBLES AND COINSURANCE | 173108 | | 18 |
| 18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01 | | | 18.01 |
| 19 SUBTOTAL | 685929 | | 19 |
| 20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E | | | 20 |
| 21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS | | | 21 |
| 22 ESRD DIRECT MEDICAL EDUCATION COSTS | | | 22 |
| 23 SUBTOTAL | 685929 | | 23 |
| 24 PRIMARY PAYER PAYMENTS | | | 24 |
| 25 SUBTOTAL | 685929 | | 25 |
| REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) | | | |
| 26 COMPOSITE RATE ESRD | | | 26 |
| 27 BAD DEBTS | 42128 | | 27 |
| 27.01 REDUCED REIMBURSABLE BAD DEBTS | 29490 | | 27.01 |
| 27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS) | 34457 | | 27.02 |
| 28 SUBTOTAL | 715419 | | 28 |
| 29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION | | | 29 |
| 30 OTHER ADJUSTMENTS | | | 30 |
| 30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT) | | | 30.99 |
| 31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS | | | 31 |
| 32 SUBTOTAL | 715419 | | 32 |
| 33 SEQUESTRATION ADJUSTMENT | | | 33 |
| 34 INTERIM PAYMENTS | 743228 | | 34 |
| 34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY) | | | 34.01 |
| 35 BALANCE DUE PROVIDER/PROGRAM | -27809 | | 35 |
| 36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2 | | | 36 |
| TO BE COMPLETED BY CONTRACTOR | | | |
| 50 ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS) | | | 50 |
| 51 OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS) | | | 51 |
| 52 THE RATE USED TO CALCULATE THE TIME VALUE | | | 52 |
| 53 TIME VALUE OF MONEY (SEE INSTRUCTIONS) | | | 53 |
| 54 TOTAL (SUM OF LINES 51 AND 53) | | | 54 |

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 HOSPITAL (14-4031)

WORKSHEET E-1

| DESCRIPTION | INPATIENT | | PART B | | |
|--|--|--------------------------|-----------------|---------------------|--|
| | PART A | | PART B | | |
| | MM/DD/YYYY 1 | AMOUNT 2 | MM/DD/YYYY 3 | AMOUNT 4 | |
| 1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER | | 13232969 | | 685928 | 1 |
| 2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO. | | 253100 | | 34800 | 2 |
| 3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. | .01 PROGRAM .02 TO .03 PROVIDER .04 .05 .50 PROVIDER .51 TO .52 PROGRAM .53 .54 | 03/20/2010 08/02/2010 | 32600 160100 | 08/02/2010 22500 | 3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54 |
| SUBTOTAL | .99 | | 192700 | 22500 | 3.99 |
| 4 TOTAL INTERIM PAYMENTS | | | 13678769 | 743228 | 4 |
| TO BE COMPLETED BY INTERMEDIARY | | | | | |
| 5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. | PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52 | | NONE | NONE | 5.01 5.02 5.03 5.50 5.51 5.52 |
| SUBTOTAL | .99 | | | | 5.99 |
| 6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT. | PROGRAM TO PROVIDER .01 PROVIDER TO .02 PROGRAM | | -191117 | -27809 | 6.01 6.02 |
| 7 TOTAL MEDICARE PROGRAM LIABILITY | | | 13487652 | 715419 | 7 |

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART I

MEDICARE PART A SERVICES - TEFRA

| | HOSPITAL (14-4031) | SUB I | SUB II | SUB III | SUB IV | |
|-------|-----------------------|-------|--------|---------|--------|-------|
| 1 | | | | | | 1 |
| 1.01 | | | | | | 1.01 |
| 1.02 | | | | | | 1.02 |
| 1.03 | | | | | | 1.03 |
| 1.04 | | | | | | 1.04 |
| 1.05 | | | | | | 1.05 |
| 1.06 | | | | | | 1.06 |
| 1.07 | | | | | | 1.07 |
| | | | | | | |
| | | | | | | |
| 1.08 | 14082964 | | | | | 1.08 |
| 1.09 | 29038 | | | | | 1.09 |
| 1.10 | 208041 | | | | | 1.10 |
| 1.11 | | | | | | 1.11 |
| 1.12 | | | | | | 1.12 |
| 1.13 | | | | | | 1.13 |
| 1.14 | | | | | | 1.14 |
| 1.15 | | | | | | 1.15 |
| 1.16 | 127.509589 | | | | | 1.16 |
| 1.17 | | | | | | 1.17 |
| 1.18 | | | | | | 1.18 |
| 1.19 | 14320043 | | | | | 1.19 |
| 1.20 | | | | | | 1.20 |
| 1.21 | | | | | | 1.21 |
| 1.22 | | | | | | 1.22 |
| 1.23 | 14320043 | | | | | 1.23 |
| | | | | | | |
| | | | | | | |
| 1.35 | | | | | | 1.35 |
| 1.36 | | | | | | 1.36 |
| 1.37 | | | | | | 1.37 |
| 1.38 | | | | | | 1.38 |
| 1.39 | | | | | | 1.39 |
| 1.40 | | | | | | 1.40 |
| 1.41 | | | | | | 1.41 |
| 1.42 | | | | | | 1.42 |
| 2 | | | | | | 2 |
| 3 | | | | | | 3 |
| 4 | 14320043 | | | | | 4 |
| 5 | 69586 | | | | | 5 |
| 6 | 14250457 | | | | | 6 |
| 7 | 806600 | | | | | 7 |
| 8 | 13443857 | | | | | 8 |
| 9 | 210888 | | | | | 9 |
| 10 | 13232969 | | | | | 10 |
| 11 | 363833 | | | | | 11 |
| 11.01 | 254683 | | | | | 11.01 |
| 11.02 | 290540 | | | | | 11.02 |
| 12 | 13487652 | | | | | 12 |
| 13 | | | | | | 13 |

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART I

MEDICARE PART A SERVICES - TEFRA

| | HOSPITAL (14-4031) | SUB I | SUB II | SUB III | SUB IV | |
|---|-----------------------|-------|--------|---------|--------|-------|
| 13.01 OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS) | | | | | | 13.01 |
| 14 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION | | | | | | 14 |
| 15 OTHER ADJUSTMENTS | | | | | | 15 |
| 16 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS | | | | | | 16 |
| 17 TOTAL AMOUNT PAYABLE TO THE PROVIDER | 13487652 | | | | | 17 |
| 18 SEQUESTRATION ADJUSTMENT | | | | | | 18 |
| 19 INTERIM PAYMENTS | 13678769 | | | | | 19 |
| 19.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY) | | | | | | 19.01 |
| 20 BALANCE DUE PROVIDER/PROGRAM | -191117 | | | | | 20 |
| 21 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2 | | | | | | 21 |
| TO BE COMPLETED BY INTERMEDIARY | | | | | | |
| 50 ORIGINAL PPS AMOUNT OR ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS) | | | | | | 50 |
| 51 OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS) | | | | | | 51 |
| 52 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY | | | | | | 52 |
| 53 TIME VALUE OF MONEY (SEE INSTRUCTIONS) | | | | | | 53 |

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

WORKSHEET E-3
 PART III

| | [] TITLE V | [] TITLE XVIII | [XX] TITLE XIX | | | NF I | |
|----|--|----------------------------------|----------------|--------|---------|--------|----|
| | | HOSPITAL (14-4031) (OTHER) | SUB I | SUB II | SUB III | SUB IV | |
| | COMPUTATION OF NET COST OF COVERED SERVICES | 1 | 1 | 1 | 1 | 1 | |
| 1 | INPATIENT HOSPITAL/SNF/NF SERVICES | 2645118 | | | | | 1 |
| 2 | MEDICAL AND OTHER SERVICES | | | | | | 2 |
| 3 | INTERNS AND RESIDENTS | | | | | | 3 |
| 4 | ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O | | | | | | 4 |
| 5 | COST OF TEACHING PHYSICIANS | | | | | | 5 |
| 6 | SUBTOTAL | 2645118 | | | | | 6 |
| 7 | INPATIENT PRIMARY PAYER PAYMENTS | | | | | | 7 |
| 8 | OUTPATIENT PRIMARY PAYER PAYMENTS | | | | | | 8 |
| 9 | SUBTOTAL | 2645118 | | | | | 9 |
| | COMPUTATION OF LESSER OF COST OR CHARGES | | | | | | |
| 10 | ROUTINE SERVICE CHARGES | | | | | | 10 |
| 11 | ANCILLARY SERVICE CHARGES | | | | | | 11 |
| 12 | INTERNS AND RESIDENTS SERVICE CHARGES | | | | | | 12 |
| 13 | ORGAN ACQUISITION CHARGES, NET OF REVENUE | | | | | | 13 |
| 14 | TEACHING PHYSICIANS | | | | | | 14 |
| 15 | INCENTIVE FROM TARGET AMOUNT COMPUTATION | | | | | | 15 |
| 16 | TOTAL REASONABLE CHARGES | | | | | | 16 |
| | CUSTOMARY CHARGES | | | | | | |
| 17 | AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE | | | | | | 17 |
| 18 | AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E) | | | | | | 18 |
| 19 | RATIO OF LINE 17 TO LINE 18 | | | | | | 19 |
| 20 | TOTAL CUSTOMARY CHARGES | | | | | | 20 |
| 21 | EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST | | | | | | 21 |
| 22 | EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES | 2645118 | | | | | 22 |
| 23 | COST OF COVERED SERVICES | 2645118 | | | | | 23 |
| | PROSPECTIVE PAYMENT AMOUNT | | | | | | |
| 24 | OTHER THAN OUTLIER PAYMENTS | | | | | | 24 |
| 25 | OUTLIER PAYMENTS | | | | | | 25 |
| 26 | PROGRAM CAPITAL PAYMENTS | | | | | | 26 |
| 27 | CAPITAL EXCEPTION PAYMENTS | | | | | | 27 |
| 28 | ROUTINE SERVICE OTHER PASS THROUGH COSTS | | | | | | 28 |
| 29 | ANCILLARY SERVICE OTHER PASS THROUGH COSTS | | | | | | 29 |
| 30 | SUBTOTAL | 2645118 | | | | | 30 |
| 31 | CUSTOMARY CHARGES (TITLE XIX PPS COVERED | | | | | | 31 |
| 32 | LESSER OF LINES 30 OR 31 | 2645118 | | | | | 32 |
| 33 | DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT) | | | | | | 33 |

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

WORKSHEET E-3
 PART III

| | [] TITLE V | [] TITLE XVIII | [XX] TITLE XIX | | | | |
|-------|--|----------------------------------|----------------|--------|---------|--------|-------|
| | | HOSPITAL (14-4031) (OTHER) | SUB I | SUB II | SUB III | SUB IV | NF I |
| | | 1 | 1 | 1 | 1 | 1 | 1 |
| 34 | COMPUTATION OF REIMBURSEMENT SETTLEMENT | | | | | | |
| 35 | EXCESS OF REASONABLE COST | 2645118 | | | | | 34 |
| 36 | SUBTOTAL | | | | | | 35 |
| 37 | COINSURANCE | | | | | | 36 |
| 38 | SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E, | | | | | | 37 |
| 38 | REIMBURSABLE BAD DEBTS | | | | | | 38 |
| 38.01 | REDUCED REIMBURSABLE BAD DEBTS | | | | | | 38.01 |
| 38.02 | REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE | | | | | | 38.02 |
| | BENEFICIARIES (SEE INSTRUCTIONS) | | | | | | |
| 39 | UTILIZATION REVIEW | | | | | | 39 |
| 40 | SUBTOTAL | | | | | | 40 |
| 41 | INPATIENT ROUTINE SERVICE COST | | | | | | 41 |
| 42 | MEDICARE INPATIENT ROUTINE CHARGES | | | | | | 42 |
| 43 | AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE | | | | | | 43 |
| 44 | AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM | | | | | | 44 |
| | A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN | | | | | | |
| | ACCORDANCE WITH 42 CFR 413.13(E) | | | | | | |
| 45 | RATIO OF LINE 43 TO LINE 44 | | | | | | 45 |
| 46 | TOTAL CUSTOMARY CHARGES | | | | | | 46 |
| 47 | EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST | | | | | | 47 |
| 48 | EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES | | | | | | 48 |
| 49 | RECOVERY OF EXCESS DEPRECIATION RESULTING FROM | | | | | | 49 |
| | UTILIZATION | | | | | | |
| 50 | OTHER ADJUSTMENTS | | | | | | 50 |
| 51 | AMOUNTS APPLICABLE TO PRIOR COST REPORTING | | | | | | 51 |
| | DEPRECIABLE ASSETS | | | | | | |
| 52 | SUBTOTAL | | | | | | 52 |
| 53 | INDIRECT MEDICAL EDUCATION ADJUSTMENT | | | | | | 53 |
| 54 | DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS | | | | | | 54 |
| 55 | TOTAL AMOUNT PAYABLE TO THE PROVIDER | | | | | | 55 |
| 56 | SEQUESTRATION ADJUSTMENT | | | | | | 56 |
| 57 | INTERIM PAYMENTS | | | | | | 57 |
| 57.01 | TENTATIVE SETTLEMENT (FOR FI USE ONLY) | | | | | | 57.01 |
| 58 | BALANCE DUE PROVIDER/PROGRAM | | | | | | 58 |
| 59 | PROTESTED AMOUNTS (NONALLOWABLE COST REPORT | | | | | | 59 |
| | SECTION 115.2 | | | | | | |

BALANCE SHEET

WORKSHEET G

| ASSETS | | GENERAL FUND | SPECIFIC PURPOSE FUND | ENDOWMENT FUND | PLANT FUND |
|-------------------------------|---|--------------|-----------------------|----------------|------------|
| | | 1 | 2 | 3 | 4 |
| CURRENT ASSETS | | | | | |
| 1 | CASH ON HAND AND IN BANKS | 1148000 | | | 1 |
| 2 | TEMPORARY INVESTMENTS | | | | 2 |
| 3 | NOTES RECEIVABLE | | | | 3 |
| 4 | ACCOUNTS RECEIVABLE | 6942000 | | | 4 |
| 5 | OTHER RECEIVABLES | | | | 5 |
| 6 | ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE | | | | 6 |
| 7 | INVENTORY | 153000 | | | 7 |
| 8 | PREPAID EXPENSES | 94000 | | | 8 |
| 9 | OTHER CURRENT ASSETS | | | | 9 |
| 10 | DUE FROM OTHER FUNDS | | | | 10 |
| 11 | TOTAL CURRENT ASSETS | 8337000 | | | 11 |
| FIXED ASSETS | | | | | |
| 12 | LAND | 1400000 | | | 12 |
| 12.01 | ACCUMULATED DEPRECIATION | | | | 12.01 |
| 13 | LAND IMPROVEMENTS | 699000 | | | 13 |
| 13.01 | ACCUMULATED DEPRECIATION | -397000 | | | 13.01 |
| 14 | BUILDINGS | 26173000 | | | 14 |
| 14.01 | ACCUMULATED DEPRECIATION | -5124000 | | | 14.01 |
| 15 | LEASEHOLD IMPROVEMENTS | 193000 | | | 15 |
| 15.01 | ACCUMULATED AMORTIZATION | -134000 | | | 15.01 |
| 16 | FIXED EQUIPMENT | 1016000 | | | 16 |
| 16.01 | ACCUMULATED DEPRECIATION | -616000 | | | 16.01 |
| 17 | AUTOMOBILES AND TRUCKS | | | | 17 |
| 17.01 | ACCUMULATED DEPRECIATION | | | | 17.01 |
| 18 | MAJOR MOVABLE EQUIPMENT | 5262000 | | | 18 |
| 18.01 | ACCUMULATED DEPRECIATION | -3834000 | | | 18.01 |
| 19 | MINOR EQUIPMENT DEPRECIABLE | 19000 | | | 19 |
| 19.01 | ACCUMULATED DEPRECIATION | | | | 19.01 |
| 20 | MINOR EQUIPMENT-NONDEPRECIABLE | | | | 20 |
| 21 | TOTAL FIXED ASSETS | 24657000 | | | 21 |
| OTHER ASSETS | | | | | |
| 22 | INVESTMENTS | 5000000 | | | 22 |
| 23 | DEPOSITS ON LEASES | | | | 23 |
| 24 | DUE FROM OWNERS/OFFICERS | | | | 24 |
| 25 | OTHER ASSETS | 54000 | | | 25 |
| 26 | TOTAL OTHER ASSETS | 5054000 | | | 26 |
| 27 | TOTAL ASSETS | 38048000 | | | 27 |
| LIABILITIES AND FUND BALANCES | | | | | |
| | | GENERAL FUND | SPECIFIC PURPOSE FUND | ENDOWMENT FUND | PLANT FUND |
| | | 1 | 2 | 3 | 4 |
| CURRENT LIABILITIES | | | | | |
| 28 | ACCOUNTS PAYABLE | 902000 | | | 28 |
| 29 | SALARIES, WAGES & FEES PAYABLE | | | | 29 |
| 30 | PAYROLL TAXES PAYABLE | | | | 30 |
| 31 | NOTES & LOANS PAYABLE (SHORT TERM) | | | | 31 |
| 32 | DEFERRED INCOME | 3149000 | | | 32 |
| 33 | ACCELERATED PAYMENTS | | | | 33 |
| 34 | DUE TO OTHER FUNDS | | | | 34 |
| 35 | OTHER CURRENT LIABILITIES | 5219000 | | | 35 |
| 36 | TOTAL CURRENT LIABILITIES | 9270000 | | | 36 |
| LONG-TERM LIABILITIES | | | | | |
| 37 | MORTGAGE PAYABLE | | | | 37 |
| 38 | NOTES PAYABLE | | | | 38 |
| 39 | UNSECURED LOANS | | | | 39 |
| 40 | LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66 | | | | 40 |
| 41 | OTHER LONG TERM LIABILITIES | 2879000 | | | 41 |
| 42 | TOTAL LONG TERM LIABILITIES | 2879000 | | | 42 |
| 43 | TOTAL LIABILITIES | 12149000 | | | 43 |
| CAPITAL ACCOUNTS | | | | | |
| 44 | GENERAL FUND BALANCE | 25899000 | | | 44 |
| 45 | SPECIFIC PURPOSE FUND BALANCE | | | | 45 |
| 46 | DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED | | | | 46 |
| 47 | DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED | | | | 47 |
| 48 | GOVERNING BODY CREATED - ENDOWMENT FUND BAL | | | | 48 |
| 49 | PLANT FUND BALANCE - INVESTED IN PLANT | | | | 49 |
| 50 | PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION | | | | 50 |
| 51 | TOTAL FUND BALANCES | 25899000 | | | 51 |
| 52 | TOTAL LIABILITIES AND FUND BALANCES | 38048000 | | | 52 |

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

| | GENERAL FUND 1 | SPECIFIC PURPOSE FUND 2 | ENDOWMENT FUND 3 | PLANT FUND 4 |
|---|-------------------|----------------------------|---------------------|-----------------|
| 1 FUND BALANCES AT BEGINNING OF PERIOD | 28940000 | | | 1 |
| 2 NET INCOME (LOSS) | -1577000 | | | 2 |
| 3 TOTAL | 27363000 | | | 3 |
| 4 ADDITIONS (CREDIT ADJUSTMENTS) | | | | 4 |
| 5 | | | | 5 |
| 6 | | | | 6 |
| 7 | | | | 7 |
| 8 | | | | 8 |
| 9 | | | | 9 |
| 10 TOTAL ADDITIONS | | | | 10 |
| 11 SUBTOTAL | 27363000 | | | 11 |
| 12 DEDUCTIONS (DEBIT ADJUSTMENTS) | 1464000 | | | 12 |
| 13 | | | | 13 |
| 14 | | | | 14 |
| 15 | | | | 15 |
| 16 | | | | 16 |
| 17 | | | | 17 |
| 18 TOTAL DEDUCTIONS | 1464000 | | | 18 |
| 19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET | 25899000 | | | 19 |

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

| REVENUE CENTER | INPATIENT 1 | OUTPATIENT 2 | TOTAL 3 | |
|---|----------------|-----------------|------------|-------|
| 1 GENERAL INPATIENT ROUTINE CARE SERVICES | | | | 1 |
| 2 HOSPITAL | 62881000 | | 62881000 | 2 |
| 4 SUBPROVIDER I | | | | 4 |
| 5 SWING BED - SNF | | | | 5 |
| 6 SWING BED - NF | | | | 6 |
| 7 SKILLED NURSING FACILITY | | | | 7 |
| 8 NURSING FACILITY | | | | 8 |
| 9 OTHER LONG TERM CARE | | | | 9 |
| 10 TOTAL GENERAL INPATIENT CARE SERVICES | 62881000 | | 62881000 | 10 |
| 11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES | | | | 11 |
| 12 INTENSIVE CARE UNIT | | | | 12 |
| 13 CORONARY CARE UNIT | | | | 13 |
| 14 BURN INTENSIVE CARE UNIT | | | | 14 |
| 15 SURGICAL INTENSIVE CARE UNIT | | | | 15 |
| 16 OTHER SPECIAL CARE (SPECIFY) | | | | 16 |
| 17 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE | 62881000 | | 62881000 | 17 |
| 18 TOTAL INPATIENT ROUTINE CARE SERVICES | 12258000 | 35399000 | 47657000 | 18 |
| 18.50 ANCILLARY SERVICES | | | | 18.50 |
| 18.60 OUTPATIENT SERVICES | | | | 18.60 |
| 19 RHC | | | | 19 |
| 20 FQHC | | | | 20 |
| 21 HOME HEALTH AGENCY | | | | 21 |
| 22 AMBULANCE | | | | 22 |
| 23 CORF | | | | 23 |
| 24 ASC | | | | 24 |
| 25 HOSPICE | | | | 25 |
| 26 GROUP PRACTICE | | 11138000 | 11138000 | 26 |
| 27 TOTAL PATIENT REVENUES | 75139000 | 46537000 | 121676000 | 27 |

PART II - OPERATING EXPENSES

| | 1 | 2 | |
|-----------------------------|---------|----------|----|
| 26 OPERATING EXPENSES | | 62494599 | 26 |
| 27 ADD (SPECIFY) | | | 27 |
| 28 INTEREST EXPENSE | 1201000 | | 28 |
| 29 IMMATERIAL VARIANCE | | | 29 |
| 30 | | | 30 |
| 31 | | | 31 |
| 32 | | | 32 |
| 33 TOTAL ADDITIONS | | 1201000 | 33 |
| 34 DEDUCT (SPECIFY) | -599 | | 34 |
| 35 IMMATERIAL VARIANCE | | | 35 |
| 36 | | | 36 |
| 37 | | | 37 |
| 38 | | | 38 |
| 39 TOTAL DEDUCTIONS | -599 | | 39 |
| 40 TOTAL OPERATING EXPENSES | | 63695000 | 40 |

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

| DESCRIPTION | | | |
|-------------|---|-----------|-------|
| 1 | TOTAL PATIENT REVENUES | 121676000 | 1 |
| 2 | LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS | 63540000 | 2 |
| 3 | NET PATIENT REVENUES | 58136000 | 3 |
| 4 | LESS - TOTAL OPERATING EXPENSES | 63695000 | 4 |
| 5 | NET INCOME FROM SERVICE TO PATIENTS | -5559000 | 5 |
| 6 | CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC. | | 6 |
| 7 | INCOME FROM INVESTMENTS | 103000 | 7 |
| 8 | REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE | | 8 |
| 9 | REVENUE FROM TELEVISION AND RADIO SERVICE | | 9 |
| 10 | PURCHASE DISCOUNTS | | 10 |
| 11 | REBATES AND REFUNDS OF EXPENSES | | 11 |
| 12 | PARKING LOT RECEIPTS | | 12 |
| 13 | REVENUE FROM LAUNDRY AND LINEN SERVICE | | 13 |
| 14 | REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS | 140000 | 14 |
| 15 | REVENUE FROM RENTAL OF LIVING QUARTERS | | 15 |
| 16 | REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS | | 16 |
| 17 | REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS | | 17 |
| 18 | REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS | | 18 |
| 19 | TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.) | | 19 |
| 20 | REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN | | 20 |
| 21 | RENTAL OF VENDING MACHINES | 7000 | 21 |
| 22 | RENTAL OF HOSPITAL SPACE | | 22 |
| 23 | GOVERNMENTAL APPROPRIATIONS | | 23 |
| 24 | CAPITATION REVENUE | 797000 | 24 |
| 24.01 | RESEARCH REVENUE | 1883000 | 24.01 |
| 24.02 | SCHOOL REVENUE | 506000 | 24.02 |
| 24.03 | ACCESS INTERCO REVENUE | 361000 | 24.03 |
| 24.04 | ECT PUBLIC AID | 25000 | 24.04 |
| 24.05 | RESTRICTED FUNDS | 16000 | 24.05 |
| 24.06 | AFTERCARE | 41000 | 24.06 |
| 24.07 | MISCELLANEOUS | 69000 | 24.07 |
| 24.08 | | 34000 | 24.08 |
| 25 | TOTAL OTHER INCOME | 3982000 | 25 |
| 26 | TOTAL | -1577000 | 26 |
| 27 | | | 27 |
| 28 | | | 28 |
| 29 | | | 29 |
| 30 | TOTAL OTHER EXPENSES | | 30 |
| 31 | NET INCOME (OR LOSS) FOR THE PERIOD | -1577000 | 31 |

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

HOSPITAL

| COST CENTERS | ---- TITLE XVIII ---- | | ----- TITLE XIX ----- | | ----- TITLE V ----- | | TOTAL THIRD PARTY UTIL |
|--|-----------------------|-------------|-----------------------|-----------------|---------------------|-----------------|---------------------------|
| | PART A 1 | PART B 2 | INPATIENT 3 | OUTPATIENT 4 | INPATIENT 5 | OUTPATIENT 6 | |
| UTILIZATION PERCENTAGES BASED ON DAYS | | | | | | | |
| 25 ADULTS & PEDIATRICS | 37.52 | | 7.90 | | | | 45.42 25 |
| UTILIZATION PERCENTAGES BASED ON CHARGES | | | | | | | |
| 41 RADIOLOGY-DIAGNOSTIC | 59.88 | | | | | | 59.88 41 |
| 44 LABORATORY | 36.55 | | | | | | 36.55 44 |
| 50 PHYSICAL THERAPY | 72.51 | | | | | | 72.51 50 |
| 56 DRUGS CHARGED TO PATIENTS | 50.47 | | | | | | 50.47 56 |
| 59.01 ECT | 21.33 | 25.28 | | | | | 46.61 59.01 |
| 63 PARTIAL HOSPITALIZATION | | 5.49 | | | | | 5.49 63 |
| 101 TOTAL CHARGES | 5.15 | 2.32 | | | | | 7.47 101 |

| COST CENTER | --- DIRECT COSTS --- | | -- ALLOCATED OVERHEAD -- | | --- TOTAL COSTS --- | | |
|---------------------------------------|----------------------|--------|--------------------------|-------|---------------------|--------|--------|
| | AMOUNT | % | AMOUNT | % | AMOUNT | % | |
| 69.30 OUTPATIENT OCCUPATIONAL THERAPY | | | | | | | 69.30 |
| 69.40 OUTPATIENT SPEECH PATHOLOGY | | | | | | | 69.40 |
| 71 HOME HEALTH AGENCY | | | | | | | 71 |
| SPECIAL PURPOSE COST CENTERS | | | | | | | |
| 85.01 PANCREAS ACQUISITION | | | | | | | 85.01 |
| 85.02 INTESTINAL ACQUISITION | | | | | | | 85.02 |
| 85.03 ISLET CELL ACQUISITION | | | | | | | 85.03 |
| NONREIMBURSABLE COST CENTERS | | | | | | | |
| 97 RESEARCH | 2041060 | 3.40 | 1263241 | 4.09 | 3304301 | 5.50 | 97 |
| 98 PHYSICIANS' PRIVATE OFFICES | 6552789 | 10.90 | 5761732 | 18.67 | 12314521 | 20.48 | 98 |
| 99 NONPAID WORKERS | 67959 | .11 | 46433 | .15 | 114392 | .19 | 99 |
| 100 GUEST MEALS | | | | | | | 100 |
| 100.01 ADOLESCENT SCHOOL | | | | | | | 100.01 |
| 100.02 MARKETING | | | | | | | 100.02 |
| 100.03 OTHER NONREIMBURSEABLE | | | | | | | 100.03 |
| 101 CROSS FOOT ADJUSTMENTS | | | | | | | 101 |
| 102 NEGATIVE COST CENTER | | | | | | | 102 |
| 103 TOTAL | 60115364 | 100.00 | 0 | .00 | 60115364 | 100.00 | 103 |

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

| COST CENTER DESCRIPTION | CAPITAL RELATED COSTS 1 | TOTAL CHARGES 2 | RATIO CAPITAL COST TO CHARGES 3 | INPATIENT PROGRAM CHARGES 4 | MEDICARE INPATIENT PPS CAPITAL COSTS 5 | |
|--|----------------------------------|-----------------------|---|--------------------------------------|--|-------|
| ANCILLARY SERVICE COST CENTERS | | | | | | |
| 41 RADIOLOGY-DIAGNOSTIC | 467 | 16264 | .028714 | 9739 | 280 | 41 |
| 44 LABORATORY | 12654 | 4214784 | .003002 | 1540654 | 4625 | 44 |
| 46.30 BLOOD CLOTTING FACTORS ADMIN CO | | | | | | 46.30 |
| 50 PHYSICAL THERAPY | 1983 | 466743 | .004249 | 338441 | 1438 | 50 |
| 55.30 IMPL. DEV. CHARGED TO PATIENT | | | | | | 55.30 |
| 56 DRUGS CHARGED TO PATIENTS | 38802 | 6345290 | .006115 | 3202337 | 19582 | 56 |
| 59 ADOLSCENT THERAPY | | | | | | 59 |
| 59.01 ECT | 20660 | 2788578 | .007409 | 594795 | 4407 | 59.01 |
| 59.02 CHEMICAL DEPENDENCY | | | | | | 59.02 |
| 59.97 CARDIAC REHABILITATION | | | | | | 59.97 |
| 59.98 HYPERBARIC OXYGEN THERAPY | | | | | | 59.98 |
| 59.99 LITHOTRIPSY | | | | | | 59.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS | | | | | | 62 |
| 63 PARTIAL HOSPITALIZATION | 177664 | 33746140 | .005265 | | | 63 |
| 63.50 RHC | | | | | | 63.50 |
| 63.60 FQHC | | | | | | 63.60 |
| 101 TOTAL | 252230 | 47577799 | | 5685966 | 30332 | 101 |

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

| COST CENTER DESCRIPTION | | CAPITAL RELATED COSTS 1 | SWING-BED ADJUSTMENT AMOUNT 2 | TOTAL COST 3 | TOTAL PATIENT DAYS 4 | PER DIEM 5 | INPATIENT PROGRAM DAYS 6 | MEDICARE INPATIENT PPS CAPITAL COSTS 7 |
|--|---------------------|----------------------------------|--|--------------------|-------------------------------|------------------|-----------------------------------|--|
| INPATIENT ROUTINE SERVICE COST CENTERS | | | | | | | | |
| 25 | ADULTS & PEDIATRICS | 1481895 | | 1481895 | 46541 | 31.84 | 17461 | 555958 25 |
| 101 | TOTAL | 1481895 | | 1481895 | | | 17461 | 555958 101 |
| MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS | | | | | | | 555958 | |
| MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS | | | | | | | 30332 | |
| TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS | | | | | | | 586290 | |
| MEDICARE DISCHARGES (WORKSHEET S-3, LINE 12, COLUMN 13) | | | | | | | 1434 | |
| MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 12, COLUMN 4) | | | | | | | 17461 | |
| PER DISCHARGE CAPITAL COSTS | | | | | | | 408.85 | |
| PER DIEM CAPITAL COSTS | | | | | | | 33.58 | |

I. COST TO CHARGE RATIO FOR FREESTANDING IPF

| | |
|---|----------|
| 1. TOTAL MEDICARE COSTS | 14604060 |
| (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 8 LINES 25-30 + WKST D PART IV COL 7 LINE 101)) | |
| 2. TOTAL MEDICARE CHARGES | 29358524 |
| (WKST D-4 COLUMN 2 LINES 25-30 + LINE 103) | |
| 3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2) | .497 |

II. COST TO CHARGE RATIO FOR CAPITAL

| | |
|---|--------|
| 1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS | 586290 |
| (WKST D PART I LINES 25-30, COLS 10 & 12 + WKST D PART II, LINE 101, COLS 6 & 8) | |
| 2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2) | .020 |

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

| | |
|--|---------|
| 1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPTS. | 539152 |
| (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x COLUMN 1.01 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66) | |
| 2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPTS. | 2558332 |
| (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66) | |
| 3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2) | .211 |