

PROVIDER CCN: 14-0161 SAINT JAMES HOSPITAL
PERIOD FROM 10/01/2012 TO 09/30/2013

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

VERSION: 2013.11
02/25/2014 10:01

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

WORKSHEET S
PARTS I, II & III

PART I - COST REPORT STATUS

PROVIDER USE ONLY 1. [] ELECTRONICALLY FILED COST REPORT DATE: _____ TIME: _____
2. [X] MANUALLY SUBMITTED COST REPORT
3. [] IF THIS IS AN AMENDED REPORT ENTER THE NUMBER OF TIMES THE PROVIDER RESUBMITTED THIS COST REPORT
4. [L] MEDICARE UTILIZATION. ENTER "F" FOR FULL OR "L" FOR LOW.

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

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY SAINT JAMES HOSPITAL (14-0161) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 10/01/2012 AND ENDING 09/30/2013, 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.

ECR Encryption: 02/25/2014 10:01
yTXaS9dyA:upWi:rGyZJ1Z127MZU10
H0QKe0UhdCXEGMC6M1JqCPg812Lvi
45s01L3Jde0Ckz2g

(SIGNED)

Michael A. Conzelmann
OFFICER OR ADMINISTRATOR OF PROVIDER(S)

Director Debt Management & Revenue Cycle
TITLE

2/25/14
DATE

PI Encryption: 02/25/2014 10:01
2q6AGJ:J71BmPiayTF:R5C0n.6Y00
nzNky0m2G11502A:553xa4X6kFdfkP
K4mx0COXC10nGfn6

PART III - SETTLEMENT SUMMARY

| | TITLE V 1 | TITLE XVIII PART A 2 | PART B 3 | HIT 4 | TITLE XIX 5 |
|---------------------------------------|--------------|----------------------------|-------------|----------|----------------|
| 1 HOSPITAL | | -9,612 | 6,184 | 71,247 | 1 |
| 2 SUBPROVIDER - IPF | | | | | 2 |
| 3 SUBPROVIDER - IRF | | | | | 3 |
| 4 SUBPROVIDER (OTHER) | | | | | 4 |
| 5 SWING BED - SNF | | 76 | | | 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 | | -9,536 | 6,184 | 71,247 | 200 |

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

ACCORDING TO THE PAPERWORK REDUCTION ACT OF 1995, NO PERSONS ARE REQUIRED TO RESPOND TO A COLLECTION OF INFORMATION UNLESS IT DISPLAYS A VALID OMB CONTROL NUMBER. THE VALID OMB CONTROL NUMBER FOR THIS INFORMATION COLLECTION IS 0938-0050. THE TIME REQUIRED TO COMPLETE THIS INFORMATION COLLECTION IS ESTIMATED 673 HOURS PER RESPONSE, INCLUDING THE TIME TO REVIEW INSTRUCTIONS, SEARCH EXISTING RESOURCES, GATHER THE DATA NEEDED, AND COMPLETE AND REVIEW THE INFORMATION COLLECTION. IF YOU HAVE ANY COMMENTS CONCERNING THE ACCURACY OF THE TIME ESTIMATE(S) OR SUGGESTIONS FOR IMPROVING THIS FORM, PLEASE WRITE TO: CMS, 7500 SECURITY BOULEVARD, ATTN: PRA REPORT CLEARANCE OFFICER, MAIL STOP C4-26-05, BALTIMORE, MARYLAND 21244-1850.

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

WORKSHEET S
 PARTS I, II & III

PART I - COST REPORT STATUS

- 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: _____ TIME: _____
- 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

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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 SAINT JAMES HOSPITAL (14-0161) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 10/01/2012 AND ENDING 09/30/2013, 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 1 | TITLE XVIII | | HIT 4 | TITLE XIX 5 |
|---------------------------------------|--------------|-------------|-------------|----------|----------------|
| | | PART A 2 | PART B 3 | | |
| 1 HOSPITAL | | -9,612 | 6,184 | 71,247 | 1 |
| 2 SUBPROVIDER - IPF | | | | | 2 |
| 3 SUBPROVIDER - IRF | | | | | 3 |
| 4 SUBPROVIDER (OTHER) | | | | | 4 |
| 5 SWING BED - SNF | | 76 | | | 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 | | -9,536 | 6,184 | 71,247 | 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: 2500 WEST REYNOLDS STREET P.O.BOX: 1
 2 CITY: PONTIAC STATE: IL ZIP CODE: 61764 COUNTY: LIVINGSTON 2

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

| COMPONENT 0 | COMPONENT NAME 1 | CCN NUMBER 2 | CBSA NUMBER 3 | PROV TYPE 4 | DATE CERTIFIED 5 | PAYMENT SYSTEM (P, T, O, OR N) V XVIII XIX 6 7 8 | | | |
|----------------|-------------------------------------|--------------------|---------------------|-------------------|------------------------|---|-------|-----|----|
| | | | | | | V | XVIII | XIX | |
| 3 | HOSPITAL | 14-0161 | 16974 | 1 | 07/01/1966 | N | P | O | 3 |
| 4 | SUBPROVIDER - IPF | | | | | | | | 4 |
| 5 | SUBPROVIDER - IRF | | | | | | | | 5 |
| 6 | SUBPROVIDER - (OTHER) | | | | | | | | 6 |
| 7 | SWING BEDS - SNF | 14-U161 | 16974 | | 10/10/2002 | N | P | N | 7 |
| 8 | SWING BEDS - NF | | | | | | | | 8 |
| 9 | HOSPITAL-BASED SNF | | | | | | | | 9 |
| 10 | HOSPITAL-BASED NF | | | | | | | | 10 |
| 11 | HOSPITAL-BASED OLTG | | | | | | | | 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: 10/01/2012 | | | TO: 09/30/2013 | | | | 20 |
| 21 | TYPE OF CONTROL | | | | | | | | 21 |

INPATIENT PPS INFORMATION

| | | | | | | | | | | |
|----|---|--|--|--|--|--|--|--|---|------|
| 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. | | | | | | | | 1 | 2 |
| 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. | | | | | | | | 3 | N 23 |

| | | IN-STATE MEDICAID PAID | | IN-STATE MEDICAID ELIGIBLE UNPAID | | OUT-OF-STATE MEDICAID PAID | | OUT-OF-STATE MEDICAID ELIGIBLE UNPAID | | MEDICAID HMO DAYS | OTHER MEDICAID 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. | 773 | | 57 | | | | | | 21 | | 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 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. | | | | | | | | | | | 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. | | | | | 2 | | | | | | 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. | | | | | 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. | | | | | | 1 | | | | | 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: 10/01/2012 | | ENDING: 09/30/2013 | | 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 | |
| 39 | DOES THIS FACILITY QUALIFY FOR THE INPATIENT HOSPITAL PAYMENT ADJUSTMENT FOR LOW VOLUME HOSPITALS IN ACCORDANCE WITH 42 CFR §412.101(b)(2)(ii)? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. DOES THE FACILITY MEET THE MILEAGE REQUIREMENTS IN ACCORDANCE WITH 42 CFR 412.101(b)(2)(ii)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS) | | | | | | | | | | | 1 | 2 |
| | | | | | | | | | | | | Y | Y 39 |

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL

| | | V | XVIII | XIX | |
|----|---|---|-------|-----|----|
| 45 | 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 |

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

TEACHING HOSPITALS

| | 1 | 2 | 3 | |
|--|---|-------------------|-------------------------------------|--|
| 56 | IS THIS A HOSPITAL INVOLVED IN TRAINING RESIDENTS IN APPROVED GME PROGRAMS? ENTER 'Y' FOR YES OR 'N' FOR NO. | N | | 56 |
| 57 | IF LINE 56 IS YES, IS THIS THE FIRST COST REPORTING PERIOD DURING WHICH RESIDENTS IN APPROVED GME PROGRAMS TRAINED AT THIS FACILITY? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y' DID RESIDENTS START TRAINING IN THE FIRST MONTH OF THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 2. IF COLUMN 2 IS 'Y', COMPLETE WORKSHEET E-4. IF COLUMN 2 IS 'N', COMPLETE WORKSHEET D, PART III & IV AND D-2, PART II, IF APPLICABLE. | N | N | 57 |
| 58 | IF LINE 56 IS YES, DID THIS FACILITY ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-5. | N | | 58 |
| 59 | ARE COSTS CLAIMED ON LINE 100 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. | N | | 59 |
| 60 | ARE YOU CLAIMING NURSING SCHOOL AND/OR ALLIED HEALTH COSTS FOR A PROGRAM THAT MEETS THE PROVIDER-OPERATED CRITERIA UNDER §413.85? ENTER 'Y' FOR YES OR 'N' FOR NO. (SEE INSTRUCTIONS) | N | | 60 |
| 61 | DID YOUR HOSPITAL RECEIVE FTE SLOTS UNDER ACA SECTION 5503? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. (SEE INSTRUCTIONS) | Y/N N | IME | DIRECT GME 61 |
| 61.01 | ENTER THE AVERAGE NUMBER OF UNWEIGHTED PRIMARY CARE FTEs FROM THE HOSPITAL'S 3 MOST RECENT COST REPORTS ENDING AND SUBMITTED BEFORE MARCH 23, 2010. (SEE INSTRUCTIONS) | | | 61.01 |
| 61.02 | ENTER THE CURRENT YEAR TOTAL UNWEIGHTED PRIMARY CARE FTE COUNT (EXCLUDING OB/GYN AND GENERAL SURGERY) ADDED AS A RESULT OF SECTION 5503. (SEE INSTRUCTIONS) | | | 61.02 |
| 61.03 | ENTER THE BASE LINE FTE COUNT FOR PRIMARY CARE AND/OR GENERAL SURGERY RESIDENTS, WHICH IS USED FOR DETERMINING COMPLIANCE WITH THE 75% TEST. (SEE INSTRUCTIONS) | | | 61.03 |
| 61.04 | ENTER THE NUMBER OF UNWEIGHTED PRIMARY CARE/OR SURGERY ALLOPATHIC AND/OR OSTEOPATHIC FTEs IN THE CURRENT COST REPORTING PERIOD. (SEE INSTRUCTIONS) | | | 61.04 |
| 61.05 | ENTER THE DIFFERENCE BETWEEN THE BASELINE PRIMARY AND/OR GENERAL SURGERY FTE AND THE CURRENT YEAR'S PRIMARY CARE AND/OR GENERAL SURGERY FTE COUNTS (LINE 61.04 MINUS LINE 61.03). (SEE INSTRUCTIONS) | | | 61.05 |
| 61.06 | ENTER THE AMOUNT OF ACA §5503 AWARD THAT IS BEING USED FOR CAP RELIEF AND/OR FTEs THAT ARE NONPRIMARY CARE OR GENERAL SURGERY. (SEE INSTRUCTIONS) | | | 61.06 |
| | OF THE FTEs IN LINE 61.05, SPECIFY EACH NEW PROGRAM SPECIALTY, IF ANY, AND THE NUMBER OF FTE RESIDENTS FOR EACH NEW PROGRAM (SEE INSTRUCTIONS) ENTER IN COLUMN 1 THE PROGRAM NAME, ENTER IN COLUMN 2 THE PROGRAM CODE, ENTER IN COLUMN 3 THE IME FTE UNWEIGHTED COUNT AND ENTER IN COLUMN 4 DIRECT GME FTE UNWEIGHTED COUNT. | | UNWEIGHTED IME FTE COUNT 3 | UNWEIGHTED DIRECT GME FTE COUNT 4 |
| | PROGRAM NAME 1 | PROGRAM CODE 2 | | 61.10 |
| | OF THE FTEs IN LINE 61.05, SPECIFY EACH EXPANDED PROGRAM SPECIALTY, IF ANY, AND THE NUMBER OF FTE RESIDENTS FOR EACH EXPANDED PROGRAM (SEE INSTRUCTIONS) ENTER IN COLUMN 1 THE PROGRAM NAME, ENTER IN COLUMN 2 THE PROGRAM CODE, ENTER IN COLUMN 3 THE IME FTE UNWEIGHTED COUNT AND ENTER IN COLUMN 4 DIRECT GME FTE UNWEIGHTED COUNT. | | | 61.20 |
| ACA PROVISIONS AFFECTING THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) | | | | |
| 62 | ENTER THE NUMBER OF FTE RESIDENTS THAT YOUR HOSPITAL TRAINED IN THIS COST REPORTING PERIOD FOR WHICH YOUR HOSPITAL RECEIVED HRSA PCRE FUNDING (SEE INSTRUCTIONS) | | | 62 |
| 62.01 | ENTER THE NUMBER OF FTE RESIDENTS THAT ROTATED FROM A TEACHING HEALTH CENTER (THC) INTO YOUR HOSPITAL IN THIS COST REPORTING PERIOD OF HRSA THC PROGRAM. (SEE INSTRUCTIONS) | | | 62.01 |
| TEACHING HOSPITALS THAT CLAIM RESIDENTS IN NON-PROVIDER SETTINGS | | | | |
| 63 | HAS YOUR FACILITY TRAINED RESIDENTS IN NON-PROVIDER SETTINGS DURING THIS COST REPORTING PERIOD? ENTER 'Y' FOR YES OR 'N' FOR NO. IF YES, COMPLETE LINES 64-67. (SEE INSTRUCTIONS) | N | | 63 |

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

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
 RESIDENTS IN THE BASE YEAR PERIOD, THE NUMBER OF UNWEIGHTED NON-PRIMARY
 CARE RESIDENT FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL
 NON-PROVIDER SETTINGS. ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED
 NON-PRIMARY CARE RESIDENT FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN
 COLUMN 3 THE RATIO OF (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE
 INSTRUCTIONS)

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 1 | PROGRAM CODE 2 | UNWEIGHTED FTEs NONPROVIDER SITE 3 | UNWEIGHTED FTEs IN HOSPITAL 4 | RATIO (COL.1/ (COL.3+COL.4)) 5 |
|-------------------|-------------------|--|---|---|
|-------------------|-------------------|--|---|---|

SECTION 5504 OF THE ACA CURRENT YEAR FTE RESIDENTS IN NON-PROVIDER SETTINGS
 EFFECTIVE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER JULY 1, 2010
 66 ENTER IN COLUMN 1, THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT
 FTEs ATTRIBUTABLE TO ROTATIONS OCCURRING IN ALL NON-PROVIDER SETTINGS.
 ENTER IN COLUMN 2 THE NUMBER OF UNWEIGHTED NON-PRIMARY CARE RESIDENT
 FTEs THAT TRAINED IN YOUR HOSPITAL. ENTER IN COLUMN 3 THE RATIO OF
 (COLUMN 1 DIVIDED BY (COLUMN 1 + COLUMN 2)). (SEE INSTRUCTIONS)

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 1 | PROGRAM CODE 2 | UNWEIGHTED FTEs NONPROVIDER SITE 3 | UNWEIGHTED FTEs IN HOSPITAL 4 | RATIO (COL.1/ (COL.3+COL.4)) 5 |
|-------------------|-------------------|--|---|---|
|-------------------|-------------------|--|---|---|

INPATIENT PSYCHIATRIC FACILITY PPS
 70 IS THIS FACILITY AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DOES IT CONTAIN AN IPF SUBPROVIDER? N 70
 ENTER 'Y' FOR YES OR 'N' FOR NO.
 71 IF LINE 70 YES: 71
 COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORT FILED ON OR
 BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO.
 COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH
 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO.
 COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING
 PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT
 ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.

INPATIENT REHABILITATION FACILITY PPS
 75 IS THIS FACILITY AN INPATIENT REHABILITATION FACILITY (IRF), OR DOES IT CONTAIN AN IRF SUBPROVIDER? N 75
 ENTER 'Y' FOR YES OR 'N' FOR NO.
 76 IF LINE 75 YES: 76
 COLUMN 1: DID THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING
 ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO.
 COLUMN 2: DID THIS FACILITY TRAIN RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH
 42 CFR §412.424(d)(1)(iii)(D)? ENTER 'Y' FOR YES AND 'N' FOR NO.
 COLUMN 3: IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3. IF THIS COST REPORTING
 PERIOD COVERS THE BEGINNING OF THE FOURTH YEAR, ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT
 ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5.

LONG TERM CARE HOSPITAL PPS
 80 IS THIS A LONG TERM CARE HOSPITAL (LTCH)? ENTER 'Y' FOR YES OR 'N' FOR NO. N 80

TEFRA PROVIDERS
 85 IS THIS A NEW HOSPITAL UNDER 42 CFR §413.40(f)(1)(i) TEFRA?. ENTER 'Y' FOR YES OR 'N' FOR NO. N 85
 86 DID THIS FACILITY ESTABLISH A NEW OTHER SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR §413.40(f)(1)(ii)? N 86
 ENTER 'Y' FOR YES, OR 'N' FOR NO.

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

TITLE V AND XIX INPATIENT SERVICES

| | V | XIX | |
|----|---|-----|----|
| 90 | 1 | 2 | |
| 90 | N | Y | 90 |
| 91 | N | N | 91 |
| 92 | | N | 92 |
| 93 | N | N | 93 |
| 94 | N | N | 94 |
| 95 | | | 95 |
| 96 | N | N | 96 |
| 97 | | | 97 |

RURAL PROVIDERS

| | 1 | 2 | |
|-----|---|---|-----|
| 105 | N | | 105 |
| 106 | | | 106 |
| 107 | | | 107 |
| 108 | N | | 108 |
| 109 | | | 109 |

PHY- OCCUP- RESPI-
 SICAL ATIONAL SPEECH RATORY

MISCELLANEOUS COST REPORTING INFORMATION

| | | | |
|--------|---|---|--------|
| 115 | N | | 115 |
| 116 | N | | 116 |
| 117 | Y | | 117 |
| 118 | 1 | | 118 |
| 118.01 | | | 118.01 |
| 118.02 | N | | 118.02 |
| 120 | Y | Y | 120 |
| 121 | Y | | 121 |

TRANSPLANT CENTER INFORMATION

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

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 PART I (CONT)

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
 Y 149006 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: OSF HEALTHCARE SYSTEM CONTRACTOR'S NAME: WPS CONTRACTOR'S NUMBER: 52280 141
 142 STREET: 800 N.E. GLEN OAK AVENUE P.O. BOX: 142
 143 CITY: PEORIA STATE: IL ZIP CODE: 61603 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. N 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

| | TITLE XVIII | | TITLE V | TITLE XIX |
|---|-------------|--------|------------|--------------|
| | PART A | PART B | | |
| FOR EACH COMPONENT FOR PART A AND PART B. SEE 42 CFR §413.13) | 1 | 2 | 3 | 4 |
| 155 HOSPITAL | N | N | | N 155 |
| 156 SUBPROVIDER - IPF | N | N | | 156 |
| 157 SUBPROVIDER - IRF | N | N | | 157 |
| 158 SUBPROVIDER - (OTHER) | N | N | | 158 |
| 159 SNF | N | N | | 159 |
| 160 HHA | N | N | | 160 |
| 161 CMHC | | N | | 161 |
| 161.10 CORF | | | | 161.10 |

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. Y 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. 0.50 169
 170 IF LINE 167 IS 'Y', ENTER IN COLUMNS 1 AND 2 THE EHR BEGINNING DATE AND ENDING DATE
 FOR THE REPORTING PERIOD, RESPECTIVELY. (mmddyyyy) (SEE INSTRUCTIONS) 10/01/2012 09/30/2013 170

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 | | 1 | 2 | | | |
| 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 | | 1 | | |
| 2 | | Y/N | DATE | V/I | | |
| 1 | | 1 | 2 | 3 | | |
| 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 | | |
| 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) | N | | 3 | | |
| FINANCIAL DATA AND REPORTS | | Y/N | TYPE | DATE | | |
| 4 | | 1 | 2 | 3 | | |
| 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 | 4 | | |
| 5 | ARE THE COST REPORT TOTAL EXPENSES AND TOTAL REVENUES DIFFERENT FROM THOSE ON THE FILED FINANCIAL STATEMENTS? IF YES, SUBMIT RECONCILIATION. | N | | 5 | | |
| APPROVED EDUCATIONAL ACTIVITIES | | Y/N | Y/N | | | |
| 6 | | 1 | 2 | | | |
| 6 | COLUMN 1: ARE COSTS CLAIMED FOR NURSING SCHOOL? COLUMN 2: IF YES, IS THE PROVIDER THE LEGAL OPERATOR OF THE PROGRAM? | N | | 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 | | |
| 13 | IF LINE 12 IS YES, DID THE PROVIDER'S BAD DEBT COLLECTION POLICY CHANGE DURING THIS COST REPORTING PERIOD? IF YES, SUBMIT COPY. | | | Y 12 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 | | |
| 16 | | Y/N | DATE | Y/N | DATE | |
| 1 | | 1 | 2 | 3 | 4 | |
| 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) | N | | N | | 16 |
| 17 | WAS THE COST REPORT PREPARED USING THE PS&R REPORT FOR TOTALS AND THE PROVIDER'S RECORDS FOR ALLOCATION? IF EITHER COLUMN 1 OR 3 IS YES, ENTER THE PAID-THROUGH DATE IN COLUMNS 2 AND 4. (SEE INSTRUCTIONS) | Y | 12/19/2013 | Y | 12/19/2013 | 17 |
| 18 | IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR ADDITIONAL CLAIMS THAT HAVE BEEN BILLED BUT ARE NOT INCLUDED ON THE PS&R REPORT USED TO FILE THE COST REPORT? IF YES, SEE INSTRUCTIONS. | N | | N | | 18 |
| 19 | IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR CORRECTIONS OF OTHER PS&R REPORT INFORMATION? IF YES, SEE INSTRUCTIONS. | N | | N | | 19 |
| 20 | IF LINE 16 OR 17 IS YES, WERE ADJUSTMENTS MADE TO PS&R REPORT DATA FOR OTHER? DESCRIBE THE OTHER ADJUSTMENTS: | N | | N | | 20 |
| 21 | WAS THE COST REPORT PREPARED ONLY USING THE PROVIDER'S RECORDS? IF YES, SEE INSTRUCTIONS. | N | | N | | 21 |

HOSPITAL AND HEALTH CARE COMPLEX REIMBURSEMENT QUESTIONNAIRE

WORKSHEET S-2
PART II

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

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

CAPITAL RELATED COST

| | | |
|----|---|----|
| 22 | HAVE ASSETS BEEN RELIEF 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: JENNIFER | LAST NAME: DAVIS | TITLE: MGR THIRD PARTY REIM | 41 |
| 42 | EMPLOYER: OSF HEALTHCARE SYSTEM | | | 42 |
| 43 | PHONE NUMBER: (309) 655-4096 | E-MAIL ADDRESS: JENNIFER.Y.DAVIS@OSFHEALTHCARE | | 43 |

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
 PART II & III

PART II - WAGE DATA

| | WKST A LINE NUMBER | AMOUNT REPORTED | RECLASS OF SALARIES (FROM WKST A-6) | ADJUSTED SALARIES (COL. 2 + COL. 3) | PAID HOURS RELATED TO SALARIES IN COL. 4 | AVERAGE HOURLY WAGE (COL. 4 + COL. 5) | |
|-----------------------------|--------------------------|--------------------|--|--|---|--|-------|
| | 1 | 2 | 3 | 4 | 5 | 6 | |
| SALARIES | | | | | | | |
| 1 | 200 | 24,638,502 | -24,957 | 24,613,545 | 679,481.00 | 36.22 | 1 |
| 2 | | | | | | | 2 |
| 3 | | | | | | | 3 |
| 4 | | | | | | | 4 |
| 4.01 | | | | | | | 4.01 |
| 5 | | | | | | | 5 |
| 6 | | | | | | | 6 |
| 7 | 21 | | | | | | 7 |
| 7.01 | | | | | | | 7.01 |
| 8 | | | | | | | 8 |
| 9 | 44 | | | | | | 9 |
| 10 | | 9,261,342 | -27,822 | 9,233,520 | 105,094.00 | 87.86 | 10 |
| OTHER WAGES & RELATED COSTS | | | | | | | |
| 11 | | 243,538 | | 243,538 | 5,218.00 | 46.67 | 11 |
| 12 | | | | | | | 12 |
| 13 | | 757,865 | | 757,865 | 6,500.00 | 116.59 | 13 |
| 14 | | 4,035,635 | | 4,035,635 | 79,771.00 | 50.59 | 14 |
| 15 | | | | | | | 15 |
| 16 | | | | | | | 16 |
| WAGE-RELATED COSTS | | | | | | | |
| 17 | | 5,066,066 | | 5,066,066 | | | 17 |
| 18 | | | | | | | 18 |
| 19 | | 1,759,728 | | 1,759,728 | | | 19 |
| 20 | | | | | | | 20 |
| 21 | | | | | | | 21 |
| 22 | | | | | | | 22 |
| 22.01 | | | | | | | 22.01 |
| 23 | | | | | | | 23 |
| 24 | | | | | | | 24 |
| 25 | | | | | | | 25 |
| 26 | | -25,112 | 25,112 | | | | 26 |
| 27 | | 2,146,722 | -1,519 | 2,145,203 | 51,675.00 | 41.51 | 27 |
| 28 | | 232,548 | | 232,548 | 1,072.00 | 216.93 | 28 |
| 29 | | 51,392 | -37 | 51,355 | 2,065.00 | 24.87 | 29 |
| 30 | | 371,025 | -262 | 370,763 | 16,103.00 | 23.02 | 30 |
| 31 | | 19,612 | -14 | 19,598 | 2,074.00 | 9.45 | 31 |
| 32 | | 488,494 | -2,776 | 485,718 | 39,229.00 | 12.38 | 32 |
| 33 | | | | | | | 33 |
| 34 | | 432,541 | -354,375 | 78,166 | 4,552.00 | 17.17 | 34 |
| 35 | | | | | | | 35 |
| 36 | | | 354,069 | 354,069 | 23,702.00 | 14.94 | 36 |
| 37 | | | | | | | 37 |
| 38 | | 1,115,928 | -233,187 | 882,741 | 19,970.00 | 44.20 | 38 |
| 39 | | | | | | | 39 |
| 40 | | | | | | | 40 |
| 41 | | 314,668 | -224 | 314,444 | 14,900.00 | 21.10 | 41 |
| 42 | | 119,052 | -84 | 118,968 | 4,915.00 | 24.21 | 42 |
| 43 | | | | | | | 43 |

PART III - HOSPITAL WAGE INDEX SUMMARY

| | | | | | | | |
|---|--|------------|----------|------------|------------|-------|---|
| 1 | NET SALARIES (SEE INSTRUCTIONS) | 24,871,050 | -24,957 | 24,846,093 | 680,553.00 | 36.51 | 1 |
| 2 | EXCLUDED AREA SALARIES (SEE INSTRUCTIONS) | 9,261,342 | -27,822 | 9,233,520 | 105,094.00 | 87.86 | 2 |
| 3 | SUBTOTAL SALARIES (LINE 1 MINUS LINE 2) | 15,609,708 | 2,865 | 15,612,573 | 575,459.00 | 27.13 | 3 |
| 4 | SUBTOTAL OTHER WAGES & RELATED COSTS (SEE INST.) | 5,037,038 | | 5,037,038 | 91,489.00 | 55.06 | 4 |
| 5 | SUBTOTAL WAGE-RELATED COSTS (SEE INST.) | 5,066,066 | | 5,066,066 | | | 5 |
| 6 | TOTAL (SUM OF LINES 3 THRU 5) | 25,712,812 | 2,865 | 25,715,677 | 666,948.00 | 38.56 | 6 |
| 7 | TOTAL OVERHEAD COST (SEE INSTRUCTIONS) | 5,266,870 | -213,297 | 5,053,573 | 180,257.00 | 28.04 | 7 |

PROVIDER CCN: 14-0161 ***LOW MEDICARE UTILIZATION***
PERIOD FROM 10/01/2012 TO 09/30/2013

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

VERSION: 2013.11
02/25/2014 10:01

HOSPITAL WAGE RELATED COSTS

WORKSHEET S-3
PART IV

PART A - CORE LIST

| | AMOUNT REPORTED | |
|---|--------------------|----|
| RETIREMENT COST | | |
| 1 401K EMPLOYER CONTRIBUTIONS | 1,681,324 | 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) | | 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) | 3,295,686 | 8 |
| 9 PRESCRIPTION DRUG PLAN | | 9 |
| 10 DENTAL, HEARING AND VISION PLAN | | 10 |
| 11 LIFE INSURANCE (IF EMPLOYER IS OWNER OR BENEFICIARY) | | 11 |
| 12 ACCIDENTAL INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY) | | 12 |
| 13 DISABILITY INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY) | 36,334 | 13 |
| 14 LONG-TERM CARE INSURANCE (IF EMPLOYEE IS OWNER OR BENEFICIARY) | | 14 |
| 15 WORKERS' COMPENSATION INSURANCE | 219,874 | 15 |
| 16 RETIREMENT HEALTH CARE COST (ONLY CURRENT YEAR, NOT THE EXTRAORDINARY ACCRUAL REQUIRED BY FASB 106. NON CUMULATIVE PORTION) | | 16 |
| TAXES | | |
| 17 FICA-EMPLOYERS PORTION ONLY | 1,540,260 | 17 |
| 18 MEDICARE TAXES - EMPLOYERS PORTION ONLY | | 18 |
| 19 UNEMPLOYMENT INSURANCE | 12,577 | 19 |
| 20 STATE OR FEDERAL UNEMPLOYMENT TAXES | | 20 |
| OTHER | | |
| 21 EXECUTIVE DEFERRED COMPENSATION (OTHER THAN RETIREMENT COST REPORTED ON LINES 1 THROUGH 4 ABOVE) (SEE INSTRUCTIONS) | | 21 |
| 22 DAY CARE COSTS AND ALLOWANCES | | 22 |
| 23 TUITION REIMBURSEMENT | 39,739 | 23 |
| 24 TOTAL WAGE RELATED COST (SUM OF LINES 1-23) | 6,825,794 | 24 |
| PART B - OTHER THAN CORE RELATED COST | | |
| 25 OTHER WAGE RELATED (OTHER WAGE RELATED COST) | | 25 |

PROVIDER CCN: 14-0161 ***LOW MEDICARE UTILIZATION***
PERIOD FROM 10/01/2012 TO 09/30/2013

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

VERSION: 2013.11
02/25/2014 10:01

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 | BENEFIT |
|-----------|--|------------|---------|
| 0 | | LABOR | COST |
| | | 1 | 2 |
| 1 | TOTAL FACILITY CONTRACT LABOR AND BENEFIT COST | 10,505,324 | 1 |
| 2 | HOSPITAL | 10,505,324 | 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 |

PROVIDER CCN: 14-0161 ***LOW MEDICARE UTILIZATION***
 PERIOD FROM 10/01/2012 TO 09/30/2013

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

VERSION: 2013.11
 02/25/2014 10:01

PROSPECTIVE PAYMENT FOR SNF
 STATISTICAL DATA

WORKSHEET S-7

| | | Y/N 1 | DATE 2 | |
|---|--|----------|------------|---|
| 1 | IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, WERE ALL PATIENTS UNDER MANAGED CARE OR WAS THERE NO MEDICARE UTILIZATION? ENTER 'Y' FOR YES IN COLUMN 1 AND DO NOT COMPLETE THE REST OF THIS WORKSHEET. | N | | 1 |
| 2 | DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? ENTER 'Y' FOR YES OR 'N' FOR NO IN COLUMN 1. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. | Y | 10/10/2002 | 2 |

| | GROUP 1 | SNF DAYS 2 | SWING BED SNF DAYS 3 | TOTAL (COLS. 2 + 3) 4 |
|----|------------|------------------|----------------------------|--------------------------------|
| 3 | RUX | | | 3 |
| 4 | RUL | | | 4 |
| 5 | RVX | | | 5 |
| 6 | RVL | | | 6 |
| 7 | RHX | | | 7 |
| 8 | RHL | | | 8 |
| 9 | RMX | | | 9 |
| 10 | RML | | | 10 |
| 11 | RLX | | 13 | 13 |
| 12 | RUC | | | 12 |
| 13 | RUB | | | 13 |
| 14 | RUA | | | 14 |
| 15 | RVC | | | 15 |
| 16 | RVB | | | 16 |
| 17 | RVA | | | 17 |
| 18 | RHC | | | 18 |
| 19 | RHB | | | 19 |
| 20 | RHA | | 14 | 14 |
| 21 | RMC | | 22 | 22 |
| 22 | RMB | | 12 | 12 |
| 23 | RMA | | 34 | 34 |
| 24 | RLB | | 117 | 117 |
| 25 | RLA | | | 24 |
| 26 | ES3 | | | 25 |
| 27 | ES2 | | | 26 |
| 28 | ES1 | | | 27 |
| 29 | HE2 | | 8 | 8 |
| 30 | HE1 | | | 28 |
| 31 | HD2 | | | 29 |
| 32 | HD1 | | | 30 |
| 33 | HC2 | | | 31 |
| 34 | HC1 | | | 32 |
| 35 | HB2 | | | 33 |
| 36 | HB1 | | | 34 |
| 37 | LE2 | | 14 | 14 |
| 38 | LE1 | | | 35 |
| 39 | LD2 | | | 36 |
| 40 | LD1 | | | 37 |
| 41 | LC2 | | | 38 |
| 42 | LC1 | | | 39 |
| 43 | LB2 | | | 40 |
| 44 | LB1 | | | 41 |
| 45 | CE2 | | | 42 |
| 46 | CE1 | | | 43 |
| 47 | CD2 | | | 44 |
| 48 | CD1 | | | 45 |
| 49 | CC2 | | | 46 |
| 50 | CC1 | | | 47 |
| 51 | CB2 | | | 48 |
| 52 | CB1 | | | 49 |
| 53 | CA2 | | | 50 |
| 54 | CA1 | | | 51 |
| 55 | SE3 | | 34 | 34 |
| 56 | SE2 | | | 52 |
| 57 | SE1 | | | 53 |
| 58 | SSC | | | 54 |
| 59 | SSB | | | 55 |
| 60 | SSA | | | 56 |
| 61 | IB2 | | | 57 |
| 62 | IB1 | | | 58 |
| 63 | IA1 | | | 59 |
| 64 | IA2 | | | 60 |
| 65 | BB2 | | | 61 |
| 66 | BB1 | | | 62 |
| 67 | BA2 | | | 63 |
| 68 | BA1 | | | 64 |

PROVIDER CCN: 14-0161 ***LOW MEDICARE UTILIZATION***
 PERIOD FROM 10/01/2012 TO 09/30/2013

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

VERSION: 2013.11
 02/25/2014 10:01

PROSPECTIVE PAYMENT FOR SNF
 STATISTICAL DATA

WORKSHEET S-7

| | | GROUP | SNF | SWING BED | TOTAL |
|-----|-------|-------|------|-----------|---------|
| | | 1 | DAYS | SNF DAYS | (COLS. |
| | | | 2 | 3 | 2 + 3) |
| | | | | | 4 |
| 69 | PE2 | | | | 69 |
| 70 | PE1 | | | | 70 |
| 71 | PD2 | | | | 71 |
| 72 | PD1 | | | | 72 |
| 73 | PC2 | | | | 73 |
| 74 | PC1 | | | | 74 |
| 75 | PB2 | | | | 75 |
| 76 | PB1 | | | 2 | 2 76 |
| 77 | PA2 | | | | 77 |
| 78 | PA1 | | | 14 | 14 78 |
| 199 | AAA | | | | 199 |
| 200 | TOTAL | | | 284 | 284 200 |

CBSA AT
 BEGINNING
 OF COST
 REPORTING
 PERIOD
 1

CBSA ON/AFTER
 OCT 1 OF THE
 COST REPORTING
 PERIOD (IF
 APPLICABLE)
 2

SNF SERVICES

201 ENTER IN COLUMN 1 THE SNF CBSA CODE, OR 5 CHARACTER NON-CBSA CODE IF A RURAL FACILITY,
 IN EFFECT AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER IN COLUMN 2 THE CODE IN
 EFFECT ON OR AFTER OCTOBER 1 OF THE COST REPORTING PERIOD (IF APPLICABLE). 201

A NOTICE PUBLISHED IN THE FEDERAL REGISTER VOLUME 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING
 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. FOR LINES 202 THROUGH 207:
 ENTER IN COLUMN 1 THE AMOUNT OF THE EXPENSE FOR EACH CATEGORY. ENTER IN COLUMN 2 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY
 TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 7, COLUMN 3. IN COLUMN 3, ENTER 'Y' OR 'N' FOR NO IF THE SPENDING REFLECTS
 INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)

ASSOCIATED
 WITH
 DIRECT
 PATIENT
 CARE AND
 RELATED
 EXPENSES PERCENTAGE EXPENSES?
 1 2 3

| | | | | | |
|-----|---|--|--|--|-----|
| 202 | STAFFING | | | | 202 |
| 203 | RECRUITMENT | | | | 203 |
| 204 | RETENTION OF EMPLOYEES | | | | 204 |
| 205 | TRAINING | | | | 205 |
| 206 | OTHER (SPECIFY) | | | | 206 |
| 207 | TOTAL SNF REVENUE (WORKSHEET G-2, PART I, LINE 7, COLUMN 3) | | | | 207 |

PROVIDER CCN: 14-0161 ***LOW MEDICARE UTILIZATION***
PERIOD FROM 10/01/2012 TO 09/30/2013

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

VERSION: 2013.11
02/25/2014 10:01

HOSPITAL UNCOMPENSATED CARE AND INDIGENT CARE DATA

WORKSHEET S-10

UNCOMPENSATED AND INDIGENT CARE COST COMPUTATION

1 COST TO CHARGE RATIO (WKST C, PART I, LINE 202, COL. 3 DIVIDED BY LINE 202, COL. 8) 0.209468 1

MEDICAID (SEE INSTRUCTIONS FOR EACH LINE)

2 NET REVENUE FROM MEDICAID 3,857,341 2
3 DID YOU RECEIVE DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID? Y 3
4 IF LINE 3 IS YES, DOES LINE 2 INCLUDE ALL DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID? Y 4
5 IF LINE 4 IS NO, ENTER DSH OR SUPPLEMENTAL PAYMENTS FROM MEDICAID 5
6 MEDICAID CHARGES 23,045,964 6
7 MEDICAID COST (LINE 1 TIMES LINE 6) 4,827,392 7
8 DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR MEDICAID PROGRAM (LINE 7 MINUS THE SUM OF LINES 2 AND 5) 970,051 8
IF LINE 7 IS LESS THAN THE SUM OF LINES 2 AND 5, THEN ENTER ZERO.

STATE CHILDREN'S HEALTH INSURANCE PROGRAM (SCHIP) (SEE INSTRUCTIONS FOR EACH LINE)

9 NET REVENUE FROM STAND-ALONE SCHIP 9
10 STAND-ALONE SCHIP CHARGES 10
11 STAND-ALONE SCHIP COST (LINE 1 TIMES LINE 10) 11
12 DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STAND-ALONE SCHIP (LINE 11 MINUS LINE 9) 12
IF LINE 11 IS LESS THAN LINE 9, THEN ENTER ZERO.

OTHER STATE OR LOCAL GOVERNMENT INDIGENT CARE PROGRAM (SEE INSTRUCTIONS FOR EACH LINE)

13 NET REVENUE FROM STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED ON LINES 2, 5, OR 9) 13
14 CHARGES FOR PATIENTS COVERED UNDER STATE OR LOCAL INDIGENT CARE PROGRAM (NOT INCLUDED IN LINES 6 OR 10) 14
15 STATE OR LOCAL INDIGENT CARE PROGRAM COST (LINE 1 TIMES LINE 14) 15
16 DIFFERENCE BETWEEN NET REVENUE AND COSTS FOR STATE OR LOCAL INDIGENT CARE PROGRAM (LINE 15 MINUS LINE 13) 16
IF LINE 15 IS LESS THAN LINE 13, THEN ENTER ZERO.

UNCOMPENSATED CARE (SEE INSTRUCTIONS FOR EACH LINE)

17 PRIVATE GRANTS, DONATIONS, OR ENDOWMENT INCOME RESTRICTED TO FUNDING CHARITY CARE 17
18 GOVERNMENT GRANTS, APPROPRIATIONS OF TRANSFERS FOR SUPPORT OF HOSPITAL OPERATIONS 18
19 TOTAL UNREIMBURSED COST FOR MEDICAID, SCHIP AND STATE AND LOCAL INDIGENT CARE PROGRAMS (SUM OF LINES 8, 12 AND 16) 970,051 19

| | UNINSURED PATIENTS | INSURED PATIENTS | TOTAL | |
|----|--------------------|------------------|------------|------|
| | 1 | 2 | 3 | |
| 20 | 9,704,961 | 3,618,474 | 13,323,435 | 20 |
| 21 | 2,032,879 | 757,955 | 2,790,834 | 21 |
| 22 | 60,815 | 37,255 | 98,070 | 22 |
| 23 | 1,972,064 | 720,700 | 2,692,764 | 23 |
| 24 | | | | N 24 |
| 25 | | | | 25 |
| 26 | | | 2,923,054 | 26 |
| 27 | | | 216,896 | 27 |
| 28 | | | 2,706,158 | 28 |
| 29 | | | 566,854 | 29 |
| 30 | | | 3,259,618 | 30 |
| 31 | | | 4,229,669 | 31 |

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

| | COST CENTER | SALARIES 1 | OTHER 2 | TOTAL | RECLASSIFI- CATIONS 4 | |
|-------------------------------------|--|---------------|------------|---------------------------|-----------------------------|--------|
| | | | | (COL. 1 + COL. 2) 3 | | |
| GENERAL SERVICE COST CENTERS | | | | | | |
| 1 | 00100 CAP REL COSTS-BLDG & FIXT | | 1,239,961 | 1,239,961 | 23,694 | 1 |
| 2 | 00200 CAP REL COSTS-MVBLE EQUIP | | 1,111,219 | 1,111,219 | 21,234 | 2 |
| 3 | 00300 OTHER CAP REL COSTS | | | | | 3 |
| 4 | 00400 EMPLOYEE BENEFITS DEPARTMENT | -25,112 | 7,045,372 | 7,020,260 | 17,470 | 4 |
| 5 | 00500 ADMINISTRATIVE & GENERAL | 2,146,722 | 8,298,843 | 10,445,565 | -46,447 | 5 |
| 6 | 00600 MAINTENANCE & REPAIRS | 51,392 | 76,810 | 128,202 | -37 | 6 |
| 7 | 00700 OPERATION OF PLANT | 371,025 | 986,378 | 1,357,403 | -262 | 7 |
| 8 | 00800 LAUNDRY & LINEN SERVICE | 19,612 | 125,928 | 145,540 | -14 | 8 |
| 9 | 00900 HOUSEKEEPING | 488,494 | -4,398 | 484,096 | -346 | 9 |
| 10 | 01000 DIETARY | 432,541 | 139,545 | 572,086 | -468,603 | 10 |
| 11 | 01100 CAFETERIA | | | | 468,297 | 11 |
| 12 | 01200 MAINTENANCE OF PERSONNEL | | | | | 12 |
| 13 | 01300 NURSING ADMINISTRATION | 1,115,928 | 175,452 | 1,291,380 | -251,588 | 13 |
| 14 | 01400 CENTRAL SERVICES & SUPPLY | | | | | 14 |
| 15 | 01500 PHARMACY | | | | | 15 |
| 16 | 01600 MEDICAL RECORDS & LIBRARY | 314,668 | 74,508 | 389,176 | -224 | 16 |
| 17 | 01700 SOCIAL SERVICE | 119,052 | 3,970 | 123,022 | -84 | 17 |
| 19 | 01900 NONPHYSICIAN ANESTHETISTS | | | | | 19 |
| 20 | 02000 NURSING SCHOOL | | | | | 20 |
| 21 | 02100 I&R SERVICES-SALARY & FRINGES APPRVD | | | | | 21 |
| 22 | 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD | | | | | 22 |
| 23 | 02300 PARAMED ED PRGM-(SPECIFY) | | | | | 23 |
| INPATIENT ROUTINE SERV COST CENTERS | | | | | | |
| 30 | 03000 ADULTS & PEDIATRICS | 2,261,354 | 197,136 | 2,458,490 | -1,602 | 30 |
| 31 | 03100 INTENSIVE CARE UNIT | 714,644 | 169,966 | 884,610 | -507 | 31 |
| 43 | 04300 NURSERY | | | | | 43 |
| ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50 | 05000 OPERATING ROOM | 1,598,539 | 2,284,506 | 3,883,045 | -1,753,752 | 50 |
| 53 | 05300 ANESTHESIOLOGY | | 798,614 | 798,614 | | 53 |
| 54 | 05400 RADIOLOGY-DIAGNOSTIC | 475,145 | 121,840 | 596,985 | -337 | 54 |
| 54.10 | 03630 ULTRASONOGRAPHY | 218,746 | 43,627 | 262,373 | -155 | 54.10 |
| 54.20 | 03440 MAMMOGRAPHY | 113,505 | 265,379 | 378,884 | -80 | 54.20 |
| 56 | 05600 RADIOISOTOPE | 85,136 | 235,934 | 321,070 | -61 | 56 |
| 57 | 05700 CT SCAN | 132,063 | 547,495 | 679,558 | -94 | 57 |
| 58 | 05800 MRI | 71,007 | 563,921 | 634,928 | -51 | 58 |
| 60 | 06000 LABORATORY | 867,974 | 628,138 | 1,496,112 | -145,143 | 60 |
| 62.30 | 06250 BLOOD CLOTTING FOR HEMOPHILIACS | | | | | 62.30 |
| 63 | 06300 BLOOD STORING, PROCESSING & TRANS. | | | | 144,528 | 63 |
| 65 | 06500 RESPIRATORY THERAPY | 283,187 | 55,811 | 338,998 | -38,140 | 65 |
| 66 | 06600 PHYSICAL THERAPY | 674,001 | 41,042 | 715,043 | 150,252 | 66 |
| 67 | 06700 OCCUPATIONAL THERAPY | 178,212 | 15,246 | 193,458 | 40,654 | 67 |
| 68 | 06800 SPEECH PATHOLOGY | 190,461 | 90,830 | 281,291 | 59,154 | 68 |
| 69 | 06900 ELECTROCARDIOLOGY | 220,567 | 52,736 | 273,303 | -155 | 69 |
| 70 | 07000 ELECTROENCEPHALOGRAPHY | 191,036 | 101,466 | 292,502 | -135 | 70 |
| 71 | 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS | 140,003 | 184,909 | 324,912 | 763,622 | 71 |
| 72 | 07200 IMPL. DEV. CHARGED TO PATIENTS | | | | 1,026,838 | 72 |
| 73 | 07300 DRUGS CHARGED TO PATIENTS | 555,541 | 810,546 | 1,366,087 | -393 | 73 |
| 74 | 07400 RENAL DIALYSIS | | | | | 74 |
| 76 | 03950 DIABETES SERVICES | 70,825 | 1,619 | 72,444 | -51 | 76 |
| 76.97 | 07697 CARDIAC REHABILITATION | 50,769 | 3,281 | 54,050 | -1,089 | 76.97 |
| 76.98 | 07698 HYPERBARIC OXYGEN THERAPY | | | | | 76.98 |
| 76.99 | 07699 LITHOTRIPSY | | | | | 76.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 91 | 09100 EMERGENCY | 1,250,123 | 1,756,022 | 3,006,145 | -886 | 91 |
| 92 | 09200 OBSERVATION BEDS (NON-DISTINCT PART) | | | | | 92 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 94 | 09400 HOME PROGRAM DIALYSIS | | | | | 94 |
| SPECIAL PURPOSE COST CENTERS | | | | | | |
| 118 | SUBTOTALS (SUM OF LINES 1-117) | 15,377,160 | 28,243,652 | 43,620,812 | 5,507 | 118 |
| NONREIMBURSABLE COST CENTERS | | | | | | |
| 190 | 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN | 19,474 | 16,624 | 36,098 | -14 | 190 |
| 192 | 19200 PHYSICIANS' PRIVATE OFFICES | 9,050,065 | 11,834,755 | 20,884,820 | -6,408 | 192 |
| 192.01 | 19201 CARDIAC PHASE III | | | | 1,052 | 192.01 |
| 192.02 | 19202 FUND DEVELOPMENT | 180,492 | 454,434 | 634,926 | -128 | 192.02 |
| 192.03 | 19203 PULMONARY FUNCTION | 11,311 | 680 | 11,991 | -9 | 192.03 |
| 193 | 19300 NONPAID WORKERS | | | | | 193 |
| 194 | 07950 CONTRACT NURSING | | | | | 194 |
| 194.01 | 07951 NON-PATIENT DIETARY | | | | | 194.01 |
| 200 | TOTAL (SUM OF LINES 118-199) | 24,638,502 | 40,550,145 | 65,188,647 | | 200 |

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

| COST CENTER | | RECLASSIFIED TRIAL BALANCE (COL. 3 ± COL. 4) 5 | ADJUST- MENTS 6 | NET EXPENSES FOR ALLOCATION (COL. 5 ± COL. 6) 7 | | |
|-------------------------------------|-------|---|-----------------------|--|------------|--------|
| GENERAL SERVICE COST CENTERS | | | | | | |
| 1 | 00100 | CAP REL COSTS-BLDG & FIXT | 1,263,655 | 1,263,655 | 1 | |
| 2 | 00200 | CAP REL COSTS-MVBLE EQUIP | 1,132,453 | 1,132,453 | 2 | |
| 3 | 00300 | OTHER CAP REL COSTS | | | 3 | |
| 4 | 00400 | EMPLOYEE BENEFITS DEPARTMENT | 7,037,730 | -4,859 | 7,032,871 | 4 |
| 5 | 00500 | ADMINISTRATIVE & GENERAL | 10,399,118 | -3,947,122 | 6,451,996 | 5 |
| 6 | 00600 | MAINTENANCE & REPAIRS | 128,165 | | 128,165 | 6 |
| 7 | 00700 | OPERATION OF PLANT | 1,357,141 | -51,642 | 1,305,499 | 7 |
| 8 | 00800 | LAUNDRY & LINEN SERVICE | 145,526 | | 145,526 | 8 |
| 9 | 00900 | HOUSEKEEPING | 483,750 | -589 | 483,161 | 9 |
| 10 | 01000 | DIETARY | 103,483 | -7,162 | 96,321 | 10 |
| 11 | 01100 | CAFETERIA | 468,297 | -145,745 | 322,552 | 11 |
| 12 | 01200 | MAINTENANCE OF PERSONNEL | | | | 12 |
| 13 | 01300 | NURSING ADMINISTRATION | 1,039,792 | -41,788 | 998,004 | 13 |
| 14 | 01400 | CENTRAL SERVICES & SUPPLY | | | | 14 |
| 15 | 01500 | PHARMACY | | | | 15 |
| 16 | 01600 | MEDICAL RECORDS & LIBRARY | 388,952 | -25,605 | 363,347 | 16 |
| 17 | 01700 | SOCIAL SERVICE | 122,938 | | 122,938 | 17 |
| 19 | 01900 | NONPHYSICIAN ANESTHETISTS | | | | 19 |
| 20 | 02000 | NURSING SCHOOL | | | | 20 |
| 21 | 02100 | I&R SERVICES-SALARY & FRINGES APPRVD | | | | 21 |
| 22 | 02200 | I&R SERVICES-OTHER PRGM COSTS APPRVD | | | | 22 |
| 23 | 02300 | PARAMED ED PRGM-(SPECIFY) | | | | 23 |
| INPATIENT ROUTINE SERV COST CENTERS | | | | | | |
| 30 | 03000 | ADULTS & PEDIATRICS | 2,456,888 | -6,228 | 2,450,660 | 30 |
| 31 | 03100 | INTENSIVE CARE UNIT | 884,103 | | 884,103 | 31 |
| 43 | 04300 | NURSERY | | | | 43 |
| ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50 | 05000 | OPERATING ROOM | 2,129,293 | | 2,129,293 | 50 |
| 53 | 05300 | ANESTHESIOLOGY | 798,614 | -741,763 | 56,851 | 53 |
| 54 | 05400 | RADIOLOGY-DIAGNOSTIC | 596,648 | -34,340 | 562,308 | 54 |
| 54.10 | 03630 | ULTRASONOGRAPHY | 262,218 | | 262,218 | 54.10 |
| 54.20 | 03440 | MAMMOGRAPHY | 378,804 | -44,347 | 334,457 | 54.20 |
| 56 | 05600 | RADIOISOTOPE | 321,009 | -12,916 | 308,093 | 56 |
| 57 | 05700 | CT SCAN | 679,464 | -77,611 | 601,853 | 57 |
| 58 | 05800 | MRI | 634,877 | -145,399 | 489,478 | 58 |
| 60 | 06000 | LABORATORY | 1,350,969 | -16,380 | 1,334,589 | 60 |
| 62.30 | 06250 | BLOOD CLOTTING FOR HEMOPHILIACS | | | | 62.30 |
| 63 | 06300 | BLOOD STORING, PROCESSING & TRANS. | 144,528 | | 144,528 | 63 |
| 65 | 06500 | RESPIRATORY THERAPY | 300,858 | | 300,858 | 65 |
| 66 | 06600 | PHYSICAL THERAPY | 865,295 | -5,788 | 859,507 | 66 |
| 67 | 06700 | OCCUPATIONAL THERAPY | 234,112 | | 234,112 | 67 |
| 68 | 06800 | SPEECH PATHOLOGY | 340,445 | -548 | 339,897 | 68 |
| 69 | 06900 | ELECTROCARDIOLOGY | 273,148 | | 273,148 | 69 |
| 70 | 07000 | ELECTROENCEPHALOGRAPHY | 292,367 | -10,000 | 282,367 | 70 |
| 71 | 07100 | MEDICAL SUPPLIES CHARGED TO PATIENTS | 1,088,534 | -25,306 | 1,063,228 | 71 |
| 72 | 07200 | IMPL. DEV. CHARGED TO PATIENTS | 1,026,838 | | 1,026,838 | 72 |
| 73 | 07300 | DRUGS CHARGED TO PATIENTS | 1,365,694 | -31,071 | 1,334,623 | 73 |
| 74 | 07400 | RENAL DIALYSIS | | | | 74 |
| 76 | 03950 | DIABETES SERVICES | 72,393 | -540 | 71,853 | 76 |
| 76.97 | 07697 | CARDIAC REHABILITATION | 52,961 | -6,000 | 46,961 | 76.97 |
| 76.98 | 07698 | HYPERBARIC OXYGEN THERAPY | | | | 76.98 |
| 76.99 | 07699 | LITHOTRIPSY | | | | 76.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 91 | 09100 | EMERGENCY | 3,005,259 | -1,595,647 | 1,409,612 | 91 |
| 92 | 09200 | OBSERVATION BEDS (NON-DISTINCT PART) | | | | 92 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 94 | 09400 | HOME PROGRAM DIALYSIS | | | | 94 |
| SPECIAL PURPOSE COST CENTERS | | | | | | |
| 118 | | SUBTOTALS (SUM OF LINES 1-117) | 43,626,319 | -6,978,396 | 36,647,923 | 118 |
| NONREIMBURSABLE COST CENTERS | | | | | | |
| 190 | 19000 | GIFT, FLOWER, COFFEE SHOP & CANTEEN | 36,084 | | 36,084 | 190 |
| 192 | 19200 | PHYSICIANS' PRIVATE OFFICES | 20,878,412 | | 20,878,412 | 192 |
| 192.01 | 19201 | CARDIAC PHASE III | 1,052 | | 1,052 | 192.01 |
| 192.02 | 19202 | FUND DEVELOPMENT | 634,798 | | 634,798 | 192.02 |
| 192.03 | 19203 | PULMONARY FUNCTION | 11,982 | | 11,982 | 192.03 |
| 193 | 19300 | NONPAID WORKERS | | | | 193 |
| 194 | 07950 | CONTRACT NURSING | | | | 194 |
| 194.01 | 07951 | NON-PATIENT DIETARY | | | | 194.01 |
| 200 | | TOTAL (SUM OF LINES 118-199) | 65,188,647 | -6,978,396 | 58,210,251 | 200 |

RECLASSIFICATIONS

WORKSHEET A-6

| EXPLANATION OF RECLASSIFICATION ENTRY | CODE | COST CENTER | INCREASE | | SALARY | OTHER |
|---------------------------------------|------|-------------------------------|----------|--|---------|-------------|
| | | | LINE # | | | |
| | 1 | 2 | 3 | | 4 | 5 |
| 1 FIRE INSURANCE | A | CAP REL COSTS-BLDG & FIXT | 1 | | | 23,694 1 |
| 2 | | CAP REL COSTS-MVBLE EQUIP | 2 | | | 21,234 2 |
| 500 TOTAL RECLASSIFICATIONS | | | | | | 44,928 500 |
| CODE LETTER - A | | | | | | |
| 1 CAFETERIA RECLASS | B | CAFETERIA | 11 | | 354,069 | 114,228 1 |
| 500 TOTAL RECLASSIFICATIONS | | | | | 354,069 | 114,228 500 |
| CODE LETTER - B | | | | | | |
| 1 BLOOD | C | BLOOD STORING, PROCESSING & T | 63 | | | 144,528 1 |
| 500 TOTAL RECLASSIFICATIONS | | | | | | 144,528 500 |
| CODE LETTER - C | | | | | | |
| 1 REHAB ADMIN RECLASS | E | PHYSICAL THERAPY | 66 | | 139,670 | 11,059 1 |
| 2 | | OCCUPATIONAL THERAPY | 67 | | 37,788 | 2,992 2 |
| 3 | | SPEECH PATHOLOGY | 68 | | 54,939 | 4,350 3 |
| 500 TOTAL RECLASSIFICATIONS | | | | | 232,397 | 18,401 500 |
| CODE LETTER - E | | | | | | |
| 1 VACATION ACCRUAL RECLASS | F | EMPLOYEE BENEFITS DEPARTMENT | 4 | | | 17,470 1 |
| 2 | | | | | | 2 |
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| 34 | | | | | | 33 |
| 35 | | | | | | 34 |
| 500 TOTAL RECLASSIFICATIONS | | PHYSICIANS' PRIVATE OFFICES | 192 | | | 22,241 35 |
| CODE LETTER - F | | | | | | 39,711 500 |

PROVIDER CCN: 14-0161 ***LOW MEDICARE UTILIZATION***
 PERIOD FROM 10/01/2012 TO 09/30/2013

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

VERSION: 2013.11
 02/25/2014 10:01

RECLASSIFICATIONS

WORKSHEET A-6

| EXPLANATION OF RECLASSIFICATION ENTRY | CODE | INCREASE | | | | |
|---------------------------------------|------|-------------------------------|--------|---------|-----------|-----|
| | | COST CENTER | LINE # | SALARY | OTHER | |
| | 1 | 2 | 3 | 4 | 5 | |
| 1 TEAM AWARDS | G | | | | | 1 |
| 2 | | | | | | 2 |
| 3 | | | | | | 3 |
| 4 | | | | | | 4 |
| 5 | | | | | | 5 |
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| 29 | | | | | | 29 |
| 30 | | | | | | 30 |
| 31 | | EMPLOYEE BENEFITS DEPARTMENT | 4 | 19,793 | | 31 |
| 32 | | EMPLOYEE BENEFITS DEPARTMENT | 4 | 5,319 | | 32 |
| 500 TOTAL RECLASSIFICATIONS | | | | 25,112 | | 500 |
| CODE LETTER - G | | | | | | |
| 1 CARDIAC PHASE III NON-ALLOW | H | CARDIAC PHASE III | 192.01 | 978 | 74 | 1 |
| 500 TOTAL RECLASSIFICATIONS | | | | 978 | 74 | 500 |
| CODE LETTER - H | | | | | | |
| 1 IMPLANT DEVICE | J | IMPL. DEV. CHARGED TO PATIENT | 72 | | 1,026,838 | 1 |
| 500 TOTAL RECLASSIFICATIONS | | | | | 1,026,838 | 500 |
| CODE LETTER - J | | | | | | |
| 1 CENTRAL SUPPLY | K | MEDICAL SUPPLIES CHARGED TO P | 71 | | 763,722 | 1 |
| 2 | | | | | | 2 |
| 500 TOTAL RECLASSIFICATIONS | | | | | 763,722 | 500 |
| CODE LETTER - K | | | | | | |
| 1 DISABILITY | L | HOUSEKEEPING | 9 | | 2,430 | 1 |
| 2 | | | | | | 2 |
| 3 | | | | | | 3 |
| 4 | | ADULTS & PEDIATRICS | 30 | | 7,784 | 4 |
| 5 | | INTENSIVE CARE UNIT | 31 | | 144 | 5 |
| 500 TOTAL RECLASSIFICATIONS | | | | | 10,358 | 500 |
| CODE LETTER - L | | | | | | |
| 1 SLEEP CTR RENT RECLASS | M | | | | | 1 |
| 500 TOTAL RECLASSIFICATIONS | | | | | | 500 |
| CODE LETTER - M | | | | | | |
| GRAND TOTAL (INCREASES) | | | | 612,556 | 2,162,788 | |

RECLASSIFICATIONS

WORKSHEET A-6

| EXPLANATION OF RECLASSIFICATION ENTRY | CODE | COST CENTER | DECREASE LINE # | SALARY | OTHER | WKST A-7 REF. |
|--|------|-------------------------------|-----------------|---------|---------|---------------|
| | 1 | 6 | 7 | 8 | 9 | 10 |
| 1 FIRE INSURANCE | A | ADMINISTRATIVE & GENERAL | 5 | | 44,928 | 9 1 |
| 2 | | | | | | 9 2 |
| 500 TOTAL RECLASSIFICATIONS CODE LETTER - A | | | | | 44,928 | 500 |
| 1 CAFETERIA RECLASS | B | DIETARY | 10 | 354,069 | 114,228 | 1 |
| 500 TOTAL RECLASSIFICATIONS CODE LETTER - B | | | | 354,069 | 114,228 | 500 |
| 1 BLOOD | C | LABORATORY | 60 | | 144,528 | 1 |
| 500 TOTAL RECLASSIFICATIONS CODE LETTER - C | | | | | 144,528 | 500 |
| 1 REHAB ADMIN RECLASS | E | NURSING ADMINISTRATION | 13 | 232,397 | 18,401 | 1 |
| 2 | | | | | | 2 |
| 3 | | | | | | 3 |
| 500 TOTAL RECLASSIFICATIONS CODE LETTER - E | | | | 232,397 | 18,401 | 500 |
| 1 VACATION ACCRUAL RECLASS | F | ADMINISTRATIVE & GENERAL | 5 | 1,519 | | 1 |
| 2 | | MAINTENANCE & REPAIRS | 6 | 37 | | 2 |
| 3 | | OPERATION OF PLANT | 7 | 262 | | 3 |
| 4 | | LAUNDRY & LINEN SERVICE | 8 | 14 | | 4 |
| 5 | | HOUSEKEEPING | 9 | 346 | | 5 |
| 6 | | DIETARY | 10 | 306 | | 6 |
| 7 | | NURSING ADMINISTRATION | 13 | 790 | | 7 |
| 8 | | MEDICAL RECORDS & LIBRARY | 16 | 224 | | 8 |
| 9 | | SOCIAL SERVICE | 17 | 84 | | 9 |
| 10 | | ADULTS & PEDIATRICS | 30 | 1,602 | | 10 |
| 11 | | INTENSIVE CARE UNIT | 31 | 507 | | 11 |
| 12 | | OPERATING ROOM | 50 | 1,131 | | 12 |
| 13 | | RADIOLOGY-DIAGNOSTIC | 54 | 337 | | 13 |
| 14 | | ULTRASONOGRAPHY | 54.10 | 155 | | 14 |
| 15 | | MAMMOGRAPHY | 54.20 | 80 | | 15 |
| 16 | | RADIOISOTOPE | 56 | 61 | | 16 |
| 17 | | CT SCAN | 57 | 94 | | 17 |
| 18 | | MRI | 58 | 51 | | 18 |
| 19 | | LABORATORY | 60 | 615 | | 19 |
| 20 | | RESPIRATORY THERAPY | 65 | 201 | | 20 |
| 21 | | PHYSICAL THERAPY | 66 | 477 | | 21 |
| 22 | | OCCUPATIONAL THERAPY | 67 | 126 | | 22 |
| 23 | | SPEECH PATHOLOGY | 68 | 135 | | 23 |
| 24 | | ELECTROCARDIOLOGY | 69 | 155 | | 24 |
| 25 | | CARDIAC REHABILITATION | 76.97 | 37 | | 25 |
| 26 | | ELECTROENCEPHALOGRAPHY | 70 | 135 | | 26 |
| 27 | | MEDICAL SUPPLIES CHARGED TO P | 71 | 100 | | 27 |
| 28 | | DRUGS CHARGED TO PATIENTS | 73 | 393 | | 28 |
| 29 | | DIABETES SERVICES | 76 | 51 | | 29 |
| 30 | | EMERGENCY | 91 | 886 | | 30 |
| 31 | | GIFT, FLOWER, COFFEE SHOP & C | 190 | 14 | | 31 |
| 32 | | PHYSICIANS' PRIVATE OFFICES | 192 | 6,408 | | 32 |
| 33 | | FUND DEVELOPMENT | 192.02 | 128 | | 33 |
| 34 | | PULMONARY FUNCTION | 192.03 | 9 | | 34 |
| 35 | | PHYSICIANS' PRIVATE OFFICES | 192 | 22,241 | | 35 |
| 500 TOTAL RECLASSIFICATIONS CODE LETTER - F | | | | 39,711 | | 500 |

RECLASSIFICATIONS

WORKSHEET A-6

| EXPLANATION OF RECLASSIFICATION ENTRY | CODE | DECREASE | | | | WKST A-7 REF. 10 |
|--|------|------------------------------|--------|---------|-----------|------------------|
| | | COST CENTER | LINE # | SALARY | OTHER | |
| 1 TEAM AWARDS | G | | | | | 1 |
| 2 | | | | | | 2 |
| 3 | | | | | | 3 |
| 4 | | | | | | 4 |
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| 30 | | | | | | 30 |
| 31 | | EMPLOYEE BENEFITS DEPARTMENT | 4 | | 19,793 | 31 |
| 32 | | EMPLOYEE BENEFITS DEPARTMENT | 4 | | 5,319 | 32 |
| 500 TOTAL RECLASSIFICATIONS CODE LETTER - G | | | | | 25,112 | 500 |
| | | | | | | |
| 1 CARDIAC PHASE III NON-ALLOW | H | CARDIAC REHABILITATION | 76.97 | 978 | 74 | 1 |
| 500 TOTAL RECLASSIFICATIONS CODE LETTER - H | | | | 978 | 74 | 500 |
| | | | | | | |
| 1 IMPLANT DEVICE | J | OPERATING ROOM | 50 | | 1,026,838 | 1 |
| 500 TOTAL RECLASSIFICATIONS CODE LETTER - J | | | | | 1,026,838 | 500 |
| | | | | | | |
| 1 CENTRAL SUPPLY | K | OPERATING ROOM | 50 | | 725,783 | 1 |
| 2 | | RESPIRATORY THERAPY | 65 | | 37,939 | 2 |
| 500 TOTAL RECLASSIFICATIONS CODE LETTER - K | | | | | 763,722 | 500 |
| | | | | | | |
| 1 DISABILITY | L | HOUSEKEEPING | 9 | 2,430 | | 1 |
| 2 | | | | | | 2 |
| 3 | | | | | | 3 |
| 4 | | ADULTS & PEDIATRICS | 30 | 7,784 | | 4 |
| 5 | | INTENSIVE CARE UNIT | 31 | 144 | | 5 |
| 500 TOTAL RECLASSIFICATIONS CODE LETTER - L | | | | 10,358 | | 500 |
| | | | | | | |
| 1 SLEEP CTR RENT RECLASS | M | | | | | 1 |
| 500 TOTAL RECLASSIFICATIONS CODE LETTER - M | | | | | | 500 |
| GRAND TOTAL (DECREASES) | | | | 637,513 | 2,137,831 | |

RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS I, II & III

PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES

| DESCRIPTION | BEGINNING | ACQUISITIONS | | | DISPOSALS | ENDING | FULLY |
|--------------------------------|------------|--------------|----------|-----------|-------------|------------|-------------|
| | BALANCES | PURCHASE | DONATION | TOTAL | AND | BALANCE | DEPRECIATED |
| | 1 | 2 | 3 | 4 | RETIREMENTS | 6 | ASSETS |
| | | | | | 5 | | 7 |
| 1 LAND | 749,404 | | | | | 749,404 | 1 |
| 2 LAND IMPROVEMENTS | 2,287,904 | | | | | 2,287,904 | 2 |
| 3 BUILDINGS AND FIXTURES | 36,037,801 | 781,754 | | 781,754 | | 36,819,555 | 3 |
| 4 BUILDING IMPROVEMENTS | | | | | | | 4 |
| 5 FIXED EQUIPMENT | 97,230 | | | | | 97,230 | 5 |
| 6 MOVABLE EQUIPMENT | 29,756,639 | 915,513 | | 915,513 | 7,842,173 | 22,829,979 | 6 |
| 7 HIT DESIGNATED ASSETS | | | | | | | 7 |
| 8 SUBTOTAL (SUM OF LINES 1-7) | 68,928,978 | 1,697,267 | | 1,697,267 | 7,842,173 | 62,784,072 | 8 |
| 9 RECONCILING ITEMS | | | | | | | 9 |
| 10 TOTAL (LINE 7 MINUS LINE 9) | 68,928,978 | 1,697,267 | | 1,697,267 | 7,842,173 | 62,784,072 | 10 |

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

SUMMARY OF CAPITAL

| DESCRIPTION | DEPREC- IATION | LEASE | INTEREST | INSURANCE | TAXES | OTHER | TOTAL(1) |
|-----------------------------|-------------------|-------|----------|--------------------|--------------------|--|---------------------------|
| | | | | | | CAPITAL- RELATED COSTS (SEE INSTR.) | (SUM OF COLS. 9-14) |
| | 9 | 10 | 11 | (SEE INSTR.) 12 | (SEE INSTR.) 13 | 14 | 15 |
| 1 CAP REL COSTS-BLDG & FIXT | 1,239,961 | | | | | | 1,239,961 1 |
| 2 CAP REL COSTS-MVBLE EQUIP | 1,111,219 | | | | | | 1,111,219 2 |
| 3 TOTAL (SUM OF LINES 1-2) | 2,351,180 | | | | | | 2,351,180 3 |

PART III - RECONCILIATION OF CAPITAL COST CENTERS

COMPUTATION OF RATIOS ALLOCATION OF OTHER CAPITAL

| DESCRIPTION | GROSS ASSETS | CAPITALIZED LEASES | GROSS | RATIO | INSURANCE | TAXES | OTHER | TOTAL |
|-----------------------------|-----------------|-----------------------|---|-----------------|-----------|-------|------------------------------|--------------------------|
| | | | ASSETS FOR RATIO (COL. 1 - COL. 2) | (SEE INSTR.) | | | CAPITAL- RELATED COSTS | (SUM OF COLS. 5-7) |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 1 CAP REL COSTS-BLDG & FIXT | | | | | | | | 1 |
| 2 CAP REL COSTS-MVBLE EQUIP | | | | | | | | 2 |
| 3 TOTAL (SUM OF LINES 1-2) | | | | | | | | 3 |

SUMMARY OF CAPITAL

| DESCRIPTION | DEPREC- IATION | LEASE | INTEREST | INSURANCE | TAXES | OTHER | TOTAL(2) |
|-----------------------------|-------------------|-------|----------|--------------------|--------------------|--|---------------------------|
| | | | | | | CAPITAL- RELATED COSTS (SEE INSTR.) | (SUM OF COLS. 9-14) |
| | 9 | 10 | 11 | (SEE INSTR.) 12 | (SEE INSTR.) 13 | 14 | 15 |
| 1 CAP REL COSTS-BLDG & FIXT | 1,263,655 | | | | | | 1,263,655 1 |
| 2 CAP REL COSTS-MVBLE EQUIP | 1,132,453 | | | | | | 1,132,453 2 |
| 3 TOTAL | 2,396,108 | | | | | | 2,396,108 3 |

ADJUSTMENTS TO EXPENSES

| DESCRIPTION | BASIS 1 | AMOUNT 2 | EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED | | WORKSHEET A-8 |
|--|---------------|-------------|--|---------------|----------------------|
| | | | COST CENTER 3 | LINE NO. 4 | Wkst A-7 REF 5 |
| 1 INVESTMENT INCOME-BUILDINGS & FIXTURES (CHAPTER 2) | | | CAP REL COSTS-BLDG & FIXT | 1 | 1 |
| 2 INVESTMENT INCOME-MOVABLE EQUIPMENT (CHAPTER 2) | | | CAP REL COSTS-MVBLE EQUIP | 2 | 2 |
| 3 INVESTMENT INCOME-OTHER (CHAPTER 2) | | | | | 3 |
| 4 TRADE, QUANTITY, AND TIME DISCOUNTS (CHAPTER 8) | | | | | 4 |
| 5 REFUNDS AND REBATES OF EXPENSES (CHAPTER 8) | | | | | 5 |
| 6 RENTAL OF PROVIDER SPACE BY SUPPLIERS (CHAPTER 8) | | | | | 6 |
| 7 TELEPHONE SERVICES (PAY STATIONS EXCL) (CHAPTER 21) | A | -2,828 | ADMINISTRATIVE & GENERAL | 5 | 7 |
| 8 TELEVISION AND RADIO SERVICE (CHAPTER 21) | | | | | 8 |
| 9 PARKING LOT (CHAPTER 21) | | | | | 9 |
| 10 PROVIDER-BASED PHYSICIAN ADJUSTMENT | WKST A-8-2 | -2,369,507 | | | 10 |
| 11 SALE OF SCRAP, WASTE, ETC. (CHAPTER 23) | | | | | 11 |
| 12 RELATED ORGANIZATION TRANSACTIONS (CHAPTER 10) | WKST A-8-1 | -2,242,798 | | | 12 |
| 13 LAUNDRY AND LINEN SERVICE | | | | | 13 |
| 14 CAFETERIA - EMPLOYEES AND GUESTS | | | | | 14 |
| 15 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS | | | | | 15 |
| 16 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS | | | | | 16 |
| 17 SALE OF DRUGS TO OTHER THAN PATIENTS | | | | | 17 |
| 18 SALE OF MEDICAL RECORDS AND ABSTRACTS | B | -25,605 | MEDICAL RECORDS & LIBRARY | 16 | 18 |
| 19 NURSING SCHOOL (TUITION, FEES, BOOKS, ETC.) | | | | | 19 |
| 20 VENDING MACHINES | | | | | 20 |
| 21 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES (CHAPTER 21) | | | | | 21 |
| 22 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT | | | | | 22 |
| 23 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14) | WKST A-8-3 | | RESPIRATORY THERAPY | 65 | 23 |
| 24 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14) | WKST A-8-3 | | PHYSICAL THERAPY | 66 | 24 |
| 25 UTIL REVIEW-PHYSICIANS' COMPENSATION (CHAPTER 21) | | | UTILIZATION REVIEW-SNF | 114 | 25 |
| 26 DEPRECIATION--BUILDINGS & FIXTURES | | | CAP REL COSTS-BLDG & FIXT | 1 | 26 |
| 27 DEPRECIATION--MOVABLE EQUIPMENT | | | CAP REL COSTS-MVBLE EQUIP | 2 | 27 |
| 28 NON-PHYSICIAN ANESTHETIST | | | NONPHYSICIAN ANESTHETISTS | 19 | 28 |
| 29 PHYSICIANS' ASSISTANT | | | | | 29 |
| 30 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION (CHAPTER 14) | WKST A-8-3 | | OCCUPATIONAL THERAPY | 67 | 30 |
| 31 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION (CHAPTER 14) | WKST A-8-3 | | SPEECH PATHOLOGY | 68 | 31 |
| 32 CAH HIT ADJ FOR DEPRECIATION AND | | | | | 32 |
| 33 PHYSICIAN RECRUITMENT | A | -3,532 | ADMINISTRATIVE & GENERAL | 5 | 33 |
| 34 AHA AND IHA DUES | A | -20,275 | ADMINISTRATIVE & GENERAL | 5 | 34 |
| 35 UNEMPLOYMENT COMPENSATION | A | 12,577 | EMPLOYEE BENEFITS DEPARTMENT | 4 | 35 |
| 36 PRE EMPLOYMENT PHYSICALS | A | -37,229 | EMPLOYEE BENEFITS DEPARTMENT | 4 | 36 |
| 37 PRENATAL BABY PICTURES | B | -211 | ADULTS & PEDIATRICS | 30 | 37 |
| 38 EMERGENCY MEDICAL TRANSPORTATION | B | -6,307 | EMERGENCY | 91 | 38 |
| 39 LAB NON PATIENT INCOME | B | -278 | LABORATORY | 60 | 39 |
| 40 RADIOLOGY - SILVER RECOVERY & FILM | B | -46 | RADIOLOGY-DIAGNOSTIC | 54 | 40 |
| 41 PEDIATRIC DEVELOPMENT | B | -5,788 | PHYSICAL THERAPY | 66 | 41 |
| 42 AUDIOLOGY | B | -548 | SPEECH PATHOLOGY | 68 | 42 |
| 43 PHARMACY - ITEMS SOLD TO PATIENTS | B | -2,274 | DRUGS CHARGED TO PATIENTS | 73 | 43 |
| 44 HOUSEKEEPING CAN RECYCLING | B | -589 | HOUSEKEEPING | 9 | 44 |
| 45 HOSPITAL ADMIN - FARM INCOME & OTH | B | -60,049 | ADMINISTRATIVE & GENERAL | 5 | 45 |
| 46 REYNOLDS STREET PROPERTY - RENTAL | B | -10,927 | ADMINISTRATIVE & GENERAL | 5 | 46 |
| 47 CHAPLAINCY - CANDLES & RENTAL INCO | B | -11,736 | ADMINISTRATIVE & GENERAL | 5 | 47 |
| 48 INSERVICE EDUC - NURSING - CLASS F | B | -1,791 | NURSING ADMINISTRATION | 13 | 48 |
| 49 | | | | | 49 |
| 49.01 DIABETES SERVICES | B | -540 | DIABETES SERVICES | 76 | 49.01 |
| 49.02 TEAM AWARD - PRIOR YEAR | A | 19,793 | EMPLOYEE BENEFITS DEPARTMENT | 4 | 49.02 |
| 49.06 DISASTER PREPAREDNESS - GRANTS | B | -29,480 | ADMINISTRATIVE & GENERAL | 5 | 49.06 |
| 49.07 NURSING ADMIN | B | -8,190 | NURSING ADMINISTRATION | 13 | 49.07 |
| 49.11 DIETARY OP REVENUE | B | -7,162 | DIETARY | 10 | 49.11 |
| 49.12 MEDICAID ASSESSMENT | A | -1,741,136 | ADMINISTRATIVE & GENERAL | 5 | 49.12 |
| 49.13 REVENUE CYCLE ADMINISTRATION | B | -247,353 | ADMINISTRATIVE & GENERAL | 5 | 49.13 |
| 49.14 CAFETERIA & VENDING MACHINE SALES | B | -145,745 | CAFETERIA | 11 | 49.14 |
| 49.15 PERSONNEL-COPIES OF EMPLOYEE FILES | B | -45 | ADMINISTRATIVE & GENERAL | 5 | 49.15 |
| 49.16 340B PHARMACY | A | -28,797 | DRUGS CHARGED TO PATIENTS | 73 | 49.16 |
| 50 TOTAL (SUM OF LINES 1 THRU 49) | | -6,978,396 | | | 50 |
| TRANSFER TO WKST A, COL. 6, LINE 200) | | | | | |

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

WORKSHEET A-8-1

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

| LINE NO. | COST CENTER | EXPENSE ITEMS | AMOUNT OF ALLOWABLE COST | AMOUNT (INCL IN WKST A, COL. 5) | NET ADJ- USTMENTS (COL. 4-5) | WKST A-7 REF | |
|----------|-------------|---|--------------------------|---------------------------------|------------------------------|--------------|------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | |
| 1 | 5 | ADMINISTRATIVE & GENERAL | CORPORATE OFFICE CHARGES | 3,902,900 | 5,722,661 | -1,819,761 | 1 |
| 2 | 7 | OPERATION OF PLANT | CORPORATE OFFICE CHARGES | 110,756 | 162,398 | -51,642 | 2 |
| 3 | 13 | NURSING ADMINISTRATION | CORPORATE OFFICE CHARGES | 68,218 | 100,025 | -31,807 | 3 |
| 3.01 | 71 | MEDICAL SUPPLIES CHARGED TO PAT | CORPORATE OFFICE CHARGES | 54,274 | 79,580 | -25,306 | 4.01 |
| 4 | 54 | RADIOLOGY-DIAGNOSTIC | SFI PURCHASED MAINT | 47,471 | 76,664 | -29,193 | 4 |
| 4.01 | 54.20 | MAMMOGRAPHY | SFI PURCHASED MAINT | 63,537 | 102,612 | -39,075 | 4.01 |
| 4.02 | 56 | RADIOISOTOPE | SFI PURCHASED MAINT | 21,002 | 33,918 | -12,916 | 4.02 |
| 4.03 | 57 | CT SCAN | SFI PURCHASED MAINT | 76,385 | 123,360 | -46,975 | 4.03 |
| 4.04 | 54 | RADIOLOGY-DIAGNOSTIC | SFI PURCHASED SERVICES | 13,608 | 18,709 | -5,101 | 4.04 |
| 4.05 | 54.20 | MAMMOGRAPHY | SFI PURCHASED SERVICES | 14,064 | 19,336 | -5,272 | 4.05 |
| 4.06 | 58 | MRI | SFI PURCHASED SERVICES | 387,888 | 533,287 | -145,399 | 4.06 |
| 4.07 | 57 | CT SCAN | SFI PURCHASED SERVICES | 80,971 | 111,322 | -30,351 | 4.07 |
| 4.08 | 60 | LABORATORY | SYSTEMS LAB | 597,097 | 597,097 | | 4.08 |
| 4.09 | 31 | INTENSIVE CARE UNIT | EICU | 134,047 | 134,047 | | 4.09 |
| 5 | | TOTALS (SUM OF LINES 1-4) | | 5,572,218 | 7,815,016 | -2,242,798 | 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.

| SYMBOL (1) | NAME 2 | PERCENT OF OWNERSHIP 3 | ----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE ----- | | |
|---------------|-------------------------|---------------------------------|--|---------------------------------|--------------------------|
| | | | NAME 4 | PERCENT OF OWNERSHIP 5 | TYPE OF BUSINESS 6 |
| 6 | B OSF HEALTHCARE SYSTEM | 100.00 | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 | | | | | |
| 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 CCN: 14-0161 ***LOW MEDICARE UTILIZATION***
 PERIOD FROM 10/01/2012 TO 09/30/2013

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

VERSION: 2013.11
 02/25/2014 10:01

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

| WKST A | COST CENTER/ PHYSICIAN IDENTIFIER | | TOTAL REMUNERA- TION INCL FRINGES | PROFES- SIONAL COMPONENT | PROVIDER COMPONENT | RCE AMOUNT | PHYSICIAN/ PROVIDER COMPONENT HOURS | UNAD- JUSTED RCE LIMIT | 5 PERCENT OF UNAD- JUSTED RCE LIMIT | |
|-------------|--------------------------------------|-----------------|--|--------------------------------|-----------------------|---------------|--|---------------------------------|--|--------|
| LINE NO. | 2 | | 3 | 4 | 5 | 6 | 7 | 8 | 9 | |
| 1 53 | ANESTHESIOLOGY | ASSOC ANESTESIO | 741,763 | 741,763 | | 167,500 | 1 | 81 | | 4 1 |
| 2 60 | LABORATORY | CENTRAL IL PATH | 16,102 | 16,102 | | 208,000 | 1 | 100 | | 5 2 |
| 3 76.97 | CARDIAC REHABILITATION | MEDICAL DIRECTO | 6,000 | 6,000 | | 150,200 | 1 | 72 | | 4 3 |
| 4 91 | EMERGENCY | SAINT FRANCIS M | 1,589,340 | 1,589,340 | | 159,800 | 1 | 77 | | 4 4 |
| 5 57 | CT SCAN | MEDICAL DIRECTO | 285 | 285 | | 217,600 | 1 | 105 | | 5 5 |
| 6 50 | OPERATING ROOM | MEDICAL DIRECTO | | | | 182,900 | 1 | 88 | | 4 6 |
| 7 30 | ADULTS & PEDIATRICS | PEDS | | | | 130,900 | 1 | 63 | | 3 7 |
| 8 30 | ADULTS & PEDIATRICS | OB/GYN | 6,017 | 6,017 | | 200,300 | 1 | 96 | | 5 8 |
| 9 70 | ELECTROENCEPHALOGRAPHY | SLEEP LAB | 8,077 | 8,077 | | 150,200 | 1 | 72 | | 4 9 |
| 10 70 | ELECTROENCEPHALOGRAPHY | SLEEP LAB | 1,923 | 1,923 | | 150,200 | 1 | 72 | | 4 10 |
| 200 | TOTAL | | 2,369,507 | 2,369,507 | | | 10 | 826 | | 42 200 |

PROVIDER CCN: 14-0161 ***LOW MEDICARE UTILIZATION***
 PERIOD FROM 10/01/2012 TO 09/30/2013

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

VERSION: 2013.11
 02/25/2014 10:01

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

| WKST | A | COST CENTER/ PHYSICIAN IDENTIFIER | COST OF MEMBERSHIP & CONTIN. EDUCATION | PROVIDER COMPONENT SHARE OF | PHYSICIAN COST OF MALPRACTICE INSURANCE | PROVIDER COMPONENT SHARE OF | ADJUSTED RCE LIMIT | RCE DIS- ALLOWANCE | ADJUST- MENT | |
|-------------|-------|--------------------------------------|---|-----------------------------------|--|-----------------------------------|--------------------------|--------------------------|-----------------|-----|
| LINE NO. | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | |
| 1 | 53 | ANESTHESIOLOGY | ASSOC ANESTESIO | | | | 81 | | 741,763 | 1 |
| 2 | 60 | LABORATORY | CENTRAL IL PATH | | | | 100 | | 16,102 | 2 |
| 3 | 76.97 | CARDIAC REHABILITATION | MEDICAL DIRECTO | | | | 72 | | 6,000 | 3 |
| 4 | 91 | EMERGENCY | SAINT FRANCIS M | | | | 77 | | 1,589,340 | 4 |
| 5 | 57 | CT SCAN | MEDICAL DIRECTO | | | | 105 | | 285 | 5 |
| 6 | 50 | OPERATING ROOM | MEDICAL DIRECTO | | | | 88 | | | 6 |
| 7 | 30 | ADULTS & PEDIATRICS | PEDS | | | | 63 | | | 7 |
| 8 | 30 | ADULTS & PEDIATRICS | OB/GYN | | | | 96 | | 6,017 | 8 |
| 9 | 70 | ELECTROENCEPHALOGRAPHY | SLEEP LAB | | | | 72 | | 8,077 | 9 |
| 10 | 70 | ELECTROENCEPHALOGRAPHY | SLEEP LAB | | | | 72 | | 1,923 | 10 |
| 200 | | TOTAL | | | | | 826 | | 2,369,507 | 200 |

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

| COST CENTER DESCRIPTION | NET EXP FOR COST ALLOCATION (FROM WKST A, COL.7) 0 | CAP BLDGS & FIXTURES 1 | CAP MOVABLE EQUIPMENT 2 | EMPLOYEE BENEFITS DEPARTMENT 4 | SUBTOTAL (COLS.0-4) 4A | |
|---|---|---------------------------------|----------------------------------|---|------------------------------|--------|
| GENERAL SERVICE COST CENTERS | | | | | | |
| 1 CAP REL COSTS-BLDG & FIXT | 1,263,655 | 1,263,655 | | | | 1 |
| 2 CAP REL COSTS-MVBLE EQUIP | 1,132,453 | | 1,132,453 | | | 2 |
| 4 EMPLOYEE BENEFITS DEPARTMENT | 7,032,871 | | 700 | 7,033,571 | | 4 |
| 5 ADMINISTRATIVE & GENERAL | 6,451,996 | 435,206 | 418,598 | 613,013 | 7,918,813 | 5 |
| 6 MAINTENANCE & REPAIRS | 128,165 | 10,625 | | 14,675 | 153,465 | 6 |
| 7 OPERATION OF PLANT | 1,305,499 | 84,528 | 70,119 | 105,949 | 1,566,095 | 7 |
| 8 LAUNDRY & LINEN SERVICE | 145,526 | 25,858 | | 5,600 | 176,984 | 8 |
| 9 HOUSEKEEPING | 483,161 | 25,197 | 11,994 | 138,799 | 659,151 | 9 |
| 10 DIETARY | 96,321 | 25,483 | 2,173 | 22,337 | 146,314 | 10 |
| 11 CAFETERIA | 322,552 | 14,335 | 9,805 | 101,179 | 447,871 | 11 |
| 12 MAINTENANCE OF PERSONNEL | | | | | | 12 |
| 13 NURSING ADMINISTRATION | 998,004 | 2,871 | 53,007 | 252,252 | 1,306,134 | 13 |
| 14 CENTRAL SERVICES & SUPPLY | | | | | | 14 |
| 15 PHARMACY | | | | | | 15 |
| 16 MEDICAL RECORDS & LIBRARY | 363,347 | 21,566 | 157 | 89,856 | 474,926 | 16 |
| 17 SOCIAL SERVICE | 122,938 | 5,199 | | 33,996 | 162,133 | 17 |
| 19 NONPHYSICIAN ANESTHETISTS | | | | | | 19 |
| 20 NURSING SCHOOL | | | | | | 20 |
| 21 I&R SERVICES-SALARY & FRINGES APPRVD | | | | | | 21 |
| 22 I&R SERVICES-OTHER PRGM COSTS APPRVD | | | | | | 22 |
| 23 PARAMED ED PRGM-(SPECIFY) | | | | | | 23 |
| INPATIENT ROUTINE SERV COST CENTERS | | | | | | |
| 30 ADULTS & PEDIATRICS | 2,450,660 | 156,221 | 55,181 | 643,522 | 3,305,584 | 30 |
| 31 INTENSIVE CARE UNIT | 884,103 | 27,732 | 34,086 | 204,031 | 1,149,952 | 31 |
| 43 NURSERY | | | | | | 43 |
| ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50 OPERATING ROOM | 2,129,293 | 143,168 | 251,458 | 456,475 | 2,980,394 | 50 |
| 53 ANESTHESIOLOGY | 56,851 | | 8,246 | | 65,097 | 53 |
| 54 RADIOLOGY-DIAGNOSTIC | 562,308 | 54,764 | 94,949 | 135,681 | 847,702 | 54 |
| 54.10 ULTRASONOGRAPHY | 262,218 | 2,841 | 9,335 | 62,465 | 336,859 | 54.10 |
| 54.20 MAMMOGRAPHY | 334,457 | | | 32,412 | 366,869 | 54.20 |
| 56 RADIOISOTOPE | 308,093 | 1,065 | 6,611 | 24,311 | 340,080 | 56 |
| 57 CT SCAN | 601,853 | 5,840 | 10,721 | 37,711 | 656,125 | 57 |
| 58 MRI | 489,478 | | | 20,276 | 509,754 | 58 |
| 60 LABORATORY | 1,334,589 | 12,460 | 22,457 | 247,857 | 1,617,363 | 60 |
| 62.30 BLOOD CLOTTING FOR HEMOPHILIACS | | | | | | 62.30 |
| 63 BLOOD STORING, PROCESSING & TRANS. | 144,528 | | | | 144,528 | 63 |
| 65 RESPIRATORY THERAPY | 300,858 | 4,124 | 5,115 | 80,866 | 390,963 | 65 |
| 66 PHYSICAL THERAPY | 859,507 | 47,207 | 12,916 | 232,378 | 1,152,008 | 66 |
| 67 OCCUPATIONAL THERAPY | 234,112 | 12,342 | 1,471 | 61,688 | 309,613 | 67 |
| 68 SPEECH PATHOLOGY | 339,897 | 17,945 | 16,770 | 70,087 | 444,699 | 68 |
| 69 ELECTROCARDIOLOGY | 273,148 | 2,289 | 4,122 | 62,985 | 342,544 | 69 |
| 70 ELECTROENCEPHALOGRAPHY | 282,367 | | 4,790 | 54,552 | 341,709 | 70 |
| 71 MEDICAL SUPPLIES CHARGED TO PATIENTS | 1,063,228 | 18,873 | 1,529 | 39,979 | 1,123,609 | 71 |
| 72 IMPL. DEV. CHARGED TO PATIENTS | 1,026,838 | | | | 1,026,838 | 72 |
| 73 DRUGS CHARGED TO PATIENTS | 1,334,623 | 10,043 | 2,875 | 158,639 | 1,506,180 | 73 |
| 74 RENAL DIALYSIS | | | | | | 74 |
| 76 DIABETES SERVICES | 71,853 | 1,016 | | 20,224 | 93,093 | 76 |
| 76.97 CARDIAC REHABILITATION | 46,961 | 13,141 | 1,562 | 14,218 | 75,882 | 76.97 |
| 76.98 HYPERBARIC OXYGEN THERAPY | | | | | | 76.98 |
| 76.99 LITHOTRIPSY | | | | | | 76.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 91 EMERGENCY | 1,409,612 | 52,859 | 21,706 | 356,982 | 1,841,159 | 91 |
| 92 OBSERVATION BEDS (NON-DISTINCT PART) | | | | | | 92 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 94 HOME PROGRAM DIALYSIS | | | | | | 94 |
| SPECIAL PURPOSE COST CENTERS | | | | | | |
| 118 SUBTOTALS (SUM OF LINES 1-117) | 36,647,923 | 1,234,798 | 1,132,453 | 4,394,995 | 33,980,490 | 118 |
| NONREIMBURSABLE COST CENTERS | | | | | | |
| 190 GIFT, FLOWER, COFFEE SHOP & CANTEEN | 36,084 | | | 5,561 | 41,645 | 190 |
| 192 PHYSICIANS' PRIVATE OFFICES | 20,878,412 | | | 2,577,965 | 23,456,377 | 192 |
| 192.01 CARDIAC PHASE III | 1,052 | 306 | | 279 | 1,637 | 192.01 |
| 192.02 FUND DEVELOPMENT | 634,798 | 3,769 | | 51,541 | 690,108 | 192.02 |
| 192.03 PULMONARY FUNCTION | 11,982 | | | 3,230 | 15,212 | 192.03 |
| 193 NONPAID WORKERS | | 24,782 | | | 24,782 | 193 |
| 194 CONTRACT NURSING | | | | | | 194 |
| 194.01 NON-PATIENT DIETARY | | | | | | 194.01 |
| 200 CROSS FOOT ADJUSTMENTS | | | | | | 200 |
| 201 NEGATIVE COST CENTER | | | | | | 201 |
| 202 TOTAL (SUM OF LINES 118-201) | 58,210,251 | 1,263,655 | 1,132,453 | 7,033,571 | 58,210,251 | 202 |

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

| COST CENTER DESCRIPTION | ADMINIS- TRATIVE & GENERAL 5 | MAIN- TENANCE & REPAIRS 6 | OPERATION OF PLANT 7 | LAUNDRY & LINEN SERVICE 8 | HOUSE- KEEPING 9 | |
|---|---------------------------------------|------------------------------------|----------------------------|------------------------------------|------------------------|--------|
| GENERAL SERVICE COST CENTERS | | | | | | |
| 1 CAP REL COSTS-BLDG & FIXT | | | | | | 1 |
| 2 CAP REL COSTS-MVBLE EQUIP | | | | | | 2 |
| 4 EMPLOYEE BENEFITS DEPARTMENT | | | | | | 4 |
| 5 ADMINISTRATIVE & GENERAL | 7,918,813 | | | | | 5 |
| 6 MAINTENANCE & REPAIRS | 24,164 | 177,629 | | | | 6 |
| 7 OPERATION OF PLANT | 246,594 | 13,730 | 1,826,419 | | | 7 |
| 8 LAUNDRY & LINEN SERVICE | 27,868 | 4,200 | 46,804 | 255,856 | | 8 |
| 9 HOUSEKEEPING | 103,789 | 4,093 | 45,608 | | 812,641 | 9 |
| 10 DIETARY | 23,038 | 4,139 | 46,126 | 2,340 | 21,617 | 10 |
| 11 CAFETERIA | 70,521 | 2,328 | 25,947 | | 12,160 | 11 |
| 12 MAINTENANCE OF PERSONNEL | | | | | | 12 |
| 13 NURSING ADMINISTRATION | 205,661 | 466 | 5,197 | | 2,435 | 13 |
| 14 CENTRAL SERVICES & SUPPLY | | | | | | 14 |
| 15 PHARMACY | | | | | | 15 |
| 16 MEDICAL RECORDS & LIBRARY | 74,781 | 3,503 | 39,036 | | 18,294 | 16 |
| 17 SOCIAL SERVICE | 25,529 | 845 | 9,411 | | 4,410 | 17 |
| 19 NONPHYSICIAN ANESTHETISTS | | | | | | 19 |
| 20 NURSING SCHOOL | | | | | | 20 |
| 21 I&R SERVICES-SALARY & FRINGES APPRVD | | | | | | 21 |
| 22 I&R SERVICES-OTHER PRGM COSTS APPRVD | | | | | | 22 |
| 23 PARAMED ED PRGM-(SPECIFY) | | | | | | 23 |
| INPATIENT ROUTINE SERV COST CENTERS | | | | | | |
| 30 ADULTS & PEDIATRICS | 520,491 | 25,375 | 282,772 | 84,750 | 132,521 | 30 |
| 31 INTENSIVE CARE UNIT | 181,069 | 4,505 | 50,197 | 18,360 | 23,525 | 31 |
| 43 NURSERY | | | | | | 43 |
| ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50 OPERATING ROOM | 469,287 | 23,255 | 259,147 | 53,265 | 121,449 | 50 |
| 53 ANESTHESIOLOGY | 10,250 | | | | | 53 |
| 54 RADIOLOGY-DIAGNOSTIC | 133,477 | 8,895 | 99,126 | 26,502 | 46,456 | 54 |
| 54.10 ULTRASONOGRAPHY | 53,041 | 462 | 5,143 | | 2,410 | 54.10 |
| 54.20 MAMMOGRAPHY | 57,766 | | | | | 54.20 |
| 56 RADIOISOTOPE | 53,548 | 173 | 1,929 | | 904 | 56 |
| 57 CT SCAN | 103,312 | 949 | 10,572 | | 4,954 | 57 |
| 58 MRI | 80,265 | | | | | 58 |
| 60 LABORATORY | 254,667 | 2,024 | 22,554 | | 10,570 | 60 |
| 62.30 BLOOD CLOTTING FOR HEMOPHILIACS | | | | | | 62.30 |
| 63 BLOOD STORING, PROCESSING & TRANS. | 22,757 | | | | | 63 |
| 65 RESPIRATORY THERAPY | 61,560 | 670 | 7,464 | | 3,498 | 65 |
| 66 PHYSICAL THERAPY | 181,393 | 7,668 | 85,448 | 11,255 | 40,045 | 66 |
| 67 OCCUPATIONAL THERAPY | 48,751 | 2,005 | 22,340 | | 10,469 | 67 |
| 68 SPEECH PATHOLOGY | 70,021 | 2,915 | 32,483 | | 15,223 | 68 |
| 69 ELECTROCARDIOLOGY | 53,936 | 372 | 4,143 | | 1,942 | 69 |
| 70 ELECTROENCEPHALOGRAPHY | 53,805 | | | | | 70 |
| 71 MEDICAL SUPPLIES CHARGED TO PATIENTS | 176,921 | 3,066 | 34,161 | | 16,010 | 71 |
| 72 IMPL. DEV. CHARGED TO PATIENTS | 161,684 | | | | | 72 |
| 73 DRUGS CHARGED TO PATIENTS | 237,160 | 1,631 | 18,179 | | 8,519 | 73 |
| 74 RENAL DIALYSIS | | | | | | 74 |
| 76 DIABETES SERVICES | 14,658 | 165 | 1,839 | | 862 | 76 |
| 76.97 CARDIAC REHABILITATION | 11,948 | 2,135 | 23,786 | | 11,147 | 76.97 |
| 76.98 HYPERBARIC OXYGEN THERAPY | | | | | | 76.98 |
| 76.99 LITHOTRIPSY | | | | | | 76.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 91 EMERGENCY | 289,905 | 8,586 | 95,680 | 58,086 | 44,840 | 91 |
| 92 OBSERVATION BEDS (NON-DISTINCT PART) | | | | | | 92 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 94 HOME PROGRAM DIALYSIS | | | | | | 94 |
| SPECIAL PURPOSE COST CENTERS | | | | | | |
| 118 SUBTOTALS (SUM OF LINES 1-117) | 4,103,617 | 128,155 | 1,275,092 | 254,558 | 554,260 | 118 |
| NONREIMBURSABLE COST CENTERS | | | | | | |
| 190 GIFT, FLOWER, COFFEE SHOP & CANTEEN | 6,557 | 607 | 6,768 | | 3,172 | 190 |
| 192 PHYSICIANS' PRIVATE OFFICES | 3,693,421 | 41,359 | 460,896 | 1,298 | 216,001 | 192 |
| 192.01 CARDIAC PHASE III | 258 | 50 | 554 | | 259 | 192.01 |
| 192.02 FUND DEVELOPMENT | 108,663 | 3,433 | 38,251 | | 17,926 | 192.02 |
| 192.03 PULMONARY FUNCTION | 2,395 | | | | | 192.03 |
| 193 NONPAID WORKERS | 3,902 | 4,025 | 44,858 | | 21,023 | 193 |
| 194 CONTRACT NURSING | | | | | | 194 |
| 194.01 NON-PATIENT DIETARY | | | | | | 194.01 |
| 200 CROSS FOOT ADJUSTMENTS | | | | | | 200 |
| 201 NEGATIVE COST CENTER | | | | | | 201 |
| 202 TOTAL (SUM OF LINES 118-201) | 7,918,813 | 177,629 | 1,826,419 | 255,856 | 812,641 | 202 |

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

| COST CENTER DESCRIPTION | DIETARY | CAFETERIA | NURSING ADMINIS- TRATION | MEDICAL RECORDS + LIBRARY | SOCIAL SERVICE | |
|---|---------|-----------|--------------------------------|---------------------------------|-------------------|--------|
| | 10 | 11 | 13 | 16 | 17 | |
| GENERAL SERVICE COST CENTERS | | | | | | |
| 1 CAP REL COSTS-BLDG & FIXT | | | | | | 1 |
| 2 CAP REL COSTS-MVBLE EQUIP | | | | | | 2 |
| 4 EMPLOYEE BENEFITS DEPARTMENT | | | | | | 4 |
| 5 ADMINISTRATIVE & GENERAL | | | | | | 5 |
| 6 MAINTENANCE & REPAIRS | | | | | | 6 |
| 7 OPERATION OF PLANT | | | | | | 7 |
| 8 LAUNDRY & LINEN SERVICE | | | | | | 8 |
| 9 HOUSEKEEPING | | | | | | 9 |
| 10 DIETARY | 243,574 | | | | | 10 |
| 11 CAFETERIA | | 558,827 | | | | 11 |
| 12 MAINTENANCE OF PERSONNEL | | | | | | 12 |
| 13 NURSING ADMINISTRATION | | 27,431 | 1,547,324 | | | 13 |
| 14 CENTRAL SERVICES & SUPPLY | | | | | | 14 |
| 15 PHARMACY | | | | | | 15 |
| 16 MEDICAL RECORDS & LIBRARY | | 17,179 | | 627,719 | | 16 |
| 17 SOCIAL SERVICE | | 5,680 | | | 208,008 | 17 |
| 19 NONPHYSICIAN ANESTHETISTS | | | | | | 19 |
| 20 NURSING SCHOOL | | | | | | 20 |
| 21 I&R SERVICES-SALARY & FRINGES APPRVD | | | | | | 21 |
| 22 I&R SERVICES-OTHER PRGM COSTS APPRVD | | | | | | 22 |
| 23 PARAMED ED PRGM-(SPECIFY) | | | | | | 23 |
| INPATIENT ROUTINE SERV COST CENTERS | | | | | | |
| 30 ADULTS & PEDIATRICS | 190,830 | 97,648 | 602,655 | 32,688 | 154,151 | 30 |
| 31 INTENSIVE CARE UNIT | 42,116 | 26,069 | 160,889 | 11,680 | 53,857 | 31 |
| 43 NURSERY | | | | | | 43 |
| ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50 OPERATING ROOM | 10,628 | 71,510 | 441,339 | 63,385 | | 50 |
| 53 ANESTHESIOLOGY | | | | 7,304 | | 53 |
| 54 RADIOLOGY-DIAGNOSTIC | | 24,337 | | 24,621 | | 54 |
| 54.10 ULTRASONOGRAPHY | | 7,296 | | 14,592 | | 54.10 |
| 54.20 MAMMOGRAPHY | | 4,826 | | 8,691 | | 54.20 |
| 56 RADIOISOTOPE | | 3,210 | | 16,702 | | 56 |
| 57 CT SCAN | | 5,565 | | 79,357 | | 57 |
| 58 MRI | | 3,579 | | 39,593 | | 58 |
| 60 LABORATORY | | 45,026 | | 116,422 | | 60 |
| 62.30 BLOOD CLOTTING FOR HEMOPHILIACS | | | | | | 62.30 |
| 63 BLOOD STORING, PROCESSING & TRANS. | | | | 1,829 | | 63 |
| 65 RESPIRATORY THERAPY | | 11,476 | | 5,374 | | 65 |
| 66 PHYSICAL THERAPY | | 31,356 | | 16,356 | | 66 |
| 67 OCCUPATIONAL THERAPY | | 8,243 | | 5,551 | | 67 |
| 68 SPEECH PATHOLOGY | | 8,913 | | 3,320 | | 68 |
| 69 ELECTROCARDIOLOGY | | 9,952 | | 22,989 | | 69 |
| 70 ELECTROENCEPHALOGRAPHY | | | | 7,700 | | 70 |
| 71 MEDICAL SUPPLIES CHARGED TO PATIENTS | | 9,259 | | 43,405 | | 71 |
| 72 IMPL. DEV. CHARGED TO PATIENTS | | | | 25,464 | | 72 |
| 73 DRUGS CHARGED TO PATIENTS | | 13,046 | | 38,600 | | 73 |
| 74 RENAL DIALYSIS | | | | | | 74 |
| 76 DIABETES SERVICES | | 2,956 | 18,241 | 721 | | 76 |
| 76.97 CARDIAC REHABILITATION | | 1,662 | | 905 | | 76.97 |
| 76.98 HYPERBARIC OXYGEN THERAPY | | | | | | 76.98 |
| 76.99 LITHOTRIPSY | | | | | | 76.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 91 EMERGENCY | | 52,530 | 324,200 | 40,470 | | 91 |
| 92 OBSERVATION BEDS (NON-DISTINCT PART) | | | | | | 92 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 94 HOME PROGRAM DIALYSIS | | | | | | 94 |
| SPECIAL PURPOSE COST CENTERS | | | | | | |
| 118 SUBTOTALS (SUM OF LINES 1-117) | 243,574 | 488,749 | 1,547,324 | 627,719 | 208,008 | 118 |
| NONREIMBURSABLE COST CENTERS | | | | | | |
| 190 GIFT, FLOWER, COFFEE SHOP & CANTEEN | | | | | | 190 |
| 192 PHYSICIANS' PRIVATE OFFICES | | 69,547 | | | | 192 |
| 192.01 CARDIAC PHASE III | | | | | | 192.01 |
| 192.02 FUND DEVELOPMENT | | | 115 | | | 192.02 |
| 192.03 PULMONARY FUNCTION | | | 416 | | | 192.03 |
| 193 NONPAID WORKERS | | | | | | 193 |
| 194 CONTRACT NURSING | | | | | | 194 |
| 194.01 NON-PATIENT DIETARY | | | | | | 194.01 |
| 200 CROSS FOOT ADJUSTMENTS | | | | | | 200 |
| 201 NEGATIVE COST CENTER | | | | | | 201 |
| 202 TOTAL (SUM OF LINES 118-201) | 243,574 | 558,827 | 1,547,324 | 627,719 | 208,008 | 202 |

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

| COST CENTER DESCRIPTION | SUBTOTAL 24 | I&R COST & POST STEP- DOWN ADJS 25 | TOTAL 26 | |
|---|----------------|---|-------------|--------|
| GENERAL SERVICE COST CENTERS | | | | |
| 1 CAP REL COSTS-BLDG & FIXT | | | | 1 |
| 2 CAP REL COSTS-MVBLE EQUIP | | | | 2 |
| 4 EMPLOYEE BENEFITS DEPARTMENT | | | | 4 |
| 5 ADMINISTRATIVE & GENERAL | | | | 5 |
| 6 MAINTENANCE & REPAIRS | | | | 6 |
| 7 OPERATION OF PLANT | | | | 7 |
| 8 LAUNDRY & LINEN SERVICE | | | | 8 |
| 9 HOUSEKEEPING | | | | 9 |
| 10 DIETARY | | | | 10 |
| 11 CAFETERIA | | | | 11 |
| 12 MAINTENANCE OF PERSONNEL | | | | 12 |
| 13 NURSING ADMINISTRATION | | | | 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 SERVICES-SALARY & FRINGES APPRVD | | | | 21 |
| 22 I&R SERVICES-OTHER PRGM COSTS APPRVD | | | | 22 |
| 23 PARAMED ED PRGM-(SPECIFY) | | | | 23 |
| INPATIENT ROUTINE SERV COST CENTERS | | | | |
| 30 ADULTS & PEDIATRICS | 5,429,465 | | 5,429,465 | 30 |
| 31 INTENSIVE CARE UNIT | 1,722,219 | | 1,722,219 | 31 |
| 43 NURSERY | | | | 43 |
| ANCILLARY SERVICE COST CENTERS | | | | |
| 50 OPERATING ROOM | 4,493,659 | | 4,493,659 | 50 |
| 53 ANESTHESIOLOGY | 82,651 | | 82,651 | 53 |
| 54 RADIOLOGY-DIAGNOSTIC | 1,211,116 | | 1,211,116 | 54 |
| 54.10 ULTRASONOGRAPHY | 419,803 | | 419,803 | 54.10 |
| 54.20 MAMMOGRAPHY | 438,152 | | 438,152 | 54.20 |
| 56 RADIOISOTOPE | 416,546 | | 416,546 | 56 |
| 57 CT SCAN | 860,834 | | 860,834 | 57 |
| 58 MRI | 633,191 | | 633,191 | 58 |
| 60 LABORATORY | 2,068,626 | | 2,068,626 | 60 |
| 62.30 BLOOD CLOTTING FOR HEMOPHILIACS | | | | 62.30 |
| 63 BLOOD STORING, PROCESSING & TRANS. | 169,114 | | 169,114 | 63 |
| 65 RESPIRATORY THERAPY | 481,005 | | 481,005 | 65 |
| 66 PHYSICAL THERAPY | 1,525,529 | | 1,525,529 | 66 |
| 67 OCCUPATIONAL THERAPY | 406,972 | | 406,972 | 67 |
| 68 SPEECH PATHOLOGY | 577,574 | | 577,574 | 68 |
| 69 ELECTROCARDIOLOGY | 435,878 | | 435,878 | 69 |
| 70 ELECTROENCEPHALOGRAPHY | 403,214 | | 403,214 | 70 |
| 71 MEDICAL SUPPLIES CHARGED TO PATIENTS | 1,406,431 | | 1,406,431 | 71 |
| 72 IMPL. DEV. CHARGED TO PATIENTS | 1,213,986 | | 1,213,986 | 72 |
| 73 DRUGS CHARGED TO PATIENTS | 1,823,315 | | 1,823,315 | 73 |
| 74 RENAL DIALYSIS | | | | 74 |
| 76 DIABETES SERVICES | 132,535 | | 132,535 | 76 |
| 76.97 CARDIAC REHABILITATION | 127,465 | | 127,465 | 76.97 |
| 76.98 HYPERBARIC OXYGEN THERAPY | | | | 76.98 |
| 76.99 LITHOTRIPSY | | | | 76.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | |
| 91 EMERGENCY | 2,755,456 | | 2,755,456 | 91 |
| 92 OBSERVATION BEDS (NON-DISTINCT PART) | | | | 92 |
| OTHER REIMBURSABLE COST CENTERS | | | | |
| 94 HOME PROGRAM DIALYSIS | | | | 94 |
| SPECIAL PURPOSE COST CENTERS | | | | |
| 118 SUBTOTALS (SUM OF LINES 1-117) | 29,234,736 | | 29,234,736 | 118 |
| NONREIMBURSABLE COST CENTERS | | | | |
| 190 GIFT, FLOWER, COFFEE SHOP & CANTEEN | 58,749 | | 58,749 | 190 |
| 192 PHYSICIANS' PRIVATE OFFICES | 27,938,899 | | 27,938,899 | 192 |
| 192.01 CARDIAC PHASE III | 2,758 | | 2,758 | 192.01 |
| 192.02 FUND DEVELOPMENT | 858,496 | | 858,496 | 192.02 |
| 192.03 PULMONARY FUNCTION | 18,023 | | 18,023 | 192.03 |
| 193 NONPAID WORKERS | 98,590 | | 98,590 | 193 |
| 194 CONTRACT NURSING | | | | 194 |
| 194.01 NON-PATIENT DIETARY | | | | 194.01 |
| 200 CROSS FOOT ADJUSTMENTS | | | | 200 |
| 201 NEGATIVE COST CENTER | | | | 201 |
| 202 TOTAL (SUM OF LINES 118-201) | 58,210,251 | | 58,210,251 | 202 |

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

| COST CENTER DESCRIPTION | DIR ASSGND CAP-REL COSTS 0 | CAP BLDGS & FIXTURES 1 | CAP MOVABLE EQUIPMENT 2 | SUBTOTAL 2A | EMPLOYEE BENEFITS DEPARTMENT 4 | |
|---|-------------------------------------|---------------------------------|----------------------------------|----------------|---|--------|
| GENERAL SERVICE COST CENTERS | | | | | | |
| 1 CAP REL COSTS-BLDG & FIXT | | | | | | 1 |
| 2 CAP REL COSTS-MVBLE EQUIP | | | | | | 2 |
| 4 EMPLOYEE BENEFITS DEPARTMENT | | | 700 | 700 | 700 | 4 |
| 5 ADMINISTRATIVE & GENERAL | 1,649,116 | 435,206 | 418,598 | 2,502,920 | 60 | 5 |
| 6 MAINTENANCE & REPAIRS | | 10,625 | | 10,625 | 1 | 6 |
| 7 OPERATION OF PLANT | 372 | 84,528 | 70,119 | 155,019 | 10 | 7 |
| 8 LAUNDRY & LINEN SERVICE | | 25,858 | | 25,858 | 1 | 8 |
| 9 HOUSEKEEPING | | 25,197 | 11,994 | 37,191 | 14 | 9 |
| 10 DIETARY | | 25,483 | 2,173 | 27,656 | 2 | 10 |
| 11 CAFETERIA | | 14,335 | 9,805 | 24,140 | 10 | 11 |
| 12 MAINTENANCE OF PERSONNEL | | | | | | 12 |
| 13 NURSING ADMINISTRATION | | 2,871 | 53,007 | 55,878 | 25 | 13 |
| 14 CENTRAL SERVICES & SUPPLY | | | | | | 14 |
| 15 PHARMACY | | | | | | 15 |
| 16 MEDICAL RECORDS & LIBRARY | 1,730 | 21,566 | 157 | 23,453 | 9 | 16 |
| 17 SOCIAL SERVICE | | 5,199 | | 5,199 | 3 | 17 |
| 19 NONPHYSICIAN ANESTHETISTS | | | | | | 19 |
| 20 NURSING SCHOOL | | | | | | 20 |
| 21 I&R SERVICES-SALARY & FRINGES APPRVD | | | | | | 21 |
| 22 I&R SERVICES-OTHER PRGM COSTS APPRVD | | | | | | 22 |
| 23 PARAMED ED PRGM-(SPECIFY) | | | | | | 23 |
| INPATIENT ROUTINE SERV COST CENTERS | | | | | | |
| 30 ADULTS & PEDIATRICS | 4,909 | 156,221 | 55,181 | 216,311 | 63 | 30 |
| 31 INTENSIVE CARE UNIT | | 27,732 | 34,086 | 61,818 | 20 | 31 |
| 43 NURSERY | | | | | | 43 |
| ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50 OPERATING ROOM | 1,386 | 143,168 | 251,458 | 396,012 | 45 | 50 |
| 53 ANESTHESIOLOGY | | | 8,246 | 8,246 | | 53 |
| 54 RADIOLOGY-DIAGNOSTIC | | 54,764 | 94,949 | 149,713 | 13 | 54 |
| 54.10 ULTRASONOGRAPHY | | 2,841 | 9,335 | 12,176 | 6 | 54.10 |
| 54.20 MAMMOGRAPHY | 124,640 | | | 124,640 | 3 | 54.20 |
| 56 RADIOISOTOPE | | 1,065 | 6,611 | 7,676 | 2 | 56 |
| 57 CT SCAN | 260,702 | 5,840 | 10,721 | 277,263 | 4 | 57 |
| 58 MRI | | | | | 2 | 58 |
| 60 LABORATORY | | 12,460 | 22,457 | 34,917 | 24 | 60 |
| 62.30 BLOOD CLOTTING FOR HEMOPHILIACS | | | | | | 62.30 |
| 63 BLOOD STORING, PROCESSING & TRANS. | | | | | | 63 |
| 65 RESPIRATORY THERAPY | 2,195 | 4,124 | 5,115 | 11,434 | 8 | 65 |
| 66 PHYSICAL THERAPY | 1,802 | 47,207 | 12,916 | 61,925 | 23 | 66 |
| 67 OCCUPATIONAL THERAPY | 285 | 12,342 | 1,471 | 14,098 | 6 | 67 |
| 68 SPEECH PATHOLOGY | 414 | 17,945 | 16,770 | 35,129 | 7 | 68 |
| 69 ELECTROCARDIOLOGY | | 2,289 | 4,122 | 6,411 | 6 | 69 |
| 70 ELECTROENCEPHALOGRAPHY | 36,942 | | 4,790 | 41,732 | 5 | 70 |
| 71 MEDICAL SUPPLIES CHARGED TO PATIENTS | 815 | 18,873 | 1,529 | 21,217 | 4 | 71 |
| 72 IMPL. DEV. CHARGED TO PATIENTS | | | | | | 72 |
| 73 DRUGS CHARGED TO PATIENTS | | 10,043 | 2,875 | 12,918 | 16 | 73 |
| 74 RENAL DIALYSIS | | | | | | 74 |
| 76 DIABETES SERVICES | | 1,016 | | 1,016 | 2 | 76 |
| 76.97 CARDIAC REHABILITATION | | 13,141 | 1,562 | 14,703 | 1 | 76.97 |
| 76.98 HYPERBARIC OXYGEN THERAPY | | | | | | 76.98 |
| 76.99 LITHOTRIPSY | | | | | | 76.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 91 EMERGENCY | 3,290 | 52,859 | 21,706 | 77,855 | 35 | 91 |
| 92 OBSERVATION BEDS (NON-DISTINCT PART) | | | | | | 92 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 94 HOME PROGRAM DIALYSIS | | | | | | 94 |
| SPECIAL PURPOSE COST CENTERS | | | | | | |
| 118 SUBTOTALS (SUM OF LINES 1-117) | 2,088,598 | 1,234,798 | 1,132,453 | 4,455,849 | 430 | 118 |
| NONREIMBURSABLE COST CENTERS | | | | | | |
| 190 GIFT, FLOWER, COFFEE SHOP & CANTEEN | | | | | | 190 |
| 192 PHYSICIANS' PRIVATE OFFICES | 219,202 | | | 219,202 | 264 | 192 |
| 192.01 CARDIAC PHASE III | | 306 | | 306 | | 192.01 |
| 192.02 FUND DEVELOPMENT | | 3,769 | | 3,769 | 5 | 192.02 |
| 192.03 PULMONARY FUNCTION | | | | | | 192.03 |
| 193 NONPAID WORKERS | | 24,782 | | 24,782 | | 193 |
| 194 CONTRACT NURSING | | | | | | 194 |
| 194.01 NON-PATIENT DIETARY | | | | | | 194.01 |
| 200 CROSS FOOT ADJUSTMENTS | | | | | | 200 |
| 201 NEGATIVE COST CENTER | | | | | | 201 |
| 202 TOTAL (SUM OF LINES 118-201) | 2,307,800 | 1,263,655 | 1,132,453 | 4,703,908 | 700 | 202 |

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

| COST CENTER DESCRIPTION | ADMINIS- TRATIVE & GENERAL 5 | MAIN- TENANCE & REPAIRS 6 | OPERATION OF PLANT 7 | LAUNDRY & LINEN SERVICE 8 | HOUSE- KEEPING 9 | |
|---|---------------------------------------|------------------------------------|----------------------------|------------------------------------|------------------------|--------|
| GENERAL SERVICE COST CENTERS | | | | | | |
| 1 CAP REL COSTS-BLDG & FIXT | | | | | | 1 |
| 2 CAP REL COSTS-MVBLE EQUIP | | | | | | 2 |
| 4 EMPLOYEE BENEFITS DEPARTMENT | | | | | | 4 |
| 5 ADMINISTRATIVE & GENERAL | 2,502,980 | | | | | 5 |
| 6 MAINTENANCE & REPAIRS | 7,638 | 18,264 | | | | 6 |
| 7 OPERATION OF PLANT | 77,945 | 1,412 | 234,386 | | | 7 |
| 8 LAUNDRY & LINEN SERVICE | 8,808 | 432 | 6,006 | 41,105 | | 8 |
| 9 HOUSEKEEPING | 32,806 | 421 | 5,853 | | 76,285 | 9 |
| 10 DIETARY | 7,282 | 426 | 5,919 | 376 | 2,029 | 10 |
| 11 CAFETERIA | 22,291 | 239 | 3,330 | | 1,141 | 11 |
| 12 MAINTENANCE OF PERSONNEL | | | | | | 12 |
| 13 NURSING ADMINISTRATION | 65,006 | 48 | 667 | | 229 | 13 |
| 14 CENTRAL SERVICES & SUPPLY | | | | | | 14 |
| 15 PHARMACY | | | | | | 15 |
| 16 MEDICAL RECORDS & LIBRARY | 23,637 | 360 | 5,010 | | 1,717 | 16 |
| 17 SOCIAL SERVICE | 8,069 | 87 | 1,208 | | 414 | 17 |
| 19 NONPHYSICIAN ANESTHETISTS | | | | | | 19 |
| 20 NURSING SCHOOL | | | | | | 20 |
| 21 I&R SERVICES-SALARY & FRINGES APPRVD | | | | | | 21 |
| 22 I&R SERVICES-OTHER PRGM COSTS APPRVD | | | | | | 22 |
| 23 PARAMED ED PRGM-(SPECIFY) | | | | | | 23 |
| INPATIENT ROUTINE SERV COST CENTERS | | | | | | |
| 30 ADULTS & PEDIATRICS | 164,519 | 2,609 | 36,288 | 13,615 | 12,440 | 30 |
| 31 INTENSIVE CARE UNIT | 57,233 | 463 | 6,442 | 2,950 | 2,208 | 31 |
| 43 NURSERY | | | | | | 43 |
| ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50 OPERATING ROOM | 148,334 | 2,391 | 33,257 | 8,557 | 11,401 | 50 |
| 53 ANESTHESIOLOGY | 3,240 | | | | | 53 |
| 54 RADIOLOGY-DIAGNOSTIC | 42,190 | 915 | 12,721 | 4,258 | 4,361 | 54 |
| 54.10 ULTRASONOGRAPHY | 16,765 | 47 | 660 | | 226 | 54.10 |
| 54.20 MAMMOGRAPHY | 18,259 | | | | | 54.20 |
| 56 RADIOISOTOPE | 16,926 | 18 | 247 | | 85 | 56 |
| 57 CT SCAN | 32,655 | 98 | 1,357 | | 465 | 57 |
| 58 MRI | 25,370 | | | | | 58 |
| 60 LABORATORY | 80,496 | 208 | 2,894 | | 992 | 60 |
| 62.30 BLOOD CLOTTING FOR HEMOPHILIACS | | | | | | 62.30 |
| 63 BLOOD STORING, PROCESSING & TRANS. | 7,193 | | | | | 63 |
| 65 RESPIRATORY THERAPY | 19,458 | 69 | 958 | | 328 | 65 |
| 66 PHYSICAL THERAPY | 57,335 | 788 | 10,966 | 1,808 | 3,759 | 66 |
| 67 OCCUPATIONAL THERAPY | 15,409 | 206 | 2,867 | | 983 | 67 |
| 68 SPEECH PATHOLOGY | 22,133 | 300 | 4,169 | | 1,429 | 68 |
| 69 ELECTROCARDIOLOGY | 17,048 | 38 | 532 | | 182 | 69 |
| 70 ELECTROENCEPHALOGRAPHY | 17,007 | | | | | 70 |
| 71 MEDICAL SUPPLIES CHARGED TO PATIENTS | 55,922 | 315 | 4,384 | | 1,503 | 71 |
| 72 IMPL. DEV. CHARGED TO PATIENTS | 51,106 | | | | | 72 |
| 73 DRUGS CHARGED TO PATIENTS | 74,963 | 168 | 2,333 | | 800 | 73 |
| 74 RENAL DIALYSIS | | | | | | 74 |
| 76 DIABETES SERVICES | 4,633 | 17 | 236 | | 81 | 76 |
| 76.97 CARDIAC REHABILITATION | 3,777 | 219 | 3,052 | | 1,046 | 76.97 |
| 76.98 HYPERBARIC OXYGEN THERAPY | | | | | | 76.98 |
| 76.99 LITHOTRIPSY | | | | | | 76.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 91 EMERGENCY | 91,634 | 883 | 12,279 | 9,332 | 4,209 | 91 |
| 92 OBSERVATION BEDS (NON-DISTINCT PART) | | | | | | 92 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 94 HOME PROGRAM DIALYSIS | | | | | | 94 |
| SPECIAL PURPOSE COST CENTERS | | | | | | |
| 118 SUBTOTALS (SUM OF LINES 1-117) | 1,297,087 | 13,177 | 163,635 | 40,896 | 52,028 | 118 |
| NONREIMBURSABLE COST CENTERS | | | | | | |
| 190 GIFT, FLOWER, COFFEE SHOP & CANTEEN | 2,073 | 62 | 869 | | 298 | 190 |
| 192 PHYSICIANS' PRIVATE OFFICES | 1,167,402 | 4,253 | 59,145 | 209 | 20,279 | 192 |
| 192.01 CARDIAC PHASE III | 81 | 5 | 71 | | 24 | 192.01 |
| 192.02 FUND DEVELOPMENT | 34,347 | 353 | 4,909 | | 1,683 | 192.02 |
| 192.03 PULMONARY FUNCTION | 757 | | | | | 192.03 |
| 193 NONPAID WORKERS | 1,233 | 414 | 5,757 | | 1,973 | 193 |
| 194 CONTRACT NURSING | | | | | | 194 |
| 194.01 NON-PATIENT DIETARY | | | | | | 194.01 |
| 200 CROSS FOOT ADJUSTMENTS | | | | | | 200 |
| 201 NEGATIVE COST CENTER | | | | | | 201 |
| 202 TOTAL (SUM OF LINES 118-201) | 2,502,980 | 18,264 | 234,386 | 41,105 | 76,285 | 202 |

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

| COST CENTER DESCRIPTION | DIETARY | CAFETERIA | NURSING ADMINIS- TRATION | MEDICAL RECORDS + LIBRARY | SOCIAL SERVICE | |
|---|---------|-----------|--------------------------------|---------------------------------|-------------------|--------|
| | 10 | 11 | 13 | 16 | 17 | |
| GENERAL SERVICE COST CENTERS | | | | | | |
| 1 CAP REL COSTS-BLDG & FIXT | | | | | | 1 |
| 2 CAP REL COSTS-MVBLE EQUIP | | | | | | 2 |
| 4 EMPLOYEE BENEFITS DEPARTMENT | | | | | | 4 |
| 5 ADMINISTRATIVE & GENERAL | | | | | | 5 |
| 6 MAINTENANCE & REPAIRS | | | | | | 6 |
| 7 OPERATION OF PLANT | | | | | | 7 |
| 8 LAUNDRY & LINEN SERVICE | | | | | | 8 |
| 9 HOUSEKEEPING | | | | | | 9 |
| 10 DIETARY | 43,690 | | | | | 10 |
| 11 CAFETERIA | | 51,151 | | | | 11 |
| 12 MAINTENANCE OF PERSONNEL | | | | | | 12 |
| 13 NURSING ADMINISTRATION | | 2,511 | 124,364 | | | 13 |
| 14 CENTRAL SERVICES & SUPPLY | | | | | | 14 |
| 15 PHARMACY | | | | | | 15 |
| 16 MEDICAL RECORDS & LIBRARY | | 1,572 | | 55,758 | | 16 |
| 17 SOCIAL SERVICE | | 520 | | | 15,500 | 17 |
| 19 NONPHYSICIAN ANESTHETISTS | | | | | | 19 |
| 20 NURSING SCHOOL | | | | | | 20 |
| 21 I&R SERVICES-SALARY & FRINGES APPRVD | | | | | | 21 |
| 22 I&R SERVICES-OTHER PRGM COSTS APPRVD | | | | | | 22 |
| 23 PARAMED ED PRGM-(SPECIFY) | | | | | | 23 |
| INPATIENT ROUTINE SERV COST CENTERS | | | | | | |
| 30 ADULTS & PEDIATRICS | 34,230 | 8,936 | 48,438 | 2,905 | 11,487 | 30 |
| 31 INTENSIVE CARE UNIT | 7,554 | 2,386 | 12,931 | 1,038 | 4,013 | 31 |
| 43 NURSERY | | | | | | 43 |
| ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50 OPERATING ROOM | 1,906 | 6,546 | 35,472 | 5,633 | | 50 |
| 53 ANESTHESIOLOGY | | | | 649 | | 53 |
| 54 RADIOLOGY-DIAGNOSTIC | | 2,228 | | 2,188 | | 54 |
| 54.10 ULTRASONOGRAPHY | | 668 | | 1,297 | | 54.10 |
| 54.20 MAMMOGRAPHY | | 442 | | 772 | | 54.20 |
| 56 RADIOISOTOPE | | 294 | | 1,484 | | 56 |
| 57 CT SCAN | | 509 | | 7,053 | | 57 |
| 58 MRI | | 328 | | 3,519 | | 58 |
| 60 LABORATORY | | 4,121 | | 10,317 | | 60 |
| 62.30 BLOOD CLOTTING FOR HEMOPHILIACS | | | | | | 62.30 |
| 63 BLOOD STORING, PROCESSING & TRANS. | | | | 163 | | 63 |
| 65 RESPIRATORY THERAPY | | 1,050 | | 478 | | 65 |
| 66 PHYSICAL THERAPY | | 2,870 | | 1,454 | | 66 |
| 67 OCCUPATIONAL THERAPY | | 755 | | 493 | | 67 |
| 68 SPEECH PATHOLOGY | | 816 | | 295 | | 68 |
| 69 ELECTROCARDIOLOGY | | 911 | | 2,043 | | 69 |
| 70 ELECTROENCEPHALOGRAPHY | | | | 684 | | 70 |
| 71 MEDICAL SUPPLIES CHARGED TO PATIENTS | | 848 | | 3,858 | | 71 |
| 72 IMPL. DEV. CHARGED TO PATIENTS | | | | 2,263 | | 72 |
| 73 DRUGS CHARGED TO PATIENTS | | 1,194 | | 3,431 | | 73 |
| 74 RENAL DIALYSIS | | | | | | 74 |
| 76 DIABETES SERVICES | | 271 | 1,466 | 64 | | 76 |
| 76.97 CARDIAC REHABILITATION | | 152 | | 80 | | 76.97 |
| 76.98 HYPERBARIC OXYGEN THERAPY | | | | | | 76.98 |
| 76.99 LITHOTRIPSY | | | | | | 76.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 91 EMERGENCY | | 4,808 | 26,057 | 3,597 | | 91 |
| 92 OBSERVATION BEDS (NON-DISTINCT PART) | | | | | | 92 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 94 HOME PROGRAM DIALYSIS | | | | | | 94 |
| SPECIAL PURPOSE COST CENTERS | | | | | | |
| 118 SUBTOTALS (SUM OF LINES 1-117) | 43,690 | 44,736 | 124,364 | 55,758 | 15,500 | 118 |
| NONREIMBURSABLE COST CENTERS | | | | | | |
| 190 GIFT, FLOWER, COFFEE SHOP & CANTEEN | | | | | | 190 |
| 192 PHYSICIANS' PRIVATE OFFICES | | 6,366 | | | | 192 |
| 192.01 CARDIAC PHASE III | | | | | | 192.01 |
| 192.02 FUND DEVELOPMENT | | | 11 | | | 192.02 |
| 192.03 PULMONARY FUNCTION | | | 38 | | | 192.03 |
| 193 NONPAID WORKERS | | | | | | 193 |
| 194 CONTRACT NURSING | | | | | | 194 |
| 194.01 NON-PATIENT DIETARY | | | | | | 194.01 |
| 200 CROSS FOOT ADJUSTMENTS | | | | | | 200 |
| 201 NEGATIVE COST CENTER | | | | | | 201 |
| 202 TOTAL (SUM OF LINES 118-201) | 43,690 | 51,151 | 124,364 | 55,758 | 15,500 | 202 |

ALLOCATION OF CAPITAL-RELATED COSTS

WORKSHEET B
 PART II

| COST CENTER DESCRIPTION | SUBTOTAL 24 | I&R COST & POST STEP- DOWN ADJS 25 | TOTAL 26 | |
|---|----------------|---|-------------|--------|
| GENERAL SERVICE COST CENTERS | | | | |
| 1 CAP REL COSTS-BLDG & FIXT | | | | 1 |
| 2 CAP REL COSTS-MVBLE EQUIP | | | | 2 |
| 4 EMPLOYEE BENEFITS DEPARTMENT | | | | 4 |
| 5 ADMINISTRATIVE & GENERAL | | | | 5 |
| 6 MAINTENANCE & REPAIRS | | | | 6 |
| 7 OPERATION OF PLANT | | | | 7 |
| 8 LAUNDRY & LINEN SERVICE | | | | 8 |
| 9 HOUSEKEEPING | | | | 9 |
| 10 DIETARY | | | | 10 |
| 11 CAFETERIA | | | | 11 |
| 12 MAINTENANCE OF PERSONNEL | | | | 12 |
| 13 NURSING ADMINISTRATION | | | | 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 SERVICES-SALARY & FRINGES APPRVD | | | | 21 |
| 22 I&R SERVICES-OTHER PRGM COSTS APPRVD | | | | 22 |
| 23 PARAMED ED PRGM-(SPECIFY) | | | | 23 |
| INPATIENT ROUTINE SERV COST CENTERS | | | | |
| 30 ADULTS & PEDIATRICS | 551,841 | | 551,841 | 30 |
| 31 INTENSIVE CARE UNIT | 159,056 | | 159,056 | 31 |
| 43 NURSERY | | | | 43 |
| ANCILLARY SERVICE COST CENTERS | | | | |
| 50 OPERATING ROOM | 649,554 | | 649,554 | 50 |
| 53 ANESTHESIOLOGY | 12,135 | | 12,135 | 53 |
| 54 RADIOLOGY-DIAGNOSTIC | 218,587 | | 218,587 | 54 |
| 54.10 ULTRASONOGRAPHY | 31,845 | | 31,845 | 54.10 |
| 54.20 MAMMOGRAPHY | 144,116 | | 144,116 | 54.20 |
| 56 RADIOISOTOPE | 26,732 | | 26,732 | 56 |
| 57 CT SCAN | 319,404 | | 319,404 | 57 |
| 58 MRI | 29,219 | | 29,219 | 58 |
| 60 LABORATORY | 133,969 | | 133,969 | 60 |
| 62.30 BLOOD CLOTTING FOR HEMOPHILIACS | | | | 62.30 |
| 63 BLOOD STORING, PROCESSING & TRANS. | 7,356 | | 7,356 | 63 |
| 65 RESPIRATORY THERAPY | 33,783 | | 33,783 | 65 |
| 66 PHYSICAL THERAPY | 140,928 | | 140,928 | 66 |
| 67 OCCUPATIONAL THERAPY | 34,817 | | 34,817 | 67 |
| 68 SPEECH PATHOLOGY | 64,278 | | 64,278 | 68 |
| 69 ELECTROCARDIOLOGY | 27,171 | | 27,171 | 69 |
| 70 ELECTROENCEPHALOGRAPHY | 59,428 | | 59,428 | 70 |
| 71 MEDICAL SUPPLIES CHARGED TO PATIENTS | 88,051 | | 88,051 | 71 |
| 72 IMPL. DEV. CHARGED TO PATIENTS | 53,369 | | 53,369 | 72 |
| 73 DRUGS CHARGED TO PATIENTS | 95,823 | | 95,823 | 73 |
| 74 RENAL DIALYSIS | | | | 74 |
| 76 DIABETES SERVICES | 7,786 | | 7,786 | 76 |
| 76.97 CARDIAC REHABILITATION | 23,030 | | 23,030 | 76.97 |
| 76.98 HYPERBARIC OXYGEN THERAPY | | | | 76.98 |
| 76.99 LITHOTRIPSY | | | | 76.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | |
| 91 EMERGENCY | 230,689 | | 230,689 | 91 |
| 92 OBSERVATION BEDS (NON-DISTINCT PART) | | | | 92 |
| OTHER REIMBURSABLE COST CENTERS | | | | |
| 94 HOME PROGRAM DIALYSIS | | | | 94 |
| SPECIAL PURPOSE COST CENTERS | | | | |
| 118 SUBTOTALS (SUM OF LINES 1-117) | 3,142,967 | | 3,142,967 | 118 |
| NONREIMBURSABLE COST CENTERS | | | | |
| 190 GIFT, FLOWER, COFFEE SHOP & CANTEEN | 3,303 | | 3,303 | 190 |
| 192 PHYSICIANS' PRIVATE OFFICES | 1,477,120 | | 1,477,120 | 192 |
| 192.01 CARDIAC PHASE III | 487 | | 487 | 192.01 |
| 192.02 FUND DEVELOPMENT | 45,077 | | 45,077 | 192.02 |
| 192.03 PULMONARY FUNCTION | 795 | | 795 | 192.03 |
| 193 NONPAID WORKERS | 34,159 | | 34,159 | 193 |
| 194 CONTRACT NURSING | | | | 194 |
| 194.01 NON-PATIENT DIETARY | | | | 194.01 |
| 200 CROSS FOOT ADJUSTMENTS | | | | 200 |
| 201 NEGATIVE COST CENTER | | | | 201 |
| 202 TOTAL (SUM OF LINES 118-201) | 4,703,908 | | 4,703,908 | 202 |

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

| COST CENTER DESCRIPTION | CAP BLDGS & FIXTURES SQUARE FEET | CAP MOVABLE EQUIPMENT DOLLAR VALUE | EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES | RECON-CILIATION | ADMINIS-TRATIVE & GENERAL ACCUM COST | |
|---|----------------------------------|------------------------------------|---|-----------------|--------------------------------------|--------|
| | 1 | 2 | 4 | 5A | 5 | |
| GENERAL SERVICE COST CENTERS | | | | | | |
| 1 CAP REL COSTS-BLDG & FIXT | 128,088 | | | | | 1 |
| 2 CAP REL COSTS-MVBLE EQUIP | | 1,111,220 | | | | 2 |
| 4 EMPLOYEE BENEFITS DEPARTMENT | | 687 | 24,613,545 | | | 4 |
| 5 ADMINISTRATIVE & GENERAL | 44,114 | 410,751 | 2,145,203 | -7,918,813 | 50,291,438 | 5 |
| 6 MAINTENANCE & REPAIRS | 1,077 | | 51,355 | | 153,465 | 6 |
| 7 OPERATION OF PLANT | 8,568 | 68,804 | 370,763 | | 1,566,095 | 7 |
| 8 LAUNDRY & LINEN SERVICE | 2,621 | | 19,598 | | 176,984 | 8 |
| 9 HOUSEKEEPING | 2,554 | 11,769 | 485,718 | | 659,151 | 9 |
| 10 DIETARY | 2,583 | 2,132 | 78,166 | | 146,314 | 10 |
| 11 CAFETERIA | 1,453 | 9,621 | 354,069 | | 447,871 | 11 |
| 12 MAINTENANCE OF PERSONNEL | | | | | | 12 |
| 13 NURSING ADMINISTRATION | 291 | 52,013 | 882,741 | | 1,306,134 | 13 |
| 14 CENTRAL SERVICES & SUPPLY | | | | | | 14 |
| 15 PHARMACY | | | | | | 15 |
| 16 MEDICAL RECORDS & LIBRARY | 2,186 | 154 | 314,444 | | 474,926 | 16 |
| 17 SOCIAL SERVICE | 527 | | 118,968 | | 162,133 | 17 |
| 19 NONPHYSICIAN ANESTHETISTS | | | | | | 19 |
| 20 NURSING SCHOOL | | | | | | 20 |
| 21 I&R SERVICES-SALARY & FRINGES APPRVD | | | | | | 21 |
| 22 I&R SERVICES-OTHER PRGM COSTS APPRVD | | | | | | 22 |
| 23 PARAMED ED PRGM-(SPECIFY) | | | | | | 23 |
| INPATIENT ROUTINE SERV COST CENTERS | | | | | | |
| 30 ADULTS & PEDIATRICS | 15,835 | 54,146 | 2,251,968 | | 3,305,584 | 30 |
| 31 INTENSIVE CARE UNIT | 2,811 | 33,447 | 713,993 | | 1,149,952 | 31 |
| 43 NURSERY | | | | | | 43 |
| ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50 OPERATING ROOM | 14,512 | 246,743 | 1,597,408 | | 2,980,394 | 50 |
| 53 ANESTHESIOLOGY | | 8,091 | | | 65,097 | 53 |
| 54 RADIOLOGY-DIAGNOSTIC | 5,551 | 93,169 | 474,808 | | 847,702 | 54 |
| 54.10 ULTRASONOGRAPHY | 288 | 9,160 | 218,591 | | 336,859 | 54.10 |
| 54.20 MAMMOGRAPHY | | | 113,425 | | 366,869 | 54.20 |
| 56 RADIOISOTOPE | 108 | 6,487 | 85,075 | | 340,080 | 56 |
| 57 CT SCAN | 592 | 10,520 | 131,969 | | 656,125 | 57 |
| 58 MRI | | | 70,956 | | 509,754 | 58 |
| 60 LABORATORY | 1,263 | 22,036 | 867,359 | | 1,617,363 | 60 |
| 62.30 BLOOD CLOTTING FOR HEMOPHILIACS | | | | | 144,528 | 62.30 |
| 63 BLOOD STORING, PROCESSING & TRANS. | | | | | 390,963 | 63 |
| 65 RESPIRATORY THERAPY | 418 | 5,019 | 282,986 | | 1,152,008 | 65 |
| 66 PHYSICAL THERAPY | 4,785 | 12,674 | 813,194 | | 309,613 | 66 |
| 67 OCCUPATIONAL THERAPY | 1,251 | 1,443 | 215,874 | | 444,699 | 67 |
| 68 SPEECH PATHOLOGY | 1,819 | 16,456 | 245,265 | | 342,544 | 68 |
| 69 ELECTROCARDIOLOGY | 232 | 4,045 | 220,412 | | 341,709 | 69 |
| 70 ELECTROENCEPHALOGRAPHY | | 4,700 | 190,901 | | 1,123,609 | 70 |
| 71 MEDICAL SUPPLIES CHARGED TO PATIENTS | 1,913 | 1,500 | 139,903 | | 1,026,838 | 71 |
| 72 IMPL. DEV. CHARGED TO PATIENTS | | | | | 1,506,180 | 72 |
| 73 DRUGS CHARGED TO PATIENTS | 1,018 | 2,821 | 555,148 | | | 73 |
| 74 RENAL DIALYSIS | | | | | | 74 |
| 76 DIABETES SERVICES | 103 | | 70,774 | | 93,093 | 76 |
| 76.97 CARDIAC REHABILITATION | 1,332 | 1,533 | 49,754 | | 75,882 | 76.97 |
| 76.98 HYPERBARIC OXYGEN THERAPY | | | | | | 76.98 |
| 76.99 LITHOTRIPSY | | | | | | 76.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 91 EMERGENCY | 5,358 | 21,299 | 1,249,237 | | 1,841,159 | 91 |
| 92 OBSERVATION BEDS (NON-DISTINCT PART) | | | | | | 92 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 94 HOME PROGRAM DIALYSIS | | | | | | 94 |
| SPECIAL PURPOSE COST CENTERS | | | | | | |
| 118 SUBTOTALS (SUM OF LINES 1-117) | 125,163 | 1,111,220 | 15,380,025 | -7,918,813 | 26,061,677 | 118 |
| NONREIMBURSABLE COST CENTERS | | | | | | |
| 190 GIFT, FLOWER, COFFEE SHOP & CANTEEN | | | 19,460 | | 41,645 | 190 |
| 192 PHYSICIANS' PRIVATE OFFICES | | | 9,021,416 | | 23,456,377 | 192 |
| 192.01 CARDIAC PHASE III | 31 | | 978 | | 1,637 | 192.01 |
| 192.02 FUND DEVELOPMENT | 382 | | 180,364 | | 690,108 | 192.02 |
| 192.03 PULMONARY FUNCTION | | | 11,302 | | 15,212 | 192.03 |
| 193 NONPAID WORKERS | 2,512 | | | | 24,782 | 193 |
| 194 CONTRACT NURSING | | | | | | 194 |
| 194.01 NON-PATIENT DIETARY | | | | | | 194.01 |

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

| COST CENTER DESCRIPTION | CAP BLDGS & FIXTURES SQUARE FEET 1 | CAP MOVABLE EQUIPMENT DOLLAR VALUE 2 | EMPLOYEE BENEFITS DEPARTMENT GROSS SALARIES 4 | RECON- CILIATION 5A | ADMINIS- TRATIVE & GENERAL ACCUM COST 5 | |
|----------------------------------|---|---|--|---------------------------|--|-----|
| 200 CROSS FOOT ADJUSTMENTS | | | | | | 200 |
| 201 NEGATIVE COST CENTER | | | | | | 201 |
| 202 COST TO BE ALLOC PER B PT I | 1,263,655 | 1,132,453 | 7,033,571 | | 7,918,813 | 202 |
| 203 UNIT COST MULT-WS B PT I | 9.865522 | 1.019108 | 0.285760 | | 0.157458 | 203 |
| 204 COST TO BE ALLOC PER B PT II | | | 700 | | 2,502,980 | 204 |
| 205 UNIT COST MULT-WS B PT II | | | 0.000028 | | 0.049770 | 205 |

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

| COST CENTER DESCRIPTION | MAIN- | OPERATION | LAUNDRY | HOUSE- | DIETARY |
|---|--|----------------------------|--|---------------------------|-----------------|
| | TENANCE & REPAIRS SQUARE FEET | OF PLANT SQUARE FEET | & LINEN SERVICE POUNDS OF LAUNDRY | KEEPING SQUARE FEET | MEALS SERVED |
| | 6 | 7 | 8 | 9 | 10 |
| GENERAL SERVICE COST CENTERS | | | | | |
| 1 CAP REL COSTS-BLDG & FIXT | | | | | 1 |
| 2 CAP REL COSTS-MVBLE EQUIP | | | | | 2 |
| 4 EMPLOYEE BENEFITS DEPARTMENT | | | | | 4 |
| 5 ADMINISTRATIVE & GENERAL | | | | | 5 |
| 6 MAINTENANCE & REPAIRS | 110,846 | | | | 6 |
| 7 OPERATION OF PLANT | 8,568 | 102,278 | | | 7 |
| 8 LAUNDRY & LINEN SERVICE | 2,621 | 2,621 | 263,141 | | 8 |
| 9 HOUSEKEEPING | 2,554 | 2,554 | | 97,103 | 9 |
| 10 DIETARY | 2,583 | 2,583 | 2,407 | | 13,568 |
| 11 CAFETERIA | 1,453 | 1,453 | | 1,453 | 10 |
| 12 MAINTENANCE OF PERSONNEL | | | | | 11 |
| 13 NURSING ADMINISTRATION | 291 | 291 | | 291 | 12 |
| 14 CENTRAL SERVICES & SUPPLY | | | | | 13 |
| 15 PHARMACY | | | | | 14 |
| 16 MEDICAL RECORDS & LIBRARY | 2,186 | 2,186 | | 2,186 | 15 |
| 17 SOCIAL SERVICE | 527 | 527 | | 527 | 16 |
| 19 NONPHYSICIAN ANESTHETISTS | | | | | 17 |
| 20 NURSING SCHOOL | | | | | 19 |
| 21 I&R SERVICES-SALARY & FRINGES APPRVD | | | | | 20 |
| 22 I&R SERVICES-OTHER PRGM COSTS APPRVD | | | | | 21 |
| 23 PARAMED ED PRGM-(SPECIFY) | | | | | 22 |
| INPATIENT ROUTINE SERV COST CENTERS | | | | | 23 |
| 30 ADULTS & PEDIATRICS | 15,835 | 15,835 | 87,162 | 15,835 | 10,630 |
| 31 INTENSIVE CARE UNIT | 2,811 | 2,811 | 18,883 | 2,811 | 2,346 |
| 43 NURSERY | | | | | 30 |
| ANCILLARY SERVICE COST CENTERS | | | | | 31 |
| 50 OPERATING ROOM | 14,512 | 14,512 | 54,782 | 14,512 | 592 |
| 53 ANESTHESIOLOGY | | | | | 50 |
| 54 RADIOLOGY-DIAGNOSTIC | 5,551 | 5,551 | 27,257 | 5,551 | 53 |
| 54.10 ULTRASONOGRAPHY | 288 | 288 | | 288 | 54 |
| 54.20 MAMMOGRAPHY | | | | | 54.10 |
| 56 RADIOISOTOPE | 108 | 108 | | 108 | 54.20 |
| 57 CT SCAN | 592 | 592 | | 592 | 56 |
| 58 MRI | | | | | 57 |
| 60 LABORATORY | 1,263 | 1,263 | | 1,263 | 58 |
| 62.30 BLOOD CLOTTING FOR HEMOPHILIACS | | | | | 60 |
| 63 BLOOD STORING, PROCESSING & TRANS. | | | | | 62.30 |
| 65 RESPIRATORY THERAPY | 418 | 418 | | 418 | 63 |
| 66 PHYSICAL THERAPY | 4,785 | 4,785 | 11,575 | 4,785 | 65 |
| 67 OCCUPATIONAL THERAPY | 1,251 | 1,251 | | 1,251 | 66 |
| 68 SPEECH PATHOLOGY | 1,819 | 1,819 | | 1,819 | 67 |
| 69 ELECTROCARDIOLOGY | 232 | 232 | | 232 | 68 |
| 70 ELECTROENCEPHALOGRAPHY | | | | | 69 |
| 71 MEDICAL SUPPLIES CHARGED TO PATIENTS | 1,913 | 1,913 | | 1,913 | 70 |
| 72 IMPL. DEV. CHARGED TO PATIENTS | | | | | 71 |
| 73 DRUGS CHARGED TO PATIENTS | 1,018 | 1,018 | | 1,018 | 72 |
| 74 RENAL DIALYSIS | | | | | 73 |
| 76 DIABETES SERVICES | 103 | 103 | | 103 | 74 |
| 76.97 CARDIAC REHABILITATION | 1,332 | 1,332 | | 1,332 | 76 |
| 76.98 HYPERBARIC OXYGEN THERAPY | | | | | 76.97 |
| 76.99 LITHOTRIPSY | | | | | 76.98 |
| OUTPATIENT SERVICE COST CENTERS | | | | | 76.99 |
| 91 EMERGENCY | 5,358 | 5,358 | 59,740 | 5,358 | 91 |
| 92 OBSERVATION BEDS (NON-DISTINCT PART) | | | | | 92 |
| OTHER REIMBURSABLE COST CENTERS | | | | | |
| 94 HOME PROGRAM DIALYSIS | | | | | 94 |
| SPECIAL PURPOSE COST CENTERS | | | | | |
| 118 SUBTOTALS (SUM OF LINES 1-117) | 79,972 | 71,404 | 261,806 | 66,229 | 13,568 |
| NONREIMBURSABLE COST CENTERS | | | | | 118 |
| 190 GIFT, FLOWER, COFFEE SHOP & CANTEEN | 379 | 379 | | 379 | 190 |
| 192 PHYSICIANS' PRIVATE OFFICES | 25,810 | 25,810 | 1,335 | 25,810 | 192 |
| 192.01 CARDIAC PHASE III | 31 | 31 | | 31 | 192.01 |
| 192.02 FUND DEVELOPMENT | 2,142 | 2,142 | | 2,142 | 192.02 |
| 192.03 PULMONARY FUNCTION | | | | | 192.03 |
| 193 NONPAID WORKERS | 2,512 | 2,512 | | 2,512 | 193 |
| 194 CONTRACT NURSING | | | | | 194 |
| 194.01 NON-PATIENT DIETARY | | | | | 194.01 |

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

| COST CENTER DESCRIPTION | MAIN- TENANCE & REPAIRS SQUARE FEET 6 | OPERATION OF PLANT SQUARE FEET 7 | LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 8 | HOUSE- KEEPING SQUARE FEET 9 | DIETARY MEALS SERVED 10 | |
|----------------------------------|--|--|--|--|----------------------------------|-----|
| 200 CROSS FOOT ADJUSTMENTS | | | | | | 200 |
| 201 NEGATIVE COST CENTER | | | | | | 201 |
| 202 COST TO BE ALLOC PER B PT I | 177,629 | 1,826,419 | 255,856 | 812,641 | 243,574 | 202 |
| 203 UNIT COST MULT-WS B PT I | 1.602485 | 17.857398 | 0.972315 | 8.368856 | 17.952093 | 203 |
| 204 COST TO BE ALLOC PER B PT II | 18,264 | 234,386 | 41,105 | 76,285 | 43,690 | 204 |
| 205 UNIT COST MULT-WS B PT II | 0.164769 | 2.291656 | 0.156209 | 0.785609 | 3.220077 | 205 |

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

| COST CENTER DESCRIPTION | CAFETERIA FTE'S | NURSING ADMINIS- TRATION FTE'S | MEDICAL RECORDS + LIBRARY TOTAL REVENUE | SOCIAL SERVICE PATIENT DAYS | |
|---|--------------------|---|---|--------------------------------------|--------|
| | 11 | 13 | 16 | 17 | |
| GENERAL SERVICE COST CENTERS | | | | | |
| 1 CAP REL COSTS-BLDG & FIXT | | | | | 1 |
| 2 CAP REL COSTS-MVBLE EQUIP | | | | | 2 |
| 4 EMPLOYEE BENEFITS DEPARTMENT | | | | | 4 |
| 5 ADMINISTRATIVE & GENERAL | | | | | 5 |
| 6 MAINTENANCE & REPAIRS | | | | | 6 |
| 7 OPERATION OF PLANT | | | | | 7 |
| 8 LAUNDRY & LINEN SERVICE | | | | | 8 |
| 9 HOUSEKEEPING | | | | | 9 |
| 10 DIETARY | | | | | 10 |
| 11 CAFETERIA | 24,202 | | | | 11 |
| 12 MAINTENANCE OF PERSONNEL | | | | | 12 |
| 13 NURSING ADMINISTRATION | 1,188 | 10,858 | | | 13 |
| 14 CENTRAL SERVICES & SUPPLY | | | | | 14 |
| 15 PHARMACY | | | | | 15 |
| 16 MEDICAL RECORDS & LIBRARY | 744 | | 140,528,969 | | 16 |
| 17 SOCIAL SERVICE | 246 | | | 3,700 | 17 |
| 19 NONPHYSICIAN ANESTHETISTS | | | | | 19 |
| 20 NURSING SCHOOL | | | | | 20 |
| 21 I&R SERVICES-SALARY & FRINGES APPRVD | | | | | 21 |
| 22 I&R SERVICES-OTHER PRGM COSTS APPRVD | | | | | 22 |
| 23 PARAMED ED PRGM-(SPECIFY) | | | | | 23 |
| INPATIENT ROUTINE SERV COST CENTERS | | | | | |
| 30 ADULTS & PEDIATRICS | 4,229 | 4,229 | 7,317,677 | 2,742 | 30 |
| 31 INTENSIVE CARE UNIT | 1,129 | 1,129 | 2,614,735 | 958 | 31 |
| 43 NURSERY | | | | | 43 |
| ANCILLARY SERVICE COST CENTERS | | | | | |
| 50 OPERATING ROOM | 3,097 | 3,097 | 14,189,653 | | 50 |
| 53 ANESTHESIOLOGY | | | 1,635,038 | | 53 |
| 54 RADIOLOGY-DIAGNOSTIC | 1,054 | | 5,511,679 | | 54 |
| 54.10 ULTRASONOGRAPHY | 316 | | 3,266,648 | | 54.10 |
| 54.20 MAMMOGRAPHY | 209 | | 1,945,695 | | 54.20 |
| 56 RADIOISOTOPE | 139 | | 3,738,879 | | 56 |
| 57 CT SCAN | 241 | | 17,765,115 | | 57 |
| 58 MRI | 155 | | 8,863,523 | | 58 |
| 60 LABORATORY | 1,950 | | 26,068,165 | | 60 |
| 62.30 BLOOD CLOTTING FOR HEMOPHILIACS | | | | | 62.30 |
| 63 BLOOD STORING, PROCESSING & TRANS. | | | 409,417 | | 63 |
| 65 RESPIRATORY THERAPY | 497 | | 1,202,933 | | 65 |
| 66 PHYSICAL THERAPY | 1,358 | | 3,661,534 | | 66 |
| 67 OCCUPATIONAL THERAPY | 357 | | 1,242,570 | | 67 |
| 68 SPEECH PATHOLOGY | 386 | | 743,251 | | 68 |
| 69 ELECTROCARDIOLOGY | 431 | | 5,146,417 | | 69 |
| 70 ELECTROENCEPHALOGRAPHY | | | 1,723,738 | | 70 |
| 71 MEDICAL SUPPLIES CHARGED TO PATIENTS | 401 | | 9,716,776 | | 71 |
| 72 IMPL. DEV. CHARGED TO PATIENTS | | | 5,700,531 | | 72 |
| 73 DRUGS CHARGED TO PATIENTS | 565 | | 8,641,229 | | 73 |
| 74 RENAL DIALYSIS | | | | | 74 |
| 76 DIABETES SERVICES | 128 | 128 | 161,491 | | 76 |
| 76.97 CARDIAC REHABILITATION | 72 | | 202,520 | | 76.97 |
| 76.98 HYPERBARIC OXYGEN THERAPY | | | | | 76.98 |
| 76.99 LITHOTRIPSY | | | | | 76.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | |
| 91 EMERGENCY | 2,275 | 2,275 | 9,059,755 | | 91 |
| 92 OBSERVATION BEDS (NON-DISTINCT PART) | | | | | 92 |
| OTHER REIMBURSABLE COST CENTERS | | | | | |
| 94 HOME PROGRAM DIALYSIS | | | | | 94 |
| SPECIAL PURPOSE COST CENTERS | | | | | |
| 118 SUBTOTALS (SUM OF LINES 1-117) | 21,167 | 10,858 | 140,528,969 | 3,700 | 118 |
| NONREIMBURSABLE COST CENTERS | | | | | |
| 190 GIFT, FLOWER, COFFEE SHOP & CANTEEN | | | | | 190 |
| 192 PHYSICIANS' PRIVATE OFFICES | 3,012 | | | | 192 |
| 192.01 CARDIAC PHASE III | | | | | 192.01 |
| 192.02 FUND DEVELOPMENT | 5 | | | | 192.02 |
| 192.03 PULMONARY FUNCTION | 18 | | | | 192.03 |
| 193 NONPAID WORKERS | | | | | 193 |
| 194 CONTRACT NURSING | | | | | 194 |
| 194.01 NON-PATIENT DIETARY | | | | | 194.01 |

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

| COST CENTER DESCRIPTION | CAFETERIA FTE'S | NURSING ADMINIS- TRATION FTE'S | MEDICAL RECORDS + LIBRARY TOTAL REVENUE | SOCIAL SERVICE PATIENT DAYS | |
|----------------------------------|--------------------|---|---|--------------------------------------|-----|
| 200 CROSS FOOT ADJUSTMENTS | 11 | 13 | 16 | 17 | 200 |
| 201 NEGATIVE COST CENTER | | | | | 201 |
| 202 COST TO BE ALLOC PER B PT I | 558,827 | 1,547,324 | 627,719 | 208,008 | 202 |
| 203 UNIT COST MULT-WS B PT I | 23.090117 | 142.505434 | 0.004467 | 56.218378 | 203 |
| 204 COST TO BE ALLOC PER B PT II | 51,151 | 124,364 | 55,758 | 15,500 | 204 |
| 205 UNIT COST MULT-WS B PT II | 2.113503 | 11.453675 | 0.000397 | 4.189189 | 205 |

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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

| COST CENTER DESCRIPTION | TOTAL COST (FROM WKST B, PART I, COL 26) 1 | THERAPY LIMIT ADJUSTMENT 2 | TOTAL COSTS 3 | RCE DISALLOWANCE 4 | TOTAL COSTS 5 | |
|-------------------------------------|---|-------------------------------------|---------------------|--------------------------|---------------------|-------|
| INPATIENT ROUTINE SERV COST CENTERS | | | | | | |
| 30 ADULTS & PEDIATRICS | 5,429,465 | | 5,429,465 | | 5,429,465 | 30 |
| 31 INTENSIVE CARE UNIT | 1,722,219 | | 1,722,219 | | 1,722,219 | 31 |
| 43 NURSERY | | | | | | 43 |
| ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50 OPERATING ROOM | 4,493,659 | | 4,493,659 | | 4,493,659 | 50 |
| 53 ANESTHESIOLOGY | 82,651 | | 82,651 | | 82,651 | 53 |
| 54 RADIOLOGY-DIAGNOSTIC | 1,211,116 | | 1,211,116 | | 1,211,116 | 54 |
| 54.10 ULTRASONOGRAPHY | 419,803 | | 419,803 | | 419,803 | 54.10 |
| 54.20 MAMMOGRAPHY | 438,152 | | 438,152 | | 438,152 | 54.20 |
| 56 RADIOISOTOPE | 416,546 | | 416,546 | | 416,546 | 56 |
| 57 CT SCAN | 860,834 | | 860,834 | | 860,834 | 57 |
| 58 MRI | 633,191 | | 633,191 | | 633,191 | 58 |
| 60 LABORATORY | 2,068,626 | | 2,068,626 | | 2,068,626 | 60 |
| 62.30 BLOOD CLOTTING FOR HEMOPHIL | | | | | | 62.30 |
| 63 BLOOD STORING, PROCESSING & | 169,114 | | 169,114 | | 169,114 | 63 |
| 65 RESPIRATORY THERAPY | 481,005 | | 481,005 | | 481,005 | 65 |
| 66 PHYSICAL THERAPY | 1,525,529 | | 1,525,529 | | 1,525,529 | 66 |
| 67 OCCUPATIONAL THERAPY | 406,972 | | 406,972 | | 406,972 | 67 |
| 68 SPEECH PATHOLOGY | 577,574 | | 577,574 | | 577,574 | 68 |
| 69 ELECTROCARDIOLOGY | 435,878 | | 435,878 | | 435,878 | 69 |
| 70 ELECTROENCEPHALOGRAPHY | 403,214 | | 403,214 | | 403,214 | 70 |
| 71 MEDICAL SUPPLIES CHARGED TO | 1,406,431 | | 1,406,431 | | 1,406,431 | 71 |
| 72 IMPL. DEV. CHARGED TO PATIE | 1,213,986 | | 1,213,986 | | 1,213,986 | 72 |
| 73 DRUGS CHARGED TO PATIENTS | 1,823,315 | | 1,823,315 | | 1,823,315 | 73 |
| 74 RENAL DIALYSIS | | | | | | 74 |
| 76 DIABETES SERVICES | 132,535 | | 132,535 | | 132,535 | 76 |
| 76.97 CARDIAC REHABILITATION | 127,465 | | 127,465 | | 127,465 | 76.97 |
| 76.98 HYPERBARIC OXYGEN THERAPY | | | | | | 76.98 |
| 76.99 LITHOTRIPSY | | | | | | 76.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 91 EMERGENCY | 2,755,456 | | 2,755,456 | | 2,755,456 | 91 |
| 92 OBSERVATION BEDS (NON-DISTI | 1,278,697 | | 1,278,697 | | 1,278,697 | 92 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 94 HOME PROGRAM DIALYSIS | | | | | | 94 |
| 200 SUBTOTAL (SEE INSTRUCTIONS) | 30,513,433 | | 30,513,433 | | 30,513,433 | 200 |
| 201 LESS OBSERVATION BEDS | 1,278,697 | | 1,278,697 | | 1,278,697 | 201 |
| 202 TOTAL (SEE INSTRUCTIONS) | 29,234,736 | | 29,234,736 | | 29,234,736 | 202 |

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I (CONT)

| COST CENTER DESCRIPTION | CHARGES | | | COST OR OTHER RATIO 9 | TEFRA INPATIENT RATIO 10 | PPS INPATIENT RATIO 11 |
|-------------------------------------|----------------|-----------------|-----------------------------|--------------------------------|-----------------------------------|---------------------------------|
| | INPATIENT 6 | OUTPATIENT 7 | TOTAL (COLS. 6 + 7) 8 | | | |
| INPATIENT ROUTINE SERV COST CENTERS | | | | | | |
| 30 ADULTS & PEDIATRICS | 4,687,730 | | 4,687,730 | | | 30 |
| 31 INTENSIVE CARE UNIT | 2,423,077 | | 2,423,077 | | | 31 |
| 43 NURSERY | | | | | | 43 |
| ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50 OPERATING ROOM | 3,640,987 | 10,548,666 | 14,189,653 | 0.316686 | 0.316686 | 0.316686 50 |
| 53 ANESTHESIOLOGY | 507,352 | 1,127,686 | 1,635,038 | 0.050550 | 0.050550 | 0.050550 53 |
| 54 RADIOLOGY-DIAGNOSTIC | 640,795 | 4,870,884 | 5,511,679 | 0.219736 | 0.219736 | 0.219736 54 |
| 54.10 ULTRASONOGRAPHY | 190,864 | 3,075,784 | 3,266,648 | 0.128512 | 0.128512 | 0.128512 54.10 |
| 54.20 MAMMOGRAPHY | 1,317 | 1,944,378 | 1,945,695 | 0.225190 | 0.225190 | 0.225190 54.20 |
| 56 RADIOISOTOPE | 199,618 | 3,539,261 | 3,738,879 | 0.111409 | 0.111409 | 0.111409 56 |
| 57 CT SCAN | 1,624,464 | 16,140,651 | 17,765,115 | 0.048456 | 0.048456 | 0.048456 57 |
| 58 MRI | 362,656 | 8,500,867 | 8,863,523 | 0.071438 | 0.071438 | 0.071438 58 |
| 60 LABORATORY | 3,722,161 | 22,346,004 | 26,068,165 | 0.079354 | 0.079354 | 0.079354 60 |
| 62.30 BLOOD CLOTTING FOR HEMOPHIL | | | | | | 62.30 |
| 63 BLOOD STORING, PROCESSING & | 193,079 | 216,338 | 409,417 | 0.413061 | 0.413061 | 0.413061 63 |
| 65 RESPIRATORY THERAPY | 518,733 | 684,200 | 1,202,933 | 0.399860 | 0.399860 | 0.399860 65 |
| 66 PHYSICAL THERAPY | 403,047 | 3,258,487 | 3,661,534 | 0.416637 | 0.416637 | 0.416637 66 |
| 67 OCCUPATIONAL THERAPY | 318,933 | 923,637 | 1,242,570 | 0.327524 | 0.327524 | 0.327524 67 |
| 68 SPEECH PATHOLOGY | 20,724 | 722,527 | 743,251 | 0.777091 | 0.777091 | 0.777091 68 |
| 69 ELECTROCARDIOLOGY | 710,919 | 4,435,498 | 5,146,417 | 0.084695 | 0.084695 | 0.084695 69 |
| 70 ELECTROENCEPHALOGRAPHY | 3,545 | 1,720,193 | 1,723,738 | 0.233918 | 0.233918 | 0.233918 70 |
| 71 MEDICAL SUPPLIES CHARGED TO | 3,915,891 | 5,800,885 | 9,716,776 | 0.144743 | 0.144743 | 0.144743 71 |
| 72 IMPL. DEV. CHARGED TO PATIE | 3,816,506 | 1,884,025 | 5,700,531 | 0.212960 | 0.212960 | 0.212960 72 |
| 73 DRUGS CHARGED TO PATIENTS | 3,803,373 | 4,837,856 | 8,641,229 | 0.211002 | 0.211002 | 0.211002 73 |
| 74 RENAL DIALYSIS | | | | | | 74 |
| 76 DIABETES SERVICES | 214 | 161,277 | 161,491 | 0.820696 | 0.820696 | 0.820696 76 |
| 76.97 CARDIAC REHABILITATION | 166 | 202,354 | 202,520 | 0.629395 | 0.629395 | 0.629395 76.97 |
| 76.98 HYPERBARIC OXYGEN THERAPY | | | | | | 76.98 |
| 76.99 LITHOTRIPSY | | | | | | 76.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 91 EMERGENCY | 1,007,628 | 8,052,127 | 9,059,755 | 0.304142 | 0.304142 | 0.304142 91 |
| 92 OBSERVATION BEDS (NON-DISTI | 195,892 | 1,663,033 | 1,858,925 | 0.687869 | 0.687869 | 0.687869 92 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 94 HOME PROGRAM DIALYSIS | | | | | | 94 |
| 200 SUBTOTAL (SEE INSTRUCTIONS) | 32,909,671 | 106,656,618 | 139,566,289 | | | 200 |
| 201 LESS OBSERVATION BEDS | | | | | | 201 |
| 202 TOTAL (SEE INSTRUCTIONS) | 32,909,671 | 106,656,618 | 139,566,289 | | | 202 |

PROVIDER CCN: 14-0161 ***LOW MEDICARE UTILIZATION***
 PERIOD FROM 10/01/2012 TO 09/30/2013

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

VERSION: 2013.11
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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 | SWING-BED | REDUCED | TOTAL | PER | INPAT | INPAT PGM |
|---------------------------------|--------------------------------------|-----------|---|-------|-----------------|-------|----------------------------|
| | (FROM WKST B, PT. II, COL. 26) | | CAP-REL COST (COL.1 MINUS COL.2) | | PATIENT DAYS | | DIEM (COL.3 ÷ COL.4) |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| INPAT ROUTINE SERV COST CTRS | | | | | | | |
| 30 ADULTS & PEDIATRICS | 551,841 | | 551,841 | 3,537 | 156.02 | 1,465 | 228,569 30 |
| 31 INTENSIVE CARE UNIT | 159,056 | | 159,056 | 957 | 166.20 | 636 | 105,703 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 | | | | 380 | | | 43 |
| 44 SKILLED NURSING FACILITY | | | | | | | 44 |
| 45 NURSING FACILITY | | | | | | | 45 |
| 200 TOTAL (LINES 30-199) | 710,897 | | 710,897 | 4,874 | | 2,101 | 334,272 200 |

PROVIDER CCN: 14-0161 ***LOW MEDICARE UTILIZATION***
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KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2013.11
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0161) [] SUB (OTHER) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] TEFRA
 BOXES [] TITLE XIX [] IRF

| COST CENTER DESCRIPTION | CAP-REL COST (FROM WKST B, PT. II, COL. 26) 1 | TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 2 | RATIO OF COST TO CHARGES (COL.1 ÷ COL.2) 3 | INPATIENT PROGRAM CHARGES 4 | CAPITAL (COL.3 x COL.4) 5 | |
|---|--|---|---|--------------------------------|------------------------------|-------|
| ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50 OPERATING ROOM | 649,554 | 14,189,653 | 0.045777 | 1,402,169 | 64,187 | 50 |
| 53 ANESTHESIOLOGY | 12,135 | 1,635,038 | 0.007422 | 191,560 | 1,422 | 53 |
| 54 RADIOLOGY-DIAGNOSTIC | 218,587 | 5,511,679 | 0.039659 | 394,643 | 15,651 | 54 |
| 54.10 ULTRASONOGRAPHY | 31,845 | 3,266,648 | 0.009749 | 93,804 | 914 | 54.10 |
| 54.20 MAMMOGRAPHY | 144,116 | 1,945,695 | 0.074069 | 836 | 62 | 54.20 |
| 56 RADIOISOTOPE | 26,732 | 3,738,879 | 0.007150 | 127,137 | 909 | 56 |
| 57 CT SCAN | 319,404 | 17,765,115 | 0.017979 | 843,264 | 15,161 | 57 |
| 58 MRI | 29,219 | 8,863,523 | 0.003297 | 220,002 | 725 | 58 |
| 60 LABORATORY | 133,969 | 26,068,165 | 0.005139 | 2,222,338 | 11,421 | 60 |
| 62.30 BLOOD CLOTTING FOR HEMOPHILIA | | | | | | 62.30 |
| 63 BLOOD STORING, PROCESSING & T | 7,356 | 409,417 | 0.017967 | | | 63 |
| 65 RESPIRATORY THERAPY | 33,783 | 1,202,933 | 0.028084 | 378,990 | 10,644 | 65 |
| 66 PHYSICAL THERAPY | 140,928 | 3,661,534 | 0.038489 | 211,009 | 8,122 | 66 |
| 67 OCCUPATIONAL THERAPY | 34,817 | 1,242,570 | 0.028020 | 155,305 | 4,352 | 67 |
| 68 SPEECH PATHOLOGY | 64,278 | 743,251 | 0.086482 | 16,365 | 1,415 | 68 |
| 69 ELECTROCARDIOLOGY | 27,171 | 5,146,417 | 0.005280 | 469,473 | 2,479 | 69 |
| 70 ELECTROENCEPHALOGRAPHY | 59,428 | 1,723,738 | 0.034476 | 3,545 | 122 | 70 |
| 71 MEDICAL SUPPLIES CHARGED TO P | 88,051 | 9,716,776 | 0.009062 | 2,132,056 | 19,321 | 71 |
| 72 IMPL. DEV. CHARGED TO PATIENT | 53,369 | 5,700,531 | 0.009362 | 2,229,247 | 20,870 | 72 |
| 73 DRUGS CHARGED TO PATIENTS | 95,823 | 8,641,229 | 0.011089 | 2,083,533 | 23,104 | 73 |
| 74 RENAL DIALYSIS | | | | | | 74 |
| 76 DIABETES SERVICES | 7,786 | 161,491 | 0.048213 | 214 | 10 | 76 |
| 76.97 CARDIAC REHABILITATION | 23,030 | 202,520 | 0.113717 | 166 | 19 | 76.97 |
| 76.98 HYPERBARIC OXYGEN THERAPY | | | | | | 76.98 |
| 76.99 LITHOTRIPSY | | | | | | 76.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 91 EMERGENCY | 230,689 | 9,059,755 | 0.025463 | 569,343 | 14,497 | 91 |
| 92 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS | 129,964 | 1,858,925 | 0.069914 | 103,295 | 7,222 | 92 |
| 94 HOME PROGRAM DIALYSIS | | | | | | 94 |
| 200 TOTAL (SUM OF LINES 50-199) | 2,562,034 | 132,455,482 | | 13,848,294 | 222,629 | 200 |

PROVIDER CCN: 14-0161 ***LOW MEDICARE UTILIZATION***
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KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-10 (08/2011)

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

| COST CENTER DESCRIPTION | NURSING SCHOOL 1 | ALLIED HEALTH COST 2 | ALL OTHER MEDICAL EDUCATION COST 3 | SWING-BED ADJUSTMENT AMOUNT (SEE INSTR.) 4 | TOTAL COSTS (SUM OF COLS. 1-3 MINUS COL. 4) 5 |
|---------------------------------|------------------------|-------------------------------|--|--|---|
| 30 INPAT ROUTINE SERV COST CTRS | | | | | 30 |
| 31 ADULTS & PEDIATRICS | | | | | 31 |
| 32 INTENSIVE CARE UNIT | | | | | 32 |
| 33 CORONARY CARE UNIT | | | | | 33 |
| 34 BURN INTENSIVE CARE UNIT | | | | | 34 |
| 35 SURGICAL INTENSIVE CARE UNIT | | | | | 35 |
| 36 OTHER SPECIAL CARE (SPECIFY) | | | | | 36 |
| 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: 14-0161 ***LOW MEDICARE UTILIZATION***
 PERIOD FROM 10/01/2012 TO 09/30/2013

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

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

| | COST CENTER DESCRIPTION | TOTAL | PER DIEM | INPATIENT | INPAT PGM |
|-----|------------------------------|---------|----------|-----------|-----------|
| | | PATIENT | COL.5 + | PROGRAM | PASS THRU |
| | | DAYS | COL.6) | DAYS | COSTS |
| | | 6 | 7 | 8 | (COL.7 x |
| | | | | | COL.8) |
| | | | | | 9 |
| | INPAT ROUTINE SERV COST CTRS | | | | |
| 30 | ADULTS & PEDIATRICS | 3,537 | | 1,465 | 30 |
| 31 | INTENSIVE CARE UNIT | 957 | | 636 | 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 | 380 | | | 43 |
| 44 | SKILLED NURSING FACILITY | | | | 44 |
| 45 | NURSING FACILITY | | | | 45 |
| 200 | TOTAL (SUM OF LINES 30-199) | 4,874 | | 2,101 | 200 |

PROVIDER CCN: 14-0161 ***LOW MEDICARE UTILIZATION***
 PERIOD FROM 10/01/2012 TO 09/30/2013

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

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0161) [] SUB (OTHER) [] ICF/MR [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [] TITLE XIX [] IRF [] NF

| COST CENTER DESCRIPTION | NON PHYSICIAN ANESTHETIST COST 1 | NURSING SCHOOL 2 | ALLIED HEALTH 3 | ALL OTHER MEDICAL EDUCATION COST 4 | TOTAL COST (SUM OF COLS.1-4) 5 | TOTAL O/P COST (SUM OF COLS.2-4) 6 |
|-------------------------------------|--|------------------------|-----------------------|--|--|--|
| ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50 OPERATING ROOM | | | | | | 50 |
| 53 ANESTHESIOLOGY | | | | | | 53 |
| 54 RADIOLOGY-DIAGNOSTIC | | | | | | 54 |
| 54.10 ULTRASONOGRAPHY | | | | | | 54.10 |
| 54.20 MAMMOGRAPHY | | | | | | 54.20 |
| 56 RADIOISOTOPE | | | | | | 56 |
| 57 CT SCAN | | | | | | 57 |
| 58 MRI | | | | | | 58 |
| 60 LABORATORY | | | | | | 60 |
| 62.30 BLOOD CLOTTING FOR HEMOPHILIA | | | | | | 62.30 |
| 63 BLOOD STORING, PROCESSING & T | | | | | | 63 |
| 65 RESPIRATORY THERAPY | | | | | | 65 |
| 66 PHYSICAL THERAPY | | | | | | 66 |
| 67 OCCUPATIONAL THERAPY | | | | | | 67 |
| 68 SPEECH PATHOLOGY | | | | | | 68 |
| 69 ELECTROCARDIOLOGY | | | | | | 69 |
| 70 ELECTROENCEPHALOGRAPHY | | | | | | 70 |
| 71 MEDICAL SUPPLIES CHARGED TO P | | | | | | 71 |
| 72 IMPL. DEV. CHARGED TO PATIENT | | | | | | 72 |
| 73 DRUGS CHARGED TO PATIENTS | | | | | | 73 |
| 74 RENAL DIALYSIS | | | | | | 74 |
| 76 DIABETES SERVICES | | | | | | 76 |
| 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 (NON-DISTINC | | | | | | 92 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 94 HOME PROGRAM DIALYSIS | | | | | | 94 |
| 200 TOTAL (SUM OF LINES 50-199) | | | | | | 200 |

PROVIDER CCN: 14-0161 ***LOW MEDICARE UTILIZATION***
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 IN LIEU OF FORM CMS-2552-10 (08/2011)

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

| CHECK APPLICABLE BOXES | [] TITLE V [XX] TITLE XVIII-PT A [] TITLE XIX | [XX] HOSPITAL (14-0161) [] IPF [] IRF | [] SUB (OTHER) [] SNF [] NF | [] ICF/MR | [XX] PPS [] TEFRA | | |
|---------------------------------|---|---|---|-------------------------|--|-----------------------|--|
| COST CENTER DESCRIPTION | TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7 | RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8 | O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9 | INPAT PGM CHARGES 10 | INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11 | O/P PGM CHARGES 12 | O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 13 |
| ANCILLARY SERVICE COST CENTERS | | | | | | | |
| 50 | OPERATING ROOM | 14,189,653 | | 1,402,169 | | 2,549,458 | 50 |
| 53 | ANESTHESIOLOGY | 1,635,038 | | 191,560 | | 218,508 | 53 |
| 54 | RADIOLOGY-DIAGNOSTIC | 5,511,679 | | 394,643 | | 1,396,078 | 54 |
| 54.10 | ULTRASONOGRAPHY | 3,266,648 | | 93,804 | | 790,899 | 54.10 |
| 54.20 | MAMMOGRAPHY | 1,945,695 | | 836 | | 92,607 | 54.20 |
| 56 | RADIOISOTOPE | 3,738,879 | | 127,137 | | 1,435,458 | 56 |
| 57 | CT SCAN | 17,765,115 | | 843,264 | | 5,684,574 | 57 |
| 58 | MRI | 8,863,523 | | 220,002 | | 2,340,005 | 58 |
| 60 | LABORATORY | 26,068,165 | | 2,222,338 | | 699,558 | 60 |
| 62.30 | BLOOD CLOTTING FOR HEMOPHILI | | | | | | 62.30 |
| 63 | BLOOD STORING, PROCESSING & | 409,417 | | | | | 63 |
| 65 | RESPIRATORY THERAPY | 1,202,933 | | 378,990 | | 319,201 | 65 |
| 66 | PHYSICAL THERAPY | 3,661,534 | | 211,009 | | 2,651 | 66 |
| 67 | OCCUPATIONAL THERAPY | 1,242,570 | | 155,305 | | | 67 |
| 68 | SPEECH PATHOLOGY | 743,251 | | 16,365 | | 82,337 | 68 |
| 69 | ELECTROCARDIOLOGY | 5,146,417 | | 469,473 | | 2,025,037 | 69 |
| 70 | ELECTROENCEPHALOGRAPHY | 1,723,738 | | 3,545 | | 481,306 | 70 |
| 71 | MEDICAL SUPPLIES CHARGED TO | 9,716,776 | | 2,132,056 | | 1,234,581 | 71 |
| 72 | IMPL. DEV. CHARGED TO PATIEN | 5,700,531 | | 2,229,247 | | 445,211 | 72 |
| 73 | DRUGS CHARGED TO PATIENTS | 8,641,229 | | 2,083,533 | | 1,651,244 | 73 |
| 74 | RENAL DIALYSIS | | | | | | 74 |
| 76 | DIABETES SERVICES | 161,491 | | 214 | | 2,340 | 76 |
| 76.97 | CARDIAC REHABILITATION | 202,520 | | 166 | | 120,848 | 76.97 |
| 76.98 | HYPERBARIC OXYGEN THERAPY | | | | | | 76.98 |
| 76.99 | LITHOTRIPSY | | | | | | 76.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | |
| 91 | EMERGENCY | 9,059,755 | | 569,343 | | 1,990,941 | 91 |
| 92 | OBSERVATION BEDS (NON-DISTIN | 1,858,925 | | 103,295 | | 726,726 | 92 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | | |
| 94 | HOME PROGRAM DIALYSIS | | | | | | 94 |
| 200 | TOTAL (SUM OF LINES 50-199) | 132,455,482 | | 13,848,294 | | 24,289,568 | 200 |

PROVIDER CCN: 14-0161 ***LOW MEDICARE UTILIZATION***
 PERIOD FROM 10/01/2012 TO 09/30/2013

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

VERSION: 2013.11
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APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0161) [] 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 | PROGRAM CHARGES | | | | PROGRAM COSTS | | | |
|--|--|-------------------------|------------------------------------|---|--------------|-----------------------------|--------------------------------------|---|-------|
| | | PPS REIMBURSED SERVICES | COST REIMB. SUBJECT TO DED & COINS | COST REIMB. SVCS NOT SUBJECT TO DED & COINS | PPS SERVICES | COST SUBJECT TO DED & COINS | COST SVCS NOT SUBJECT TO DED & COINS | | |
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | |
| ANCILLARY SERVICE COST CENTERS | | | | | | | | | |
| 50 OPERATING ROOM | 0.316686 | 2,549,458 | | | 807,378 | | | | 50 |
| 53 ANESTHESIOLOGY | 0.050550 | 218,508 | | | 11,046 | | | | 53 |
| 54 RADIOLOGY-DIAGNOSTIC | 0.219736 | 1,396,078 | | | 306,769 | | | | 54 |
| 54.10 ULTRASONOGRAPHY | 0.128512 | 790,899 | | | 101,640 | | | | 54.10 |
| 54.20 MAMMOGRAPHY | 0.225190 | 92,607 | | | 20,854 | | | | 54.20 |
| 56 RADIOISOTOPE | 0.111409 | 1,435,458 | | | 159,923 | | | | 56 |
| 57 CT SCAN | 0.048456 | 5,684,574 | | | 275,452 | | | | 57 |
| 58 MRI | 0.071438 | 2,340,005 | | | 167,165 | | | | 58 |
| 60 LABORATORY | 0.079354 | 699,558 | 8,518 | | 55,513 | 676 | | | 60 |
| 62.30 BLOOD CLOTTING FOR HEMOPHILIACS | | | | | | | | | 62.30 |
| 63 BLOOD STORING, PROCESSING & TRA | 0.413061 | | | | | | | | 63 |
| 65 RESPIRATORY THERAPY | 0.399860 | 319,201 | | | 127,636 | | | | 65 |
| 66 PHYSICAL THERAPY | 0.416637 | 2,651 | | | 1,105 | | | | 66 |
| 67 OCCUPATIONAL THERAPY | 0.327524 | | | | | | | | 67 |
| 68 SPEECH PATHOLOGY | 0.777091 | 82,337 | | | 63,983 | | | | 68 |
| 69 ELECTROCARDIOLOGY | 0.084695 | 2,025,037 | | | 171,511 | | | | 69 |
| 70 ELECTROENCEPHALOGRAPHY | 0.233918 | 481,306 | | | 112,586 | | | | 70 |
| 71 MEDICAL SUPPLIES CHARGED TO PAT | 0.144743 | 1,234,581 | | | 178,697 | | | | 71 |
| 72 IMPL. DEV. CHARGED TO PATIENTS | 0.212960 | 445,211 | | | 94,812 | | | | 72 |
| 73 DRUGS CHARGED TO PATIENTS | 0.211002 | 1,651,244 | 104 | 24,091 | 348,416 | 22 | 5,083 | | 73 |
| 74 RENAL DIALYSIS | | | | | | | | | 74 |
| 76 DIABETES SERVICES | 0.820696 | 2,340 | | | 1,920 | | | | 76 |
| 76.97 CARDIAC REHABILITATION | 0.629395 | 120,848 | | | 76,061 | | | | 76.97 |
| 76.98 HYPERBARIC OXYGEN THERAPY | | | | | | | | | 76.98 |
| 76.99 LITHOTRIPSY | | | | | | | | | 76.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | | | |
| 91 EMERGENCY | 0.304142 | 1,990,941 | | | 605,529 | | | | 91 |
| 92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS) | 0.687869 | 726,726 | | | 499,892 | | | | 92 |
| HOME PROGRAM DIALYSIS | | | | | | | | | |
| 200 SUBTOTAL (SEE INSTRUCTIONS) | | 24,289,568 | 8,622 | 24,091 | 4,187,888 | 698 | 5,083 | | 200 |
| 201 LESS PBP CLINIC LAB SERVICES | | | | | | | | | 201 |
| 202 NET CHARGES (LINE 200 - LINE 201) | | 24,289,568 | 8,622 | 24,091 | 4,187,888 | 698 | 5,083 | | 202 |

PROVIDER CCN: 14-0161 ***LOW MEDICARE UTILIZATION***
 PERIOD FROM 10/01/2012 TO 09/30/2013

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

VERSION: 2013.11
 02/25/2014 10:01

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

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

| COST CENTER DESCRIPTION | CAP-REL COST | SWING-BED | REDUCED CAP-REL COST | TOTAL PATIENT | PER DIEM | INPAT PGM | INPAT PGM CAP COST | |
|---------------------------------|--------------------------------|------------|-----------------------|---------------|-------------------|-----------|--------------------|-----|
| | (FROM WKST B, PT. II, COL. 26) | ADJUSTMENT | (COL. 1 MINUS COL. 2) | DAYS | (COL. 3 + COL. 4) | DAYS | (COL. 5 x COL. 6) | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | |
| INPAT ROUTINE SERV COST CTRS | | | | | | | | |
| 30 ADULTS & PEDIATRICS | 551,841 | | 551,841 | 3,537 | 156.02 | 453 | 70,677 | 30 |
| 31 INTENSIVE CARE UNIT | 159,056 | | 159,056 | 957 | 166.20 | 55 | 9,141 | 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 | | | | 380 | | 238 | | 43 |
| 44 SKILLED NURSING FACILITY | | | | | | | | 44 |
| 45 NURSING FACILITY | | | | | | | | 45 |
| 200 TOTAL (LINES 30-199) | 710,897 | | 710,897 | 4,874 | | 746 | 79,818 | 200 |

PROVIDER CCN: 14-0161 ***LOW MEDICARE UTILIZATION***
 PERIOD FROM 10/01/2012 TO 09/30/2013

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

VERSION: 2013.11
 02/25/2014 10:01

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0161) [] SUB (OTHER)
 APPLICABLE [] TITLE XVIII-PT A [] IPF
 BOXES [XX] TITLE XIX [] IRF

[] PPS
 [] TEFRA
 [XX] OTHER

| COST CENTER DESCRIPTION | CAP-REL COST | TOTAL CHARGES | RATIO OF COST TO CHARGES | INPATIENT PROGRAM CHARGES | CAPITAL (COL.3 x COL.4) |
|---|-------------------------------------|-----------------------------------|--------------------------|---------------------------|-------------------------|
| | (FROM WKST B, PT. II, COL. 26) 1 | (FROM WKST C, PT. I, COL. 8) 2 | (COL.1 ÷ COL.2) 3 | | |
| | | | | 4 | 5 |
| ANCILLARY SERVICE COST CENTERS | | | | | |
| 50 OPERATING ROOM | 649,554 | 14,189,653 | 0.045777 | | 50 |
| 53 ANESTHESIOLOGY | 12,135 | 1,635,038 | 0.007422 | | 53 |
| 54 RADIOLOGY-DIAGNOSTIC | 218,587 | 5,511,679 | 0.039659 | | 54 |
| 54.10 ULTRASONOGRAPHY | 31,845 | 3,266,648 | 0.009749 | | 54.10 |
| 54.20 MAMMOGRAPHY | 144,116 | 1,945,695 | 0.074069 | | 54.20 |
| 56 RADIOISOTOPE | 26,732 | 3,738,879 | 0.007150 | | 56 |
| 57 CT SCAN | 319,404 | 17,765,115 | 0.017979 | | 57 |
| 58 MRI | 29,219 | 8,863,523 | 0.003297 | | 58 |
| 60 LABORATORY | 133,969 | 26,068,165 | 0.005139 | | 60 |
| 62.30 BLOOD CLOTTING FOR HEMOPHILIA | | | | | 62.30 |
| 63 BLOOD STORING, PROCESSING & T | 7,356 | 409,417 | 0.017967 | | 63 |
| 65 RESPIRATORY THERAPY | 33,783 | 1,202,933 | 0.028084 | | 65 |
| 66 PHYSICAL THERAPY | 140,928 | 3,661,534 | 0.038489 | | 66 |
| 67 OCCUPATIONAL THERAPY | 34,817 | 1,242,570 | 0.028020 | | 67 |
| 68 SPEECH PATHOLOGY | 64,278 | 743,251 | 0.086482 | | 68 |
| 69 ELECTROCARDIOLOGY | 27,171 | 5,146,417 | 0.005280 | | 69 |
| 70 ELECTROENCEPHALOGRAPHY | 59,428 | 1,723,738 | 0.034476 | | 70 |
| 71 MEDICAL SUPPLIES CHARGED TO P | 88,051 | 9,716,776 | 0.009062 | | 71 |
| 72 IMPL. DEV. CHARGED TO PATIENT | 53,369 | 5,700,531 | 0.009362 | | 72 |
| 73 DRUGS CHARGED TO PATIENTS | 95,823 | 8,641,229 | 0.011089 | | 73 |
| 74 RENAL DIALYSIS | | | | | 74 |
| 76 DIABETES SERVICES | 7,786 | 161,491 | 0.048213 | | 76 |
| 76.97 CARDIAC REHABILITATION | 23,030 | 202,520 | 0.113717 | | 76.97 |
| 76.98 HYPERBARIC OXYGEN THERAPY | | | | | 76.98 |
| 76.99 LITHOTRIPSY | | | | | 76.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | | |
| 91 EMERGENCY | 230,689 | 9,059,755 | 0.025463 | | 91 |
| 92 OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS | 129,964 | 1,858,925 | 0.069914 | | 92 |
| 94 HOME PROGRAM DIALYSIS | | | | | 94 |
| 200 TOTAL (SUM OF LINES 50-199) | 2,562,034 | 132,455,482 | | | 200 |

PROVIDER CCN: 14-0161 ***LOW MEDICARE UTILIZATION***
 PERIOD FROM 10/01/2012 TO 09/30/2013

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

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

| COST CENTER DESCRIPTION | NURSING SCHOOL 1 | ALLIED HEALTH COST 2 | ALL OTHER MEDICAL EDUCATION COST 3 | SWING-BED ADJUSTMENT AMOUNT (SEE INSTR.) 4 | TOTAL COSTS (SUM OF COLS. 1-3 MINUS COL. 4) 5 |
|---------------------------------|------------------------|-------------------------------|--|--|---|
| 30 INPAT ROUTINE SERV COST CTRS | | | | | 30 |
| 31 ADULTS & PEDIATRICS | | | | | 31 |
| 32 INTENSIVE CARE UNIT | | | | | 32 |
| 33 CORONARY CARE UNIT | | | | | 33 |
| 34 BURN INTENSIVE CARE UNIT | | | | | 34 |
| 35 SURGICAL INTENSIVE CARE UNIT | | | | | 35 |
| 36 OTHER SPECIAL CARE (SPECIFY) | | | | | 36 |
| 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: 14-0161 ***LOW MEDICARE UTILIZATION***
 PERIOD FROM 10/01/2012 TO 09/30/2013

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

VERSION: 2013.11
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

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

| COST CENTER DESCRIPTION | TOTAL PATIENT DAYS 6 | PER DIEM COL.5 ÷ COL.6) 7 | INPATIENT PROGRAM DAYS 8 | INPAT PGM PASS THRU COSTS (COL.7 x COL.8) 9 | |
|---------------------------------|-------------------------------|------------------------------------|-----------------------------------|--|-----|
| INPAT ROUTINE SERV COST CTRS | | | | | |
| 30 ADULTS & PEDIATRICS | 3,537 | | 453 | | 30 |
| 31 INTENSIVE CARE UNIT | 957 | | 55 | | 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 | 380 | | 238 | | 43 |
| 44 SKILLED NURSING FACILITY | | | | | 44 |
| 45 NURSING FACILITY | | | | | 45 |
| 200 TOTAL (SUM OF LINES 30-199) | 4,874 | | 746 | | 200 |

PROVIDER CCN: 14-0161 ***LOW MEDICARE UTILIZATION***
 PERIOD FROM 10/01/2012 TO 09/30/2013

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

VERSION: 2013.11
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0161) [] SUB (OTHER) [] ICF/MR [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [] NF [XX] OTHER

| COST CENTER DESCRIPTION | NON | NURSING | ALLIED | ALL OTHER | TOTAL | TOTAL O/P |
|-------------------------------------|---------------------------------------|---------|--------|-----------|-------|-----------|
| | PHYSICIAN ANESTHETIST COST 1 | | | | | |
| ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50 OPERATING ROOM | | | | | | 50 |
| 53 ANESTHESIOLOGY | | | | | | 53 |
| 54 RADIOLOGY-DIAGNOSTIC | | | | | | 54 |
| 54.10 ULTRASONOGRAPHY | | | | | | 54.10 |
| 54.20 MAMMOGRAPHY | | | | | | 54.20 |
| 56 RADIOISOTOPE | | | | | | 56 |
| 57 CT SCAN | | | | | | 57 |
| 58 MRI | | | | | | 58 |
| 60 LABORATORY | | | | | | 60 |
| 62.30 BLOOD CLOTTING FOR HEMOPHILIA | | | | | | 62.30 |
| 63 BLOOD STORING, PROCESSING & T | | | | | | 63 |
| 65 RESPIRATORY THERAPY | | | | | | 65 |
| 66 PHYSICAL THERAPY | | | | | | 66 |
| 67 OCCUPATIONAL THERAPY | | | | | | 67 |
| 68 SPEECH PATHOLOGY | | | | | | 68 |
| 69 ELECTROCARDIOLOGY | | | | | | 69 |
| 70 ELECTROENCEPHALOGRAPHY | | | | | | 70 |
| 71 MEDICAL SUPPLIES CHARGED TO P | | | | | | 71 |
| 72 IMPL. DEV. CHARGED TO PATIENT | | | | | | 72 |
| 73 DRUGS CHARGED TO PATIENTS | | | | | | 73 |
| 74 RENAL DIALYSIS | | | | | | 74 |
| 76 DIABETES SERVICES | | | | | | 76 |
| 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 (NON-DISTINC | | | | | | 92 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 94 HOME PROGRAM DIALYSIS | | | | | | 94 |
| 200 TOTAL (SUM OF LINES 50-199) | | | | | | 200 |

PROVIDER CCN: 14-0161 ***LOW MEDICARE UTILIZATION***
 PERIOD FROM 10/01/2012 TO 09/30/2013

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

VERSION: 2013.11
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

| CHECK APPLICABLE BOXES | [] TITLE V [] TITLE XVIII-PT A [XX] TITLE XIX | [XX] HOSPITAL (14-0161) [] IPF [] IRF | [] SUB (OTHER) [] SNF [] NF | [] ICF/MR | [] PPS [] TEFRA [XX] OTHER | |
|---------------------------------|---|---|---|-------------------------|--|--|
| COST CENTER DESCRIPTION | TOTAL CHARGES (FROM WKST C, PT. I, COL. 8) 7 | RATIO OF COST TO CHARGES (COL. 5 ÷ COL. 7) 8 | O/P RATIO OF COST TO CHARGES (COL. 6 ÷ COL. 7) 9 | INPAT PGM CHARGES 10 | INPAT PGM PASS-THRU COSTS (COL. 8 x COL. 10) 11 | O/P PGM PASS-THRU COSTS (COL. 9 x COL. 12) 12 13 |
| ANCILLARY SERVICE COST CENTERS | | | | | | |
| 50 | OPERATING ROOM | 14,189,653 | | | | |
| 53 | ANESTHESIOLOGY | 1,635,038 | | | | 50 |
| 54 | RADIOLOGY-DIAGNOSTIC | 5,511,679 | | | | 53 |
| 54.10 | ULTRASONOGRAPHY | 3,266,648 | | | | 54 |
| 54.20 | MAMMOGRAPHY | 1,945,695 | | | | 54.10 |
| 56 | RADIOISOTOPE | 3,738,879 | | | | 54.20 |
| 57 | CT SCAN | 17,765,115 | | | | 56 |
| 58 | MRI | 8,863,523 | | | | 57 |
| 60 | LABORATORY | 26,068,165 | | | | 58 |
| 62.30 | BLOOD CLOTTING FOR HEMOPHILI | | | | | 60 |
| 63 | BLOOD STORING, PROCESSING & | 409,417 | | | | 62.30 |
| 65 | RESPIRATORY THERAPY | 1,202,933 | | | | 63 |
| 66 | PHYSICAL THERAPY | 3,661,534 | | | | 65 |
| 67 | OCCUPATIONAL THERAPY | 1,242,570 | | | | 66 |
| 68 | SPEECH PATHOLOGY | 743,251 | | | | 67 |
| 69 | ELECTROCARDIOLOGY | 5,146,417 | | | | 68 |
| 70 | ELECTROENCEPHALOGRAPHY | 1,723,738 | | | | 69 |
| 71 | MEDICAL SUPPLIES CHARGED TO | 9,716,776 | | | | 70 |
| 72 | IMPL. DEV. CHARGED TO PATIEN | 5,700,531 | | | | 71 |
| 73 | DRUGS CHARGED TO PATIENTS | 8,641,229 | | | | 72 |
| 74 | RENAL DIALYSIS | | | | | 73 |
| 76 | DIABETES SERVICES | 161,491 | | | | 74 |
| 76.97 | CARDIAC REHABILITATION | 202,520 | | | | 76 |
| 76.98 | HYPERBARIC OXYGEN THERAPY | | | | | 76.97 |
| 76.99 | LITHOTRIPSY | | | | | 76.98 |
| OUTPATIENT SERVICE COST CENTERS | | | | | | |
| 91 | EMERGENCY | 9,059,755 | | | | 76.99 |
| 92 | OBSERVATION BEDS (NON-DISTIN | 1,858,925 | | | | 91 |
| OTHER REIMBURSABLE COST CENTERS | | | | | | |
| 94 | HOME PROGRAM DIALYSIS | | | | | 92 |
| 200 | TOTAL (SUM OF LINES 50-199) | 132,455,482 | | | | 94 |
| | | | | | | 200 |

PROVIDER CCN: 14-0161 ***LOW MEDICARE UTILIZATION***
 PERIOD FROM 10/01/2012 TO 09/30/2013

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

VERSION: 2013.11
 02/25/2014 10:01

APPORTIONMENT OF MEDICAL AND OTHER HEALTH SERVICES COSTS

WORKSHEET D
 PART V

CHECK [] TITLE V - O/P [XX] HOSPITAL (14-0161) [] SUB (OTHER) [] S/B-SNF
 APPLICABLE [] TITLE XVIII-PT B [] IPF [] SNF [] S/B-NF
 BOXES [XX] TITLE XIX - O/P [] IRF [] NF [] ICF/MR

| COST CENTER DESCRIPTION | COST TO CHARGE RATIO FROM WKST C, PT I, COL. 9 1 | PROGRAM CHARGES | | | | PROGRAM COSTS | | |
|--|---|-------------------------|------------------------------------|---|--------------|-----------------------------|--------------------------------------|--|
| | | PPS REIMBURSED SERVICES | COST REIMB. SUBJECT TO DED & COINS | COST REIMB. SVCS NOT SUBJECT TO DED & COINS | PPS SERVICES | COST SUBJECT TO DED & COINS | COST SVCS NOT SUBJECT TO DED & COINS | |
| | | 2 | 3 | 4 | 5 | 6 | 7 | |
| ANCILLARY SERVICE COST CENTERS | | | | | | | | |
| 50 OPERATING ROOM | 0.316686 | | | | | | 50 | |
| 53 ANESTHESIOLOGY | 0.050550 | | | | | | 53 | |
| 54 RADIOLOGY-DIAGNOSTIC | 0.219736 | | | | | | 54 | |
| 54.10 ULTRASONOGRAPHY | 0.128512 | | | | | | 54.10 | |
| 54.20 MAMMOGRAPHY | 0.225190 | | | | | | 54.20 | |
| 56 RADIOISOTOPE | 0.111409 | | | | | | 56 | |
| 57 CT SCAN | 0.048456 | | | | | | 57 | |
| 58 MRI | 0.071438 | | | | | | 58 | |
| 60 LABORATORY | 0.079354 | | | | | | 60 | |
| 62.30 BLOOD CLOTTING FOR HEMOPHILIACS | | | | | | | 62.30 | |
| 63 BLOOD STORING, PROCESSING & TRA | 0.413061 | | | | | | 63 | |
| 65 RESPIRATORY THERAPY | 0.399860 | | | | | | 65 | |
| 66 PHYSICAL THERAPY | 0.416637 | | | | | | 66 | |
| 67 OCCUPATIONAL THERAPY | 0.327524 | | | | | | 67 | |
| 68 SPEECH PATHOLOGY | 0.777091 | | | | | | 68 | |
| 69 ELECTROCARDIOLOGY | 0.084695 | | | | | | 69 | |
| 70 ELECTROENCEPHALOGRAPHY | 0.233918 | | | | | | 70 | |
| 71 MEDICAL SUPPLIES CHARGED TO PAT | 0.144743 | | | | | | 71 | |
| 72 IMPL. DEV. CHARGED TO PATIENTS | 0.212960 | | | | | | 72 | |
| 73 DRUGS CHARGED TO PATIENTS | 0.211002 | | | | | | 73 | |
| 74 RENAL DIALYSIS | | | | | | | 74 | |
| 76 DIABETES SERVICES | 0.820696 | | | | | | 76 | |
| 76.97 CARDIAC REHABILITATION | 0.629395 | | | | | | 76.97 | |
| 76.98 HYPERBARIC OXYGEN THERAPY | | | | | | | 76.98 | |
| 76.99 LITHOTRIPSY | | | | | | | 76.99 | |
| OUTPATIENT SERVICE COST CENTERS | | | | | | | | |
| 91 EMERGENCY | 0.304142 | | | | | | 91 | |
| 92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS) | 0.687869 | | | | | | 92 | |
| 94 HOME PROGRAM DIALYSIS | | | | | | | 94 | |
| 200 SUBTOTAL (SEE INSTRUCTIONS) | | | | | | | 200 | |
| 201 LESS PBP CLINIC LAB SERVICES | | | | | | | 201 | |
| 202 NET CHARGES (LINE 200 - LINE 201) | | | | | | | 202 | |

PROVIDER CCN: 14-0161 ***LOW MEDICARE UTILIZATION***
 PERIOD FROM 10/01/2012 TO 09/30/2013

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

VERSION: 2013.11
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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0161) [] SUB (OTHER) [XX] FPS
 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) 1,535.05 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 2,248,848 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) 2,248,848 41

| | TOTAL INPATIENT COST 1 | TOTAL INPATIENT DAYS 2 | AVERAGE PER DIEM (COL. 1 ÷ COL. 2) 3 | PROGRAM DAYS 4 | PROGRAM COST (COL. 3 x COL. 4) 5 | |
|--|---------------------------------|---------------------------------|--|----------------------|--|----|
| 42 NURSERY (TITLES V AND XIX ONLY) | | | | | | 42 |
| INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS | | | | | | |
| 43 INTENSIVE CARE UNIT | 1,722,219 | 957 | 1,799.60 | 636 | 1,144,546 | 43 |
| 44 CORONARY CARE UNIT | | | | | | 44 |
| 45 BURN INTENSIVE CARE UNIT | | | | | | 45 |
| 46 SURGICAL INTENSIVE CARE UNIT | | | | | | 46 |
| 47 OTHER SPECIAL CARE (SPECIFY) | | | | | | 47 |
| 48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200) | | | | | 2,610,878 | 48 |
| 49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS) | | | | | 6,004,272 | 49 |

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 334,272 50
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 222,629 51
 52 TOTAL PROGRAM EXCLUDABLE COST 556,901 52
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 5,447,371 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) 833 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 1,535.05 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 1,278,697 89

| | COST 1 | ROUTINE COST (FROM LINE 27) 2 | COL. 1 ÷ COL. 2 3 | TOTAL OBS. BED COST (FROM LINE 89) 4 | OBS. BED PASS-THRU COST (COL. 3 x COL. 4) (SEE INSTR.) 5 | |
|--|-----------|---|-------------------------|---|--|----|
| COMPUTATION OF OBSERVATION BED PASS-THROUGH COST | | | | | | |
| 90 CAPITAL-RELATED COST | 551,841 | 5,429,465 | 0.101638 | 1,278,697 | 129,964 | 90 |
| 91 NURSING SCHOOL COST | | | | | | 91 |
| 92 ALLIED HEALTH COST | | | | | | 92 |
| 93 ALL OTHER MEDICAL EDUCATION | | | | | | 93 |

PROVIDER CCN: 14-0161 ***LOW MEDICARE UTILIZATION***
 PERIOD FROM 10/01/2012 TO 09/30/2013

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

VERSION: 2013.11
 02/25/2014 10:01

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

CHECK [] TITLE V-INPT [XX] HOSPITAL (14-0161) [] SUB (OTHER)
 APPLICABLE [] TITLE XVIII-PT A [] IPF
 BOXES [XX] TITLE XIX-INPT [] IRF

[] PFS
 [] TEFRA
 [XX] 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) 1,535.05 38
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST (LINE 9 x LINE 38) 695,378 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) 695,378 41

| | TOTAL INPATIENT COST 1 | TOTAL INPATIENT DAYS 2 | AVERAGE PER DIEM (COL. 1 ÷ COL. 2) 3 | PROGRAM DAYS 4 | PROGRAM COST (COL. 3 x COL. 4) 5 |
|--|---------------------------------|---------------------------------|--|----------------------|--|
| 42 NURSERY (TITLES V AND XIX ONLY) | | 380 | | 238 | 42 |
| INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS | | | | | |
| 43 INTENSIVE CARE UNIT | 1,722,219 | 957 | 1,799.60 | 55 | 98,978 43 |
| 44 CORONARY CARE UNIT | | | | | 44 |
| 45 BURN INTENSIVE CARE UNIT | | | | | 45 |
| 46 SURGICAL INTENSIVE CARE UNIT | | | | | 46 |
| 47 OTHER SPECIAL CARE (SPECIFY) | | | | | 47 |
| 48 PROGRAM INPATIENT ANCILLARY SERVICE COST (WKST D-3, COL. 3, LINE 200) | | | | | 48 |
| 49 TOTAL PROGRAM INPATIENT COSTS (SEE INSTRUCTIONS) | | | | | 794,356 49 |

PASS-THROUGH COST ADJUSTMENTS
 50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES (FROM WKST D, SUM OF PARTS I AND III) 79,818 50
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES (FROM WKST D, SUM OF PARTS II AND IV) 51
 52 TOTAL PROGRAM EXCLUDABLE COST 79,818 52
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS (LINE 49 MINUS LINE 52) 53

TARGET AMOUNT AND LIMIT COMPUTATION
 54 PROGRAM DISCHARGES 54
 55 TARGET AMOUNT PER DISCHARGE 55
 56 TARGET AMOUNT (LINE 54 x LINE 55) 56
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT 57
 58 BONUS PAYMENT (SEE INSTRUCTIONS) 58
 59 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY 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) 833 87
 88 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM (LINE 27 ÷ LINE 2) 88
 89 OBSERVATION BED COST (LINE 87 x LINE 88) (SEE INSTRUCTIONS) 89

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

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL (14-0161) [] 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 | INPATIENT | INPATIENT | |
|---|---------------|-----------------|-----------------|-------|
| | TO CHARGES | PROGRAM CHARGES | PROGRAM COSTS | |
| | 1 | 2 | (COL.1 x COL.2) | 3 |
| INPATIENT ROUTINE SERVICE COST CENTERS | | | | |
| 30 ADULTS & PEDIATRICS | | 1,874,020 | | 30 |
| 31 INTENSIVE CARE UNIT | | 1,601,452 | | 31 |
| ANCILLARY SERVICE COST CENTERS | | | | |
| 50 OPERATING ROOM | 0.316686 | 1,402,169 | 444,047 | 50 |
| 53 ANESTHESIOLOGY | 0.050550 | 191,560 | 9,603 | 53 |
| 54 RADIOLOGY-DIAGNOSTIC | 0.219736 | 394,643 | 86,717 | 54 |
| 54.10 ULTRASONOGRAPHY | 0.128512 | 93,804 | 12,055 | 54.10 |
| 54.20 MAMMOGRAPHY | 0.225190 | 836 | 188 | 54.20 |
| 56 RADIOISOTOPE | 0.111409 | 127,137 | 14,164 | 56 |
| 57 CT SCAN | 0.048456 | 843,264 | 40,861 | 57 |
| 58 MRI | 0.071438 | 220,002 | 15,717 | 58 |
| 60 LABORATORY | 0.079354 | 2,222,338 | 176,351 | 60 |
| 62.30 BLOOD CLOTTING FOR HEMOPHILIACS | | | | 62.30 |
| 63 BLOOD STORING, PROCESSING & TRA | 0.413061 | | | 63 |
| 65 RESPIRATORY THERAPY | 0.399860 | 378,990 | 151,543 | 65 |
| 66 PHYSICAL THERAPY | 0.416637 | 211,009 | 87,914 | 66 |
| 67 OCCUPATIONAL THERAPY | 0.327524 | 155,305 | 50,866 | 67 |
| 68 SPEECH PATHOLOGY | 0.777091 | 16,365 | 12,717 | 68 |
| 69 ELECTROCARDIOLOGY | 0.084695 | 469,473 | 39,762 | 69 |
| 70 ELECTROENCEPHALOGRAPHY | 0.233918 | 3,545 | 829 | 70 |
| 71 MEDICAL SUPPLIES CHARGED TO PAT | 0.144743 | 2,132,056 | 308,600 | 71 |
| 72 IMPL. DEV. CHARGED TO PATIENTS | 0.212960 | 2,229,247 | 474,740 | 72 |
| 73 DRUGS CHARGED TO PATIENTS | 0.211002 | 2,083,533 | 439,630 | 73 |
| 74 RENAL DIALYSIS | | | | 74 |
| 76 DIABETES SERVICES | 0.820696 | 214 | 176 | 76 |
| 76.97 CARDIAC REHABILITATION | 0.629395 | 166 | 104 | 76.97 |
| 76.98 HYPERBARIC OXYGEN THERAPY | | | | 76.98 |
| 76.99 LITHOTRIPSY | | | | 76.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | |
| 91 EMERGENCY | 0.304142 | 569,343 | 173,161 | 91 |
| 92 OBSERVATION BEDS (NON-DISTINCT | 0.687869 | 103,295 | 71,053 | 92 |
| OTHER REIMBURSABLE COST CENTERS | | | | |
| 94 HOME PROGRAM DIALYSIS | | | | 94 |
| 200 TOTAL (SUM OF LINES 50-94 AND 96-98) | | 13,848,294 | 2,610,878 | 200 |
| 201 LESS BPB CLINIC LAB SVCS-PGM ONLY CHARGES | | | | 201 |
| 202 NET CHARGES (LINE 200 MINUS LINE 201) | | 13,848,294 | | 202 |

PROVIDER CCN: 14-0161 ***LOW MEDICARE UTILIZATION***
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 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2013.11
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INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [] HOSPITAL [] SUB (OTHER) [XX] S/B SNF (14-U161) [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 | INPATIENT | INPATIENT | |
|---|---------------|-----------------|-----------------|-------|
| | TO CHARGES | PROGRAM CHARGES | PROGRAM COSTS | |
| | 1 | 2 | (COL.1 x COL.2) | 3 |
| INPATIENT ROUTINE SERVICE COST CENTERS | | | | |
| 30 ADULTS & PEDIATRICS | | | | 30 |
| 31 INTENSIVE CARE UNIT | | | | 31 |
| ANCILLARY SERVICE COST CENTERS | | | | |
| 50 OPERATING ROOM | 0.316686 | | | 50 |
| 53 ANESTHESIOLOGY | 0.050550 | | | 53 |
| 54 RADIOLOGY-DIAGNOSTIC | 0.219736 | 5,333 | 1,172 | 54 |
| 54.10 ULTRASONOGRAPHY | 0.128512 | 3,373 | 433 | 54.10 |
| 54.20 MAMMOGRAPHY | 0.225190 | 6 | 1 | 54.20 |
| 56 RADIOISOTOPE | 0.111409 | | | 56 |
| 57 CT SCAN | 0.048456 | 7,373 | 357 | 57 |
| 58 MRI | 0.071438 | | | 58 |
| 60 LABORATORY | 0.079354 | 42,777 | 3,395 | 60 |
| 62.30 BLOOD CLOTTING FOR HEMOPHILIACS | | | | 62.30 |
| 63 BLOOD STORING, PROCESSING & TRA | 0.413061 | | | 63 |
| 65 RESPIRATORY THERAPY | 0.399860 | 1,957 | 783 | 65 |
| 66 PHYSICAL THERAPY | 0.416637 | 59,604 | 24,833 | 66 |
| 67 OCCUPATIONAL THERAPY | 0.327524 | 59,030 | 19,334 | 67 |
| 68 SPEECH PATHOLOGY | 0.777091 | | | 68 |
| 69 ELECTROCARDIOLOGY | 0.084695 | 462 | 39 | 69 |
| 70 ELECTROENCEPHALOGRAPHY | 0.233918 | | | 70 |
| 71 MEDICAL SUPPLIES CHARGED TO PAT | 0.144743 | 73,939 | 10,702 | 71 |
| 72 IMPL. DEV. CHARGED TO PATIENTS | 0.212960 | | | 72 |
| 73 DRUGS CHARGED TO PATIENTS | 0.211002 | 82,172 | 17,338 | 73 |
| 74 RENAL DIALYSIS | | | | 74 |
| 76 DIABETES SERVICES | 0.820696 | | | 76 |
| 76.97 CARDIAC REHABILITATION | 0.629395 | | | 76.97 |
| 76.98 HYPERBARIC OXYGEN THERAPY | | | | 76.98 |
| 76.99 LITHOTRIPSY | | | | 76.99 |
| OUTPATIENT SERVICE COST CENTERS | | | | |
| 91 EMERGENCY | 0.304142 | | | 91 |
| 92 OBSERVATION BEDS (NON-DISTINCT | 0.687869 | | | 92 |
| OTHER REIMBURSABLE COST CENTERS | | | | |
| 94 HOME PROGRAM DIALYSIS | | | | 94 |
| 200 TOTAL (SUM OF LINES 50-94 AND 96-98) | | 336,026 | 78,387 | 200 |
| 201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES | | | | 201 |
| 202 NET CHARGES (LINE 200 MINUS LINE 201) | | 336,026 | | 202 |

PROVIDER CCN: 14-0161 ***LOW MEDICARE UTILIZATION***
 PERIOD FROM 10/01/2012 TO 09/30/2013

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 IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2013.11
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INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-3

CHECK [] TITLE V [XX] HOSPITAL (14-0161) [] SUB (OTHER) [] S/B SNF [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] IPF [] SNF [] S/B NF [] TEFRA
 BOXES [XX] TITLE XIX [] IRF [] NF [] ICE/MR [XX] OTHER

| COST CENTER DESCRIPTION | RATIO OF COST | INPATIENT | INPATIENT |
|---|---------------|-----------------|-----------------|
| | TO CHARGES | PROGRAM CHARGES | PROGRAM COSTS |
| | 1 | 2 | (COL.1 x COL.2) |
| | | | 3 |
| INPATIENT ROUTINE SERVICE COST CENTERS | | | |
| 30 ADULTS & PEDIATRICS | | | 30 |
| 31 INTENSIVE CARE UNIT | | | 31 |
| 43 NURSERY | | | 43 |
| ANCILLARY SERVICE COST CENTERS | | | |
| 50 OPERATING ROOM | 0.316686 | | 50 |
| 53 ANESTHESIOLOGY | 0.050550 | | 53 |
| 54 RADIOLOGY-DIAGNOSTIC | 0.219736 | | 54 |
| 54.10 ULTRASONOGRAPHY | 0.128512 | | 54.10 |
| 54.20 MAMMOGRAPHY | 0.225190 | | 54.20 |
| 56 RADIOISOTOPE | 0.111409 | | 56 |
| 57 CT SCAN | 0.048456 | | 57 |
| 58 MRI | 0.071438 | | 58 |
| 60 LABORATORY | 0.079354 | | 60 |
| 62.30 BLOOD CLOTTING FOR HEMOPHILIACS | | | 62.30 |
| 63 BLOOD STORING, PROCESSING & TRA | 0.413061 | | 63 |
| 65 RESPIRATORY THERAPY | 0.399860 | | 65 |
| 66 PHYSICAL THERAPY | 0.416637 | | 66 |
| 67 OCCUPATIONAL THERAPY | 0.327524 | | 67 |
| 68 SPEECH PATHOLOGY | 0.777091 | | 68 |
| 69 ELECTROCARDIOLOGY | 0.084695 | | 69 |
| 70 ELECTROENCEPHALOGRAPHY | 0.233918 | | 70 |
| 71 MEDICAL SUPPLIES CHARGED TO PAT | 0.144743 | | 71 |
| 72 IMPL. DEV. CHARGED TO PATIENTS | 0.212960 | | 72 |
| 73 DRUGS CHARGED TO PATIENTS | 0.211002 | | 73 |
| 74 RENAL DIALYSIS | | | 74 |
| 76 DIABETES SERVICES | 0.820696 | | 76 |
| 76.97 CARDIAC REHABILITATION | 0.629395 | | 76.97 |
| 76.98 HYPERBARIC OXYGEN THERAPY | | | 76.98 |
| 76.99 LITHOTRIPSY | | | 76.99 |
| OUTPATIENT SERVICE COST CENTERS | | | |
| 91 EMERGENCY | 0.304142 | | 91 |
| 92 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS) | 0.687869 | | 92 |
| 94 HOME PROGRAM DIALYSIS | | | 94 |
| 200 TOTAL (SUM OF LINES 50-94 AND 96-98) | | | 200 |
| 201 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES | | | 201 |
| 202 NET CHARGES (LINE 200 MINUS LINE 201) | | | 202 |

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

CHECK [XX] HOSPITAL (14-0161)
 APPLICABLE BOX: [] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

| | | | |
|---|---|-----------|------|
| 1 | DRG AMOUNTS OTHER THAN OUTLIER PAYMENTS | 4,261,881 | 1 |
| 2 | OUTLIER PAYMENTS FOR DISCHARGES (SEE INSTRUCTIONS) | 19,811 | 2 |
| 2.01 | OUTLIER RECONCILIATION AMOUNT | | 2.01 |
| 3 | MANAGED CARE SIMULATED PAYMENTS | | 3 |
| 4 | BED DAYS AVAILABLE DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS) | 38.52 | 4 |
| INDIRECT MEDICAL EDUCATION ADJUSTMENT CALCULATION FOR HOSPITALS | | | |
| 5 | FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996 (SEE INSTRUCTIONS) | | 5 |
| 6 | FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.79(e) | | 6 |
| 7 | MMA SECTION 422 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(1) | | 7 |
| 7.01 | ACA SECTION 5503 REDUCTION AMOUNT TO THE IME CAP AS SPECIFIED UNDER 42 CFR §412.105 (f)(1)(iv)(B)(2). IF THE COST REPORT STRADDLES JULY 1, 2011 THEN SEE INSTRUCTIONS. | | 7.01 |
| 8 | ADJUSTMENT (INCREASE OR DECREASE) TO THE FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR §413.75(b), §413.79(c)(2) AND VOL. 64 FEDERAL REGISTER, MAY 12, 1998, PAGE 26340 AND VOL. 67 FEDERAL REGISTER, PAGE 50069, AUGUST 1, 2002. | | 8 |
| 8.01 | THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS UNDER SECTION 5503 OF THE ACA. IF THE COST REPORT STRADDLES JULY 1, 2011, SEE INSTRUCTIONS. | | 8.01 |
| 8.02 | THE AMOUNT OF INCREASE IF THE HOSPITAL WAS AWARDED FTE CAP SLOTS FROM A CLOSED TEACHING HOSPITAL UNDER SECTION 5506 OF ACA. (SEE INSTRUCTIONS) | | 8.02 |
| 9 | SUM OF LINES 5 PLUS 6 MINUS LINES (7 AND 7.01) PLUS/MINUS LINES (8, 8.01 AND 8.02) (SEE INSTRUCTIONS) | | 9 |
| 10 | FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS | | 10 |
| 11 | FTE COUNT FOR RESIDENTS IN DENTAL AND AND PODIATRIC PROGRAMS | | 11 |
| 12 | CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS) | | 12 |
| 13 | TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR | | 13 |
| 14 | TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO | | 14 |
| 15 | SUM OF LINES 12 THROUGH 14 DIVIDED BY 3 | | 15 |
| 16 | ADJUSTMENT FOR RESIDENTS IN INITIAL YEARS OF THE PROGRAM | | 16 |
| 17 | ADJUSTMENT FOR RESIDENTS DISPLACED BY PROGRAM OR HOSPITAL CLOSURE | | 17 |
| 18 | ADJUSTED ROLLING AVERAGE FTE COUNT | | 18 |
| 19 | CURRENT YEAR RESIDENT TO BED RATIO (LINE 18 DIVIDED BY LINE 4) | | 19 |
| 20 | PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS) | | 20 |
| 21 | ENTER THE LESSER OF LINES 19 OR 20 (SEE INSTRUCTIONS) | | 21 |
| 22 | IME PAYMENT ADJUSTMENT (SEE INSTRUCTIONS) | | 22 |
| INDIRECT MEDICAL EDUCATION ADJUSTMENT FOR THE ADD-ON | | | |
| 23 | NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C) | | 23 |
| 24 | IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS) | | 24 |
| 25 | IF THE AMOUNT ON LINE 24 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 23 OR LINE 24 (SEE INSTRUCTIONS) | | 25 |
| 26 | RESIDENT TO BED RATIO (DIVIDE LINE 25 BY LINE 4) | | 26 |
| 27 | IME PAYMENTS ADJUSTMENT (SEE INSTRUCTIONS) | | 27 |
| 28 | IME ADJUSTMENT (SEE INSTRUCTIONS) | | 28 |
| 29 | TOTAL IME PAYMENT (SUM OF LINES 22 AND 28) | | 29 |
| DISPROPORTIONATE SHARE ADJUSTMENT | | | |
| 30 | PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS) | 0.0389 | 30 |
| 31 | PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL (SEE INSTRUCTIONS) | 0.2086 | 31 |
| 32 | SUM OF LINES 30 AND 31 | 0.2475 | 32 |
| 33 | ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS) | 0.0963 | 33 |
| 34 | DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS) | 410,419 | 34 |
| ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES | | | |
| 40 | TOTAL MEDICARE DISCHARGES ON WORKSHEET S-3, PART I EXCLUDING DISCHARGES FOR MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS) | | 40 |
| 41 | TOTAL ESRD MEDICARE DISCHARGES EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS) | | 41 |
| 42 | DIVIDE LINE 41 BY LINE 40 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT) | | 42 |
| 43 | TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING MS-DRGs 652, 682, 683, 684 AND 685 (SEE INSTRUCTIONS) | | 43 |
| 44 | RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK (LINE 43 DIVIDED BY LINE 41 DIVIDED BY 7 DAYS) | | 44 |
| 45 | AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUCTIONS) | | 45 |
| 46 | TOTAL ADDITIONAL PAYMENT (LINE 45 TIMES LINE 44 TIMES LINE 41) | | 46 |
| 47 | SUBTOTAL (SEE INSTRUCTIONS) | 4,692,111 | 47 |
| 48 | HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY (SEE INSTRUCTIONS) | 5,447,948 | 48 |
| 49 | TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS) | 5,447,948 | 49 |
| 50 | PAYMENT FOR INPATIENT PROGRAM CAPITAL (FROM WKST L, PARTS I, II, AS APPLICABLE) | 341,527 | 50 |
| 51 | EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WKST L, PART III) (SEE INSTRUCTIONS) | | 51 |

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

CHECK [XX] HOSPITAL (14-0161)
APPLICABLE BOX: [] SUB (OTHER)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

| | | | |
|-------------------------------|--|-----------|-------|
| 52 | DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WKST E-4, LINE 49) (SEE INSTRUCTIONS) | | 52 |
| 53 | NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT | | 53 |
| 54 | SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES | | 54 |
| 55 | NET ORGAN ACQUISITION COST (WKST D-4, PART III, COL. 1, LINE 69) | | 55 |
| 56 | COST OF TEACHING PHYSICIANS (WKST D-5, PART II, COL. 3, LINE 20) | | 56 |
| 57 | ROUTINE SERVICE OTHER PASS THROUGH COSTS | | 57 |
| 58 | ANCILLARY SERVICE OTHER PASS THROUGH COSTS (WKST D, PART IV, COL. 11, LINE 200) | | 58 |
| 59 | TOTAL (SUM OF AMOUNTS ON LINES 49 THROUGH 58) | 5,789,475 | 59 |
| 60 | PRIMARY PAYER PAYMENTS | 8,844 | 60 |
| 61 | TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES (LINE 59 MINUS LINE 60) | 5,780,631 | 61 |
| 62 | DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES | 511,904 | 62 |
| 63 | COINSURANCE BILLED TO PROGRAM BENEFICIARIES | 7,570 | 63 |
| 64 | ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS) | 118,476 | 64 |
| 65 | ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) | 77,009 | 65 |
| 66 | ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS) | 105,161 | 66 |
| 67 | SUBTOTAL (LINE 61 PLUS LINE 65 MINUS LINES 62 AND 63) | 5,338,166 | 67 |
| 68 | CREDITS RECEIVED FROM MANUFACTURERS FOR REPLACED DEVICES APPLICABLE TO MS-DRG (SEE INSTRUCTIONS) | | 68 |
| 69 | OUTLIER PAYMENTS RECONCILIATION | | 69 |
| 70 | OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS) | | 70 |
| 70.93 | HVPB PAYMENT ADJUSTMENT (SEE INSTRUCTIONS) | 20,948 | 70.93 |
| 70.97 | LOW VOLUME ADJUSTMENT FOR FISCAL YEAR (2013) | 876,694 | 70.97 |
| 71 | AMOUNT DUE PROVIDER (SEE INSTRUCTIONS) | 6,235,808 | 71 |
| 71.01 | SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS) | 62,358 | 71.01 |
| 72 | INTERIM PAYMENTS | 6,183,062 | 72 |
| 73 | TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY) | | 73 |
| 74 | BALANCE DUE PROVIDER/PROGRAM (LINE 71 MINUS LINES 71.01, 72 AND 73) | -9,612 | 74 |
| 75 | PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-2, SECTION 115.2 | 228,489 | 75 |
| TO BE COMPLETED BY CONTRACTOR | | | |
| 90 | OPERATING OUTLIER AMOUNT FROM WORKSHEET E, PART A, LINE 2 | | 90 |
| 91 | CAPITAL OUTLIER FROM WORKSHEET L, PART I, LINE 2 | | 91 |
| 92 | OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS) | | 92 |
| 93 | CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS) | | 93 |
| 94 | THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS) | | 94 |
| 95 | TIME VALUE OF MONEY FOR OPERATING EXPENSES (SEE INSTRUCTIONS) | | 95 |
| 96 | TIME VALUE OF MONEY FOR CAPITAL RELATED EXPENSES (SEE INSTRUCTIONS) | | 96 |

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

CHECK APPLICABLE BOX: [XX] HOSPITAL (14-0161) [] IPF
 [] SUB (OTHER) [] SNF [] IRF

PART B - MEDICAL AND OTHER HEALTH SERVICES

| | | | |
|-------|--|-----------|-------|
| 1 | MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS) | 5,781 | 1 |
| 2 | MEDICAL AND OTHER SERVICES REIMBURSED UNDER OPPTS (SEE INSTRUCTIONS) | 4,187,888 | 2 |
| 3 | PPS PAYMENTS | 4,284,523 | 3 |
| 4 | OUTLIER PAYMENT (SEE INSTRUCTIONS) | | 4 |
| 5 | ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO (SEE INSTRUCTIONS) | | 5 |
| 6 | LINE 2 TIMES LINE 5 | | 6 |
| 7 | SUM OF LINE 3 PLUS LINE 4 DIVIDED BY LINE 6 | | 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) | 5,781 | 11 |
| | COMPUTATION OF LESSER OF COST OR CHARGES | | |
| | REASONABLE CHARGES | | |
| 12 | ANCILLARY SERVICE CHARGES | 32,713 | 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) | 32,713 | 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) | 32,713 | 18 |
| 19 | EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST (COMPLETE ONLY IF LINE 18 EXCEEDS LINE 11 (SEE INSTRUCTIONS)) | 26,932 | 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) | 5,781 | 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) | 4,284,523 | 24 |
| | COMPUTATION OF REIMBURSEMENT SETTLEMENT | | |
| 25 | DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS) | 1,038,073 | 25 |
| 26 | DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 24 (SEE INSTRUCTIONS) | | 26 |
| 27 | SUBTOTAL ((LINES 21 AND 24 - THE SUM OF LINES 25 AND 26) PLUS THE SUM OF LINES 22 AND 23) (SEE INSTRUCTIONS) | 3,252,231 | 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) | 3,252,231 | 30 |
| 31 | PRIMARY PAYER PAYMENTS | 25 | 31 |
| 32 | SUBTOTAL (LINE 30 MINUS LINE 31) | 3,252,206 | 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) | 215,211 | 34 |
| 35 | ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) | 139,887 | 35 |
| 36 | ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS) | 194,643 | 36 |
| 37 | SUBTOTAL (SEE INSTRUCTIONS) ' T4 - 10/25/13 JF | 3,392,093 | 37 |
| 38 | MSP-LCC RECONCILIATION AMOUNT FROM PS&R | | 38 |
| 39 | OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS) | | 39 |
| 40 | SUBTOTAL (SEE INSTRUCTIONS) | 3,392,093 | 40 |
| 40.01 | SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS) | 33,921 | 40.01 |
| 41 | INTERIM PAYMENTS | 3,351,988 | 41 |
| 42 | TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY) | | 42 |
| 43 | BALANCE DUE PROVIDER/PROGRAM (SEE INSTRUCTIONS) | 6,184 | 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 |

PROVIDER CCN: 14-0161 ***LOW MEDICARE UTILIZATION***
 PERIOD FROM 10/01/2012 TO 09/30/2013

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

VERSION: 2013.11
 02/25/2014 10:01

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

CHECK HOSPITAL (14-0161) SUB (OTHER)
 APPLICABLE IPF SNF
 BOX: IRF SWING BED SNF

INPATIENT
 PART A PART B

| DESCRIPTION | INPATIENT PART A | | PART B | |
|---|------------------|-------------|-----------------|-------------|
| | MM/DD/YYYY 1 | AMOUNT 2 | MM/DD/YYYY 3 | AMOUNT 4 |
| 1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER | | 6,183,062 | | 3,351,988 |
| 2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO. | | NONE | | NONE |
| 3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. | | | | |
| | | NONE | | NONE |
| | | | | 3.01 |
| | | | | 3.02 |
| | | | | 3.03 |
| | | | | 3.04 |
| | | | | 3.05 |
| | | | | 3.06 |
| | | | | 3.07 |
| | | | | 3.08 |
| | | | | 3.09 |
| | | NONE | | NONE |
| | | | | 3.50 |
| | | | | 3.51 |
| | | | | 3.52 |
| | | | | 3.53 |
| | | | | 3.54 |
| | | | | 3.55 |
| | | | | 3.56 |
| | | | | 3.57 |
| | | | | 3.58 |
| | | | | 3.59 |
| | | | | 3.99 |
| SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98) | | | | |
| 4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE) | | 6,183,062 | | 3,351,988 |

TO BE COMPLETED BY CONTRACTOR

| | | | | |
|--|--|--|--|------|
| 5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. | | | | |
| | | | | 5.01 |
| | | | | 5.02 |
| | | | | 5.03 |
| | | | | 5.04 |
| | | | | 5.05 |
| | | | | 5.06 |
| | | | | 5.07 |
| | | | | 5.08 |
| | | | | 5.09 |
| | | | | 5.50 |
| | | | | 5.51 |
| | | | | 5.52 |
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| | | | | 5.54 |
| | | | | 5.55 |
| | | | | 5.56 |
| | | | | 5.57 |
| | | | | 5.58 |
| | | | | 5.59 |
| | | | | 5.99 |
| SUBTOTAL (SUM OF LINES 5.01-5.49 MINUS SUM OF LINES 5.50-5.98) | | | | |
| 6 DETERMINE NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT | | | | |
| | | | | 6.01 |
| | | | | 6.02 |
| 7 TOTAL MEDICARE PROGRAM LIABILITY (SEE INSTR.) | | | | 7 |

8 NAME OF CONTRACTOR:

CONTRACTOR NUMBER:

NPR DATE:

8

PROVIDER CCN: 14-0161 ***LOW MEDIGARE UTILIZATION***
 PERIOD FROM 10/01/2012 TO 09/30/2013

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

VERSION: 2013.11
 02/25/2014 10:01

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

WORKSHEET E-1
 PART I

CHECK [] HOSPITAL [] SUB (OTHER)
 APPLICABLE [] IPF [] SNF
 BOX: [] IRF [XX] SWING BED SNF (14-U161)

INPATIENT
 PART A

PART B

| DESCRIPTION | MM/DD/YYYY 1 | AMOUNT 2 | MM/DD/YYYY 3 | AMOUNT 4 | |
|---|--|-------------|-----------------|-------------|--|
| 1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER | | 72,568 | | | 1 |
| 2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE' OR ENTER A ZERO. | | NONE | | NONE | 2 |
| 3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO. | .01 .02 PROGRAM .03 TO .04 PROVIDER .05 .06 .07 .08 .09 .50 .51 PROVIDER .52 TO .53 PROGRAM .54 .55 .56 .57 .58 .59 .99 | NONE | | NONE | 3.01 3.02 3.03 3.04 3.05 3.06 3.07 3.08 3.09 3.50 3.51 3.52 3.53 3.54 3.55 3.56 3.57 3.58 3.59 3.99 |
| SUBTOTAL (SUM OF LINES 3.01-3.49 MINUS SUM OF LINES 3.50-3.98) | | | | | |
| 4 TOTAL INTERIM PAYMENTS (SUM OF LINES 1, 2 AND 3.99) (TRANSFER TO WKST E OR E-3, LINE AND COLUMN AS APPROPRIATE) | | 72,568 | | | 4 |

TO BE COMPLETED BY CONTRACTOR

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

PROVIDER CCN: 14-0161 ***LOW MEDICARE UTILIZATION***
PERIOD FROM 10/01/2012 TO 09/30/2013

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

VERSION: 2013.11
02/25/2014 10:01

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

WORKSHEET E-1
PART II

CHECK [XX] HOSPITAL (14-0161) [] 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 | 1,346 1 |
| 2 | MEDICARE DAYS FROM WKST S-3, PART I, COLUMN 6, SUM OF LINES 1, 8-12 | 2,101 2 |
| 3 | MEDICARE HMO DAYS FROM WKST S-3, PART I, COLUMN 6, LINE 2 | 256 3 |
| 4 | TOTAL INPATIENT DAYS FROM S-3, PART I, COLUMN 8, SUM OF LINES 1, 8-12 | 3,661 4 |
| 5 | TOTAL HOSPITAL CHARGES FROM WKST C, PART I, COLUMN 8, LINE 200 | 139,566,289 5 |
| 6 | TOTAL HOSPITAL CHARITY CARE CHARGES FROM WKST S-10, COLUMN 3, LINE 20 | 13,323,435 6 |
| 7 | CAH ONLY - THE REASONABLE COST INCURRED FOR THE PURCHASE OF CERTIFIED HIT TECHNOLOGY FROM WORKSHEET S-2, PART I, LINE 168 | 7 7 |
| 8 | CALCULATION OF THE HIT INCENTIVE PAYMENT (SEE INSTRUCTIONS) | 725,721 8 |
| 9 | SEQUESTRATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS) | 14,514 9 |
| 10 | CALCULATION OF THE HIT INCENTIVE PAYMENT AFTER SEQUESTRATION (SEE INSTRUCTIONS) | 711,207 10 |
| INPATIENT HOSPITAL SERVICES UNDER PPS & CAH | | |
| 30 | INITIAL/INTERIM HIT PAYMENT(S) | 639,960 30 |
| 31 | OTHER ADJUSTMENTS (SPECIFY) | 31 31 |
| 32 | BALANCE DUE PROVIDER (LINE 8 (OR LINE 10) MINUS LINE 30 AND LINE 31) (SEE INSTRUCTIONS) | 71,247 32 |

PROVIDER CCN: 14-0161 ***LOW MEDICARE UTILIZATION***
 PERIOD FROM 10/01/2012 TO 09/30/2013

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

VERSION: 2013.11
 02/25/2014 10:01

CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS

WORKSHEET E-2

CHECK [] TITLE V [XX] SWING BED - SNF (14-U161)
 APPLICABLE [XX] TITLE XVIII [] SWING BED - NF
 BOXES [] TITLE XIX

COMPUTATION OF NET COST OF COVERED SERVICES

| | PART A 1 | PART B 2 |
|--|-------------|-------------|
| 1 INPATIENT ROUTINE SERVICES - SWING BED-SNF (SEE INSTRUCTIONS) | 80,151 | 1 |
| 2 INPATIENT ROUTINE SERVICES - SWING BED-NF (SEE INSTRUCTIONS) | | 2 |
| 3 ANCILLARY SERVICES (FROM WKST D-3, COL. 3, LINE 200 FOR PART A, AND SUM OF WKST D, PART V, COLS. 5 AND 7, LINE 202 FOR PART B) (FOR CAH, SEE INSTRUCTIONS) | | 3 |
| 4 PER DIEM COST FOR INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS) | | 4 |
| 5 PROGRAM DAYS | 284 | 5 |
| 6 INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM (SEE INSTRUCTIONS) | | 6 |
| 7 UTILIZATION REVIEW - PHYSICIAN COMPENSATION - SNF OPTIONAL METHOD ONLY | | 7 |
| 8 SUBTOTAL (SUM OF LINES 1-3 PLUS LINES 6 AND 7) | 80,151 | 8 |
| 9 PRIMARY PAYER PAYMENTS (SEE INSTRUCTIONS) | | 9 |
| 10 SUBTOTAL (LINE 8 MINUS LINE 9) | 80,151 | 10 |
| 11 DEDUCTIBLES BILLED TO PROGRAM PATIENTS (EXCLUDE AMTS APPLICABLE TO PHYSICIAN PROFESSIONAL SERVICES) | | 11 |
| 12 SUBTOTAL (LINE 10 MINUS LINE 11) | 80,151 | 12 |
| 13 COINSURANCE BILLED TO PROGRAM PATIENTS (EXCLUDE COINSURANCE FOR PHYSICIAN PROFESSIONAL SERVICES) | 6,773 | 13 |
| 14 80% OF PART B COSTS (LINE 12 x 80%) | | 14 |
| 15 SUBTOTAL (ENTER THE LESSER OF LINE 12 MINUS LINE 13, OR LINE 14) | 73,378 | 15 |
| 16 OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS) | | 16 |
| 17 ALLOWABLE BAD DEBTS (SEE INSTRUCTIONS) | | 17 |
| 17.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) | | 17.01 |
| 18 ALLOWABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS) | | 18 |
| 19 TOTAL (SEE INSTRUCTIONS) | 73,378 | 19 |
| 19.01 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS) | 734 | 19.01 |
| 20 INTERIM PAYMENTS | 72,568 | 20 |
| 21 TENTATIVE SETTLEMENT (FOR CONTRACTOR USE ONLY) | | 21 |
| 22 BALANCE DUE PROVIDER/PROGRAM (LINE 19 MINUS LINES 19.01, 20 AND 21) | 76 | 22 |
| 23 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-2, SECTION 115.2 | | 23 |

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART VII

CHECK TITLE V HOSPITAL (14-0161) SNF PPS
 APPLICABLE TITLE XIX IPF NF TEFRA
 BOXES: IRF ICF/MR OTHER
 SUB (OTHER)

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

| | INPATIENT TITLE V OR TITLE XIX | OUTPATIENT TITLE V OR TITLE XIX |
|----|--------------------------------------|---------------------------------------|
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BALANCE SHEET

WORKSHEET G

| ASSETS | | GENERAL FUND | SPECIFIC PURPOSE FUND | ENDOWMENT FUND | PLANT FUND |
|-------------------------------|---|--------------|-----------------------|----------------|------------|
| | | 1 | 2 | 3 | 4 |
| 1 | CURRENT ASSETS | | | | |
| 2 | CASH ON HAND AND IN BANKS | 719,649 | 3,445,056 | 882,528 | 1 |
| 3 | TEMPORARY INVESTMENTS | | | | 2 |
| 4 | NOTES RECEIVABLE | | | | 3 |
| 5 | ACCOUNTS RECEIVABLE | 24,836,140 | | | 4 |
| 6 | OTHER RECEIVABLES | 2,546,314 | | | 5 |
| 7 | ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE | -16,620,888 | | | 6 |
| 8 | INVENTORY | 508,194 | | | 7 |
| 9 | PREPAID EXPENSES | | | | 8 |
| 10 | OTHER CURRENT ASSETS | 41,675 | | | 9 |
| 11 | DUE FROM OTHER FUNDS | | | | 10 |
| | TOTAL CURRENT ASSETS (SUM OF LINES 1-10) | 12,031,084 | 3,445,056 | 882,528 | 11 |
| 12 | FIXED ASSETS | | | | |
| 13 | LAND | 749,404 | | | 12 |
| 14 | LAND IMPROVEMENTS | 2,287,903 | | | 13 |
| 15 | ACCUMULATED DEPRECIATION | -1,944,106 | | | 14 |
| 16 | BUILDINGS | 37,254,229 | | | 15 |
| 17 | ACCUMULATED DEPRECIATION | -18,205,961 | | | 16 |
| 18 | LEASEHOLD IMPROVEMENTS | | | | 17 |
| 19 | ACCUMULATED AMORTIZATION | | | | 18 |
| 20 | FIXED EQUIPMENT | | | | 19 |
| 21 | ACCUMULATED DEPRECIATION | | | | 20 |
| 22 | AUTOMOBILES AND TRUCKS | | | | 21 |
| 23 | ACCUMULATED DEPRECIATION | | | | 22 |
| 24 | MAJOR MOVABLE EQUIPMENT | 22,829,979 | | | 23 |
| 25 | ACCUMULATED DEPRECIATION | -18,107,528 | | | 24 |
| 26 | MINOR EQUIPMENT DEPRECIABLE | 97,230 | | | 25 |
| 27 | ACCUMULATED DEPRECIATION | | | | 26 |
| 28 | HIT DESIGNATED ASSETS | | | | 27 |
| 29 | ACCUMULATED DEPRECIATION | | | | 28 |
| 30 | MINOR EQUIPMENT-NONDEPRECIABLE | | | | 29 |
| | TOTAL FIXED ASSETS (SUM OF LINES 12-29) | 24,961,150 | | | 30 |
| 31 | OTHER ASSETS | | | | |
| 32 | INVESTMENTS | 14,758,806 | | | 31 |
| 33 | DEPOSITS ON LEASES | | | | 32 |
| 34 | DUE FROM OWNERS/OFFICERS | | | | 33 |
| 35 | OTHER ASSETS | 639,043 | | | 34 |
| | TOTAL OTHER ASSETS (SUM OF LINES 31-34) | 15,397,849 | | | 35 |
| 36 | TOTAL ASSETS (SUM OF LINES 11, 30 AND 35) | 52,390,083 | 3,445,056 | 882,528 | 36 |
| LIABILITIES AND FUND BALANCES | | GENERAL FUND | SPECIFIC PURPOSE FUND | ENDOWMENT FUND | PLANT FUND |
| | | 1 | 2 | 3 | 4 |
| 37 | CURRENT LIABILITIES | | | | |
| 38 | ACCOUNTS PAYABLE | 539,208 | | | 37 |
| 39 | SALARIES, WAGES & FEES PAYABLE | 4,370,578 | | | 38 |
| 40 | PAYROLL TAXES PAYABLE | | | | 39 |
| 41 | NOTES & LOANS PAYABLE (SHORT TERM) | | | | 40 |
| 42 | DEFERRED INCOME | | | | 41 |
| 43 | ACCELERATED PAYMENTS | | | | 42 |
| 44 | DUE TO OTHER FUNDS | 1,352,830 | | | 43 |
| 45 | OTHER CURRENT LIABILITIES | 483,932 | | | 44 |
| | TOTAL CURRENT LIABILITIES (SUM OF LINES 37-44) | 6,746,548 | | | 45 |
| 46 | LONG-TERM LIABILITIES | | | | |
| 47 | MORTGAGE PAYABLE | | | | 46 |
| 48 | NOTES PAYABLE | | | | 47 |
| 49 | UNSECURED LOANS | | | | 48 |
| 50 | OTHER LONG TERM LIABILITIES | 62,933 | | | 49 |
| | TOTAL LONG TERM LIABILITIES (SUM OF LINES 46-49) | 62,933 | | | 50 |
| 51 | TOTAL LIABILITIES (SUM OF LINES 45 AND 50) | 6,809,481 | | | 51 |
| 52 | CAPITAL ACCOUNTS | | | | |
| 53 | GENERAL FUND BALANCE | 45,580,602 | | | 52 |
| 54 | SPECIFIC PURPOSE FUND BALANCE | | 3,445,056 | | 53 |
| 55 | DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED | | | 882,528 | 54 |
| 56 | DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED | | | | 55 |
| 57 | GOVERNING BODY CREATED - ENDOWMENT FUND BAL | | | | 56 |
| 58 | PLANT FUND BALANCE - INVESTED IN PLANT | | | | 57 |
| 59 | PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION | | | | 58 |
| | TOTAL FUND BALANCES (SUM OF LINES 52-58) | 45,580,602 | 3,445,056 | 882,528 | 59 |
| 60 | TOTAL LIABILITIES AND FUND BALANCES (SUM OF LINES 51 AND 59) | 52,390,083 | 3,445,056 | 882,528 | 60 |

PROVIDER CCN: 14-0161 ***LOW MEDICARE UTILIZATION***
 PERIOD FROM 10/01/2012 TO 09/30/2013

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

VERSION: 2013.11
 02/25/2014 10:01

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 | 47,612,711 | | | 285,841 | | 882,223 | | | 1 |
| 2 NET INCOME (LOSS) (FROM WKST G-3, LINE 29) | -2,032,109 | | | | | | | | 2 |
| 3 TOTAL (SUM OF LINE 1 AND LINE 2) | 45,580,602 | | | 285,841 | | 882,223 | | | 3 |
| 4 ADDITIONS (CREDIT ADJUSTMENTS) | | | | | | | | | 4 |
| 5 RESTRICTED ASSETS | | | 3,159,215 | | 305 | | | | 5 |
| 6 | | | | | | | | | 6 |
| 7 | | | | | | | | | 7 |
| 8 | | | | | | | | | 8 |
| 9 | | | | | | | | | 9 |
| 10 TOTAL ADDITIONS (SUM OF LINES 4-9) | | | | 3,159,215 | | 305 | | | 10 |
| 11 SUBTOTAL (LINE 3 PLUS LINE 10) | 45,580,602 | | | 3,445,056 | | 882,528 | | | 11 |
| 12 DEDUCTIONS (DEBIT ADJUSTMENTS) | | | | | | | | | 12 |
| 13 | | | | | | | | | 13 |
| 14 | | | | | | | | | 14 |
| 15 | | | | | | | | | 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) | 45,580,602 | | | 3,445,056 | | 882,528 | | | 19 |

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

| REVENUE CENTER | INPATIENT 1 | OUTPATIENT 2 | TOTAL 3 | |
|--|----------------|-----------------|-------------|----|
| 1 GENERAL INPATIENT ROUTINE CARE SERVICES | | | | 1 |
| 2 HOSPITAL | 4,008,575 | | 4,008,575 | 2 |
| 3 SUBPROVIDER IPF | | | | 3 |
| 5 SUBPROVIDER IRF | | | | 5 |
| 6 SWING BED - SNF | | | | 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) | 4,008,575 | | 4,008,575 | 10 |
| 11 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES | | | | 11 |
| 12 INTENSIVE CARE UNIT | 2,363,505 | | 2,363,505 | 12 |
| 13 CORONARY CARE UNIT | | | | 13 |
| 14 BURN INTENSIVE CARE UNIT | | | | 14 |
| 15 SURGICAL INTENSIVE CARE UNIT | | | | 15 |
| 16 OTHER SPECIAL CARE (SPECIFY) | | | | 16 |
| 16 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES (SUM OF LINES 11-15) | 2,363,505 | | 2,363,505 | 16 |
| 17 TOTAL INPATIENT ROUTINE CARE SERVICES (SUM OF LINES 10 AND 16) | 6,372,080 | | 6,372,080 | 17 |
| 18 ANCILLARY SERVICES | 27,191,458 | 114,039,702 | 141,231,160 | 18 |
| 19 OUTPATIENT SERVICES | | 28,325,398 | 28,325,398 | 19 |
| 20 RHC | | | | 20 |
| 21 FQHC | | | | 21 |
| 22 HOME HEALTH AGENCY | | | | 22 |
| 23 AMBULANCE | | | | 23 |
| 25 ASC | | | | 25 |
| 26 HOSPICE | | | | 26 |
| 27 OTHER (SPECIFY) | | | | 27 |
| 28 TOTAL PATIENT REVENUES (SUM OF LINES 17-27) (TRANSFER COL. 3 TO WKST G-3, LINE 1) | 33,563,538 | 142,365,100 | 175,928,638 | 28 |

PART II - OPERATING EXPENSES

| | 1 | 2 | |
|---|-----------|------------|----|
| 29 OPERATING EXPENSES (PER WKST A, COL. 3, LINE 200) | | 65,188,647 | 29 |
| 30 ADD (SPECIFY) | | | 30 |
| 31 BAD DEBTS | 3,080,000 | | 31 |
| 32 | | | 32 |
| 33 | | | 33 |
| 34 | | | 34 |
| 35 | | | 35 |
| 36 TOTAL ADDITIONS (SUM OF LINES 30-35) | | 3,080,000 | 36 |
| 37 DEDUCT (SPECIFY) | | | 37 |
| 38 | | | 38 |
| 39 | | | 39 |
| 40 | | | 40 |
| 41 | | | 41 |
| 42 TOTAL DEDUCTIONS (SUM OF LINES 37-41) | | | 42 |
| 43 TOTAL OPERATING EXPENSES (SUM OF LINES 29 AND 36 MINUS LINE 42) (TRANSFER TO WKST G-3, LINE 4) | | 68,268,647 | 43 |

PROVIDER CCN: 14-0161 ***LOW MEDICARE UTILIZATION***
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KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-10 (08/2011)

VERSION: 2013.11
02/25/2014 10:01

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

| DESCRIPTION | | | |
|--------------|--|-------------|----|
| 1 | TOTAL PATIENT REVENUES (FROM WKST G-2, PART I, COL. 3, LINE 28) | 175,928,638 | 1 |
| 2 | LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS | 113,000,691 | 2 |
| 3 | NET PATIENT REVENUES (LINE 1 MINUS LINE 2) | 62,927,947 | 3 |
| 4 | LESS - TOTAL OPERATING EXPENSES (FROM WKST G-2, PART II, LINE 43) | 68,268,647 | 4 |
| 5 | NET INCOME FROM SERVICE TO PATIENTS (LINE 3 MINUS LINE 4) | -5,340,700 | 5 |
| OTHER INCOME | | | |
| 6 | CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC. | 584,666 | 6 |
| 7 | INCOME FROM INVESTMENTS | 843,213 | 7 |
| 8 | REVENUES FROM TELEPHONE AND OTHER MISCELLANEOUS COMMUNICATION SERVICES | | 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 REVENUES) | 1,880,712 | 24 |
| 25 | TOTAL OTHER INCOME (SUM OF LINES 6-24) | 3,308,591 | 25 |
| 26 | TOTAL (LINE 5 PLUS LINE 25) | -2,032,109 | 26 |
| 27 | | | 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) | -2,032,109 | 29 |

CALCULATION OF CAPITAL PAYMENT

WORKSHEET L

CHECK [] TITLE V [XX] HOSPITAL ((14-016) [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB (OTHER) [] COST METHOD
 BOXES [] TITLE XIX

PART I - FULLY PROSPECTIVE METHOD

| | | | |
|----|--|---------|----|
| 1 | CAPITAL FEDERAL AMOUNT | | |
| 2 | CAPITAL DRG OTHER THAN OUTLIER | 338,923 | 1 |
| 3 | CAPITAL DRG OUTLIER PAYMENTS | | 2 |
| 4 | TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS IN THE COST REPORTING PERIOD (SEE INSTRUCTIONS) | 2,604 | 3 |
| 5 | NUMBER OF INTERNS & RESIDENTS (SEE INSTRUCTIONS) | 10.03 | 4 |
| 6 | INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS) | | 5 |
| 7 | INDIRECT MEDICAL EDUCATION ADJUSTMENT (LINE 1 TIMES LINE 5) | | 6 |
| 8 | PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (WKST E, PART A, LINE 30) (SEE INSTRUCTIONS) | | 7 |
| 9 | PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS (SEE INSTRUCTIONS) | | 8 |
| 10 | SUM OF LINES 7 AND 8 | | 9 |
| 11 | ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUCTIONS) | | 10 |
| 12 | DISPROPORTIONATE SHARE ADJUSTMENT (LINE 10 TIMES LINE 1) | | 11 |
| | TOTAL PROSPECTIVE CAPITAL PAYMENTS (SUM OF LINES 1-2, 6 AND 11) | 341,527 | 12 |

PART II - PAYMENT UNDER REASONABLE COST

| | | | |
|---|---|--|---|
| 1 | PROGRAM INPATIENT ROUTINE CAPITAL COST (SEE INSTRUCTIONS) | | 1 |
| 2 | PROGRAM INPATIENT ANCILLARY CAPITAL COST (SEE INSTRUCTIONS) | | 2 |
| 3 | TOTAL INPATIENT PROGRAM CAPITAL COST (LINE 1 PLUS LINE 2) | | 3 |
| 4 | CAPITAL COST PAYMENT FACTOR (SEE INSTRUCTIONS) | | 4 |
| 5 | TOTAL INPATIENT PROGRAM CAPITAL COST (LINE 3 TIMES LINE 4) | | 5 |

PART III - COMPUTATION OF EXCEPTION PAYMENTS

| | | | |
|----|---|--|----|
| 1 | PROGRAM INPATIENT CAPITAL COSTS (SEE INSTRUCTIONS) | | 1 |
| 2 | PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES (SEE INSTRUCTIONS) | | 2 |
| 3 | NET PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES (LINE 1 MINUS LINE 2) | | 3 |
| 4 | APPLICABLE EXCEPTION PERCENTAGE (SEE INSTRUCTIONS) | | 4 |
| 5 | CAPITAL COST FOR COMPARISON TO PAYMENTS (LINE 3 TIMES LINE 4) | | 5 |
| 6 | PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES (SEE INSTRUCTIONS) | | 6 |
| 7 | ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES (LINE 2 TIMES LINE 6) | | 7 |
| 8 | CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES (LINE 5 PLUS LINE 7) | | 8 |
| 9 | CURRENT YEAR CAPITAL PAYMENTS (FROM PART I, LINE 12 AS APPLICABLE) | | 9 |
| 10 | CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS (LINE 8 LESS LINE 9) | | 10 |
| 11 | CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR THE FOLLOWING PERIOD (FROM PRIOR YEAR WKST L, PART III, LINE 14) | | 11 |
| 12 | NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS (LINE 10 PLUS LINE 11) | | 12 |
| 13 | CURRENT YEAR EXCEPTION PAYMENT (IF LINE 12 IS POSITIVE, ENTER THE AMOUNT ON THIS LINE) | | 13 |
| 14 | CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR THE FOLLOWING PERIOD (IF LINE 12 IS NEGATIVE, ENTER THE AMOUNT ON THIS LINE) | | 14 |
| 15 | CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS) | | 15 |
| 16 | CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS) | | 16 |
| 17 | CURRENT YEAR EXCEPTION OFFSET AMOUNT (SEE INSTRUCTIONS) | | 17 |

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

| COST CENTER DESCRIPTION | EXTRAORDI- NARY CAP- REL COSTS 0 | SUBTOTAL (COLS.0-4) 2A | SUBTOTAL 24 | I&R COST & POST STEP- DOWN ADJS 25 | TOTAL 26 |
|--|---|------------------------------|----------------|---|-------------|
| GENERAL SERVICE COST CENTERS | | | | | |
| 1 CAP REL COSTS-BLDG & FIXT | | | | | 1 |
| 2 CAP REL COSTS-MVBLE EQUIP | | | | | 2 |
| 4 EMPLOYEE BENEFITS DEPARTMENT | | | | | 4 |
| 5 ADMINISTRATIVE & GENERAL | | | | | 5 |
| 6 MAINTENANCE & REPAIRS | | | | | 6 |
| 7 OPERATION OF PLANT | | | | | 7 |
| 8 LAUNDRY & LINEN SERVICE | | | | | 8 |
| 9 HOUSEKEEPING | | | | | 9 |
| 10 DIETARY | | | | | 10 |
| 11 CAFETERIA | | | | | 11 |
| 12 MAINTENANCE OF PERSONNEL | | | | | 12 |
| 13 NURSING ADMINISTRATION | | | | | 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 SERVICES-SALARY & FRINGES | | | | | 21 |
| 22 I&R SERVICES-OTHER PRGM COSTS | | | | | 22 |
| 23 PARAMED ED PRGM-(SPECIFY) | | | | | 23 |
| INPATIENT ROUTINE SERV COST CENTERS | | | | | |
| 30 ADULTS & PEDIATRICS | | | | | 30 |
| 31 INTENSIVE CARE UNIT | | | | | 31 |
| 43 NURSERY | | | | | 43 |
| ANCILLARY SERVICE COST CENTERS | | | | | |
| 50 OPERATING ROOM | | | | | 50 |
| 53 ANESTHESIOLOGY | | | | | 53 |
| 54 RADIOLOGY-DIAGNOSTIC | | | | | 54 |
| 54.10 ULTRASONOGRAPHY | | | | | 54.10 |
| 54.20 MAMMOGRAPHY | | | | | 54.20 |
| 56 RADIOISOTOPE | | | | | 56 |
| 57 CT SCAN | | | | | 57 |
| 58 MRI | | | | | 58 |
| 60 LABORATORY | | | | | 60 |
| 62.30 BLOOD CLOTTING FOR HEMOPHILIAC | | | | | 62.30 |
| 63 BLOOD STORING, PROCESSING & TR | | | | | 63 |
| 65 RESPIRATORY THERAPY | | | | | 65 |
| 66 PHYSICAL THERAPY | | | | | 66 |
| 67 OCCUPATIONAL THERAPY | | | | | 67 |
| 68 SPEECH PATHOLOGY | | | | | 68 |
| 69 ELECTROCARDIOLOGY | | | | | 69 |
| 70 ELECTROENCEPHALOGRAPHY | | | | | 70 |
| 71 MEDICAL SUPPLIES CHARGED TO PA | | | | | 71 |
| 72 IMPL. DEV. CHARGED TO PATIENTS | | | | | 72 |
| 73 DRUGS CHARGED TO PATIENTS | | | | | 73 |
| 74 RENAL DIALYSIS | | | | | 74 |
| 76 DIABETES SERVICES | | | | | 76 |
| 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 (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS | | | | | 92 |
| 94 HOME PROGRAM DIALYSIS | | | | | 94 |
| SPECIAL PURPOSE COST CENTERS | | | | | |
| 118 SUBTOTALS (SUM OF LINES 1-117) | | | | | 118 |
| NONREIMBURSABLE COST CENTERS | | | | | |
| 190 GIFT, FLOWER, COFFEE SHOP & CA | | | | | 190 |
| 192 PHYSICIANS' PRIVATE OFFICES | | | | | 192 |
| 192.01 CARDIAC PHASE III | | | | | 192.01 |
| 192.02 FUND DEVELOPMENT | | | | | 192.02 |
| 192.03 PULMONARY FUNCTION | | | | | 192.03 |
| 193 NONPAID WORKERS | | | | | 193 |
| 194 CONTRACT NURSING | | | | | 194 |
| 194.01 NON-PATIENT DIETARY | | | | | 194.01 |
| 200 CROSS FOOT ADJUSTMENTS | | | | | 200 |
| 201 NEGATIVE COST CENTER | | | | | 201 |
| 202 TOTAL (SUM OF LINE 118 AND LINES 190-201) | | | | | 202 |
| 203 TOTAL STATISTICAL BASIS | | | | | 203 |
| 204 UNIT COST MULTIPLIER | | | | | 204 |
| 204 UNIT COST MULTIPLIER | | | | | 204 |

WAGE INDEX PENSION COST SCHEDULE (For Worksheet S-3 Part IV, Line 4)

EXHIBIT 3

| | | |
|---|--|-------|
| STEP 1: Determine the 3-Year Averaging Period | | |
| 1 | Wage index fiscal year ending date | 1 |
| 2 | Provider's cost reporting period used for wage index year on Line 1 (FYB in Col 1, FYE in Col 2) | 2 |
| 3 | Midpoint of provider's cost reporting period shown on Line 2, adjusted to first of month | 3 |
| 4 | Date beginning the 3-year averaging period (subtract 18 months from midpoint shown on Line 3) | 4 |
| 5 | Date ending the 3-year averaging period (add 18 months to midpoint shown on Line 3) | 5 |
| STEP 2 (OPTIONAL): Adjust Averaging Period for a New Plan (SEE INSTRUCTIONS) | | |
| 6 | Effective date of pension plan | 6 |
| 7 | First day of the provider cost reporting period containing the pension plan effective date | 7 |
| 8 | Starting date of the adjusted averaging period (date on Line 7, adjusted to first of month) | 8 |
| If this date occurs after the period shown on line 2, stop here and see instructions. | | |
| STEP 3: Average Pension Contributions During the Averaging Period | | |
| 9 | Beginning date of averaging period from Line 4 or Line 8, as applicable | 9 |
| 10 | Ending date of averaging period from Line 5 | 10 |
| 11 | Enter provider contributions made during averaging period on Lines 9 & 10 | 11 |
| 11.01 | | 11.01 |
| 12 | Total calendar months included in averaging period (36 unless Step 2 completed) | 12 |
| 13 | Total contributions made during averaging period | 13 |
| 14 | Average monthly contribution (Line 13 divided by Line 12) | 14 |
| 15 | Number of months in provider cost reporting period on Line 2 | 15 |
| 16 | Average pension contributions (Line 14 times Line 15) | 16 |
| STEP 4: Total Pension Cost for Wage Index | | |
| 17 | Annual prefunding installment (SEE INSTRUCTIONS) | 17 |
| 18 | Reportable prefunding installment ((Line 17 times Line 15) divided by 12) | 18 |
| 19 | Total Pension Cost for Wage Index (Line 16 plus Line 18 - transfers to S-3 Part IV Line 4) | 19 |

LOW VOLUME ADJUSTMENT CALCULATION SCHEDULE (For Worksheet E Part A, Lines 70.96 and 70.97)

EXHIBIT 4

| | Amounts From E Part A (1) | Prior to 10/1/2010 or after 9/30/2013 Pre/Post Entitlement (2) | NOT APPLICABLE (3) | (3.01) | 10/01/2012 through 09/30/2013 (4) | (4.01) | (Columns 2 through 4) TOTAL (5) | |
|--|--|--|--------------------------|--------|--|--------|--|----|
| 1 | DRG Amounts Other than Outlier Payments | 4,261,881 | | | 4,261,881 | | 4,261,881 | 1 |
| 2 | Outlier payments for discharges | 19,811 | | | 19,811 | | 19,811 | 2 |
| 3 | Operating outlier reconciliation | | | | | | | 3 |
| 4 | Managed Care Simulated Payments | | | | | | | 4 |
| INDIRECT MEDICAL EDUCATION ADJUSTMENT | | | | | | | | |
| 5 | Amount from Worksheet E Part A, Line 21 | | | | | | | 5 |
| 6 | IME payment adjustment | | | | | | | 6 |
| INDIRECT MEDICAL EDUCATION ADJUSTMENT FOR THE ADD-ON FOR MME SECTION 422 | | | | | | | | |
| 7 | Amount from Worksheet E Part A, Line 27 | | | | | | | 7 |
| 8 | IME add-on adjustment | | | | | | | 8 |
| 9 | Total IME payment | | | | | | | 9 |
| DISPROPORTIONATE SHARE ADJUSTMENT | | | | | | | | |
| 10 | Allowable disproportionate share percentage | 0.0963 | 0.0963 | 0.0963 | 0.0963 | 0.0963 | 0.0963 | 10 |
| 11 | Disproportionate share adjustment | 410,419 | | | 410,419 | | 410,419 | 11 |
| ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES | | | | | | | | |
| 12 | Total ESRD additional payment | | | | | | | 12 |
| 13 | Subtotal | 4,692,111 | | | 4,692,111 | | 4,692,111 | 13 |
| 14 | Hospital specific payments | 5,447,948 | | | 5,447,948 | | 5,447,948 | 14 |
| 15 | Total payment for inpatient operating costs - E Part A Line 49 | 5,447,948 | | | 5,447,948 | | 5,447,948 | 15 |
| 16 | Payment for inpatient program capital | 341,527 | | | 341,527 | | 341,527 | 16 |
| 17 | Special add-on payments for new technologies | | | | | | | 17 |
| 18 | Capital outlier reconciliation adjustment amount | | | | | | | 18 |
| 19 | SUBTOTAL | | | | 5,789,475 | | 5,789,475 | 19 |
| CAPITAL PAYMENTS | | | | | | | | |
| 20 | Capital DRG other than outlier | 338,923 | | | 338,923 | | 338,923 | 20 |
| 21 | Capital DRG outlier payments | 2,604 | | | 2,604 | | 2,604 | 21 |
| 22 | Indirect medical education percentage | | | | | | | 22 |
| 23 | Indirect medical education adjustment | | | | | | | 23 |
| 24 | Allowable disproportionate share percentage | | | | | | | 24 |
| 25 | Disproportionate share adjustment | | | | | | | 25 |
| 26 | Total prospective capital payments | 341,527 | | | 341,527 | | 341,527 | 26 |
| LOW VOLUME ADJUSTMENT | | | | | | | | |
| 27 | Low volume adjustment factor | | | | 0.151429 | | | 27 |
| 28 | Low Volume Adjustment | | | | | | | 28 |
| 29 | Low Volume Adjustment | | | | 876,694 | | 876,694 | 29 |