

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
  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.
- DATE: 10-31-2012 TIME: 08:10\_\_\_\_\_
- CONTRACTOR USE ONLY
5.  COST REPORT STATUS
  6. DATE RECEIVED: \_\_\_\_\_
  7. CONTRACTOR NO: \_\_\_\_\_
  8.  INITIAL REPORT FOR THIS PROVIDER CCN
  9.  FINAL REPORT FOR THIS PROVIDER CCN
  10. NPR DATE: \_\_\_\_\_
  11. CONTRACTOR'S VENDOR CODE: \_\_\_\_\_
  12.  IF LINE 5, COLUMN 1 IS 4: ENTER NUMBER OF TIMES REOPENED - 0-9.
- 1 - AS SUBMITTED
  - 2 - SETTLED WITHOUT AUDIT
  - 3 - SETTLED WITH AUDIT
  - 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 RML SPECIALTY HOSPITAL (14-2010) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 06/01/2011 AND ENDING 05/31/2012, 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, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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

\_\_\_\_\_  
 TITLE

\_\_\_\_\_  
 DATE

PART III - SETTLEMENT SUMMARY

|                                       | TITLE V<br>1 | TITLE XVIII |             | HIT<br>4 | TITLE XIX<br>5 |
|---------------------------------------|--------------|-------------|-------------|----------|----------------|
|                                       |              | PART A<br>2 | PART B<br>3 |          |                |
| 1 HOSPITAL                            |              | 1,064,403   |             |          | 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                             |              | 1,064,403   |             |          | 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 HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:  
 1 STREET: 5601 SOUTH COUNTY LINE ROAD  
 2 CITY: HINSDALE STATE: IL

P.O.BOX: 1  
 ZIP CODE: 60521 COUNTY: COOK 2

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

| COMPONENT<br>0 | COMPONENT<br>NAME<br>1              | CCN<br>NUMBER<br>2     | CBSA<br>NUMBER<br>3 | PROV<br>TYPE<br>4 | DATE<br>CERTIFIED<br>5 | PAYMENT SYSTEM<br>(P, T, O, OR N) |            |          |   |    |
|----------------|-------------------------------------|------------------------|---------------------|-------------------|------------------------|-----------------------------------|------------|----------|---|----|
|                |                                     |                        |                     |                   |                        | V<br>6                            | XVIII<br>7 | XIX<br>8 |   |    |
| 3              | HOSPITAL                            | RML SPECIALTY HOSPITAL | 14-2010             | 16974             | 2                      | 06/01/1997                        | N          | P        | N | 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: 06/01/2011       |                     |                   | TO: 05/31/2012         |                                   |            |          |   | 20 |
| 21             | TYPE OF CONTROL                     |                        |                     |                   | 5                      |                                   |            |          |   | 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 |
| 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. | 2 | N |

|    |  | IN-STATE MEDICAID |                      | OUT-OF-STATE MEDICAID |                      | MEDICAID HMO DAYS | OTHER MEDICAID DAYS |    |
|----|--|-------------------|----------------------|-----------------------|----------------------|-------------------|---------------------|----|
|    |  | PAID DAYS         | ELIGIBLE UNPAID DAYS | PAID DAYS             | ELIGIBLE UNPAID DAYS |                   |                     |    |
|    |  | 1                 | 2                    | 3                     | 4                    | 5                 | 6                   |    |
| 24 | IF THIS PROVIDER IS AN IPHS HOSPITAL, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 2, OUT-OF-STATE MEDICAID PAID DAYS IN COL. 3, OUT-OF-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 4, MEDICAID HMO PAID AND ELIGIBLE BUT UNPAID DAYS IN COL. 5, AND OTHER MEDICAID DAYS IN COL. 6. |                   |                      |                       |                      |                   |                     | 24 |
| 25 | IF THIS PROVIDER IS AN IRF, ENTER THE IN-STATE MEDICAID PAID DAYS IN COL. 1, IN-STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 2, OUT-OF STATE MEDICAID DAYS IN COL. 3, OUT-OF STATE MEDICAID ELIGIBLE UNPAID DAYS IN COL. 4, MEDICAID HMO PAID AND ELIGIBLE BUT UNPAID 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.  |                   |                      |                       |                      |                   |                     | 26 |
| 27 | ENTER YOUR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE) STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER IN COLUMN 1, '1' FOR URBAN OR '2' FOR RURAL. IF APPLICABLE, ENTER THE EFFECTIVE DATE OF THE GEOGRAPHIC RECLASSIFICATION IN COLUMN 2.  |                   |                      |                       |                      |                   |                     | 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 | XVIII | XIX |    |
|----|---|---|-------|-----|----|
|    |   | 1 | 2     | 3   |    |
| 45 | PROSPECTIVE PAYMENT SYSTEM(PPS)-CAPITAL<br>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 ADDITIONAL PAYMENT EXCEPTION FOR EXTRAORDINARY CIRCUMSTANCES PURSUANT TO 42 CFR §412.348(f)? 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 |

'N' FOR NO.

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

TEACHING HOSPITALS

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

ENTER IN LINES 65-65.49 IN COLUMN 1, IF LINE 63 IS YES, OR YOUR  
 FACILITY TRAINED RESIDENTS IN THE BASE YEAR PERIOD, 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<br>FTEs<br>NONPROVIDER<br>SITE | UNWEIGHTED<br>FTEs<br>IN<br>HOSPITAL | RATIO<br>(COL.1/<br>(COL.3+COL.4)) |
| 1            | 2            | 3   | 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<br>FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS.<br>ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT<br>FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF<br>(COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS) | UNWEIGHTED<br>FTEs<br>NONPROVIDER<br>SITE | UNWEIGHTED<br>FTEs<br>IN<br>HOSPITAL | RATIO<br>(COL.1/<br>(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<br>1                            | PROGRAM CODE<br>2  | UNWEIGHTED<br>FTEs<br>NONPROVIDER<br>SITE<br>3 | UNWEIGHTED<br>FTEs<br>IN<br>HOSPITAL<br>4 | RATIO<br>(COL.1/<br>(COL.3+COL.4))<br>5 |  |     |
|--|--|--|---|---|--|-----|
| <b>INPATIENT PSYCHIATRIC FACILITY PPS</b>    |  |  |   |   |  |     |
| 70   | IS THIS FACILITY AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DOES IT CONTAIN AN IPF SUBPROVIDER?<br>ENTER 'Y' FOR YES OR 'N' FOR NO.   |  |   | N                                       |  | 70  |
| 71   | IF LINE 70 YES:<br>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.<br>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.<br>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.            |  |   |   |  | 71  |
| <b>INPATIENT REHABILITATION FACILITY PPS</b> |  |  |   |   |  |     |
| 75   | IS THIS FACILITY AN INPATIENT REHABILITATION FACILITY (IRF), OR DOES IT CONTAIN AN IRF SUBPROVIDER?<br>ENTER 'Y' FOR YES OR 'N' FOR NO.  |  |   | N                                       |  | 75  |
| 76   | IF LINE 75 YES:<br>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.<br>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.<br>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. |  |   |   |  | 76  |
| <b>LONG TERM CARE HOSPITAL PPS</b>           |  |  |   |   |  |     |
| 80   | IS THIS A LONG TERM CARE HOSPITAL (LTCH)? ENTER 'Y' FOR YES OR 'N' FOR NO.   |  |   | Y                                       |  | 80  |
| <b>TEFRA PROVIDERS</b>                       |  |  |   |   |  |     |
| 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)?<br>ENTER 'Y' FOR YES, OR 'N' FOR NO.   |  |   | N                                       |  | 86  |
| <b>TITLE V AND XIX INPATIENT SERVICES</b>    |  |  |   |   |  |     |
| 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?<br>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  |
| <b>RURAL PROVIDERS</b>                       |  |  |   |   |  |     |
| 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?<br>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.  |  |   | N                                       | PHY- OCCUP-<br>SICAL ATIONAL<br>RESPI-<br>RATORY | 109 |

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2  
 PART I (CONT)

MISCELLANEOUS COST REPORTING INFORMATION

|        |  |   |   |        |
|--------|--|---|---|--------|
| 115    | IS THIS AN ALL-INCLUSIVE RATE PROVIDER? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2. IF COLUMN 2 IS 'E', ENTER IN COLUMN 3 EITHER '93' PERCENT FOR SHORT TERM HOSPITAL OR '98' PERCENT FOR LONG TERM CARE (INCLUDES PSYCHIATRIC, REHABILITATION AND LONG TERM HOSPITALS PROVIDERS) BASED ON THE DEFINITION IN CMS 15-1§ 2208.1.         | N |   | 115    |
| 116    | IS THIS FACILITY CLASSIFIED AS A REFERRAL CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO.   | N |   | 116    |
| 117    | IS THIS FACILITY LEGALLY REQUIRED TO CARRY MALPRACTICE INSURANCE? ENTER 'Y' FOR YES OR 'N' FOR NO.   | Y |   | 117    |
| 118    | IS THE MALPRACTICE INSURANCE A CLAIMS-MADE OR OCCURRENCE POLICY? ENTER 1 IF THE POLICY IS CLAIM-MADE. ENTER 2 IF THE POLICY IS OCCURRENCE.   | 1 |   | 118    |
| 118.01 | LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:<br>PREMIUMS: 593,279 PAID LOSSES: SELF INSURANCE:  |   |   | 118.01 |
| 118.02 | ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN A COST CENTER OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.   | N |   | 118.02 |
| 120    | IS THIS A SCH OR EACH THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 AND APPLICABLE AMENDMENTS? (SEE INSTRUCTIONS). ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THIS A RURAL HOSPITAL WITH < 100 BEDS THAT QUALIFIES FOR THE OUTPATIENT HOLD HARMLESS PROVISION IN ACA §3121 AND APPLICABLE AMENDMENTS? (SEE INSTRUCTIONS). ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. | N | N | 120    |
| 121    | DID THIS FACILITY INCUR AND REPORT COSTS FOR IMPLANTABLE DEVICES CHARGED TO PATIENTS? ENTER 'Y' FOR YES OR 'N' FOR NO.   | N |   | 121    |

TRANSPLANT CENTER INFORMATION

|     |  |   |  |     |
|-----|--|---|--|-----|
| 125 | DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, ENTER CERTIFICATION DATE(S) (MM/DD/YYYY) BELOW.                 | N |  | 125 |
| 126 | IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.     |   |  | 126 |
| 127 | IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.      |   |  | 127 |
| 128 | IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.      |   |  | 128 |
| 129 | IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.       |   |  | 129 |
| 130 | IF THIS IS A MEDICARE CERTIFIED PANCREAS TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.   |   |  | 130 |
| 131 | IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2. |   |  | 131 |
| 132 | IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.      |   |  | 132 |
| 133 | IF THIS IS A MEDICARE CERTIFIED OTHER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.      |   |  | 133 |
| 134 | IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 1 AND TERMINATION DATE, IF APPLICABLE, IN COLUMN 2.                   |   |  | 134 |

ALL PROVIDERS

|     |  |   |   |     |
|-----|--|---|---|-----|
| 140 | ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAPTER 10? ENTER 'Y' FOR YES, OR 'N' FOR NO IN COLUMN 1. IF YES, AND HOME OFFICE COSTS ARE CLAIMED, ENTER IN COLUMN 2 THE HOME OFFICE CHAIN NUMBER. | 1 | 2 | 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 | NAME:   | CONTRACTOR'S NAME: | CONTRACTOR'S NUMBER: | 141 |
| 142 | STREET:   | P.O. BOX:          |                      | 142 |
| 143 | CITY:   | STATE:             | ZIP CODE:            | 143 |
| 144 | ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?   | Y                  |                      | 144 |
| 145 | IF COSTS FOR RENAL SERVICES ARE CLAIMED ON WORKSHEET A, LINE 74 ARE THEY COSTS FOR INPATIENT SERVICES ONLY? ENTER 'Y' FOR YES, OR 'N' FOR NO.   | Y                  |                      | 145 |
| 146 | HAS THE COST ALLOCATION METHODOLOGY CHANGED FROM THE PREVIOUSLY FILED COST REPORT? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. (SEE CMS PUB. 15-2, SECTION 4020). IF YES, ENTER THE APPROVAL DATE (MM/DD/YYYY) IN COLUMN 2. | N                  |                      | 146 |
| 147 | WAS THERE A CHANGE IN THE STATISTICAL BASIS? ENTER 'Y' FOR YES OR 'N' FOR NO.   | N                  |                      | 147 |
| 148 | WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? ENTER 'Y' FOR YES OR 'N' FOR NO.   | N                  |                      | 148 |
| 149 | WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD? ENTER 'Y' FOR YES OR 'N' FOR NO.  | 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) | TITLE XVIII<br>PART A | TITLE XVIII<br>PART B | TITLE XIX<br>V | TITLE XIX<br>XIX |
| 155 HOSPITAL   | 1                     | 2                     | 3              | 4                |
| 156 SUBPROVIDER - IPF  | N                     | N                     |                | 155              |
| 157 SUBPROVIDER - IRF  | N                     | N                     |                | 156              |
| 158 SUBPROVIDER - (OTHER)  | N                     | N                     |                | 157              |
| 159 SNF  | N                     | N                     |                | 158              |
| 160 HHA  | N                     | N                     |                | 159              |
| 161 CMHC   |                       | N                     |                | 160              |
|  |                       |                       |                | 161              |

MULTICAMPUS

|     |  |        |       |          |      |            |
|-----|--|--------|-------|----------|------|------------|
| 165 | IS THIS HOSPITAL PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSAs? ENTER 'Y' FOR YES OR 'N' FOR NO.                                 | N      |       | 165      |      |            |
| 166 | IF LINE 165 IS YES, FOR EACH CAMPUS, ENTER THE NAME IN COLUMN 0, COUNTY IN COLUMN 1, STATE IN COLUMN 2, ZIP IN COLUMN 3, CBSA IN COLUMN 4, FTE/CAMPUS IN COLUMN 5. |        |       |          |      |            |
|     | NAME   | COUNTY | STATE | ZIP CODE | CBSA | FTE/CAMPUS |

0

1

2

3

4

5

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

167 IS THIS PROVIDER A MEANINGFUL USER UNDER §1886(n)? ENTER 'Y' FOR YES OR 'N' FOR NO.

N

167

168 IF THIS PROVIDER IS A CAH (LINE 105 IS 'Y') AND A MEANINGFUL USER (LINE 167 IS 'Y'),  
ENTER THE REASONABLE COST INCURRED FOR THE HIT ASSETS.

168

169 IF THIS PROVIDER IS A MEANINGFUL USER (LINE 167 IS 'Y') AND IS NOT A CAH  
(LINE 105 IS 'N'), ENTER THE TRANSITIONAL FACTOR.

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)   | 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.  | N   | 2    | 2      |
| 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.  | Y   | A    | 3      |
| 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?<br>COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM?  | 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/N 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)                            | Y      | 09/30/2012 | Y      | 09/30/2012 |
| 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)    | N      |            | N      |            |
| 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      |            |
| 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      |            |
| 20               | IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS:  | N      |            | N      |            |
| 21               | WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS.  | N      |            | N      |            |

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 RELIEVED 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. | N   |      | 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 |

COST REPORT PREPARER CONTACT INFORMATION

|    |                                   |                                |                            |    |
|----|-----------------------------------|--------------------------------|----------------------------|----|
| 41 | FIRST NAME: THOMAS                | LAST NAME: STITT               | TITLE: DIRECTOR, FINANCIAL | 41 |
| 42 | EMPLOYER: HEALTH DIMENSIONS GROUP |                                |                            | 42 |
| 43 | PHONE NUMBER: 763-225-8639        | E-MAIL ADDRESS: TOMS@HDGI1.COM |                            | 43 |

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3  
 PART I

| LINE | COMPONENT   | WKST A |          | INPATIENT DAYS / OUTPATIENT VISITS / TRIPS TOTAL |       |        |       |        |    |
|------|---|--------|----------|--|-------|--------|-------|--------|----|
|      |   | NO. OF | BED DAYS | CAH  | TITLE | TITLE  | TITLE | ALL    |    |
|      |   | 1      | 2        | 3  | 4     | 5      | 6     | 7      | 8  |
| 1    | HOSPITAL ADULTS & PEDS. (COLS. 5, 6, 7 AND 8 EXCLUDE SWING BED, OBSERVATION BED AND HOSPICE DAYS) | 30     | 157      | 57,462   |       | 22,693 | 9,239 | 42,115 | 1  |
| 2    | HMO   |        |          |  |       | 304    |       |        | 2  |
| 3    | HMO IPF SUBPROVIDER   |        |          |  |       |        |       |        | 3  |
| 4    | HMO IRF SUBPROVIDER   |        |          |  |       |        |       |        | 4  |
| 5    | HOSPITAL ADULTS & PEDS. SWING BED SNF   |        |          |  |       |        |       |        | 5  |
| 6    | HOSPITAL ADULTS & PEDS. SWING BED NF  |        |          |  |       |        |       |        | 6  |
| 7    | TOTAL ADULTS & PEDS. (EXCLUDE OBSERVATION BEDS) (SEE INSTR.)                                      |        | 157      | 57,462   |       | 22,693 | 9,239 | 42,115 | 7  |
| 8    | INTENSIVE CARE UNIT   | 31     |          |  |       |        |       |        | 8  |
| 9    | CORONARY CARE UNIT  | 32     |          |  |       |        |       |        | 9  |
| 10   | BURN INTENSIVE CARE UNIT  | 33     |          |  |       |        |       |        | 10 |
| 11   | SURGICAL INTENSIVE CARE UNIT  | 34     |          |  |       |        |       |        | 11 |
| 12   | OTHER SPECIAL CARE (SPECIFY)  | 35     |          |  |       |        |       |        | 12 |
| 13   | NURSERY   | 43     |          |  |       |        |       |        | 13 |
| 14   | TOTAL (SEE INSTRUCTIONS)  |        | 157      | 57,462   |       | 22,693 | 9,239 | 42,115 | 14 |
| 15   | CAH VISITS  |        |          |  |       |        |       |        | 15 |
| 16   | SUBPROVIDER - IPF   | 40     |          |  |       |        |       |        | 16 |
| 17   | SUBPROVIDER - IRF   | 41     |          |  |       |        |       |        | 17 |
| 18   | SUBPROVIDER I   | 42     |          |  |       |        |       |        | 18 |
| 19   | SKILLED NURSING FACILITY  | 44     |          |  |       |        |       |        | 19 |
| 20   | NURSING FACILITY  | 45     |          |  |       |        |       |        | 20 |
| 21   | OTHER LONG TERM CARE  | 46     |          |  |       |        |       |        | 21 |
| 22   | HOME HEALTH AGENCY  | 101    |          |  |       |        |       |        | 22 |
| 23   | ASC (DISTINCT PART)   | 115    |          |  |       |        |       |        | 23 |
| 24   | HOSPICE (DISTINCT PART)   | 116    |          |  |       |        |       |        | 24 |
| 25   | CMHC  | 99     |          |  |       |        |       |        | 25 |
| 26   | RHC   | 88     |          |  |       |        |       |        | 26 |
| 27   | TOTAL (SUM OF LINES 14-26)  |        | 157      |  |       |        |       |        | 27 |
| 28   | OBSERVATION BED DAYS  |        |          |  |       |        |       |        | 28 |
| 29   | AMBULANCE TRIPS   |        |          |  |       |        |       |        | 29 |
| 30   | EMPLOYEE DISCOUNT DAYS (SEE INSTR.)   |        |          |  |       |        |       |        | 30 |
| 31   | EMPLOYEE DISCOUNT DAYS-IRF  |        |          |  |       |        |       |        | 31 |
| 32   | LABOR & DELIVERY DAYS (SEE INSTR.)  |        |          |  |       |        |       |        | 32 |
| 33   | LTCH NON-COVERED DAYS   |        |          |  |       | 1,998  |       |        | 33 |



HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3  
 PART II & III

PART II - WAGE DATA

|                                  | WKST A<br>LINE<br>NUMBER  | AMOUNT<br>REPORTED | RECLASS<br>OF SALARIES<br>(FROM<br>WKST A-6) | ADJUSTED<br>SALARIES<br>(COL. 2 +<br>COL. 3) | PAID HOURS<br>RELATED<br>TO SALARIES<br>IN COL. 4 | AVERAGE<br>HOURLY WAGE<br>(COL. 4 +<br>COL. 5) |       |
|----------------------------------|---|--------------------|--|--|---|--|-------|
|                                  | 1   | 2                  | 3  | 4  | 5   | 6  |       |
| SALARIES                         |   |                    |  |  |   |  |       |
| 1                                | TOTAL SALARIES (SEE INSTRUCTIONS)   | 200                | 38,013,842                                   |  | 1,233,274.00                                      |  | 1     |
| 2                                | NON-PHYSICIAN ANESTHETIST PART A  |                    |  |  |   |  | 2     |
| 3                                | NON-PHYSICIAN ANESTHETIST PART B  |                    |  |  |   |  | 3     |
| 4                                | PHYSICIAN-PART A ADMINISTRATIVE   |                    |  |  |   |  | 4     |
| 4.01                             | PHYSICIAN-PART A - TEACHING   |                    |  |  |   |  | 4.01  |
| 5                                | PHYSICIAN-PART B  |                    |  |  |   |  | 5     |
| 6                                | NON-PHYSICIAN-PART B  |                    |  |  |   |  | 6     |
| 7                                | INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)                              | 21                 |  |  |   |  | 7     |
| 7.01                             | CONTRACTED INTERNS & RESIDENTS (IN AN APPROVED PGM)                       |                    |  |  |   |  | 7.01  |
| 8                                | HOME OFFICE PERSONNEL   |                    |  |  |   |  | 8     |
| 9                                | SNF   | 44                 |  |  |   |  | 9     |
| 10                               | EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)                                 |                    |  |  |   |  | 10    |
| OTHER WAGES & RELATED COSTS      |   |                    |  |  |   |  |       |
| 11                               | CONTRACT LABOR (SEE INSTRUCTIONS)   | 1,474,500          |  |  | 31,031.00   |  | 11    |
| 12                               | CONTRACT MANAGEMENT AND ADMINISTRATIVE SERVICES                           |                    |  |  |   |  | 12    |
| 13                               | CONTRACT LABOR: PHYSICIAN-PART A - ADMINISTRATIVE                         |                    |  |  |   |  | 13    |
| 14                               | HOME OFFICE SALARIES & WAGE-RELATED COSTS                                 |                    |  |  |   |  | 14    |
| 15                               | HOME OFFICE: PHYSICIAN-PART A - ADMINISTRATIVE                            |                    |  |  |   |  | 15    |
| 16                               | HOME OFFICE & CONTRACT PHYSICIANS-PART A - TEACHING<br>WAGE-RELATED COSTS |                    |  |  |   |  | 16    |
| 17                               | WAGE-RELATED COSTS (CORE)   | 9,161,134          |  |  |   |  | 17    |
| 18                               | WAGE-RELATED COSTS (OTHER)  |                    |  |  |   |  | 18    |
| 19                               | EXCLUDED AREAS  |                    |  |  |   |  | 19    |
| 20                               | NON-PHYSICIAN ANESTHETIST PART A  |                    |  |  |   |  | 20    |
| 21                               | NON-PHYSICIAN ANESTHETIST PART B  |                    |  |  |   |  | 21    |
| 22                               | PHYSICIAN PART A - ADMINISTRATIVE   |                    |  |  |   |  | 22    |
| 22.01                            | PHYSICIAN PART A - TEACHING   |                    |  |  |   |  | 22.01 |
| 23                               | PHYSICIAN PART B  |                    |  |  |   |  | 23    |
| 24                               | WAGE-RELATED COSTS (RHC/FQHC)   |                    |  |  |   |  | 24    |
| 25                               | INTERNS & RESIDENTS (IN AN APPROVED PROGRAM)                              |                    |  |  |   |  | 25    |
| OVERHEAD COSTS - DIRECT SALARIES |   |                    |  |  |   |  |       |
| 26                               | EMPLOYEE BENEFITS   | 405,902            |  |  | 11,315.00   |  | 26    |
| 27                               | ADMINISTRATIVE & GENERAL  | 7,845,743          | -377,240                                     |  | 173,430.00  |  | 27    |
| 28                               | ADMINISTRATIVE & GENERAL UNDER CONTACT (SEE INST.)                        |                    |  |  |   |  | 28    |
| 29                               | MAINTENANCE & REPAIRS   | 182,043            |  |  | 6,302.00  |  | 29    |
| 30                               | OPERATION OF PLANT  | 1,711,041          |  |  | 66,186.00   |  | 30    |
| 31                               | LAUNDRY & LINEN SERVICE   |                    |  |  |   |  | 31    |
| 32                               | HOUSEKEEPING  | 897,368            |  |  | 62,442.00   |  | 32    |
| 33                               | HOUSEKEEPING UNDER CONTRACT (SEE INSTRUCTIONS)                            |                    |  |  |   |  | 33    |
| 34                               | DIETARY   | 641,947            | -290,996                                     |  | 18,933.00   |  | 34    |
| 35                               | DIETARY UNDER CONTRACT (SEE INSTRUCTIONS)                                 |                    |  |  |   |  | 35    |
| 36                               | CAFETERIA   |                    | 290,996                                      |  | 15,699.00   |  | 36    |
| 37                               | MAINTENANCE OF PERSONNEL  |                    |  |  |   |  | 37    |
| 38                               | NURSING ADMINISTRATION  | 951,048            |  |  | 27,206.00   |  | 38    |
| 39                               | CENTRAL SERVICES AND SUPPLY   |                    |  |  |   |  | 39    |
| 40                               | PHARMACY  |                    |  |  |   |  | 40    |
| 41                               | MEDICAL RECORDS & MEDICAL RECORDS LIBRARY                                 | 256,992            |  |  | 10,982.00   |  | 41    |
| 42                               | SOCIAL SERVICE  | 1,043,791          |  |  | 33,134.00   |  | 42    |
| 43                               | OTHER GENERAL SERVICE   |                    |  |  |   |  | 43    |

PART III - HOSPITAL WAGE INDEX SUMMARY

|   |  |            |          |            |              |        |   |
|---|--|------------|----------|------------|--------------|--------|---|
| 1 | NET SALARIES (SEE INSTRUCTIONS)                  | 38,013,842 |          | 38,013,842 | 1,233,274.00 | 30.82  | 1 |
| 2 | EXCLUDED AREA SALARIES (SEE INSTRUCTIONS)        |            |          |            |              |        | 2 |
| 3 | SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)          | 38,013,842 |          | 38,013,842 | 1,233,274.00 | 30.82  | 3 |
| 4 | SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.) | 1,474,500  |          | 1,474,500  | 31,031.00    | 47.52  | 4 |
| 5 | SUBTOTAL WAGE-RELATED COSTS (SEE INST.)          | 9,161,134  |          | 9,161,134  |              | 24.10% | 5 |
| 6 | TOTAL (SUM OF LINES 3 THRU 5)                    | 48,649,476 |          | 48,649,476 | 1,264,305.00 | 38.48  | 6 |
| 7 | TOTAL OVERHEAD COST (SEE INSTRUCTIONS)           | 13,935,875 | -377,240 | 13,558,635 | 425,629.00   | 31.86  | 7 |

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3  
 PART IV

PART A - CORE LIST

|   |  | AMOUNT<br>REPORTED |    |
|---|--|--------------------|----|
| RETIREMENT COST   |  |                    |    |
| 1   | 401K EMPLOYER CONTRIBUTIONS  | 1,114,264          | 1  |
| 2   | TAX SHELTERED ANNUITY (TSA) EMPLOYER CONTRIBUTION  |                    | 2  |
| 3   | NONQUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)  |                    | 3  |
| 4   | QUALIFIED DEFINED BENEFIT PLAN COST (SEE INSTRUCTIONS)   | 238,066            | 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)  | 3,798,639          | 8  |
| 9   | PRESCRIPTION DRUG PLAN   |                    | 9  |
| 10  | DENTAL, HEARING AND VISION PLAN  | 200,115            | 10 |
| 11  | LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY)   | 62,588             | 11 |
| 12  | ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)   |                    | 12 |
| 13  | DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)   | 86,461             | 13 |
| 14  | LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY)   |                    | 14 |
| 15  | WORKERS' COMPENSATION INSURANCE  | 838,396            | 15 |
| 16  | RETIREMENT HEALTH CARE COST (ONLY CURRENT YEAR, NOT THE EXTRAORDINARY ACCRUAL REQUIRED BY FASB 106.<br>NON CUMULATIVE PORTION) |                    | 16 |
| TAXES   |  |                    |    |
| 17  | FICA-EMPLOYERS PORTION ONLY  | 2,650,414          | 17 |
| 18  | MEDICARE TAXES - EMPLOYERS PORTION ONLY  |                    | 18 |
| 19  | UNEMPLOYMENT INSURANCE   |                    | 19 |
| 20  | STATE OR FEDERAL UNEMPLOYMENT TAXES  | 73,398             | 20 |
| OTHER   |  |                    |    |
| 21  | EXECUTIVE DEFERRED COMPENSATION (OTHER THAN RETIREMENT COST REPORTED ON LINES 1 THROUGH 4 ABOVE)<br>(SEE INSTRUCTIONS)         |                    | 21 |
| 22  | DAY CARE COSTS AND ALLOWANCES  |                    | 22 |
| 23  | TUITION REIMBURSEMENT  | 98,793             | 23 |
| 24  | TOTAL WAGE RELATED COST (SUM OF LINES 1-23)  | 9,161,134          | 24 |

PART B - OTHER THAN CORE RELATED COST

|    |  |  |    |
|----|--|--|----|
| 25 | OTHER WAGE RELATED (OTHER WAGE RELATED COST) |  | 25 |
|----|--|--|----|

PROVIDER CCN: 14-2010 RML SPECIALTY HOSPITAL  
PERIOD FROM 06/01/2011 TO 05/31/2012

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

VERSION: 2011.10  
10/31/2012 08:10

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<br>LABOR | BENEFIT<br>COST |    |
|----|--|-------------------|-----------------|----|
|    | 0  | 1                 | 2               |    |
| 1  | TOTAL FACILITY CONTRACT LABOR AND BENEFIT COST | 1,474,500         | 9,161,134       | 1  |
| 2  | HOSPITAL                                       | 1,474,500         | 9,161,134       | 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   | OTHER      | TOTAL                | RECLASSIFI- |        |
|-------------------------------------|-------|------------|------------|----------------------|-------------|--------|
|                                     |       | 1          | 2          | (COL. 1 +<br>COL. 2) | CATIONS     |        |
|                                     |       |            |            | 3                    | 4           |        |
| GENERAL SERVICE COST CENTERS        |       |            |            |                      |             |        |
| 1                                   | 00100 |            | 3,177,090  | 3,177,090            | 52,617      | 1      |
| 2                                   | 00200 |            | 2,122,278  | 2,122,278            | 59,688      | 2      |
| 3                                   | 00300 |            | 112,305    | 112,305              | -112,305    | 3      |
| 4                                   | 00400 | 405,902    | 6,842,610  | 7,248,512            | -9,761      | 4      |
| 5.01                                | 00560 | 321,281    | 63,207     | 384,488              |             | 5.01   |
| 5.02                                | 00570 | 1,176,663  | 174,864    | 1,351,527            |             | 5.02   |
| 5.03                                | 00580 | 387,681    | 68,742     | 456,423              |             | 5.03   |
| 5.04                                | 00590 | 5,960,118  | 5,990,015  | 11,950,133           | -407,839    | 5.04   |
| 6                                   | 00600 | 182,043    | 188,459    | 370,502              | -140,483    | 6      |
| 7                                   | 00700 | 1,711,041  | 1,779,656  | 3,490,697            | -70         | 7      |
| 8                                   | 00800 |            | 239,576    | 239,576              |             | 8      |
| 9                                   | 00900 | 897,368    | 326,356    | 1,223,724            | -2,557      | 9      |
| 10                                  | 01000 | 641,947    | 359,687    | 1,001,634            | -519,397    | 10     |
| 11                                  | 01100 |            |            |                      | 399,548     | 11     |
| 12                                  | 01200 |            |            |                      |             | 12     |
| 13                                  | 01300 | 951,048    | 73,950     | 1,024,998            |             | 13     |
| 14                                  | 01400 |            |            |                      |             | 14     |
| 15                                  | 01500 |            |            |                      |             | 15     |
| 16                                  | 01600 | 256,992    | 159,744    | 416,736              | -14         | 16     |
| 17                                  | 01700 | 1,043,791  | 239,015    | 1,282,806            | -45         | 17     |
| 19                                  | 01900 |            |            |                      |             | 19     |
| 20                                  | 02000 |            |            |                      |             | 20     |
| 21                                  | 02100 |            |            |                      |             | 21     |
| 22                                  | 02200 |            |            |                      |             | 22     |
| 23                                  | 02300 |            |            |                      |             | 23     |
| INPATIENT ROUTINE SERV COST CENTERS |       |            |            |                      |             |        |
| 30                                  | 03000 | 13,532,012 | 4,477,379  | 18,009,391           | -1,350,728  | 30     |
| ANCILLARY SERVICE COST CENTERS      |       |            |            |                      |             |        |
| 50                                  | 05000 | 395,792    | 488,670    | 884,462              | -216,613    | 50     |
| 54                                  | 05400 | 585,471    | 149,228    | 734,699              | -3,738      | 54     |
| 56                                  | 05600 |            | 31,051     | 31,051               | -9,051      | 56     |
| 57                                  | 05700 |            | 166,980    | 166,980              |             | 57     |
| 60                                  | 06000 | 98,198     | 1,807,189  | 1,905,387            | -37,046     | 60     |
| 62.30                               | 06250 |            |            |                      |             | 62.30  |
| 65                                  | 06500 | 6,067,846  | 2,173,984  | 8,241,830            | -1,011,257  | 65     |
| 65.01                               | 06501 |            |            |                      |             | 65.01  |
| 66                                  | 06600 | 525,063    | 670,244    | 1,195,307            | -12,790     | 66     |
| 67                                  | 06700 | 135,100    | 445,790    | 580,890              | 322         | 67     |
| 68                                  | 06800 | 337,226    | 33,971     | 371,197              | 5,709       | 68     |
| 68.01                               | 06801 | 245,171    | 19,993     | 265,164              |             | 68.01  |
| 71                                  | 07100 |            |            |                      | 3,824,068   | 71     |
| 73                                  | 07300 | 1,370,255  | 2,999,251  | 4,369,506            | 167,062     | 73     |
| 74                                  | 07400 |            | 1,171,432  | 1,171,432            | -1,125      | 74     |
| 75.01                               | 03630 | 85,646     | 9,180      | 94,826               | 1,577       | 75.01  |
| 76.97                               | 07697 |            |            |                      |             | 76.97  |
| 76.98                               | 07698 |            |            |                      |             | 76.98  |
| 76.99                               | 07699 |            |            |                      |             | 76.99  |
| OUTPATIENT SERVICE COST CENTERS     |       |            |            |                      |             |        |
| 91                                  | 09100 | 700,187    | 1,059,556  | 1,759,743            | -675,772    | 91     |
| 92                                  | 09200 |            |            |                      |             | 92     |
| OTHER REIMBURSABLE COST CENTERS     |       |            |            |                      |             |        |
| 99.10                               | 09910 |            |            |                      |             | 99.10  |
| 99.20                               | 09920 |            |            |                      |             | 99.20  |
| 99.30                               | 09930 |            |            |                      |             | 99.30  |
| 99.40                               | 09940 |            |            |                      |             | 99.40  |
| SPECIAL PURPOSE COST CENTERS        |       |            |            |                      |             |        |
| 118                                 |       | 38,013,842 | 37,621,452 | 75,635,294           |             | 118    |
| SUBTOTALS (SUM OF LINES 1-117)      |       |            |            |                      |             |        |
| NONREIMBURSABLE COST CENTERS        |       |            |            |                      |             |        |
| 190.01                              | 19001 |            |            |                      |             | 190.01 |
| 192                                 | 19200 |            |            |                      |             | 192    |
| 200                                 |       | 38,013,842 | 37,621,452 | 75,635,294           |             | 200    |

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

| COST CENTER                         |       | RECLASSIFIED<br>TRIAL BALANCE<br>(COL. 3 ± COL. 4)<br>5 | ADJUST-<br>MENTS<br>6 | NET EXPENSES<br>FOR ALLOCATION<br>(COL. 5 ± COL. 6)<br>7 |            |        |
|-------------------------------------|-------|---|-----------------------|--|------------|--------|
| GENERAL SERVICE COST CENTERS        |       |   |                       |  |            |        |
| 1                                   | 00100 | CAP REL COSTS-BLDG & FIXT                               | 3,229,707             | -179,865   | 3,049,842  | 1      |
| 2                                   | 00200 | CAP REL COSTS-MVBLE EQUIP                               | 2,181,966             |  | 2,181,966  | 2      |
| 3                                   | 00300 | OTHER CAPITAL RELATED COSTS                             |                       |  |            | 3      |
| 4                                   | 00400 | EMPLOYEE BENEFITS                                       | 7,238,751             | -425,329   | 6,813,422  | 4      |
| 5.01                                | 00560 | PURCHASING  | 384,488               |  | 384,488    | 5.01   |
| 5.02                                | 00570 | ADMITTING   | 1,351,527             | -1,543   | 1,349,984  | 5.02   |
| 5.03                                | 00580 | PATIENT ACCOUNTS  | 456,423               | -140   | 456,283    | 5.03   |
| 5.04                                | 00590 | OTHER ADMINISTRATIVE & GENERAL                          | 11,542,294            | -1,046,989   | 10,495,305 | 5.04   |
| 6                                   | 00600 | MAINTENANCE & REPAIRS                                   | 230,019               |  | 230,019    | 6      |
| 7                                   | 00700 | OPERATION OF PLANT                                      | 3,490,627             | -34  | 3,490,593  | 7      |
| 8                                   | 00800 | LAUNDRY & LINEN SERVICE                                 | 239,576               |  | 239,576    | 8      |
| 9                                   | 00900 | HOUSEKEEPING  | 1,221,167             | -17  | 1,221,150  | 9      |
| 10                                  | 01000 | DIETARY   | 482,237               | -16,080  | 466,157    | 10     |
| 11                                  | 01100 | CAFETERIA   | 399,548               | -101,562   | 297,986    | 11     |
| 12                                  | 01200 | MAINTENANCE OF PERSONNEL                                |                       |  |            | 12     |
| 13                                  | 01300 | NURSING ADMINISTRATION                                  | 1,024,998             |  | 1,024,998  | 13     |
| 14                                  | 01400 | CENTRAL SERVICES & SUPPLY                               |                       |  |            | 14     |
| 15                                  | 01500 | PHARMACY  |                       |  |            | 15     |
| 16                                  | 01600 | MEDICAL RECORDS & LIBRARY                               | 416,722               | -1,700   | 415,022    | 16     |
| 17                                  | 01700 | SOCIAL SERVICE  | 1,282,761             |  | 1,282,761  | 17     |
| 19                                  | 01900 | NONPHYSICIAN ANESTHETISTS                               |                       |  |            | 19     |
| 20                                  | 02000 | NURSING SCHOOL  |                       |  |            | 20     |
| 21                                  | 02100 | I&R SRVCES-SALARY & FRINGES APPRVD                      |                       |  |            | 21     |
| 22                                  | 02200 | I&R SRVCES-OTHER PRGM COSTS APPRVD                      |                       |  |            | 22     |
| 23                                  | 02300 | PARAMED ED PRGM-(SPECIFY)                               |                       |  |            | 23     |
| INPATIENT ROUTINE SERV COST CENTERS |       |   |                       |  |            |        |
| 30                                  | 03000 | ADULTS & PEDIATRICS                                     | 16,658,663            | -46,016  | 16,612,647 | 30     |
| ANCILLARY SERVICE COST CENTERS      |       |   |                       |  |            |        |
| 50                                  | 05000 | OPERATING ROOM  | 667,849               | -75  | 667,774    | 50     |
| 54                                  | 05400 | RADIOLOGY-DIAGNOSTIC                                    | 730,961               | -170   | 730,791    | 54     |
| 56                                  | 05600 | RADIOISOTOPE  | 22,000                |  | 22,000     | 56     |
| 57                                  | 05700 | COMPUTED TOMOGRAPHY (CT) SCAN                           | 166,980               |  | 166,980    | 57     |
| 60                                  | 06000 | LABORATORY  | 1,868,341             | -17  | 1,868,324  | 60     |
| 62.30                               | 06250 | BLOOD CLOTTING FOR HEMOPHILIACS                         |                       |  |            | 62.30  |
| 65                                  | 06500 | RESPIRATORY THERAPY                                     | 7,230,573             | -1,585,310   | 5,645,263  | 65     |
| 65.01                               | 06501 | PULMONARY REHAB   |                       |  |            | 65.01  |
| 66                                  | 06600 | PHYSICAL THERAPY  | 1,182,517             | -17  | 1,182,500  | 66     |
| 67                                  | 06700 | OCCUPATIONAL THERAPY                                    | 581,212               |  | 581,212    | 67     |
| 68                                  | 06800 | SPEECH PATHOLOGY  | 376,906               |  | 376,906    | 68     |
| 68.01                               | 06801 | PSYCHOLOGY  | 265,164               | -265,164   |            | 68.01  |
| 71                                  | 07100 | MEDICAL SUPPLIES CHRGD TO PATIENTS                      | 3,824,068             |  | 3,824,068  | 71     |
| 73                                  | 07300 | DRUGS CHARGED TO PATIENTS                               | 4,536,568             | -17  | 4,536,551  | 73     |
| 74                                  | 07400 | RENAL DIALYSIS  | 1,170,307             |  | 1,170,307  | 74     |
| 75.01                               | 03630 | ULTRASOUND  | 96,403                |  | 96,403     | 75.01  |
| 76.97                               | 07697 | CARDIAC REHABILITATION                                  |                       |  |            | 76.97  |
| 76.98                               | 07698 | HYPERBARIC OXYGEN THERAPY                               |                       |  |            | 76.98  |
| 76.99                               | 07699 | LITHOTRIPSY   |                       |  |            | 76.99  |
| OUTPATIENT SERVICE COST CENTERS     |       |   |                       |  |            |        |
| 91                                  | 09100 | EMERGENCY   | 1,083,971             | -1,039,739   | 44,232     | 91     |
| 92                                  | 09200 | OBSERVATION BEDS  |                       |  |            | 92     |
| OTHER REIMBURSABLE COST CENTERS     |       |   |                       |  |            |        |
| 99.10                               | 09910 | CORF  |                       |  |            | 99.10  |
| 99.20                               | 09920 | OPT   |                       |  |            | 99.20  |
| 99.30                               | 09930 | CMHC  |                       |  |            | 99.30  |
| 99.40                               | 09940 | OPT   |                       |  |            | 99.40  |
| SPECIAL PURPOSE COST CENTERS        |       |   |                       |  |            |        |
| 118                                 |       | SUBTOTALS (SUM OF LINES 1-117)                          | 75,635,294            | -4,709,784   | 70,925,510 | 118    |
| NONREIMBURSABLE COST CENTERS        |       |   |                       |  |            |        |
| 190.01                              | 19001 | IDLE SPACE  |                       |  |            | 190.01 |
| 192                                 | 19200 | PHYSICIANS' PRIVATE OFFICES                             |                       |  |            | 192    |
| 200                                 |       | TOTAL (SUM OF LINES 118-199)                            | 75,635,294            | -4,709,784   | 70,925,510 | 200    |

RECLASSIFICATIONS

WORKSHEET A-6

| EXPLANATION OF RECLASSIFICATION ENTRY | CODE | COST CENTER                   | INCREASE |  | SALARY  | OTHER     |     |
|---------------------------------------|------|-------------------------------|----------|--|---------|-----------|-----|
|                                       |      |                               | LINE #   |  |         |           |     |
|                                       | 1    | 2                             | 3        |  | 4       | 5         |     |
| 1 CAFETERIA COSTS                     | A    | CAFETERIA                     | 11       |  | 290,996 | 108,552   | 1   |
| 500 TOTAL RECLASSIFICATIONS           |      |                               |          |  | 290,996 | 108,552   | 500 |
| CODE LETTER - A                       |      |                               |          |  |         |           |     |
|                                       |      |                               |          |  |         |           |     |
| 1 MEDICAL SUPPLIES                    | B    | MEDICAL SUPPLIES CHRGED TO PA | 71       |  |         | 3,824,068 | 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                                    |      |                               |          |  |         |           | 15  |
| 16                                    |      |                               |          |  |         |           | 16  |
| 17                                    |      |                               |          |  |         |           | 17  |
| 18                                    |      |                               |          |  |         |           | 18  |
| 19                                    |      |                               |          |  |         |           | 19  |
| 20                                    |      |                               |          |  |         |           | 20  |
| 500 TOTAL RECLASSIFICATIONS           |      |                               |          |  |         | 3,824,068 | 500 |
| CODE LETTER - B                       |      |                               |          |  |         |           |     |
|                                       |      |                               |          |  |         |           |     |
| 1 DRUGS                               | C    | DRUGS CHARGED TO PATIENTS     | 73       |  |         | 163,306   | 1   |
| 2                                     |      |                               |          |  |         |           | 2   |
| 3                                     |      |                               |          |  |         |           | 3   |
| 4                                     |      |                               |          |  |         |           | 4   |
| 5                                     |      |                               |          |  |         |           | 5   |
| 6                                     |      |                               |          |  |         |           | 6   |
| 7                                     |      |                               |          |  |         |           | 7   |
| 500 TOTAL RECLASSIFICATIONS           |      |                               |          |  |         | 163,306   | 500 |
| CODE LETTER - C                       |      |                               |          |  |         |           |     |
|                                       |      |                               |          |  |         |           |     |
| 1 SALARY RECLASS                      | D    | ADULTS & PEDIATRICS           | 30       |  | 231,399 | 17,702    | 1   |
| 2                                     |      | OPERATING ROOM                | 50       |  | 6,768   | 518       | 2   |
| 3                                     |      | RADIOLOGY-DIAGNOSTIC          | 54       |  | 10,012  | 766       | 3   |
| 4                                     |      | RESPIRATORY THERAPY           | 65       |  | 85,429  | 6,535     | 4   |
| 5                                     |      | PHYSICAL THERAPY              | 66       |  | 8,979   | 687       | 5   |
| 6                                     |      | OCCUPATIONAL THERAPY          | 67       |  | 2,310   | 177       | 6   |
| 7                                     |      | SPEECH PATHOLOGY              | 68       |  | 5,767   | 441       | 7   |
| 8                                     |      | DRUGS CHARGED TO PATIENTS     | 73       |  | 23,432  | 1,793     | 8   |
| 9                                     |      | ULTRASOUND                    | 75.01    |  | 1,465   | 112       | 9   |
| 10                                    |      | LABORATORY                    | 60       |  | 1,679   | 128       | 10  |
| 500 TOTAL RECLASSIFICATIONS           |      |                               |          |  | 377,240 | 28,859    | 500 |
| CODE LETTER - D                       |      |                               |          |  |         |           |     |
|                                       |      |                               |          |  |         |           |     |
| 1 EMERGENCY ROOM RN                   | E    | ADULTS & PEDIATRICS           | 30       |  | 145,110 | 10,664    | 1   |
| 500 TOTAL RECLASSIFICATIONS           |      |                               |          |  | 145,110 | 10,664    | 500 |
| CODE LETTER - E                       |      |                               |          |  |         |           |     |
|                                       |      |                               |          |  |         |           |     |
| 1 EMERGENCY ROOM AVAILABILITY         | F    | ADULTS & PEDIATRICS           | 30       |  |         | 421,680   | 1   |
| 2                                     |      | ADULTS & PEDIATRICS           | 30       |  | 86,945  | 6,389     | 2   |
| 500 TOTAL RECLASSIFICATIONS           |      |                               |          |  | 86,945  | 428,069   | 500 |
| CODE LETTER - F                       |      |                               |          |  |         |           |     |
| GRAND TOTAL (INCREASES)               |      |                               |          |  | 900,291 | 4,563,518 |     |

RECLASSIFICATIONS

WORKSHEET A-6

| EXPLANATION OF RECLASSIFICATION ENTRY          | CODE | COST CENTER                   | DECREASE LINE # | SALARY  | OTHER     | WKST A-7 REF. 10 |
|--|------|-------------------------------|-----------------|---------|-----------|------------------|
| 1 CAFETERIA COSTS                              | A    | DIETARY                       | 10              | 290,996 | 108,552   | 1                |
| 500 TOTAL RECLASSIFICATIONS<br>CODE LETTER - A |      |                               |                 | 290,996 | 108,552   | 500              |
| 1 MEDICAL SUPPLIES                             | B    | EMPLOYEE BENEFITS             | 4               |         | 3         | 1                |
| 2  |      | MEDICAL RECORDS & LIBRARY     | 16              |         | 14        | 2                |
| 3  |      | OTHER ADMINISTRATIVE & GENERA | 5.04            |         | 1,740     | 3                |
| 4  |      | MAINTENANCE & REPAIRS         | 6               |         | 140,483   | 4                |
| 5  |      | OPERATION OF PLANT            | 7               |         | 70        | 5                |
| 6  |      | HOUSEKEEPING                  | 9               |         | 2,557     | 6                |
| 7  |      | SOCIAL SERVICE                | 17              |         | 45        | 7                |
| 8  |      | ADULTS & PEDIATRICS           | 30              |         | 2,120,207 | 8                |
| 9  |      | RESPIRATORY THERAPY           | 65              |         | 1,102,949 | 9                |
| 10   |      | EMERGENCY                     | 91              |         | 4,737     | 10               |
| 11   |      | DRUGS CHARGED TO PATIENTS     | 73              |         | 21,469    | 11               |
| 12   |      | OPERATING ROOM                | 50              |         | 221,514   | 12               |
| 13   |      | DIETARY                       | 10              |         | 119,849   | 13               |
| 14   |      | RADIOLOGY-DIAGNOSTIC          | 54              |         | 14,452    | 14               |
| 15   |      | LABORATORY                    | 60              |         | 38,853    | 15               |
| 16   |      | RADIOISOTOPE                  | 56              |         | 9,051     | 16               |
| 17   |      | PHYSICAL THERAPY              | 66              |         | 22,456    | 17               |
| 18   |      | OCCUPATIONAL THERAPY          | 67              |         | 2,165     | 18               |
| 19   |      | SPEECH PATHOLOGY              | 68              |         | 499       | 19               |
| 20   |      | RENAL DIALYSIS                | 74              |         | 955       | 20               |
| 500 TOTAL RECLASSIFICATIONS<br>CODE LETTER - B |      |                               |                 |         | 3,824,068 | 500              |
| 1 DRUGS  | C    | EMPLOYEE BENEFITS             | 4               |         | 9,758     | 1                |
| 2  |      | ADULTS & PEDIATRICS           | 30              |         | 150,410   | 2                |
| 3  |      | RESPIRATORY THERAPY           | 65              |         | 272       | 3                |
| 4  |      | OPERATING ROOM                | 50              |         | 2,385     | 4                |
| 5  |      | RENAL DIALYSIS                | 74              |         | 170       | 5                |
| 6  |      | RADIOLOGY-DIAGNOSTIC          | 54              |         | 64        | 6                |
| 7  |      | EMERGENCY                     | 91              |         | 247       | 7                |
| 500 TOTAL RECLASSIFICATIONS<br>CODE LETTER - C |      |                               |                 |         | 163,306   | 500              |
| 1 SALARY RECLASS                               | D    | OTHER ADMINISTRATIVE & GENERA | 5.04            | 377,240 | 28,859    | 1                |
| 2  |      |                               |                 |         |           | 2                |
| 3  |      |                               |                 |         |           | 3                |
| 4  |      |                               |                 |         |           | 4                |
| 5  |      |                               |                 |         |           | 5                |
| 6  |      |                               |                 |         |           | 6                |
| 7  |      |                               |                 |         |           | 7                |
| 8  |      |                               |                 |         |           | 8                |
| 9  |      |                               |                 |         |           | 9                |
| 10   |      |                               |                 |         |           | 10               |
| 500 TOTAL RECLASSIFICATIONS<br>CODE LETTER - D |      |                               |                 | 377,240 | 28,859    | 500              |
| 1 EMERGENCY ROOM RN                            | E    | EMERGENCY                     | 91              | 145,110 | 10,664    | 1                |
| 500 TOTAL RECLASSIFICATIONS<br>CODE LETTER - E |      |                               |                 | 145,110 | 10,664    | 500              |
| 1 EMERGENCY ROOM AVAILABILITY                  | F    | EMERGENCY                     | 91              |         | 421,680   | 1                |
| 2  |      | EMERGENCY                     | 91              | 86,945  | 6,389     | 2                |
| 500 TOTAL RECLASSIFICATIONS<br>CODE LETTER - F |      |                               |                 | 86,945  | 428,069   | 500              |
| GRAND TOTAL (DECREASES)                        |      |                               |                 | 900,291 | 4,563,518 |                  |

RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7  
 PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES

| DESCRIPTION                    | BEGINNING<br>BALANCES<br>1 | ACQUISITIONS  |               |            | DISPOSALS<br>AND<br>RETIREMENTS<br>5 | ENDING<br>BALANCE<br>6 | FULLY<br>DEPRECIATED<br>ASSETS<br>7 |    |
|--------------------------------|----------------------------|---------------|---------------|------------|--------------------------------------|------------------------|-------------------------------------|----|
|                                |                            | PURCHASE<br>2 | DONATION<br>3 | TOTAL<br>4 |                                      |                        |                                     |    |
| 1 LAND                         |                            |               |               |            |                                      |                        |                                     | 1  |
| 2 LAND IMPROVEMENTS            |                            |               |               |            |                                      |                        |                                     | 2  |
| 3 BUILDINGS AND FIXTURES       |                            |               |               |            |                                      |                        |                                     | 3  |
| 4 BUILDING IMPROVEMENTS        | 15,942,872                 | 1,021,438     |               | 1,021,438  |                                      | 16,964,310             |                                     | 4  |
| 5 FIXED EQUIPMENT              |                            |               |               |            |                                      |                        |                                     | 5  |
| 6 MOVABLE EQUIPMENT            | 17,255,666                 | 2,065,481     |               | 2,065,481  | 76,822                               | 19,244,325             |                                     | 6  |
| 7 HIT DESIGNATED ASSETS        |                            |               |               |            |                                      |                        |                                     | 7  |
| 8 SUBTOTAL (SUM OF LINES 1-7)  | 33,198,538                 | 3,086,919     |               | 3,086,919  | 76,822                               | 36,208,635             |                                     | 8  |
| 9 RECONCILING ITEMS            |                            |               |               |            |                                      |                        |                                     | 9  |
| 10 TOTAL (LINE 7 MINUS LINE 9) | 33,198,538                 | 3,086,919     |               | 3,086,919  | 76,822                               | 36,208,635             |                                     | 10 |

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

| DESCRIPTION                 | DEPRECIATION<br>9 | LEASE<br>10 | INTEREST<br>11 | INSURANCE<br>(SEE INSTR.)<br>12 | TAXES<br>(SEE INSTR.)<br>13 | OTHER<br>CAPITAL-<br>RELATED<br>COSTS (SEE<br>INSTR.)<br>14 | TOTAL(1)                        |
|-----------------------------|-------------------|-------------|----------------|---------------------------------|-----------------------------|---|---------------------------------|
|                             |                   |             |                |                                 |                             |   | (SUM OF<br>COLS.<br>9-14)<br>15 |
| 1 CAP REL COSTS-BLDG & FIXT | 892,009           | 2,285,081   |                |                                 |                             |   | 3,177,090 1                     |
| 2 CAP REL COSTS-MVBLE EQUIP | 2,035,775         |             | 86,503         |                                 |                             |   | 2,122,278 2                     |
| 3 TOTAL (SUM OF LINES 1-2)  | 2,927,784         | 2,285,081   | 86,503         |                                 |                             |   | 5,299,368 3                     |

PART III - RECONCILIATION OF CAPITAL COST CENTERS

| DESCRIPTION                 | COMPUTATION OF RATIOS |                            |   |                               | ALLOCATION OF OTHER CAPITAL |            |  |  |
|-----------------------------|-----------------------|----------------------------|---|-------------------------------|-----------------------------|------------|--|--|
|                             | GROSS<br>ASSETS<br>1  | CAPITALIZED<br>LEASES<br>2 | GROSS<br>ASSETS<br>FOR RATIO<br>(COL. 1 -<br>COL. 2)<br>3 | RATIO<br>(SEE<br>INSTR.)<br>4 | INSURANCE<br>5              | TAXES<br>6 | OTHER<br>CAPITAL-<br>RELATED<br>COSTS<br>7 | TOTAL<br>(SUM OF<br>COLS.<br>5-7)<br>8 |
| 1 CAP REL COSTS-BLDG & FIXT | 16,964,310            |                            | 16,964,310  | 0.468516                      | 52,617                      |            | 52,617 1                                   |  |
| 2 CAP REL COSTS-MVBLE EQUIP | 19,244,325            |                            | 19,244,325  | 0.531484                      | 59,688                      |            | 59,688 2                                   |  |
| 3 TOTAL (SUM OF LINES 1-2)  | 36,208,635            |                            | 36,208,635  | 1.000000                      | 112,305                     |            | 112,305 3                                  |  |

| DESCRIPTION                 | DEPRECIATION<br>9 | LEASE<br>10 | INTEREST<br>11 | INSURANCE<br>(SEE INSTR.)<br>12 | TAXES<br>(SEE INSTR.)<br>13 | OTHER<br>CAPITAL-<br>RELATED<br>COSTS (SEE<br>INSTR.)<br>14 | TOTAL(2)                        |
|-----------------------------|-------------------|-------------|----------------|---------------------------------|-----------------------------|---|---------------------------------|
|                             |                   |             |                |                                 |                             |   | (SUM OF<br>COLS.<br>9-14)<br>15 |
| 1 CAP REL COSTS-BLDG & FIXT | 892,009           | 2,105,216   |                | 52,617                          |                             |   | 3,049,842 1                     |
| 2 CAP REL COSTS-MVBLE EQUIP | 2,035,775         |             | 86,503         | 59,688                          |                             |   | 2,181,966 2                     |
| 3 TOTAL                     | 2,927,784         | 2,105,216   | 86,503         | 112,305                         |                             |   | 5,231,808 3                     |

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

| DESCRIPTION  | BASIS | AMOUNT     | EXPENSE CLASSIFICATION ON WORKSHEET A TO/<br>FROM WHICH THE AMOUNT IS TO BE ADJUSTED |          | WKST A-7 |
|--|-------|------------|--|----------|----------|
|  |       |            | COST CENTER  | LINE NO. |          |
|  | 1     | 2          | 3  | 4        | 5        |
| 1 INVESTMENT INCOME-BUILDINGS & FIXTURES<br>(CHAPTER 2)                                |       |            | CAP REL COSTS-BLDG & FIXT  | 1        | 1        |
| 2 INVESTMENT INCOME-MOVABLE EQUIPMENT<br>(CHAPTER 2)                                   |       |            | CAP REL COSTS-MVBLE EQUIP  | 2        | 2        |
| 3 INVESTMENT INCOME-OTHER (CHAPTER 2)  |       |            |  |          | 3        |
| 4 TRADE, QUANTITY, AND TIME DISCOUNTS<br>(CHAPTER 8)                                   |       |            |  |          | 4        |
| 5 REFUNDS AND REBATES OF EXPENSES<br>(CHAPTER 8)                                       |       |            |  |          | 5        |
| 6 RENTAL OF PROVIDER SPACE BY SUPPLIERS<br>(CHAPTER 8)                                 |       |            |  |          | 6        |
| 7 TELEPHONE SERVICES (PAY STATIONS EXCL)<br>(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 | -1,308,974 |  |          | 10       |
| 11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23)   |       |            |  |          | 11       |
| 12 RELATED ORGANIZATION TRANSACTIONS<br>(CHAPTER 10)                                   | WKST  |            |  |          |          |
|  | A-8-1 | -343,345   |  |          | 12       |
| 13 LAUNDRY AND LINEN SERVICE   |       |            |  |          | 13       |
| 14 CAFETERIA - EMPLOYEES AND GUESTS  | B     | -101,562   | CAFETERIA  | 11       | 14       |
| 15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS  |       |            |  |          | 15       |
| 16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO<br>OTHER THAN PATIENTS                     |       |            |  |          | 16       |
| 17 SALE OF DRUGS TO OTHER THAN PATIENTS  |       |            |  |          | 17       |
| 18 SALE OF MEDICAL RECORDS AND ABSTRACTS   |       |            |  |          | 18       |
| 19 NURSING SCHOOL (TUITION, FEES, BOOKS, ETC.)   |       |            |  |          | 19       |
| 20 VENDING MACHINES  |       |            |  |          | 20       |
| 21 INCOME FROM IMPOSITION OF INTEREST,<br>FINANCE OR PENALTY CHARGES (CHAPTER 21)      |       |            |  |          | 21       |
| 22 INTEREST EXP ON MEDICARE OVERPAYMENTS &<br>BORROWINGS TO REPAY MEDICARE OVERPAYMENT |       |            |  |          | 22       |
| 23 ADJ FOR RESPIRATORY THERAPY COSTS IN<br>EXCESS OF LIMITATION (CHAPTER 14)           | WKST  |            | RESPIRATORY THERAPY  | 65       | 23       |
|  | A-8-3 |            |  |          |          |
| 24 ADJ FOR PHYSICAL THERAPY COSTS IN<br>EXCESS OF LIMITATION (CHAPTER 14)              | WKST  |            | PHYSICAL THERAPY   | 66       | 24       |
|  | A-8-3 |            |  |          |          |
| 25 UTIL REVIEW-PHYSICIANS' COMPENSATION<br>(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<br>EXCESS OF LIMITATION (CHAPTER 14)          | WKST  |            | OCCUPATIONAL THERAPY   | 67       | 30       |
|  | A-8-3 |            |  |          |          |
| 31 ADJ FOR SPEECH PATHOLOGY COSTS IN<br>EXCESS OF LIMITATION (CHAPTER 14)              | WKST  |            | SPEECH PATHOLOGY   | 68       | 31       |
|  | A-8-3 |            |  |          |          |
| 32 CAH HIT ADJ FOR DEPRECIATION AND  |       |            |  |          | 32       |
| 33 MARKETING   | A     | -252       | OTHER ADMINISTRATIVE & GENERAL   | 5.04     | 33       |
| 33.01 MEDICAL RECORDS PHOTOCOPIING   | B     | -1,700     | MEDICAL RECORDS & LIBRARY  | 16       | 33.01    |
| 33.05 RESEARCH AND DEVELOPMENT   | A     | -165       | OTHER ADMINISTRATIVE & GENERAL   | 5.04     | 33.05    |
| 33.06 MARKETING  | A     | -1,543     | ADMITTING  | 5.02     | 33.06    |
| 33.07 PULMONARY EXPENSE  | A     | -1,585,293 | RESPIRATORY THERAPY  | 65       | 33.07    |
| 33.08 OTHER REVENUE - A & G  | B     | -17        | OTHER ADMINISTRATIVE & GENERAL   | 5.04     | 33.08    |
| 33.09 OTHER REVENUE - ACCOUNTING   | B     | -17        | OTHER ADMINISTRATIVE & GENERAL   | 5.04     | 33.09    |
| 33.10 OTHER REVENUE - NURSING  | B     | -34        | ADULTS & PEDIATRICS  | 30       | 33.10    |
| 33.11 OTHER REVENUE - FACILITY OPERATION   | B     | -34        | OPERATION OF PLANT   | 7        | 33.11    |
| 33.13 OTHER REVENUE - PHARMACY   | B     | -17        | DRUGS CHARGED TO PATIENTS  | 73       | 33.13    |
| 33.15 OTHER REVENUE - MISCELLANEOUS  | B     | -11,473    | OTHER ADMINISTRATIVE & GENERAL   | 5.04     | 33.15    |
| 33.16 OTHER REVENUE - DIETARY  | B     | -16,080    | DIETARY  | 10       | 33.16    |
| 33.17 OTHER REVENUE - RADIOLOGY  | B     | -170       | RADIOLOGY-DIAGNOSTIC   | 54       | 33.17    |
| 33.19 DONATIONS  | A     | -34,711    | OTHER ADMINISTRATIVE & GENERAL   | 5.04     | 33.19    |
| 33.22 ENTERTAINMENT EXPENSE  | A     | -61,566    | OTHER ADMINISTRATIVE & GENERAL   | 5.04     | 33.22    |
| 33.23 MEMBERSHIP DUES  | A     | -80,677    | OTHER ADMINISTRATIVE & GENERAL   | 5.04     | 33.23    |
| 33.24 UNFUNDED SELF INSURANCE  | A     | 66,787     | OTHER ADMINISTRATIVE & GENERAL   | 5.04     | 33.24    |
| 33.25 OTHER REVENUE - MEDICAL ADMINISTRA   | B     | -21,655    | OTHER ADMINISTRATIVE & GENERAL   | 5.04     | 33.25    |
| 33.26 OTHER REVENUE - HUMAN RESOURCES  | B     | -42        | EMPLOYEE BENEFITS  | 4        | 33.26    |
| 33.27 PSYCHOLOGY BENEFITS/BILLING  | A     | -18,362    | PSYCHOLOGY   | 68.01    | 33.27    |
| 33.28 EMERGENCY PHYSICIAN FICA   | A     | -31,417    | EMERGENCY  | 91       | 33.28    |
| 33.31 OTHER REVENUE - PATIENT ACCOUNTS   | B     | -140       | PATIENT ACCOUNTS   | 5.03     | 33.31    |
| 34 OTHER REVENUE - OPERATING ROOM  | B     | -75        | OPERATING ROOM   | 50       | 34       |
| 35 PROVIDER RELATIONS MARKETING  | A     | -82,036    | OTHER ADMINISTRATIVE & GENERAL   | 5.04     | 35       |
| 36 FUND RAISING  | B     | -306,768   | OTHER ADMINISTRATIVE & GENERAL   | 5.04     | 36       |
| 37 OTHER REVENUE - HOUSEKEEPING  | B     | -17        | HOUSEKEEPING   | 9        | 37       |
| 38 MEDICAID PROVIDER TAX-SUPPLEMENTAL  | A     | -343,091   | OTHER ADMINISTRATIVE & GENERAL   | 5.04     | 38       |
| 39   |       |            |  |          | 39       |
| 40   |       |            |  |          | 40       |

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

|    | DESCRIPTION                           | BASIS<br>1 | AMOUNT<br>2 | EXPENSE CLASSIFICATION ON WORKSHEET A TO/<br>FROM WHICH THE AMOUNT IS TO BE ADJUSTED |               | WKST A-7<br>REF<br>5 |
|----|---------------------------------------|------------|-------------|--|---------------|----------------------|
|    |                                       |            |             | COST CENTER<br>3   | LINE NO.<br>4 |                      |
| 41 |                                       |            |             |  |               | 41                   |
| 42 | OTHER REVENUE - RESPIRATORY THERAP    | B          | -17         | RESPIRATORY THERAPY  | 65            | 42                   |
| 43 | OTHER REVENUE - LABORATORY            | B          | -17         | LABORATORY   | 60            | 43                   |
| 44 | OTHER REVENUE - PHYSICAL THERAPY      | B          | -17         | PHYSICAL THERAPY   | 66            | 44                   |
| 45 | EMERGENCY PHYSICIAN BENEFITS          | A          | -70,429     | EMPLOYEE BENEFITS  | 4             | 45                   |
| 46 | SERP ADJUSTMENT                       | A          | -206,650    | EMPLOYEE BENEFITS  | 4             | 46                   |
| 47 |                                       |            |             |  |               | 47                   |
| 48 | PSYCHOLOGY PHYSICIAN BENEFITS         | A          | -40,389     | EMPLOYEE BENEFITS  | 4             | 48                   |
| 49 | PULMONARY PHYSICIAN BENEFITS          | A          | -107,819    | EMPLOYEE BENEFITS  | 4             | 49                   |
| 50 | TOTAL (SUM OF LINES 1 THRU 49)        |            | -4,709,784  |  |               | 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        | 1           | CAP REL COSTS-BLDG & FIXT                             | 773,053                  | 952,918                         | -179,865                     | 10 1         |
| 2        | 91          | EMERGENCY   |                          | 162,480                         | -162,480                     | 2            |
| 3        | 5.04        | OTHER ADMINISTRATIVE & GENERAL                        |                          | 1,000                           | -1,000                       | 3            |
| 4        |             |   |                          |                                 |                              | 4            |
| 5        |             | TOTALS (SUM OF LINES 1-4)                             | 773,053                  | 1,116,398                       | -343,345                     | 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 | PERCENT OF OWNERSHIP | NAME                          | PERCENT OF OWNERSHIP | TYPE OF BUSINESS |    |
| 1  | 2    | 3                    | 4                             | 5                    | 6                |    |
| 6  | B    | 49.50                | LOYOLA UNIVERSITY MEDICAL CTR |                      | HOSPITAL         | 6  |
| 7  | B    | 49.50                | ADVOCATE HEALTH AND HOSPITALS |                      | HOSPITAL         | 7  |
| 8  | B    | 1.00                 | RML HEALTH PROVIDERS          |                      | PARTNERSHIP      | 8  |
| 9  |      |                      |                               |                      |                  | 9  |
| 10   |      |                      |                               |                      |                  | 10 |

- (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-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

| WKST<br>A        | COST CENTER/<br>PHYSICIAN IDENTIFIER    | TOTAL<br>REMUNERA-<br>TION INCL<br>FRINGES | PROFES-<br>SIONAL<br>COMPONENT | PROVIDER<br>COMPONENT | RCE<br>AMOUNT | PHYSICIAN/<br>PROVIDER<br>COMPONENT<br>HOURS | UNAD-<br>JUSTED<br>RCE<br>LIMIT | 5 PERCENT<br>OF UNAD-<br>JUSTED<br>RCE LIMIT |
|------------------|---|--|--------------------------------|-----------------------|---------------|--|---------------------------------|--|
| LINE<br>NO.<br>1 | 2                                       | 3  | 4                              | 5                     | 6             | 7  | 8                               | 9  |
| 1                | 5.04 OTHER ADMINISTRATIVE & G DR. F     | 27,000                                     |                                | 27,000                | 177,200       | 187  | 15,931                          | 797  |
| 2                | 5.04 OTHER ADMINISTRATIVE & G DR. D     | 27,600                                     |                                | 27,600                | 177,200       | 95   | 8,093                           | 405  |
| 3                | 5.04 OTHER ADMINISTRATIVE & G DR. T     | 9,000                                      |                                | 9,000                 | 177,200       | 85   | 7,241                           | 362  |
| 4                | 5.04 OTHER ADMINISTRATIVE & G DR. J     | 9,000                                      |                                | 9,000                 | 177,200       | 87   | 7,412                           | 371  |
| 5                | 5.04 OTHER ADMINISTRATIVE & G DR. RP    | 43,200                                     |                                | 43,200                | 177,200       | 290  | 24,706                          | 1,235  |
| 6                | 5.04 OTHER ADMINISTRATIVE & G DR. B     | 20,550                                     |                                | 20,550                | 177,200       | 137  | 11,671                          | 584  |
| 7                | 5.04 OTHER ADMINISTRATIVE & G DR. RIP   | 15,243                                     |                                | 15,243                | 177,200       | 102  | 8,690                           | 435  |
| 8                | 68.01 PSYCHOLOGY                        | 246,802                                    | 246,802                        |                       |               |  |                                 |  |
| 9                | 91 EMERGENCY                            | 427,522                                    | 427,522                        |                       |               |  |                                 |  |
|                  | AGGREGATE-HINS                          |  |                                |                       |               |  |                                 |  |
| 10               | 5.04 OTHER ADMINISTRATIVE & G UROLOGY   | 12,000                                     | 12,000                         |                       |               |  |                                 |  |
| 11               | 5.04 OTHER ADMINISTRATIVE & G NEUROLOGY |  |                                |                       |               |  |                                 |  |
| 12               | 5.04 OTHER ADMINISTRATIVE & G DR. U     | 36,000                                     |                                | 36,000                | 177,200       | 244  | 20,787                          | 1,039  |
| 13               | 5.04 OTHER ADMINISTRATIVE & G DR. Z     | 15,900                                     |                                | 15,900                | 177,200       | 112  | 9,542                           | 477  |
| 14               | 5.04 OTHER ADMINISTRATIVE & G DR. R     | 1,200                                      |                                | 1,200                 | 177,200       | 8  | 682                             | 34   |
| 15               | 5.04 OTHER ADMINISTRATIVE & G DR. N     | 900  |                                | 900                   | 177,200       | 6  | 511                             | 26   |
| 16               | 5.04 OTHER ADMINISTRATIVE & G DR. RB    |  |                                |                       | 177,200       |  |                                 |  |
| 17               | 5.04 OTHER ADMINISTRATIVE & G DR. DG    | 26,100                                     |                                | 26,100                | 177,200       | 179  | 15,249                          | 762  |
| 18               | 5.04 OTHER ADMINISTRATIVE & G SR. SS    | 14,006                                     |                                | 14,006                | 177,200       | 93   | 7,923                           | 396  |
| 19               | 5.04 OTHER ADMINISTRATIVE & G DR. RS    | 45,833                                     |                                | 45,833                | 177,200       | 132  | 11,245                          | 562  |
| 20               | 30 ADULTS & PEDIATRICS                  | 86,945                                     |                                | 86,945                | 177,200       | 1,089  | 92,774                          | 4,639  |
| 21               | 30 ADULTS & PEDIATRICS                  | 421,680                                    |                                | 421,680               | 177,200       | 4,410  | 375,698                         | 18,785                                       |
| 22               | 91 EMERGENCY                            | 418,320                                    | 418,320                        |                       |               |  |                                 |  |
| 23               | 5.04 OTHER ADMINISTRATIVE & G PCC       | 16,499                                     | 16,499                         |                       |               |  |                                 |  |
| 200              | TOTAL                                   | 1,921,300                                  | 1,121,143                      | 800,157               |               | 7,256  | 618,155                         | 30,909                                       |

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

| WKST<br>A | COST CENTER/<br>PHYSICIAN IDENTIFIER    | COST OF<br>MEMBERSHIP<br>& CONTIN.<br>EDUCATION | PROVIDER<br>COMPONENT<br>SHARE OF<br>COLUMN 12 | PHYSICIAN<br>COST OF<br>MALPRACTICE<br>INSURANCE | PROVIDER<br>COMPONENT<br>SHARE OF<br>COLUMN 14 | ADJUSTED<br>RCE<br>LIMIT | RCE<br>DIS-<br>ALLOWANCE | ADJUST-<br>MENT |    |
|-----------|---|---|--|--|--|--------------------------|--------------------------|-----------------|----|
| 10        | 11                                      | 12  | 13   | 14   | 15   | 16                       | 17                       | 18              |    |
| 1         | 5.04 OTHER ADMINISTRATIVE & G DR. F     |   |  |  |  | 15,931                   | 11,069                   | 11,069          | 1  |
| 2         | 5.04 OTHER ADMINISTRATIVE & G DR. D     |   |  |  |  | 8,093                    | 19,507                   | 19,507          | 2  |
| 3         | 5.04 OTHER ADMINISTRATIVE & G DR. T     |   |  |  |  | 7,241                    | 1,759                    | 1,759           | 3  |
| 4         | 5.04 OTHER ADMINISTRATIVE & G DR. J     |   |  |  |  | 7,412                    | 1,588                    | 1,588           | 4  |
| 5         | 5.04 OTHER ADMINISTRATIVE & G DR. RP    |   |  |  |  | 24,706                   | 18,494                   | 18,494          | 5  |
| 6         | 5.04 OTHER ADMINISTRATIVE & G DR. B     |   |  |  |  | 11,671                   | 8,879                    | 8,879           | 6  |
| 7         | 5.04 OTHER ADMINISTRATIVE & G DR. RIP   |   |  |  |  | 8,690                    | 6,553                    | 6,553           | 7  |
| 8         | 68.01 PSYCHOLOGY                        |   |  |  |  |                          |                          | 246,802         | 8  |
| 9         | 91 EMERGENCY                            |   |  |  |  |                          |                          | 427,522         | 9  |
|           |   |   |  |  |  |                          |                          | 12,000          | 10 |
| 10        | 5.04 OTHER ADMINISTRATIVE & G UROLOGY   |   |  |  |  |                          |                          |                 | 11 |
| 11        | 5.04 OTHER ADMINISTRATIVE & G NEUROLOGY |   |  |  |  |                          |                          |                 | 12 |
| 12        | 5.04 OTHER ADMINISTRATIVE & G DR. U     |   |  |  |  | 20,787                   | 15,213                   | 15,213          | 13 |
| 13        | 5.04 OTHER ADMINISTRATIVE & G DR. Z     |   |  |  |  | 9,542                    | 6,358                    | 6,358           | 14 |
| 14        | 5.04 OTHER ADMINISTRATIVE & G DR. R     |   |  |  |  | 682                      | 518                      | 518             | 15 |
| 15        | 5.04 OTHER ADMINISTRATIVE & G DR. N     |   |  |  |  | 511                      | 389                      | 389             | 16 |
| 16        | 5.04 OTHER ADMINISTRATIVE & G DR. RB    |   |  |  |  |                          |                          |                 | 17 |
| 17        | 5.04 OTHER ADMINISTRATIVE & G DR. DG    |   |  |  |  | 15,249                   | 10,851                   | 10,851          | 18 |
| 18        | 5.04 OTHER ADMINISTRATIVE & G SR. SS    |   |  |  |  | 7,923                    | 6,083                    | 6,083           | 19 |
| 19        | 5.04 OTHER ADMINISTRATIVE & G DR. RS    |   |  |  |  | 11,245                   | 34,588                   | 34,588          | 20 |
| 20        | 30 ADULTS & PEDIATRICS                  |   |  |  |  | 92,774                   |                          |                 | 21 |
| 21        | 30 ADULTS & PEDIATRICS                  |   |  |  |  | 375,698                  | 45,982                   | 45,982          | 22 |
| 22        | 91 EMERGENCY                            |   |  |  |  |                          |                          | 418,320         | 23 |
| 23        | 5.04 OTHER ADMINISTRATIVE & G PCC       |   |  |  |  |                          |                          | 16,499          | 24 |
| 200       | TOTAL                                   |   |  |  |  | 618,155                  | 187,831                  | 1,308,974       | 25 |

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

| COST CENTER DESCRIPTION               | ALLOCATION<br>(FROM WKST<br>A, COL.7)<br>0 | CAP<br>BLDGS &<br>FIXTURES<br>1 | CAP<br>MOVABLE<br>EQUIPMENT<br>2 | EMPLOYEE<br>BENEFITS<br>4 | PURCHASING<br>5.01 |        |
|---------------------------------------|--|---------------------------------|----------------------------------|---------------------------|--------------------|--------|
| GENERAL SERVICE COST CENTERS          |  |                                 |                                  |                           |                    |        |
| 1 CAP REL COSTS-BLDG & FIXT           | 3,049,842                                  | 3,049,842                       |                                  |                           |                    | 1      |
| 2 CAP REL COSTS-MVBLE EQUIP           | 2,181,966                                  |                                 | 2,181,966                        |                           |                    | 2      |
| 4 EMPLOYEE BENEFITS                   | 6,813,422                                  | 80,259                          | 1,570                            | 6,895,251                 |                    | 4      |
| 5.01 PURCHASING                       | 384,488                                    | 85,575                          | 16,546                           | 61,771                    | 548,380            | 5.01   |
| 5.02 ADMITTING                        | 1,349,984                                  | 42,804                          | 6,361                            | 226,231                   | 725                | 5.02   |
| 5.03 PATIENT ACCOUNTS                 | 456,283                                    | 22,490                          | 1,725                            | 74,537                    | 166                | 5.03   |
| 5.04 OTHER ADMINISTRATIVE & GENERAL   | 10,495,305                                 | 857,339                         | 502,352                          | 1,073,392                 | 13,646             | 5.04   |
| 6 MAINTENANCE & REPAIRS               | 230,019                                    | 57,736                          | 668                              | 35,000                    | 39                 | 6      |
| 7 OPERATION OF PLANT                  | 3,490,593                                  | 243,120                         | 58,505                           | 328,973                   | 12,645             | 7      |
| 8 LAUNDRY & LINEN SERVICE             | 239,576                                    | 53,933                          |                                  |                           | 193                | 8      |
| 9 HOUSEKEEPING                        | 1,221,150                                  | 48,103                          | 10,981                           | 172,532                   | 15,778             | 9      |
| 10 DIETARY                            | 466,157                                    | 176,365                         | 38,152                           | 67,476                    | 6,808              | 10     |
| 11 CAFETERIA                          | 297,986                                    | 78,316                          |                                  | 55,948                    | 5,645              | 11     |
| 12 MAINTENANCE OF PERSONNEL           |  |                                 |                                  |                           |                    | 12     |
| 13 NURSING ADMINISTRATION             | 1,024,998                                  | 19,949                          |                                  | 182,853                   | 80                 | 13     |
| 14 CENTRAL SERVICES & SUPPLY          |  |                                 |                                  |                           |                    | 14     |
| 15 PHARMACY                           |  |                                 |                                  |                           |                    | 15     |
| 16 MEDICAL RECORDS & LIBRARY          | 415,022                                    | 39,980                          | 1,256                            | 49,411                    | 227                | 16     |
| 17 SOCIAL SERVICE                     | 1,282,761                                  | 25,978                          | 3,665                            | 200,684                   | 505                | 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                | 16,612,647                                 | 671,758                         | 948,903                          | 2,690,854                 | 11,755             | 30     |
| ANCILLARY SERVICE COST CENTERS        |  |                                 |                                  |                           |                    |        |
| 50 OPERATING ROOM                     | 667,774                                    | 30,812                          | 45,097                           | 77,398                    | 106                | 50     |
| 54 RADIOLOGY-DIAGNOSTIC               | 730,791                                    | 73,001                          | 162,012                          | 114,491                   | 141                | 54     |
| 56 RADIOISOTOPE                       | 22,000                                     | 1,844                           |                                  |                           |                    | 56     |
| 57 COMPUTED TOMOGRAPHY (CT) SCAN      | 166,980                                    | 11,527                          | 113,101                          |                           | 1                  | 57     |
| 60 LABORATORY                         | 1,868,324                                  |                                 |                                  | 19,203                    | 35,607             | 60     |
| 62.30 BLOOD CLOTTING FOR HEMOPHILIACS |  |                                 |                                  |                           |                    | 62.30  |
| 65 RESPIRATORY THERAPY                | 5,645,263                                  | 56,657                          | 262,568                          | 976,941                   | 1,267              | 65     |
| 65.01 PULMONARY REHAB                 |  |                                 |                                  |                           |                    | 65.01  |
| 66 PHYSICAL THERAPY                   | 1,182,500                                  | 28,287                          | 1,372                            | 102,678                   | 109                | 66     |
| 67 OCCUPATIONAL THERAPY               | 581,212                                    | 18,636                          |                                  | 26,419                    |                    | 67     |
| 68 SPEECH PATHOLOGY                   | 376,906                                    | 16,593                          |                                  | 65,946                    |                    | 68     |
| 68.01 PSYCHOLOGY                      |  | 10,647                          | 1,102                            |                           | 3                  | 68.01  |
| 71 MEDICAL SUPPLIES CHRGD TO PATIENTS | 3,824,068                                  |                                 |                                  |                           | 250,953            | 71     |
| 73 DRUGS CHARGED TO PATIENTS          | 4,536,551                                  | 59,480                          | 5,920                            | 267,957                   | 191,939            | 73     |
| 74 RENAL DIALYSIS                     | 1,170,307                                  | 5,149                           |                                  |                           |                    | 74     |
| 75.01 ULTRASOUND                      | 96,403                                     | 4,784                           |                                  | 16,748                    |                    | 75.01  |
| 76.97 CARDIAC REHABILITATION          |  |                                 |                                  |                           |                    | 76.97  |
| 76.98 HYPERBARIC OXYGEN THERAPY       |  |                                 |                                  |                           |                    | 76.98  |
| 76.99 LITHOTRIPSY                     |  |                                 |                                  |                           |                    | 76.99  |
| OUTPATIENT SERVICE COST CENTERS       |  |                                 |                                  |                           |                    |        |
| 91 EMERGENCY                          | 44,232                                     | 67,403                          | 110                              | 7,808                     | 42                 | 91     |
| 92 OBSERVATION BEDS                   |  |                                 |                                  |                           |                    | 92     |
| OTHER REIMBURSABLE COST CENTERS       |  |                                 |                                  |                           |                    |        |
| 99.10 CORF                            |  |                                 |                                  |                           |                    | 99.10  |
| 99.20 OPT                             |  |                                 |                                  |                           |                    | 99.20  |
| 99.30 CMHC                            |  |                                 |                                  |                           |                    | 99.30  |
| 99.40 OPT                             |  |                                 |                                  |                           |                    | 99.40  |
| SPECIAL PURPOSE COST CENTERS          |  |                                 |                                  |                           |                    |        |
| 118 SUBTOTALS (SUM OF LINES 1-117)    | 70,925,510                                 | 2,888,525                       | 2,181,966                        | 6,895,251                 | 548,380            | 118    |
| NONREIMBURSABLE COST CENTERS          |  |                                 |                                  |                           |                    |        |
| 190.01 IDLE SPACE                     |  | 51,890                          |                                  |                           |                    | 190.01 |
| 192 PHYSICIANS' PRIVATE OFFICES       |  | 109,427                         |                                  |                           |                    | 192    |
| 200 CROSS FOOT ADJUSTMENTS            |  |                                 |                                  |                           |                    | 200    |
| 201 NEGATIVE COST CENTER              |  |                                 |                                  |                           |                    | 201    |
| 202 TOTAL (SUM OF LINES 118-201)      | 70,925,510                                 | 3,049,842                       | 2,181,966                        | 6,895,251                 | 548,380            | 202    |

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

| COST CENTER DESCRIPTION               | ADMITTING | PATIENT          | SUBTOTAL<br>(COLS. 0-4) | OTHER A&G  | MAIN-<br>TENANCE &<br>REPAIRS |        |
|---------------------------------------|-----------|------------------|-------------------------|------------|-------------------------------|--------|
|                                       | 5.02      | ACCOUNTS<br>5.03 |                         | 4A         |                               |        |
| GENERAL SERVICE COST CENTERS          |           |                  |                         |            |                               |        |
| 1 CAP REL COSTS-BLDG & FIXT           |           |                  |                         |            |                               | 1      |
| 2 CAP REL COSTS-MVBLE EQUIP           |           |                  |                         |            |                               | 2      |
| 4 EMPLOYEE BENEFITS                   |           |                  |                         |            |                               | 4      |
| 5.01 PURCHASING                       |           |                  |                         |            |                               | 5.01   |
| 5.02 ADMITTING                        | 1,626,105 |                  |                         |            |                               | 5.02   |
| 5.03 PATIENT ACCOUNTS                 |           | 555,201          |                         |            |                               | 5.03   |
| 5.04 OTHER ADMINISTRATIVE & GENERAL   |           |                  | 12,942,034              | 12,942,034 |                               | 5.04   |
| 6 MAINTENANCE & REPAIRS               |           |                  | 323,462                 | 72,197     | 395,659                       | 6      |
| 7 OPERATION OF PLANT                  |           |                  | 4,133,836               | 922,680    |                               | 7      |
| 8 LAUNDRY & LINEN SERVICE             |           |                  | 293,702                 | 65,555     |                               | 8      |
| 9 HOUSEKEEPING                        |           |                  | 1,468,544               | 327,782    |                               | 9      |
| 10 DIETARY                            |           |                  | 754,958                 | 168,508    |                               | 10     |
| 11 CAFETERIA                          |           |                  | 437,895                 | 97,739     |                               | 11     |
| 12 MAINTENANCE OF PERSONNEL           |           |                  |                         |            |                               | 12     |
| 13 NURSING ADMINISTRATION             |           |                  | 1,227,880               | 274,065    |                               | 13     |
| 14 CENTRAL SERVICES & SUPPLY          |           |                  |                         |            |                               | 14     |
| 15 PHARMACY                           |           |                  |                         |            |                               | 15     |
| 16 MEDICAL RECORDS & LIBRARY          |           |                  | 505,896                 | 112,917    |                               | 16     |
| 17 SOCIAL SERVICE                     |           |                  | 1,513,593               | 337,837    |                               | 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                | 595,923   | 203,456          | 21,735,296              | 4,851,371  | 315,671                       | 30     |
| ANCILLARY SERVICE COST CENTERS        |           |                  |                         |            |                               |        |
| 50 OPERATING ROOM                     | 9,037     | 3,085            | 833,309                 | 185,996    |                               | 50     |
| 54 RADIOLOGY-DIAGNOSTIC               | 19,517    | 6,664            | 1,106,617               | 246,999    |                               | 54     |
| 56 RADIOISOTOPE                       | 385       | 132              | 24,361                  | 5,437      |                               | 56     |
| 57 COMPUTED TOMOGRAPHY (CT) SCAN      | 11,692    | 3,992            | 307,293                 | 68,588     |                               | 57     |
| 60 LABORATORY                         | 51,945    | 17,736           | 1,992,815               | 444,800    |                               | 60     |
| 62.30 BLOOD CLOTTING FOR HEMOPHILIACS |           |                  |                         |            |                               | 62.30  |
| 65 RESPIRATORY THERAPY                | 382,960   | 130,757          | 7,456,413               | 1,664,286  | 76,846                        | 65     |
| 65.01 PULMONARY REHAB                 |           |                  |                         |            |                               | 65.01  |
| 66 PHYSICAL THERAPY                   | 20,835    | 7,114            | 1,342,895               | 299,737    | 3,142                         | 66     |
| 67 OCCUPATIONAL THERAPY               | 16,347    | 5,582            | 648,196                 | 144,679    |                               | 67     |
| 68 SPEECH PATHOLOGY                   | 11,377    | 3,884            | 474,706                 | 105,955    |                               | 68     |
| 68.01 PSYCHOLOGY                      |           |                  | 11,752                  | 2,623      |                               | 68.01  |
| 71 MEDICAL SUPPLIES CHRGD TO PATIENTS | 149,220   | 50,950           | 4,275,191               | 954,231    |                               | 71     |
| 73 DRUGS CHARGED TO PATIENTS          | 313,493   | 107,039          | 5,482,379               | 1,223,678  |                               | 73     |
| 74 RENAL DIALYSIS                     | 37,524    | 12,812           | 1,225,792               | 273,599    |                               | 74     |
| 75.01 ULTRASOUND                      | 5,022     | 1,715            | 124,672                 | 27,827     |                               | 75.01  |
| 76.97 CARDIAC REHABILITATION          |           |                  |                         |            |                               | 76.97  |
| 76.98 HYPERBARIC OXYGEN THERAPY       |           |                  |                         |            |                               | 76.98  |
| 76.99 LITHOTRIPSY                     |           |                  |                         |            |                               | 76.99  |
| OUTPATIENT SERVICE COST CENTERS       |           |                  |                         |            |                               |        |
| 91 EMERGENCY                          | 828       | 283              | 120,706                 | 26,942     |                               | 91     |
| 92 OBSERVATION BEDS                   |           |                  |                         |            |                               | 92     |
| OTHER REIMBURSABLE COST CENTERS       |           |                  |                         |            |                               |        |
| 99.10 CORF                            |           |                  |                         |            |                               | 99.10  |
| 99.20 OPT                             |           |                  |                         |            |                               | 99.20  |
| 99.30 CMHC                            |           |                  |                         |            |                               | 99.30  |
| 99.40 OPT                             |           |                  |                         |            |                               | 99.40  |
| SPECIAL PURPOSE COST CENTERS          |           |                  |                         |            |                               |        |
| 118 SUBTOTALS (SUM OF LINES 1-117)    | 1,626,105 | 555,201          | 70,764,193              | 12,906,028 | 395,659                       | 118    |
| NONREIMBURSABLE COST CENTERS          |           |                  |                         |            |                               |        |
| 190.01 IDLE SPACE                     |           |                  | 51,890                  | 11,582     |                               | 190.01 |
| 192 PHYSICIANS' PRIVATE OFFICES       |           |                  | 109,427                 | 24,424     |                               | 192    |
| 200 CROSS FOOT ADJUSTMENTS            |           |                  |                         |            |                               | 200    |
| 201 NEGATIVE COST CENTER              |           |                  |                         |            |                               | 201    |
| 202 TOTAL (SUM OF LINES 118-201)      | 1,626,105 | 555,201          | 70,925,510              | 12,942,034 | 395,659                       | 202    |

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

| COST CENTER DESCRIPTION               | OPERATION OF PLANT<br>7 | LAUNDRY & LINEN SERVICE<br>8 | HOUSE-KEEPING<br>9 | DIETARY<br>10 | CAFETERIA<br>11 |        |
|---------------------------------------|-------------------------|------------------------------|--------------------|---------------|-----------------|--------|
| GENERAL SERVICE COST CENTERS          |                         |                              |                    |               |                 |        |
| 1 CAP REL COSTS-BLDG & FIXT           |                         |                              |                    |               |                 | 1      |
| 2 CAP REL COSTS-MVBLE EQUIP           |                         |                              |                    |               |                 | 2      |
| 4 EMPLOYEE BENEFITS                   |                         |                              |                    |               |                 | 4      |
| 5.01 PURCHASING                       |                         |                              |                    |               |                 | 5.01   |
| 5.02 ADMITTING                        |                         |                              |                    |               |                 | 5.02   |
| 5.03 PATIENT ACCOUNTS                 |                         |                              |                    |               |                 | 5.03   |
| 5.04 OTHER ADMINISTRATIVE & GENERAL   |                         |                              |                    |               |                 | 5.04   |
| 6 MAINTENANCE & REPAIRS               |                         |                              |                    |               |                 | 6      |
| 7 OPERATION OF PLANT                  | 5,056,516               |                              |                    |               |                 | 7      |
| 8 LAUNDRY & LINEN SERVICE             | 164,233                 | 523,490                      |                    |               |                 | 8      |
| 9 HOUSEKEEPING                        | 146,479                 |                              | 1,942,805          |               |                 | 9      |
| 10 DIETARY                            | 537,057                 |                              | 219,857            | 1,680,380     |                 | 10     |
| 11 CAFETERIA                          | 238,484                 |                              | 97,629             |               | 871,747         | 11     |
| 12 MAINTENANCE OF PERSONNEL           |                         |                              |                    |               |                 | 12     |
| 13 NURSING ADMINISTRATION             | 60,746                  |                              | 24,868             |               | 26,982          | 13     |
| 14 CENTRAL SERVICES & SUPPLY          |                         |                              |                    |               |                 | 14     |
| 15 PHARMACY                           |                         |                              |                    |               |                 | 15     |
| 16 MEDICAL RECORDS & LIBRARY          | 121,746                 |                              | 49,839             |               | 10,892          | 16     |
| 17 SOCIAL SERVICE                     | 79,107                  |                              | 32,384             |               | 32,861          | 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                | 2,045,600               | 523,490                      | 837,415            | 1,680,380     | 510,766         | 30     |
| ANCILLARY SERVICE COST CENTERS        |                         |                              |                    |               |                 |        |
| 50 OPERATING ROOM                     | 93,826                  |                              | 38,410             |               | 10,500          | 50     |
| 54 RADIOLOGY-DIAGNOSTIC               | 222,298                 |                              | 91,003             |               | 14,378          | 54     |
| 56 RADIOISOTOPE                       | 5,614                   |                              | 2,298              |               |                 | 56     |
| 57 COMPUTED TOMOGRAPHY (CT) SCAN      | 35,102                  |                              | 14,370             |               |                 | 57     |
| 60 LABORATORY                         |                         |                              |                    |               | 5,570           | 60     |
| 62.30 BLOOD CLOTTING FOR HEMOPHILIACS |                         |                              |                    |               |                 | 62.30  |
| 65 RESPIRATORY THERAPY                | 172,528                 |                              | 70,628             |               | 176,788         | 65     |
| 65.01 PULMONARY REHAB                 |                         |                              |                    |               |                 | 65.01  |
| 66 PHYSICAL THERAPY                   | 86,137                  |                              | 35,262             |               | 21,144          | 66     |
| 67 OCCUPATIONAL THERAPY               | 56,751                  |                              | 23,232             |               | 3,466           | 67     |
| 68 SPEECH PATHOLOGY                   | 50,529                  |                              | 20,685             |               | 9,407           | 68     |
| 68.01 PSYCHOLOGY                      | 32,422                  |                              | 13,273             |               | 5,776           | 68.01  |
| 71 MEDICAL SUPPLIES CHRGD TO PATIENTS |                         |                              |                    |               |                 | 71     |
| 73 DRUGS CHARGED TO PATIENTS          | 181,126                 |                              | 74,148             |               | 35,069          | 73     |
| 74 RENAL DIALYSIS                     | 15,680                  |                              | 6,419              |               |                 | 74     |
| 75.01 ULTRASOUND                      | 14,567                  |                              | 5,963              |               | 1,774           | 75.01  |
| 76.97 CARDIAC REHABILITATION          |                         |                              |                    |               |                 | 76.97  |
| 76.98 HYPERBARIC OXYGEN THERAPY       |                         |                              |                    |               |                 | 76.98  |
| 76.99 LITHOTRIPSY                     |                         |                              |                    |               |                 | 76.99  |
| OUTPATIENT SERVICE COST CENTERS       |                         |                              |                    |               |                 |        |
| 91 EMERGENCY                          | 205,253                 |                              | 84,025             |               | 6,374           | 91     |
| 92 OBSERVATION BEDS                   |                         |                              |                    |               |                 | 92     |
| OTHER REIMBURSABLE COST CENTERS       |                         |                              |                    |               |                 |        |
| 99.10 CORF                            |                         |                              |                    |               |                 | 99.10  |
| 99.20 OPT                             |                         |                              |                    |               |                 | 99.20  |
| 99.30 CMHC                            |                         |                              |                    |               |                 | 99.30  |
| 99.40 OPT                             |                         |                              |                    |               |                 | 99.40  |
| SPECIAL PURPOSE COST CENTERS          |                         |                              |                    |               |                 |        |
| 118 SUBTOTALS (SUM OF LINES 1-117)    | 4,565,285               | 523,490                      | 1,741,708          | 1,680,380     | 871,747         | 118    |
| NONREIMBURSABLE COST CENTERS          |                         |                              |                    |               |                 |        |
| 190.01 IDLE SPACE                     | 158,011                 |                              | 64,686             |               |                 | 190.01 |
| 192 PHYSICIANS' PRIVATE OFFICES       | 333,220                 |                              | 136,411            |               |                 | 192    |
| 200 CROSS FOOT ADJUSTMENTS            |                         |                              |                    |               |                 | 200    |
| 201 NEGATIVE COST CENTER              |                         |                              |                    |               |                 | 201    |
| 202 TOTAL (SUM OF LINES 118-201)      | 5,056,516               | 523,490                      | 1,942,805          | 1,680,380     | 871,747         | 202    |

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

| COST CENTER DESCRIPTION               | NURSING<br>ADMINIS-<br>TRATION<br>13 | MEDICAL<br>RECORDS &<br>LIBRARY<br>16 | SOCIAL<br>SERVICE<br>17 | SUBTOTAL<br>24 | I&R COST &<br>POST STEP-<br>DOWN ADJS<br>25 |
|---------------------------------------|--------------------------------------|---------------------------------------|-------------------------|----------------|---|
| GENERAL SERVICE COST CENTERS          |                                      |                                       |                         |                |   |
| 1 CAP REL COSTS-BLDG & FIXT           |                                      |                                       |                         |                | 1   |
| 2 CAP REL COSTS-MVBLE EQUIP           |                                      |                                       |                         |                | 2   |
| 4 EMPLOYEE BENEFITS                   |                                      |                                       |                         |                | 4   |
| 5.01 PURCHASING                       |                                      |                                       |                         |                | 5.01  |
| 5.02 ADMITTING                        |                                      |                                       |                         |                | 5.02  |
| 5.03 PATIENT ACCOUNTS                 |                                      |                                       |                         |                | 5.03  |
| 5.04 OTHER ADMINISTRATIVE & GENERAL   |                                      |                                       |                         |                | 5.04  |
| 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             | 1,614,541                            |                                       |                         |                | 13  |
| 14 CENTRAL SERVICES & SUPPLY          |                                      |                                       |                         |                | 14  |
| 15 PHARMACY                           |                                      |                                       |                         |                | 15  |
| 16 MEDICAL RECORDS & LIBRARY          |                                      | 801,290                               |                         |                | 16  |
| 17 SOCIAL SERVICE                     |                                      |                                       | 1,995,782               |                | 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                | 1,562,907                            | 293,655                               | 1,995,782               | 36,352,333     | 30  |
| ANCILLARY SERVICE COST CENTERS        |                                      |                                       |                         |                |   |
| 50 OPERATING ROOM                     | 32,129                               | 4,453                                 |                         | 1,198,623      | 50  |
| 54 RADIOLOGY-DIAGNOSTIC               |                                      | 9,617                                 |                         | 1,690,912      | 54  |
| 56 RADIOISOTOPE                       |                                      | 190                                   |                         | 37,900         | 56  |
| 57 COMPUTED TOMOGRAPHY (CT) SCAN      |                                      | 5,761                                 |                         | 431,114        | 57  |
| 60 LABORATORY                         |                                      | 25,597                                |                         | 2,468,782      | 60  |
| 62.30 BLOOD CLOTTING FOR HEMOPHILIACS |                                      |                                       |                         |                | 62.30                                       |
| 65 RESPIRATORY THERAPY                |                                      | 188,708                               |                         | 9,806,197      | 65  |
| 65.01 PULMONARY REHAB                 |                                      |                                       |                         |                | 65.01                                       |
| 66 PHYSICAL THERAPY                   |                                      | 10,267                                |                         | 1,798,584      | 66  |
| 67 OCCUPATIONAL THERAPY               |                                      | 8,055                                 |                         | 884,379        | 67  |
| 68 SPEECH PATHOLOGY                   |                                      | 5,606                                 |                         | 666,888        | 68  |
| 68.01 PSYCHOLOGY                      |                                      |                                       |                         | 65,846         | 68.01                                       |
| 71 MEDICAL SUPPLIES CHRGD TO PATIENTS |                                      | 73,530                                |                         | 5,302,952      | 71  |
| 73 DRUGS CHARGED TO PATIENTS          |                                      | 154,478                               |                         | 7,150,878      | 73  |
| 74 RENAL DIALYSIS                     |                                      | 18,490                                |                         | 1,539,980      | 74  |
| 75.01 ULTRASOUND                      |                                      | 2,475                                 |                         | 177,278        | 75.01                                       |
| 76.97 CARDIAC REHABILITATION          |                                      |                                       |                         |                | 76.97                                       |
| 76.98 HYPERBARIC OXYGEN THERAPY       |                                      |                                       |                         |                | 76.98                                       |
| 76.99 LITHOTRIPSY                     |                                      |                                       |                         |                | 76.99                                       |
| OUTPATIENT SERVICE COST CENTERS       |                                      |                                       |                         |                |   |
| 91 EMERGENCY                          | 19,505                               | 408                                   |                         | 463,213        | 91  |
| 92 OBSERVATION BEDS                   |                                      |                                       |                         |                | 92  |
| OTHER REIMBURSABLE COST CENTERS       |                                      |                                       |                         |                |   |
| 99.10 CORF                            |                                      |                                       |                         |                | 99.10                                       |
| 99.20 OPT                             |                                      |                                       |                         |                | 99.20                                       |
| 99.30 CMHC                            |                                      |                                       |                         |                | 99.30                                       |
| 99.40 OPT                             |                                      |                                       |                         |                | 99.40                                       |
| SPECIAL PURPOSE COST CENTERS          |                                      |                                       |                         |                |   |
| 118 SUBTOTALS (SUM OF LINES 1-117)    | 1,614,541                            | 801,290                               | 1,995,782               | 70,035,859     | 118   |
| NONREIMBURSABLE COST CENTERS          |                                      |                                       |                         |                |   |
| 190.01 IDLE SPACE                     |                                      |                                       |                         | 286,169        | 190.01                                      |
| 192 PHYSICIANS' PRIVATE OFFICES       |                                      |                                       |                         | 603,482        | 192   |
| 200 CROSS FOOT ADJUSTMENTS            |                                      |                                       |                         |                | 200   |
| 201 NEGATIVE COST CENTER              |                                      |                                       |                         |                | 201   |
| 202 TOTAL (SUM OF LINES 118-201)      | 1,614,541                            | 801,290                               | 1,995,782               | 70,925,510     | 202   |

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B  
 PART I

| COST CENTER DESCRIPTION               | TOTAL      |        |
|---------------------------------------|------------|--------|
|                                       | 26         |        |
| GENERAL SERVICE COST CENTERS          |            |        |
| 1 CAP REL COSTS-BLDG & FIXT           |            | 1      |
| 2 CAP REL COSTS-MVBLE EQUIP           |            | 2      |
| 4 EMPLOYEE BENEFITS                   |            | 4      |
| 5.01 PURCHASING                       |            | 5.01   |
| 5.02 ADMITTING                        |            | 5.02   |
| 5.03 PATIENT ACCOUNTS                 |            | 5.03   |
| 5.04 OTHER ADMINISTRATIVE & GENERAL   |            | 5.04   |
| 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             |            | 13     |
| 14 CENTRAL SERVICES & SUPPLY          |            | 14     |
| 15 PHARMACY                           |            | 15     |
| 16 MEDICAL RECORDS & LIBRARY          |            | 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                | 36,352,333 | 30     |
| ANCILLARY SERVICE COST CENTERS        |            |        |
| 50 OPERATING ROOM                     | 1,198,623  | 50     |
| 54 RADIOLOGY-DIAGNOSTIC               | 1,690,912  | 54     |
| 56 RADIOISOTOPE                       | 37,900     | 56     |
| 57 COMPUTED TOMOGRAPHY (CT) SCAN      | 431,114    | 57     |
| 60 LABORATORY                         | 2,468,782  | 60     |
| 62.30 BLOOD CLOTTING FOR HEMOPHILIACS |            | 62.30  |
| 65 RESPIRATORY THERAPY                | 9,806,197  | 65     |
| 65.01 PULMONARY REHAB                 |            | 65.01  |
| 66 PHYSICAL THERAPY                   | 1,798,584  | 66     |
| 67 OCCUPATIONAL THERAPY               | 884,379    | 67     |
| 68 SPEECH PATHOLOGY                   | 666,888    | 68     |
| 68.01 PSYCHOLOGY                      | 65,846     | 68.01  |
| 71 MEDICAL SUPPLIES CHRGD TO PATIENTS | 5,302,952  | 71     |
| 73 DRUGS CHARGED TO PATIENTS          | 7,150,878  | 73     |
| 74 RENAL DIALYSIS                     | 1,539,980  | 74     |
| 75.01 ULTRASOUND                      | 177,278    | 75.01  |
| 76.97 CARDIAC REHABILITATION          |            | 76.97  |
| 76.98 HYPERBARIC OXYGEN THERAPY       |            | 76.98  |
| 76.99 LITHOTRIPSY                     |            | 76.99  |
| OUTPATIENT SERVICE COST CENTERS       |            |        |
| 91 EMERGENCY                          | 463,213    | 91     |
| 92 OBSERVATION BEDS                   |            | 92     |
| OTHER REIMBURSABLE COST CENTERS       |            |        |
| 99.10 CORF                            |            | 99.10  |
| 99.20 OPT                             |            | 99.20  |
| 99.30 CMHC                            |            | 99.30  |
| 99.40 OPT                             |            | 99.40  |
| SPECIAL PURPOSE COST CENTERS          |            |        |
| 118 SUBTOTALS (SUM OF LINES 1-117)    | 70,035,859 | 118    |
| NONREIMBURSABLE COST CENTERS          |            |        |
| 190.01 IDLE SPACE                     | 286,169    | 190.01 |
| 192 PHYSICIANS' PRIVATE OFFICES       | 603,482    | 192    |
| 200 CROSS FOOT ADJUSTMENTS            |            | 200    |
| 201 NEGATIVE COST CENTER              |            | 201    |
| 202 TOTAL (SUM OF LINES 118-201)      | 70,925,510 | 202    |

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

| COST CENTER DESCRIPTION               | DIR ASSGND<br>CAP-REL<br>COSTS<br>0 | CAP<br>BLDGS &<br>FIXTURES<br>1 | CAP<br>MOVABLE<br>EQUIPMENT<br>2 | SUBTOTAL<br>2A | EMPLOYEE<br>BENEFITS<br>4 |        |
|---------------------------------------|-------------------------------------|---------------------------------|----------------------------------|----------------|---------------------------|--------|
| GENERAL SERVICE COST CENTERS          |                                     |                                 |                                  |                |                           |        |
| 1 CAP REL COSTS-BLDG & FIXT           |                                     |                                 |                                  |                |                           | 1      |
| 2 CAP REL COSTS-MVBLE EQUIP           |                                     |                                 |                                  |                |                           | 2      |
| 4 EMPLOYEE BENEFITS                   |                                     |                                 |                                  |                |                           | 4      |
| 5.01 PURCHASING                       |                                     | 80,259                          | 1,570                            | 81,829         | 81,829                    | 4      |
| 5.02 ADMITTING                        | 15,655                              | 85,575                          | 16,546                           | 102,121        | 733                       | 5.01   |
| 5.03 PATIENT ACCOUNTS                 |                                     | 42,804                          | 6,361                            | 49,165         | 2,685                     | 5.02   |
| 5.04 OTHER ADMINISTRATIVE & GENERAL   | 8,354                               | 22,490                          | 1,725                            | 24,215         | 885                       | 5.03   |
| 6 MAINTENANCE & REPAIRS               |                                     | 857,339                         | 502,352                          | 1,368,045      | 12,740                    | 5.04   |
| 7 OPERATION OF PLANT                  |                                     | 57,736                          | 668                              | 58,404         | 415                       | 6      |
| 8 LAUNDRY & LINEN SERVICE             |                                     | 243,120                         | 58,505                           | 301,625        | 3,905                     | 7      |
| 9 HOUSEKEEPING                        |                                     | 53,933                          |                                  | 53,933         |                           | 8      |
| 10 DIETARY                            | 352                                 | 48,103                          | 10,981                           | 59,084         | 2,048                     | 9      |
| 11 CAFETERIA                          |                                     | 176,365                         | 38,152                           | 214,869        | 801                       | 10     |
| 12 MAINTENANCE OF PERSONNEL           |                                     | 78,316                          |                                  | 78,316         | 664                       | 11     |
| 13 NURSING ADMINISTRATION             |                                     | 19,949                          |                                  | 19,949         |                           | 12     |
| 14 CENTRAL SERVICES & SUPPLY          |                                     |                                 |                                  |                | 2,170                     | 13     |
| 15 PHARMACY                           |                                     |                                 |                                  |                |                           | 14     |
| 16 MEDICAL RECORDS & LIBRARY          |                                     | 39,980                          | 1,256                            | 41,236         | 586                       | 15     |
| 17 SOCIAL SERVICE                     |                                     | 25,978                          | 3,665                            | 29,643         | 2,382                     | 16     |
| 19 NONPHYSICIAN ANESTHETISTS          |                                     |                                 |                                  |                |                           | 17     |
| 20 NURSING SCHOOL                     |                                     |                                 |                                  |                |                           | 19     |
| 21 I&R SRVCES-SALARY & FRINGES APPRVD |                                     |                                 |                                  |                |                           | 20     |
| 22 I&R SRVCES-OTHER PRGM COSTS APPRVD |                                     |                                 |                                  |                |                           | 21     |
| 23 PARAMED ED PRGM-(SPECIFY)          |                                     |                                 |                                  |                |                           | 22     |
| INPATIENT ROUTINE SERV COST CENTERS   |                                     |                                 |                                  |                |                           | 23     |
| 30 ADULTS & PEDIATRICS                | 403,234                             | 671,758                         | 948,903                          | 2,023,895      | 31,926                    | 30     |
| ANCILLARY SERVICE COST CENTERS        |                                     |                                 |                                  |                |                           |        |
| 50 OPERATING ROOM                     |                                     | 30,812                          | 45,097                           | 75,909         | 919                       | 50     |
| 54 RADIOLOGY-DIAGNOSTIC               |                                     | 73,001                          | 162,012                          | 235,013        | 1,359                     | 54     |
| 56 RADIOISOTOPE                       |                                     | 1,844                           |                                  | 1,844          |                           | 56     |
| 57 COMPUTED TOMOGRAPHY (CT) SCAN      |                                     | 11,527                          | 113,101                          | 124,628        |                           | 57     |
| 60 LABORATORY                         |                                     |                                 |                                  |                | 228                       | 60     |
| 62.30 BLOOD CLOTTING FOR HEMOPHILIACS |                                     |                                 |                                  |                |                           | 62.30  |
| 65 RESPIRATORY THERAPY                | 64,189                              | 56,657                          | 262,568                          | 383,414        | 11,595                    | 65     |
| 65.01 PULMONARY REHAB                 |                                     |                                 |                                  |                |                           | 65.01  |
| 66 PHYSICAL THERAPY                   |                                     | 28,287                          | 1,372                            | 29,659         | 1,219                     | 66     |
| 67 OCCUPATIONAL THERAPY               |                                     | 18,636                          |                                  | 18,636         | 314                       | 67     |
| 68 SPEECH PATHOLOGY                   |                                     | 16,593                          |                                  | 16,593         | 783                       | 68     |
| 68.01 PSYCHOLOGY                      |                                     | 10,647                          | 1,102                            | 11,749         |                           | 68.01  |
| 71 MEDICAL SUPPLIES CHRGD TO PATIENTS |                                     |                                 |                                  |                |                           | 71     |
| 73 DRUGS CHARGED TO PATIENTS          | 90,376                              | 59,480                          | 5,920                            | 155,776        | 3,180                     | 73     |
| 74 RENAL DIALYSIS                     |                                     | 5,149                           |                                  | 5,149          |                           | 74     |
| 75.01 ULTRASOUND                      |                                     | 4,784                           |                                  | 4,784          | 199                       | 75.01  |
| 76.97 CARDIAC REHABILITATION          |                                     |                                 |                                  |                |                           | 76.97  |
| 76.98 HYPERBARIC OXYGEN THERAPY       |                                     |                                 |                                  |                |                           | 76.98  |
| 76.99 LITHOTRIPSY                     |                                     |                                 |                                  |                |                           | 76.99  |
| OUTPATIENT SERVICE COST CENTERS       |                                     |                                 |                                  |                |                           |        |
| 91 EMERGENCY                          |                                     | 67,403                          | 110                              | 67,513         | 93                        | 91     |
| 92 OBSERVATION BEDS                   |                                     |                                 |                                  |                |                           | 92     |
| OTHER REIMBURSABLE COST CENTERS       |                                     |                                 |                                  |                |                           |        |
| 99.10 CORF                            |                                     |                                 |                                  |                |                           | 99.10  |
| 99.20 OPT                             |                                     |                                 |                                  |                |                           | 99.20  |
| 99.30 CMHC                            |                                     |                                 |                                  |                |                           | 99.30  |
| 99.40 OPT                             |                                     |                                 |                                  |                |                           | 99.40  |
| SPECIAL PURPOSE COST CENTERS          |                                     |                                 |                                  |                |                           |        |
| 118 SUBTOTALS (SUM OF LINES 1-117)    | 582,160                             | 2,888,525                       | 2,181,966                        | 5,652,651      | 81,829                    | 118    |
| NONREIMBURSABLE COST CENTERS          |                                     |                                 |                                  |                |                           |        |
| 190.01 IDLE SPACE                     |                                     | 51,890                          |                                  | 51,890         |                           | 190.01 |
| 192 PHYSICIANS' PRIVATE OFFICES       |                                     | 109,427                         |                                  | 109,427        |                           | 192    |
| 200 CROSS FOOT ADJUSTMENTS            |                                     |                                 |                                  |                |                           | 200    |
| 201 NEGATIVE COST CENTER              |                                     |                                 |                                  |                |                           | 201    |
| 202 TOTAL (SUM OF LINES 118-201)      | 582,160                             | 3,049,842                       | 2,181,966                        | 5,813,968      | 81,829                    | 202    |

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

| COST CENTER DESCRIPTION               | PURCHASING | ADMITTING | PATIENT ACCOUNTS | OTHER A&G | MAIN-TENANCE & REPAIRS |        |
|---------------------------------------|------------|-----------|------------------|-----------|------------------------|--------|
|                                       | 5.01       | 5.02      | 5.03             | 5.04      | 6                      |        |
| GENERAL SERVICE COST CENTERS          |            |           |                  |           |                        |        |
| 1 CAP REL COSTS-BLDG & FIXT           |            |           |                  |           |                        | 1      |
| 2 CAP REL COSTS-MVBLE EQUIP           |            |           |                  |           |                        | 2      |
| 4 EMPLOYEE BENEFITS                   |            |           |                  |           |                        | 4      |
| 5.01 PURCHASING                       | 102,854    |           |                  |           |                        | 5.01   |
| 5.02 ADMITTING                        | 136        | 67,641    |                  |           |                        | 5.02   |
| 5.03 PATIENT ACCOUNTS                 | 31         |           | 25,131           |           |                        | 5.03   |
| 5.04 OTHER ADMINISTRATIVE & GENERAL   | 2,559      |           |                  | 1,383,344 |                        | 5.04   |
| 6 MAINTENANCE & REPAIRS               | 7          |           |                  | 7,717     | 66,543                 | 6      |
| 7 OPERATION OF PLANT                  | 2,372      |           |                  | 98,625    |                        | 7      |
| 8 LAUNDRY & LINEN SERVICE             | 36         |           |                  | 7,007     |                        | 8      |
| 9 HOUSEKEEPING                        | 2,959      |           |                  | 35,037    |                        | 9      |
| 10 DIETARY                            | 1,277      |           |                  | 18,012    |                        | 10     |
| 11 CAFETERIA                          | 1,059      |           |                  | 10,447    |                        | 11     |
| 12 MAINTENANCE OF PERSONNEL           |            |           |                  |           |                        | 12     |
| 13 NURSING ADMINISTRATION             | 15         |           |                  | 29,295    |                        | 13     |
| 14 CENTRAL SERVICES & SUPPLY          |            |           |                  |           |                        | 14     |
| 15 PHARMACY                           |            |           |                  |           |                        | 15     |
| 16 MEDICAL RECORDS & LIBRARY          | 43         |           |                  | 12,070    |                        | 16     |
| 17 SOCIAL SERVICE                     | 95         |           |                  | 36,111    |                        | 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                | 2,205      | 24,767    | 9,170            | 518,533   | 53,090                 | 30     |
| ANCILLARY SERVICE COST CENTERS        |            |           |                  |           |                        |        |
| 50 OPERATING ROOM                     | 20         | 376       | 140              | 19,881    |                        | 50     |
| 54 RADIOLOGY-DIAGNOSTIC               | 27         | 812       | 302              | 26,402    |                        | 54     |
| 56 RADIOISOTOPE                       |            | 16        | 6                | 581       |                        | 56     |
| 57 COMPUTED TOMOGRAPHY (CT) SCAN      |            | 487       | 181              | 7,331     |                        | 57     |
| 60 LABORATORY                         | 6,678      | 2,162     | 805              | 47,545    |                        | 60     |
| 62.30 BLOOD CLOTTING FOR HEMOPHILIACS |            |           |                  |           |                        | 62.30  |
| 65 RESPIRATORY THERAPY                | 238        | 15,939    | 5,934            | 177,895   | 12,924                 | 65     |
| 65.01 PULMONARY REHAB                 |            |           |                  |           |                        | 65.01  |
| 66 PHYSICAL THERAPY                   | 21         | 867       | 323              | 32,039    | 529                    | 66     |
| 67 OCCUPATIONAL THERAPY               |            | 680       | 253              | 15,465    |                        | 67     |
| 68 SPEECH PATHOLOGY                   |            | 473       | 176              | 11,326    |                        | 68     |
| 68.01 PSYCHOLOGY                      |            |           |                  | 280       |                        | 68.01  |
| 71 MEDICAL SUPPLIES CHRGD TO PATIENTS | 47,069     | 6,210     | 2,312            | 101,998   |                        | 71     |
| 73 DRUGS CHARGED TO PATIENTS          | 35,999     | 13,047    | 4,857            | 130,799   |                        | 73     |
| 74 RENAL DIALYSIS                     |            | 1,562     | 581              | 29,245    |                        | 74     |
| 75.01 ULTRASOUND                      |            | 209       | 78               | 2,974     |                        | 75.01  |
| 76.97 CARDIAC REHABILITATION          |            |           |                  |           |                        | 76.97  |
| 76.98 HYPERBARIC OXYGEN THERAPY       |            |           |                  |           |                        | 76.98  |
| 76.99 LITHOTRIPSY                     |            |           |                  |           |                        | 76.99  |
| OUTPATIENT SERVICE COST CENTERS       |            |           |                  |           |                        |        |
| 91 EMERGENCY                          | 8          | 34        | 13               | 2,880     |                        | 91     |
| 92 OBSERVATION BEDS                   |            |           |                  |           |                        | 92     |
| OTHER REIMBURSABLE COST CENTERS       |            |           |                  |           |                        |        |
| 99.10 CORF                            |            |           |                  |           |                        | 99.10  |
| 99.20 OPT                             |            |           |                  |           |                        | 99.20  |
| 99.30 CMHC                            |            |           |                  |           |                        | 99.30  |
| 99.40 OPT                             |            |           |                  |           |                        | 99.40  |
| SPECIAL PURPOSE COST CENTERS          |            |           |                  |           |                        |        |
| 118 SUBTOTALS (SUM OF LINES 1-117)    | 102,854    | 67,641    | 25,131           | 1,379,495 | 66,543                 | 118    |
| NONREIMBURSABLE COST CENTERS          |            |           |                  |           |                        |        |
| 190.01 IDLE SPACE                     |            |           |                  | 1,238     |                        | 190.01 |
| 192 PHYSICIANS' PRIVATE OFFICES       |            |           |                  | 2,611     |                        | 192    |
| 200 CROSS FOOT ADJUSTMENTS            |            |           |                  |           |                        | 200    |
| 201 NEGATIVE COST CENTER              |            |           |                  |           |                        | 201    |
| 202 TOTAL (SUM OF LINES 118-201)      | 102,854    | 67,641    | 25,131           | 1,383,344 | 66,543                 | 202    |

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

| COST CENTER DESCRIPTION               | OPERATION | LAUNDRY         | HOUSE-  | DIETARY | CAFETERIA |        |
|---------------------------------------|-----------|-----------------|---------|---------|-----------|--------|
|                                       | OF PLANT  | & LINEN SERVICE | KEEPING |         |           |        |
|                                       | 7         | 8               | 9       | 10      | 11        |        |
| GENERAL SERVICE COST CENTERS          |           |                 |         |         |           |        |
| 1 CAP REL COSTS-BLDG & FIXT           |           |                 |         |         |           | 1      |
| 2 CAP REL COSTS-MVBLE EQUIP           |           |                 |         |         |           | 2      |
| 4 EMPLOYEE BENEFITS                   |           |                 |         |         |           | 4      |
| 5.01 PURCHASING                       |           |                 |         |         |           | 5.01   |
| 5.02 ADMITTING                        |           |                 |         |         |           | 5.02   |
| 5.03 PATIENT ACCOUNTS                 |           |                 |         |         |           | 5.03   |
| 5.04 OTHER ADMINISTRATIVE & GENERAL   |           |                 |         |         |           | 5.04   |
| 6 MAINTENANCE & REPAIRS               |           |                 |         |         |           | 6      |
| 7 OPERATION OF PLANT                  | 406,527   |                 |         |         |           | 7      |
| 8 LAUNDRY & LINEN SERVICE             | 13,204    | 74,180          |         |         |           | 8      |
| 9 HOUSEKEEPING                        | 11,776    |                 | 110,904 |         |           | 9      |
| 10 DIETARY                            | 43,178    |                 | 12,550  | 290,687 |           | 10     |
| 11 CAFETERIA                          | 19,173    |                 | 5,573   |         | 115,232   | 11     |
| 12 MAINTENANCE OF PERSONNEL           |           |                 |         |         |           | 12     |
| 13 NURSING ADMINISTRATION             | 4,884     |                 | 1,420   |         | 3,567     | 13     |
| 14 CENTRAL SERVICES & SUPPLY          |           |                 |         |         |           | 14     |
| 15 PHARMACY                           |           |                 |         |         |           | 15     |
| 16 MEDICAL RECORDS & LIBRARY          | 9,788     |                 | 2,845   |         | 1,440     | 16     |
| 17 SOCIAL SERVICE                     | 6,360     |                 | 1,849   |         | 4,344     | 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                | 164,458   | 74,180          | 47,802  | 290,687 | 67,513    | 30     |
| ANCILLARY SERVICE COST CENTERS        |           |                 |         |         |           |        |
| 50 OPERATING ROOM                     | 7,543     |                 | 2,193   |         | 1,388     | 50     |
| 54 RADIOLOGY-DIAGNOSTIC               | 17,872    |                 | 5,195   |         | 1,901     | 54     |
| 56 RADIOISOTOPE                       | 451       |                 | 131     |         |           | 56     |
| 57 COMPUTED TOMOGRAPHY (CT) SCAN      | 2,822     |                 | 820     |         |           | 57     |
| 60 LABORATORY                         |           |                 |         |         | 736       | 60     |
| 62.30 BLOOD CLOTTING FOR HEMOPHILIACS |           |                 |         |         |           | 62.30  |
| 65 RESPIRATORY THERAPY                | 13,871    |                 | 4,032   |         | 23,369    | 65     |
| 65.01 PULMONARY REHAB                 |           |                 |         |         |           | 65.01  |
| 66 PHYSICAL THERAPY                   | 6,925     |                 | 2,013   |         | 2,795     | 66     |
| 67 OCCUPATIONAL THERAPY               | 4,563     |                 | 1,326   |         | 458       | 67     |
| 68 SPEECH PATHOLOGY                   | 4,062     |                 | 1,181   |         | 1,243     | 68     |
| 68.01 PSYCHOLOGY                      | 2,607     |                 | 758     |         | 764       | 68.01  |
| 71 MEDICAL SUPPLIES CHRGD TO PATIENTS |           |                 |         |         |           | 71     |
| 73 DRUGS CHARGED TO PATIENTS          | 14,562    |                 | 4,233   |         | 4,636     | 73     |
| 74 RENAL DIALYSIS                     | 1,261     |                 | 366     |         |           | 74     |
| 75.01 ULTRASOUND                      | 1,171     |                 | 340     |         | 235       | 75.01  |
| 76.97 CARDIAC REHABILITATION          |           |                 |         |         |           | 76.97  |
| 76.98 HYPERBARIC OXYGEN THERAPY       |           |                 |         |         |           | 76.98  |
| 76.99 LITHOTRIPSY                     |           |                 |         |         |           | 76.99  |
| OUTPATIENT SERVICE COST CENTERS       |           |                 |         |         |           |        |
| 91 EMERGENCY                          | 16,502    |                 | 4,797   |         | 843       | 91     |
| 92 OBSERVATION BEDS                   |           |                 |         |         |           | 92     |
| OTHER REIMBURSABLE COST CENTERS       |           |                 |         |         |           |        |
| 99.10 CORF                            |           |                 |         |         |           | 99.10  |
| 99.20 OPT                             |           |                 |         |         |           | 99.20  |
| 99.30 CMHC                            |           |                 |         |         |           | 99.30  |
| 99.40 OPT                             |           |                 |         |         |           | 99.40  |
| SPECIAL PURPOSE COST CENTERS          |           |                 |         |         |           |        |
| 118 SUBTOTALS (SUM OF LINES 1-117)    | 367,033   | 74,180          | 99,424  | 290,687 | 115,232   | 118    |
| NONREIMBURSABLE COST CENTERS          |           |                 |         |         |           |        |
| 190.01 IDLE SPACE                     | 12,704    |                 | 3,693   |         |           | 190.01 |
| 192 PHYSICIANS' PRIVATE OFFICES       | 26,790    |                 | 7,787   |         |           | 192    |
| 200 CROSS FOOT ADJUSTMENTS            |           |                 |         |         |           | 200    |
| 201 NEGATIVE COST CENTER              |           |                 |         |         |           | 201    |
| 202 TOTAL (SUM OF LINES 118-201)      | 406,527   | 74,180          | 110,904 | 290,687 | 115,232   | 202    |

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

| COST CENTER DESCRIPTION               | NURSING<br>ADMINIS-<br>TRATION<br>13 | MEDICAL<br>RECORDS &<br>LIBRARY<br>16 | SOCIAL<br>SERVICE<br>17 | SUBTOTAL<br>24 | I&R COST &<br>POST STEP-<br>DOWN ADJS<br>25 |
|---------------------------------------|--------------------------------------|---------------------------------------|-------------------------|----------------|---|
| GENERAL SERVICE COST CENTERS          |                                      |                                       |                         |                |   |
| 1 CAP REL COSTS-BLDG & FIXT           |                                      |                                       |                         |                | 1   |
| 2 CAP REL COSTS-MVBLE EQUIP           |                                      |                                       |                         |                | 2   |
| 4 EMPLOYEE BENEFITS                   |                                      |                                       |                         |                | 4   |
| 5.01 PURCHASING                       |                                      |                                       |                         |                | 5.01  |
| 5.02 ADMITTING                        |                                      |                                       |                         |                | 5.02  |
| 5.03 PATIENT ACCOUNTS                 |                                      |                                       |                         |                | 5.03  |
| 5.04 OTHER ADMINISTRATIVE & GENERAL   |                                      |                                       |                         |                | 5.04  |
| 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             | 61,300                               |                                       |                         |                | 13  |
| 14 CENTRAL SERVICES & SUPPLY          |                                      |                                       |                         |                | 14  |
| 15 PHARMACY                           |                                      |                                       |                         |                | 15  |
| 16 MEDICAL RECORDS & LIBRARY          |                                      | 68,008                                |                         |                | 16  |
| 17 SOCIAL SERVICE                     |                                      |                                       | 80,784                  |                | 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                | 59,339                               | 24,900                                | 80,784                  | 3,473,249      | 30  |
| ANCILLARY SERVICE COST CENTERS        |                                      |                                       |                         |                |   |
| 50 OPERATING ROOM                     | 1,220                                | 378                                   |                         | 109,967        | 50  |
| 54 RADIOLOGY-DIAGNOSTIC               |                                      | 817                                   |                         | 289,700        | 54  |
| 56 RADIOISOTOPE                       |                                      | 16                                    |                         | 3,045          | 56  |
| 57 COMPUTED TOMOGRAPHY (CT) SCAN      |                                      | 489                                   |                         | 136,758        | 57  |
| 60 LABORATORY                         |                                      | 2,174                                 |                         | 60,328         | 60  |
| 62.30 BLOOD CLOTTING FOR HEMOPHILIACS |                                      |                                       |                         |                | 62.30                                       |
| 65 RESPIRATORY THERAPY                |                                      | 16,025                                |                         | 665,236        | 65  |
| 65.01 PULMONARY REHAB                 |                                      |                                       |                         |                | 65.01                                       |
| 66 PHYSICAL THERAPY                   |                                      | 872                                   |                         | 77,262         | 66  |
| 67 OCCUPATIONAL THERAPY               |                                      | 684                                   |                         | 42,379         | 67  |
| 68 SPEECH PATHOLOGY                   |                                      | 476                                   |                         | 36,313         | 68  |
| 68.01 PSYCHOLOGY                      |                                      |                                       |                         | 16,158         | 68.01                                       |
| 71 MEDICAL SUPPLIES CHRGD TO PATIENTS |                                      | 6,244                                 |                         | 163,833        | 71  |
| 73 DRUGS CHARGED TO PATIENTS          |                                      | 13,118                                |                         | 380,207        | 73  |
| 74 RENAL DIALYSIS                     |                                      | 1,570                                 |                         | 39,734         | 74  |
| 75.01 ULTRASOUND                      |                                      | 210                                   |                         | 10,200         | 75.01                                       |
| 76.97 CARDIAC REHABILITATION          |                                      |                                       |                         |                | 76.97                                       |
| 76.98 HYPERBARIC OXYGEN THERAPY       |                                      |                                       |                         |                | 76.98                                       |
| 76.99 LITHOTRIPSY                     |                                      |                                       |                         |                | 76.99                                       |
| OUTPATIENT SERVICE COST CENTERS       |                                      |                                       |                         |                |   |
| 91 EMERGENCY                          | 741                                  | 35                                    |                         | 93,459         | 91  |
| 92 OBSERVATION BEDS                   |                                      |                                       |                         |                | 92  |
| OTHER REIMBURSABLE COST CENTERS       |                                      |                                       |                         |                |   |
| 99.10 CORF                            |                                      |                                       |                         |                | 99.10                                       |
| 99.20 OPT                             |                                      |                                       |                         |                | 99.20                                       |
| 99.30 CMHC                            |                                      |                                       |                         |                | 99.30                                       |
| 99.40 OPT                             |                                      |                                       |                         |                | 99.40                                       |
| SPECIAL PURPOSE COST CENTERS          |                                      |                                       |                         |                |   |
| 118 SUBTOTALS (SUM OF LINES 1-117)    | 61,300                               | 68,008                                | 80,784                  | 5,597,828      | 118   |
| NONREIMBURSABLE COST CENTERS          |                                      |                                       |                         |                |   |
| 190.01 IDLE SPACE                     |                                      |                                       |                         | 69,525         | 190.01                                      |
| 192 PHYSICIANS' PRIVATE OFFICES       |                                      |                                       |                         | 146,615        | 192   |
| 200 CROSS FOOT ADJUSTMENTS            |                                      |                                       |                         |                | 200   |
| 201 NEGATIVE COST CENTER              |                                      |                                       |                         |                | 201   |
| 202 TOTAL (SUM OF LINES 118-201)      | 61,300                               | 68,008                                | 80,784                  | 5,813,968      | 202   |

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B  
 PART II

| COST CENTER DESCRIPTION             |                                    | TOTAL     |        |
|-------------------------------------|------------------------------------|-----------|--------|
|                                     |                                    | 26        |        |
| GENERAL SERVICE COST CENTERS        |                                    |           |        |
| 1                                   | CAP REL COSTS-BLDG & FIXT          |           | 1      |
| 2                                   | CAP REL COSTS-MVBLE EQUIP          |           | 2      |
| 4                                   | EMPLOYEE BENEFITS                  |           | 4      |
| 5.01                                | PURCHASING                         |           | 5.01   |
| 5.02                                | ADMITTING                          |           | 5.02   |
| 5.03                                | PATIENT ACCOUNTS                   |           | 5.03   |
| 5.04                                | OTHER ADMINISTRATIVE & GENERAL     |           | 5.04   |
| 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             |           | 13     |
| 14                                  | CENTRAL SERVICES & SUPPLY          |           | 14     |
| 15                                  | PHARMACY                           |           | 15     |
| 16                                  | MEDICAL RECORDS & LIBRARY          |           | 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                | 3,473,249 | 30     |
| ANCILLARY SERVICE COST CENTERS      |                                    |           |        |
| 50                                  | OPERATING ROOM                     | 109,967   | 50     |
| 54                                  | RADIOLOGY-DIAGNOSTIC               | 289,700   | 54     |
| 56                                  | RADIOISOTOPE                       | 3,045     | 56     |
| 57                                  | COMPUTED TOMOGRAPHY (CT) SCAN      | 136,758   | 57     |
| 60                                  | LABORATORY                         | 60,328    | 60     |
| 62.30                               | BLOOD CLOTTING FOR HEMOPHILIACS    |           | 62.30  |
| 65                                  | RESPIRATORY THERAPY                | 665,236   | 65     |
| 65.01                               | PULMONARY REHAB                    |           | 65.01  |
| 66                                  | PHYSICAL THERAPY                   | 77,262    | 66     |
| 67                                  | OCCUPATIONAL THERAPY               | 42,379    | 67     |
| 68                                  | SPEECH PATHOLOGY                   | 36,313    | 68     |
| 68.01                               | PSYCHOLOGY                         | 16,158    | 68.01  |
| 71                                  | MEDICAL SUPPLIES CHRGD TO PATIENTS | 163,833   | 71     |
| 73                                  | DRUGS CHARGED TO PATIENTS          | 380,207   | 73     |
| 74                                  | RENAL DIALYSIS                     | 39,734    | 74     |
| 75.01                               | ULTRASOUND                         | 10,200    | 75.01  |
| 76.97                               | CARDIAC REHABILITATION             |           | 76.97  |
| 76.98                               | HYPERBARIC OXYGEN THERAPY          |           | 76.98  |
| 76.99                               | LITHOTRIPSY                        |           | 76.99  |
| OUTPATIENT SERVICE COST CENTERS     |                                    |           |        |
| 91                                  | EMERGENCY                          | 93,459    | 91     |
| 92                                  | OBSERVATION BEDS                   |           | 92     |
| OTHER REIMBURSABLE COST CENTERS     |                                    |           |        |
| 99.10                               | CORF                               |           | 99.10  |
| 99.20                               | OPT                                |           | 99.20  |
| 99.30                               | CMHC                               |           | 99.30  |
| 99.40                               | OPT                                |           | 99.40  |
| SPECIAL PURPOSE COST CENTERS        |                                    |           |        |
| 118                                 | SUBTOTALS (SUM OF LINES 1-117)     | 5,597,828 | 118    |
| NONREIMBURSABLE COST CENTERS        |                                    |           |        |
| 190.01                              | IDLE SPACE                         | 69,525    | 190.01 |
| 192                                 | PHYSICIANS' PRIVATE OFFICES        | 146,615   | 192    |
| 200                                 | CROSS FOOT ADJUSTMENTS             |           | 200    |
| 201                                 | NEGATIVE COST CENTER               |           | 201    |
| 202                                 | TOTAL (SUM OF LINES 118-201)       | 5,813,968 | 202    |

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

| COST CENTER DESCRIPTION               | CAP                          | CAP                            | EMPLOYEE                | PURCHASING       | ADMITTING   |
|---------------------------------------|------------------------------|--------------------------------|-------------------------|------------------|-------------|
|                                       | BLDGS & FIXTURES SQUARE FEET | MOVABLE EQUIPMENT DOLLAR VALUE | BENEFITS GROSS SALARIES | SUPPLIES EXPENSE | CHARGES     |
|                                       | 1                            | 2                              | 4                       | 5.01             | 5.02        |
| GENERAL SERVICE COST CENTERS          |                              |                                |                         |                  |             |
| 1 CAP REL COSTS-BLDG & FIXT           | 183,615                      |                                |                         |                  | 1           |
| 2 CAP REL COSTS-MVBLE EQUIP           |                              | 7,642,405                      |                         |                  | 2           |
| 4 EMPLOYEE BENEFITS                   | 4,832                        | 5,499                          | 35,863,197              |                  | 4           |
| 5.01 PURCHASING                       | 5,152                        | 57,952                         | 321,281                 | 8,356,353        | 5.01        |
| 5.02 ADMITTING                        | 2,577                        | 22,280                         | 1,176,663               | 11,046           | 183,906,430 |
| 5.03 PATIENT ACCOUNTS                 | 1,354                        | 6,043                          | 387,681                 | 2,531            | 5.03        |
| 5.04 OTHER ADMINISTRATIVE & GENERAL   | 51,616                       | 1,759,503                      | 5,582,880               | 207,941          | 5.04        |
| 6 MAINTENANCE & REPAIRS               | 3,476                        | 2,338                          | 182,043                 | 598              | 6           |
| 7 OPERATION OF PLANT                  | 14,637                       | 204,914                        | 1,711,041               | 192,686          | 7           |
| 8 LAUNDRY & LINEN SERVICE             | 3,247                        |                                |                         | 2,944            | 8           |
| 9 HOUSEKEEPING                        | 2,896                        | 38,463                         | 897,368                 | 240,428          | 9           |
| 10 DIETARY                            | 10,618                       | 133,629                        | 350,951                 | 103,740          | 10          |
| 11 CAFETERIA                          | 4,715                        |                                | 290,996                 | 86,016           | 11          |
| 12 MAINTENANCE OF PERSONNEL           |                              |                                |                         |                  | 12          |
| 13 NURSING ADMINISTRATION             | 1,201                        |                                | 951,048                 | 1,215            | 13          |
| 14 CENTRAL SERVICES & SUPPLY          |                              |                                |                         |                  | 14          |
| 15 PHARMACY                           |                              |                                |                         |                  | 15          |
| 16 MEDICAL RECORDS & LIBRARY          | 2,407                        | 4,400                          | 256,992                 | 3,465            | 16          |
| 17 SOCIAL SERVICE                     | 1,564                        | 12,836                         | 1,043,791               | 7,700            | 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                | 40,443                       | 3,323,563                      | 13,995,466              | 179,132          | 67,396,339  |
| ANCILLARY SERVICE COST CENTERS        |                              |                                |                         |                  |             |
| 50 OPERATING ROOM                     | 1,855                        | 157,954                        | 402,560                 | 1,616            | 1,021,999   |
| 54 RADIOLOGY-DIAGNOSTIC               | 4,395                        | 567,452                        | 595,483                 | 2,155            | 2,207,317   |
| 56 RADIOISOTOPE                       | 111                          |                                |                         |                  | 43,593      |
| 57 COMPUTED TOMOGRAPHY (CT) SCAN      | 694                          | 396,139                        |                         | 10               | 1,322,303   |
| 60 LABORATORY                         |                              |                                | 99,877                  | 542,587          | 5,874,823   |
| 62.30 BLOOD CLOTTING FOR HEMOPHILIACS |                              |                                |                         |                  | 62.30       |
| 65 RESPIRATORY THERAPY                | 3,411                        | 919,651                        | 5,081,223               | 19,301           | 43,311,426  |
| 65.01 PULMONARY REHAB                 |                              |                                |                         |                  | 65.01       |
| 66 PHYSICAL THERAPY                   | 1,703                        | 4,807                          | 534,042                 | 1,667            | 2,356,391   |
| 67 OCCUPATIONAL THERAPY               | 1,122                        |                                | 137,410                 |                  | 1,848,818   |
| 68 SPEECH PATHOLOGY                   | 999                          |                                | 342,993                 |                  | 1,286,665   |
| 68.01 PSYCHOLOGY                      | 641                          | 3,861                          |                         | 39               | 68.01       |
| 71 MEDICAL SUPPLIES CHRGD TO PATIENTS |                              |                                |                         | 3,824,068        | 16,876,289  |
| 73 DRUGS CHARGED TO PATIENTS          | 3,581                        | 20,734                         | 1,393,687               | 2,924,829        | 35,455,020  |
| 74 RENAL DIALYSIS                     | 310                          |                                |                         | 1                | 4,243,828   |
| 75.01 ULTRASOUND                      | 288                          |                                | 87,111                  |                  | 567,989     |
| 76.97 CARDIAC REHABILITATION          |                              |                                |                         |                  | 76.97       |
| 76.98 HYPERBARIC OXYGEN THERAPY       |                              |                                |                         |                  | 76.98       |
| 76.99 LITHOTRIPSY                     |                              |                                |                         |                  | 76.99       |
| OUTPATIENT SERVICE COST CENTERS       |                              |                                |                         |                  |             |
| 91 EMERGENCY                          | 4,058                        | 387                            | 40,610                  | 638              | 93,630      |
| 92 OBSERVATION BEDS                   |                              |                                |                         |                  | 92          |
| OTHER REIMBURSABLE COST CENTERS       |                              |                                |                         |                  |             |
| 99.10 CORF                            |                              |                                |                         |                  | 99.10       |
| 99.20 OPT                             |                              |                                |                         |                  | 99.20       |
| 99.30 CMHC                            |                              |                                |                         |                  | 99.30       |
| 99.40 OPT                             |                              |                                |                         |                  | 99.40       |
| SPECIAL PURPOSE COST CENTERS          |                              |                                |                         |                  |             |
| 118 SUBTOTALS (SUM OF LINES 1-117)    | 173,903                      | 7,642,405                      | 35,863,197              | 8,356,353        | 183,906,430 |
| NONREIMBURSABLE COST CENTERS          |                              |                                |                         |                  |             |
| 190.01 IDLE SPACE                     | 3,124                        |                                |                         |                  | 190.01      |
| 192 PHYSICIANS' PRIVATE OFFICES       | 6,588                        |                                |                         |                  | 192         |
| 200 CROSS FOOT ADJUSTMENTS            |                              |                                |                         |                  | 200         |
| 201 NEGATIVE COST CENTER              |                              |                                |                         |                  | 201         |
| 202 COST TO BE ALLOC PER B PT I       | 3,049,842                    | 2,181,966                      | 6,895,251               | 548,380          | 1,626,105   |
| 203 UNIT COST MULT-WS B PT I          | 16.609983                    | 0.285508                       | 0.192265                | 0.065624         | 0.008842    |
| 204 COST TO BE ALLOC PER B PT II      |                              |                                | 81,829                  | 102,854          | 67,641      |
| 205 UNIT COST MULT-WS B PT II         |                              |                                | 0.002282                | 0.012308         | 0.000368    |

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

| COST CENTER DESCRIPTION             | PATIENT     | RECON-      | OTHER A&G  | MAIN-      | OPERATION |
|-------------------------------------|-------------|-------------|------------|------------|-----------|
|                                     | ACCOUNTS    | CILATION    |            | TENANCE &  | OF        |
|                                     | CHARGES     |             | ACCUM      | REPAIRS    | PLANT     |
|                                     | 5.03        | 5A.04       | COST       | WORK       | SQUARE    |
|                                     |             |             | 5.04       | ORDERS     | FEET      |
|                                     |             |             |            | 6          | 7         |
| GENERAL SERVICE COST CENTERS        |             |             |            |            |           |
| 1                                   |             |             |            |            | 1         |
| 2                                   |             |             |            |            | 2         |
| 4                                   |             |             |            |            | 4         |
| 5.01                                |             |             |            |            | 5.01      |
| 5.02                                |             |             |            |            | 5.02      |
| 5.03                                | 183,906,430 |             |            |            | 5.03      |
| 5.04                                |             | -12,942,034 | 57,983,476 |            | 5.04      |
| 6                                   |             |             | 323,462    | 1,385      | 6         |
| 7                                   |             |             | 4,133,836  |            | 99,971    |
| 8                                   |             |             | 293,702    |            | 3,247     |
| 9                                   |             |             | 1,468,544  |            | 2,896     |
| 10                                  |             |             | 754,958    |            | 10,618    |
| 11                                  |             |             | 437,895    |            | 4,715     |
| 12                                  |             |             |            |            | 12        |
| 13                                  |             |             | 1,227,880  |            | 1,201     |
| 14                                  |             |             |            |            | 14        |
| 15                                  |             |             |            |            | 15        |
| 16                                  |             |             | 505,896    |            | 2,407     |
| 17                                  |             |             | 1,513,593  |            | 1,564     |
| 19                                  |             |             |            |            | 19        |
| 20                                  |             |             |            |            | 20        |
| 21                                  |             |             |            |            | 21        |
| 22                                  |             |             |            |            | 22        |
| 23                                  |             |             |            |            | 23        |
| INPATIENT ROUTINE SERV COST CENTERS |             |             |            |            |           |
| 30                                  | 67,396,339  |             | 21,735,296 | 1,105      | 40,443    |
| ADULTS & PEDIATRICS                 |             |             |            |            |           |
| ANCILLARY SERVICE COST CENTERS      |             |             |            |            |           |
| 50                                  | 1,021,999   |             | 833,309    |            | 1,855     |
| 54                                  | 2,207,317   |             | 1,106,617  |            | 4,395     |
| 56                                  | 43,593      |             | 24,361     |            | 111       |
| 57                                  | 1,322,303   |             | 307,293    |            | 694       |
| 60                                  | 5,874,823   |             | 1,992,815  |            | 60        |
| 62.30                               |             |             |            |            | 62.30     |
| 65                                  | 43,311,426  |             | 7,456,413  | 269        | 3,411     |
| 65.01                               |             |             |            |            | 65.01     |
| 66                                  | 2,356,391   |             | 1,342,895  | 11         | 1,703     |
| 67                                  | 1,848,818   |             | 648,196    |            | 1,122     |
| 68                                  | 1,286,665   |             | 474,706    |            | 999       |
| 68.01                               |             |             | 11,752     |            | 641       |
| 71                                  | 16,876,289  |             | 4,275,191  |            | 71        |
| 73                                  | 35,455,020  |             | 5,482,379  |            | 3,581     |
| 74                                  | 4,243,828   |             | 1,225,792  |            | 310       |
| 75.01                               | 567,989     |             | 124,672    |            | 288       |
| 76.97                               |             |             |            |            | 76.97     |
| 76.98                               |             |             |            |            | 76.98     |
| 76.99                               |             |             |            |            | 76.99     |
| OUTPATIENT SERVICE COST CENTERS     |             |             |            |            |           |
| 91                                  | 93,630      |             | 120,706    |            | 4,058     |
| 92                                  |             |             |            |            | 92        |
| OTHER REIMBURSABLE COST CENTERS     |             |             |            |            |           |
| 99.10                               |             |             |            |            | 99.10     |
| 99.20                               |             |             |            |            | 99.20     |
| 99.30                               |             |             |            |            | 99.30     |
| 99.40                               |             |             |            |            | 99.40     |
| SPECIAL PURPOSE COST CENTERS        |             |             |            |            |           |
| 118                                 | 183,906,430 | -12,942,034 | 57,822,159 | 1,385      | 90,259    |
| SUBTOTALS (SUM OF LINES 1-117)      |             |             |            |            |           |
| NONREIMBURSABLE COST CENTERS        |             |             |            |            |           |
| 190.01                              |             |             | 51,890     |            | 3,124     |
| 192                                 |             |             | 109,427    |            | 6,588     |
| 200                                 |             |             |            |            | 200       |
| 201                                 |             |             |            |            | 201       |
| 202                                 | 555,201     |             | 12,942,034 | 395,659    | 5,056,516 |
| 203                                 | 0.003019    |             | 0.223202   | 285.674368 | 50.579828 |
| 204                                 | 25,131      |             | 1,383,344  | 66,543     | 406,527   |
| 205                                 | 0.000137    |             | 0.023858   | 48.045487  | 4.066449  |

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

| COST CENTER DESCRIPTION  | LAUNDRY & LINEN SERVICE<br>POUNDS OF LAUNDRY<br>8 | HOUSE-KEEPING<br>SQUARE FEET<br>9 | DIETARY<br>MEALS SERVED<br>10 | CAFETERIA<br>FTES<br>11 | NURSING ADMINISTRATION<br>FTES<br>13 |        |
|--|---|-----------------------------------|-------------------------------|-------------------------|--------------------------------------|--------|
| GENERAL SERVICE COST CENTERS                                       |   |                                   |                               |                         |                                      |        |
| 1 CAP REL COSTS-BLDG & FIXT  |   |                                   |                               |                         |                                      | 1      |
| 2 CAP REL COSTS-MVBLE EQUIP  |   |                                   |                               |                         |                                      | 2      |
| 4 EMPLOYEE BENEFITS  |   |                                   |                               |                         |                                      | 4      |
| 5.01 PURCHASING  |   |                                   |                               |                         |                                      | 5.01   |
| 5.02 ADMITTING   |   |                                   |                               |                         |                                      | 5.02   |
| 5.03 PATIENT ACCOUNTS  |   |                                   |                               |                         |                                      | 5.03   |
| 5.04 OTHER ADMINISTRATIVE & GENERAL                                |   |                                   |                               |                         |                                      | 5.04   |
| 6 MAINTENANCE & REPAIRS  |   |                                   |                               |                         |                                      | 6      |
| 7 OPERATION OF PLANT   |   |                                   |                               |                         |                                      | 7      |
| 8 LAUNDRY & LINEN SERVICE  | 361,295   |                                   |                               |                         |                                      | 8      |
| 9 HOUSEKEEPING   |   | 93,828                            |                               |                         |                                      | 9      |
| 10 DIETARY   |   | 10,618                            | 44,206                        |                         |                                      | 10     |
| 11 CAFETERIA   |   | 4,715                             |                               | 42,259                  |                                      | 11     |
| 12 MAINTENANCE OF PERSONNEL  |   |                                   |                               |                         |                                      | 12     |
| 13 NURSING ADMINISTRATION  |   | 1,201                             |                               | 1,308                   | 25,578                               | 13     |
| 14 CENTRAL SERVICES & SUPPLY                                       |   |                                   |                               |                         |                                      | 14     |
| 15 PHARMACY  |   |                                   |                               |                         |                                      | 15     |
| 16 MEDICAL RECORDS & LIBRARY                                       |   | 2,407                             |                               | 528                     |                                      | 16     |
| 17 SOCIAL SERVICE  |   | 1,564                             |                               | 1,593                   |                                      | 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<br>ADULTS & PEDIATRICS      | 361,295   | 40,443                            | 44,206                        | 24,760                  | 24,760                               | 30     |
| ANCILLARY SERVICE COST CENTERS                                     |   |                                   |                               |                         |                                      |        |
| 50 OPERATING ROOM  |   | 1,855                             |                               | 509                     | 509                                  | 50     |
| 54 RADIOLOGY-DIAGNOSTIC  |   | 4,395                             |                               | 697                     |                                      | 54     |
| 56 RADIOISOTOPE  |   | 111                               |                               |                         |                                      | 56     |
| 57 COMPUTED TOMOGRAPHY (CT) SCAN                                   |   | 694                               |                               |                         |                                      | 57     |
| 60 LABORATORY  |   |                                   |                               | 270                     |                                      | 60     |
| 62.30 BLOOD CLOTTING FOR HEMOPHILIACS                              |   |                                   |                               |                         |                                      | 62.30  |
| 65 RESPIRATORY THERAPY   |   | 3,411                             |                               | 8,570                   |                                      | 65     |
| 65.01 PULMONARY REHAB  |   |                                   |                               |                         |                                      | 65.01  |
| 66 PHYSICAL THERAPY  |   | 1,703                             |                               | 1,025                   |                                      | 66     |
| 67 OCCUPATIONAL THERAPY  |   | 1,122                             |                               | 168                     |                                      | 67     |
| 68 SPEECH PATHOLOGY  |   | 999                               |                               | 456                     |                                      | 68     |
| 68.01 PSYCHOLOGY   |   | 641                               |                               | 280                     |                                      | 68.01  |
| 71 MEDICAL SUPPLIES CHRGD TO PATIENTS                              |   |                                   |                               |                         |                                      | 71     |
| 73 DRUGS CHARGED TO PATIENTS                                       |   | 3,581                             |                               | 1,700                   |                                      | 73     |
| 74 RENAL DIALYSIS  |   | 310                               |                               |                         |                                      | 74     |
| 75.01 ULTRASOUND   |   | 288                               |                               | 86                      |                                      | 75.01  |
| 76.97 CARDIAC REHABILITATION                                       |   |                                   |                               |                         |                                      | 76.97  |
| 76.98 HYPERBARIC OXYGEN THERAPY                                    |   |                                   |                               |                         |                                      | 76.98  |
| 76.99 LITHOTRIPSY  |   |                                   |                               |                         |                                      | 76.99  |
| OUTPATIENT SERVICE COST CENTERS                                    |   |                                   |                               |                         |                                      |        |
| 91 EMERGENCY   |   | 4,058                             |                               | 309                     | 309                                  | 91     |
| 92 OBSERVATION BEDS  |   |                                   |                               |                         |                                      | 92     |
| OTHER REIMBURSABLE COST CENTERS                                    |   |                                   |                               |                         |                                      |        |
| 99.10 CORF   |   |                                   |                               |                         |                                      | 99.10  |
| 99.20 OPT  |   |                                   |                               |                         |                                      | 99.20  |
| 99.30 CMHC   |   |                                   |                               |                         |                                      | 99.30  |
| 99.40 OPT  |   |                                   |                               |                         |                                      | 99.40  |
| SPECIAL PURPOSE COST CENTERS                                       |   |                                   |                               |                         |                                      |        |
| 118 SUBTOTALS (SUM OF LINES 1-117)<br>NONREIMBURSABLE COST CENTERS | 361,295   | 84,116                            | 44,206                        | 42,259                  | 25,578                               | 118    |
| 190.01 IDLE SPACE  |   | 3,124                             |                               |                         |                                      | 190.01 |
| 192 PHYSICIANS' PRIVATE OFFICES                                    |   | 6,588                             |                               |                         |                                      | 192    |
| 200 CROSS FOOT ADJUSTMENTS   |   |                                   |                               |                         |                                      | 200    |
| 201 NEGATIVE COST CENTER   |   |                                   |                               |                         |                                      | 201    |
| 202 COST TO BE ALLOC PER B PT I                                    | 523,490   | 1,942,805                         | 1,680,380                     | 871,747                 | 1,614,541                            | 202    |
| 203 UNIT COST MULT-WS B PT I                                       | 1.448927  | 20.706026                         | 38.012487                     | 20.628671               | 63.122253                            | 203    |
| 204 COST TO BE ALLOC PER B PT II                                   | 74,180  | 110,904                           | 290,687                       | 115,232                 | 61,300                               | 204    |
| 205 UNIT COST MULT-WS B PT II                                      | 0.205317  | 1.181993                          | 6.575736                      | 2.726804                | 2.396591                             | 205    |

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

| COST CENTER DESCRIPTION                                       | MEDICAL RECORDS & LIBRARY CHARGES | SOCIAL SERVICE PATIENT DAYS |        |
|---|-----------------------------------|-----------------------------|--------|
|   | 16                                | 17                          |        |
| GENERAL SERVICE COST CENTERS                                  |                                   |                             |        |
| 1 CAP REL COSTS-BLDG & FIXT                                   |                                   |                             | 1      |
| 2 CAP REL COSTS-MVBLE EQUIP                                   |                                   |                             | 2      |
| 4 EMPLOYEE BENEFITS   |                                   |                             | 4      |
| 5.01 PURCHASING   |                                   |                             | 5.01   |
| 5.02 ADMITTING  |                                   |                             | 5.02   |
| 5.03 PATIENT ACCOUNTS   |                                   |                             | 5.03   |
| 5.04 OTHER ADMINISTRATIVE & GENERAL                           |                                   |                             | 5.04   |
| 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                                     |                                   |                             | 13     |
| 14 CENTRAL SERVICES & SUPPLY                                  |                                   |                             | 14     |
| 15 PHARMACY   |                                   |                             | 15     |
| 16 MEDICAL RECORDS & LIBRARY                                  | 183,906,430                       |                             | 16     |
| 17 SOCIAL SERVICE   |                                   | 42,115                      | 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<br>ADULTS & PEDIATRICS | 67,396,339                        | 42,115                      | 30     |
| ANCILLARY SERVICE COST CENTERS                                |                                   |                             |        |
| 50 OPERATING ROOM   | 1,021,999                         |                             | 50     |
| 54 RADIOLOGY-DIAGNOSTIC                                       | 2,207,317                         |                             | 54     |
| 56 RADIOISOTOPE   | 43,593                            |                             | 56     |
| 57 COMPUTED TOMOGRAPHY (CT) SCAN                              | 1,322,303                         |                             | 57     |
| 60 LABORATORY   | 5,874,823                         |                             | 60     |
| 62.30 BLOOD CLOTTING FOR HEMOPHILIACS                         |                                   |                             | 62.30  |
| 65 RESPIRATORY THERAPY  | 43,311,426                        |                             | 65     |
| 65.01 PULMONARY REHAB   |                                   |                             | 65.01  |
| 66 PHYSICAL THERAPY   | 2,356,391                         |                             | 66     |
| 67 OCCUPATIONAL THERAPY                                       | 1,848,818                         |                             | 67     |
| 68 SPEECH PATHOLOGY   | 1,286,665                         |                             | 68     |
| 68.01 PSYCHOLOGY  |                                   |                             | 68.01  |
| 71 MEDICAL SUPPLIES CHRGED TO PATIENTS                        | 16,876,289                        |                             | 71     |
| 73 DRUGS CHARGED TO PATIENTS                                  | 35,455,020                        |                             | 73     |
| 74 RENAL DIALYSIS   | 4,243,828                         |                             | 74     |
| 75.01 ULTRASOUND  | 567,989                           |                             | 75.01  |
| 76.97 CARDIAC REHABILITATION                                  |                                   |                             | 76.97  |
| 76.98 HYPERBARIC OXYGEN THERAPY                               |                                   |                             | 76.98  |
| 76.99 LITHOTRIPSY   |                                   |                             | 76.99  |
| OUTPATIENT SERVICE COST CENTERS                               |                                   |                             |        |
| 91 EMERGENCY  | 93,630                            |                             | 91     |
| 92 OBSERVATION BEDS   |                                   |                             | 92     |
| OTHER REIMBURSABLE COST CENTERS                               |                                   |                             |        |
| 99.10 CORF  |                                   |                             | 99.10  |
| 99.20 OPT   |                                   |                             | 99.20  |
| 99.30 CMHC  |                                   |                             | 99.30  |
| 99.40 OPT   |                                   |                             | 99.40  |
| SPECIAL PURPOSE COST CENTERS                                  |                                   |                             |        |
| 118 SUBTOTALS (SUM OF LINES 1-117)                            | 183,906,430                       | 42,115                      | 118    |
| NONREIMBURSABLE COST CENTERS                                  |                                   |                             |        |
| 190.01 IDLE SPACE   |                                   |                             | 190.01 |
| 192 PHYSICIANS' PRIVATE OFFICES                               |                                   |                             | 192    |
| 200 CROSS FOOT ADJUSTMENTS                                    |                                   |                             | 200    |
| 201 NEGATIVE COST CENTER                                      |                                   |                             | 201    |
| 202 COST TO BE ALLOC PER B PT I                               | 801,290                           | 1,995,782                   | 202    |
| 203 UNIT COST MULT-WS B PT I                                  | 0.004357                          | 47.388864                   | 203    |
| 204 COST TO BE ALLOC PER B PT II                              | 68,008                            | 80,784                      | 204    |
| 205 UNIT COST MULT-WS B PT II                                 | 0.000370                          | 1.918176                    | 205    |

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I

| COST CENTER DESCRIPTION             | TOTAL COST<br>(FROM WKST B,<br>PART I, COL 26)<br>1 | THERAPY<br>LIMIT<br>ADJUSTMENT<br>2 | TOTAL<br>COSTS<br>3 | RCE<br>DISALLOWANCE<br>4 | TOTAL<br>COSTS<br>5 |       |
|-------------------------------------|---|-------------------------------------|---------------------|--------------------------|---------------------|-------|
| INPATIENT ROUTINE SERV COST CENTERS |   |                                     |                     |                          |                     |       |
| 30 ADULTS & PEDIATRICS              | 36,352,333  |                                     | 36,352,333          | 45,982                   | 36,398,315          | 30    |
| ANCILLARY SERVICE COST CENTERS      |   |                                     |                     |                          |                     |       |
| 50 OPERATING ROOM                   | 1,198,623   |                                     | 1,198,623           |                          | 1,198,623           | 50    |
| 54 RADIOLOGY-DIAGNOSTIC             | 1,690,912   |                                     | 1,690,912           |                          | 1,690,912           | 54    |
| 56 RADIOISOTOPE                     | 37,900  |                                     | 37,900              |                          | 37,900              | 56    |
| 57 COMPUTED TOMOGRAPHY (CT) SC      | 431,114   |                                     | 431,114             |                          | 431,114             | 57    |
| 60 LABORATORY                       | 2,468,782   |                                     | 2,468,782           |                          | 2,468,782           | 60    |
| 62.30 BLOOD CLOTTING FOR HEMOPHIL   |   |                                     |                     |                          |                     | 62.30 |
| 65 RESPIRATORY THERAPY              | 9,806,197   |                                     | 9,806,197           |                          | 9,806,197           | 65    |
| 65.01 PULMONARY REHAB               |   |                                     |                     |                          |                     | 65.01 |
| 66 PHYSICAL THERAPY                 | 1,798,584   |                                     | 1,798,584           |                          | 1,798,584           | 66    |
| 67 OCCUPATIONAL THERAPY             | 884,379   |                                     | 884,379             |                          | 884,379             | 67    |
| 68 SPEECH PATHOLOGY                 | 666,888   |                                     | 666,888             |                          | 666,888             | 68    |
| 68.01 PSYCHOLOGY                    | 65,846  |                                     | 65,846              |                          | 65,846              | 68.01 |
| 71 MEDICAL SUPPLIES CHRGED TO       | 5,302,952   |                                     | 5,302,952           |                          | 5,302,952           | 71    |
| 73 DRUGS CHARGED TO PATIENTS        | 7,150,878   |                                     | 7,150,878           |                          | 7,150,878           | 73    |
| 74 RENAL DIALYSIS                   | 1,539,980   |                                     | 1,539,980           |                          | 1,539,980           | 74    |
| 75.01 ULTRASOUND                    | 177,278   |                                     | 177,278             |                          | 177,278             | 75.01 |
| 76.97 CARDIAC REHABILITATION        |   |                                     |                     |                          |                     | 76.97 |
| 76.98 HYPERBARIC OXYGEN THERAPY     |   |                                     |                     |                          |                     | 76.98 |
| 76.99 LITHOTRIPSY                   |   |                                     |                     |                          |                     | 76.99 |
| OUTPATIENT SERVICE COST CENTERS     |   |                                     |                     |                          |                     |       |
| 91 EMERGENCY                        | 463,213   |                                     | 463,213             |                          | 463,213             | 91    |
| 92 OBSERVATION BEDS                 |   |                                     |                     |                          |                     | 92    |
| OTHER REIMBURSABLE COST CENTERS     |   |                                     |                     |                          |                     |       |
| 99.10 CORF                          |   |                                     |                     |                          |                     | 99.10 |
| 99.20 OPT                           |   |                                     |                     |                          |                     | 99.20 |
| 99.30 CMHC                          |   |                                     |                     |                          |                     | 99.30 |
| 99.40 OPT                           |   |                                     |                     |                          |                     | 99.40 |
| 200 SUBTOTAL (SEE INSTRUCTIONS)     | 70,035,859  |                                     | 70,035,859          | 45,982                   | 70,081,841          | 200   |
| 201 LESS OBSERVATION BEDS           |   |                                     |                     |                          |                     | 201   |
| 202 TOTAL (SEE INSTRUCTIONS)        | 70,035,859  |                                     | 70,035,859          |                          | 70,081,841          | 202   |

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C  
 PART I (CONT)

| COST CENTER DESCRIPTION             | ----- CHARGES ----- |                 |                             | COST<br>OR OTHER<br>RATIO<br>9 | TEFRA<br>INPATIENT<br>RATIO<br>10 | PPS<br>INPATIENT<br>RATIO<br>11 |
|-------------------------------------|---------------------|-----------------|-----------------------------|--------------------------------|-----------------------------------|---------------------------------|
|                                     | INPATIENT<br>6      | OUTPATIENT<br>7 | TOTAL<br>(COLS. 6 + 7)<br>8 |                                |                                   |                                 |
| INPATIENT ROUTINE SERV COST CENTERS |                     |                 |                             |                                |                                   |                                 |
| 30 ADULTS & PEDIATRICS              | 67,396,339          |                 | 67,396,339                  |                                |                                   | 30                              |
| ANCILLARY SERVICE COST CENTERS      |                     |                 |                             |                                |                                   |                                 |
| 50 OPERATING ROOM                   | 1,021,638           | 361             | 1,021,999                   | 1.172822                       | 1.172822                          | 1.172822 50                     |
| 54 RADIOLOGY-DIAGNOSTIC             | 2,065,519           | 141,798         | 2,207,317                   | 0.766049                       | 0.766049                          | 0.766049 54                     |
| 56 RADIOISOTOPE                     | 42,444              | 1,149           | 43,593                      | 0.869406                       | 0.869406                          | 0.869406 56                     |
| 57 COMPUTED TOMOGRAPHY (CT) SC      | 1,267,350           | 54,953          | 1,322,303                   | 0.326033                       | 0.326033                          | 0.326033 57                     |
| 60 LABORATORY                       | 5,700,060           | 174,763         | 5,874,823                   | 0.420231                       | 0.420231                          | 0.420231 60                     |
| 62.30 BLOOD CLOTTING FOR HEMOPHIL   |                     |                 |                             |                                |                                   | 62.30                           |
| 65 RESPIRATORY THERAPY              | 42,776,713          | 534,714         | 43,311,427                  | 0.226411                       | 0.226411                          | 0.226411 65                     |
| 65.01 PULMONARY REHAB               |                     |                 |                             |                                |                                   | 65.01                           |
| 66 PHYSICAL THERAPY                 | 2,356,391           |                 | 2,356,391                   | 0.763279                       | 0.763279                          | 0.763279 66                     |
| 67 OCCUPATIONAL THERAPY             | 1,848,818           |                 | 1,848,818                   | 0.478348                       | 0.478348                          | 0.478348 67                     |
| 68 SPEECH PATHOLOGY                 | 1,279,951           | 6,714           | 1,286,665                   | 0.518307                       | 0.518307                          | 0.518307 68                     |
| 68.01 PSYCHOLOGY                    |                     |                 |                             |                                |                                   | 68.01                           |
| 71 MEDICAL SUPPLIES CHRGD TO        | 16,876,280          | 9               | 16,876,289                  | 0.314225                       | 0.314225                          | 0.314225 71                     |
| 73 DRUGS CHARGED TO PATIENTS        | 35,450,897          | 4,123           | 35,455,020                  | 0.201689                       | 0.201689                          | 0.201689 73                     |
| 74 RENAL DIALYSIS                   | 3,624,416           | 619,412         | 4,243,828                   | 0.362875                       | 0.362875                          | 0.362875 74                     |
| 75.01 ULTRASOUND                    | 554,389             | 13,600          | 567,989                     | 0.312115                       | 0.312115                          | 0.312115 75.01                  |
| 76.97 CARDIAC REHABILITATION        |                     |                 |                             |                                |                                   | 76.97                           |
| 76.98 HYPERBARIC OXYGEN THERAPY     |                     |                 |                             |                                |                                   | 76.98                           |
| 76.99 LITHOTRIPSY                   |                     |                 |                             |                                |                                   | 76.99                           |
| OUTPATIENT SERVICE COST CENTERS     |                     |                 |                             |                                |                                   |                                 |
| 91 EMERGENCY                        |                     | 93,630          | 93,630                      | 4.947271                       | 4.947271                          | 4.947271 91                     |
| 92 OBSERVATION BEDS                 |                     |                 |                             |                                |                                   | 92                              |
| OTHER REIMBURSABLE COST CENTERS     |                     |                 |                             |                                |                                   |                                 |
| 99.10 CORF                          |                     |                 |                             |                                |                                   | 99.10                           |
| 99.20 OPT                           |                     |                 |                             |                                |                                   | 99.20                           |
| 99.30 CMHC                          |                     |                 |                             |                                |                                   | 99.30                           |
| 99.40 OPT                           |                     |                 |                             |                                |                                   | 99.40                           |
| 200 SUBTOTAL (SEE INSTRUCTIONS)     | 182,261,205         | 1,645,226       | 183,906,431                 |                                |                                   | 200                             |
| 201 LESS OBSERVATION BEDS           |                     |                 |                             |                                |                                   | 201                             |
| 202 TOTAL (SEE INSTRUCTIONS)        | 182,261,205         | 1,645,226       | 183,906,431                 |                                |                                   | 202                             |

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D  
 PART I

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

| COST CENTER DESCRIPTION         | CAP-REL COST                   |                      | REDUCED                          | TOTAL PATIENT DAYS | PER DIEM (COL.3 ÷ COL.4) | INPAT PGM DAYS | INPAT PGM CAP COST (COL.5 x COL.6) |     |
|---------------------------------|--------------------------------|----------------------|----------------------------------|--------------------|--------------------------|----------------|------------------------------------|-----|
|                                 | (FROM WKST B, PT. II, COL. 26) | SWING-BED ADJUSTMENT | CAP-REL COST (COL.1 MINUS COL.2) |                    |                          |                |                                    |     |
|                                 | 1                              | 2                    | 3                                | 4                  | 5                        | 6              | 7                                  |     |
| INPAT ROUTINE SERV COST CTRS    |                                |                      |                                  |                    |                          |                |                                    |     |
| 30 ADULTS & PEDIATRICS          | 3,473,249                      |                      | 3,473,249                        | 42,115             | 82.47                    | 22,693         | 1,871,492                          | 30  |
| 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 (LINES 30-199)        | 3,473,249                      |                      | 3,473,249                        | 42,115             |                          | 22,693         | 1,871,492                          | 200 |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D  
 PART II

| CHECK<br>APPLICABLE<br>BOXES    | [ ] TITLE V<br>[XX] TITLE XVIII-PT A<br>[ ] TITLE XIX        | [XX] HOSPITAL (14-2010)<br>[ ] IPF<br>[ ] IRF               | [ ] SUB (OTHER)   | [XX] PPS<br>[ ] TEFRA                |                                    |           |       |
|---------------------------------|--|---|---|--------------------------------------|------------------------------------|-----------|-------|
| COST CENTER DESCRIPTION         | CAP-REL<br>COST<br>(FROM WKST<br>B, PT. II,<br>COL. 26)<br>1 | TOTAL<br>CHARGES<br>(FROM WKST<br>C, PT. I,<br>COL. 8)<br>2 | RATIO OF<br>COST TO<br>CHARGES<br>(COL.1 ÷<br>COL.2)<br>3 | INPATIENT<br>PROGRAM<br>CHARGES<br>4 | CAPITAL<br>(COL.3 x<br>COL.4)<br>5 |           |       |
| ANCILLARY SERVICE COST CENTERS  |  |   |   |                                      |                                    |           |       |
| 50                              | OPERATING ROOM   | 109,967   | 1,021,999   | 0.107600                             | 506,283                            | 54,476    | 50    |
| 54                              | RADIOLOGY-DIAGNOSTIC   | 289,700   | 2,207,317   | 0.131245                             | 1,107,009                          | 145,289   | 54    |
| 56                              | RADIOISOTOPE   | 3,045   | 43,593  | 0.069851                             | 18,800                             | 1,313     | 56    |
| 57                              | COMPUTED TOMOGRAPHY (CT) SCAN                                | 136,758   | 1,322,303   | 0.103424                             | 695,472                            | 71,928    | 57    |
| 60                              | LABORATORY   | 60,328  | 5,874,823   | 0.010269                             | 3,106,272                          | 31,898    | 60    |
| 62.30                           | BLOOD CLOTTING FOR HEMOPHILIA                                |   |   |                                      |                                    |           | 62.30 |
| 65                              | RESPIRATORY THERAPY  | 665,236   | 43,311,427  | 0.015359                             | 23,919,086                         | 367,373   | 65    |
| 65.01                           | PULMONARY REHAB  |   |   |                                      |                                    |           | 65.01 |
| 66                              | PHYSICAL THERAPY   | 77,262  | 2,356,391   | 0.032788                             | 1,240,177                          | 40,663    | 66    |
| 67                              | OCCUPATIONAL THERAPY   | 42,379  | 1,848,818   | 0.022922                             | 916,429                            | 21,006    | 67    |
| 68                              | SPEECH PATHOLOGY   | 36,313  | 1,286,665   | 0.028223                             | 706,727                            | 19,946    | 68    |
| 68.01                           | PSYCHOLOGY   | 16,158  |   |                                      |                                    |           | 68.01 |
| 71                              | MEDICAL SUPPLIES CHRGED TO PA                                | 163,833   | 16,876,289  | 0.009708                             | 8,469,921                          | 82,226    | 71    |
| 73                              | DRUGS CHARGED TO PATIENTS                                    | 380,207   | 35,455,020  | 0.010724                             | 18,041,663                         | 193,479   | 73    |
| 74                              | RENAL DIALYSIS   | 39,734  | 4,243,828   | 0.009363                             | 2,060,762                          | 19,295    | 74    |
| 75.01                           | ULTRASOUND   | 10,200  | 567,989   | 0.017958                             | 322,149                            | 5,785     | 75.01 |
| 76.97                           | CARDIAC REHABILITATION                                       |   |   |                                      |                                    |           | 76.97 |
| 76.98                           | HYPERBARIC OXYGEN THERAPY                                    |   |   |                                      |                                    |           | 76.98 |
| 76.99                           | LITHOTRIPSY  |   |   |                                      |                                    |           | 76.99 |
| OUTPATIENT SERVICE COST CENTERS |  |   |   |                                      |                                    |           |       |
| 91                              | EMERGENCY  | 93,459  | 93,630  | 0.998174                             |                                    |           | 91    |
| 92                              | OBSERVATION BEDS   |   |   |                                      |                                    |           | 92    |
| OTHER REIMBURSABLE COST CENTERS |  |   |   |                                      |                                    |           |       |
| 200                             | TOTAL (SUM OF LINES 50-199)                                  | 2,124,579   | 116,510,092   |                                      | 61,110,750                         | 1,054,677 | 200   |

PROVIDER CCN: 14-2010 RML SPECIALTY HOSPITAL  
 PERIOD FROM 06/01/2011 TO 05/31/2012

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

VERSION: 2011.10  
 10/31/2012 08:10

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         | NURSING SCHOOL<br>1 | ALLIED HEALTH COST<br>2 | ALL OTHER MEDICAL EDUCATION COST<br>3 | SWING-BED ADJUSTMENT AMOUNT<br>(SEE INSTR.)<br>4 | TOTAL COSTS<br>(SUM OF COLS. 1-3 MINUS COL. 4)<br>5 |
|---------------------------------|---------------------|-------------------------|---------------------------------------|--|---|
| INPAT ROUTINE SERV COST CTRS    |                     |                         |                                       |  |   |
| 30 ADULTS & PEDIATRICS          |                     |                         |                                       |  | 30  |
| 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) |                     |                         |                                       |  | 200   |

PROVIDER CCN: 14-2010 RML SPECIALTY HOSPITAL  
 PERIOD FROM 06/01/2011 TO 05/31/2012

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

VERSION: 2011.10  
 10/31/2012 08:10

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<br>PATIENT<br>DAYS<br>6 | PER DIEM<br>COL. 5 ÷<br>COL. 6)<br>7 | INPATIENT<br>PROGRAM<br>DAYS<br>8 | INPAT PGM<br>PASS THRU<br>COSTS<br>(COL. 7 x<br>COL. 8)<br>9 |     |
|---------------------------------|-------------------------------|--------------------------------------|-----------------------------------|--|-----|
| INPAT ROUTINE SERV COST CTRS    |                               |                                      |                                   |  |     |
| 30 ADULTS & PEDIATRICS          | 42,115                        |                                      | 22,693                            |  | 30  |
| 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) | 42,115                        |                                      | 22,693                            |  | 200 |

PROVIDER CCN: 14-2010 RML SPECIALTY HOSPITAL  
 PERIOD FROM 06/01/2011 TO 05/31/2012

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

VERSION: 2011.10  
 10/31/2012 08:10

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-2010) [ ] SUB (OTHER) [ ] ICF/MR [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] IRF [ ] NF

| COST CENTER DESCRIPTION             | NON                                   | NURSING | ALLIED | ALL OTHER | TOTAL | TOTAL O/P |
|-------------------------------------|---------------------------------------|---------|--------|-----------|-------|-----------|
|                                     | PHYSICIAN<br>ANESTHETIST<br>COST<br>1 |         |        |           |       |           |
| ANCILLARY SERVICE COST CENTERS      |                                       |         |        |           |       |           |
| 50 OPERATING ROOM                   |                                       |         |        |           |       | 50        |
| 54 RADIOLOGY-DIAGNOSTIC             |                                       |         |        |           |       | 54        |
| 56 RADIOISOTOPE                     |                                       |         |        |           |       | 56        |
| 57 COMPUTED TOMOGRAPHY (CT) SCAN    |                                       |         |        |           |       | 57        |
| 60 LABORATORY                       |                                       |         |        |           |       | 60        |
| 62.30 BLOOD CLOTTING FOR HEMOPHILIA |                                       |         |        |           |       | 62.30     |
| 65 RESPIRATORY THERAPY              |                                       |         |        |           |       | 65        |
| 65.01 PULMONARY REHAB               |                                       |         |        |           |       | 65.01     |
| 66 PHYSICAL THERAPY                 |                                       |         |        |           |       | 66        |
| 67 OCCUPATIONAL THERAPY             |                                       |         |        |           |       | 67        |
| 68 SPEECH PATHOLOGY                 |                                       |         |        |           |       | 68        |
| 68.01 PSYCHOLOGY                    |                                       |         |        |           |       | 68.01     |
| 71 MEDICAL SUPPLIES CHRGED TO PA    |                                       |         |        |           |       | 71        |
| 73 DRUGS CHARGED TO PATIENTS        |                                       |         |        |           |       | 73        |
| 74 RENAL DIALYSIS                   |                                       |         |        |           |       | 74        |
| 75.01 ULTRASOUND                    |                                       |         |        |           |       | 75.01     |
| 76.97 CARDIAC REHABILITATION        |                                       |         |        |           |       | 76.97     |
| 76.98 HYPERBARIC OXYGEN THERAPY     |                                       |         |        |           |       | 76.98     |
| 76.99 LITHOTRIPSY                   |                                       |         |        |           |       | 76.99     |
| OUTPATIENT SERVICE COST CENTERS     |                                       |         |        |           |       |           |
| 91 EMERGENCY                        |                                       |         |        |           |       | 91        |
| 92 OBSERVATION BEDS                 |                                       |         |        |           |       | 92        |
| OTHER REIMBURSABLE COST CENTERS     |                                       |         |        |           |       |           |
| 200 TOTAL (SUM OF LINES 50-199)     |                                       |         |        |           |       | 200       |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D  
 PART IV

CHECK [ ] TITLE V [XX] HOSPITAL (14-2010) [ ] SUB (OTHER) [ ] ICF/MR [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] IRF [ ] NF

| COST CENTER DESCRIPTION            | TOTAL CHARGES (FROM WKST C, PT. I, COL. 8)<br>7 | RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7)<br>8 | O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7)<br>9 | INPAT PGM CHARGES<br>10 | INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10)<br>11 | O/P PGM CHARGES<br>12 | O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12)<br>13 |
|------------------------------------|---|---|---|-------------------------|--|-----------------------|--|
| ANCILLARY SERVICE COST CENTERS     |   |   |   |                         |  |                       |  |
| 50 OPERATING ROOM                  | 1,021,999                                       |   |   | 506,283                 |  |                       | 50   |
| 54 RADIOLOGY-DIAGNOSTIC            | 2,207,317                                       |   |   | 1,107,009               |  | 110,578               | 54   |
| 56 RADIOISOTOPE                    | 43,593  |   |   | 18,800                  |  | 1,149                 | 56   |
| 57 COMPUTED TOMOGRAPHY (CT) SCA    | 1,322,303                                       |   |   | 695,472                 |  | 45,285                | 57   |
| 60 LABORATORY                      | 5,874,823                                       |   |   | 3,106,272               |  | 161,718               | 60   |
| 62.30 BLOOD CLOTTING FOR HEMOPHILI |   |   |   |                         |  |                       | 62.30  |
| 65 RESPIRATORY THERAPY             | 43,311,427                                      |   |   | 23,919,086              |  | 534,405               | 65   |
| 65.01 PULMONARY REHAB              |   |   |   |                         |  |                       | 65.01  |
| 66 PHYSICAL THERAPY                | 2,356,391                                       |   |   | 1,240,177               |  |                       | 66   |
| 67 OCCUPATIONAL THERAPY            | 1,848,818                                       |   |   | 916,429                 |  |                       | 67   |
| 68 SPEECH PATHOLOGY                | 1,286,665                                       |   |   | 706,727                 |  | 6,714                 | 68   |
| 68.01 PSYCHOLOGY                   |   |   |   |                         |  |                       | 68.01  |
| 71 MEDICAL SUPPLIES CHRGED TO P    | 16,876,289                                      |   |   | 8,469,921               |  |                       | 71   |
| 73 DRUGS CHARGED TO PATIENTS       | 35,455,020                                      |   |   | 18,041,663              |  | 29                    | 73   |
| 74 RENAL DIALYSIS                  | 4,243,828                                       |   |   | 2,060,762               |  | 619,412               | 74   |
| 75.01 ULTRASOUND                   | 567,989   |   |   | 322,149                 |  | 13,600                | 75.01  |
| 76.97 CARDIAC REHABILITATION       |   |   |   |                         |  |                       | 76.97  |
| 76.98 HYPERBARIC OXYGEN THERAPY    |   |   |   |                         |  |                       | 76.98  |
| 76.99 LITHOTRIPSY                  |   |   |   |                         |  |                       | 76.99  |
| OUTPATIENT SERVICE COST CENTERS    |   |   |   |                         |  |                       |  |
| 91 EMERGENCY                       | 93,630  |   |   |                         |  | 6,760                 | 91   |
| 92 OBSERVATION BEDS                |   |   |   |                         |  |                       | 92   |
| OTHER REIMBURSABLE COST CENTERS    |   |   |   |                         |  |                       |  |
| 200 TOTAL (SUM OF LINES 50-199)    | 116,510,092                                     |   |   | 61,110,750              |  | 1,499,650             | 200  |

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D  
 PART V

CHECK [ ] TITLE V - O/P [XX] HOSPITAL (14-2010) [ ] 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<br>1 | PROGRAM CHARGES              |   | PROGRAM COSTS                                     |  | 50    |
|---------------------------------------|---|------------------------------|---|---|--|-------|
|                                       |   | PPS REIMBURSED SERVICES<br>2 | COST REIMB. SUBJECT TO DED & COINS<br>3 | COST REIMB. SVCES NOT SUBJECT TO DED & COINS<br>4 | PPS SERVICES SUBJECT TO DED & COINS<br>6 |       |
| ANCILLARY SERVICE COST CENTERS        |   |                              |   |   |  |       |
| 50 OPERATING ROOM                     | 1.172822  |                              |   |   |  | 50    |
| 54 RADIOLOGY-DIAGNOSTIC               | 0.766049  | 110,578                      |   |   | 84,708                                   | 54    |
| 56 RADIOISOTOPE                       | 0.869406  | 1,149                        |   |   | 999                                      | 56    |
| 57 COMPUTED TOMOGRAPHY (CT) SCAN      | 0.326033  | 45,285                       |   |   | 14,764                                   | 57    |
| 60 LABORATORY                         | 0.420231  | 161,718                      |   |   | 67,959                                   | 60    |
| 62.30 BLOOD CLOTTING FOR HEMOPHILIACS |   |                              |   |   |  | 62.30 |
| 65 RESPIRATORY THERAPY                | 0.226411  | 534,405                      |   |   | 120,995                                  | 65    |
| 65.01 PULMONARY REHAB                 |   |                              |   |   |  | 65.01 |
| 66 PHYSICAL THERAPY                   | 0.763279  |                              |   |   |  | 66    |
| 67 OCCUPATIONAL THERAPY               | 0.478348  |                              |   |   |  | 67    |
| 68 SPEECH PATHOLOGY                   | 0.518307  | 6,714                        |   |   | 3,480                                    | 68    |
| 68.01 PSYCHOLOGY                      |   |                              |   |   |  | 68.01 |
| 71 MEDICAL SUPPLIES CHRGED TO PATI    | 0.314225  |                              |   |   |  | 71    |
| 73 DRUGS CHARGED TO PATIENTS          | 0.201689  | 29                           |   |   | 6  | 73    |
| 74 RENAL DIALYSIS                     | 0.362875  | 619,412                      |   |   | 224,769                                  | 74    |
| 75.01 ULTRASOUND                      | 0.312115  | 13,600                       |   |   | 4,245                                    | 75.01 |
| 76.97 CARDIAC REHABILITATION          |   |                              |   |   |  | 76.97 |
| 76.98 HYPERBARIC OXYGEN THERAPY       |   |                              |   |   |  | 76.98 |
| 76.99 LITHOTRIPSY                     |   |                              |   |   |  | 76.99 |
| OUTPATIENT SERVICE COST CENTERS       |   |                              |   |   |  |       |
| 91 EMERGENCY                          | 4.947271  | 6,760                        |   |   | 33,444                                   | 91    |
| 92 OBSERVATION BEDS                   |   |                              |   |   |  | 92    |
| OTHER REIMBURSABLE COST CENTERS       |   |                              |   |   |  |       |
| 200 SUBTOTAL (SEE INSTRUCTIONS)       |   | 1,499,650                    |   |   | 555,369                                  | 200   |
| 201 LESS PBP CLINIC LAB SERVICES      |   |                              |   |   |  | 201   |
| 202 NET CHARGES (LINE 200 - LINE 201) |   | 1,499,650                    |   |   | 555,369                                  | 202   |

WORKSHEET D-1  
 PART I

COMPUTATION OF INPATIENT OPERATING COST

|            |      |                  |      |                    |     |             |     |        |      |       |
|------------|------|------------------|------|--------------------|-----|-------------|-----|--------|------|-------|
| CHECK      | [ ]  | TITLE V-INPT     | [XX] | HOSPITAL (14-2010) | [ ] | SUB (OTHER) | [ ] | ICF/MR | [XX] | PPS   |
| APPLICABLE | [XX] | TITLE XVIII-PT A | [ ]  | IPF                | [ ] | SNF         | [ ] |        | [ ]  | TEFRA |
| BOXES      | [ ]  | TITLE XIX-INPT   | [ ]  | IRF                | [ ] | NF          | [ ] |        | [ ]  | OTHER |

PART I - ALL PROVIDER COMPONENTS

|                                      |   |            |    |  |  |  |  |  |  |  |
|--------------------------------------|---|------------|----|--|--|--|--|--|--|--|
| INPATIENT DAYS                       |   |            |    |  |  |  |  |  |  |  |
| 1                                    | INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS, EXCLUDING NEWBORN)  | 42,115     | 1  |  |  |  |  |  |  |  |
| 2                                    | INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING-BED AND NEWBORN DAYS)  | 42,115     | 2  |  |  |  |  |  |  |  |
| 3                                    | PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)   |            | 3  |  |  |  |  |  |  |  |
| 4                                    | SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)  | 42,115     | 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)   | 22,693     | 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)   | 36,398,315 | 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  | 36,398,315 | 27 |  |  |  |  |  |  |  |
| PRIVATE ROOM DIFFERENTIAL ADJUSTMENT |   |            |    |  |  |  |  |  |  |  |
| 28                                   | GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)   | 67,384,000 | 28 |  |  |  |  |  |  |  |
| 29                                   | PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)  |            | 29 |  |  |  |  |  |  |  |
| 30                                   | SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)   | 67,384,000 | 30 |  |  |  |  |  |  |  |
| 31                                   | GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO (LINE 27 ÷ LINE 30)   | 0.540163   | 31 |  |  |  |  |  |  |  |
| 32                                   | AVERAGE PRIVATE ROOM PER DIEM CHARGE (LINE 29 ÷ LINE 31)  |            | 32 |  |  |  |  |  |  |  |
| 33                                   | AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE (LINE 30 ÷ LINE 31)   | 1,600.00   | 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 35 x LINE 31)   |            | 36 |  |  |  |  |  |  |  |
| 37                                   | GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL (LINE 27 - LINE 36)   | 36,398,315 | 37 |  |  |  |  |  |  |  |

WORKSHEET D-1  
 PART II

COMPUTATION OF INPATIENT OPERATING COST

CHECK [ ] TITLE V-INPT [XX] HOSPITAL (14-2010) [ ] 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) 864.26 38  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 19,612,652 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) 19,612,652 41

|  | TOTAL<br>INPATIENT<br>COST<br>1 | TOTAL<br>INPATIENT<br>DAYS<br>2 | AVERAGE<br>PER DIEM<br>(COL. 1 +<br>COL. 2)<br>3 | PROGRAM<br>DAYS<br>4 | PROGRAM<br>COST<br>(COL. 3 x<br>COL. 4)<br>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) |                                 |                                 |  |                      | 17,305,679                                   | 48 |
| 49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS)                      |                                 |                                 |  |                      | 36,918,331                                   | 49 |

PASS-THROUGH COST ADJUSTMENTS  
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 1,871,492 50  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 1,054,677 51  
 52 TOTAL PROGRAM EXCLUDABLE COST 2,926,169 52  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 33,992,162 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 THE MARKET 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 OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 60), OR 1% OF THE TARGET AMOUNT (LINE 56), OTHERWISE ENTER ZERO (SEE INSTRUCTIONS) 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 INSTRUCTIONS) (TITLE XVIII ONLY) 64  
 65 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS) (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) 864.26 88  
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 89

|  | COST<br>1 | ROUTINE<br>COST<br>(FROM<br>LINE 27)<br>2 | COL. 1 +<br>COL. 2<br>3 | TOTAL<br>OBS. BED<br>COST<br>(FROM<br>LINE 89)<br>4 | OBS. BED<br>PASS-THRU<br>COST<br>(COL. 3 x<br>COL. 4)<br>(SEE INSTR.)<br>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 |

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [ ] TITLE V [XX] HOSPITAL (14-2010) [ ] SUB (OTHER) [ ] S/B SNF [XX] PPS  
 APPLICABLE [XX] TITLE XVIII-PT A [ ] IPF [ ] SNF [ ] S/B NF [ ] TEFRA  
 BOXES [ ] TITLE XIX [ ] IRF [ ] NF [ ] ICF/MR [ ] OTHER

| COST CENTER DESCRIPTION                       | RATIO OF COST<br>TO CHARGES<br>1 | INPATIENT<br>PROGRAM CHARGES<br>2 | INPATIENT<br>PROGRAM COSTS<br>(COL.1 x COL.2)<br>3 |  |       |
|---|----------------------------------|-----------------------------------|--|--|-------|
|   |                                  |                                   |  |  |       |
| 30 INPATIENT ROUTINE SERVICE COST CENTERS     |                                  |                                   |  |  |       |
| ADULTS & PEDIATRICS                           |                                  | 37,024,720                        |  |  | 30    |
| ANCILLARY SERVICE COST CENTERS                |                                  |                                   |  |  |       |
| 50 OPERATING ROOM                             | 1.172822                         | 506,283                           | 593,780  |  | 50    |
| 54 RADIOLOGY-DIAGNOSTIC                       | 0.766049                         | 1,107,009                         | 848,023  |  | 54    |
| 56 RADIOISOTOPE                               | 0.869406                         | 18,800                            | 16,345   |  | 56    |
| 57 COMPUTED TOMOGRAPHY (CT) SCAN              | 0.326033                         | 695,472                           | 226,747  |  | 57    |
| 60 LABORATORY                                 | 0.420231                         | 3,106,272                         | 1,305,352  |  | 60    |
| 62.30 BLOOD CLOTTING FOR HEMOPHILIACS         |                                  |                                   |  |  | 62.30 |
| 65 RESPIRATORY THERAPY                        | 0.226411                         | 23,919,086                        | 5,415,544  |  | 65    |
| 65.01 PULMONARY REHAB                         |                                  |                                   |  |  | 65.01 |
| 66 PHYSICAL THERAPY                           | 0.763279                         | 1,240,177                         | 946,601  |  | 66    |
| 67 OCCUPATIONAL THERAPY                       | 0.478348                         | 916,429                           | 438,372  |  | 67    |
| 68 SPEECH PATHOLOGY                           | 0.518307                         | 706,727                           | 366,302  |  | 68    |
| 68.01 PSYCHOLOGY                              |                                  |                                   |  |  | 68.01 |
| 71 MEDICAL SUPPLIES CHRGD TO PATI             | 0.314225                         | 8,469,921                         | 2,661,461  |  | 71    |
| 73 DRUGS CHARGED TO PATIENTS                  | 0.201689                         | 18,041,663                        | 3,638,805  |  | 73    |
| 74 RENAL DIALYSIS                             | 0.362875                         | 2,060,762                         | 747,799  |  | 74    |
| 75.01 ULTRASOUND                              | 0.312115                         | 322,149                           | 100,548  |  | 75.01 |
| 76.97 CARDIAC REHABILITATION                  |                                  |                                   |  |  | 76.97 |
| 76.98 HYPERBARIC OXYGEN THERAPY               |                                  |                                   |  |  | 76.98 |
| 76.99 LITHOTRIPSY                             |                                  |                                   |  |  | 76.99 |
| OUTPATIENT SERVICE COST CENTERS               |                                  |                                   |  |  |       |
| 91 EMERGENCY                                  | 4.947271                         |                                   |  |  | 91    |
| 92 OBSERVATION BEDS                           |                                  |                                   |  |  | 92    |
| OTHER REIMBURSABLE COST CENTERS               |                                  |                                   |  |  |       |
| 200 TOTAL (SUM OF LINES 50-94 AND 96-98)      |                                  | 61,110,750                        | 17,305,679   |  | 200   |
| 201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES |                                  |                                   |  |  | 201   |
| 202 NET CHARGES (LINE 200 MINUS LINE 201)     |                                  | 61,110,750                        |  |  | 202   |

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E  
 PART B

CHECK APPLICABLE BOX:         HOSPITAL (14-2010)         IPF         IRF  
                                   SUB (OTHER)                                    SNF

PART B - MEDICAL AND OTHER HEALTH SERVICES

|    |  |          |    |
|----|--|----------|----|
| 1  | MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)  |          | 1  |
| 2  | MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (SEE INSTRUCTIONS)   | 555,369  | 2  |
| 3  | PPS PAYMENTS   | 388,057  | 3  |
| 4  | OUTLIER PAYMENT (SEE INSTRUCTIONS)   |          | 4  |
| 5  | ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS)   | 0.939    | 5  |
| 6  | LINE 2 TIMES LINE 5  | 521,491  | 6  |
| 7  | SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6  | 0.7441   | 7  |
| 8  | TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)   |          | 8  |
| 9  | ANCILLARY SERVICE OTHER PASS THROUGH COSTS FROM WKST D, PART IV, COL. 13, LINE 200   |          | 9  |
| 10 | ORGAN ACQUISITION  |          | 10 |
| 11 | TOTAL COST (SUM OF LINES 1 AND 10) (SEE INSTRUCTIONS)  |          | 11 |
|    | COMPUTATION OF LESSER OF COST OR CHARGES   |          |    |
|    | REASONABLE CHARGES   |          |    |
| 12 | ANCILLARY SERVICE CHARGES  |          | 12 |
| 13 | ORGAN ACQUISITION CHARGES (FROM WKST D-4, PART III, LINE 69, COL. 4)   |          | 13 |
| 14 | TOTAL REASONABLE CHARGES (SUM OF LINES 12 AND 13)  |          | 14 |
|    | CUSTOMARY CHARGES  |          |    |
| 15 | AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS  |          | 15 |
| 16 | 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) |          | 16 |
| 17 | RATIO OF LINE 15 TO LINE 16 (NOT TO EXCEED 1.000000)   | 1.000000 | 17 |
| 18 | TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)   |          | 18 |
| 19 | EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS))   |          | 19 |
| 20 | EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES (COMPLETE ONLY IF LINE 11 EXCEEDS LINE 18 (SEE INSTRUCTIONS))   |          | 20 |
| 21 | LESSER OF COST OR CHARGES (LINE 11 MINUS LINE 20) (FOR CAH, SEE INSTRUCTIONS)  |          | 21 |
| 22 | INTERNS AND RESIDENTS (SEE INSTRUCTIONS)   |          | 22 |
| 23 | COST OF TEACHING PHYSICIANS (SEE INSTR., 42 CFR 415.160 AND CMS PUB. 15-1 §2148)   |          | 23 |
| 24 | TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 3, 4, 8 AND 9)   | 388,057  | 24 |
|    | COMPUTATION OF REIMBURSEMENT SETTLEMENT  |          |    |
| 25 | DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)   |          | 25 |
| 26 | DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS)   | 88,818   | 26 |
| 27 | SUBTOTAL {(LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23} (SEE INSTRUCTIONS)   | 299,239  | 27 |
| 28 | DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 50)  |          | 28 |
| 29 | ESRD DIRECT MEDICAL EDUCATION COSTS (FROM WKST E-4, LINE 36)   |          | 29 |
| 30 | SUBTOTAL (SUM OF LINES 27 THROUGH 29)  | 299,239  | 30 |
| 31 | PRIMARY PAYER PAYMENTS   |          | 31 |
| 32 | SUBTOTAL (LINE 30 MINUS LINE 31)   | 299,239  | 32 |
|    | ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)  |          |    |
| 33 | COMPOSITE RATE ESRD (FROM WKST I-5, LINE 11)   |          | 33 |
| 34 | ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS)   |          | 34 |
| 35 | ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)   |          | 35 |
| 36 | ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)   |          | 36 |
| 37 | SUBTOTAL (SUM OF LINES 32, 33 AND 34 OR 35) (LINE 35 HOSPITAL AND SUBPROVIDERS ONLY)   | 299,239  | 37 |
| 38 | MSP-LCC RECONCILIATION AMOUNT FROM PS&R  |          | 38 |
| 39 | OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)   |          | 39 |
| 40 | SUBTOTAL (LINE 37 PLUS OR MINUS LINES 39 MINUS 38)   | 299,239  | 40 |
| 41 | INTERIM PAYMENTS   | 299,239  | 41 |
| 42 | TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)   |          | 42 |
| 43 | BALANCE DUE PROVIDER/PROGRAM (LINE 40 MINUS THE SUM OF LINES 41 AND 42)  |          | 43 |
| 44 | PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2  |          | 44 |
|    | TO BE COMPLETED BY CONTRACTOR  |          |    |
| 90 | ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)   |          | 90 |
| 91 | OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)  |          | 91 |
| 92 | THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY   |          | 92 |
| 93 | TIME VALUE OF MONEY (SEE INSTRUCTIONS)   |          | 93 |
| 94 | TOTAL (SUM OF LINES 91 AND 93)   |          | 94 |

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1  
 PART I

CHECK [XX] HOSPITAL (14-2010) [ ] SUB (OTHER)  
 APPLICABLE [ ] IPF [ ] SNF  
 BOX: [ ] IRF [ ] SWING BED SNF

INPATIENT  
 PART A

PART B

| DESCRIPTION   | MM/DD/YYYY<br>1 | AMOUNT<br>2 | MM/DD/YYYY<br>3 | AMOUNT<br>4 |      |  |
|---|-----------------|-------------|-----------------|-------------|------|--|
|   |                 |             |                 |             |      |  |
| 1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER   |                 | 33,913,902  |                 | 299,239     | 1    |  |
| 2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS,<br>EITHER SUBMITTED OR TO BE SUBMITTED TO THE<br>INTERMEDIARY FOR SERVICES RENDERED IN THE<br>COST REPORTING PERIOD. IF NONE, WRITE 'NONE'<br>OR ENTER A ZERO.                      |                 | NONE        |                 | NONE        | 2    |  |
| 3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM<br>ADJUSTMENT AMOUNT BASED ON SUBSEQUENT<br>REVISION OF THE INTERIM RATE FOR THE COST<br>REPORTING PERIOD. ALSO SHOW DATE OF EACH<br>PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A<br>ZERO. | .01 05/29/2012  | 238,723     |                 | NONE        | 3.01 |  |
|   | .02             |             |                 |             | 3.02 |  |
|   | PROGRAM .03     |             |                 |             | 3.03 |  |
|   | TO .04          |             |                 |             | 3.04 |  |
|   | PROVIDER .05    |             |                 |             | 3.05 |  |
|   | .06             |             |                 |             | 3.06 |  |
|   | .07             |             |                 |             | 3.07 |  |
|   | .08             |             |                 |             | 3.08 |  |
|   | .09             |             |                 |             | 3.09 |  |
|   | .50             | NONE        |                 | NONE        | 3.50 |  |
|   | .51             |             |                 |             | 3.51 |  |
|   | PROVIDER .52    |             |                 |             | 3.52 |  |
|   | TO .53          |             |                 |             | 3.53 |  |
|   | PROGRAM .54     |             |                 |             | 3.54 |  |
|   | .55             |             |                 |             | 3.55 |  |
|   | .56             |             |                 |             | 3.56 |  |
|   | .57             |             |                 |             | 3.57 |  |
|   | .58             |             |                 |             | 3.58 |  |
|   | .59             |             |                 |             | 3.59 |  |
| SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM<br>OF LINES 3.50-3.98)   | .99             | 238,723     |                 |             | 3.99 |  |
| 4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2<br>AND 3.99) (TRANSFER TO WKST E OR E-3, LINE<br>AND COLUMN AS APPROPRIATE)   |                 | 34,152,625  |                 | 299,239     | 4    |  |

TO BE COMPLETED BY CONTRACTOR

|  |                                |            |           |         |      |  |
|--|--------------------------------|------------|-----------|---------|------|--|
| 5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT<br>PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE<br>OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR<br>ENTER A ZERO. | PROGRAM .01                    | NONE       |           | NONE    | 5.01 |  |
|  | TO .02                         |            |           |         | 5.02 |  |
|  | PROVIDER .03                   |            |           |         | 5.03 |  |
|  | .04                            |            |           |         | 5.04 |  |
|  | .05                            |            |           |         | 5.05 |  |
|  | .06                            |            |           |         | 5.06 |  |
|  | .07                            |            |           |         | 5.07 |  |
|  | .08                            |            |           |         | 5.08 |  |
|  | .09                            |            |           |         | 5.09 |  |
|  | PROVIDER .50                   | NONE       |           | NONE    | 5.50 |  |
|  | TO .51                         |            |           |         | 5.51 |  |
|  | PROGRAM .52                    |            |           |         | 5.52 |  |
|  | .53                            |            |           |         | 5.53 |  |
|  | .54                            |            |           |         | 5.54 |  |
|  | .55                            |            |           |         | 5.55 |  |
|  | .56                            |            |           |         | 5.56 |  |
|  | .57                            |            |           |         | 5.57 |  |
|  | .58                            |            |           |         | 5.58 |  |
|  | .59                            |            |           |         | 5.59 |  |
| SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM<br>OF LINES 5.50-5.98)  | .99                            |            |           |         | 5.99 |  |
| 6 DETERMINE NET SETTLEMENT AMOUNT<br>(BALANCE DUE) BASED ON THE COST REPORT  | PROGRAM<br>TO .01              | 1,064,403  |           |         | 6.01 |  |
|  | PROVIDER<br>PROVIDER<br>TO .02 |            |           |         | 6.02 |  |
|  | PROGRAM                        |            |           |         |      |  |
| 7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.)  |                                | 35,217,028 |           | 299,239 | 7    |  |
| 8 NAME OF CONTRACTOR:  | CONTRACTOR NUMBER:             |            | NPR DATE: |         | 8    |  |

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1  
PART II

CHECK [XX] HOSPITAL (14-2010) [ ] CAH  
APPLICABLE BOX

TO BE COMPLETED BY CONTRACTOR FOR NONSTANDARD COST REPORTS

| HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION |   |        |
|---|---|--------|
| 1   | TOTAL HOSPITAL DISCHARGES AS DEFINED IN AARA §4102 FROM WKST S-3, PART I, COLUMN 15, LINE 14                              | 1      |
| 2   | MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12   | 2      |
| 3   | MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2   | 3      |
| 4   | TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12   | 42,115 |
| 5   | TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200  | 5      |
| 6   | TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20   | 6      |
| 7   | CAH ONLY - THE REASONABLE COST INCURRED FOR THE PURCHASE OF CERTIFIED HIT TECHNOLOGY FROM WORKSHEET S-2, PART I, LINE 168 | 7      |
| 8   | CALCULATION OF THE HIT INCENTIVE PAYMENT (SEE INSTRUCTIONS)   | 8      |
|   |   |        |
| INPATIENT HOSPITAL SERVICES UNDER PPS & CAH                   |   |        |
| 30  | INITIAL/INTERIM HIT PAYMENT(S)  | 30     |
| 31  | OTHER ADJUSTMENTS (SPECIFY)   | 31     |
| 32  | BALANCE DUE PROVIDER (LINE 8 MINUS LINE 30 ± LINE 31)   | 32     |

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3  
PART IV

CHECK [XX] HOSPITAL (14-2010)  
APPLICABLE BOX:

PART IV - CALCULATION OF MEDICARE REIMBURSEMENT SETTLEMENT UNDER LTCH PPS

|    |   |            |    |
|----|---|------------|----|
| 1  | NET FEDERAL PPS PAYMENT (SEE INSTRUCTIONS)  | 35,303,882 | 1  |
| 2  | OUTLIER PAYMENTS  | 2,500,153  | 2  |
| 3  | TOTAL PPS PAYMENTS (SUM OF LINES 1 AND 2)   | 37,804,035 | 3  |
| 4  | NURSING AND ALLIED HEALTH MANAGED CARE PAYMENTS (SEE INSTRUCTIONS)                                |            | 4  |
| 5  | ORGAN ACQUISITION   |            | 5  |
| 6  | COST OF TEACHING PHYSICIANS   |            | 6  |
| 7  | SUBTOTAL (SEE INSTRUCTIONS)   | 37,804,035 | 7  |
| 8  | PRIMARY PAYER PAYMENTS  |            | 8  |
| 9  | SUBTOTAL (LINE 7 LESS LINE 8)   | 37,804,035 | 9  |
| 10 | DEDUCTIBLES   | 42,268     | 10 |
| 11 | SUBTOTAL (LINE 9 MINUS LINE 10)   | 37,761,767 | 11 |
| 12 | COINSURANCE   | 3,617,446  | 12 |
| 13 | SUBTOTAL (LINE 11 MINUS LINE 12)  | 34,144,321 | 13 |
| 14 | ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES) (SEE INSTRUCTIONS)              | 1,532,439  | 14 |
| 15 | ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)  | 1,072,707  | 15 |
| 16 | ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)                            | 1,393,132  | 16 |
| 17 | SUBTOTAL (SUM OF LINES 13 AND 15)   | 35,217,028 | 17 |
| 18 | DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS (FROM WKST E-4, LINE 49) (FOR FREESTANDING LTCH ONLY)  |            | 18 |
| 19 | OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)   |            | 19 |
| 20 | OUTLIER PAYMENTS RECONCILIATION   |            | 20 |
| 21 | OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)  |            | 21 |
| 22 | TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)   | 35,217,028 | 22 |
| 23 | INTERIM PAYMENTS  | 34,152,625 | 23 |
| 24 | TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY)  |            | 24 |
| 25 | BALANCE DUE PROVIDER/PROGRAM (LINE 22 MINUS THE SUM OF LINES 23 AND 24)                           | 1,064,403  | 25 |
| 26 | PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2 |            | 26 |

TO BE COMPLETED BY CONTRACTOR

|    |  |  |    |
|----|--|--|----|
| 50 | ORIGINAL PPS PAYMENT AND OUTLIER AMOUNT FROM WORKSHEET E-3, PART IV, LINE 3 (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 |

BALANCE SHEET

WORKSHEET G

| ASSETS                        |  | GENERAL<br>FUND | SPECIFIC<br>PURPOSE<br>FUND | ENDOWMENT<br>FUND | PLANT<br>FUND |
|-------------------------------|--|-----------------|-----------------------------|-------------------|---------------|
|                               |  | 1               | 2                           | 3                 | 4             |
| CURRENT ASSETS                |  |                 |                             |                   |               |
| 1                             | CASH ON HAND AND IN BANKS  | 3,154,350       |                             |                   | 1             |
| 2                             | TEMPORARY INVESTMENTS  | 1,427,579       |                             |                   | 2             |
| 3                             | NOTES RECEIVABLE   |                 |                             |                   | 3             |
| 4                             | ACCOUNTS RECEIVABLE  | 18,482,429      |                             |                   | 4             |
| 5                             | OTHER RECEIVABLES  | 1,835,496       |                             |                   | 5             |
| 6                             | ALLOWANCE FOR UNCOLLECTIBLE<br>NOTES & ACCOUNTS RECEIVABLE                       | -1,620,795      |                             |                   | 6             |
| 7                             | INVENTORY  |                 |                             |                   | 7             |
| 8                             | PREPAID EXPENSES   | 1,019,499       |                             |                   | 8             |
| 9                             | OTHER CURRENT ASSETS   | 1,856,089       |                             |                   | 9             |
| 10                            | DUE FROM OTHER FUNDS   |                 |                             |                   | 10            |
| 11                            | TOTAL CURRENT ASSETS (SUM OF LINES 1-10)   | 26,154,647      |                             |                   | 11            |
| FIXED ASSETS                  |  |                 |                             |                   |               |
| 12                            | LAND   |                 |                             |                   | 12            |
| 13                            | LAND IMPROVEMENTS  |                 |                             |                   | 13            |
| 14                            | ACCUMULATED DEPRECIATION   |                 |                             |                   | 14            |
| 15                            | BUILDINGS  |                 |                             |                   | 15            |
| 16                            | ACCUMULATED DEPRECIATION   |                 |                             |                   | 16            |
| 17                            | LEASEHOLD IMPROVEMENTS   | 16,964,310      |                             |                   | 17            |
| 18                            | ACCUMULATED AMORTIZATION   | -11,602,551     |                             |                   | 18            |
| 19                            | FIXED EQUIPMENT  |                 |                             |                   | 19            |
| 20                            | ACCUMULATED DEPRECIATION   |                 |                             |                   | 20            |
| 21                            | AUTOMOBILES AND TRUCKS   |                 |                             |                   | 21            |
| 22                            | ACCUMULATED DEPRECIATION   |                 |                             |                   | 22            |
| 23                            | MAJOR MOVABLE EQUIPMENT  | 19,244,325      |                             |                   | 23            |
| 24                            | ACCUMULATED DEPRECIATION   | -9,614,749      |                             |                   | 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)  | 14,991,335      |                             |                   | 30            |
| OTHER ASSETS                  |  |                 |                             |                   |               |
| 31                            | INVESTMENTS  | 3,254,915       |                             |                   | 31            |
| 32                            | DEPOSITS ON LEASES   |                 |                             |                   | 32            |
| 33                            | DUE FROM OWNERS/OFFICERS   |                 |                             |                   | 33            |
| 34                            | OTHER ASSETS   | 2,401,207       |                             |                   | 34            |
| 35                            | TOTAL OTHER ASSETS (SUM OF LINES 31-34)  | 5,656,122       |                             |                   | 35            |
| 36                            | TOTAL ASSETS (SUM OF LINES 11, 30 AND 35)  | 46,802,104      |                             |                   | 36            |
| LIABILITIES AND FUND BALANCES |  |                 |                             |                   |               |
|                               |  | GENERAL<br>FUND | SPECIFIC<br>PURPOSE<br>FUND | ENDOWMENT<br>FUND | PLANT<br>FUND |
|                               |  | 1               | 2                           | 3                 | 4             |
| CURRENT LIABILITIES           |  |                 |                             |                   |               |
| 37                            | ACCOUNTS PAYABLE   | 2,151,603       |                             |                   | 37            |
| 38                            | SALARIES, WAGES & FEES PAYABLE   | 4,527,098       |                             |                   | 38            |
| 39                            | PAYROLL TAXES PAYABLE  |                 |                             |                   | 39            |
| 40                            | NOTES & LOANS PAYABLE (SHORT TERM)   | 769,562         |                             |                   | 40            |
| 41                            | DEFERRED INCOME  |                 |                             |                   | 41            |
| 42                            | ACCELERATED PAYMENTS   |                 |                             |                   | 42            |
| 43                            | DUE TO OTHER FUNDS   |                 |                             |                   | 43            |
| 44                            | OTHER CURRENT LIABILITIES  | 2,633,910       |                             |                   | 44            |
| 45                            | TOTAL CURRENT LIABILITIES (SUM OF LINES<br>37-44)                                | 10,082,173      |                             |                   | 45            |
| LONG-TERM LIABILITIES         |  |                 |                             |                   |               |
| 46                            | MORTGAGE PAYABLE   |                 |                             |                   | 46            |
| 47                            | NOTES PAYABLE  | 2,717,548       |                             |                   | 47            |
| 48                            | UNSECURED LOANS  |                 |                             |                   | 48            |
| 49                            | OTHER LONG TERM LIABILITIES  | 4,170,844       |                             |                   | 49            |
| 50                            | TOTAL LONG TERM LIABILITIES (SUM OF LINES<br>46-49)                              | 6,888,392       |                             |                   | 50            |
| 51                            | TOTAL LIABILITIES (SUM OF LINES 45 AND 50)                                       | 16,970,565      |                             |                   | 51            |
| CAPITAL ACCOUNTS              |  |                 |                             |                   |               |
| 52                            | GENERAL FUND BALANCE   | 29,831,539      |                             |                   | 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<br>IMPROVEMENT, REPLACEMENT AND EXPANSION |                 |                             |                   | 58            |
| 59                            | TOTAL FUND BALANCES (SUM OF LINES 52-58)   | 29,831,539      |                             |                   | 59            |
| 60                            | TOTAL LIABILITIES AND FUND BALANCES (SUM OF<br>LINES 51 AND 59)                  | 46,802,104      |                             |                   | 60            |



STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

|  | GENERAL FUND |            | SPECIFIC PURPOSE FUND |   | ENDOWMENT FUND |   | PLANT FUND |   |    |
|--|--------------|------------|-----------------------|---|----------------|---|------------|---|----|
|  | 1            | 2          | 3                     | 4 | 5              | 6 | 7          | 8 |    |
| 1 FUND BALANCES AT BEGINNING OF PERIOD                                     |              | 25,629,805 |                       |   |                |   |            |   | 1  |
| 2 NET INCOME (LOSS) (FROM WKST G-3, LINE 29)                               |              | 1,883,996  |                       |   |                |   |            |   | 2  |
| 3 TOTAL (SUM OF LINE 1 AND LINE 2)   |              | 27,513,801 |                       |   |                |   |            |   | 3  |
| 4 ADDITIONS (CREDIT ADJUSTMENTS)   |              |            |                       |   |                |   |            |   | 4  |
| 5 PENSION-RELATED CHANGES  |              | 24,615     |                       |   |                |   |            |   | 5  |
| 6 UNREALIZED GAIN ON INVESTMEN   |              | 80,402     |                       |   |                |   |            |   | 6  |
| 7 ADVOCATE CAPITAL CONTRIBUTIO   |              | 2,212,721  |                       |   |                |   |            |   | 7  |
| 8  |              |            |                       |   |                |   |            |   | 8  |
| 9  |              |            |                       |   |                |   |            |   | 9  |
| 10 TOTAL ADDITIONS (SUM OF LINES 4-9)                                      |              | 2,317,738  |                       |   |                |   |            |   | 10 |
| 11 SUBTOTAL (LINE 3 PLUS LINE 10)  |              | 29,831,539 |                       |   |                |   |            |   | 11 |
| 12 DEDUCTIONS (DEBIT ADJUSTMENTS)  |              |            |                       |   |                |   |            |   | 12 |
| 13 UNREALIZED LOSS ON INVESTMEN  |              |            |                       |   |                |   |            |   | 13 |
| 14 PARTNERSHIP DISTRIBUTION  |              |            |                       |   |                |   |            |   | 14 |
| 15 PENSION-RELATED CHANGES   |              |            |                       |   |                |   |            |   | 15 |
| 16   |              |            |                       |   |                |   |            |   | 16 |
| 17   |              |            |                       |   |                |   |            |   | 17 |
| 18 TOTAL DEDUCTIONS (SUM OF LINES 12-17)                                   |              |            |                       |   |                |   |            |   | 18 |
| 19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET (LINE 11 MINUS LINE 18) |              | 29,831,539 |                       |   |                |   |            |   | 19 |

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2  
 PARTS I & II

PART I - PATIENT REVENUES

| REVENUE CENTER   | INPATIENT<br>1 | OUTPATIENT<br>2 | TOTAL<br>3  |    |
|--|----------------|-----------------|-------------|----|
| GENERAL INPATIENT ROUTINE CARE SERVICES  |                |                 |             |    |
| 1 HOSPITAL   | 67,384,000     |                 | 67,384,000  | 1  |
| 2 SUBPROVIDER IPF  |                |                 |             | 2  |
| 3 SUBPROVIDER IRF  |                |                 |             | 3  |
| 5 SWING BED - SNF  |                |                 |             | 5  |
| 6 SWING BED - NF   |                |                 |             | 6  |
| 7 SKILLED NURSING FACILITY   |                |                 |             | 7  |
| 8 NURSING FACILITY   |                |                 |             | 8  |
| 9 OTHER LONG TERM CARE   |                |                 |             | 9  |
| 10 TOTAL GENERAL INPATIENT CARE SERVICES (SUM OF LINES 1-9)                          | 67,384,000     |                 | 67,384,000  | 10 |
| INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES                                      |                |                 |             |    |
| 11 INTENSIVE CARE UNIT   |                |                 |             | 11 |
| 12 CORONARY CARE UNIT  |                |                 |             | 12 |
| 13 BURN INTENSIVE CARE UNIT  |                |                 |             | 13 |
| 14 SURGICAL INTENSIVE CARE UNIT  |                |                 |             | 14 |
| 15 OTHER SPECIAL CARE (SPECIFY)  |                |                 |             | 15 |
| 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)                    | 67,384,000     |                 | 67,384,000  | 17 |
| 18 ANCILLARY SERVICES  | 115,022,777    | 1,499,649       | 116,522,426 | 18 |
| 19 OUTPATIENT SERVICES   |                |                 |             | 19 |
| 20 RHC   |                |                 |             | 20 |
| 21 FQHC  |                |                 |             | 21 |
| 22 HOME HEALTH AGENCY  |                |                 |             | 22 |
| 23 AMBULANCE   |                |                 |             | 23 |
| 25 ASC   |                |                 |             | 25 |
| 26 HOSPICE   |                |                 |             | 26 |
| 27 OTHER PATIENT REVENUES  | 3,609,984      |                 | 3,609,984   | 27 |
| 28 TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1) | 186,016,761    | 1,499,649       | 187,516,410 | 28 |

PART II - OPERATING EXPENSES

|   | 1  | 2          |    |
|---|----|------------|----|
| 29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200)  |    | 75,635,294 | 29 |
| 30 ADD (SPECIFY)  |    |            | 30 |
| 31  |    |            | 31 |
| 32  |    |            | 32 |
| 33  |    |            | 33 |
| 34 ROUNDING   |    |            | 34 |
| 35  |    |            | 35 |
| 36 TOTAL ADDITIONS (SUM OF LINES 30-35)   |    |            | 36 |
| 37 DEDUCT (SPECIFY)   |    |            | 37 |
| 38 ROUNDING   | -4 |            | 38 |
| 39  |    |            | 39 |
| 40  |    |            | 40 |
| 41  |    |            | 41 |
| 42 TOTAL DEDUCTIONS (SUM OF LINES 37-41)  |    | -4         | 42 |
| 43 TOTAL OPERATING EXPENSES (SUM OF LINES 29 AND 36 MINUS LINE 42) (TRANSFER TO WKST G-3, LINE 4) |    | 75,635,290 | 43 |

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

| DESCRIPTION  |   |             |       |
|--------------|---|-------------|-------|
| 1            | TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28)   | 187,516,410 | 1     |
| 2            | LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS | 111,913,570 | 2     |
| 3            | NET PATIENT REVENUES (LINE 1 MINUS LINE 2)                        | 75,602,840  | 3     |
| 4            | LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43) | 75,635,290  | 4     |
| 5            | NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4)         | -32,450     | 5     |
| OTHER INCOME |   |             |       |
| 6            | CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.                          | 305,659     | 6     |
| 7            | INCOME FROM INVESTMENTS   | 43,596      | 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                   |             | 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  |             | 21    |
| 22           | RENTAL OF HOSPITAL SPACE  |             | 22    |
| 23           | GOVERNMENTAL APPROPRIATIONS                                       |             | 23    |
| 24           | OTHER (OTHER REVENUE)   | 486,873     | 24    |
| 24.01        | OTHER (GRANT REVENUE)   | 1,041,309   | 24.01 |
| 24.02        | OTHER (GAIN ON SALE OF ASSETS)                                    | 39,009      | 24.02 |
| 25           | TOTAL OTHER INCOME (SUM OF LINES 6-24)                            | 1,916,446   | 25    |
| 26           | TOTAL (LINE 5 PLUS LINE 25)                                       | 1,883,996   | 26    |
| 27           | OTHER EXPENSES (LOSS ON SALE OF ASSETS)                           |             | 27    |
| 28           | TOTAL OTHER EXPENSES (SUM OF LINE 27 AND SUBSCRIPTS)              |             | 28    |
| 29           | NET INCOME (OR LOSS) FOR THE PERIOD (LINE 26 MINUS LINE 28)       | 1,883,996   | 29    |