

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

WORKSHEET S
 PARTS I, II & III

PART I - COST REPORT STATUS

PROVIDER USE ONLY 1. ELECTRONICALLY FILED COST REPORT DATE: 05/25/2012 TIME: 07:06
 2. MANUALLY SUBMITTED COST REPORT
 3. IF THIS IS AN AMENDED REPORT ENTER THE NUMBER OF TIMES THE PROVIDER RESUBMITTED THIS COST REPORT
 4. MEDICARE UTILIZATION. ENTER "F" FOR FULL OR "L" FOR LOW.

CONTRACTOR 5. COST REPORT STATUS 6. DATE RECEIVED: _____ 10. NPR DATE: _____
 USE ONLY 1 - AS SUBMITTED 7. CONTRACTOR NO: _____ 11. CONTRACTOR'S VENDOR CODE: 04
 2 - SETTLED WITHOUT AUDIT 8. INITIAL REPORT FOR THIS PROVIDER CCN 12. IF LINE 5, COLUMN 1 IS 4: ENTER
 3 - SETTLED WITH AUDIT 9. FINAL REPORT FOR THIS PROVIDER CCN NUMBER OF TIMES REOPENED - 0-9.
 4 - REOPENED
 5 - AMENDED

PART II - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED 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 01/01/2011 AND ENDING 12/31/2011, AND 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 IDENTIFIED IN THIS COST REPORT WERE PROVIDE IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

ECR Encryption: 05/25/2012 07:06
 XENr2s.CVmS:ahdjegIUwk2z.OatC0
 Dv7PCOKHqDroUJ7BWMmu.bg4sM3wzb
 hErR0nKEax0mXZdH

(SIGNED) David Jones
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE
CFO
 DATE
5/30/12

PI Encryption: 05/25/2012 07:06
 JzFDV74JnzuvJDir:bA8x0X0aHg460
 p3UoC0q.GNcdGrWXZ0jq8a:ykdBsqq
 6RJaoMML9D0vctaI

PART III - SETTLEMENT SUMMARY

| TITLE V | TITLE XVIII | | HIT | TITLE XIX | |
|---------------------------------------|-------------|--------|-----|-----------|-----|
| | PART A | PART B | | | |
| 1 | 2 | 3 | 4 | 5 | |
| 1 HOSPITAL | -12,509 | -8,607 | | | 1 |
| 2 SUBPROVIDER - IPF | | | | | 2 |
| 3 SUBPROVIDER - IRF | | | | | 3 |
| 4 SUBPROVIDER (OTHER) | | | | | 4 |
| 5 SWING BED - SNF | | | | | 5 |
| 6 SWING BED - NF | | | | | 6 |
| 7 SKILLED NURSING FACILITY | | | | | 7 |
| 8 NURSING FACILITY | | | | | 8 |
| 9 HOME HEALTH AGENCY | | | | | 9 |
| 10 HEALTH CLINIC - RHC | | | | | 10 |
| 11 HEALTH CLINIC - FQHC | | | | | 11 |
| 12 OUTPATIENT REHABILITATION PROVIDER | | | | | 12 |
| 200 TOTAL | -12,509 | -8,607 | | | 200 |

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 673 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: CMS, 7500 SECURITY BOULEVARD, ATTN: PRA REPORT CLEARANCE OFFICER, MAIL STOP C4-26-05, BALTIMORE, MARYLAND 21244-1850.

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

WORKSHEET S
 PARTS I, II & III

PART I - COST REPORT STATUS

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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 01/01/2011 AND ENDING 12/31/2011, AND 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 IDENTIFIED IN THIS COST REPORT WERE PROVIDE IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

(SIGNED)

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART III - SETTLEMENT SUMMARY

| | TITLE V 1 | TITLE XVIII | | HIT 4 | TITLE XIX 5 | |
|---------------------------------------|--------------|-------------|-------------|----------|----------------|-----|
| | | PART A 2 | PART B 3 | | | |
| 1 HOSPITAL | | -12,509 | -8,607 | | | 1 |
| 2 SUBPROVIDER - IPF | | | | | | 2 |
| 3 SUBPROVIDER - IRF | | | | | | 3 |
| 4 SUBPROVIDER (OTHER) | | | | | | 4 |
| 5 SWING BED - SNF | | | | | | 5 |
| 6 SWING BED - NF | | | | | | 6 |
| 7 SKILLED NURSING FACILITY | | | | | | 7 |
| 8 NURSING FACILITY | | | | | | 8 |
| 9 HOME HEALTH AGENCY | | | | | | 9 |
| 10 HEALTH CLINIC - RHC | | | | | | 10 |
| 11 HEALTH CLINIC - FQHC | | | | | | 11 |
| 12 OUTPATIENT REHABILITATION PROVIDER | | | | | | 12 |
| 200 TOTAL | | -12,509 | -8,607 | | | 200 |

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 OMD CONTROL NUMBER. THE VALID OMB CONTROL NUMBER FOR THIS INFORMATION COLLECTION IS 0938-0050. THE TIME REQUIRED TO COMPLETE THIS INFORMATION COLLECTION IS ESTIMATED 673 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: CMS, 7500 SECURITY BOULEVARD, ATTN: PRA REPORT CLEARANCE OFFICER, MAIL STOP C4-26-05, BALTIMORE, MARYLAND 21244-1850.

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 1650 MOON LAKE BOULEVARD P.O. BOX: 1
 2 CITY: HOFFMAN ESTATES STATE: IL ZIP CODE: 60194- COUNTY: COOK 2

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

| COMPONENT 0 | COMPONENT NAME 1 | CCN NUMBER 2 | CBSA NUMBER 3 | PROV TYPE 4 | DATE CERTIFIED 5 | PAYMENT SYSTEM (P, T, O, OR N) | | | | |
|----------------|-------------------------------------|-------------------------------|---------------------|-------------------|------------------------|-----------------------------------|-------|-----|---|----|
| | | | | | | V | XVIII | XIX | | |
| | | | | | | 6 | 7 | 8 | | |
| 3 | HOSPITAL | ALEXIAN BROTHERS BEHAVIORAL H | 14-4031 | 16974 | 4 | 06/28/1990 | N | P | O | 3 |
| 4 | SUBPROVIDER - IPF | | | | | | | | | 4 |
| 5 | SUBPROVIDER - IRF | | | | | | | | | 5 |
| 6 | SUBPROVIDER - (OTHER) | | | | | | | | | 6 |
| 7 | SWING BEDS - SNF | | | | | | | | | 7 |
| 8 | SWING BEDS - NF | | | | | | | | | 8 |
| 9 | HOSPITAL-BASED SNF | | | | | | | | | 9 |
| 10 | HOSPITAL-BASED NF | | | | | | | | | 10 |
| 11 | HOSPITAL-BASED OLTC | | | | | | | | | 11 |
| 12 | HOSPITAL-BASED HHA | | | | | | | | | 12 |
| 13 | SEPARATELY CERTIFIED ASC | | | | | | | | | 13 |
| 14 | HOSPITAL-BASED HOSPICE | | | | | | | | | 14 |
| 15 | HOSPITAL-BASED HEALTH CLINIC - RHC | | | | | | | | | 15 |
| 16 | HOSPITAL-BASED HEALTH CLINIC - FQHC | | | | | | | | | 16 |
| 17 | HOSPITAL-BASED (CMHC) | | | | | | | | | 17 |
| 18 | RENAL DIALYSIS | | | | | | | | | 18 |
| 19 | OTHER | | | | | | | | | 19 |
| 20 | COST REPORTING PERIOD (MM/DD/YYYY) | FROM: 01/01/2011 | | | TO: 12/31/2011 | | | | | 20 |
| 21 | TYPE OF CONTROL | | | | | | | | | 21 |

INPATIENT PPS INFORMATION

| | | | | | | | 1 | 2 | |
|----|---|--|--|--|--|--|---|---|----|
| 22 | DOES THIS FACILITY QUALIFY FOR AND RECEIVE DISPROPORTIONATE SHARE HOSPITAL PAYMENT IN ACCORDANCE WITH 42 CFR §412.106 IN COLUMN 1, ENTER 'Y' FOR YES AND 'N' FOR NO. IS THIS FACILITY SUBJECT TO 42 CFR §412.06(c)(2) (PICKLE AMENDMENT HOSPITAL)? IN COLUMN 2, ENTER 'Y', FOR YES OR 'N' FOR NO. | | | | | | N | N | 22 |
| 23 | WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON LINES 24 AND/OR 25 BELOW? IN COLUMN 1, ENTER 1 IF DATE OF ADMISSION, 2 IF CENSUS DAYS, OR 3 IF DATE OF DISCHARGE. IS THE METHOD OF IDENTIFYING THE DAYS IN THIS COST REPORTING PERIOD DIFFERENT FROM THE METHOD USED IN THE PRIOR COST REPORTING PERIOD? IN COLUMN 2, ENTER 'Y' FOR YES OR 'N' FOR NO. | | | | | | | N | 23 |

| | | IN-STATE MEDICAID PAID DAYS 1 | IN-STATE MEDICAID ELIGIBLE DAYS 2 | OUT-OF- STATE MEDICAID PAID DAYS 3 | OUT-OF- STATE MEDICAID ELIGIBLE DAYS 4 | MEDICAID HMO DAYS 5 | OTHER MEDICAID DAYS 6 | |
|----|--|---|---|---|---|------------------------------|--------------------------------|----|
| 24 | IF LINE 22 AND/OR 45 IS 'YES', AND THIS PROVIDER IS AN IPSS HOSPITAL ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE DAYS IN COL. 4, MEDICAID HMO DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6. | | | | | | | 24 |
| 25 | IF THIS PROVIDER IS AN IRF THEN, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE DAYS IN COL. 2, OUT-OF STATE MEDICAID DAYS IN COL. 3, OUT-OF STATE MEDICAID ELIGIBLE DAYS IN COL. 4, MEDICAID HMO DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6. | | | | | | | 25 |
| 26 | ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER '1' FOR URBAN AND '2' FOR RURAL. | | | | 1 | | | 26 |
| 27 | ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER '1' FOR URBAN AND '2' FOR RURAL. | | | | 1 | | | 27 |
| 35 | IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE COST REPORTING PERIOD. | | | | | | | 35 |
| 36 | ENTER APPLICABLE BEGINNING AND ENDING DATES OF SCH STATUS. SUBSCRIPT LINE 36 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. | | | BEGINNING: | | ENDING: | | 36 |
| 37 | IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT IN THE COST REPORTING PERIOD. | | | | | | | 37 |
| 38 | ENTER APPLICABLE BEGINNING AND ENDING DATES OF MDH STATUS. SUBSCRIPT LINE 38 FOR NUMBER PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. | | | BEGINNING: | | ENDING: | | 38 |

| | | V 1 | XVIII 2 | XIX 3 | |
|----|---|--------|------------|----------|----|
| 45 | PROSPECTIVE PAYMENT SYSTEM(PPS)-CAPITAL DOES THIS FACILITY QUALIFY AND RECEIVE CAPITAL PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR §412.320? | N | N | N | 45 |
| 46 | IS THIS FACILITY ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR §412.348(g)? IF YES, COMPLETE WORKSHEET L, PART III AND L-1, PARTS I THROUGH III. | N | N | N | 46 |
| 47 | IS THIS A NEW HOSPITAL UNDER 42 CFR §412.300 PPS CAPITAL? ENTER 'Y' FOR YES OR 'N' FOR NO. | N | N | N | 47 |
| 48 | IS THE FACILITY ELECTING FULL FEDERAL CAPITAL PAYMENT? ENTER 'Y' FOR YES OR 'N' FOR NO. | N | N | N | 48 |

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

| | | 1 | 2 | 3 | |
|---|---|---|--|---|---|
| TEACHING HOSPITALS | | | | | |
| 56 | IS THIS A HOSPITAL INVOLVED IN TRAINING RESIDENTS IN APPROVED GME PROGRAMS? ENTER 'Y' FOR YES OR 'N' FOR NO. | N | | | 56 |
| 57 | IF LINE 56 IS YES, IS THIS THE FIRST COST REPORTING PERIOD DURING WHICH RESIDENTS IN APPROVED GME PROGRAMS TRAINED AT THIS FACILITY? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y' DID RESIDENTS START TRAINING IN THE FIRST MONTH OF THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2. IF COLUMN 2 IS 'Y', COMPLETE WORKSHEET E-4. IF COLUMN 2 IS 'N', COMPLETE WORKSHEET D, PART III & IV AND D-2, PART II, IF APPLICABLE. | N | N | | 57 |
| 58 | IF LINE 56 IS YES, DID THIS FACILITY ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-5. | | | | 58 |
| 59 | ARE COSTS CLAIMED ON LINE 100 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. | N | | | 59 |
| 60 | ARE YOU CLAIMING NURSING SCHOOL AND/OR ALLIED HEALTH COSTS FOR A PROGRAM THAT MEETS THE PROVIDER-OPERATED CRITERIA UNDER \$413.85? ENTER 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS) | N | | | 60 |
| 61 | DID YOUR FACILITY RECEIVE ADDITIONAL FTE SLOTS UNDER ACA SECTION 5503? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF 'Y', EFFECTIVE FOR PORTIONS OF COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2011 ENTER THE AVERAGE NUMBER OF PRIMARY CARE FTE RESIDENTS FOR IME IN COLUMN 2 AND DIRECT GME IN COLUMN 3 FROM THE HOSPITAL'S THREE MOST RECENT COST REPORTS ENDING AND SUBMITTED BEFORE MARCH 23, 2010. (SEE INSTRUCTIONS) | Y/N N | IME AVERAGE | DIRECT GME AVERAGE | 61 |
| ACA PROVISIONS AFFECTING THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) | | | | | |
| 62 | ENTER THE NUMBER OF FTE RESIDENTS THAT YOUR HOSPITAL TRAINED IN THIS COST REPORTING PERIOD FOR WHICH YOUR HOSPITAL RECEIVED HRSA PCRE FUNDING (SEE INSTRUCTIONS) | | | | 62 |
| 62.01 | ENTER THE NUMBER OF FTE RESIDENTS THAT ROTATED FROM A TEACHING HEALTH CENTER (THC) INTO YOUR HOSPITAL IN THIS COST REPORTING PERIOD OF HRSA THC PROGRAM. (SEE INSTRUCTIONS) | | | | 62.01 |
| TEACHING HOSPITALS THAT CLAIM RESIDENTS IN NON-PROVIDER SETTINGS | | | | | |
| 63 | HAS YOUR FACILITY TRAINED RESIDENTS IN NON-PROVIDER SETTINGS DURING THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, COMPLETE LINES 64-67. (SEE INSTRUCTIONS) | N | | | 63 |
| SECTION 5504 OF THE ACA BASE YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS THIS BASE YEAR IS YOUR COST REPORTING PERIOD THAT BEGINS ON OR AFTER JULY 1, 2009 AND BEFORE JUNE 30, 2010. | | | | | |
| 64 | ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS) | UNWEIGHTED FTEs NONPROVIDER SITE | UNWEIGHTED FTEs IN HOSPITAL | RATIO (COL.1/ (COL.1+COL.2)) | 64 |
| ENTER IN LINES 65-65.49, COLUMN 1 THE PROGRAM NAME. ENTER IN COLUMN 2 THE PROGRAM CODE. ENTER IN COLUMN 3 THE NUMBER OF UNWEIGHTED PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON- PROVIDER SETTINGS. ENTER IN COLUMN 4 THE NUMBER OF UNWEIGHTED PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 5 THE RATIO OF COLUMN 3 DIVIDED BY (COLUMN 3 + COLUMN 4)). (SEE INSTRUCTIONS) | | | | | |
| | PROGRAM NAME 1 | PROGRAM CODE 2 | UNWEIGHTED FTEs NONPROVIDER SITE 3 | UNWEIGHTED FTEs IN HOSPITAL 4 | RATIO (COL.1/ (COL.3+COL.4)) 5 |
| SECTION 5504 OF THE ACA CURRENT YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS EFFECTIVE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2010 | | | | | |
| 66 | ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS) | UNWEIGHTED FTEs NONPROVIDER SITE | UNWEIGHTED FTEs IN HOSPITAL | RATIO (COL.1/ (COL.1+COL.2)) | 66 |

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

ENTER IN LINES 67-67.49, COLUMN 1 THE PROGRAM NAME. ENTER IN COLUMN 2 THE PROGRAM CODE. ENTER IN COLUMN 3 THE NUMBER OF UNWEIGHTED PRIMARY CARE FTE RESIDENTS ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS. ENTER IN COLUMN 4 THE NUMBER OF UNWEIGHTED PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 5 THE RATIO OF COLUMN 3 DIVIDED BY (COLUMN 3 ÷ COLUMN 4)). (SEE INSTRUCTIONS)

| PROGRAM NAME | PROGRAM CODE | UNWEIGHTED FTEs NONPROVIDER SITE | UNWEIGHTED FTEs IN HOSPITAL | RATIO (COL.1/ (COL.3+COL.4)) |
|--|--|----------------------------------|---|------------------------------|
| 1 | 2 | 3 | 4 | 5 |
| INPATIENT PSYCHIATRIC FACILITY PPS | | | | |
| 70 | IS THIS FACILITY AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DOES IT CONTAIN AN IPF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO. | | | Y 70 |
| 71 | IF LINE 70 YES: COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. | | | N 71 |
| INPATIENT REHABILITATION FACILITY PPS | | | | |
| 75 | IS THIS FACILITY AN INPATIENT REHABILITATION FACILITY (IRF), OR DOES IT CONTAIN AN IRF SUBPROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO. | | | N 75 |
| 76 | IF LINE 75 YES: COLUMN 1: DID 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. COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO. COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. | | | N 76 |
| LONG TERM CARE HOSPITAL PPS | | | | |
| 80 | IS THIS A LONG TERM CARE HOSPITAL (LTCH)? ENTER 'Y' FOR YES OR 'N' FOR NO. | | | N 80 |
| TEFRA PROVIDERS | | | | |
| 85 | IS THIS A NEW HOSPITAL UNDER 42 CFR §413.40(f)(1)(i) TEFRA?. ENTER 'Y' FOR YES OR 'N' FOR NO. | | | N 85 |
| 86 | DID THIS FACILITY ESTABLISH A NEW OTHER SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR §413.40(f)(1)(ii)? ENTER 'Y' FOR YES, OR 'N' FOR NO. | | | N 86 |
| TITLE V AND XIX INPATIENT SERVICES | | | | |
| 90 | DOES THIS FACILITY HAVE TITLE V AND/OR XIX INPATIENT HOSPITAL SERVICES? ENTER 'Y' FOR YES, OR 'N' FOR NO IN APPLICABLE COLUMN. | | | N Y 90 |
| 91 | IS THIS HOSPITAL REIMBURSED FOR TITLE V AND/OR XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? ENTER 'Y' FOR YES, OR 'N' FOR NO IN THE APPLICABLE COLUMN. | | | N N 91 |
| 92 | ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN. | | | N 92 |
| 93 | DOES THIS FACILITY OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE V AND XIX? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN. | | | N N 93 |
| 94 | DOES TITLE V OR TITLE XIX REDUCE CAPITAL COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN. | | | N N 94 |
| 95 | IF LINE 94 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN. | | | 95 |
| 96 | DOES TITLE V OR TITLE XIX REDUCE OPERATING COST? ENTER 'Y' FOR YES OR 'N' FOR NO IN THE APPLICABLE COLUMN. | | | N N 96 |
| 97 | IF LINE 96 IS 'Y', ENTER THE REDUCTION PERCENTAGE IN THE APPLICABLE COLUMN. | | | 97 |
| RURAL PROVIDERS | | | | |
| 105 | DOES THIS HOSPITAL QUALIFY AS A CRITICAL ACCESS HOSPITAL (CAH)? | | | N 105 |
| 106 | IF THIS FACILITY QUALIFIES AS A CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES. | | | 106 |
| 107 | COLUMN 1: 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 IN COLUMN 1. 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, COLUMN 2: IF THIS FACILITY IS A CAH, DO I&RS IN AN APPROVED MEDICAL EDUCATION PROGRAM TRAIN IN THE CAH'S EXCLUDED IPF AND/OR IRF UNIT? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2. | | | 107 |
| 108 | IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR §412.113(c). ENTER 'Y' FOR YES OR 'N' FOR NO. | | | N 108 |
| 109 | IF THIS HOSPITAL QUALIFIES AS A CAH OR A COST PROVIDER, ARE THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIER? ENTER 'Y' FOR YES OR 'N' FOR EACH THERAPY. | | PHY- OCCUP- RESPI- SICAL ATIONAL SPEECH RATORY | N N N N 109 |

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

MISCELLANEOUS COST REPORTING INFORMATION

| | 1 | 2 | |
|-----|---|------------|----------------|
| 115 | N | | 115 |
| 116 | N | | 116 |
| 117 | Y | | 117 |
| 118 | 1 | | 118 |
| 119 | | 10,000,000 | 20,000,000 119 |
| 120 | N | | N 120 |
| 121 | N | | 121 |

TRANSPLANT CENTER INFORMATION

| | | | |
|-----|--|---|-----|
| 125 | | N | 125 |
| 126 | | | 126 |
| 127 | | | 127 |
| 128 | | | 128 |
| 129 | | | 129 |
| 130 | | | 130 |
| 131 | | | 131 |
| 132 | | | 132 |
| 133 | | | 133 |
| 134 | | | 134 |

ALL PROVIDERS

| | | | |
|-----|---|--------|-----|
| 140 | Y | 149019 | 140 |
|-----|---|--------|-----|

IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER ON LINES 141 THROUGH 143 THE NAME AND ADDRESS OF THE HOME OFFICE AND ENTER THE HOME OFFICE CONTRACTOR NAME AND CONTRACTOR NUMBER.

| | | | |
|-----|---|----------------------------|-----|
| 141 | | CONTRACTOR'S NUMBER: 52280 | 141 |
| 142 | | | 142 |
| 143 | | ZIP CODE: 60005 | 143 |
| 144 | Y | | 144 |
| 145 | N | | 145 |
| 146 | N | | 146 |
| 147 | N | | 147 |
| 148 | N | | 148 |
| 149 | N | | 149 |

DOES THIS FACILITY CONTAIN A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES? ENTER 'Y' FOR YES OR 'N' FOR NO FOR EACH COMPONENT FOR PART A AND PART B.
 SEE 42 CFR §413.13)

| | PART A | PART B | |
|-----|--------|--------|-----|
| 155 | N | N | 155 |
| 156 | N | N | 156 |
| 157 | N | N | 157 |
| 158 | N | N | 158 |
| 159 | N | N | 159 |
| 160 | N | N | 160 |
| 161 | | N | 161 |

MULTICAMPUS

| | | | |
|-----|------|--------|------------|
| 165 | N | | 165 |
| 166 | | | |
| | NAME | COUNTY | STATE |
| | 0 | 1 | 2 |
| | | | ZIP CODE |
| | | | 3 |
| | | | CBSA |
| | | | 4 |
| | | | FTE/CAMPUS |
| | | | 5 |

HEALTH INFORMATION TECHNOLOGY (HIT) INCENTIVE IN THE AMERICAN RECOVERY AND REINVESTMENT ACT

| | | | |
|-----|---|--|-----|
| 167 | N | | 167 |
| 168 | | | 168 |
| 169 | | | 169 |

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
 PART II

GENERAL INSTRUCTION: ENTER Y FOR ALL YES RESPONSES. ENTER N FOR ALL NO RESPONSES.
 ENTER ALL DATES IN THE MM/DD/YYYY FORMAT.

COMPLETED BY ALL HOSPITALS

| PROVIDER ORGANIZATION AND OPERATION | | Y/N | DATE | | |
|-------------------------------------|--|---------------|------------|----------|------------|
| 1 | HAS THE PROVIDER CHANGED OWNERSHIP IMMEDIATELY PRIOR TO THE BEGINNING OF THE COST REPORTING PERIOD? IF YES, ENTER THE DATE OF THE CHANGE IN COLUMN 2. (SEE INSTRUCTIONS) | 1 N | 2 | 1 | |
| 2 | HAS THE PROVIDER TERMINATED PARTICIPATION IN THE MEDICARE PROGRAM? IF YES, ENTER IN COLUMN 2 THE DATE OF TERMINATION AND IN COLUMN 3, 'V' FOR VOLUNTARY OR 'I' FOR INVOLUNTARY. | Y/N 1 N | DATE 2 | V/I 3 | |
| 3 | IS THE PROVIDER INVOLVED IN BUSINESS TRANSACTIONS, INCLUDING MANAGEMENT CONTRACTS, WITH INDIVIDUALS OR ENTITIES (E.G., CHAIN HOME OFFICES, DRUG OR MEDICAL SUPPLY COMPANIES) THAT ARE RELATED TO THE PROVIDER OR ITS OFFICERS, MEDICAL STAFF, MANAGEMENT PERSONNEL, OR MEMBERS OF THE BOARD OF DIRECTORS THROUGH OWNERSHIP, CONTROL, OR FAMILY AND OTHER SIMILAR RELATIONSHIPS? (SEE INSTRUCTIONS) | Y | | 3 | |
| FINANCIAL DATA AND REPORTS | | Y/N | TYPE | DATE | |
| 4 | COLUMN 1: WERE THE FINANCIAL STATEMENTS PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT? COLUMN 2: IF YES, ENTER 'A' FOR AUDITED, 'C' FOR COMPILED, OR 'R' FOR REVIEWED. SUBMIT COMPLETE COPY OR ENTER DATE AVAILABLE IN COLUMN 3. (SEE INSTRUCTIONS). IF NO, SEE INSTRUCTIONS. | 1 Y | 2 A | 3 4 | |
| 5 | ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION. | N | | 5 | |
| APPROVED EDUCATIONAL ACTIVITIES | | Y/N | | Y/N | |
| 6 | COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM? | 1 N | | 2 6 | |
| 7 | ARE COSTS CLAIMED FOR ALLIED HEALTH PROGRAMS? IF YES, SEE INSTRUCTIONS. | N | | 7 | |
| 8 | WERE NURSING SCHOOL AND/OR ALLIED HEALTH PROGRAMS APPROVED AND/OR RENEWED DURING THE COST REPORTING PERIOD? | N | | 8 | |
| 9 | ARE COSTS CLAIMED FOR INTERN-RESIDENT PROGRAMS CLAIMED ON THE CURRENT COST REPORT? IF YES, SEE INSTRUCTIONS. | N | | 9 | |
| 10 | WAS AN INTERN-RESIDENT PROGRAM INITIATED OR RENEWED IN THE CURRENT COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. | N | | 10 | |
| 11 | ARE GME COSTS DIRECTLY ASSIGNED TO COST CENTERS OTHER THAN I & R IN AN APPROVED TEACHING PROGRAM ON WORKSHEET A? IF YES, SEE INSTRUCTIONS. | N | | 11 | |
| 12 | IS THE PROVIDER SEEKING REIMBURSEMENT FOR BAD DEBTS? IF YES, SEE INSTRUCTIONS. | | | Y 12 | |
| 13 | IF LINE 12 IS YES, DID THE PROVIDER'S BAD DEBT COLLECTION POLICY CHANGE DURING THIS COST REPORTING PERIOD? IF YES, SUBMIT COPY. | | | N 13 | |
| 14 | IF LINE 12 IS YES, WERE PATIENT DEDUCTIBLES AND/OR CO-PAYMENTS WAIVED? IF YES, SEE INSTRUCTIONS. | | | N 14 | |
| BED COMPLEMENT | | | | | |
| 15 | DID TOTAL BEDS AVAILABLE CHANGE FROM THE PRIOR COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. | | | N 15 | |
| PS&R REPORT DATA | | PART A | | PART B | |
| | | Y/N | DATE | Y/N | DATE |
| 16 | WAS THE COST REPORT PREPARED USING THE PS&R REPORT ONLY? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE OF THE PS&R REPORT USED IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS) | 1 N | 2 | 3 N | 4 16 |
| 17 | WAS THE COST REPORT PREPARED USING THE PS&R REPORT FOR TOTALS AND THE PROVIDER'S RECORDS FOR ALLOCATION? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS) | Y | 04/13/2012 | Y | 04/13/2012 |
| 18 | IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR ADDITIONAL CLAIMS THAT HAVE BEEN BILLED BUT ARE NOT INCLUDED ON THE PS&R REPORT USED TO FILE THE COST REPORT? IF YES, SEE INSTRUCTIONS. | N | | N | 18 |
| 19 | IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR CORRECTIONS OF OTHER PS&R REPORT INFORMATION? IF YES, SEE INSTRUCTIONS. | N | | N | 19 |
| 20 | IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS: | N | | N | 20 |
| 21 | WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS. | N | | N | 21 |

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
PART II

GENERAL INSTRUCTION: ENTER Y FOR ALL YES RESPONSES. ENTER N FOR ALL NO RESPONSES.
ENTER ALL DATES IN THE MM/DD/YYYY FORMAT.

COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)

CAPITAL RELATED COST

- | | | |
|----|---|----|
| 22 | HAVE ASSETS BEEN RELIEFED FOR MEDICARE PURPOSES? IF YES, SEE INSTRUCTIONS. | 22 |
| 23 | HAVE CHANGES OCCURRED IN THE MEDICARE DEPRECIATION EXPENSE DUE TO APPRAISALS MADE DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. | 23 |
| 24 | WERE NEW LEASES AND/OR AMENDMENTS TO EXISTING LEASES ENTERED INTO DURING THIS COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. | 24 |
| 25 | HAVE THERE BEEN NEW CAPITALIZED LEASES ENTERED INTO DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. | 25 |
| 26 | WERE ASSETS SUBJECT TO SEC. 2314 OF DEFRA ACQUIRED DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. | 26 |
| 27 | HAS THE PROVIDER'S CAPITALIZED POLICY CHANGED DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. | 27 |

INTEREST EXPENSE

- | | | |
|----|---|----|
| 28 | WERE NEW LOANS, MORTGAGE AGREEMENTS OR LETTERS OF CREDIT ENTERED INTO DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. | 28 |
| 29 | DID THE PROVIDER HAVE A FUNDED DEPRECIATION ACCOUNT AND/OR BOND FUNDS (DEBT SERVICE RESERVE FUND) TREATED AS A FUNDED DEPRECIATION ACCOUNT? IF YES, SEE INSTRUCTIONS. | 29 |
| 30 | HAS EXISTING DEBT BEEN REPLACED PRIOR TO ITS SCHEDULED MATURITY WITH NEW DEBT? IF YES, SEE INSTRUCTIONS. | 30 |
| 31 | HAS DEBT BEEN RECALLED BEFORE SCHEDULED MATURITY WITHOUT ISSUANCE OF NEW DEBT? IF YES, SEE INSTRUCTIONS. | 31 |

PURCHASED SERVICES

- | | | |
|----|---|----|
| 32 | HAVE CHANGES OR NEW AGREEMENTS OCCURRED IN PATIENT CARE SERVICES FURNISHED THROUGH CONTRACTUAL ARRANGEMENTS WITH SUPPLIERS OF SERVICES? IF YES, SEE INSTRUCTIONS. | 32 |
| 33 | IF LINE 32 IS YES, WERE THE REQUIREMENTS OF SEC. 2135.2 APPLIED PERTAINING TO COMPETITIVE BIDDING? IF NO, SEE INSTRUCTIONS. | 33 |

PROVIDER-BASED PHYSICIANS

- | | | |
|----|--|----|
| 34 | ARE SERVICES FURNISHED AT THE PROVIDER FACILITY UNDER AN ARRANGEMENT WITH PROVIDER-BASED PHYSICIANS? IF YES, SEE INSTRUCTIONS. | 34 |
| 35 | IF LINE 34 IS YES, WERE THERE NEW AGREEMENTS OR AMENDED EXISTING AGREEMENTS WITH THE PROVIDER-BASED PHYSICIANS DURING THE COST REPORTING PERIOD? IF YES, SEE INSTRUCTIONS. | 35 |

HOME OFFICE COSTS

- | | | Y/N | DATE | |
|----|--|-----|------|----|
| | | 1 | 2 | |
| 36 | WERE HOME OFFICE COSTS CLAIMED ON THE COST REPORT? | | | 36 |
| 37 | IF LINE 36 IS YES, HAS A HOME OFFICE COST STATEMENT BEEN PREPARED BY THE HOME OFFICE? IF YES, SEE INSTRUCTIONS. | | | 37 |
| 38 | IF LINE 36 IS YES, WAS THE FISCAL YEAR END OF THE HOME OFFICE DIFFERENT FROM THAT OF THE PROVIDER? IF YES, ENTER IN COLUMN 2 THE FISCAL YEAR END OF THE HOME OFFICE. | | | 38 |
| 39 | IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO OTHER CHAIN COMPONENTS? IF YES, SEE INSTRUCTIONS. | | | 39 |
| 40 | IF LINE 36 IS YES, DID THE PROVIDER RENDER SERVICES TO THE HOME OFFICE? IF YES, SEE INSTRUCTIONS. | | | 40 |

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
 PART II & III

PART II - WAGE DATA

| | WKST A LINE NUMBER | AMOUNT REPORTED | RECLASS OF SALARIES (FROM WKST A-6) | ADJUSTED SALARIES (COL. 2 + COL. 3) | PAID HOURS RELATED TO SALARIES IN COL. 4 | AVERAGE HOURLY WAGE (COL. 4 + COL. 5) | |
|----------|--------------------------|--------------------|--|--|---|--|------|
| | 1 | 2 | 3 | 4 | 5 | 6 | |
| SALARIES | | | | | | | |
| 1 | 200 | 32,718,710 | | | 1,045,733.00 | | 1 |
| 2 | | | | | | | 2 |
| 3 | | | | | | | 3 |
| 4 | | 183,299 | | | 2,413.00 | | 4 |
| 4.01 | | | | | | | 4.01 |
| 5 | | 13,942 | | | 122.00 | | 5 |
| 6 | | | | | | | 6 |
| 7 | 21 | | | | | | 7 |
| 7.01 | | | | | | | 7.01 |
| 8 | | 740,136 | | | 8,032.00 | | 8 |
| 9 | 44 | | | | | | 9 |
| 10 | | 8,758,046 | | | 212,139.00 | | 10 |
| 11 | | | | | | | 11 |
| 12 | | | | | | | 12 |
| 13 | | | | | | | 13 |
| 14 | | 4,182,301 | | | 76,482.00 | | 14 |
| 15 | | | | | | | 15 |
| 16 | | | | | | | 16 |
| 17 | | 5,276,236 | | | | | 17 |
| 18 | | | | | | | 18 |
| 19 | | 1,424,709 | | | | | 19 |
| 20 | | | | | | | 20 |
| 21 | | | | | | | 21 |
| 22 | | | | | | | 22 |
| 23 | | | | | | | 23 |
| 24 | | | | | | | 24 |
| 25 | | | | | | | 25 |
| 26 | | 172,682 | | | | | 26 |
| 27 | | 5,871,071 | | | 177,118.00 | | 27 |
| 28 | | | | | | | 28 |
| 29 | | | | | | | 29 |
| 30 | | 96,427 | | | 1,966.00 | | 30 |
| 31 | | | | | | | 31 |
| 32 | | 60,514 | | | 3,872.00 | | 32 |
| 33 | | | | | | | 33 |
| 34 | | 238,072 | -41,624 | | 7,758.00 | | 34 |
| 35 | | | | | | | 35 |
| 36 | | | 41,624 | | 1,644.00 | | 36 |
| 37 | | | | | | | 37 |
| 38 | | 1,009,776 | | | 29,002.00 | | 38 |
| 39 | | | | | | | 39 |
| 40 | | | | | | | 40 |
| 41 | | 368,848 | | | 15,788.00 | | 41 |
| 42 | | | | | | | 42 |
| 43 | | | | | | | 43 |

PART III - HOSPITAL WAGE INDEX SUMMARY

| | | | | | | | |
|---|--|------------|--|------------|-------------|-------|---|
| 1 | NET SALARIES (SEE INSTRUCTIONS) | 31,964,632 | | 31,964,632 | 1,037,579.0 | 30.81 | 1 |
| 2 | EXCLUDED AREA SALARIES (SEE INSTRUCTIONS) | 8,758,046 | | 8,758,046 | 212,139.00 | 41.28 | 2 |
| 3 | SUBTOTAL SALARIES (LINE 1 MINUS LINE 2) | 23,206,586 | | 23,206,586 | 825,440.00 | 28.11 | 3 |
| 4 | SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.) | 4,182,301 | | 4,182,301 | 76,482.00 | 54.68 | 4 |
| 5 | SUBTOTAL WAGE-RELATED COSTS (SEE INST.) | 5,276,236 | | 5,276,236 | | 22.74 | 5 |
| 6 | TOTAL (SUM OF LINES 3 THRU 5) | 32,665,123 | | 32,665,123 | 901,922.00 | 36.22 | 6 |
| 7 | TOTAL OVERHEAD COST (SEE INSTRUCTIONS) | 7,817,390 | | 7,817,390 | 237,148.00 | 32.96 | 7 |

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3
 PART IV

PART A - CORE LIST

| | AMOUNT REPORTED | |
|--|--------------------|----|
| RETIREMENT COST | | |
| 1 401K EMPLOYER CONTRIBUTIONS | 357,871 | 1 |
| 2 TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION | | 2 |
| 3 QUALIFIED AND NON-QUALIFIED PENSION PLAN COST | 650,299 | 3 |
| 4 PRIOR YEAR PENSION SERVICE COST | | 4 |
| PLAN ADMINISTRATIVE COSTS (PAID TO EXTERNAL ORGANIZATION) | | |
| 5 401K/TSA PLAN ADMINISTRATION FEES | | 5 |
| 6 LEGAL/ACCOUNTING/MANAGEMENT FEES-PENSION PLAN | | 6 |
| 7 EMPLOYEE MANAGED CARE PROGRAM ADMINISTRATION FEES | | 7 |
| HEALTH AND INSURANCE COST | | |
| 8 HEALTH INSURANCE (PURCHASED OR SELF FUNDED) | 2,758,579 | 8 |
| 9 PRESCRIPTION DRUG PLAN | | 9 |
| 10 DENTAL, HEARING AND VISION PLAN | 197,252 | 10 |
| 11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY) | 53,825 | 11 |
| 12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY) | | 12 |
| 13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY) | 79,958 | 13 |
| 14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY) | | 14 |
| 15 WORKERS' COMPENSATION INSURANCE | 264,888 | 15 |
| 16 RETIREMENT HEALTH CARE COST (ONLY CURRENT YEAR, NOT THE EXTRAORDINARY ACCRUAL REQUIRED BY FASB 106. NON CUMULATIVE PORTION) | | 16 |
| TAXES | | |
| 17 FICA-EMPLOYERS PORTION ONLY | 2,154,491 | 17 |
| 18 MEDICARE TAXES - EMPLOYERS PORTION ONLY | | 18 |
| 19 UNEMPLOYMENT INSURANCE | 59,890 | 19 |
| 20 STATE OR FEDERAL UNEMPLOYMENT TAXES | | 20 |
| OTHER | | |
| 21 EXECUTIVE DEFERRED COMPENSATION | | 21 |
| 22 DAY CARE COSTS AND ALLOWANCES | | 22 |
| 23 TUITION REIMBURSEMENT | 123,892 | 23 |
| 24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23) | 6,700,945 | 24 |
| PART B - OTHER THAN CORE RELATED COST | | |
| 25 OTHER WAGE RELATED (OTHER WAGE RELATED COST) | | 25 |

PROVIDER CCN: 14-4031 ALEXIAN BROTHERS BEHAVIORAL HE
PERIOD FROM 01/01/2011 TO 12/31/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
05/24/2012 17:29

HOSPITAL CONTRACT LABOR AND BENEFIT COST

WORKSHEET S-3
PART V

PART V - CONTRACT LABOR AND BENEFIT COST

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION

| | COMPONENT | CONTRACT LABOR | BENEFIT COST | |
|----|--|-------------------|-----------------|----|
| | 0 | 1 | 2 | |
| 1 | TOTAL FACILITY CONTRACT LABOR AND BENEFIT COST | | | 1 |
| 2 | HOSPITAL | | 6,700,945 | 2 |
| 3 | SUBPROVIDER - IPF | | | 3 |
| 4 | SUBPROVIDER - IRF | | | 4 |
| 5 | SUBPROVIDER - (OTHER) | | | 5 |
| 6 | SWING BEDS - SNF | | | 6 |
| 7 | SWING BEDS - NF | | | 7 |
| 8 | HOSPITAL-BASED SNF | | | 8 |
| 9 | HOSPITAL-BASED NF | | | 9 |
| 10 | HOSPITAL-BASED OLTC | | | 10 |
| 11 | HOSPITAL-BASED HHA | | | 11 |
| 12 | SEPARATELY CERTIFIED ASC | | | 12 |
| 13 | HOSPITAL-BASED HOSPICE | | | 13 |
| 14 | HOSPITAL-BASED HEALTH CLINIC - RHC | | | 14 |
| 15 | HOSPITAL-BASED HEALTH CLINIC - FQHC | | | 15 |
| 16 | HOSPITAL-BASED (CMHC) | | | 16 |
| 17 | RENAL DIALYSIS | | | 17 |
| 18 | OTHER | | | 18 |

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

| COST CENTER | | SALARIES 1 | OTHER 2 | TOTAL (COL. 1 + COL. 2) 3 | RECLASSIFI- CATIONS 4 | |
|-------------------------------------|-------|---------------|------------|------------------------------------|-----------------------------|--------|
| GENERAL SERVICE COST CENTERS | | | | | | |
| 1 | 00100 | | 1,237,339 | 1,237,339 | 111,944 | 1 |
| 2 | 00200 | | | | | 2 |
| 3 | 00300 | | | | | 3 |
| 4 | 00400 | | | | | 4 |
| 5 | 00500 | 172,682 | 4,067,383 | 4,240,065 | | 5 |
| 6 | 00600 | 5,871,071 | 17,304,907 | 23,175,978 | -730,478 | 6 |
| 7 | 00700 | 96,427 | 1,410,258 | 1,506,685 | -661 | 7 |
| 8 | 00800 | | | | 196,844 | 8 |
| 9 | 00900 | 60,514 | 829,940 | 890,454 | -196,844 | 9 |
| 10 | 01000 | 238,072 | 1,654,985 | 1,893,057 | -330,980 | 10 |
| 11 | 01100 | | | | 330,980 | 11 |
| 12 | 01200 | | | | | 12 |
| 13 | 01300 | 1,009,776 | 101,796 | 1,111,572 | | 13 |
| 14 | 01400 | | | | | 14 |
| 15 | 01500 | | | | | 15 |
| 16 | 01600 | 368,848 | 331,202 | 700,050 | | 16 |
| 17 | 01700 | | | | | 17 |
| 19 | 01900 | | | | | 19 |
| 20 | 02000 | | | | | 20 |
| 21 | 02100 | | | | | 21 |
| 22 | 02200 | | | | | 22 |
| 23 | 02300 | | | | | 23 |
| INPATIENT ROUTINE SERV COST CENTERS | | | | | | |
| 30 | 03000 | 12,839,874 | 2,139,341 | 14,979,215 | 350,300 | 30 |
| ANCILLARY SERVICE COST CENTERS | | | | | | |
| 54 | 05400 | | 27,250 | 27,250 | 267 | 54 |
| 60 | 06000 | | 675,932 | 675,932 | 22,384 | 60 |
| 62.30 | 06250 | | | | | 62.30 |
| 66 | 06600 | 93,099 | 7,020 | 100,119 | 2,675 | 66 |
| 73 | 07300 | | 1,704,735 | 1,704,735 | 41,468 | 73 |
| 76 | 03320 | 336,789 | 88,031 | 424,820 | 14,863 | 76 |
| 76.97 | 07697 | | | | | 76.97 |
| 76.98 | 07698 | | | | | 76.98 |
| 76.99 | 07699 | | | | | 76.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 92 | 09200 | | | | | 92 |
| 93 | 04950 | 2,873,512 | 336,504 | 3,210,016 | 181,649 | 93 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | |
| SPECIAL PURPOSE COST CENTERS | | | | | | |
| 118 | | 23,960,664 | 31,916,623 | 55,877,287 | -5,589 | 118 |
| SUBTOTALS (SUM OF LINES 1-117) | | | | | | |
| NONREIMBURSABLE COST CENTERS | | | | | | |
| 191 | 19100 | 1,511,076 | 687,668 | 2,198,744 | 5,589 | 191 |
| 192 | 19200 | 6,589,833 | 1,017,154 | 7,606,987 | | 192 |
| 194 | 07950 | 55,933 | 7,102 | 63,035 | | 194 |
| 194.01 | 07951 | 601,204 | 83,396 | 684,600 | | 194.01 |
| 200 | | 32,718,710 | 33,711,943 | 66,430,653 | | 200 |
| TOTAL (SUM OF LINES 118-199) | | | | | | |

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

| COST CENTER | | RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4) 5 | ADJUST- MENTS 6 | NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6) 7 | |
|-------------------------------------|-------|---|-----------------------|--|--------|
| GENERAL SERVICE COST CENTERS | | | | | |
| 1 | 00100 | 1,349,283 | 729,628 | 2,078,911 | 1 |
| 2 | 00200 | | | | 2 |
| 3 | 00300 | | | | 3 |
| 4 | 00400 | 4,240,065 | | 4,240,065 | 4 |
| 5 | 00500 | 22,445,500 | -3,776,564 | 18,668,936 | 5 |
| 6 | 00600 | | | | 6 |
| 7 | 00700 | 1,506,024 | 678,112 | 2,184,136 | 7 |
| 8 | 00800 | 196,844 | | 196,844 | 8 |
| 9 | 00900 | 693,610 | | 693,610 | 9 |
| 10 | 01000 | 1,562,077 | | 1,562,077 | 10 |
| 11 | 01100 | 330,980 | -155,604 | 175,376 | 11 |
| 12 | 01200 | | | | 12 |
| 13 | 01300 | 1,111,572 | | 1,111,572 | 13 |
| 14 | 01400 | | | | 14 |
| 15 | 01500 | | | | 15 |
| 16 | 01600 | 700,050 | -993 | 699,057 | 16 |
| 17 | 01700 | | | | 17 |
| 19 | 01900 | | | | 19 |
| 20 | 02000 | | | | 20 |
| 21 | 02100 | | | | 21 |
| 22 | 02200 | | | | 22 |
| 23 | 02300 | | | | 23 |
| INPATIENT ROUTINE SERV COST CENTERS | | | | | |
| 30 | 03000 | 15,329,515 | | 15,329,515 | 30 |
| ANCILLARY SERVICE COST CENTERS | | | | | |
| 54 | 05400 | 27,517 | | 27,517 | 54 |
| 60 | 06000 | 698,316 | | 698,316 | 60 |
| 62.30 | 06250 | | | | 62.30 |
| 66 | 06600 | 102,794 | | 102,794 | 66 |
| 73 | 07300 | 1,746,203 | | 1,746,203 | 73 |
| 76 | 03320 | 439,683 | -28,675 | 411,008 | 76 |
| 76.97 | 07697 | | | | 76.97 |
| 76.98 | 07698 | | | | 76.98 |
| 76.99 | 07699 | | | | 76.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | |
| 92 | 09200 | | | | 92 |
| 93 | 04950 | 3,391,665 | -68,266 | 3,323,399 | 93 |
| OTHER REIMBURSABLE COST CENTERS | | | | | |
| SPECIAL PURPOSE COST CENTERS | | | | | |
| 118 | | 55,871,698 | -2,622,362 | 53,249,336 | 118 |
| SUBTOTALS (SUM OF LINES 1-117) | | | | | |
| NONREIMBURSABLE COST CENTERS | | | | | |
| 191 | 19100 | 2,204,333 | -160,187 | 2,044,146 | 191 |
| 192 | 19200 | 7,606,987 | -311,232 | 7,295,755 | 192 |
| 194 | 07950 | 63,035 | | 63,035 | 194 |
| 194.01 | 07951 | 684,600 | | 684,600 | 194.01 |
| 200 | | 66,430,653 | -3,093,781 | 63,336,872 | 200 |
| TOTAL (SUM OF LINES 118-199) | | | | | |

RECLASSIFICATIONS

WORKSHEET A-6

| EXPLANATION OF RECLASSIFICATION ENTRY | CODE | INCREASE | | | | |
|---------------------------------------|------|---------------------------|-------------|-------------|------------|-----|
| | | COST CENTER 2 | LINE # 3 | SALARY 4 | OTHER 5 | |
| 1 RENTAL EXPENSE | A | CAP REL COSTS-BLDG & FIXT | 1 | | 13,320 | 1 |
| 2 RENTAL EXPENSE | A | | | | | 2 |
| 3 RENTAL EXPENSE | A | | | | | 3 |
| 500 TOTAL RECLASSIFICATIONS | | | | | 13,320 | 500 |
| CODE LETTER - A | | | | | | |
| 1 | | | | | | 1 |
| 2 | | | | | | 2 |
| 3 | | | | | | 3 |
| 4 BUILDING RENTAL | B | CAP REL COSTS-BLDG & FIXT | 1 | | 98,624 | 4 |
| 5 BUILDING RENTAL | B | | | | | 5 |
| 500 TOTAL RECLASSIFICATIONS | | | | | 98,624 | 500 |
| CODE LETTER - | | | | | | |
| 1 | | | | | | 1 |
| 2 | | | | | | 2 |
| 3 | | | | | | 3 |
| 4 | | | | | | 4 |
| 5 | | | | | | 5 |
| 6 CAFETERIA RECLASS | C | CAFETERIA | 11 | 41,624 | 289,356 | 6 |
| 500 TOTAL RECLASSIFICATIONS | | | | 41,624 | 289,356 | 500 |
| CODE LETTER - | | | | | | |
| 1 | | | | | | 1 |
| 2 | | | | | | 2 |
| 3 | | | | | | 3 |
| 4 | | | | | | 4 |
| 5 | | | | | | 5 |
| 6 | | | | | | 6 |
| 7 PFS RECLASS | D | ADULTS & PEDIATRICS | 30 | | 360,410 | 7 |
| 8 PFS RECLASS | D | RADIOLOGY-DIAGNOSTIC | 54 | | 267 | 8 |
| 9 PFS RECLASS | D | LABORATORY | 60 | | 22,384 | 9 |
| 10 PFS RECLASS | D | PHYSICAL THERAPY | 66 | | 2,675 | 10 |
| 11 PFS RECLASS | D | DRUGS CHARGED TO PATIENTS | 73 | | 41,468 | 11 |
| 12 PFS RECLASS | D | ELECTROSHOCK THERAPY | 76 | | 14,863 | 12 |
| 13 PFS RECLASS | D | PARTIAL HOSPILIZATION | 93 | | 199,345 | 13 |
| 14 PFS RECLASS | D | RESEARCH | 191 | | 5,589 | 14 |
| 500 TOTAL RECLASSIFICATIONS | | | | | 647,001 | 500 |
| CODE LETTER - | | | | | | |
| 1 | | | | | | 1 |
| 2 | | | | | | 2 |
| 3 | | | | | | 3 |
| 4 | | | | | | 4 |
| 5 | | | | | | 5 |
| 6 | | | | | | 6 |
| 7 | | | | | | 7 |
| 8 | | | | | | 8 |
| 9 | | | | | | 9 |
| 10 | | | | | | 10 |
| 11 | | | | | | 11 |
| 12 | | | | | | 12 |
| 13 | | | | | | 13 |
| 14 | | | | | | 14 |
| 15 DEFAULT | E | LAUNDRY & LINEN SERVICE | 8 | | 196,844 | 15 |
| 500 TOTAL RECLASSIFICATIONS | | | | | 196,844 | 500 |
| CODE LETTER - | | | | | | |
| GRAND TOTAL (INCREASES) | | | | 41,624 | 1,245,145 | |

RECLASSIFICATIONS

| EXPLANATION OF RECLASSIFICATION ENTRY | CODE | COST CENTER | DECREASE LINE # | SALARY | OTHER | WKST A-7 REF. |
|--|------|--------------------------|-----------------|--------|-----------|---------------|
| | 1 | 6 | 7 | 8 | 9 | 10 |
| 1 RENTAL EXPENSE | A | ADMINISTRATIVE & GENERAL | 5 | | 2,549 | 10 1 |
| 2 RENTAL EXPENSE | A | OPERATION OF PLANT | 7 | | 661 | 2 |
| 3 RENTAL EXPENSE | A | ADULTS & PEDIATRICS | 30 | | 10,110 | 3 |
| 500 TOTAL RECLASSIFICATIONS CODE LETTER - A | | | | | 13,320 | 500 |
| | | | | | | |
| 1 | | | | | | 1 |
| 2 | | | | | | 2 |
| 3 | | | | | | 3 |
| 4 BUILDING RENTAL | B | ADMINISTRATIVE & GENERAL | 5 | | 80,928 | 10 4 |
| 5 BUILDING RENTAL | B | PARTIAL HOSPILIZATION | 93 | | 17,696 | 5 |
| 500 TOTAL RECLASSIFICATIONS CODE LETTER - | | | | | 98,624 | 500 |
| | | | | | | |
| 1 | | | | | | 1 |
| 2 | | | | | | 2 |
| 3 | | | | | | 3 |
| 4 | | | | | | 4 |
| 5 | | | | | | 5 |
| 6 CAFETERIA RECLASS | C | DIETARY | 10 | 41,624 | 289,356 | 6 |
| 500 TOTAL RECLASSIFICATIONS CODE LETTER - | | | | 41,624 | 289,356 | 500 |
| | | | | | | |
| 1 | | | | | | 1 |
| 2 | | | | | | 2 |
| 3 | | | | | | 3 |
| 4 | | | | | | 4 |
| 5 | | | | | | 5 |
| 6 | | | | | | 6 |
| 7 PFS RECLASS | D | ADMINISTRATIVE & GENERAL | 5 | | 647,001 | 7 |
| 8 PFS RECLASS | D | | | | | 8 |
| 9 PFS RECLASS | D | | | | | 9 |
| 10 PFS RECLASS | D | | | | | 10 |
| 11 PFS RECLASS | D | | | | | 11 |
| 12 PFS RECLASS | D | | | | | 12 |
| 13 PFS RECLASS | D | | | | | 13 |
| 14 PFS RECLASS | D | | | | | 14 |
| 500 TOTAL RECLASSIFICATIONS CODE LETTER - | | | | | 647,001 | 500 |
| | | | | | | |
| 1 | | | | | | 1 |
| 2 | | | | | | 2 |
| 3 | | | | | | 3 |
| 4 | | | | | | 4 |
| 5 | | | | | | 5 |
| 6 | | | | | | 6 |
| 7 | | | | | | 7 |
| 8 | | | | | | 8 |
| 9 | | | | | | 9 |
| 10 | | | | | | 10 |
| 11 | | | | | | 11 |
| 12 | | | | | | 12 |
| 13 | | | | | | 13 |
| 14 | | | | | | 14 |
| 15 DEFAULT | E | HOUSEKEEPING | 9 | | 196,844 | 15 |
| 500 TOTAL RECLASSIFICATIONS CODE LETTER - | | | | | 196,844 | 500 |
| GRAND TOTAL (DECREASES) | | | | 41,624 | 1,245,145 | |

RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN 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 | 1,400,000 | | | | | 1,400,000 | 1 |
| 2 LAND IMPROVEMENTS | 699,199 | 119,193 | | 119,193 | | 818,392 | 2 |
| 3 BUILDINGS AND FIXTURES | 26,365,568 | 369,330 | | 369,330 | | 26,734,898 | 3 |
| 4 BUILDING IMPROVEMENTS | | | | | | | 4 |
| 5 FIXED EQUIPMENT | 1,015,673 | 313,776 | | 313,776 | | 1,329,449 | 5 |
| 6 MOVABLE EQUIPMENT | 5,262,306 | 429,878 | | 429,878 | | 5,692,184 | 6 |
| 7 HIT DESIGNATED ASSETS | | | | | | | 7 |
| 8 SUBTOTAL (SUM OF LINES 1-7) | 34,742,746 | 1,232,177 | | 1,232,177 | | 35,974,923 | 8 |
| 9 RECONCILING ITEMS | | | | | | | 9 |
| 10 TOTAL (LINE 7 MINUS LINE 9) | 34,742,746 | 1,232,177 | | 1,232,177 | | 35,974,923 | 10 |

PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 AND 2

SUMMARY OF CAPITAL

| DESCRIPTION | DEPREC- IATION 9 | LEASE 10 | INTEREST 11 | INSURANCE (SEE INSTR.) 12 | TAXES (SEE INSTR.) 13 | OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14 | TOTAL (1) |
|-----------------------------|------------------------|-------------|----------------|---------------------------------|-----------------------------|---|---------------------------------|
| | | | | | | | (SUM OF COLS. 9-14) 15 |
| 1 CAP REL COSTS-BLDG & FIXT | 1,237,339 | | | | | | 1,237,339 |
| 2 CAP REL COSTS-MVBLE EQUIP | | | | | | | |
| 3 TOTAL (SUM OF LINES 1-2) | 1,237,339 | | | | | | 1,237,339 |

PART III - RECONCILIATION OF CAPITAL COST CENTERS

COMPUTATION OF RATIOS

ALLOCATION OF OTHER CAPITAL

| DESCRIPTION | GROSS ASSETS 1 | CAPITALIZED LEASES 2 | GROSS ASSETS FOR RATIO (COL. 1 - COL. 2) 3 | RATIO (SEE INSTR.) 4 | INSURANCE 5 | TAXES 6 | OTHER CAPITAL- RELATED COSTS 7 | TOTAL |
|-----------------------------|----------------------|----------------------------|---|-------------------------------|----------------|------------|--|-------------------------------|
| | | | | | | | | (SUM OF COLS. 5-7) 8 |
| 1 CAP REL COSTS-BLDG & FIXT | 30,282,739 | | 30,282,739 | 0.841774 | | | | |
| 2 CAP REL COSTS-MVBLE EQUIP | 5,692,184 | | 5,692,184 | 0.158226 | | | | |
| 3 TOTAL (SUM OF LINES 1-2) | 35,974,923 | | 35,974,923 | 1.000000 | | | | |

SUMMARY OF CAPITAL

| DESCRIPTION | DEPREC- IATION 9 | LEASE 10 | INTEREST 11 | INSURANCE (SEE INSTR.) 12 | TAXES (SEE INSTR.) 13 | OTHER CAPITAL- RELATED COSTS (SEE INSTR.) 14 | TOTAL (2) |
|-----------------------------|------------------------|-------------|----------------|---------------------------------|--------------------------------|---|---------------------------------|
| | | | | | | | (SUM OF COLS. 9-14) 15 |
| 1 CAP REL COSTS-BLDG & FIXT | 1,966,967 | 111,944 | | | | | 2,078,911 |
| 2 CAP REL COSTS-MVBLE EQUIP | | | | | | | |
| 3 TOTAL | 1,966,967 | 111,944 | | | | | 2,078,911 |

ADJUSTMENTS TO EXPENSES

| DESCRIPTION | BASIS 1 | AMOUNT 2 | EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED | | WKST A-7 REF 5 |
|--|---------------|-------------|--|---------------|----------------------|
| | | | COST CENTER 3 | LINE NO. 4 | |
| 1 INVESTMENT INCOME-BUILDINGS & FIXTURES (CHAPTER 2) | | | CAP REL COSTS-BLDG & FIXT | 1 | 1 |
| 2 INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2) | | | CAP REL COSTS-MVBLE EQUIP | 2 | 2 |
| 3 INVESTMENT INCOME-OTHER (CHAPTER 2) | | | | | 3 |
| 4 TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8) | | | | | 4 |
| 5 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8) | | | | | 5 |
| 6 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8) | | | | | 6 |
| 7 TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21) | | | | | 7 |
| 8 TELEVISION AND RADIO SERVICE (CHAPTER 21) | | | | | 8 |
| 9 PARKING LOT (CHAPTER 21) | | | | | 9 |
| 10 PROVIDER-BASED PHYSICIAN ADJUSTMENT | WKST A-8-2 | -18,470 | | | 10 |
| 11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23) | | | | | 11 |
| 12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10) | WKST A-8-1 | 173,255 | | | 12 |
| 13 LAUNDRY AND LINEN SERVICE | | | | | 13 |
| 14 CAFETERIA - EMPLOYEES AND GUESTS | B | -149,366 | CAFETERIA | 11 | 14 |
| 15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS | | | | | 15 |
| 16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS | | | | | 16 |
| 17 SALE OF DRUGS TO OTHER THAN PATIENTS | | | | | 17 |
| 18 SALE OF MEDICAL RECORDS AND ABSTRACTS | B | -993 | MEDICAL RECORDS & LIBRARY | 16 | 18 |
| 19 NURSING SCHOOL (TUITION, FEES, BOOKS, ETC.) | | | | | 19 |
| 20 VENDING MACHINES | B | -6,238 | CAFETERIA | 11 | 20 |
| 21 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21) | | | | | 21 |
| 22 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT | | | | | 22 |
| 23 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14) | WKST A-8-3 | | | | 23 |
| 24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14) | WKST A-8-3 | | | | 24 |
| 25 UTIL REVIEW-PHYSICIANS' COMPENSATION (CHAPTER 21) | | | UTILIZATION REVIEW-SNF | 114 | 25 |
| 26 DEPRECIATION--BUILDINGS & FIXTURES | | | CAP REL COSTS-BLDG & FIXT | 1 | 26 |
| 27 DEPRECIATION--MOVABLE EQUIPMENT | | | CAP REL COSTS-MVBLE EQUIP | 2 | 27 |
| 28 NON-PHYSICIAN ANESTHETIST | | | NONPHYSICIAN ANESTHETISTS | 19 | 28 |
| 29 PHYSICIANS' ASSISTANT | | | | | 29 |
| 30 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14) | WKST A-8-3 | | | | 30 |
| 31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14) | WKST A-8-3 | | | | 31 |
| 32 CAH HIT ADJ FOR DEPRECIATION AND | | | | | 32 |
| 33 MISC INCOME | B | -18,095 | ADMINISTRATIVE & GENERAL | 5 | 33 |
| 33.01 BAD DEBTS | A | -1,687,154 | ADMINISTRATIVE & GENERAL | 5 | 33.01 |
| 33.02 RESEARCH HBP | A | -163,219 | RESEARCH | 191 | 33.02 |
| 33.03 GROUP PRACTICE HBP | A | -319,014 | PHYSICIANS' PRIVATE OFFICES | 192 | 33.03 |
| 34 BUSINESS DEVELOPMENT/MARKETING | A | -290,716 | ADMINISTRATIVE & GENERAL | 5 | 34 |
| 35 BUSINESS DEVELOPMENT OTHER INCOME | B | -44,170 | ADMINISTRATIVE & GENERAL | 5 | 35 |
| 36 ECT OTHER INCOME | B | -28,675 | ELECTROSHOCK THERAPY | 76 | 36 |
| 37 SCHOOL REIMBURSEMENT | A | -455,102 | ADMINISTRATIVE & GENERAL | 5 | 37 |
| 38 OTHER INCOME - AFTERCARE | B | -46,328 | PARTIAL HOSPILIZATION | 93 | 38 |
| 39 REAL ESTATE TAXES | A | -6,000 | ADMINISTRATIVE & GENERAL | 5 | 39 |
| 40 CONTRIBUTIONS | A | -1,350 | ADMINISTRATIVE & GENERAL | 5 | 40 |
| 41 EDUCATION INCOME | B | -32,504 | ADMINISTRATIVE & GENERAL | 5 | 41 |
| 42 OTHER INCOME SAFE PROGRAM | B | 358 | ADMINISTRATIVE & GENERAL | 5 | 42 |
| 43 | | | | | 43 |
| 44 | | | | | 44 |
| 45 | | | | | 45 |
| 46 | | | | | 46 |
| 47 | | | | | 47 |
| 48 | | | | | 48 |
| 49 | | | | | 49 |
| 50 TOTAL (SUM OF LINES 1 THRU 49) | | -3,093,781 | | | 50 |
| TRANSFER TO WKST A, COL. 6, LINE 200) | | | | | |

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 (COL. 4-5) | WKST A-7 REF |
|----------|-------------|---|--------------------------|---------------------------------|------------------------------|--------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 1 | 5 | ADMINISTRATIVE & GENERAL | 5,415,737 | 6,653,040 | -1,237,303 | 1 |
| 2 | 1 | CAP REL COSTS-BLDG & FIXT | 100,528 | | 100,528 | 9 2 |
| 3 | 1 | CAP REL COSTS-BLDG & FIXT | 672,596 | | 672,596 | 9 3 |
| 4 | 7 | OPERATION OF PLANT | 615,627 | | 615,627 | 4 |
| 4.01 | 5 | ADMINISTRATIVE & GENERAL | 820,447 | 820,447 | | 4.01 |
| 4.02 | 4 | EMPLOYEE BENEFITS | 182,285 | 182,285 | | 4.02 |
| 4.03 | 1 | CAP REL COSTS-BLDG & FIXT | 26,286 | 80,928 | -54,642 | 9 4.03 |
| 4.04 | 7 | OPERATION OF PLANT | 65,320 | | 65,320 | 4.04 |
| 4.05 | 1 | CAP REL COSTS-BLDG & FIXT | 11,146 | | 11,146 | 9 4.05 |
| 4.07 | 7 | OPERATION OF PLANT | 1,253 | 4,088 | -2,835 | 4.07 |
| 4.08 | 93 | PARTIAL HOSPILIZATION | 3,535 | 11,531 | -7,996 | 4.08 |
| 4.09 | 191 | RESEARCH | 153,321 | 150,289 | 3,032 | 4.09 |
| 4.10 | 192 | PHYSICIANS' PRIVATE OFFICES | 393,595 | 385,813 | 7,782 | 4.10 |
| 5 | | TOTALS (SUM OF LINES 1-4) | 8,461,676 | 8,288,421 | 173,255 | 5 |
| | | TRANSFER COL. 6, LINE 5 TO WKST A-8, COL. 2, LINE 12. | | | | |

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.

----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----

| SYMBOL (1) | NAME (2) | PERCENT OF OWNERSHIP (3) | NAME (4) | PERCENT OF OWNERSHIP (5) | TYPE OF BUSINESS (6) |
|------------|----------|--------------------------|----------|--------------------------|----------------------|
| 6 B | ABHS | 100.00 | | | |

(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 CCN: 14-4031 ALEXIAN BROTHERS BEHAVIORAL HE
 PERIOD FROM 01/01/2011 TO 12/31/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
 05/24/2012 17:29

WORKSHEET A-8-2

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

| 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 | 5 PERCENT OF UNAD- JUSTED RCE LIMIT | |
|-------------|--|--|--------------------------------|-----------------------|---------------|--|---------------------------------|--|-----|
| LINE NO. | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | |
| 1 | 5 ADMINISTRATIVE & GENERAL DR. A | 183,299 | | 183,299 | 154,100 | 2,413 | 178,771 | 8,939 | 1 |
| 2 | 93 PARTIAL HOSPILIZATION PARTIAL HOSPILI | 13,942 | 13,942 | | | | | | 2 |
| 200 | TOTAL | 197,241 | 13,942 | 183,299 | | 2,413 | 178,771 | 8,939 | 200 |

PROVIDER CCN: 14-4031 ALEXIAN BROTHERS BEHAVIORAL HE
 PERIOD FROM 01/01/2011 TO 12/31/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
 05/24/2012 17:29

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. 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | |
| 1 | 5 ADMINISTRATIVE & GENERAL DR. A | | | | | 178,771 | 4,528 | 4,528 | 1 |
| 2 | 93 PARTIAL HOSPILIZATION PARTIAL HOSPILI | | | | | | | 13,942 | 2 |
| 200 | TOTAL | | | | | 178,771 | 4,528 | 18,470 | 200 |

PROVIDER CCN: 14-4031 ALEXIAN BROTHERS BEHAVIORAL HE
 PERIOD FROM 01/01/2011 TO 12/31/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
 05/24/2012 17:29

WORKSHEET B
 PART I

COST ALLOCATION - GENERAL SERVICE COSTS

| COST CENTER DESCRIPTION | NET EXP FOR COST ALLOCATION (FROM WKST A, COL.7) 0 | CAP BLDGS & FIXTURES 1 | EMPLOYEE BENEFITS 4 | SUBTOTAL (COLS.0-4) 4A | ADMINIS- TRATIVE & GENERAL 5 | |
|--|---|---------------------------------|---------------------------|------------------------------|---------------------------------------|--------|
| 1 GENERAL SERVICE COST CENTERS | | | | | | 1 |
| 2 CAP REL COSTS-BLDG & FIXT | 2,078,911 | 2,078,911 | | | | 2 |
| 4 CAP REL COSTS-MVBLE EQUIP | | | | | | 4 |
| 5 EMPLOYEE BENEFITS | 4,240,065 | | 4,240,065 | | | 5 |
| 6 ADMINISTRATIVE & GENERAL | 18,668,936 | 640,514 | 764,877 | 20,074,327 | 20,074,327 | 6 |
| 7 MAINTENANCE & REPAIRS | | | | | | 7 |
| 8 OPERATION OF PLANT | 2,184,136 | 9,752 | 12,562 | 2,206,450 | 1,023,819 | 8 |
| 9 LAUNDRY & LINEN SERVICE | 196,844 | 4,329 | | 201,173 | 93,347 | 9 |
| 10 HOUSEKEEPING | 693,610 | 2,434 | 7,884 | 703,928 | 326,631 | 10 |
| 11 DIETARY | 1,562,077 | 27,312 | 25,593 | 1,614,982 | 749,371 | 11 |
| 12 CAFETERIA | 175,376 | 44,153 | 5,423 | 224,952 | 104,380 | 12 |
| 13 MAINTENANCE OF PERSONNEL | | | | | | 13 |
| 14 NURSING ADMINISTRATION | 1,111,572 | | 131,553 | 1,243,125 | 576,825 | 14 |
| 15 CENTRAL SERVICES & SUPPLY | | | | | | 15 |
| 16 PHARMACY | | | | | | 16 |
| 17 MEDICAL RECORDS & LIBRARY | 699,057 | 17,413 | 48,053 | 764,523 | 354,748 | 17 |
| 19 SOCIAL SERVICE | | | | | | 19 |
| 20 NONPHYSICIAN ANESTHETISTS | | | | | | 20 |
| 21 NURSING SCHOOL | | | | | | 21 |
| 22 I&R SRVCES-SALARY & FRINGES APPRVD | | | | | | 22 |
| 23 I&R SRVCES-OTHER PRGM COSTS APPRVD | | | | | | 23 |
| 30 PARAMED ED PRGM-(SPECIFY) | | | | | | 30 |
| 30 INPATIENT ROUTINE SERV COST CENTERS | | | | | | 30 |
| 54 ADULTS & PEDIATRICS | 15,329,515 | 975,177 | 1,672,767 | 17,977,459 | 8,341,743 | 54 |
| 60 ANCILLARY SERVICE COST CENTERS | | | | | | 60 |
| 60 RADIOLOGY-DIAGNOSTIC | 27,517 | | | 27,517 | 12,768 | 60 |
| 60 LABORATORY | 698,316 | | | 698,316 | 324,027 | 60.30 |
| 62.30 BLOOD CLOTTING FOR HEMOPHILIACS | | | | | | 62.30 |
| 66 PHYSICAL THERAPY | 102,794 | | 12,129 | 114,923 | 53,326 | 66 |
| 73 DRUGS CHARGED TO PATIENTS | 1,746,203 | 7,432 | | 1,753,635 | 813,708 | 73 |
| 76 ELECTROSHOCK THERAPY | 411,008 | 10,062 | 43,877 | 464,947 | 215,741 | 76 |
| 76.97 CARDIAC REHABILITATION | | | | | | 76.97 |
| 76.98 HYPERBARIC OXYGEN THERAPY | | | | | | 76.98 |
| 76.99 LITHOTRIPSY | | | | | | 76.99 |
| 92 OUTPATIENT SERVICE COST CENTERS | | | | | | 92 |
| 93 OBSERVATION BEDS | 3,323,399 | 90,625 | 374,358 | 3,788,382 | 1,757,855 | 93 |
| 118 PARTIAL HOSPILIZATION | | | | | | 118 |
| 118 OTHER REIMBURSABLE COST CENTERS | | | | | | 118 |
| 118 SPECIAL PURPOSE COST CENTERS | | | | | | 118 |
| 118 SUBTOTALS (SUM OF LINES 1-117) | 53,249,336 | 1,829,203 | 3,099,076 | 51,858,639 | 14,748,289 | 118 |
| 191 NONREIMBURSABLE COST CENTERS | | | | | | 191 |
| 191 RESEARCH | 2,044,146 | 3,365 | 196,861 | 2,244,372 | 1,041,416 | 191 |
| 192 PHYSICIANS' PRIVATE OFFICES | 7,295,755 | 246,343 | 858,517 | 8,400,615 | 3,897,986 | 192 |
| 194 DUI PROGRAM | 63,035 | | 7,287 | 70,322 | 32,630 | 194 |
| 194.01 IPPS | 684,600 | | 78,324 | 762,924 | 354,006 | 194.01 |
| 200 CROSS FOOT ADJUSTMENTS | | | | | | 200 |
| 201 NEGATIVE COST CENTER | | | | | | 201 |
| 202 TOTAL (SUM OF LINES 118-201) | 63,336,872 | 2,078,911 | 4,240,065 | 63,336,872 | 20,074,327 | 202 |

COST ALLOCATION - GENERAL SERVICE COSTS

| COST CENTER DESCRIPTION | OPERATION | LAUNDRY | HOUSE- | DIETARY | CAFETERIA | |
|---------------------------------------|-----------|---------|-----------|-----------|-----------|--------|
| | OF PLANT | & LINEN | KEEPING | | | |
| | 7 | 8 | 9 | 10 | 11 | |
| GENERAL SERVICE COST CENTERS | | | | | | 1 |
| 1 CAP REL COSTS-BLDG & FIXT | | | | | | 2 |
| 2 CAP REL COSTS-MVBLE EQUIP | | | | | | 4 |
| 4 EMPLOYEE BENEFITS | | | | | | 5 |
| 5 ADMINISTRATIVE & GENERAL | | | | | | 6 |
| 6 MAINTENANCE & REPAIRS | | | | | | 7 |
| 7 OPERATION OF PLANT | 3,230,269 | | | | | 8 |
| 8 LAUNDRY & LINEN SERVICE | 9,787 | 304,307 | | | | 9 |
| 9 HOUSEKEEPING | 5,503 | | 1,036,062 | | | 10 |
| 10 DIETARY | 61,753 | | 19,901 | 2,446,007 | | 11 |
| 11 CAFETERIA | 99,832 | | 32,172 | | 461,336 | 12 |
| 12 MAINTENANCE OF PERSONNEL | | | | | | 13 |
| 13 NURSING ADMINISTRATION | | | | | 15,675 | 14 |
| 14 CENTRAL SERVICES & SUPPLY | | | | | | 15 |
| 15 PHARMACY | | | | | | 16 |
| 16 MEDICAL RECORDS & LIBRARY | 39,371 | | 12,688 | | 8,535 | 17 |
| 17 SOCIAL SERVICE | | | | | | 19 |
| 19 NONPHYSICIAN ANESTHETISTS | | | | | | 20 |
| 20 NURSING SCHOOL | | | | | | 21 |
| 21 I&R SRVCES-SALARY & FRINGES APPRVD | | | | | | 22 |
| 22 I&R SRVCES-OTHER PRGM COSTS APPRVD | | | | | | 23 |
| 23 PARAMED ED PRGM-(SPECIFY) | | | | | | |
| INPATIENT ROUTINE SERV COST CENTERS | | | | | | 30 |
| 30 ADULTS & PEDIATRICS | 2,204,951 | 304,307 | 710,568 | 2,446,007 | 252,510 | |
| ANCILLARY SERVICE COST CENTERS | | | | | | 54 |
| 54 RADIOLOGY-DIAGNOSTIC | | | | | | 60 |
| 60 LABORATORY | | | | | | 62.30 |
| 62.30 BLOOD CLOTTING FOR HEMOPHILIACS | | | | | 1,383 | 66 |
| 66 PHYSICAL THERAPY | | | | | | 73 |
| 73 DRUGS CHARGED TO PATIENTS | 16,805 | | 5,416 | | | 76 |
| 76 ELECTROSHOCK THERAPY | 22,751 | | 7,332 | | 5,870 | 76.97 |
| 76.97 CARDIAC REHABILITATION | | | | | | 76.98 |
| 76.98 HYPERBARIC OXYGEN THERAPY | | | | | | 76.99 |
| 76.99 LITHOTRIPSY | | | | | | |
| OUTPATIENT SERVICE COST CENTERS | | | | | | 92 |
| 92 OBSERVATION BEDS | | | | | | 93 |
| 93 PARTIAL HOSPILIZATION | 204,909 | | 66,034 | | 62,678 | |
| OTHER REIMBURSABLE COST CENTERS | | | | | | |
| SPECIAL PURPOSE COST CENTERS | | | | | | |
| 118 SUBTOTALS (SUM OF LINES 1-117) | 2,665,662 | 304,307 | 854,111 | 2,446,007 | 346,651 | 118 |
| NONREIMBURSABLE COST CENTERS | | | | | | |
| 191 RESEARCH | 7,608 | | 2,452 | | 13,685 | 191 |
| 192 PHYSICIANS' PRIVATE OFFICES | 556,999 | | 179,499 | | 84,133 | 192 |
| 194 DUI PROGRAM | | | | | 1,079 | 194 |
| 194.01 IPSS | | | | | 15,788 | 194.01 |
| 200 CROSS FOOT ADJUSTMENTS | | | | | | 200 |
| 201 NEGATIVE COST CENTER | | | | | | 201 |
| 202 TOTAL (SUM OF LINES 118-201) | 3,230,269 | 304,307 | 1,036,062 | 2,446,007 | 461,336 | 202 |

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

| COST CENTER DESCRIPTION | NURSING ADMINIS- TRATION 13 | MEDICAL RECORDS & LIBRARY 16 | SUBTOTAL 24 | I&R COST & POST STEP- DOWN ADJS 25 | TOTAL 26 | |
|-------------------------------------|--------------------------------------|---------------------------------------|----------------|---|-------------|--------|
| GENERAL SERVICE COST CENTERS | | | | | | |
| 1 | | | | | | 1 |
| 2 | | | | | | 2 |
| 4 | | | | | | 4 |
| 5 | | | | | | 5 |
| 6 | | | | | | 6 |
| 7 | | | | | | 7 |
| 8 | | | | | | 8 |
| 9 | | | | | | 9 |
| 10 | | | | | | 10 |
| 11 | | | | | | 11 |
| 12 | | | | | | 12 |
| 13 | 1,835,625 | | | | | 13 |
| 14 | | | | | | 14 |
| 15 | | | | | | 15 |
| 16 | | 1,179,865 | | | | 16 |
| 17 | | | | | | 17 |
| 19 | | | | | | 19 |
| 20 | | | | | | 20 |
| 21 | | | | | | 21 |
| 22 | | | | | | 22 |
| 23 | | | | | | 23 |
| INPATIENT ROUTINE SERV COST CENTERS | | | | | | |
| 30 | 1,470,580 | 663,280 | 34,371,405 | | 34,371,405 | 30 |
| ANCILLARY SERVICE COST CENTERS | | | | | | |
| 54 | | 491 | 40,776 | | 40,776 | 54 |
| 60 | | 41,195 | 1,063,538 | | 1,063,538 | 60 |
| 62.30 | | | | | | 62.30 |
| 66 | | 4,924 | 174,556 | | 174,556 | 66 |
| 73 | | 76,318 | 2,665,882 | | 2,665,882 | 73 |
| 76 | | 27,354 | 743,995 | | 743,995 | 76 |
| 76.97 | | | | | | 76.97 |
| 76.98 | | | | | | 76.98 |
| 76.99 | | | | | | 76.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 92 | | | | | | 92 |
| 93 | 365,045 | 366,303 | 6,611,206 | | 6,611,206 | 93 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | |
| SPECIAL PURPOSE COST CENTERS | | | | | | |
| 118 | 1,835,625 | 1,179,865 | 45,671,358 | | 45,671,358 | 118 |
| NONREIMBURSABLE COST CENTERS | | | | | | |
| 191 | | | 3,309,533 | | 3,309,533 | 191 |
| 192 | | | 13,119,232 | | 13,119,232 | 192 |
| 194 | | | 104,031 | | 104,031 | 194 |
| 194.01 | | | 1,132,718 | | 1,132,718 | 194.01 |
| 200 | | | | | | 200 |
| 201 | | | | | | 201 |
| 202 | 1,835,625 | 1,179,865 | 63,336,872 | | 63,336,872 | 202 |

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

| COST CENTER DESCRIPTION | DIR ASSGND CAP-REL COSTS 0 | CAP BLDGS & FIXTURES 1 | SUBTOTAL 2A | ADMINIS- TRATIVE & GENERAL 5 | OPERATION OF PLANT 7 | |
|---------------------------------------|-------------------------------------|---------------------------------|----------------|---------------------------------------|----------------------------|--------|
| GENERAL SERVICE COST CENTERS | | | | | | |
| 1 CAP REL COSTS-BLDG & FIXT | | | | | | 1 |
| 2 CAP REL COSTS-MVBLE EQUIP | | | | | | 2 |
| 4 EMPLOYEE BENEFITS | | | | | | 4 |
| 5 ADMINISTRATIVE & GENERAL | | 640,514 | 640,514 | 640,514 | | 5 |
| 6 MAINTENANCE & REPAIRS | | | | | | 6 |
| 7 OPERATION OF PLANT | | 9,752 | 9,752 | 32,666 | 42,418 | 7 |
| 8 LAUNDRY & LINEN SERVICE | | 4,329 | 4,329 | 2,978 | 129 | 8 |
| 9 HOUSEKEEPING | | 2,434 | 2,434 | 10,422 | 72 | 9 |
| 10 DIETARY | | 27,312 | 27,312 | 23,910 | 811 | 10 |
| 11 CAFETERIA | | 44,153 | 44,153 | 3,330 | 1,311 | 11 |
| 12 MAINTENANCE OF PERSONNEL | | | | | | 12 |
| 13 NURSING ADMINISTRATION | | | | 18,404 | | 13 |
| 14 CENTRAL SERVICES & SUPPLY | | | | | | 14 |
| 15 PHARMACY | | | | | | 15 |
| 16 MEDICAL RECORDS & LIBRARY | | 17,413 | 17,413 | 11,319 | 517 | 16 |
| 17 SOCIAL SERVICE | | | | | | 17 |
| 19 NONPHYSICIAN ANESTHETISTS | | | | | | 19 |
| 20 NURSING SCHOOL | | | | | | 20 |
| 21 I&R SRVCES-SALARY & FRINGES APPRVD | | | | | | 21 |
| 22 I&R SRVCES-OTHER PRGM COSTS APPRVD | | | | | | 22 |
| 23 PARAMED ED PRGM-(SPECIFY) | | | | | | 23 |
| INPATIENT ROUTINE SERV COST CENTERS | | | | | | |
| 30 ADULTS & PEDIATRICS | | 975,177 | 975,177 | 266,169 | 28,953 | 30 |
| ANCILLARY SERVICE COST CENTERS | | | | | | |
| 54 RADIOLOGY-DIAGNOSTIC | | | | 407 | | 54 |
| 60 LABORATORY | | | | 10,339 | | 60 |
| 62.30 BLOOD CLOTTING FOR HEMOPHILIACS | | | | | | 62.30 |
| 66 PHYSICAL THERAPY | | | | 1,701 | | 66 |
| 73 DRUGS CHARGED TO PATIENTS | | 7,432 | 7,432 | 25,963 | 221 | 73 |
| 76 ELECTROSHOCK THERAPY | | 10,062 | 10,062 | 6,884 | 299 | 76 |
| 76.97 CARDIAC REHABILITATION | | | | | | 76.97 |
| 76.98 HYPERBARIC OXYGEN THERAPY | | | | | | 76.98 |
| 76.99 LITHOTRIPSY | | | | | | 76.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 92 OBSERVATION BEDS | | | | | | 92 |
| 93 PARTIAL HOSPILIZATION | | 90,625 | 90,625 | 56,087 | 2,691 | 93 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | |
| SPECIAL PURPOSE COST CENTERS | | | | | | |
| 118 SUBTOTALS (SUM OF LINES 1-117) | | 1,829,203 | 1,829,203 | 470,579 | 35,004 | 118 |
| NONREIMBURSABLE COST CENTERS | | | | | | |
| 191 RESEARCH | | 3,365 | 3,365 | 33,228 | 100 | 191 |
| 192 PHYSICIANS' PRIVATE OFFICES | | 246,343 | 246,343 | 124,371 | 7,314 | 192 |
| 194 DUI PROGRAM | | | | 1,041 | | 194 |
| 194.01 IPPS | | | | 11,295 | | 194.01 |
| 200 CROSS FOOT ADJUSTMENTS | | | | | | 200 |
| 201 NEGATIVE COST CENTER | | | | | | 201 |
| 202 TOTAL (SUM OF LINES 118-201) | | 2,078,911 | 2,078,911 | 640,514 | 42,418 | 202 |

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

| COST CENTER DESCRIPTION | LAUNDRY & LINEN SERVICE 8 | HOUSE-KEEPING 9 | DIETARY 10 | CAFETERIA 11 | NURSING ADMINIS-TRATION 13 | |
|--|------------------------------|--------------------|---------------|-----------------|-------------------------------|--------|
| GENERAL SERVICE COST CENTERS | | | | | | |
| 1 CAP REL COSTS-BLDG & FIXT | | | | | | 1 |
| 2 CAP REL COSTS-MVBLE EQUIP | | | | | | 2 |
| 4 EMPLOYEE BENEFITS | | | | | | 4 |
| 5 ADMINISTRATIVE & GENERAL | | | | | | 5 |
| 6 MAINTENANCE & REPAIRS | | | | | | 6 |
| 7 OPERATION OF PLANT | | | | | | 7 |
| 8 LAUNDRY & LINEN SERVICE | 7,436 | | | | | 8 |
| 9 HOUSEKEEPING | | 12,928 | | | | 9 |
| 10 DIETARY | | 248 | 52,281 | | | 10 |
| 11 CAFETERIA | | 401 | | 49,195 | | 11 |
| 12 MAINTENANCE OF PERSONNEL | | | | | | 12 |
| 13 NURSING ADMINISTRATION | | | | 1,672 | 20,076 | 13 |
| 14 CENTRAL SERVICES & SUPPLY | | | | | | 14 |
| 15 PHARMACY | | | | | | 15 |
| 16 MEDICAL RECORDS & LIBRARY | | 158 | | 910 | | 16 |
| 17 SOCIAL SERVICE | | | | | | 17 |
| 19 NONPHYSICIAN ANESTHETISTS | | | | | | 19 |
| 20 NURSING SCHOOL | | | | | | 20 |
| 21 I&R SRVCES-SALARY & FRINGES APPRVD | | | | | | 21 |
| 22 I&R SRVCES-OTHER PRGM COSTS APPRVD | | | | | | 22 |
| 23 PARAMED ED PRGM-(SPECIFY) | | | | | | 23 |
| 30 INPATIENT ROUTINE SERV COST CENTERS | | | | | | |
| ADULTS & PEDIATRICS | 7,436 | 8,867 | 52,281 | 26,926 | 16,084 | 30 |
| ANCILLARY SERVICE COST CENTERS | | | | | | |
| 54 RADIOLOGY-DIAGNOSTIC | | | | | | 54 |
| 60 LABORATORY | | | | | | 60 |
| 62.30 BLOOD CLOTTING FOR HEMOPHILIACS | | | | | | 62.30 |
| 66 PHYSICAL THERAPY | | | | 147 | | 66 |
| 73 DRUGS CHARGED TO PATIENTS | | 68 | | | | 73 |
| 76 ELECTROSHOCK THERAPY | | 91 | | 626 | | 76 |
| 76.97 CARDIAC REHABILITATION | | | | | | 76.97 |
| 76.98 HYPERBARIC OXYGEN THERAPY | | | | | | 76.98 |
| 76.99 LITHOTRIPSY | | | | | | 76.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 92 OBSERVATION BEDS | | | | | | 92 |
| 93 PARTIAL HOSPILIZATION | | 824 | | 6,684 | 3,992 | 93 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | |
| SPECIAL PURPOSE COST CENTERS | | | | | | |
| 118 SUBTOTALS (SUM OF LINES 1-117) | 7,436 | 10,657 | 52,281 | 36,965 | 20,076 | 118 |
| NONREIMBURSABLE COST CENTERS | | | | | | |
| 191 RESEARCH | | 31 | | 1,459 | | 191 |
| 192 PHYSICIANS' PRIVATE OFFICES | | 2,240 | | 8,972 | | 192 |
| 194 DUI PROGRAM | | | | 115 | | 194 |
| 194.01 IPPS | | | | 1,684 | | 194.01 |
| 200 CROSS FOOT ADJUSTMENTS | | | | | | 200 |
| 201 NEGATIVE COST CENTER | | | | | | 201 |
| 202 TOTAL (SUM OF LINES 118-201) | 7,436 | 12,928 | 52,281 | 49,195 | 20,076 | 202 |

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

| COST CENTER DESCRIPTION | MEDICAL RECORDS & LIBRARY 16 | SUBTOTAL 24 | I&R COST & POST STEP-DOWN ADJS 25 | TOTAL 26 | |
|---------------------------------|---------------------------------|----------------|--------------------------------------|-------------|--------|
| GENERAL SERVICE COST CENTERS | | | | | |
| 1 | | | | | 1 |
| 2 | | | | | 2 |
| 4 | | | | | 4 |
| 5 | | | | | 5 |
| 6 | | | | | 6 |
| 7 | | | | | 7 |
| 8 | | | | | 8 |
| 9 | | | | | 9 |
| 10 | | | | | 10 |
| 11 | | | | | 11 |
| 12 | | | | | 12 |
| 13 | | | | | 13 |
| 14 | | | | | 14 |
| 15 | | | | | 15 |
| 16 | 30,317 | | | | 16 |
| 17 | | | | | 17 |
| 19 | | | | | 19 |
| 20 | | | | | 20 |
| 21 | | | | | 21 |
| 22 | | | | | 22 |
| 23 | | | | | 23 |
| 30 | 17,065 | 1,398,958 | | 1,398,958 | 30 |
| ANCILLARY SERVICE COST CENTERS | | | | | |
| 54 | 13 | 420 | | 420 | 54 |
| 60 | 1,057 | 11,396 | | 11,396 | 60 |
| 62-30 | | | | | 62.30 |
| 66 | 126 | 1,974 | | 1,974 | 66 |
| 73 | 1,958 | 35,642 | | 35,642 | 73 |
| 76 | 702 | 18,664 | | 18,664 | 76 |
| 76.97 | | | | | 76.97 |
| 76.98 | | | | | 76.98 |
| 76.99 | | | | | 76.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | |
| 92 | | | | | 92 |
| 93 | 9,396 | 170,299 | | 170,299 | 93 |
| OTHER REIMBURSABLE COST CENTERS | | | | | |
| 118 | 30,317 | 1,637,353 | | 1,637,353 | 118 |
| SPECIAL PURPOSE COST CENTERS | | | | | |
| NONREIMBURSABLE COST CENTERS | | | | | |
| 191 | | 38,183 | | 38,183 | 191 |
| 192 | | 389,240 | | 389,240 | 192 |
| 194 | | 1,156 | | 1,156 | 194 |
| 194.01 | | 12,979 | | 12,979 | 194.01 |
| 200 | | | | | 200 |
| 201 | | | | | 201 |
| 202 | 30,317 | 2,078,911 | | 2,078,911 | 202 |

COST ALLOCATION - STATISTICAL BASIS

| COST CENTER DESCRIPTION | CAP BLDGS & FIXTURES SQUARE FEET 1 | CAP MOVEABLE EQUIPMENT SQUARE FEET 2 | EMPLOYEE BENEFITS GROSS SALARIES 4 | RECON- CILIATION 5A | ADMINIS- TRATIVE & GENERAL ACCUM COST 5 | |
|--|---|---|--|---------------------------|--|--------|
| GENERAL SERVICE COST CENTERS | | | | | | 1 |
| 1 CAP REL COSTS-BLDG & FIXT | 127,270 | | | | | 2 |
| 2 CAP REL COSTS-MVBLE EQUIP | | 127,270 | | | | 4 |
| 4 EMPLOYEE BENEFITS | | | 32,546,028 | | | 5 |
| 5 ADMINISTRATIVE & GENERAL | 39,212 | 39,212 | 5,871,071 | -20,074,327 | 43,262,545 | 6 |
| 6 MAINTENANCE & REPAIRS | | | | | | 7 |
| 7 OPERATION OF PLANT | 597 | 597 | 96,427 | | 2,206,450 | 8 |
| 8 LAUNDRY & LINEN SERVICE | 265 | 265 | | | 201,173 | 9 |
| 9 HOUSEKEEPING | 149 | 149 | 60,514 | | 703,928 | 10 |
| 10 DIETARY | 1,672 | 1,672 | 196,448 | | 1,614,982 | 11 |
| 11 CAFETERIA | 2,703 | 2,703 | 41,624 | | 224,952 | 12 |
| 12 MAINTENANCE OF PERSONNEL | | | | | | 13 |
| 13 NURSING ADMINISTRATION | | | 1,009,776 | | 1,243,125 | 14 |
| 14 CENTRAL SERVICES & SUPPLY | | | | | | 15 |
| 15 PHARMACY | | | | | | 16 |
| 16 MEDICAL RECORDS & LIBRARY | 1,066 | 1,066 | 368,848 | | 764,523 | 17 |
| 17 SOCIAL SERVICE | | | | | | 19 |
| 19 NONPHYSICIAN ANESTHETISTS | | | | | | 20 |
| 20 NURSING SCHOOL | | | | | | 21 |
| 21 I&R SRVCES-SALARY & FRINGES APPRVD | | | | | | 22 |
| 22 I&R SRVCES-OTHER PRGM COSTS APPRVD | | | | | | 23 |
| 23 PARAMED ED PRGM-(SPECIFY) | | | | | | |
| 30 INPATIENT ROUTINE SERV COST CENTERS | | | | | | |
| ADULTS & PEDIATRICS | 59,700 | 59,700 | 12,839,874 | | 17,977,459 | 30 |
| ANCILLARY SERVICE COST CENTERS | | | | | | |
| 54 RADIOLOGY-DIAGNOSTIC | | | | | 27,517 | 54 |
| 60 LABORATORY | | | | | 698,316 | 60 |
| 62.30 BLOOD CLOTTING FOR HEMOPHILIACS | | | | | | 62.30 |
| 66 PHYSICAL THERAPY | | | 93,099 | | 114,923 | 66 |
| 73 DRUGS CHARGED TO PATIENTS | 455 | 455 | | | 1,753,635 | 73 |
| 76 ELECTROSHOCK THERAPY | 616 | 616 | 336,789 | | 464,947 | 76 |
| 76.97 CARDIAC REHABILITATION | | | | | | 76.97 |
| 76.98 HYPERBARIC OXYGEN THERAPY | | | | | | 76.98 |
| 76.99 LITHOTRIPSY | | | | | | 76.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 92 OBSERVATION BEDS | | | | | | 92 |
| 93 PARTIAL HOSPILIZATION | 5,548 | 5,548 | 2,873,512 | | 3,788,382 | 93 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | |
| SPECIAL PURPOSE COST CENTERS | | | | | | |
| 118 SUBTOTALS (SUM OF LINES 1-117) | 111,983 | 111,983 | 23,787,982 | -20,074,327 | 31,784,312 | 118 |
| NONREIMBURSABLE COST CENTERS | | | | | | |
| 191 RESEARCH | 206 | 206 | 1,511,076 | | 2,244,372 | 191 |
| 192 PHYSICIANS' PRIVATE OFFICES | 15,081 | 15,081 | 6,589,833 | | 8,400,615 | 192 |
| 194 DUI PROGRAM | | | 55,933 | | 70,322 | 194 |
| 194.01 IPPS | | | 601,204 | | 762,924 | 194.01 |
| 200 CROSS FOOT ADJUSTMENTS | | | | | | 200 |
| 201 NEGATIVE COST CENTER | | | | | | 201 |
| 202 COST TO BE ALLOC PER B PT I | 2,078,911 | | 4,240,065 | | 20,074,327 | 202 |
| 203 UNIT COST MULT-WS B PT I | 16.334651 | | 0.130279 | | 0.464012 | 203 |
| 204 COST TO BE ALLOC PER B PT II | | | | | 640,514 | 204 |
| 205 UNIT COST MULT-WS B PT II | | | | | 0.014805 | 205 |

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

| COST CENTER DESCRIPTION | OPERATION OF PLANT | LAUNDRY & LINEN SERVICE | HOUSE- KEEPING | DIETARY | CAFETERIA | |
|---------------------------------------|-----------------------|-------------------------------|---------------------|-----------------------|----------------------------|--------|
| | SQUARE FEET 7 | POUNDS OF LAUNDRY 8 | SQUARE FEET 9 | MEALS SERVED 10 | FULL TIME EQUIV'S 11 | |
| GENERAL SERVICE COST CENTERS | | | | | | |
| 1 CAP REL COSTS-BLDG & FIXT | | | | | | 1 |
| 2 CAP REL COSTS-MVBLE EQUIP | | | | | | 2 |
| 4 EMPLOYEE BENEFITS | | | | | | 4 |
| 5 ADMINISTRATIVE & GENERAL | | | | | | 5 |
| 6 MAINTENANCE & REPAIRS | | | | | | 6 |
| 7 OPERATION OF PLANT | 87,461 | | | | | 7 |
| 8 LAUNDRY & LINEN SERVICE | 265 | 100 | | | | 8 |
| 9 HOUSEKEEPING | 149 | | 87,047 | | | 9 |
| 10 DIETARY | 1,672 | | 1,672 | 140,988 | | 10 |
| 11 CAFETERIA | 2,703 | | 2,703 | | 41,027 | 11 |
| 12 MAINTENANCE OF PERSONNEL | | | | | | 12 |
| 13 NURSING ADMINISTRATION | | | | | 1,394 | 13 |
| 14 CENTRAL SERVICES & SUPPLY | | | | | | 14 |
| 15 PHARMACY | | | | | | 15 |
| 16 MEDICAL RECORDS & LIBRARY | 1,066 | | 1,066 | | 759 | 16 |
| 17 SOCIAL SERVICE | | | | | | 17 |
| 19 NONPHYSICIAN ANESTHETISTS | | | | | | 19 |
| 20 NURSING SCHOOL | | | | | | 20 |
| 21 I&R SRVCES-SALARY & FRINGES APPRVD | | | | | | 21 |
| 22 I&R SRVCES-OTHER PRGM COSTS APPRVD | | | | | | 22 |
| 23 PARAMED ED PRGM-(SPECIFY) | | | | | | 23 |
| INPATIENT ROUTINE SERV COST CENTERS | | | | | | |
| 30 ADULTS & PEDIATRICS | 59,700 | 100 | 59,700 | 140,988 | 22,456 | 30 |
| ANCILLARY SERVICE COST CENTERS | | | | | | |
| 54 RADIOLOGY-DIAGNOSTIC | | | | | | 54 |
| 60 LABORATORY | | | | | | 60 |
| 62.30 BLOOD CLOTTING FOR HEMOPHILIACS | | | | | | 62.30 |
| 66 PHYSICAL THERAPY | | | | | 123 | 66 |
| 73 DRUGS CHARGED TO PATIENTS | 455 | | 455 | | | 73 |
| 76 ELECTROSHOCK THERAPY | 616 | | 616 | | 522 | 76 |
| 76.97 CARDIAC REHABILITATION | | | | | | 76.97 |
| 76.98 HYPERBARIC OXYGEN THERAPY | | | | | | 76.98 |
| 76.99 LITHOTRIPSY | | | | | | 76.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 92 OBSERVATION BEDS | | | | | | 92 |
| 93 PARTIAL HOSPILIZATION | 5,548 | | 5,548 | | 5,574 | 93 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | |
| SPECIAL PURPOSE COST CENTERS | | | | | | |
| 118 SUBTOTALS (SUM OF LINES 1-117) | 72,174 | 100 | 71,760 | 140,988 | 30,828 | 118 |
| NONREIMBURSABLE COST CENTERS | | | | | | |
| 191 RESEARCH | 206 | | 206 | | 1,217 | 191 |
| 192 PHYSICIANS' PRIVATE OFFICES | 15,081 | | 15,081 | | 7,482 | 192 |
| 194 DUI PROGRAM | | | | | 96 | 194 |
| 194.01 IPSS | | | | | 1,404 | 194.01 |
| 200 CROSS FOOT ADJUSTMENTS | | | | | | 200 |
| 201 NEGATIVE COST CENTER | | | | | | 201 |
| 202 COST TO BE ALLOC PER B PT I | 3,230,269 | 304,307 | 1,036,062 | 2,446,007 | 461,336 | 202 |
| 203 UNIT COST MULT-WS B PT I | 36.933822 | 3,043.070000 | 11.902329 | 17.349044 | 11.244693 | 203 |
| 204 COST TO BE ALLOC PER B PT II | 42,418 | 7,436 | 12,928 | 52,281 | 49,195 | 204 |
| 205 UNIT COST MULT-WS B PT II | 0.484993 | 74.360000 | 0.148517 | 0.370819 | 1.199088 | 205 |

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

| COST CENTER DESCRIPTION | NURSING ADMINIS- TRATION DIRECT NRSING 13 | MEDICAL RECORDS & LIBRARY GROSS CHARGES 16 | |
|---|--|---|--------|
| GENERAL SERVICE COST CENTERS | | | |
| 1 CAP REL COSTS-BLDG & FIXT | | | 1 |
| 2 CAP REL COSTS-MVBLE EQUIP | | | 2 |
| 4 EMPLOYEE BENEFITS | | | 4 |
| 5 ADMINISTRATIVE & GENERAL | | | 5 |
| 6 MAINTENANCE & REPAIRS | | | 6 |
| 7 OPERATION OF PLANT | | | 7 |
| 8 LAUNDRY & LINEN SERVICE | | | 8 |
| 9 HOUSEKEEPING | | | 9 |
| 10 DIETARY | | | 10 |
| 11 CAFETERIA | | | 11 |
| 12 MAINTENANCE OF PERSONNEL | | | 12 |
| 13 NURSING ADMINISTRATION | 583,039 | | 13 |
| 14 CENTRAL SERVICES & SUPPLY | | | 14 |
| 15 PHARMACY | | | 15 |
| 16 MEDICAL RECORDS & LIBRARY | | 117,765,511 | 16 |
| 17 SOCIAL SERVICE | | | 17 |
| 19 NONPHYSICIAN ANESTHETISTS | | | 19 |
| 20 NURSING SCHOOL | | | 20 |
| 21 I&R SRVCES-SALARY & FRINGES APPRVD | | | 21 |
| 22 I&R SRVCES-OTHER PRGM COSTS APPRVD | | | 22 |
| 23 PARAMED ED PRGM-(SPECIFY) | | | 23 |
| 30 INPATIENT ROUTINE SERV COST CENTERS ADULTS & PEDIATRICS | 467,092 | 66,204,950 | 30 |
| ANCILLARY SERVICE COST CENTERS | | | |
| 54 RADIOLOGY-DIAGNOSTIC | | 49,027 | 54 |
| 60 LABORATORY | | 4,111,737 | 60 |
| 62.30 BLOOD CLOTTING FOR HEMOPHILIACS | | | 62.30 |
| 66 PHYSICAL THERAPY | | 491,430 | 66 |
| 73 DRUGS CHARGED TO PATIENTS | | 7,617,332 | 73 |
| 76 ELECTROSHOCK THERAPY | | 2,730,225 | 76 |
| 76.97 CARDIAC REHABILITATION | | | 76.97 |
| 76.98 HYPERBARIC OXYGEN THERAPY | | | 76.98 |
| 76.99 LITHOTRIPSY | | | 76.99 |
| OUTPATIENT SERVICE COST CENTERS | | | |
| 92 OBSERVATION BEDS | | | 92 |
| 93 PARTIAL HOSPILIZATION | 115,947 | 36,560,810 | 93 |
| OTHER REIMBURSABLE COST CENTERS | | | |
| SPECIAL PURPOSE COST CENTERS | | | |
| 118 SUBTOTALS (SUM OF LINES 1-117) | 583,039 | 117,765,511 | 118 |
| NONREIMBURSABLE COST CENTERS | | | |
| 191 RESEARCH | | | 191 |
| 192 PHYSICIANS' PRIVATE OFFICES | | | 192 |
| 194 DUI PROGRAM | | | 194 |
| 194.01 IPSS | | | 194.01 |
| 200 CROSS FOOT ADJUSTMENTS | | | 200 |
| 201 NEGATIVE COST CENTER | | | 201 |
| 202 COST TO BE ALLOC PER B PT I | 1,835,625 | 1,179,865 | 202 |
| 203 UNIT COST MULT-WS B PT I | 3.148374 | 0.010019 | 203 |
| 204 COST TO BE ALLOC PER B PT II | 20,076 | 30,317 | 204 |
| 205 UNIT COST MULT-WS B PT II | 0.034433 | 0.000257 | 205 |

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

| COST CENTER DESCRIPTION | TOTAL COST (FROM WKST B, PART I, COL 26) 1 | THERAPY LIMIT ADJUSTMENT 2 | TOTAL COSTS 3 | RCE DISALLOWANCE 4 | TOTAL COSTS 5 | |
|--|---|-------------------------------------|---------------------|--------------------------|---------------------|-------|
| 30 INPATIENT ROUTINE SERV COST CENTERS | | | | | | 30 |
| ADULTS & PEDIATRICS | 34,371,405 | | 34,371,405 | | 34,371,405 | |
| ANCILLARY SERVICE COST CENTERS | | | | | | |
| 54 RADIOLOGY-DIAGNOSTIC | 40,776 | | 40,776 | | 40,776 | 54 |
| 60 LABORATORY | 1,063,538 | | 1,063,538 | | 1,063,538 | 60 |
| 62.30 BLOOD CLOTTING FOR HEMOPHIL | | | | | | 62.30 |
| 66 PHYSICAL THERAPY | 174,556 | | 174,556 | | 174,556 | 66 |
| 73 DRUGS CHARGED TO PATIENTS | 2,665,882 | | 2,665,882 | | 2,665,882 | 73 |
| 76 ELECTROSHOCK THERAPY | 743,995 | | 743,995 | | 743,995 | 76 |
| 76.97 CARDIAC REHABILITATION | | | | | | 76.97 |
| 76.98 HYPERBARIC OXYGEN THERAPY | | | | | | 76.98 |
| 76.99 LITHOTRIPSY | | | | | | 76.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 92 OBSERVATION BEDS | | | | | | 92 |
| 93 PARTIAL HOSPILIZATION | 6,611,206 | | 6,611,206 | | 6,611,206 | 93 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 200 SUBTOTAL (SEE INSTRUCTIONS) | 45,671,358 | | 45,671,358 | | 45,671,358 | 200 |
| 201 LESS OBSERVATION BEDS | | | | | | 201 |
| 202 TOTAL (SEE INSTRUCTIONS) | 45,671,358 | | 45,671,358 | | 45,671,358 | 202 |

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 (COLS. 6 + 7) 8 | | | |
| 30 INPATIENT ROUTINE SERV COST CENTERS | | | | | | 30 |
| ADULTS & PEDIATRICS | 66,204,950 | | 66,204,950 | | | |
| ANCILLARY SERVICE COST CENTERS | | | | | | |
| 54 RADIOLOGY-DIAGNOSTIC | 49,027 | | 49,027 | 0.831705 | 0.831705 | 0.831705 54 |
| 60 LABORATORY | 3,857,530 | 254,207 | 4,111,737 | 0.258659 | 0.258659 | 0.258659 60 |
| 62.30 BLOOD CLOTTING FOR HEMOPHIL | | | | | | 62.30 |
| 66 PHYSICAL THERAPY | 491,430 | | 491,430 | 0.355200 | 0.355200 | 0.355200 66 |
| 73 DRUGS CHARGED TO PATIENTS | 6,915,148 | 702,184 | 7,617,332 | 0.349976 | 0.349976 | 0.349976 73 |
| 76 ELECTROSHOCK THERAPY | 1,265,550 | 1,464,675 | 2,730,225 | 0.272503 | 0.272503 | 0.272503 76 |
| 76.97 CARDIAC REHABILITATION | | | | | | 76.97 |
| 76.98 HYPERBARIC OXYGEN THERAPY | | | | | | 76.98 |
| 76.99 LITHOTRIPSY | | | | | | 76.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 92 OBSERVATION BEDS | | | | | | 92 |
| 93 PARTIAL HOSPILIZATION | | 36,560,810 | 36,560,810 | 0.180828 | 0.180828 | 0.180828 93 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 200 SUBTOTAL (SEE INSTRUCTIONS) | 78,783,635 | 38,981,876 | 117,765,511 | | | 200 |
| 201 LESS OBSERVATION BEDS | | | | | | 201 |
| 202 TOTAL (SEE INSTRUCTIONS) | 78,783,635 | 38,981,876 | 117,765,511 | | | 202 |

PROVIDER CCN: 14-4031 ALEXIAN BROTHERS BEHAVIORAL HE
 PERIOD FROM 01/01/2011 TO 12/31/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

CHECK
 APPLICABLE
 BOXES

[] TITLE V
 [XX] TITLE XVIII-PT A
 [] TITLE XIX

| COST CENTER DESCRIPTION | CAP-REL COST | SWING-BED | REDUCED CAP-REL COST | TOTAL PATIENT | PER DIEM | INPAT PGM | INPAT PGM CAP COST | |
|---------------------------------|--------------------------------|------------|----------------------|---------------|-----------------|-----------|--------------------|-----|
| | (FROM WKST B, PT. II, COL. 26) | ADJUSTMENT | (COL.1 MINUS COL.2) | DAYS | (COL.3 ÷ COL.4) | DAYS | (COL.5 x COL.6) | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | |
| 30 INPAT ROUTINE SERV COST CTRS | | | | | | | | 30 |
| 31 ADULTS & PEDIATRICS | 1,398,958 | | 1,398,958 | 46,996 | 29.77 | 17,837 | 531,007 | 31 |
| 32 INTENSIVE CARE UNIT | | | | | | | | 32 |
| 33 CORONARY CARE UNIT | | | | | | | | 33 |
| 34 BURN INTENSIVE CARE UNIT | | | | | | | | 34 |
| 35 SURGICAL INTENSIVE CARE UNIT | | | | | | | | 35 |
| 40 OTHER SPECIAL CARE (SPECIFY) | | | | | | | | 40 |
| 41 SUBPROVIDER - IPF | | | | | | | | 41 |
| 42 SUBPROVIDER - IRF | | | | | | | | 42 |
| 43 SUBPROVIDER I | | | | | | | | 43 |
| 44 NURSERY | | | | | | | | 44 |
| 45 SKILLED NURSING FACILITY | | | | | | | | 45 |
| 200 NURSING FACILITY | | | | | | | | 200 |
| TOTAL (LINES 30-199) | 1,398,958 | | 1,398,958 | 46,996 | | 17,837 | 531,007 | |

PROVIDER CCN: 14-4031 ALEXIAN BROTHERS BEHAVIORAL HE
 PERIOD FROM 01/01/2011 TO 12/31/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

| CHECK APPLICABLE BOXES | <input type="checkbox"/> TITLE V <input checked="" type="checkbox"/> TITLE XVIII-PT A <input type="checkbox"/> TITLE XIX | <input checked="" type="checkbox"/> HOSPITAL (14-4031) <input type="checkbox"/> IPF <input type="checkbox"/> IRF | <input type="checkbox"/> SUB (OTHER) | <input checked="" type="checkbox"/> PPS <input type="checkbox"/> TEFRA | | | |
|-------------------------------------|--|--|--|---|-------------------------|-------|--|
| COST CENTER DESCRIPTION | CAP-REL COST (FROM WKST B, PT. II, COL. 26) | TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) | RATIO OF COST TO CHARGES (COL.1 + COL.2) | INPATIENT PROGRAM CHARGES | CAPITAL (COL.3 x COL.4) | | |
| | 1 | 2 | 3 | 4 | 5 | | |
| ANCILLARY SERVICE COST CENTERS | | | | | | | |
| 54 RADIOLOGY-DIAGNOSTIC | 420 | 49,027 | 0.008567 | 39,726 | 340 | 54 | |
| 60 LABORATORY | 11,396 | 4,111,737 | 0.002772 | 1,591,218 | 4,411 | 60 | |
| 62.30 BLOOD CLOTTING FOR HEMOPHILIA | | | | | | 62.30 | |
| 66 PHYSICAL THERAPY | 1,974 | 491,430 | 0.004017 | 403,726 | 1,622 | 66 | |
| 73 DRUGS CHARGED TO PATIENTS | 35,642 | 7,617,332 | 0.004679 | 3,678,496 | 17,212 | 73 | |
| 76 ELECTROSHOCK THERAPY | 18,664 | 2,730,225 | 0.006836 | 691,084 | 4,724 | 76 | |
| 76.97 CARDIAC REHABILITATION | | | | | | 76.97 | |
| 76.98 HYPERBARIC OXYGEN THERAPY | | | | | | 76.98 | |
| 76.99 LITHOTRIPSY | | | | | | 76.99 | |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | |
| 92 OBSERVATION BEDS | | | | | | 92 | |
| 93 PARTIAL HOSPILIZATION | 170,299 | 36,560,810 | 0.004658 | | | 93 | |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | |
| 200 TOTAL (SUM OF LINES 50-199) | 238,395 | 51,560,561 | 51,560,561 | 6,404,250 | 28,309 | 200 | |

PROVIDER CCN: 14-4031 ALEXIAN BROTHERS BEHAVIORAL HE
 PERIOD FROM 01/01/2011 TO 12/31/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

CHECK TITLE V
 APPLICABLE TITLE XVIII-PT A
 BOXES TITLE XIX

| COST CENTER DESCRIPTION | NURSING SCHOOL 1 | ALLIED HEALTH COST 2 | ALL OTHER MEDICAL EDUCATION COST 3 | SWING-BED ADJUSTMENT AMOUNT (SEE INSTR.) 4 | TOTAL COSTS (SUM OF COLS. 1-3 MINUS COL. 4) 5 |
|---------------------------------|------------------------|-------------------------------|--|--|---|
| 30 INPAT ROUTINE SERV COST CTRS | | | | | 30 |
| 31 ADULTS & PEDIATRICS | | | | | 31 |
| 32 INTENSIVE CARE UNIT | | | | | 32 |
| 33 CORONARY CARE UNIT | | | | | 33 |
| 34 BURN INTENSIVE CARE UNIT | | | | | 34 |
| 35 SURGICAL INTENSIVE CARE UNIT | | | | | 35 |
| 40 OTHER SPECIAL CARE (SPECIFY) | | | | | 40 |
| 41 SUBPROVIDER - IPF | | | | | 41 |
| 42 SUBPROVIDER - IRF | | | | | 42 |
| 43 SUBPROVIDER I | | | | | 43 |
| 44 NURSERY | | | | | 44 |
| 45 SKILLED NURSING FACILITY | | | | | 45 |
| 200 NURSING FACILITY | | | | | 200 |
| TOTAL (SUM OF LINES 30-199) | | | | | |

PROVIDER CCN: 14-4031 ALEXIAN BROTHERS BEHAVIORAL HE
 PERIOD FROM 01/01/2011 TO 12/31/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

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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 | TOTAL PATIENT DAYS 6 | PER DIEM COL.5 ÷ COL.6 7 | INPATIENT PROGRAM DAYS 8 | INPAT PGM PASS THRU COSTS (COL.7 x COL.8) 9 | |
|---------------------------------|-------------------------|-----------------------------|-----------------------------|--|-----|
| 30 INPAT ROUTINE SERV COST CTRS | | | | | 30 |
| ADULTS & PEDIATRICS | 46,996 | | 17,837 | | 31 |
| 31 INTENSIVE CARE UNIT | | | | | 31 |
| 32 CORONARY CARE UNIT | | | | | 32 |
| 33 BURN INTENSIVE CARE UNIT | | | | | 33 |
| 34 SURGICAL INTENSIVE CARE UNIT | | | | | 34 |
| 35 OTHER SPECIAL CARE (SPECIFY) | | | | | 35 |
| 40 SUBPROVIDER - IPF | | | | | 40 |
| 41 SUBPROVIDER - IRF | | | | | 41 |
| 42 SUBPROVIDER I | | | | | 42 |
| 43 NURSERY | | | | | 43 |
| 44 SKILLED NURSING FACILITY | | | | | 44 |
| 45 NURSING FACILITY | | | | | 45 |
| 200 TOTAL (SUM OF LINES 30-199) | 46,996 | | 17,837 | | 200 |

PROVIDER CCN: 14-4031 ALEXIAN BROTHERS BEHAVIORAL HE
 PERIOD FROM 01/01/2011 TO 12/31/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

| CHECK APPLICABLE BOXES | [] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX | [XX] HOSPITAL (14-4031) [] IPF [] IRF | [] SUB (OTHER) [] SNF [] NF | [] ICF/MR | [XX] PPS [] TEFRA | | |
|---------------------------------|---|---|---|-------------------------|--|-----------------------|--|
| COST CENTER DESCRIPTION | TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7 | RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8 | O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9 | INPAT PGM CHARGES 10 | INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11 | O/P PGM CHARGES 12 | O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13 |
| ANCILLARY SERVICE COST CENTERS | | | | | | | |
| 54 | RADIOLOGY-DIAGNOSTIC | 49,027 | | 39,726 | | | 54 |
| 60 | LABORATORY | 4,111,737 | | 1,591,218 | | 11,385 | 60 |
| 62.30 | BLOOD CLOTTING FOR HEMOPHILI | | | | | | 62.30 |
| 66 | PHYSICAL THERAPY | 491,430 | | 403,726 | | | 66 |
| 73 | DRUGS CHARGED TO PATIENTS | 7,617,332 | | 3,678,496 | | 312,215 | 73 |
| 76 | ELECTROSHOCK THERAPY | 2,730,225 | | 691,084 | | 715,952 | 76 |
| 76.97 | CARDIAC REHABILITATION | | | | | | 76.97 |
| 76.98 | HYPERBARIC OXYGEN THERAPY | | | | | | 76.98 |
| 76.99 | LITHOTRIPSY | | | | | | 76.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | |
| 92 | OBSERVATION BEDS | | | | | | 92 |
| 93 | PARTIAL HOSPILIZATION | 36,560,810 | | | | 1,452,445 | 93 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | |
| 200 | TOTAL (SUM OF LINES 50-199) | 51,560,561 | | 6,404,250 | | 2,491,997 | 200 |

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-4031) [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] IPF [] SNF [] S/B-NF
 BOXES [] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

| COST CENTER DESCRIPTION | COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9 1 | PROGRAM CHARGES | | PROGRAM COSTS | | | |
|---------------------------------------|---|-------------------------|---|--|--------------|-------|--------------------------------------|
| | | PPS REIMBURSED SERVICES | COST REIMB. SERVICES SUBJECT TO DED & COINS | COST REIMB. SVCES NOT SUBJECT TO DED & COINS | PPS SERVICES | | COST SERVICES SUBJECT TO DED & COINS |
| | | 2 | 3 | 4 | 5 | 6 | 7 |
| ANCILLARY SERVICE COST CENTERS | | | | | | | |
| 54 RADIOLOGY-DIAGNOSTIC | 0.831705 | | | | | | 54 |
| 60 LABORATORY | 0.258659 | 11,385 | | | 2,945 | | 60 |
| 62.30 BLOOD CLOTTING FOR HEMOPHILIACS | | | | | | | 62.30 |
| 66 PHYSICAL THERAPY | 0.355200 | | | | | | 66 |
| 73 DRUGS CHARGED TO PATIENTS | 0.349976 | 312,215 | 9,806 | | 109,268 | 3,432 | 73 |
| 76 ELECTROSHOCK THERAPY | 0.272503 | 715,952 | | | 195,099 | | 76 |
| 76.97 CARDIAC REHABILITATION | | | | | | | 76.97 |
| 76.98 HYPERBARIC OXYGEN THERAPY | | | | | | | 76.98 |
| 76.99 LITHOTRIPSY | | | | | | | 76.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | |
| 92 OBSERVATION BEDS | | | | | | | 92 |
| 93 PARTIAL HOSPILIZATION | 0.180828 | 1,452,445 | | | 262,643 | | 93 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | |
| 200 SUBTOTAL (SEE INSTRUCTIONS) | | 2,491,997 | 9,806 | | 569,955 | 3,432 | 200 |
| 201 LESS PBP CLINIC LAB SERVICES | | | | | | | 201 |
| 202 NET CHARGES (LINE 200 - LINE 201) | | 2,491,997 | 9,806 | | 569,955 | 3,432 | 202 |

PROVIDER CCN: 14-4031 ALEXIAN BROTHERS BEHAVIORAL HE
 PERIOD FROM 01/01/2011 TO 12/31/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

CHECK
 APPLICABLE
 BOXES

[] TITLE V
 [] TITLE XVIII-PT A
 [XX] TITLE XIX

| COST CENTER DESCRIPTION | CAP-REL COST | | REDUCED CAP-REL COST | TOTAL PATIENT DAYS | PER DIEM | INPAT PGM DAYS | INPAT PGM CAP COST | |
|---------------------------------|--------------------------------|----------------------|----------------------|--------------------|-----------------|----------------|--------------------|-----|
| | (FROM WKST B, PT. II, COL. 26) | SWING-BED ADJUSTMENT | (COL.1 MINUS COL.2) | | (COL.3 ÷ COL.4) | | (COL.5 x COL.6) | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | |
| 30 INPAT ROUTINE SERV COST CTRS | | | | | | | | 30 |
| 31 ADULTS & PEDIATRICS | 1,398,958 | | 1,398,958 | 46,996 | 29.77 | 3,305 | 98,390 | 31 |
| 32 INTENSIVE CARE UNIT | | | | | | | | 32 |
| 33 CORONARY CARE UNIT | | | | | | | | 33 |
| 34 BURN INTENSIVE CARE UNIT | | | | | | | | 34 |
| 35 SURGICAL INTENSIVE CARE UNIT | | | | | | | | 35 |
| 40 OTHER SPECIAL CARE (SPECIFY) | | | | | | | | 40 |
| 41 SUBPROVIDER - IPF | | | | | | | | 41 |
| 42 SUBPROVIDER - IRF | | | | | | | | 42 |
| 43 SUBPROVIDER I | | | | | | | | 43 |
| 44 NURSERY | | | | | | | | 44 |
| 45 SKILLED NURSING FACILITY | | | | | | | | 45 |
| 200 NURSING FACILITY | | | | | | | | 200 |
| TOTAL (LINES 30-199) | 1,398,958 | | 1,398,958 | 46,996 | | 3,305 | 98,390 | |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

| CHECK APPLICABLE BOXES | <input type="checkbox"/> TITLE V <input type="checkbox"/> TITLE XVIII-PT A <input checked="" type="checkbox"/> TITLE XIX | <input checked="" type="checkbox"/> HOSPITAL (14-4031) <input type="checkbox"/> IPF <input type="checkbox"/> IRF | <input type="checkbox"/> SUB (OTHER) | <input type="checkbox"/> PPS <input type="checkbox"/> TEFRA <input checked="" type="checkbox"/> OTHER | |
|-------------------------|--|--|--|---|---------------------------------|
| COST CENTER DESCRIPTION | CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1 | TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2 | RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3 | INPATIENT PROGRAM CHARGES 4 | CAPITAL (COL.3 x COL.4) 5 |
| 54 | ANCILLARY SERVICE COST CENTERS | | | | |
| | RADIOLOGY-DIAGNOSTIC | 420 | 49,027 | 0.008567 | 54 |
| 60 | LABORATORY | 11,396 | 4,111,737 | 0.002772 | 60 |
| 62.30 | BLOOD CLOTTING FOR HEMOPHILIA | | | | 62.30 |
| 66 | PHYSICAL THERAPY | 1,974 | 491,430 | 0.004017 | 66 |
| 73 | DRUGS CHARGED TO PATIENTS | 35,642 | 7,617,332 | 0.004679 | 73 |
| 76 | ELECTROSHOCK THERAPY | 18,664 | 2,730,225 | 0.006836 | 76 |
| 76.97 | CARDIAC REHABILITATION | | | | 76.97 |
| 76.98 | HYPERBARIC OXYGEN THERAPY | | | | 76.98 |
| 76.99 | LITHOTRIPSY | | | | 76.99 |
| 92 | OUTPATIENT SERVICE COST CENTERS | | | | 92 |
| | OBSERVATION BEDS | | | | |
| 93 | PARTIAL HOSPILIZATION | 170,299 | 36,560,810 | 0.004658 | 93 |
| | OTHER REIMBURSABLE COST CENTERS | | | | |
| 200 | TOTAL (SUM OF LINES 50-199) | 238,395 | 51,560,561 | 51,560,561 | 200 |

PROVIDER CCN: 14-4031 ALEXIAN BROTHERS BEHAVIORAL HE
 PERIOD FROM 01/01/2011 TO 12/31/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
 05/24/2012 17:29

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 | NURSING SCHOOL 1 | ALLIED HEALTH COST 2 | ALL OTHER MEDICAL EDUCATION COST 3 | SWING-BED ADJUSTMENT AMOUNT (SEE INSTR.) 4 | TOTAL COSTS (SUM OF COLS. 1-3 MINUS COL. 4) 5 |
|---------------------------------|---------------------|-------------------------|---------------------------------------|---|--|
| INPAT ROUTINE SERV COST CTRS | | | | | 30 |
| 30 ADULTS & PEDIATRICS | | | | | 31 |
| 31 INTENSIVE CARE UNIT | | | | | 32 |
| 32 CORONARY CARE UNIT | | | | | 33 |
| 33 BURN INTENSIVE CARE UNIT | | | | | 34 |
| 34 SURGICAL INTENSIVE CARE UNIT | | | | | 35 |
| 35 OTHER SPECIAL CARE (SPECIFY) | | | | | 40 |
| 40 SUBPROVIDER - IPF | | | | | 41 |
| 41 SUBPROVIDER - IRF | | | | | 42 |
| 42 SUBPROVIDER I | | | | | 43 |
| 43 NURSERY | | | | | 44 |
| 44 SKILLED NURSING FACILITY | | | | | 45 |
| 45 NURSING FACILITY | | | | | 200 |
| 200 TOTAL (SUM OF LINES 30-199) | | | | | |

PROVIDER CCN: 14-4031 ALEXIAN BROTHERS BEHAVIORAL HE
 PERIOD FROM 01/01/2011 TO 12/31/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
 05/24/2012 17:29

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

CHECK TITLE V
 APPLICABLE TITLE XVIII-PT A
 BOXES TITLE XIX

| COST CENTER DESCRIPTION | TOTAL PATIENT DAYS 6 | PER DIEM COL. 5 ÷ COL. 6) 7 | INPATIENT PROGRAM DAYS 8 | INPAT PGM PASS THRU COSTS (COL. 7 x COL. 8) 9 | |
|---------------------------------|-------------------------|--------------------------------|-----------------------------|--|-----|
| 30 INPAT ROUTINE SERV COST CTRS | | | | | 30 |
| 31 ADULTS & PEDIATRICS | 46,996 | | 3,305 | | 31 |
| 32 INTENSIVE CARE UNIT | | | | | 32 |
| 33 CORONARY CARE UNIT | | | | | 33 |
| 34 BURN INTENSIVE CARE UNIT | | | | | 34 |
| 35 SURGICAL INTENSIVE CARE UNIT | | | | | 35 |
| 35 OTHER SPECIAL CARE (SPECIFY) | | | | | 35 |
| 40 SUBPROVIDER - IPF | | | | | 40 |
| 41 SUBPROVIDER - IRF | | | | | 41 |
| 42 SUBPROVIDER I | | | | | 42 |
| 43 NURSERY | | | | | 43 |
| 44 SKILLED NURSING FACILITY | | | | | 44 |
| 45 NURSING FACILITY | | | | | 45 |
| 200 TOTAL (SUM OF LINES 30-199) | 46,996 | | 3,305 | | 200 |

PROVIDER CCN: 14-4031 ALEXIAN BROTHERS BEHAVIORAL HE
 PERIOD FROM 01/01/2011 TO 12/31/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

| | | | | | | | | | | |
|------------|-------------------------------------|------------------|-------------------------------------|--------------------|--------------------------|-------------|--------------------------|--------|-------------------------------------|-------|
| CHECK | <input type="checkbox"/> | TITLE V | <input checked="" type="checkbox"/> | HOSPITAL (14-4031) | <input type="checkbox"/> | SUB (OTHER) | <input type="checkbox"/> | ICF/MR | <input type="checkbox"/> | PPS |
| APPLICABLE | <input type="checkbox"/> | TITLE XVIII-PT A | <input type="checkbox"/> | IPF | <input type="checkbox"/> | SNF | <input type="checkbox"/> | | <input type="checkbox"/> | TEFRA |
| BOXES | <input checked="" type="checkbox"/> | TITLE XIX | <input type="checkbox"/> | IRF | <input type="checkbox"/> | NF | <input type="checkbox"/> | | <input checked="" type="checkbox"/> | OTHER |

| COST CENTER DESCRIPTION | NON | NURSING | ALLIED | ALL OTHER | TOTAL | TOTAL O/P |
|-------------------------------------|---------------------------------------|---------|--------|-----------|-------|-----------|
| | PHYSICIAN ANESTHETIST COST 1 | | | | | |
| ANCILLARY SERVICE COST CENTERS | | | | | | |
| 54 RADIOLOGY-DIAGNOSTIC | | | | | | 54 |
| 60 LABORATORY | | | | | | 60 |
| 62.30 BLOOD CLOTTING FOR HEMOPHILIA | | | | | | 62.30 |
| 66 PHYSICAL THERAPY | | | | | | 66 |
| 73 DRUGS CHARGED TO PATIENTS | | | | | | 73 |
| 76 ELECTROSHOCK THERAPY | | | | | | 76 |
| 76.97 CARDIAC REHABILITATION | | | | | | 76.97 |
| 76.98 HYPERBARIC OXYGEN THERAPY | | | | | | 76.98 |
| 76.99 LITHOTRIPSY | | | | | | 76.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 92 OBSERVATION BEDS | | | | | | 92 |
| 93 PARTIAL HOSPITALIZATION | | | | | | 93 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 200 TOTAL (SUM OF LINES 50-199) | | | | | | 200 |

PROVIDER CCN: 14-4031 ALEXIAN BROTHERS BEHAVIORAL HE
 PERIOD FROM 01/01/2011 TO 12/31/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

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

| COST CENTER DESCRIPTION | TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) | RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) | O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) | INPAT PGM CHARGES 10 | INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) | O/P PGM CHARGES 12 | O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) |
|------------------------------------|--|--|--|----------------------|--|--------------------|--|
| ANCILLARY SERVICE COST CENTERS | | | | | | | |
| 54 RADIOLOGY-DIAGNOSTIC | 49,027 | | | | | | 54 |
| 60 LABORATORY | 4,111,737 | | | | | | 60 |
| 62.30 BLOOD CLOTTING FOR HEMOPHILI | | | | | | | 62.30 |
| 66 PHYSICAL THERAPY | 491,430 | | | | | | 66 |
| 73 DRUGS CHARGED TO PATIENTS | 7,617,332 | | | | | | 73 |
| 76 ELECTROSHOCK THERAPY | 2,730,225 | | | | | | 76 |
| 76.97 CARDIAC REHABILITATION | | | | | | | 76.97 |
| 76.98 HYPERBARIC OXYGEN THERAPY | | | | | | | 76.98 |
| 76.99 LITHOTRIPSY | | | | | | | 76.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | |
| 92 OBSERVATION BEDS | | | | | | | 92 |
| 93 PARTIAL HOSPITALIZATION | 36,560,810 | | | | | | 93 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | |
| 200 TOTAL (SUM OF LINES 50-199) | 51,560,561 | | | | | | 200 |

COMPUTATION OF INPATIENT OPERATING COST

| | | | | | | | | | | |
|------------|-------------------------------------|------------------|-------------------------------------|--------------------|--------------------------|-------------|--------------------------|--------|-------------------------------------|-------|
| CHECK | <input type="checkbox"/> | TITLE V-INPT | <input checked="" type="checkbox"/> | HOSPITAL (14-4031) | <input type="checkbox"/> | SUB (OTHER) | <input type="checkbox"/> | ICF/MR | <input checked="" type="checkbox"/> | PPS |
| APPLICABLE | <input checked="" type="checkbox"/> | TITLE XVIII-PT A | <input type="checkbox"/> | IPF | <input type="checkbox"/> | SNF | | | <input type="checkbox"/> | TEFRA |
| BOXES | <input type="checkbox"/> | TITLE XIX-INPT | <input type="checkbox"/> | IRF | <input type="checkbox"/> | NF | | | <input type="checkbox"/> | OTHER |

PART I - ALL PROVIDER COMPONENTS

| | | | |
|--------------------------------------|---|------------|----|
| INPATIENT DAYS | | | |
| 1 | INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN) | 46,996 | 1 |
| 2 | INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS) | 46,996 | 2 |
| 3 | PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) | | 3 |
| 4 | SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) | 46,996 | 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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | | 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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | | 8 |
| 9 | INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS) | 17,837 | 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 (SEE INSTRUCTIONS) | | 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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | | 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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | | 13 |
| 14 | MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS) | | 14 |
| 15 | TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY) | | 15 |
| 16 | TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY) | | 16 |
| SWING-BED ADJUSTMENT | | | |
| 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 (SEE INSTRUCTIONS) | 34,371,405 | 21 |
| 22 | SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17) | | 22 |
| 23 | SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18) | | 23 |
| 24 | SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19) | | 24 |
| 25 | SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20) | | 25 |
| 26 | TOTAL SWING-BED COST (SEE INSTRUCTIONS) | | 26 |
| 27 | GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST | 34,371,405 | 27 |
| PRIVATE ROOM DIFFERENTIAL ADJUSTMENT | | | |
| 28 | GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES) | 66,204,950 | 28 |
| 29 | PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) | | 29 |
| 30 | SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) | 66,204,950 | 30 |
| 31 | GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28) | 0.519167 | 31 |
| 32 | AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3) | | 32 |
| 33 | AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4) | 1,408.74 | 33 |
| 34 | AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS) | | 34 |
| 35 | AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31) | | 35 |
| 36 | PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35) | | 36 |
| 37 | GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36) | 34,371,405 | 37 |

WORKSHEET D-1
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-4031) [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [] TITLE XIX-INPT [] IRF [] OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS
 38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) 731.37 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 13,045,447 39
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35) 40
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40) 13,045,447 41

| | TOTAL INPATIENT COST 1 | TOTAL INPATIENT DAYS 2 | AVERAGE PER DIEM (COL. 1 ÷ COL. 2) 3 | PROGRAM DAYS 4 | PROGRAM COST (COL. 3 x COL. 4) 5 | |
|---|---------------------------------|---------------------------------|--|----------------------|--|----|
| 42 NURSERY (TITLES V AND XIX ONLY) | | | | | | 42 |
| INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS | | | | | | |
| 43 INTENSIVE CARE UNIT | | | | | | 43 |
| 44 CORONARY CARE UNIT | | | | | | 44 |
| 45 BURN INTENSIVE CARE UNIT | | | | | | 45 |
| 46 SURGICAL INTENSIVE CARE UNIT | | | | | | 46 |
| 47 OTHER SPECIAL CARE (SPECIFY) | | | | | | 47 |
| 48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200) | | | | | 2,063,733 | 48 |
| 49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS) | | | | | 15,109,180 | 49 |
| PASS-THROUGH COST ADJUSTMENTS | | | | | | |
| 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) | | | | | 531,007 | 50 |
| 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) | | | | | 28,309 | 51 |
| 52 TOTAL PROGRAM EXCLUDABLE COST | | | | | 559,316 | 52 |
| 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) | | | | | 14,549,864 | 53 |

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES 54

55 TARGET AMOUNT PER DISCHARGE 55

56 TARGET AMOUNT (LINE 54 x LINE 55) 56

57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT 57

58 BONUS PAYMENT (SEE INSTRUCTIONS) 58

59 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY BASKET 59

60 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET 60

61 IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH O COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE E 61

62 RELIEF PAYMENT (SEE INSTRUCTIONS) 62

63 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS) 63

PROGRAM INPATIENT ROUTINE SWING BED COST

64 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY) 64

65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUC (TITLE XVIII ONLY) 65

66 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS) 66

67 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19) 67

68 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20) 68

69 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68) 69

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

87 TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) 87

88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 731.37 88

89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 89

| | COST 1 | ROUTINE COST (FROM LINE 27) 2 | COL. 1 ÷ COL. 2 3 | TOTAL OBS. BED COST (FROM LINE 89) 4 | OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.) 5 | |
|--|-----------|---|-------------------------|---|--|----|
| COMPUTATION OF OBSERVATION BED PASS-THROUGH COST | | | | | | |
| 90 CAPITAL-RELATED COST | | | | | | 90 |
| 91 NURSING SCHOOL COST | | | | | | 91 |
| 92 ALLIED HEALTH COST | | | | | | 92 |
| 93 ALL OTHER MEDICAL EDUCATION | | | | | | 93 |

COMPUTATION OF INPATIENT OPERATING COST

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-4031) [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [XX] TITLE XIX-INPT [] IRF [] NF [XX] OTHER

PART I - ALL PROVIDER COMPONENTS

| | | | |
|--------------------------------------|---|------------|----|
| INPATIENT DAYS | | | |
| 1 | INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN) | 46,996 | 1 |
| 2 | INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS) | 46,996 | 2 |
| 3 | PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) | | 3 |
| 4 | SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) | 46,996 | 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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | | 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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | | 8 |
| 9 | INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS) | 3,305 | 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 (SEE INSTRUCTIONS) | | 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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | | 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 (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | | 13 |
| 14 | MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS) | | 14 |
| 15 | TOTAL NURSERY DAYS (TITLE V OR TITLE XIX ONLY) | | 15 |
| 16 | TITLE V OR XIX NURSERY DAYS (TITLE V OR TITLE XIX ONLY) | | 16 |
| SWING-BED ADJUSTMENT | | | |
| 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 (SEE INSTRUCTIONS) | 34,371,405 | 21 |
| 22 | SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 5 x LINE 17) | | 22 |
| 23 | SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 6 x LINE 18) | | 23 |
| 24 | SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 7 x LINE 19) | | 24 |
| 25 | SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 8 x LINE 20) | | 25 |
| 26 | TOTAL SWING-BED COST (SEE INSTRUCTIONS) | | 26 |
| 27 | GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST | 34,371,405 | 27 |
| PRIVATE ROOM DIFFERENTIAL ADJUSTMENT | | | |
| 28 | GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES) | 66,204,950 | 28 |
| 29 | PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) | | 29 |
| 30 | SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) | 66,204,950 | 30 |
| 31 | GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 28) | 0.519167 | 31 |
| 32 | AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 3) | | 32 |
| 33 | AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 4) | 1,408.74 | 33 |
| 34 | AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL (LINE 32 MINUS LINE 33) (SEE INSTRUCTIONS) | | 34 |
| 35 | AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL (LINE 34 x LINE 31) | | 35 |
| 36 | PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT (LINE 3 x LINE 35) | | 36 |
| 37 | GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36) | 34,371,405 | 37 |

COMPUTATION OF INPATIENT OPERATING COST

| | | | | | | | | |
|------------|------|------------------|------|--------------------|-----|-------------|------|-------|
| CHECK | [] | TITLE V-INPT | [XX] | HOSPITAL (14-4031) | [] | SUB (OTHER) | [] | PPS |
| APPLICABLE | [] | TITLE XVIII-PT A | [] | IPF | [] | IRF | [] | TEFRA |
| BOXES | [XX] | TITLE XIX-INPT | [] | IRF | [] | | [XX] | OTHER |

PART II - HOSPITAL AND SUBPROVIDERS ONLY

| | | | | | | | | | |
|----|---|--|--|--|--|--|--|-----------|----|
| 38 | PROGRAM INPATIENT OPERATING COST BEFORE PASS-THROUGH COST ADJUSTMENTS | | | | | | | 731.37 | 38 |
| 39 | ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM (SEE INSTRUCTIONS) | | | | | | | 2,417,178 | 39 |
| 40 | PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) | | | | | | | | 40 |
| 40 | MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM (LINE 14 x LINE 35) | | | | | | | | 40 |
| 41 | TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 39 + LINE 40) | | | | | | | 2,417,178 | 41 |

| | TOTAL INPATIENT COST | TOTAL INPATIENT DAYS | AVERAGE PER DIEM (COL. 1 ÷ COL. 2) | PROGRAM DAYS | PROGRAM COST (COL. 3 x COL. 4) |
|--|----------------------------|----------------------------|---|-----------------|---|
| | 1 | 2 | 3 | 4 | 5 |

| | | | | | | | | | |
|----|---|--|--|--|--|--|--|-----------|----|
| 42 | NURSERY (TITLES V AND XIX ONLY) | | | | | | | | 42 |
| | INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS | | | | | | | | |
| 43 | INTENSIVE CARE UNIT | | | | | | | | 43 |
| 44 | CORONARY CARE UNIT | | | | | | | | 44 |
| 45 | BURN INTENSIVE CARE UNIT | | | | | | | | 45 |
| 46 | SURGICAL INTENSIVE CARE UNIT | | | | | | | | 46 |
| 47 | OTHER SPECIAL CARE (SPECIFY) | | | | | | | | 47 |
| 48 | PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200) | | | | | | | | 48 |
| 49 | TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS) | | | | | | | 2,417,178 | 49 |

| | | | | | | | | | |
|----|--|--|--|--|--|--|--|--------|----|
| | PASS-THROUGH COST ADJUSTMENTS | | | | | | | | |
| 50 | PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) | | | | | | | 98,390 | 50 |
| 51 | PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) | | | | | | | | 51 |
| 52 | TOTAL PROGRAM EXCLUDABLE COST | | | | | | | 98,390 | 52 |
| 53 | TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) | | | | | | | | 53 |

| | | | | | | | | | |
|----|---|--|--|--|--|--|--|--|----|
| | TARGET AMOUNT AND LIMIT COMPUTATION | | | | | | | | |
| 54 | PROGRAM DISCHARGES | | | | | | | | 54 |
| 55 | TARGET AMOUNT PER DISCHARGE | | | | | | | | 55 |
| 56 | TARGET AMOUNT (LINE 54 x LINE 55) | | | | | | | | 56 |
| 57 | DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT | | | | | | | | 57 |
| 58 | BONUS PAYMENT (SEE INSTRUCTIONS) | | | | | | | | 58 |
| 59 | LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY BASKET | | | | | | | | 59 |
| 60 | LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET | | | | | | | | 60 |
| 61 | IF LINE 53/54 IS LESS THAN THE LOWER OF LINES 55, 59 OR 60 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH O COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE E | | | | | | | | 61 |
| 62 | RELIEF PAYMENT (SEE INSTRUCTIONS) | | | | | | | | 62 |
| 63 | ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS) | | | | | | | | 63 |

| | | | | | | | | | |
|----|--|--|--|--|--|--|--|--|----|
| | PROGRAM INPATIENT ROUTINE SWING BED COST | | | | | | | | |
| 64 | MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY) | | | | | | | | 64 |
| 65 | MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRU (TITLE XVIII ONLY) | | | | | | | | 65 |
| 66 | TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS (TITLE XVIII ONLY. FOR CAH, SEE INSTRUCTIONS) | | | | | | | | 66 |
| 67 | TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 12 x LINE 19) | | | | | | | | 67 |
| 68 | TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (LINE 13 x LINE 20) | | | | | | | | 68 |
| 69 | TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS (LINE 67 + LINE 68) | | | | | | | | 69 |

PART IV - COMPUTATION OF OBSERVATION BED PASS-THROUGH COST

| | | | | | | | | | |
|----|---|--|--|--|--|--|--|--|----|
| 87 | TOTAL OBSERVATION BED DAYS (SEE INSTRUCTIONS) | | | | | | | | 87 |
| 88 | ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) | | | | | | | | 88 |
| 89 | OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) | | | | | | | | 89 |

| | COMPUTATION OF OBSERVATION BED PASS-THROUGH COST | COST | ROUTINE COST (FROM (LINE 27) | COL. 1 ÷ COL. 2 | TOTAL OBS. BED COST (FROM (LINE 89) | OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.) |
|--|--|------|------------------------------|-----------------|-------------------------------------|--|
| | | 1 | 2 | 3 | 4 | 5 |

| | | | | | | | | | |
|----|-----------------------------|--|--|--|--|--|--|--|----|
| 90 | CAPITAL-RELATED COST | | | | | | | | 90 |
| 91 | NURSING SCHOOL COST | | | | | | | | 91 |
| 92 | ALLIED HEALTH COST | | | | | | | | 92 |
| 93 | ALL OTHER MEDICAL EDUCATION | | | | | | | | 93 |

PROVIDER CCN: 14-4031 ALEXIAN BROTHERS BEHAVIORAL HE
 PERIOD FROM 01/01/2011 TO 12/31/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
 05/24/2012 17:29

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

| | | | | | | | | | | |
|------------|-------------------------------------|------------------|-------------------------------------|--------------------|--------------------------|-------------|--------------------------|---------|-------------------------------------|-------|
| CHECK | <input type="checkbox"/> | TITLE V | <input checked="" type="checkbox"/> | HOSPITAL (14-4031) | <input type="checkbox"/> | SUB (OTHER) | <input type="checkbox"/> | S/B SNF | <input checked="" type="checkbox"/> | PPS |
| APPLICABLE | <input checked="" type="checkbox"/> | TITLE XVIII-PT A | <input type="checkbox"/> | IPF | <input type="checkbox"/> | SNF | <input type="checkbox"/> | S/B NF | <input type="checkbox"/> | TEFRA |
| BOXES | <input type="checkbox"/> | TITLE XIX | <input type="checkbox"/> | IRF | <input type="checkbox"/> | NF | <input type="checkbox"/> | ICF/MR | <input type="checkbox"/> | OTHER |

| COST CENTER DESCRIPTION | RATIO OF COST | INPATIENT | INPATIENT | |
|---|---------------|-----------------|---------------|-----------------|
| | TO CHARGES | PROGRAM CHARGES | PROGRAM COSTS | (COL.1 x COL.2) |
| | 1 | 2 | 3 | |
| INPATIENT ROUTINE SERVICE COST CENTERS | | | | |
| 30 ADULTS & PEDIATRICS | | 25,465,470 | | 30 |
| ANCILLARY SERVICE COST CENTERS | | | | |
| 54 RADIOLOGY-DIAGNOSTIC | 0.831705 | 39,726 | 33,040 | 54 |
| 60 LABORATORY | 0.258659 | 1,591,218 | 411,583 | 60 |
| 62.30 BLOOD CLOTTING FOR HEMOPHILIACS | | | | 62.30 |
| 66 PHYSICAL THERAPY | 0.355200 | 403,726 | 143,403 | 66 |
| 73 DRUGS CHARGED TO PATIENTS | 0.349976 | 3,678,496 | 1,287,385 | 73 |
| 76 ELECTROSHOCK THERAPY | 0.272503 | 691,084 | 188,322 | 76 |
| 76.97 CARDIAC REHABILITATION | | | | 76.97 |
| 76.98 HYPERBARIC OXYGEN THERAPY | | | | 76.98 |
| 76.99 LITHOTRIPSY | | | | 76.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | |
| 92 OBSERVATION BEDS | | | | 92 |
| 93 PARTIAL HOSPITALIZATION | 0.180828 | | | 93 |
| OTHER REIMBURSABLE COST CENTERS | | | | |
| 200 TOTAL (SUM OF LINES 50-94 AND 96-98) | | 6,404,250 | 2,063,733 | 200 |
| 201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES | | | | 201 |
| 202 NET CHARGES (LINE 200 MINUS LINE 201) | | 6,404,250 | | 202 |

PROVIDER CCN: 14-4031 ALEXIAN BROTHERS BEHAVIORAL HE
 PERIOD FROM 01/01/2011 TO 12/31/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
 05/24/2012 17:29

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK TITLE V HOSPITAL (14-4031) SUB (OTHER) S/B SNF PPS
 APPLICABLE TITLE XVIII-PT A IPF SNF S/B NF TEFRA
 BOXES TITLE XIX IRF NF ICF/MR OTHER

| COST CENTER DESCRIPTION | RATIO OF COST TO CHARGES 1 | INPATIENT PROGRAM CHARGES 2 | INPATIENT PROGRAM COSTS (COL.1 x COL.2) | |
|---|----------------------------------|-----------------------------------|---|-------|
| | | | 3 | |
| 30 INPATIENT ROUTINE SERVICE COST CENTERS | | | | 30 |
| ADULTS & PEDIATRICS | | | | |
| ANCILLARY SERVICE COST CENTERS | | | | |
| 54 RADIOLOGY-DIAGNOSTIC | 0.831705 | | | 54 |
| 60 LABORATORY | 0.258659 | | | 60 |
| 62.30 BLOOD CLOTTING FOR HEMOPHILIACS | | | | 62.30 |
| 66 PHYSICAL THERAPY | 0.355200 | | | 66 |
| 73 DRUGS CHARGED TO PATIENTS | 0.349976 | | | 73 |
| 76 ELECTROSHOCK THERAPY | 0.272503 | | | 76 |
| 76.97 CARDIAC REHABILITATION | | | | 76.97 |
| 76.98 HYPERBARIC OXYGEN THERAPY | | | | 76.98 |
| 76.99 LITHOTRIPSY | | | | 76.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | |
| 92 OBSERVATION BEDS | | | | 92 |
| 93 PARTIAL HOSPITALIZATION | 0.180828 | | | 93 |
| OTHER REIMBURSABLE COST CENTERS | | | | |
| 200 TOTAL (SUM OF LINES 50-94 AND 96-98) | | | | 200 |
| 201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES | | | | 201 |
| 202 NET CHARGES (LINE 200 MINUS LINE 201) | | | | 202 |

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

CHECK [XX] HOSPITAL (14-4031) [] SUB (OTHER)
 APPLICABLE [] IPF [] SNF
 BOX: [] IRF [] SWING BED SNF

| DESCRIPTION | INPATIENT PART A | | PART B | |
|---|------------------|--------------------|-----------------|-------------|
| | MM/DD/YYYY 1 | AMOUNT 2 | MM/DD/YYYY 3 | AMOUNT 4 |
| 1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER | | 13,731,778 | | 642,235 |
| 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. | | 255,450 | | 37,000 |
| 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. | | | | |
| | | NONE | NONE | 3.01 |
| | | | | 3.02 |
| | | | | 3.03 |
| | | | | 3.04 |
| | | | | 3.05 |
| | | | | 3.06 |
| | | | | 3.07 |
| | | | | 3.08 |
| | | | | 3.09 |
| | | | | 3.50 |
| | | NONE | NONE | 3.51 |
| | | | | 3.52 |
| | | | | 3.53 |
| | | | | 3.54 |
| | | | | 3.55 |
| | | | | 3.56 |
| | | | | 3.57 |
| | | | | 3.58 |
| | | | | 3.59 |
| | | | | 3.99 |
| SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98) | | | | |
| 4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE) | | 13,987,228 | | 679,235 |
| TO BE COMPLETED BY CONTRACTOR | | | | |
| 5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. | | | | |
| | | NONE | NONE | 5.01 |
| | | | | 5.02 |
| | | | | 5.03 |
| | | | | 5.04 |
| | | | | 5.05 |
| | | | | 5.06 |
| | | | | 5.07 |
| | | | | 5.08 |
| | | | | 5.09 |
| | | | | 5.50 |
| | | NONE | NONE | 5.51 |
| | | | | 5.52 |
| | | | | 5.53 |
| | | | | 5.54 |
| | | | | 5.55 |
| | | | | 5.56 |
| | | | | 5.57 |
| | | | | 5.58 |
| | | | | 5.59 |
| | | | | 5.99 |
| SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98) | | | | |
| 6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT | | | | |
| | | | | 6.01 |
| | | | | |
| | | -12,509 | -8,607 | 6.02 |
| 7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.) | | 13,974,719 | 670,628 | 7 |
| 8 NAME OF CONTRACTOR: | | CONTRACTOR NUMBER: | DATE: | |

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART II

CHECK [XX] HOSPITAL (14-4031)
APPLICABLE BOX: [] IPF

PART II - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER IPF PPS

| | | | |
|-------------------------------|--|------------|----|
| 1 | NET FEDERAL IPF PPS PAYMENT (EXCLUDING OUTLIER, ECT, AND MEDICAL EDUCATION PAYMENTS) | 14,607,180 | 1 |
| 2 | NET IPF PPS OUTLIER PAYMENT | 48,012 | 2 |
| 3 | NET IPF PPS ECT PAYMENT | 242,943 | 3 |
| 4 | UNWEIGHTED INTERN AND RESIDENT FTE COUNT IN THE MOST RECENT COST REPORT FILED ON OR BEFORE NOVEMBER 15, 2004 (SEE INSTRUCTIONS) | | 4 |
| 5 | NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTRUCTIONS) | | 5 |
| 6 | CURRENT YEAR UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS) | | 6 |
| 7 | CURRENT YEAR UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM' (SEE INSTRUCTIONS) | | 7 |
| 8 | INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS) | | 8 |
| 9 | AVERAGE DAILY CENSUS (SEE INSTRUCTIONS) | 128.756164 | 9 |
| 10 | MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (\text{LINE 8}/\text{LINE 9})) \text{ RAISED TO THE POWER OF } .5150 - 1\}$ | | 10 |
| 11 | MEDICAL EDUCATION ADJUSTMENT (LINE 1 MULTIPLIED BY LINE 10) | | 11 |
| 12 | ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1, 2, 3 AND 11) | 14,898,135 | 12 |
| 13 | NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS) | | 13 |
| 14 | ORGAN ACQUISITION | | 14 |
| 15 | COST OF TEACHING PHYSICIANS (FROM WKST D-5, PART II, COL. 3, LINE 20) (SEE INSTRUCTIONS) | | 15 |
| 16 | SUBTOTAL (SEE INSTRUCTIONS) | 14,898,135 | 16 |
| 17 | PRIMARY PAYER PAYMENTS | 22,192 | 17 |
| 18 | SUBTOTAL (LINE 16 LESS LINE 17) | 14,875,943 | 18 |
| 19 | DEDUCTIBLES | 790,500 | 19 |
| 20 | SUBTOTAL (LINE 18 MINUS LINE 19) | 14,085,443 | 20 |
| 21 | COINSURANCE | 353,665 | 21 |
| 22 | SUBTOTAL (LINE 20 MINUS LINE 21) | 13,731,778 | 22 |
| 23 | ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS) | 347,059 | 23 |
| 24 | ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) | 242,941 | 24 |
| 25 | ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS) | 258,335 | 25 |
| 26 | SUBTOTAL (SUM OF LINES 22 AND 24) | 13,974,719 | 26 |
| 27 | DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49) | | 27 |
| 28 | OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS) | | 28 |
| 29 | OUTLIER PAYMENTS RECONCILIATION | | 29 |
| 30 | OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS) | | 30 |
| 31 | TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS) | 13,974,719 | 31 |
| 32 | INTERIM PAYMENTS | 13,987,228 | 32 |
| 33 | TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY) | | 33 |
| 34 | BALANCE DUE PROVIDER/PROGRAM (LINE 31 MINUS THE SUM OF LINES 32 AND 33) | -12,509 | 34 |
| 35 | PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2 | | 35 |
| TO BE COMPLETED BY CONTRACTOR | | | |
| 50 | ORIGINAL OUTLIER AMOUNT FROM WORKSHEET E-3, PART II, LINE 2 (SEE INSTRUCTIONS) | | 50 |
| 51 | OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS) | | 51 |
| 52 | THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS) | | 52 |
| 53 | TIME VALUE OF MONEY (SEE INSTRUCTIONS) | | 53 |

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART VII

CHECK TITLE V HOSPITAL (14-4031) SNF PPS
 APPLICABLE TITLE XIX IPF NF TEFRA
 BOXES: IRF ICF/MR OTHER
 SUB (OTHER)

PART VII - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR TITLE XIX SERVICES

| | | | |
|---|--|-----------|----|
| COMPUTATION OF NET COST OF COVERED SERVICES | | | |
| 1 | INPATIENT HOSPITAL SNF/NF SERVICES | 2,417,178 | 1 |
| 2 | MEDICAL AND OTHER SERVICES | | 2 |
| 3 | ORGAN ACQUISITION (CERTIFIED TRANSPLANT CENTERS ONLY) | | 3 |
| 4 | SUBTOTAL (SUM OF LINES 1, 2 AND 3) | 2,417,178 | 4 |
| 5 | INPATIENT PRIMARY PAYER PAYMENTS | | 5 |
| 6 | OUTPATIENT PRIMARY PAYER PAYMENTS | | 6 |
| 7 | SUBTOTAL (LINE 4 LESS SUM OF LINES 5 AND 6) | 2,417,178 | 7 |
| COMPUTATION OF LESSER OF COST OR CHARGES | | | |
| REASONABLE CHARGES | | | |
| 8 | ROUTINE SERVICE CHARGES | | 8 |
| 9 | ANCILLARY SERVICE CHARGES | | 9 |
| 10 | ORGAN ACQUISITION CHARGES, NET OF REVENUE | | 10 |
| 11 | INCENTIVE FROM TARGET AMOUNT COMPUTATION | | 11 |
| 12 | TOTAL REASONABLE CHARGES (SUM OF LINES 8-11) | | 12 |
| CUSTOMARY CHARGES | | | |
| 13 | AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS | | 13 |
| 14 | 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) | | 14 |
| 15 | RATIO OF LINE 13 TO LINE 14 (NOT TO EXCEED 1.000000) | 1.000000 | 15 |
| 16 | TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS) | | 16 |
| 17 | EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 16 EXCEEDS LINE 4 (SEE INSTRUCTIONS)) | | 17 |
| 18 | EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 4 EXCEEDS LINE 16 (SEE INSTRUCTIONS)) | 2,417,178 | 18 |
| 19 | INTERNS AND RESIDENTS (SEE INSTRUCTIONS) | | 19 |
| 20 | COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS) | | 20 |
| 21 | COST OF COVERED SERVICES (LESSER OF LINE 4 OR LINE 16) (FOR CAH, SEE INSTRUCTIONS) | | 21 |
| PROSPECTIVE PAYMENT AMOUNT | | | |
| 22 | OTHER THAN OUTLIER PAYMENTS | | 22 |
| 23 | OUTLIER PAYMENTS | | 23 |
| 24 | PROGRAM CAPITAL PAYMENTS | | 24 |
| 25 | CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS) | | 25 |
| 26 | ROUTINE AND ANCILLARY SERVICE OTHER PASS THROUGH COSTS | | 26 |
| 27 | SUBTOTAL (SUM OF LINES 22 THROUGH 26) | | 27 |
| 28 | CUSTOMARY CHARGES (TITLES V OR XIX PPS COVERED SERVICES ONLY) | | 28 |
| 29 | SUM OF LINES 27 AND 21 | | 29 |
| COMPUTATION OF REIMBURSEMENT SETTLEMENT | | | |
| 30 | EXCESS OF REASONABLE COST (FROM LINE 18) | | 30 |
| 31 | SUBTOTAL (SUM OF LINES 19 AND 20 PLUS 29 MINUS LINES 5 AND 6) | | 31 |
| 32 | DEDUCTIBLES | | 32 |
| 33 | COINSURANCE | | 33 |
| 34 | ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS) | | 34 |
| 35 | UTILIZATION REVIEW | | 35 |
| 36 | SUBTOTAL (SUM OF LINES 31, 34 AND 35 MINUS THE SUM OF LINES 32 AND 33) | | 36 |
| 37 | OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS) | | 37 |
| 38 | SUBTOTAL (LINE 36 ± LINE 37) | | 38 |
| 39 | DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4) | | 39 |
| 40 | TOTAL AMOUNT PAYABLE TO THE PROVIDER (SUM OF LINES 38 AND 39) | | 40 |
| 41 | INTERIM PAYMENTS | | 41 |
| 42 | BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS 41) | | 42 |
| 43 | PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2 | | 43 |

BALANCE SHEET

| ASSETS | | GENERAL FUND | SPECIFIC PURPOSE FUND | ENDOWMENT FUND | PLANT FUND |
|-------------------------------|--|-----------------|-----------------------------|-------------------|---------------|
| | | 1 | 2 | 3 | 4 |
| CURRENT ASSETS | | | | | |
| 1 | CASH ON HAND AND IN BANKS | 5,456,000 | | | 1 |
| 2 | TEMPORARY INVESTMENTS | | | | 2 |
| 3 | NOTES RECEIVABLE | | | | 3 |
| 4 | ACCOUNTS RECEIVABLE | 6,869,000 | | | 4 |
| 5 | OTHER RECEIVABLES | 219,000 | | | 5 |
| 6 | ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE | | | | 6 |
| 7 | INVENTORY | 115,000 | | | 7 |
| 8 | PREPAID EXPENSES | 89,000 | | | 8 |
| 9 | OTHER CURRENT ASSETS | | | | 9 |
| 10 | DUE FROM OTHER FUNDS | | | | 10 |
| 11 | TOTAL CURRENT ASSETS (SUM OF LINES 1-10) | 12,748,000 | | | 11 |
| FIXED ASSETS | | | | | |
| 12 | LAND | 1,400,000 | | | 12 |
| 13 | LAND IMPROVEMENTS | 818,393 | | | 13 |
| 14 | ACCUMULATED DEPRECIATION | -430,528 | | | 14 |
| 15 | BUILDINGS | 26,734,898 | | | 15 |
| 16 | ACCUMULATED DEPRECIATION | -6,144,508 | | | 16 |
| 17 | LEASEHOLD IMPROVEMENTS | | | | 17 |
| 18 | ACCUMULATED AMORTIZATION | | | | 18 |
| 19 | FIXED EQUIPMENT | 1,329,449 | | | 19 |
| 20 | ACCUMULATED DEPRECIATION | -684,392 | | | 20 |
| 21 | AUTOMOBILES AND TRUCKS | -4,083,730 | | | 21 |
| 22 | ACCUMULATED DEPRECIATION | | | | 22 |
| 23 | MAJOR MOVABLE EQUIPMENT | 5,692,184 | | | 23 |
| 24 | ACCUMULATED DEPRECIATION | | | | 24 |
| 25 | MINOR EQUIPMENT DEPRECIABLE | | | | 25 |
| 26 | ACCUMULATED DEPRECIATION | | | | 26 |
| 27 | HIT DESIGNATED ASSETS | | | | 27 |
| 28 | ACCUMULATED DEPRECIATION | | | | 28 |
| 29 | MINOR EQUIPMENT-NONDEPRECIABLE | | | | 29 |
| 30 | TOTAL FIXED ASSETS (SUM OF LINES 12-29) | 24,631,766 | | | 30 |
| OTHER ASSETS | | | | | |
| 31 | INVESTMENTS | 5,000,000 | | | 31 |
| 32 | DEPOSITS ON LEASES | | | | 32 |
| 33 | DUE FROM OWNERS/OFFICERS | | | | 33 |
| 34 | OTHER ASSETS | 77,000 | | | 34 |
| 35 | TOTAL OTHER ASSETS (SUM OF LINES 31-34) | 5,077,000 | | | 35 |
| 36 | TOTAL ASSETS (SUM OF LINES 11, 30 AND 35) | 42,456,766 | | | 36 |
| LIABILITIES AND FUND BALANCES | | | | | |
| | | GENERAL FUND | SPECIFIC PURPOSE FUND | ENDOWMENT FUND | PLANT FUND |
| | | 1 | 2 | 3 | 4 |
| CURRENT LIABILITIES | | | | | |
| 37 | ACCOUNTS PAYABLE | 29,000 | | | 37 |
| 38 | SALARIES, WAGES & FEES PAYABLE | 4,421,000 | | | 38 |
| 39 | PAYROLL TAXES PAYABLE | | | | 39 |
| 40 | NOTES & LOANS PAYABLE (SHORT TERM) | | | | 40 |
| 41 | DEFERRED INCOME | | | | 41 |
| 42 | ACCELERATED PAYMENTS | | | | 42 |
| 43 | DUE TO OTHER FUNDS | | | | 43 |
| 44 | OTHER CURRENT LIABILITIES | 3,370,000 | | | 44 |
| 45 | TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44) | 7,820,000 | | | 45 |
| LONG-TERM LIABILITIES | | | | | |
| 46 | MORTGAGE PAYABLE | | | | 46 |
| 47 | NOTES PAYABLE | | | | 47 |
| 48 | UNSECURED LOANS | | | | 48 |
| 49 | OTHER LONG TERM LIABILITIES | 7,803,766 | | | 49 |
| 50 | TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49) | 7,803,766 | | | 50 |
| 51 | TOTAL LIABILITIES (SUM OF LINES 45 AND 50) | 15,623,766 | | | 51 |
| CAPITAL ACCOUNTS | | | | | |
| 52 | GENERAL FUND BALANCE | 26,833,000 | | | 52 |
| 53 | SPECIFIC PURPOSE FUND BALANCE | | | | 53 |
| 54 | DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED | | | | 54 |
| 55 | DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED | | | | 55 |
| 56 | GOVERNING BODY CREATED - ENDOWMENT FUND BAL | | | | 56 |
| 57 | PLANT FUND BALANCE - INVESTED IN PLANT | | | | 57 |
| 58 | PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION | | | | 58 |
| 59 | TOTAL FUND BALANCES (SUM OF LINES 52-58) | 26,833,000 | | | 59 |
| 60 | TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59) | 42,456,766 | | | 60 |

PROVIDER CCN: 14-4031 ALEXIAN BROTHERS BEHAVIORAL HE
 PERIOD FROM 01/01/2011 TO 12/31/2011

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2011.10
 05/24/2012 17:29

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

| | GENERAL FUND 1 2 | SPECIFIC PURPOSE FUND 3 4 | ENDOWMENT FUND 5 6 | PLANT FUND 7 8 | |
|--|---------------------|------------------------------|-----------------------|-------------------|----|
| 1 FUND BALANCES AT BEGINNING OF PERIOD | 25,899,000 | | | | 1 |
| 2 NET INCOME (LOSS) (FROM WKST G-3, G-3, LINE 29) | 1,142,000 | | | | 2 |
| 3 TOTAL (SUM OF LINE 1 AND LINE 2) | 27,041,000 | | | | 3 |
| 4 ADDITIONS (CREDIT ADJUSTMENTS) | | 77,000 | | | 4 |
| 5 | | | | | 5 |
| 6 | | | | | 6 |
| 7 | | | | | 7 |
| 8 | | | | | 8 |
| 9 | | | | | 9 |
| 10 TOTAL ADDITIONS (SUM OF LINES 4-9) | | | 77,000 | | 10 |
| 11 SUBTOTAL (LINE 3 PLUS LINE 10) | 27,041,000 | | 77,000 | | 11 |
| 12 DEDUCTIONS (DEBIT ADJUSTMENTS) | | | | | 12 |
| 13 TRANSFERS TO AFFILIATES | 285,000 | | | | 13 |
| 14 | | | | | 14 |
| 15 | | | | | 15 |
| 16 | | | | | 16 |
| 17 | | | | | 17 |
| 18 TOTAL DEDUCTIONS (SUM OF LINES 12-17) | 285,000 | | | | 18 |
| 19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18) | 26,756,000 | | 77,000 | | 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 | 66,204,950 | | 66,204,950 | 2 |
| 3 SUBPROVIDER IPF | | | | 3 |
| 5 SUBPROVIDER IRF | | | | 5 |
| 6 SWING BED - SNF | | | | 6 |
| 7 SWING BED - NF | | | | 7 |
| 8 SKILLED NURSING FACILITY | | | | 8 |
| 9 NURSING FACILITY | | | | 9 |
| 10 OTHER LONG TERM CARE | | | | 10 |
| 10 TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9) | 66,204,950 | | 66,204,950 | 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 |
| 16 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15) | | | | 16 |
| 17 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16) | 66,204,950 | | 66,204,950 | 17 |
| 18 ANCILLARY SERVICES | 12,578,684 | | 12,578,684 | 18 |
| 19 OUTPATIENT SERVICES | | 38,981,876 | 38,981,876 | 19 |
| 20 RHC | | | | 20 |
| 21 FQHC | | | | 21 |
| 22 HOME HEALTH AGENCY | | | | 22 |
| 23 AMBULANCE | | | | 23 |
| 25 ASC | | | | 25 |
| 26 HOSPICE | | | | 26 |
| 27 RESEARCH | 1,026,580 | | 1,026,580 | 27 |
| 27.01 PHYSICIAN PRIVATE OFFICE | | 12,343,177 | 12,343,177 | 27.01 |
| 27.02 OTHER NRCC | | 57,492 | 57,492 | 27.02 |
| 28 TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1) | 79,810,214 | 51,382,545 | 131,192,759 | 28 |

PART II - OPERATING EXPENSES

| | 1 | 2 | |
|---|-----------|------------|----|
| 29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200) | | 66,430,653 | 29 |
| 30 INTEREST EXPENSE | 1,197,000 | | 30 |
| 31 | | | 31 |
| 32 | | | 32 |
| 33 | | | 33 |
| 34 | | | 34 |
| 35 | | | 35 |
| 36 TOTAL ADDITIONS (SUM OF LINES 30-35) | | 1,197,000 | 36 |
| 37 DEDUCT (SPECIFY) | | | 37 |
| 38 | | | 38 |
| 39 | | | 39 |
| 40 | | | 40 |
| 41 | | | 41 |
| 42 TOTAL DEDUCTIONS (SUM OF LINES 37-41) | | | 42 |
| 43 TOTAL OPERATING EXPENSES (SUM OF LINES 29 AND 36 MINUS LINE 42) (TRANSFER TO WKST G-3, LINE 4) | | 67,627,653 | 43 |

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

| DESCRIPTION | | | |
|--------------|---|-------------|-------|
| 1 | TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28) | 131,192,759 | 1 |
| 2 | LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS | 66,865,759 | 2 |
| 3 | NET PATIENT REVENUES (LINE 1 MINUS LINE 2) | 64,327,000 | 3 |
| 4 | LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43) | 67,627,653 | 4 |
| 5 | NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4) | -3,300,653 | 5 |
| OTHER INCOME | | | |
| 6 | CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC. | 1,930 | 6 |
| 7 | INCOME FROM INVESTMENTS | | 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 | 149,366 | 14 |
| 15 | REVENUE FROM RENTAL OF LIVING QUARTERS | | 15 |
| 16 | REVENUE 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 | 6,238 | 21 |
| 22 | RENTAL OF HOSPITAL SPACE | | 22 |
| 23 | GOVERNMENTAL APPROPRIATIONS | | 23 |
| 24 | OTHER (CAPITATION REVENUE) | 749,977 | 24 |
| 24.01 | OTHER (SCHOOL EDUCATION REIMBURSEMENT) | 598,576 | 24.01 |
| 24.02 | OTHER (BUSINESS DEVELOPMENT) | 32,504 | 24.02 |
| 24.03 | OTHER (RESTRICTED FUNDS) | 131,904 | 24.03 |
| 24.04 | OTHER (CLINICAL RESEARCH) | 1,858,872 | 24.04 |
| 24.05 | OTHER (INTERCOMPANY REVENUE) | 386,262 | 24.05 |
| 24.06 | OTHER (IPPS REVENUE) | 320,157 | 24.06 |
| 24.07 | OTHER (OTHER MISC REVENUE) | 208,272 | 24.07 |
| 25 | TOTAL OTHER INCOME (SUM OF LINES 6-24) | 4,444,058 | 25 |
| 26 | TOTAL (LINE 5 PLUS LINE 25) | 1,143,405 | 26 |
| 27 | OTHER EXPENSES (RECONCILING AMOUNT) | 1,405 | 27 |
| 28 | TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS) | 1,405 | 28 |
| 29 | NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28) | 1,142,000 | 29 |

***** 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 | | | | | | | |
| 30 ADULTS & PEDIATRICS | 37.95 | | 7.03 | | | | 44.98 30 |
| UTILIZATION PERCENTAGES BASED ON CHARGES | | | | | | | |
| 54 RADIOLOGY-DIAGNOSTIC | 81.03 | | | | | | 81.03 54 |
| 60 LABORATORY | 38.70 | 0.28 | | | | | 38.98 60 |
| 66 PHYSICAL THERAPY | 82.15 | | | | | | 82.15 66 |
| 73 DRUGS CHARGED TO PATIENTS | 48.29 | 4.23 | | | | | 52.52 73 |
| 76 ELECTROSHOCK THERAPY | 25.31 | 26.22 | | | | | 51.53 76 |
| 93 PARTIAL HOSPILIZATION | | 3.97 | | | | | 3.97 93 |
| 200 TOTAL CHARGES | 12.42 | 4.85 | | | | | 17.27 200 |

| COST CENTER | | --- DIRECT COSTS --- | --- | ALLOCATED OVERHEAD -- | --- | TOTAL COSTS --- | --- |
|-------------|-------------------------------------|----------------------|--------|-----------------------|--------|-----------------|--------|
| | | AMOUNT | % | AMOUNT | % | AMOUNT | % |
| 1 | GENERAL SERVICE COST CENTERS | | | | | | |
| 2 | CAP REL COSTS-BLDG & FIXT | 2,078,911 | 3.28 | -2,078,911 | -6.58 | | |
| 3 | CAP REL COSTS-MVBLE EQUIP | | | | | | |
| 4 | OTHER CAPITAL RELATED COSTS | | | | | | |
| 5 | EMPLOYEE BENEFITS | 4,240,065 | 6.69 | -4,240,065 | -13.41 | | |
| 6 | ADMINISTRATIVE & GENERAL | 18,668,936 | 29.48 | -18,668,936 | -59.06 | | |
| 7 | MAINTENANCE & REPAIRS | | | | | | |
| 8 | OPERATION OF PLANT | 2,184,136 | 3.45 | -2,184,136 | -6.91 | | |
| 9 | LAUNDRY & LINEN SERVICE | 196,844 | 0.31 | -196,844 | -0.62 | | |
| 10 | HOUSEKEEPING | 693,610 | 1.10 | -693,610 | -2.19 | | |
| 11 | DIETARY | 1,562,077 | 2.47 | -1,562,077 | -4.94 | | |
| 12 | CAFETERIA | 175,376 | 0.28 | -175,376 | -0.55 | | |
| 13 | MAINTENANCE OF PERSONNEL | | | | | | |
| 14 | NURSING ADMINISTRATION | 1,111,572 | 1.76 | -1,111,572 | -3.52 | | |
| 15 | CENTRAL SERVICES & SUPPLY | | | | | | |
| 16 | PHARMACY | | | | | | |
| 17 | MEDICAL RECORDS & LIBRARY | 699,057 | 1.10 | -699,057 | -2.21 | | |
| 18 | SOCIAL SERVICE | | | | | | |
| 19 | NONPHYSICIAN ANESTHETISTS | | | | | | |
| 20 | NURSING SCHOOL | | | | | | |
| 21 | I&R SRVCES-SALARY & FRINGES APP | | | | | | |
| 22 | I&R SRVCES-OTHER PRGM COSTS APP | | | | | | |
| 23 | PARAMED ED PRGM-(SPECIFY) | | | | | | |
| 30 | INPATIENT ROUTINE SERV COST CENTERS | | | | | | |
| 54 | ADULTS & PEDIATRICS | 15,329,515 | 24.20 | 19,041,890 | 60.24 | 34,371,405 | 54.27 |
| 60 | ANCILLARY SERVICE COST CENTERS | | | | | | |
| 62.30 | RADIOLOGY-DIAGNOSTIC | 27,517 | 0.04 | 13,259 | 0.04 | 40,776 | 0.06 |
| 66 | LABORATORY | 698,316 | 1.10 | 365,222 | 1.16 | 1,063,538 | 1.68 |
| 73 | BLOOD CLOTTING FOR HEMOPHILIACS | | | | | | 62.30 |
| 76 | PHYSICAL THERAPY | 102,794 | 0.16 | 71,762 | 0.23 | 174,556 | 0.28 |
| 76.97 | DRUGS CHARGED TO PATIENTS | 1,746,203 | 2.76 | 919,679 | 2.91 | 2,665,882 | 4.21 |
| 76.98 | ELECTROSHOCK THERAPY | 411,008 | 0.65 | 332,987 | 1.05 | 743,995 | 1.17 |
| 76.99 | CARDIAC REHABILITATION | | | | | | 76.97 |
| 92 | HYPERBARIC OXYGEN THERAPY | | | | | | 76.98 |
| 93 | LITHOTRIPSY | | | | | | 76.99 |
| | OBSERVATION BEDS | | | | | | 92 |
| | PARTIAL HOSPILIZATION | 3,323,399 | 5.25 | 3,287,807 | 10.40 | 6,611,206 | 10.44 |
| | OTHER REIMBURSABLE COST CENTERS | | | | | | 93 |
| | OUTPATIENT SERVICE COST CENTERS | | | | | | |
| | SPECIAL PURPOSE COST CENTERS | | | | | | |
| | NONREIMBURSABLE COST CENTERS | | | | | | |
| 191 | RESEARCH | 2,044,146 | 3.23 | 1,265,387 | 4.00 | 3,309,533 | 5.23 |
| 192 | PHYSICIANS' PRIVATE OFFICES | 7,295,755 | 11.52 | 5,823,477 | 18.42 | 13,119,232 | 20.71 |
| 194 | DUI PROGRAM | 63,035 | 0.10 | 40,996 | 0.13 | 104,031 | 0.16 |
| 194.01 | IPPS | 684,600 | 1.08 | 448,118 | 1.42 | 1,132,718 | 1.79 |
| 200 | CROSS FOOT ADJUSTMENTS | | | | | | 194.01 |
| 201 | NEGATIVE COST CENTER | | | | | | 200 |
| 202 | TOTAL | 63,336,872 | 100.00 | | | 63,336,872 | 100.00 |

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 | | | | | | |
| 54 RADIOLOGY-DIAGNOSTIC | 420 | 49,027 | 0.008567 | 39,726 | 340 | 54 |
| 60 LABORATORY | 11,396 | 4,111,737 | 0.002772 | 1,591,218 | 4,411 | 60 |
| 62.30 BLOOD CLOTTING FOR HEMOPHILIACS | | | | | | 62.30 |
| 66 PHYSICAL THERAPY | 1,974 | 491,430 | 0.004017 | 403,726 | 1,622 | 66 |
| 73 DRUGS CHARGED TO PATIENTS | 35,642 | 7,617,332 | 0.004679 | 3,678,496 | 17,212 | 73 |
| 76 ELECTROSHOCK THERAPY | 18,664 | 2,730,225 | 0.006836 | 691,084 | 4,724 | 76 |
| 76.97 CARDIAC REHABILITATION | | | | | | 76.97 |
| 76.98 HYPERBARIC OXYGEN THERAPY | | | | | | 76.98 |
| 76.99 LITHOTRIPSY | | | | | | 76.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 92 OBSERVATION BEDS | | | | | | 92 |
| 93 PARTIAL HOSPILIZATION | 170,299 | 36,560,810 | 0.004658 | | | 93 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 200 TOTAL | 238,395 | 51,560,561 | | 6,404,250 | 28,309 | 200 |

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

| COST CENTER DESCRIPTION | | CAPITAL RELATED COSTS 1 | SWING-BED ADJUSTMENT AMOUNT 2 | REDUCED CAPITAL RELATED COST 3 | TOTAL PATIENT DAYS 4 | PER DIEM 5 | INPATIENT PROGRAM DAYS 6 | MEDICARE INPATIENT PPS CAPITAL COSTS 7 |
|--|---------------------|----------------------------------|--|--|-------------------------------|------------------|-----------------------------------|--|
| INPATIENT ROUTINE SERVICE COST CENTERS | | | | | | | | |
| 30 | ADULTS & PEDIATRICS | 1,398,958 | | 1,398,958 | 46,996 | 29.77 | 17,837 | 531,007 30 |
| 200 | TOTAL | 1,398,958 | | 1,398,958 | 46,996 | | 17,837 | 531,007 200 |
| MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS | | | | | | | | 531,007 |
| MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS | | | | | | | | 28,309 |
| TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS | | | | | | | | 559,316 |
| MEDICARE DISCHARGES (WKST S-3, PART I, LINE 14, COLUMN 13) | | | | | | | | 1,466 |
| MEDICARE PATIENT DAYS (WKST S-3, PART I, LINE 14, COLUMN 6 - WKST S-3, PART I, LINE 5, COLUMN 6) | | | | | | | | 17,837 |
| PER DISCHARGE CAPITAL COSTS | | | | | | | | 381.53 |
| PER DIEM CAPITAL COSTS | | | | | | | | 31.36 |

I. COST TO CHARGE RATIO FOR FREESTANDING IPF

| | | |
|----|--|------------|
| 1. | TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 9 LINES 30-35 + WKST D PART IV COL 11 LINE 200)) | 15,109,180 |
| 2. | TOTAL MEDICARE CHARGES (WKST D-3 COLUMN 2 LINES 30-35 + LINE 202) | 31,869,720 |
| 3. | RATIO OF COST TO CHARGES (LINE 1 / LINE 2) | 0.474 |

II. COST TO CHARGE RATIO FOR CAPITAL

| | | |
|----|---|---------|
| 1. | TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (WKST D PART I LINES 30-35, COLUMN 7 + WKST D PART II, LINE 200, COLUMN 5) | 559,316 |
| 2. | RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2) | 0.018 |

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

| | | |
|----|---|-----------|
| 1. | TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, COLUMNS 2, 2.01, 2.02 x COLUMN 1 LESS LINES 61, 66-68, 74, 94, 95 & 96) | 569,955 |
| 2. | TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPTS. (WKST D, PART V, LINE 202, COLUMNS 2, 2.01, & 2.02 LESS LINES 61, 66-68, 74, 94, 95 & 96) | 2,491,997 |
| 3. | RATIO OF COST TO CHARGES (LINE 1 / LINE 2) | 0.229 |