

THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)).
 FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE
 THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS
 (42 USC 1395g).

FORM APPROVED
 OMB NO. 0938-0050

WORKSHEET S
 PARTS I & II

| | | | | | | | | |
|---|---|--------------|---|----------------|---|-------------------------|---|------------------|
| HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX | I | PROVIDER NO: | I | PERIOD | I | INTERMEDIARY USE ONLY | I | DATE RECEIVED: |
| COST REPORT CERTIFICATION | I | 14-4999 | I | FROM 5/ 1/2009 | I | --AUDITED --DESK REVIEW | I | / / |
| AND SETTLEMENT SUMMARY | I | | I | TO 4/30/2010 | I | --INITIAL --REOPENED | I | INTERMEDIARY NO: |
| | I | | I | | I | --FINAL 1-MCR CODE | I | |
| | | | | | I | 00 - # OF REOPENINGS | I | |

ELECTRONICALLY FILED COST REPORT DATE: 8/23/2010 TIME 10:11

PART I - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:

LINCOLN PRAIRIE BEHAVIORAL HC 14-4999

FOR THE COST REPORTING PERIOD BEGINNING 5/ 1/2009 AND ENDING 4/30/2010 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

| | TITLE V | A | TITLE XVIII | B | TITLE XIX | |
|------------|------------|---|----------------|---|--------------|---|
| | 1 | 2 | 0 | 3 | 4 | 0 |
| 1 HOSPITAL | 0 | | 0 | | 0 | 0 |

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

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete this information collection is estimated 662 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, N2-14-26, Baltimore, MD 21244-1850, and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 5230 S. 6TH ST. P.O. BOX:
 1.01 CITY: SPRINGFIELD STATE: IL ZIP CODE: 62703- COUNTY: SANGAMON

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

| COMPONENT | COMPONENT NAME | PROVIDER NO. | NPI NUMBER | DATE CERTIFIED | PAYMENT SYSTEM (P,T,O OR N) | | |
|-----------|----------------|-------------------------------|------------|----------------|-----------------------------|-------|-----|
| 0 | 1 | 2 | 2.01 | 3 | 4 | 5 | 6 |
| 02.00 | HOSPITAL | LINCOLN PRAIRIE BEHAVIORAL HC | 14-4999 | 5/15/2008 | V | XVIII | XIX |
| | | | | | N | N | P |

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 5/ 1/2009 TO: 4/30/2010 1 2
 18 TYPE OF CONTROL 4

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 4
 20 SUBPROVIDER

OTHER INFORMATION

- 21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. 1
- 21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(C)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. N
- 21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).
- 21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N Y 44100
- 21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1
- 21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1
- 21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL; UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA §5105 OR MIPPA §147? (SEE INSTRUC) ENTER "Y" FOR YES, AND "N" FOR NO. N
- 21.07 DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MIPPA §147? ENTER "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
- 21.08 WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON S-3, PART I, COL. 5 ENTER IN COLUMN 1, "1" IF IT IS BASED ON DATE OF ADMISSION, "2" IF IT IS BASED ON CENSUS DAYS, OR "3" IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE PRECEEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO. N
- 22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N
- 23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N
- 23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /
- 23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /
- 24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY) / /
- 24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? N

25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4? N

25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.

25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N

25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N

25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS) N

25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS) N

26 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0

26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /

26.02 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /

27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. N / /

28 IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02

28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS)

| | 1 | 2 | 3 | 4 |
|-------|------|--------|--------|---|
| | 0 | 0.0000 | 0.0000 | |
| 28.02 | 0.00 | 0 | | |

28.02 ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY

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

| | % | Y/N |
|-------------------|-------|-----|
| 28.03 STAFFING | 0.00% | |
| 28.04 RECRUITMENT | 0.00% | |
| 28.05 RETENTION | 0.00% | |
| 28.06 TRAINING | 0.00% | |

29 IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT? N

30 DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff) N

30.01 IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70

30.02 IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS)

30.03 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000). N

30.04 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II

31 IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.01 IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.02 IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.03 IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.04 IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.05 IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

MISCELLANEOUS COST REPORT INFORMATION

32 IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2. N

33 IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2. N

34 IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA? N

35 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.01 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.02 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?

35.03 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?

35.04 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

I PROVIDER NO: I PERIOD: I PREPARED 8/23/2010
 I 14-4999 I FROM 5/ 1/2009 I WORKSHEET S-2
 I I TO 4/30/2010 I

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL
 36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) V XVIII XIX
 36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS) 1 2 3
 37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N N N
 37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE? N N N

TITLE XIX INPATIENT SERVICES
 38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? N
 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
 38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N

40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COLUMN 2 THE CHAIN HOME OFFICE CHAIN NUMBER. (SEE INSTRUCTIONS). Y 679014
 40.01 NAME: FI/CONTRACTOR NAME FI/CONTRACTOR #
 40.02 STREET: P.O. BOX:
 40.03 CITY: STATE: ZIP CODE: -
 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000
 SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.
 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
 46 IF YOU ARE PARTICIPATING IN THE NHCMPQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

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

| | PART A | PART B | OUTPATIENT ASC | OUTPATIENT RADIOLOGY | OUTPATIENT DIAGNOSTIC |
|----------------|--------|--------|----------------|----------------------|-----------------------|
| | 1 | 2 | 3 | 4 | 5 |
| 47.00 HOSPITAL | N | N | N | N | N |

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N
 52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N
 53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
 53.01 MDH PERIOD: BEGINNING: / / ENDING: / /
 54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
 PREMIUMS: 0
 PAID LOSSES: 0
 AND/OR SELF INSURANCE: 0
 54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N
 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

| | DATE | Y OR N | LIMIT | Y OR N | FEES |
|---|------|--------|-------|--------|------|
| | 0 | 1 | 2 | 3 | 4 |
| 56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002. | | N | 0.00 | | 0 |
| 56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE. | | | 0.00 | | 0 |
| 56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. | | | 0.00 | | 0 |
| 56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. | | | 0.00 | | 0 |

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

MULTICAMPUS

- 61.00 IS THIS FACILITY PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSA? ENTER "Y" FOR YES AND "N" FOR NO. N

IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL.2, ZIP IN COL 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

| NAME | COUNTY | STATE | ZIP CODE | CBSA | FTE/CAMPUS |
|-------|--------|-------|----------|------|------------|
| 62.00 | | | | | 0.00 |

SETTLEMENT DATA

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

| COMPONENT | NO. OF BEDS | BED DAYS AVAILABLE | CAH N/A | TITLE V | I/P DAYS / TITLE XVIII | O/P VISITS / NOT LTCH N/A | TRIPS | TOTAL TITLE XIX |
|----------------------------------|-------------|--------------------|---------|---------|------------------------|---------------------------|-------|-----------------|
| 1 ADULTS & PEDIATRICS | 80 | 29,200 | 2.01 | 3 | 4 | 4.01 | 5 | 11,424 |
| 2 HMO | | | | | | | | |
| 2 01 HMO - (IRF PPS SUBPROVIDER) | | | | | | | | |
| 3 ADULTS & PED-SB SNF | | | | | | | | |
| 4 ADULTS & PED-SB NF | | | | | | | | |
| 5 TOTAL ADULTS AND PEDS | 80 | 29,200 | | | | | | 11,424 |
| 12 TOTAL | 80 | 29,200 | | | | | | 11,424 |
| 13 RPCH VISITS | | | | | | | | |
| 14 SUBPROVIDER | | | | | | | | |
| 17 OTHER LONG TERM CARE | | | | | | | | |
| 25 TOTAL | 80 | | | | | | | |
| 26 OBSERVATION BED DAYS | | | | | | | | |
| 27 AMBULANCE TRIPS | | | | | | | | |
| 28 EMPLOYEE DISCOUNT DAYS | | | | | | | | |
| 28 01 EMP DISCOUNT DAYS -IRF | | | | | | | | |
| 29 LABOR & DELIVERY DAYS | | | | | | | | |

| COMPONENT | TITLE XIX OBSERVATION BEDS ADMITTED | I/P DAYS / OBSERVATION BEDS NOT ADMITTED | O/P VISITS / ALL PATS | TRIPS | TOTAL OBSERVATION BEDS ADMITTED | OBSERVATION BEDS NOT ADMITTED | INTERNS & RES. FTES -- TOTAL | LESS I&R REPL NON-PHYS ANES |
|----------------------------------|-------------------------------------|--|-----------------------|-------|---------------------------------|-------------------------------|------------------------------|-----------------------------|
| 1 ADULTS & PEDIATRICS | 5.01 | 5.02 | 6 | 6.01 | 6.02 | 7 | 8 | |
| 2 HMO | | | 14,902 | | | | | |
| 2 01 HMO - (IRF PPS SUBPROVIDER) | | | | | | | | |
| 3 ADULTS & PED-SB SNF | | | | | | | | |
| 4 ADULTS & PED-SB NF | | | | | | | | |
| 5 TOTAL ADULTS AND PEDS | | | 14,902 | | | | | |
| 12 TOTAL | | | 14,902 | | | | | |
| 13 RPCH VISITS | | | | | | | | |
| 14 SUBPROVIDER | | | | | | | | |
| 17 OTHER LONG TERM CARE | | | | | | | | |
| 25 TOTAL | | | | | | | | |
| 26 OBSERVATION BED DAYS | | | | | | | | |
| 27 AMBULANCE TRIPS | | | | | | | | |
| 28 EMPLOYEE DISCOUNT DAYS | | | | | | | | |
| 28 01 EMP DISCOUNT DAYS -IRF | | | | | | | | |
| 29 LABOR & DELIVERY DAYS | | | | | | | | |

| COMPONENT | I & R FTES NET | FULL TIME EMPLOYEES ON PAYROLL | EQUIV NONPAID WORKERS | DISCHARGES TITLE V | DISCHARGES TITLE XVIII | DISCHARGES TITLE XIX | TOTAL ALL PATIENTS |
|----------------------------------|----------------|--------------------------------|-----------------------|--------------------|------------------------|----------------------|--------------------|
| 1 ADULTS & PEDIATRICS | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| 2 HMO | | | | | | 921 | 1,242 |
| 2 01 HMO - (IRF PPS SUBPROVIDER) | | | | | | | |
| 3 ADULTS & PED-SB SNF | | | | | | | |
| 4 ADULTS & PED-SB NF | | | | | | | |
| 5 TOTAL ADULTS AND PEDS | | | | | | | |
| 12 TOTAL | | 112.62 | | | | 921 | 1,242 |
| 13 RPCH VISITS | | | | | | | |
| 14 SUBPROVIDER | | | | | | | |
| 17 OTHER LONG TERM CARE | | | | | | | |
| 25 TOTAL | | 112.62 | | | | | |
| 26 OBSERVATION BED DAYS | | | | | | | |
| 27 AMBULANCE TRIPS | | | | | | | |
| 28 EMPLOYEE DISCOUNT DAYS | | | | | | | |
| 28 01 EMP DISCOUNT DAYS -IRF | | | | | | | |
| 29 LABOR & DELIVERY DAYS | | | | | | | |

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSESI PROVIDER NO:
I 14-4999
II PERIOD:
I FROM 5/ 1/2009
I TO 4/30/2010
II PREPARED 8/23/2010
I WORKSHEET A
I

| COST CENTER | COST CENTER DESCRIPTION | SALARIES 1 | OTHER 2 | TOTAL 3 | RECLASS- IFICATIONS 4 | RECLASSIFIED TRIAL BALANCE 5 |
|-------------|---|---------------|------------|------------|-----------------------------|------------------------------------|
| | GENERAL SERVICE COST CNTR | | | | | |
| 3 | 0300 NEW CAP REL COSTS-BLDG & FIXT | | 860,502 | 860,502 | 3,713 | 864,215 |
| 4 | 0400 NEW CAP REL COSTS-MVBLE EQUIP | | 97,376 | 97,376 | 19,003 | 116,379 |
| 5 | 0500 EMPLOYEE BENEFITS | 87,961 | 517,633 | 605,594 | | 605,594 |
| 6 | 0600 ADMINISTRATIVE & GENERAL | 1,906,226 | 3,799,919 | 5,706,145 | -249,887 | 5,456,258 |
| 8 | 0800 OPERATION OF PLANT | 125,431 | 445,493 | 570,924 | -43 | 570,881 |
| 9 | 0900 LAUNDRY & LINEN SERVICE | | 42,451 | 42,451 | 43 | 42,494 |
| 10 | 1000 HOUSEKEEPING | | 254,887 | 254,887 | | 254,887 |
| 11 | 1100 DIETARY | 164,577 | 306,423 | 471,000 | -450 | 470,550 |
| 12 | 1200 CAFETERIA | | | | | |
| 14 | 1400 NURSING ADMINISTRATION | 320,728 | 46,368 | 367,096 | -9,740 | 357,356 |
| 17 | 1700 MEDICAL RECORDS & LIBRARY INPAT ROUTINE SRVC CNTRS | 62,520 | 17,859 | 80,379 | 23,792 | 104,171 |
| 25 | 2500 ADULTS & PEDIATRICS | 2,616,184 | 278,825 | 2,895,009 | 422,538 | 3,317,547 |
| 31 | 3100 SUBPROVIDER | | | | | |
| 36 | 3600 OTHER LONG TERM CARE ANCILLARY SRVC COST CNTRS | | | | | |
| 41 | 4100 RADIOLOGY-DIAGNOSTIC | | | | | |
| 44 | 4400 LABORATORY | | 68,746 | 68,746 | -1,049 | 67,697 |
| 51 | 5100 OCCUPATIONAL THERAPY | | | | | |
| 51.01 | 5101 OCCUPATIONAL THERAPY | 70,934 | 22,382 | 93,316 | -93,316 | |
| 51.02 | 5102 SOCIAL WORK SERVICES | 259,430 | 38,612 | 298,042 | -298,042 | |
| 53 | 5300 ELECTROCARDIOLOGY | | 30,552 | 30,552 | -30,527 | 25 |
| 56 | 5600 DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS | 139,305 | 211,284 | 350,589 | | 350,589 |
| 60 | 6000 CLINIC SPEC PURPOSE COST CENTERS | 141,035 | 17,350 | 158,385 | 2,968 | 161,353 |
| 95 | 9500 SUBTOTALS NONREIMBURS COST CENTERS | 5,894,331 | 7,056,662 | 12,950,993 | -210,997 | 12,739,996 |
| 96 | 9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN | | | | | |
| 97 | 9700 RESEARCH | | | | | |
| 98 | 9800 PHYSICIANS' PRIVATE OFFICES | | | | | |
| 99 | 9900 NONPAID WORKERS | | | | | |
| 100 | 7951 COMMUNITY RELATIONS | | | | 210,997 | 210,997 |
| 100.01 | 7950 EDUCATION ACUTE | 99,534 | 14,998 | 114,532 | | 114,532 |
| 101 | TOTAL | 5,993,865 | 7,071,660 | 13,065,525 | -0- | 13,065,525 |

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I
I 14-4999 I
I I

I PERIOD: I
I FROM 5/ 1/2009 I
I TO 4/30/2010 I

I PREPARED 8/23/2010 I
I WORKSHEET A I

| COST CENTER | COST CENTER DESCRIPTION | ADJUSTMENTS | NET EXPENSES FOR ALLOC |
|-------------|--|-------------|------------------------|
| | | 6 | 7 |
| | GENERAL SERVICE COST CNTR | | |
| 3 | 0300 NEW CAP REL COSTS-BLDG & FIXT | | 864,215 |
| 4 | 0400 NEW CAP REL COSTS-MVBLE EQUIP | | 116,379 |
| 5 | 0500 EMPLOYEE BENEFITS | -46,263 | 559,331 |
| 6 | 0600 ADMINISTRATIVE & GENERAL | -1,336,312 | 4,119,946 |
| 8 | 0800 OPERATION OF PLANT | | 570,881 |
| 9 | 0900 LAUNDRY & LINEN SERVICE | | 42,494 |
| 10 | 1000 HOUSEKEEPING | | 254,887 |
| 11 | 1100 DIETARY | -27,909 | 442,641 |
| 12 | 1200 CAFETERIA | | |
| 14 | 1400 NURSING ADMINISTRATION | -757 | 356,599 |
| 17 | 1700 MEDICAL RECORDS & LIBRARY | -3,733 | 100,438 |
| | INPAT ROUTINE SRVC CNTRS | | |
| 25 | 2500 ADULTS & PEDIATRICS | -112 | 3,317,435 |
| 31 | 3100 SUBPROVIDER | | |
| 36 | 3600 OTHER LONG TERM CARE | | |
| | ANCILLARY SRVC COST CNTRS | | |
| 41 | 4100 RADIOLOGY-DIAGNOSTIC | | |
| 44 | 4400 LABORATORY | | 67,697 |
| 51 | 5100 OCCUPATIONAL THERAPY | | |
| 51.01 | 5101 OCCUPATIONAL THERAPY | | |
| 51.02 | 5102 SOCIAL WORK SERVICES | | |
| 53 | 5300 ELECTROCARDIOLOGY | -25 | |
| 56 | 5600 DRUGS CHARGED TO PATIENTS | | 350,589 |
| | OUTPAT SERVICE COST CNTRS | | |
| 60 | 6000 CLINIC | -2,280 | 159,073 |
| | SPEC PURPOSE COST CENTERS | | |
| 95 | SUBTOTALS | -1,417,391 | 11,322,605 |
| | NONREIMBURS COST CENTERS | | |
| 96 | 9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN | | |
| 97 | 9700 RESEARCH | | |
| 98 | 9800 PHYSICIANS' PRIVATE OFFICES | | |
| 99 | 9900 NONPAID WORKERS | | |
| 100 | 7951 COMMUNITY RELATIONS | | 210,997 |
| 100.01 | 7950 EDUCATION ACUTE | | 114,532 |
| 101 | TOTAL | -1,417,391 | 11,648,134 |

| LINE NO. | COST CENTER DESCRIPTION | CMS CODE | STANDARD LABEL FOR NON-STANDARD CODES |
|----------|-------------------------------------|----------|---------------------------------------|
| | GENERAL SERVICE COST | | |
| 3 | NEW CAP REL COSTS-BLDG & FIXT | 0300 | |
| 4 | NEW CAP REL COSTS-MVBLE EQUIP | 0400 | |
| 5 | EMPLOYEE BENEFITS | 0500 | |
| 6 | ADMINISTRATIVE & GENERAL | 0600 | |
| 8 | OPERATION OF PLANT | 0800 | |
| 9 | LAUNDRY & LINEN SERVICE | 0900 | |
| 10 | HOUSEKEEPING | 1000 | |
| 11 | DIETARY | 1100 | |
| 12 | CAFETERIA | 1200 | |
| 14 | NURSING ADMINISTRATION | 1400 | |
| 17 | MEDICAL RECORDS & LIBRARY | 1700 | |
| | INPAT ROUTINE SRVC C | | |
| 25 | ADULTS & PEDIATRICS | 2500 | |
| 31 | SUBPROVIDER | 3100 | |
| 36 | OTHER LONG TERM CARE | 3600 | |
| | ANCILLARY SRVC COST | | |
| 41 | RADIOLOGY-DIAGNOSTIC | 4100 | |
| 44 | LABORATORY | 4400 | |
| 51 | OCCUPATIONAL THERAPY | 5100 | |
| 51.01 | OCCUPATIONAL THERAPY | 5101 | OCCUPATIONAL THERAPY |
| 51.02 | SOCIAL WORK SERVICES | 5102 | OCCUPATIONAL THERAPY |
| 53 | ELECTROCARDIOLOGY | 5300 | |
| 56 | DRUGS CHARGED TO PATIENTS | 5600 | |
| | OUTPAT SERVICE COST | | |
| 60 | CLINIC | 6000 | |
| | SPEC PURPOSE COST CE | | |
| 95 | SUBTOTALS | | OLD CAP REL COSTS-BLDG & FIXT |
| | NONREIMBURS COST CEN | | |
| 96 | GIFT, FLOWER, COFFEE SHOP & CANTEEN | 9600 | |
| 97 | RESEARCH | 9700 | |
| 98 | PHYSICIANS' PRIVATE OFFICES | 9800 | |
| 99 | NONPAID WORKERS | 9900 | |
| 100 | COMMUNITY RELATIONS | 7951 | OTHER NONREIMBURSABLE COST CENTERS |
| 100.01 | EDUCATION ACUTE | 7950 | OTHER NONREIMBURSABLE COST CENTERS |
| 101 | TOTAL | | OLD CAP REL COSTS-BLDG & FIXT |

RECLASSIFICATIONS

| | | |
|------------------------|---|-------------------------------------|
| PROVIDER NO: 144999 | PERIOD: FROM 5/ 1/2009 TO 4/30/2010 | PREPARED 8/23/2010 WORKSHEET A-6 |
|------------------------|---|-------------------------------------|

| EXPLANATION OF RECLASSIFICATION | CODE | | INCREASE | | |
|---------------------------------|------|-------------------------------|----------|---------|---------|
| | (1) | COST CENTER | LINE NO | SALARY | OTHER |
| | 1 | 2 | 3 | 4 | 5 |
| 1 RENT LEASE | A | NEW CAP REL COSTS-BLDG & FIXT | 3 | | 3,713 |
| 2 | | NEW CAP REL COSTS-MVBLE EQUIP | 4 | | 19,003 |
| 3 COMMUNITY RELATIONS | B | COMMUNITY RELATIONS | 100 | 162,642 | 48,355 |
| 4 RECREATION THERAPY | C | ADULTS & PEDIATRICS | 25 | 70,386 | 22,209 |
| 5 | | CLINIC | 60 | 548 | 173 |
| 6 THERAPY RECLASS | D | ADULTS & PEDIATRICS | 25 | 257,426 | 31,201 |
| 7 | | CLINIC | 60 | 2,004 | 243 |
| 8 WTB CODING | E | LAUNDRY & LINEN SERVICE | 9 | | 43 |
| 9 | | MEDICAL RECORDS & LIBRARY | 17 | | 23,792 |
| 10 | | | | | |
| 11 | | ADULTS & PEDIATRICS | 25 | | 9,740 |
| 12 EKG | F | ADULTS & PEDIATRICS | 25 | | 31,576 |
| 13 | | | | | |
| 36 TOTAL RECLASSIFICATIONS | | | | 493,006 | 190,048 |

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry. Transfer the amounts in columns 4, 5, 8, and 9 to worksheet A, column 4, lines as appropriate. See instructions for column 10 referencing to worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

| | | |
|------------------------|---|-------------------------------------|
| PROVIDER NO: 144999 | PERIOD: FROM 5/ 1/2009 TO 4/30/2010 | PREPARED 8/23/2010 WORKSHEET A-6 |
|------------------------|---|-------------------------------------|

| EXPLANATION OF RECLASSIFICATION | CODE (1) COST CENTER | DECREASE | | | A-7 REF 10 |
|---------------------------------|----------------------------|------------|---------|---------|------------------|
| | | LINE NO | SALARY | OTHER | |
| 1 RENT LEASE | 6 | 7 | 8 | 9 | 10 |
| 2 | A ADMINISTRATIVE & GENERAL | 6 | | 22,266 | 10 |
| 3 COMMUNITY RELATIONS | DIETARY | 11 | | 450 | 10 |
| 4 RECREATION THERAPY | B ADMINISTRATIVE & GENERAL | 6 | 162,642 | 48,355 | |
| 5 | C OCCUPATIONAL THERAPY | 51.01 | 70,934 | 22,382 | |
| 6 THERAPY RECLASS | D SOCIAL WORK SERVICES | 51.02 | 259,430 | 31,444 | |
| 7 | | | | | |
| 8 WTB CODING | E OPERATION OF PLANT | 8 | | 43 | |
| 9 | NURSING ADMINISTRATION | 14 | | 9,740 | |
| 10 | ADMINISTRATIVE & GENERAL | 6 | | 16,624 | |
| 11 | SOCIAL WORK SERVICES | 51.02 | | 7,168 | |
| 12 EKG | F ELECTROCARDIOLOGY | 53 | | 30,527 | |
| 13 | LABORATORY | 44 | | 1,049 | |
| 36 TOTAL RECLASSIFICATIONS | | | 493,006 | 190,048 | |

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry. Transfer the amounts in columns 4, 5, 8, and 9 to worksheet A, column 4, lines as appropriate. See instructions for column 10 referencing to worksheet A-7, Part III, columns 9 through 14.

RECLASSIFICATIONS

PROVIDER NO:
144999

PERIOD:
FROM 5/ 1/2009
TO 4/30/2010

PREPARED 8/23/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : RENT LEASE

| ----- INCREASE ----- | | | |
|------------------------------------|-------------------------------|------|--------|
| LINE | COST CENTER | LINE | AMOUNT |
| 1.00 | NEW CAP REL COSTS-BLDG & FIXT | 3 | 3,713 |
| 2.00 | NEW CAP REL COSTS-MVBLE EQUIP | 4 | 19,003 |
| TOTAL RECLASSIFICATIONS FOR CODE A | | | 22,716 |

| ----- DECREASE ----- | | |
|--------------------------|------|--------|
| COST CENTER | LINE | AMOUNT |
| ADMINISTRATIVE & GENERAL | 6 | 22,266 |
| DIETARY | 11 | 450 |
| | | 22,716 |

RECLASS CODE: B
EXPLANATION : COMMUNITY RELATIONS

| ----- INCREASE ----- | | | |
|------------------------------------|---------------------|------|---------|
| LINE | COST CENTER | LINE | AMOUNT |
| 1.00 | COMMUNITY RELATIONS | 100 | 210,997 |
| TOTAL RECLASSIFICATIONS FOR CODE B | | | 210,997 |

| ----- DECREASE ----- | | |
|--------------------------|------|---------|
| COST CENTER | LINE | AMOUNT |
| ADMINISTRATIVE & GENERAL | 6 | 210,997 |
| | | 210,997 |

RECLASS CODE: C
EXPLANATION : RECREATION THERAPY

| ----- INCREASE ----- | | | |
|------------------------------------|---------------------|------|--------|
| LINE | COST CENTER | LINE | AMOUNT |
| 1.00 | ADULTS & PEDIATRICS | 25 | 92,595 |
| 2.00 | CLINIC | 60 | 721 |
| TOTAL RECLASSIFICATIONS FOR CODE C | | | 93,316 |

| ----- DECREASE ----- | | |
|----------------------|-------|--------|
| COST CENTER | LINE | AMOUNT |
| OCCUPATIONAL THERAPY | 51.01 | 93,316 |
| | | 0 |
| | | 93,316 |

RECLASS CODE: D
EXPLANATION : THERAPY RECLASS

| ----- INCREASE ----- | | | |
|------------------------------------|---------------------|------|---------|
| LINE | COST CENTER | LINE | AMOUNT |
| 1.00 | ADULTS & PEDIATRICS | 25 | 288,627 |
| 2.00 | CLINIC | 60 | 2,247 |
| TOTAL RECLASSIFICATIONS FOR CODE D | | | 290,874 |

| ----- DECREASE ----- | | |
|----------------------|-------|---------|
| COST CENTER | LINE | AMOUNT |
| SOCIAL WORK SERVICES | 51.02 | 290,874 |
| | | 0 |
| | | 290,874 |

RECLASS CODE: E
EXPLANATION : WTB CODING

| ----- INCREASE ----- | | | |
|------------------------------------|---------------------------|------|--------|
| LINE | COST CENTER | LINE | AMOUNT |
| 1.00 | LAUNDRY & LINEN SERVICE | 9 | 43 |
| 2.00 | MEDICAL RECORDS & LIBRARY | 17 | 23,792 |
| 3.00 | | | 0 |
| 4.00 | ADULTS & PEDIATRICS | 25 | 9,740 |
| TOTAL RECLASSIFICATIONS FOR CODE E | | | 33,575 |

| ----- DECREASE ----- | | |
|--------------------------|-------|--------|
| COST CENTER | LINE | AMOUNT |
| OPERATION OF PLANT | 8 | 43 |
| NURSING ADMINISTRATION | 14 | 9,740 |
| ADMINISTRATIVE & GENERAL | 6 | 16,624 |
| SOCIAL WORK SERVICES | 51.02 | 7,168 |
| | | 33,575 |

RECLASS CODE: F
EXPLANATION : EKG

| ----- INCREASE ----- | | | |
|------------------------------------|---------------------|------|--------|
| LINE | COST CENTER | LINE | AMOUNT |
| 1.00 | ADULTS & PEDIATRICS | 25 | 31,576 |
| 2.00 | | | 0 |
| TOTAL RECLASSIFICATIONS FOR CODE F | | | 31,576 |

| ----- DECREASE ----- | | |
|----------------------|------|--------|
| COST CENTER | LINE | AMOUNT |
| ELECTROCARDIOLOGY | 53 | 30,527 |
| LABORATORY | 44 | 1,049 |
| | | 31,576 |

ADJUSTMENTS TO EXPENSES

I PROVIDER NO: I
I 14-4999 I
I I

I PERIOD: I PREPARED 8/23/2010
I FROM 5/ 1/2009 I WORKSHEET A-8
I TO 4/30/2010 I

| DESCRIPTION (1) | (2) | | EXPENSE CLASSIFICATION ON | | WKST. A-7 REF. 5 |
|--|-----------------|-------------|--|---|---------------------------|
| | BASIS/CODE 1 | AMOUNT 2 | AMOUNT IS TO BE ADJUSTED COST CENTER 3 | WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED LINE NO 4 | |
| 1 INVST INCOME-OLD BLDGS AND FIXTURES | | | **COST CENTER DELETED** | 1 | |
| 2 INVESTMENT INCOME-OLD MOVABLE EQUIP | | | **COST CENTER DELETED** | 2 | |
| 3 INVST INCOME-NEW BLDGS AND FIXTURES | | | NEW CAP REL COSTS-BLDG & | 3 | |
| 4 INVESTMENT INCOME-NEW MOVABLE EQUIP | | | NEW CAP REL COSTS-MVBLE E | 4 | |
| 5 INVESTMENT INCOME-OTHER | | | | | |
| 6 TRADE, QUANTITY AND TIME DISCOUNTS | | | | | |
| 7 REFUNDS AND REBATES OF EXPENSES | | | | | |
| 8 RENTAL OF PRVIDER SPACE BY SUPPLIERS | | | | | |
| 9 TELEPHONE SERVICES | | | | | |
| 10 TELEVISION AND RADIO SERVICE | | | | | |
| 11 PARKING LOT | | | | | |
| 12 PROVIDER BASED PHYSICIAN ADJUSTMENT | A-8-2 | -979,053 | | | |
| 13 SALE OF SCRAP, WASTE, ETC. | | | | | |
| 14 RELATED ORGANIZATION TRANSACTIONS | A-8-1 | -129,615 | | | |
| 15 LAUNDRY AND LINEN SERVICE | | | | | |
| 16 CAFETERIA--EMPLOYEES AND GUESTS | B | -24,615 | DIETARY | 11 | |
| 17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS | | | | | |
| 18 SALE OF MED AND SURG SUPPLIES | | | | | |
| 19 SALE OF DRUGS TO OTHER THAN PATIENTS | | | | | |
| 20 SALE OF MEDICAL RECORDS & ABSTRACTS | B | -3,733 | MEDICAL RECORDS & LIBRARY | 17 | |
| 21 NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.) | | | | | |
| 22 VENDING MACHINES | B | -3,294 | DIETARY | 11 | |
| 23 INCOME FROM IMPOSITION OF INTEREST | | | | | |
| 24 INTRST EXP ON MEDICARE OVERPAYMENTS | | | | | |
| 25 ADJUSTMENT FOR RESPIRATORY THERAPY | A-8-3/A-8-4 | | **COST CENTER DELETED** | 49 | |
| 26 ADJUSTMENT FOR PHYSICAL THERAPY | A-8-3/A-8-4 | | **COST CENTER DELETED** | 50 | |
| 27 ADJUSTMENT FOR HHA PHYSICAL THERAPY | A-8-3 | | | | |
| 28 UTILIZATION REVIEW-PHYSIAN COMP | | | **COST CENTER DELETED** | 89 | |
| 29 DEPRECIATION-OLD BLDGS AND FIXTURES | | | **COST CENTER DELETED** | 1 | |
| 30 DEPRECIATION-OLD MOVABLE EQUIP | | | **COST CENTER DELETED** | 2 | |
| 31 DEPRECIATION-NEW BLDGS AND FIXTURES | | | NEW CAP REL COSTS-BLDG & | 3 | |
| 32 DEPRECIATION-NEW MOVABLE EQUIP | | | NEW CAP REL COSTS-MVBLE E | 4 | |
| 33 NON-PHYSICIAN ANESTHETIST | | | **COST CENTER DELETED** | 20 | |
| 34 PHYSICIANS' ASSISTANT | | | | | |
| 35 ADJUSTMENT FOR OCCUPATIONAL THERAPY | A-8-4 | | OCCUPATIONAL THERAPY | 51 | |
| 36 ADJUSTMENT FOR SPEECH PATHOLOGY | A-8-4 | | **COST CENTER DELETED** | 52 | |
| 37 OTHER REVENUE | B | -14,996 | ADMINISTRATIVE & GENERAL | 6 | |
| 38 WORKERS COMP | A | -9,670 | EMPLOYEE BENEFITS | 5 | |
| 39 MEDICAL INSURANCE | A | -5,212 | EMPLOYEE BENEFITS | 5 | |
| 40 LIABILITY INSURANCE | A | -19,693 | ADMINISTRATIVE & GENERAL | 6 | |
| 41 MARKETING | A | -22,441 | ADMINISTRATIVE & GENERAL | 6 | |
| 42 MISCELLANEOUS | A | -7,122 | EMPLOYEE BENEFITS | 5 | |
| 43 MISCELLANEOUS | A | -71,600 | ADMINISTRATIVE & GENERAL | 6 | |
| 44 MISCELLANEOUS | A | -757 | NURSING ADMINISTRATION | 14 | |
| 45 MISCELLANEOUS | A | -112 | ADULTS & PEDIATRICS | 25 | |
| 46 MISCELLANEOUS | A | -25 | ELECTROCARDIOLOGY | 53 | |
| 47 PHYSICIAN EXPENSES | A | -101,194 | ADMINISTRATIVE & GENERAL | 6 | |
| 48 PHYSICIAN INDIRECT BENEFITS | A | -24,259 | EMPLOYEE BENEFITS | 5 | |
| 49 OTHER ADJUSTMENTS (SPECIFY) | | | | | |
| 50 TOTAL (SUM OF LINES 1 THRU 49) | | -1,417,391 | | | |

(1) Description - all chapter references in this column pertain to CMS Pub. 15-I.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to worksheet A-7

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

| LINE NO. | COST CENTER | EXPENSE ITEMS | AMOUNT OF ALLOWABLE COST | AMOUNT | NET* ADJUSTMENTS | WKSHT A-7 COL. REF. | |
|----------|-------------|--------------------------|--------------------------|---------|------------------|---------------------|--|
| 1 | 2 | 3 | 4 | 5 | 6 | | |
| 1 | 6 | ADMINISTRATIVE & GENERAL | HOME OFFICE COST | 368,511 | 498,126 | -129,615 | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | TOTALS | | 368,511 | 498,126 | -129,615 | |

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

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

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

| SYMBOL (1) | NAME | PERCENTAGE OF OWNERSHIP | RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME | PERCENTAGE OF OWNERSHIP | TYPE OF BUSINESS |
|------------|------|-------------------------|---|-------------------------|------------------|
| 1 | 2 | 3 | 4 | 5 | 6 |
| 1 | B | 100.00 | PSYCHIATRIC SOLUTIONS, IN | 100.00 | HOSPITAL |
| 2 | | 0.00 | | 0.00 | |
| 3 | | 0.00 | | 0.00 | |
| 4 | | 0.00 | | 0.00 | |
| 5 | | 0.00 | | 0.00 | |

(1) USE THE FOLLOWING SYMBOLS TO INDICATE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO:
I 14-4999
I

I PERIOD:
I FROM 5/ 1/2009
I TO 4/30/2010

I PREPARED 8/23/2010
I WORKSHEET A-8-2
I GROUP 1

| WKSHT A LINE NO. | COST CENTER/ PHYSICIAN IDENTIFIER | TOTAL REMUN- ERATION | PROFES- SIONAL COMPONENT | PROVIDER COMPONENT | RCE AMOUNT | PHYSICIAN/ PROVIDER COMPONENT HOURS | UNADJUSTED RCE LIMIT | 5 PERCENT OF UNADJUSTED RCE LIMIT |
|---------------------|---|----------------------------|--------------------------------|-----------------------|---------------|--|-------------------------|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 1 | 6 | AGGREGATE | 976,773 | 976,773 | | | | |
| 2 | 60 | AGGREGATE | 2,280 | 2,280 | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
| 6 | | | | | | | | |
| 7 | | | | | | | | |
| 8 | | | | | | | | |
| 9 | | | | | | | | |
| 10 | | | | | | | | |
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| 19 | | | | | | | | |
| 20 | | | | | | | | |
| 21 | | | | | | | | |
| 22 | | | | | | | | |
| 23 | | | | | | | | |
| 24 | | | | | | | | |
| 25 | | | | | | | | |
| 26 | | | | | | | | |
| 27 | | | | | | | | |
| 28 | | | | | | | | |
| 29 | | | | | | | | |
| 30 | | | | | | | | |
| 101 | TOTAL | 979,053 | 979,053 | | | | | |

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 8/23/2010
 I 14-4999 I FROM 5/ 1/2009 I NOT A CMS WORKSHEET
 I I TO 4/30/2010 I

| LINE NO. | COST CENTER DESCRIPTION | STATISTICS CODE | STATISTICS DESCRIPTION | | |
|----------|-------------------------------|-----------------|------------------------|------------|-------------|
| | GENERAL SERVICE COST | | | | |
| 3 | NEW CAP REL COSTS-BLDG & FIXT | 3 | SQUARE | FEET | ENTERED |
| 4 | NEW CAP REL COSTS-MVBLE EQUIP | 3 | SQUARE | FEET | ENTERED |
| 5 | EMPLOYEE BENEFITS | S | GROSS | SALARIES | ENTERED |
| 6 | ADMINISTRATIVE & GENERAL | # | ACCUM. | COST | NOT ENTERED |
| 8 | OPERATION OF PLANT | 3 | SQUARE | FEET | ENTERED |
| 9 | LAUNDRY & LINEN SERVICE | 8 | PATIENT DAYS | | ENTERED |
| 10 | HOUSEKEEPING | 3 | SQUARE | FEET | ENTERED |
| 11 | DIETARY | 10 | MEALS | SERVED | ENTERED |
| 12 | CAFETERIA | 11 | FTE'S | | ENTERED |
| 14 | NURSING ADMINISTRATION | 13 | DIRECT | NRSING HRS | ENTERED |
| 17 | MEDICAL RECORDS & LIBRARY | C | GROSS | CHARGES | NOT ENTERED |

COST ALLOCATION - GENERAL SERVICE COSTS

| COST CENTER DESCRIPTION | NET EXPENSES FOR COST ALLOCATION | NEW CAP REL C OSTS-BLDG & | NEW CAP REL C OSTS-MVBLE E | EMPLOYEE BENE FITS | SUBTOTAL | ADMINISTRATIV E & GENERAL | OPERATION OF PLANT |
|---|----------------------------------|---------------------------|----------------------------|--------------------|------------|---------------------------|--------------------|
| | 0 | 3 | 4 | 5 | 5a.00 | 6 | 8 |
| 003 GENERAL SERVICE COST CNTR | | | | | | | |
| 004 NEW CAP REL COSTS-BLDG & | 864,215 | 864,215 | | | | | |
| 005 NEW CAP REL COSTS-MVBLE E | 116,379 | | 116,379 | | | | |
| 006 EMPLOYEE BENEFITS | 559,331 | 3,485 | | 469 | 563,285 | | |
| 008 ADMINISTRATIVE & GENERAL OPERATION OF PLANT | 4,119,946 | 82,865 | 11,159 | 166,298 | 4,380,268 | 4,380,268 | |
| 009 LAUNDRY & LINEN SERVICE | 570,881 | 190,920 | 25,710 | 11,963 | 799,474 | 481,835 | 1,281,309 |
| 010 HOUSEKEEPING | 42,494 | | | | 42,494 | 25,611 | |
| 011 DIETARY | 254,887 | 5,565 | 749 | | 261,201 | 157,423 | 12,149 |
| 012 CAFETERIA | 442,641 | 31,037 | 4,180 | 15,697 | 493,555 | 297,461 | 67,754 |
| 014 NURSING ADMINISTRATION | 356,599 | 4,434 | 597 | 30,590 | 392,220 | 236,387 | 9,679 |
| 017 MEDICAL RECORDS & LIBRARY | 100,438 | 6,377 | 859 | 5,963 | 113,637 | 68,488 | 13,921 |
| 025 INPAT ROUTINE SRVC CNTRS | | | | | | | |
| 031 ADULTS & PEDIATRICS | 3,317,435 | 511,059 | 68,821 | 280,788 | 4,178,103 | 2,518,098 | 1,115,648 |
| 036 SUBPROVIDER | | | | | | | |
| 041 OTHER LONG TERM CARE | | | | | | | |
| 044 ANCILLARY SRVC COST CNTRS | | | | | | | |
| 051 RADIOLOGY-DIAGNOSTIC | | | | | | | |
| 051 LABORATORY | 67,697 | | | | 67,697 | 40,800 | |
| 051 OCCUPATIONAL THERAPY | | | | | | | |
| 051 01 OCCUPATIONAL THERAPY | | | | | | | |
| 051 02 SOCIAL WORK SERVICES | | | | | | | |
| 053 ELECTROCARDIOLOGY | | | | | | | |
| 056 DRUGS CHARGED TO PATIENTS | 350,589 | 3,695 | 498 | 13,286 | 368,068 | 221,831 | 8,066 |
| 060 OUTPAT SERVICE COST CNTRS | | | | | | | |
| 060 CLINIC | 159,073 | 19,514 | 2,628 | 13,695 | 194,910 | 117,470 | 42,600 |
| 095 SPEC PURPOSE COST CENTERS | | | | | | | |
| 095 SUBTOTALS | 11,322,605 | 858,951 | 115,670 | 538,280 | 11,291,627 | 4,165,404 | 1,269,817 |
| 096 NONREIMBURS COST CENTERS | | | | | | | |
| 097 GIFT, FLOWER, COFFEE SHOP | | | | | | | |
| 098 RESEARCH | | | | | | | |
| 098 PHYSICIANS' PRIVATE OFFIC | | | | | | | |
| 099 NONPAID WORKERS | | | | | | | |
| 100 COMMUNITY RELATIONS | 210,997 | 2,436 | 328 | 15,512 | 229,273 | 138,181 | 5,318 |
| 100 01 EDUCATION ACUTE | 114,532 | 2,828 | 381 | 9,493 | 127,234 | 76,683 | 6,174 |
| 101 CROSS FOOT ADJUSTMENT | | | | | | | |
| 102 NEGATIVE COST CENTER | | | | | | | |
| 103 TOTAL | 11,648,134 | 864,215 | 116,379 | 563,285 | 11,648,134 | 4,380,268 | 1,281,309 |

COST ALLOCATION - GENERAL SERVICE COSTS

| COST CENTER DESCRIPTION | LAUNDRY & LIN EN SERVICE | HOUSEKEEPING | DIETARY | CAFETERIA | NURSING ADMIN ISTRATION | MEDICAL RECOR DS & LIBRARY | SUBTOTAL |
|-------------------------------|--------------------------|--------------|---------|-----------|-------------------------|----------------------------|------------|
| | 9 | 10 | 11 | 12 | 14 | 17 | 25 |
| 003 GENERAL SERVICE COST CNTR | | | | | | | |
| 004 NEW CAP REL COSTS-BLDG & | | | | | | | |
| 005 NEW CAP REL COSTS-MVBLE E | | | | | | | |
| 006 EMPLOYEE BENEFITS | | | | | | | |
| 008 ADMINISTRATIVE & GENERAL | | | | | | | |
| 009 OPERATION OF PLANT | | | | | | | |
| 010 LAUNDRY & LINEN SERVICE | 68,105 | | | | | | |
| 011 HOUSEKEEPING | | 430,773 | | | | | |
| 012 DIETARY | | 22,997 | 881,767 | | | | |
| 014 CAFETERIA | | | 111,292 | 111,292 | | | |
| 017 NURSING ADMINISTRATION | | 3,285 | | 5,715 | 647,286 | | |
| 025 MEDICAL RECORDS & LIBRARY | | 4,725 | | 2,843 | | 203,614 | |
| 031 INPAT ROUTINE SRVC CNTRS | | | | | | | |
| 036 ADULTS & PEDIATRICS | 68,105 | 378,668 | 770,475 | 90,437 | 647,286 | 187,590 | 9,954,410 |
| 041 SUBPROVIDER | | | | | | | |
| 044 OTHER LONG TERM CARE | | | | | | | |
| 051 ANCILLARY SRVC COST CNTRS | | | | | | 804 | 109,301 |
| 051 01 RADIOLOGY-DIAGNOSTIC | | | | | | | |
| 051 02 LABORATORY | | | | | | | |
| 053 OCCUPATIONAL THERAPY | | | | | | | |
| 056 01 SOCIAL WORK SERVICES | | | | | | | |
| 056 ELECTROCARDIOLOGY | | | | | | | |
| 060 DRUGS CHARGED TO PATIENTS | | 2,738 | | 2,957 | | 11,229 | 614,889 |
| 095 OUTPAT SERVICE COST CNTRS | | | | | | | |
| 096 CLINIC | | 14,459 | | 3,227 | | 3,991 | 376,657 |
| 097 SPEC PURPOSE COST CENTERS | | | | | | | |
| 098 SUBTOTALS | 68,105 | 426,872 | 881,767 | 105,179 | 647,286 | 203,614 | 11,055,257 |
| 099 NONREIMBURS COST CENTERS | | | | | | | |
| 100 GIFT, FLOWER, COFFEE SHOP | | | | | | | |
| 100 01 RESEARCH | | | | | | | |
| 101 PHYSICIANS' PRIVATE OFFIC | | | | | | | |
| 102 NONPAID WORKERS | | | | | | | |
| 103 COMMUNITY RELATIONS | | 1,805 | | 3,739 | | | 378,316 |
| 101 EDUCATION ACUTE | | 2,096 | | 2,374 | | | 214,561 |
| 102 CROSS FOOT ADJUSTMENT | | | | | | | |
| 103 NEGATIVE COST CENTER | | | | | | | |
| 103 TOTAL | 68,105 | 430,773 | 881,767 | 111,292 | 647,286 | 203,614 | 11,648,134 |

COST ALLOCATION - GENERAL SERVICE COSTS

| COST CENTER DESCRIPTION | I&R COST POST STEP-DOWN ADJ 26 | TOTAL 27 |
|-------------------------------|-----------------------------------|-------------|
| 003 GENERAL SERVICE COST CNTR | | |
| 004 NEW CAP REL COSTS-BLDG & | | |
| 005 NEW CAP REL COSTS-MVBLE E | | |
| 006 EMPLOYEE BENEFITS | | |
| 008 ADMINISTRATIVE & GENERAL | | |
| 009 OPERATION OF PLANT | | |
| 010 LAUNDRY & LINEN SERVICE | | |
| 011 HOUSEKEEPING | | |
| 012 DIETARY | | |
| 014 CAFETERIA | | |
| 017 NURSING ADMINISTRATION | | |
| 025 MEDICAL RECORDS & LIBRARY | | |
| 031 INPAT ROUTINE SRVC CNTRS | | 9,954,410 |
| 036 ADULTS & PEDIATRICS | | |
| 041 SUBPROVIDER | | |
| 044 OTHER LONG TERM CARE | | |
| 051 ANCILLARY SRVC COST CNTRS | | |
| 051 01 RADIOLOGY-DIAGNOSTIC | | 109,301 |
| 051 02 LABORATORY | | |
| 053 OCCUPATIONAL THERAPY | | |
| 056 01 OCCUPATIONAL THERAPY | | |
| 056 02 SOCIAL WORK SERVICES | | |
| 060 ELECTROCARDIOLOGY | | |
| 095 DRUGS CHARGED TO PATIENTS | | 614,889 |
| 096 OUTPAT SERVICE COST CNTRS | | |
| 097 CLINIC | | 376,657 |
| 098 SPEC PURPOSE COST CENTERS | | |
| 099 SUBTOTALS | | 11,055,257 |
| 100 NONREIMBURS COST CENTERS | | |
| 101 GIFT, FLOWER, COFFEE SHOP | | |
| 102 RESEARCH | | |
| 103 PHYSICIANS' PRIVATE OFFIC | | |
| 100 NONPAID WORKERS | | |
| 100 COMMUNITY RELATIONS | | 378,316 |
| 100 01 EDUCATION ACUTE | | 214,561 |
| 101 CROSS FOOT ADJUSTMENT | | |
| 102 NEGATIVE COST CENTER | | |
| 103 TOTAL | | 11,648,134 |

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 8/23/2010
 I 14-4999 I FROM 5/ 1/2009 I WORKSHEET B
 I I TO 4/30/2010 I PART III

| COST CENTER DESCRIPTION | DIR ASSGND NEW CAPITAL REL COSTS | NEW CAP REL C OSTS-BLDG & | NEW CAP REL C OSTS-MVBLE E | SUBTOTAL | EMPLOYEE BENE FITS | ADMINISTRATIV E & GENERAL | OPERATION OF PLANT |
|-------------------------------|----------------------------------|---------------------------|----------------------------|-----------|--------------------|---------------------------|--------------------|
| | 0 | 3 | 4 | 4a | 5 | 6 | 8 |
| 003 GENERAL SERVICE COST CNTR | | | | | | | |
| 004 NEW CAP REL COSTS-BLDG & | | | | | | | |
| 005 NEW CAP REL COSTS-MVBLE E | | | | | | | |
| 005 EMPLOYEE BENEFITS | | 3,485 | 469 | 3,954 | 3,954 | | |
| 006 ADMINISTRATIVE & GENERAL | 23,344 | 82,865 | 11,159 | 117,368 | 1,166 | 118,534 | |
| 008 OPERATION OF PLANT | | 190,920 | 25,710 | 216,630 | 84 | 13,039 | 229,753 |
| 009 LAUNDRY & LINEN SERVICE | | | | | | 693 | |
| 010 HOUSEKEEPING | | 5,565 | 749 | 6,314 | | 4,260 | 2,178 |
| 011 DIETARY | | 31,037 | 4,180 | 35,217 | 110 | 8,049 | 12,149 |
| 012 CAFETERIA | | | | | | | |
| 014 NURSING ADMINISTRATION | | 4,434 | 597 | 5,031 | 215 | 6,397 | 1,736 |
| 017 MEDICAL RECORDS & LIBRARY | | 6,377 | 859 | 7,236 | 42 | 1,853 | 2,496 |
| 025 INPAT ROUTINE SRVC CNTRS | | | | | | | |
| 025 ADULTS & PEDIATRICS | | 511,059 | 68,821 | 579,880 | 1,972 | 68,143 | 200,049 |
| 031 SUBPROVIDER | | | | | | | |
| 036 OTHER LONG TERM CARE | | | | | | | |
| 041 ANCILLARY SRVC COST CNTRS | | | | | | | |
| 044 RADIOLOGY-DIAGNOSTIC | | | | | | 1,104 | |
| 051 LABORATORY | | | | | | | |
| 051 01 OCCUPATIONAL THERAPY | | | | | | | |
| 051 02 SOCIAL WORK SERVICES | | | | | | | |
| 053 ELECTROCARDIOLOGY | | | | | | | |
| 056 DRUGS CHARGED TO PATIENTS | | 3,695 | 498 | 4,193 | 93 | 6,003 | 1,446 |
| 060 OUTPAT SERVICE COST CNTRS | | | | | | | |
| 060 CLINIC | | 19,514 | 2,628 | 22,142 | 96 | 3,179 | 7,639 |
| 095 SPEC PURPOSE COST CENTERS | | | | | | | |
| 095 SUBTOTALS | 23,344 | 858,951 | 115,670 | 997,965 | 3,778 | 112,720 | 227,693 |
| 096 NONREIMBURS COST CENTERS | | | | | | | |
| 097 GIFT, FLOWER, COFFEE SHOP | | | | | | | |
| 098 RESEARCH | | | | | | | |
| 098 PHYSICIANS' PRIVATE OFFIC | | | | | | | |
| 099 NONPAID WORKERS | | | | | | | |
| 100 COMMUNITY RELATIONS | | 2,436 | 328 | 2,764 | 109 | 3,739 | 953 |
| 100 01 EDUCATION ACUTE | | 2,828 | 381 | 3,209 | 67 | 2,075 | 1,107 |
| 101 CROSS FOOT ADJUSTMENTS | | | | | | | |
| 102 NEGATIVE COST CENTER | | | | | | | |
| 103 TOTAL | 23,344 | 864,215 | 116,379 | 1,003,938 | 3,954 | 118,534 | 229,753 |

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 8/23/2010
 I 14-4999 I FROM 5/ 1/2009 I WORKSHEET B
 I TO 4/30/2010 I PART III

| COST CENTER DESCRIPTION | LAUNDRY & LIN EN SERVICE | HOUSEKEEPING | DIETARY | CAFETERIA | NURSING ADMIN ISTRATION | MEDICAL RECOR DS & LIBRARY | SUBTOTAL |
|---|--------------------------|--------------|---------|-----------|-------------------------|----------------------------|-----------|
| | 9 | 10 | 11 | 12 | 14 | 17 | 25 |
| 003 GENERAL SERVICE COST CNTR | | | | | | | |
| 004 NEW CAP REL COSTS-BLDG & | | | | | | | |
| 005 NEW CAP REL COSTS-MVBLE E | | | | | | | |
| 006 EMPLOYEE BENEFITS | | | | | | | |
| 008 ADMINISTRATIVE & GENERAL OPERATION OF PLANT | | | | | | | |
| 009 LAUNDRY & LINEN SERVICE | 693 | | | | | | |
| 010 HOUSEKEEPING | | 12,752 | | | | | |
| 011 DIETARY | | 681 | 56,206 | | | | |
| 012 CAFETERIA | | | 7,094 | 7,094 | | | |
| 014 NURSING ADMINISTRATION | | 97 | | 364 | 13,840 | | |
| 017 MEDICAL RECORDS & LIBRARY | | 140 | | 181 | | 11,948 | |
| 025 INPAT ROUTINE SRVC CNTRS | | | | | | | |
| 031 ADULTS & PEDIATRICS | 693 | 11,210 | 49,112 | 5,766 | 13,840 | 11,009 | 941,674 |
| 036 SUBPROVIDER | | | | | | | |
| 041 OTHER LONG TERM CARE | | | | | | | |
| 044 ANCILLARY SRVC COST CNTRS | | | | | | | |
| 051 RADIOLOGY-DIAGNOSTIC LABORATORY | | | | | | 47 | 1,151 |
| 051 01 OCCUPATIONAL THERAPY | | | | | | | |
| 051 02 SOCIAL WORK SERVICES | | | | | | | |
| 053 ELECTROCARDIOLOGY | | | | | | | |
| 056 DRUGS CHARGED TO PATIENTS | | 81 | | 188 | | 658 | 12,662 |
| 060 OUTPAT SERVICE COST CNTRS | | 428 | | 206 | | 234 | 33,924 |
| 095 CLINIC | | | | | | | |
| 095 SPEC PURPOSE COST CENTERS | 693 | 12,637 | 56,206 | 6,705 | 13,840 | 11,948 | 989,411 |
| 096 SUBTOTALS | | | | | | | |
| 097 NONREIMBURS COST CENTERS | | | | | | | |
| 098 GIFT, FLOWER, COFFEE SHOP | | | | | | | |
| 099 RESEARCH | | | | | | | |
| 100 PHYSICIANS' PRIVATE OFFIC | | | | | | | |
| 100 01 EDUCATION ACUTE | | | | | | | |
| 101 NONPAID WORKERS | | | | 238 | | | 7,856 |
| 102 COMMUNITY RELATIONS | | 53 | | 151 | | | 6,671 |
| 103 EDUCATION ACUTE | | 62 | | | | | |
| 101 CROSS FOOT ADJUSTMENTS | | | | | | | |
| 102 NEGATIVE COST CENTER | | | | | | | |
| 103 TOTAL | 693 | 12,752 | 56,206 | 7,094 | 13,840 | 11,948 | 1,003,938 |

| COST CENTER DESCRIPTION | POST STEPDOWN ADJUSTMENT | TOTAL |
|--|--------------------------|-----------|
| | 26 | 27 |
| 003 GENERAL SERVICE COST CNTR | | |
| 004 NEW CAP REL COSTS-BLDG & | | |
| 005 NEW CAP REL COSTS-MVBLE E | | |
| 006 EMPLOYEE BENEFITS | | |
| 008 ADMINISTRATIVE & GENERAL OPERATION OF PLANT | | |
| 009 LAUNDRY & LINEN SERVICE | | |
| 010 HOUSEKEEPING | | |
| 011 DIETARY | | |
| 012 CAFETERIA | | |
| 014 NURSING ADMINISTRATION | | |
| 017 MEDICAL RECORDS & LIBRARY | | |
| 025 INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS | | 941,674 |
| 031 SUBPROVIDER | | |
| 036 OTHER LONG TERM CARE | | |
| 041 ANCILLARY SRVC COST CNTRS | | |
| 044 RADIOLOGY-DIAGNOSTIC LABORATORY | | 1,151 |
| 051 OCCUPATIONAL THERAPY | | |
| 051 01 OCCUPATIONAL THERAPY | | |
| 051 02 SOCIAL WORK SERVICES | | |
| 053 ELECTROCARDIOLOGY | | |
| 056 DRUGS CHARGED TO PATIENTS | | 12,662 |
| 060 OUTPAT SERVICE COST CNTRS CLINIC | | 33,924 |
| 095 SPEC PURPOSE COST CENTERS | | |
| 096 SUBTOTALS | | 989,411 |
| 097 NONREIMBURS COST CENTERS | | |
| 098 GIFT, FLOWER, COFFEE SHOP | | |
| 099 RESEARCH | | |
| 100 PHYSICIANS' PRIVATE OFFIC | | |
| 100 01 EDUCATION ACUTE | | |
| 101 NONPAID WORKERS | | |
| 102 COMMUNITY RELATIONS | | 7,856 |
| 103 CROSS FOOT ADJUSTMENTS | | 6,671 |
| 103 NEGATIVE COST CENTER | | |
| 103 TOTAL | | 1,003,938 |

COST ALLOCATION - STATISTICAL BASIS

| COST CENTER DESCRIPTION | NEW CAP REL C | NEW CAP REL C | EMPLOYEE BENE | RECONCILIATION | ADMINISTRATIVE & GENERAL | OPERATION OF PLANT |
|-----------------------------|------------------|-------------------|--------------------|----------------|--------------------------|--------------------|
| | OSTS-BLDG & FEET | OSTS-MVBLE E FEET | (GROSS SALARIES) | | (ACCUM. COST) | (SQUARE FEET) |
| | 3 | 4 | 5 | 6a.00 | 6 | 8 |
| GENERAL SERVICE COST | | | | | | |
| 003 NEW CAP REL COSTS-BLD | 94,728 | | | | | |
| 004 NEW CAP REL COSTS-MVB | | 94,728 | | | | |
| 005 EMPLOYEE BENEFITS | 382 | 382 | 5,905,904 | | | |
| 006 ADMINISTRATIVE & GENE | 9,083 | 9,083 | 1,743,584 | -4,380,268 | 7,267,866 | |
| 008 OPERATION OF PLANT | 20,927 | 20,927 | 125,431 | | 799,474 | 64,336 |
| 009 LAUNDRY & LINEN SERVI | | | | | 42,494 | |
| 010 HOUSEKEEPING | 610 | 610 | | | 261,201 | 610 |
| 011 DIETARY | 3,402 | 3,402 | 164,577 | | 493,555 | 3,402 |
| 012 CAFETERIA | | | | | | |
| 014 NURSING ADMINISTRATIO | 486 | 486 | 320,728 | | 392,220 | 486 |
| 017 MEDICAL RECORDS & LIB | 699 | 699 | 62,520 | | 113,637 | 699 |
| INPAT ROUTINE SRVC CN | | | | | | |
| 025 ADULTS & PEDIATRICS | 56,018 | 56,018 | 2,943,996 | | 4,178,103 | 56,018 |
| 031 SUBPROVIDER | | | | | | |
| 036 OTHER LONG TERM CARE | | | | | | |
| ANCILLARY SRVC COST C | | | | | | |
| 041 RADIOLOGY-DIAGNOSTIC | | | | | 67,697 | |
| 044 LABORATORY | | | | | | |
| 051 OCCUPATIONAL THERAPY | | | | | | |
| 051 01 OCCUPATIONAL THERAPY | | | | | | |
| 051 02 SOCIAL WORK SERVICES | | | | | | |
| 053 ELECTROCARDIOLOGY | | | | | | |
| 056 DRUGS CHARGED TO PATI | 405 | 405 | 139,305 | | 368,068 | 405 |
| 060 OUTPAT SERVICE COST C | | | | | | |
| CLINIC | 2,139 | 2,139 | 143,587 | | 194,910 | 2,139 |
| SPEC PURPOSE COST CEN | | | | | | |
| 095 SUBTOTALS | 94,151 | 94,151 | 5,643,728 | -4,380,268 | 6,911,359 | 63,759 |
| NONREIMBURS COST CENT | | | | | | |
| 096 GIFT, FLOWER, COFFEE | | | | | | |
| 097 RESEARCH | | | | | | |
| 098 PHYSICIANS' PRIVATE O | | | | | | |
| 099 NONPAID WORKERS | | | | | | |
| 100 COMMUNITY RELATIONS | 267 | 267 | 162,642 | | 229,273 | 267 |
| 100 01 EDUCATION ACUTE | 310 | 310 | 99,534 | | 127,234 | 310 |
| 101 CROSS FOOT ADJUSTMENT | | | | | | |
| 102 NEGATIVE COST CENTER | | | | | | |
| 103 COST TO BE ALLOCATED | 864,215 | 116,379 | 563,285 | | 4,380,268 | 1,281,309 |
| (WRKSHT B, PART I) | | | | | | |
| 104 UNIT COST MULTIPLIER | 9.123121 | | .095377 | | .602690 | |
| (WRKSHT B, PT I) | | 1.228560 | | | | 19.915895 |
| 105 COST TO BE ALLOCATED | | | | | | |
| (WRKSHT B, PART II) | | | | | | |
| 106 UNIT COST MULTIPLIER | | | | | | |
| (WRKSHT B, PT II) | | | | | | |
| 107 COST TO BE ALLOCATED | | | 3,954 | | 118,534 | 229,753 |
| (WRKSHT B, PART III) | | | | | | |
| 108 UNIT COST MULTIPLIER | | | .000669 | | .016309 | |
| (WRKSHT B, PT III) | | | | | | 3.571142 |

COST ALLOCATION - STATISTICAL BASIS

| COST CENTER DESCRIPTION | LAUNDRY & LIN HOUSEKEEPING EN SERVICE | | DIETARY | CAFETERIA | NURSING ADMIN ISTRATION | MEDICAL RECOR DS & LIBRARY |
|-----------------------------|---------------------------------------|--------------|---------------|-----------|-------------------------|----------------------------|
| | (PATIENT DAYS) | (SQUARE FEET | (MEALS)ERVED | S(FTE'S) | (DIRECT)SING HRS | NR() GROSS CHARGES) |
| | 9 | 10 | 11 | 12 | 14 | 17 |
| 003 GENERAL SERVICE COST | | | | | | |
| 004 NEW CAP REL COSTS-BLD | | | | | | |
| 005 NEW CAP REL COSTS-MVB | | | | | | |
| 006 EMPLOYEE BENEFITS | | | | | | |
| 008 ADMINISTRATIVE & GENE | | | | | | |
| 009 OPERATION OF PLANT | | | | | | |
| 010 LAUNDRY & LINEN SERVI | 14,902 | | | | | |
| 011 HOUSEKEEPING | | 63,726 | | | | |
| 012 DIETARY | | 3,402 | 51,230 | | | |
| 014 CAFETERIA | | | 6,466 | 7,828 | | |
| 017 NURSING ADMINISTRATIO | | 486 | | 402 | 132,316 | |
| 025 MEDICAL RECORDS & LIB | | 699 | | 200 | | 20,981,147 |
| 031 INPAT ROUTINE SRVC CN | 14,902 | 56,018 | 44,764 | 6,361 | 132,316 | 19,330,126 |
| 036 ADULTS & PEDIATRICS | | | | | | |
| 041 SUBPROVIDER | | | | | | |
| 044 OTHER LONG TERM CARE | | | | | | |
| 051 ANCILLARY SRVC COST C | | | | | | |
| 051 01 RADIOLOGY-DIAGNOSTIC | | | | | | 82,817 |
| 051 02 LABORATORY | | | | | | |
| 053 OCCUPATIONAL THERAPY | | | | | | |
| 056 OCCUPATIONAL THERAPY | | | | | | |
| 060 SOCIAL WORK SERVICES | | | | | | |
| 095 ELECTROCARDIOLOGY | | | | | | |
| 096 DRUGS CHARGED TO PATI | | 405 | | 208 | | 1,156,986 |
| 097 OUTPAT SERVICE COST C | | | | | | |
| 098 CLINIC | | 2,139 | | 227 | | 411,218 |
| 099 SPEC PURPOSE COST CEN | | | | | | |
| 100 SUBTOTALS | 14,902 | 63,149 | 51,230 | 7,398 | 132,316 | 20,981,147 |
| 101 NONREIMBURS COST CENT | | | | | | |
| 102 GIFT, FLOWER, COFFEE | | | | | | |
| 103 RESEARCH | | | | | | |
| 104 PHYSICIANS' PRIVATE O | | | | | | |
| 105 NONPAID WORKERS | | | | | | |
| 106 COMMUNITY RELATIONS | | 267 | | 263 | | |
| 107 01 EDUCATION ACUTE | | 310 | | 167 | | |
| 108 CROSS FOOT ADJUSTMENT | | | | | | |
| 109 NEGATIVE COST CENTER | | | | | | |
| 110 COST TO BE ALLOCATED | 68,105 | 430,773 | 881,767 | 111,292 | 647,286 | 203,614 |
| 111 (PER WRKSHT B, PART | | | | | | |
| 112 UNIT COST MULTIPLIER | | 6.759768 | | 14.217169 | | .009705 |
| 113 (WRKSHT B, PT I) | 4.570192 | | 17.211927 | | 4.891971 | |
| 114 COST TO BE ALLOCATED | | | | | | |
| 115 (PER WRKSHT B, PART | | | | | | |
| 116 UNIT COST MULTIPLIER | | | | | | |
| 117 (WRKSHT B, PT II) | | | | | | |
| 118 COST TO BE ALLOCATED | 693 | 12,752 | 56,206 | 7,094 | 13,840 | 11,948 |
| 119 (PER WRKSHT B, PART | | | | | | |
| 120 UNIT COST MULTIPLIER | | .200107 | | .906234 | | .000569 |
| 121 (WRKSHT B, PT III) | .046504 | | 1.097131 | | .104598 | |

COMPUTATION OF RATIO OF COSTS TO CHARGES

| WKST A LINE NO. | COST CENTER DESCRIPTION | WKST B, PT I COL. 27 1 | THERAPY ADJUSTMENT 2 | TOTAL COSTS 3 | RCE DISALLOWANCE 4 | TOTAL COSTS 5 |
|--------------------|---------------------------|------------------------------|----------------------------|---------------------|--------------------------|---------------------|
| 25 | INPAT ROUTINE SRVC CNTRS | | | | | |
| 31 | ADULTS & PEDIATRICS | 9,954,410 | | 9,954,410 | | 9,954,410 |
| 36 | SUBPROVIDER | | | | | |
| | OTHER LONG TERM CARE | | | | | |
| 41 | ANCILLARY SRVC COST CNTRS | | | | | |
| 44 | RADIOLOGY-DIAGNOSTIC | | | | | |
| 51 | LABORATORY | 109,301 | | 109,301 | | 109,301 |
| 51 | OCCUPATIONAL THERAPY | | | | | |
| 51 | 01 OCCUPATIONAL THERAPY | | | | | |
| 51 | 02 SOCIAL WORK SERVICES | | | | | |
| 53 | ELECTROCARDIOLOGY | | | | | |
| 56 | DRUGS CHARGED TO PATIENTS | 614,889 | | 614,889 | | 614,889 |
| | OUTPAT SERVICE COST CNTRS | | | | | |
| 60 | CLINIC | 376,657 | | 376,657 | | 376,657 |
| | OTHER REIMBURS COST CNTRS | | | | | |
| 101 | SUBTOTAL | 11,055,257 | | 11,055,257 | | 11,055,257 |
| 102 | LESS OBSERVATION BEDS | | | | | |
| 103 | TOTAL | 11,055,257 | | 11,055,257 | | 11,055,257 |

COMPUTATION OF RATIO OF COSTS TO CHARGES

| WKST A LINE NO. | COST CENTER DESCRIPTION | INPATIENT CHARGES 6 | OUTPATIENT CHARGES 7 | TOTAL CHARGES 8 | COST OR OTHER RATIO 9 | TEFRA INPAT- IENT RATIO 10 | PPS INPAT- IENT RATIO 11 |
|--------------------|---------------------------|---------------------------|----------------------------|-----------------------|-----------------------------|----------------------------------|--------------------------------|
| 25 | INPAT ROUTINE SRVC CNTRS | | | | | | |
| 31 | ADULTS & PEDIATRICS | 19,330,126 | | 19,330,126 | | | |
| 36 | SUBPROVIDER | | | | | | |
| | OTHER LONG TERM CARE | | | | | | |
| 41 | ANCILLARY SRVC COST CNTRS | | | | | | |
| 44 | RADIOLOGY-DIAGNOSTIC | | | | | | |
| 51 | LABORATORY | 82,817 | | 82,817 | 1.319789 | 1.319789 | 1.319789 |
| 51 | OCCUPATIONAL THERAPY | | | | | | |
| 51 01 | OCCUPATIONAL THERAPY | | | | | | |
| 51 02 | SOCIAL WORK SERVICES | | | | | | |
| 53 | ELECTROCARDIOLOGY | | | | | | |
| 56 | DRUGS CHARGED TO PATIENTS | 1,156,986 | | 1,156,986 | .531458 | .531458 | .531458 |
| | OUTPAT SERVICE COST CNTRS | | | | | | |
| 60 | CLINIC | | 411,218 | 411,218 | .915955 | .915955 | .915955 |
| | OTHER REIMBURS COST CNTRS | | | | | | |
| 101 | SUBTOTAL | 20,569,929 | 411,218 | 20,981,147 | | | |
| 102 | LESS OBSERVATION BEDS | | | | | | |
| 103 | TOTAL | 20,569,929 | 411,218 | 20,981,147 | | | |

COMPUTATION OF RATIO OF COSTS TO CHARGES
 SPECIAL TITLE XIX WORKSHEET

| WKST A LINE NO. | COST CENTER DESCRIPTION | WKST B, PT I COL. 27 1 | THERAPY ADJUSTMENT 2 | TOTAL COSTS 3 | RCE DISALLOWANCE 4 | TOTAL COSTS 5 |
|--------------------|---|------------------------------|----------------------------|---------------------|--------------------------|---------------------|
| 25 | INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS | 9,954,410 | | 9,954,410 | | 9,954,410 |
| 31 | SUBPROVIDER | | | | | |
| 36 | OTHER LONG TERM CARE ANCILLARY SRVC COST CNTRS | | | | | |
| 41 | RADIOLOGY-DIAGNOSTIC | | | | | |
| 44 | LABORATORY | 109,301 | | 109,301 | | 109,301 |
| 51 | OCCUPATIONAL THERAPY | | | | | |
| 51 01 | OCCUPATIONAL THERAPY | | | | | |
| 51 02 | SOCIAL WORK SERVICES | | | | | |
| 53 | ELECTROCARDIOLOGY | | | | | |
| 56 | DRUGS CHARGED TO PATIENTS | 614,889 | | 614,889 | | 614,889 |
| | OUTPAT SERVICE COST CNTRS | | | | | |
| 60 | CLINIC | 376,657 | | 376,657 | | 376,657 |
| | OTHER REIMBURS COST CNTRS | | | | | |
| 101 | SUBTOTAL | 11,055,257 | | 11,055,257 | | 11,055,257 |
| 102 | LESS OBSERVATION BEDS | | | | | |
| 103 | TOTAL | 11,055,257 | | 11,055,257 | | 11,055,257 |

COMPUTATION OF RATIO OF COSTS TO CHARGES
 SPECIAL TITLE XIX WORKSHEET

| WKST A LINE NO. | COST CENTER DESCRIPTION | INPATIENT CHARGES 6 | OUTPATIENT CHARGES 7 | TOTAL CHARGES 8 | COST OR OTHER RATIO 9 | TEFRA INPAT- IENT RATIO 10 | PPS INPAT- IENT RATIO 11 |
|--------------------|--|---------------------------|----------------------------|-----------------------|-----------------------------|----------------------------------|--------------------------------|
| 25 | INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS | 19,330,126 | | 19,330,126 | | | |
| 31 | SUBPROVIDER | | | | | | |
| 36 | OTHER LONG TERM CARE ANCILLARY SRVC COST CNTRS | | | | | | |
| 41 | RADIOLOGY-DIAGNOSTIC | | | | | | |
| 44 | LABORATORY | 82,817 | | 82,817 | 1.319789 | 1.319789 | 1.319789 |
| 51 | OCCUPATIONAL THERAPY | | | | | | |
| 51 01 | OCCUPATIONAL THERAPY | | | | | | |
| 51 02 | SOCIAL WORK SERVICES | | | | | | |
| 53 | ELECTROCARDIOLOGY | | | | | | |
| 56 | DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS | 1,156,986 | | 1,156,986 | .531458 | .531458 | .531458 |
| 60 | CLINIC OTHER REIMBURS COST CNTRS | | 411,218 | 411,218 | .915955 | .915955 | .915955 |
| 101 | SUBTOTAL | 20,569,929 | 411,218 | 20,981,147 | | | |
| 102 | LESS OBSERVATION BEDS | | | | | | |
| 103 | TOTAL | 20,569,929 | 411,218 | 20,981,147 | | | |

| WKST A LINE NO. | COST CENTER DESCRIPTION | TOTAL COST WKST B, PT I COL. 27 1 | CAPITAL COST WKST B PT II & III, COL. 27 2 | OPERATING COST NET OF CAPITAL COST 3 | CAPITAL REDUCTION 4 | OPERATING COST REDUCTION AMOUNT 5 | COST NET OF CAP AND OPER COST REDUCTION 6 |
|--------------------|---------------------------|--|---|---|---------------------------|--|--|
| 41 | ANCILLARY SRVC COST CNTRS | | | | | | |
| 44 | RADIOLOGY-DIAGNOSTIC | | | | | | |
| 51 | LABORATORY | 109,301 | 1,151 | 108,150 | | | 109,301 |
| 51 01 | OCCUPATIONAL THERAPY | | | | | | |
| 51 02 | SOCIAL WORK SERVICES | | | | | | |
| 53 | ELECTROCARDIOLOGY | | | | | | |
| 56 | DRUGS CHARGED TO PATIENTS | 614,889 | 12,662 | 602,227 | | | 614,889 |
| 60 | OUTPAT SERVICE COST CNTRS | | | | | | |
| | CLINIC | 376,657 | 33,924 | 342,733 | | | 376,657 |
| | OTHER REIMBURS COST CNTRS | | | | | | |
| 101 | SUBTOTAL | 1,100,847 | 47,737 | 1,053,110 | | | 1,100,847 |
| 102 | LESS OBSERVATION BEDS | | | | | | |
| 103 | TOTAL | 1,100,847 | 47,737 | 1,053,110 | | | 1,100,847 |

| WKST A LINE NO. | COST CENTER DESCRIPTION | TOTAL CHARGES | OUTPAT COST TO CHRG RATIO | I/P PT B COST TO CHRG RATIO |
|--------------------|---------------------------|------------------|------------------------------|--------------------------------|
| | | 7 | 8 | 9 |
| 41 | ANCILLARY SRVC COST CNTRS | | | |
| 44 | RADIOLOGY-DIAGNOSTIC | | | |
| 51 | LABORATORY | 82,817 | 1.319789 | 1.319789 |
| 51 01 | OCCUPATIONAL THERAPY | | | |
| 51 02 | OCCUPATIONAL THERAPY | | | |
| 53 | SOCIAL WORK SERVICES | | | |
| 56 | ELECTROCARDIOLOGY | | | |
| | DRUGS CHARGED TO PATIENTS | 1,156,986 | .531458 | .531458 |
| 60 | OUTPAT SERVICE COST CNTRS | | | |
| | CLINIC | 411,218 | .915955 | .915955 |
| | OTHER REIMBURS COST CNTRS | | | |
| 101 | SUBTOTAL | 1,651,021 | | |
| 102 | LESS OBSERVATION BEDS | | | |
| 103 | TOTAL | 1,651,021 | | |

| WKST A LINE NO. | COST CENTER DESCRIPTION | TOTAL COST WKST B, PT I COL. 27 1 | CAPITAL COST WKST B PT II & III, COL. 27 2 | OPERATING COST NET OF CAPITAL COST 3 | CAPITAL REDUCTION 4 | OPERATING COST REDUCTION AMOUNT 5 | COST NET OF CAP AND OPER COST REDUCTION 6 |
|--------------------|---------------------------|--|---|---|---------------------------|--|--|
| 41 | ANCILLARY SRVC COST CNTRS | | | | | | |
| 44 | RADIOLOGY-DIAGNOSTIC | | | | | | |
| 51 | LABORATORY | 109,301 | 1,151 | 108,150 | 115 | 6,273 | 102,913 |
| 51 | OCCUPATIONAL THERAPY | | | | | | |
| 51 01 | OCCUPATIONAL THERAPY | | | | | | |
| 51 02 | SOCIAL WORK SERVICES | | | | | | |
| 53 | ELECTROCARDIOLOGY | | | | | | |
| 56 | DRUGS CHARGED TO PATIENTS | 614,889 | 12,662 | 602,227 | 1,266 | 34,929 | 578,694 |
| 60 | OUTPAT SERVICE COST CNTRS | | | | | | |
| 60 | CLINIC | 376,657 | 33,924 | 342,733 | 3,392 | 19,879 | 353,386 |
| | OTHER REIMBURS COST CNTRS | | | | | | |
| 101 | SUBTOTAL | 1,100,847 | 47,737 | 1,053,110 | 4,773 | 61,081 | 1,034,993 |
| 102 | LESS OBSERVATION BEDS | | | | | | |
| 103 | TOTAL | 1,100,847 | 47,737 | 1,053,110 | 4,773 | 61,081 | 1,034,993 |

| WKST A LINE NO. | COST CENTER DESCRIPTION | TOTAL CHARGES | OUTPAT COST TO CHRG RATIO | I/P PT B COST TO CHRG RATIO |
|--------------------|---------------------------|------------------|------------------------------|--------------------------------|
| | | 7 | 8 | 9 |
| 41 | ANCILLARY SRVC COST CNTRS | | | |
| | RADIOLOGY-DIAGNOSTIC | | | |
| 44 | LABORATORY | 82,817 | 1.242655 | 1.318401 |
| 51 | OCCUPATIONAL THERAPY | | | |
| 51 01 | OCCUPATIONAL THERAPY | | | |
| 51 02 | SOCIAL WORK SERVICES | | | |
| 53 | ELECTROCARDIOLOGY | | | |
| 56 | DRUGS CHARGED TO PATIENTS | 1,156,986 | .500174 | .530363 |
| | OUTPAT SERVICE COST CNTRS | | | |
| 60 | CLINIC | 411,218 | .859364 | .907706 |
| | OTHER REIMBURS COST CNTRS | | | |
| 101 | SUBTOTAL | 1,651,021 | | |
| 102 | LESS OBSERVATION BEDS | | | |
| 103 | TOTAL | 1,651,021 | | |

| WKST A LINE NO. | COST CENTER DESCRIPTION | CAPITAL REL COST (B, II) 1 | OLD CAPITAL SWING BED ADJUSTMENT 2 | REDUCED CAP RELATED COST 3 | CAPITAL REL COST (B, III) 4 | NEW CAPITAL SWING BED ADJUSTMENT 5 | REDUCED CAP RELATED COST 6 |
|--------------------|---|----------------------------------|---|----------------------------------|-----------------------------------|---|----------------------------------|
| 25 | INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS | | | | 941,674 | | 941,674 |
| 31 | SUBPROVIDER | | | | 941,674 | | 941,674 |
| 101 | TOTAL | | | | | | |

| WKST A LINE NO. | COST CENTER DESCRIPTION | TOTAL PATIENT DAYS 7 | INPATIENT PROGRAM DAYS 8 | OLD CAPITAL PER DIEM 9 | INPAT PROGRAM OLD CAP CST 10 | NEW CAPITAL PER DIEM 11 | INPAT PROGRAM NEW CAP CST 12 |
|--------------------|---|----------------------------|--------------------------------|------------------------------|------------------------------------|-------------------------------|------------------------------------|
| 25 | INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS | 14,902 | 11,424 | | | 63.19 | 721,883 |
| 31 | SUBPROVIDER | | | | | | 721,883 |
| 101 | TOTAL | 14,902 | 11,424 | | | | |

TITLE XIX HOSPITAL PPS

| WKST A LINE NO. | COST CENTER DESCRIPTION | OLD CAPITAL RELATED COST 1 | NEW CAPITAL RELATED COST 2 | TOTAL CHARGES 3 | INPAT PROGRAM CHARGES 4 | OLD CAPITAL CST/CHRG RATIO 5 | CAPITAL COSTS 6 |
|--------------------|---------------------------|----------------------------------|----------------------------------|-----------------------|-------------------------------|------------------------------------|-----------------------|
| 41 | ANCILLARY SRVC COST CNTRS | | | | | | |
| 44 | RADIOLOGY-DIAGNOSTIC | | | | | | |
| 51 | LABORATORY | | 1,151 | 82,817 | 49,455 | | |
| 51 01 | OCCUPATIONAL THERAPY | | | | | | |
| 51 02 | OCCUPATIONAL THERAPY | | | | | | |
| 51 02 | SOCIAL WORK SERVICES | | | | | | |
| 53 | ELECTROCARDIOLOGY | | | | | | |
| 56 | DRUGS CHARGED TO PATIENTS | | 12,662 | 1,156,986 | 926,416 | | |
| 60 | OUTPAT SERVICE COST CNTRS | | | | | | |
| 60 | CLINIC | | 33,924 | 411,218 | | | |
| 101 | OTHER REIMBURS COST CNTRS | | | | | | |
| 101 | TOTAL | | 47,737 | 1,651,021 | 975,871 | | |

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 8/23/2010
 I 14-4999 I FROM 5/ 1/2009 I WORKSHEET D
 I COMPONENT NO: I TO 4/30/2010 I PART II
 I 14-4999 I I

TITLE XIX HOSPITAL PPS

| WKST A LINE NO. | COST CENTER DESCRIPTION | CST/CHRG 7 | NEW CAPITAL RATIO | COSTS 8 |
|--------------------|---------------------------|---------------|----------------------|------------|
| 41 | ANCILLARY SRVC COST CNTRS | | | |
| 44 | RADIOLOGY-DIAGNOSTIC | | | |
| 51 | LABORATORY | .013898 | | 687 |
| 51 01 | OCCUPATIONAL THERAPY | | | |
| 51 02 | SOCIAL WORK SERVICES | | | |
| 53 | ELECTROCARDIOLOGY | | | |
| 56 | DRUGS CHARGED TO PATIENTS | .010944 | | 10,139 |
| 60 | OUTPAT SERVICE COST CNTRS | | | |
| | CLINIC | .082496 | | |
| 101 | OTHER REIMBURS COST CNTRS | | | 10,826 |
| | TOTAL | | | |

APPORTIONMENT OF INPATIENT ROUTINE
 SERVICE OTHER PASS THROUGH COSTS
 TITLE XIX

I PROVIDER NO: I PERIOD: I PREPARED 8/23/2010
 I 14-4999 I FROM 5/ 1/2009 I WORKSHEET D
 I I TO 4/30/2010 I PART III

PPS

| WKST A LINE NO. | COST CENTER DESCRIPTION | NONPHYSICIAN ANESTHETIST 1 | MED EDUCATN COST 2 | SWING BED ADJ AMOUNT 3 | TOTAL COSTS 4 | TOTAL PATIENT DAYS 5 | PER DIEM 6 |
|--------------------|---|----------------------------------|--------------------------|------------------------------|---------------------|----------------------------|---------------|
| 25 | INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS | | | | | 14,902 | |
| 31 | SUBPROVIDER | | | | | 14,902 | |
| 101 | TOTAL | | | | | | |

APPORTIONMENT OF INPATIENT ROUTINE
SERVICE OTHER PASS THROUGH COSTS
TITLE XIX

I PROVIDER NO: I PERIOD: I PREPARED 8/23/2010
I 14-4999 I FROM 5/ 1/2009 I WORKSHEET D
I I TO 4/30/2010 I PART III

| WKST A LINE NO. | COST CENTER DESCRIPTION | INPATIENT PROG DAYS | INPAT PROGRAM PASS THRU COST |
|--------------------|-------------------------|------------------------|---------------------------------|
| | | 7 | 8 |
| 25 | ADULTS & PEDIATRICS | | 11,424 |
| 31 | SUBPROVIDER | | |
| 101 | TOTAL | | 11,424 |

TITLE XIX

HOSPITAL

PPS

| WKST A LINE NO. | COST CENTER DESCRIPTION | NONPHYSICIAN ANESTHETIST | HOSPITAL | MED ED NRS SCHOOL COST | MED ED ALLIED HEALTH COST | MED ED ALL OTHER COSTS | BLOOD CLOT FOR HEMOPHILIACS |
|--------------------|---------------------------|-----------------------------|----------|---------------------------|------------------------------|---------------------------|--------------------------------|
| | | 1 | 1.01 | 2 | 2.01 | 2.02 | 2.03 |
| 41 | ANCILLARY SRVC COST CNTRS | | | | | | |
| 44 | RADIOLOGY-DIAGNOSTIC | | | | | | |
| 51 | LABORATORY | | | | | | |
| 51 | 01 OCCUPATIONAL THERAPY | | | | | | |
| 51 | 02 SOCIAL WORK SERVICES | | | | | | |
| 53 | ELECTROCARDIOLOGY | | | | | | |
| 56 | DRUGS CHARGED TO PATIENTS | | | | | | |
| 60 | OUTPAT SERVICE COST CNTRS | | | | | | |
| | CLINIC | | | | | | |
| | OTHER REIMBURS COST CNTRS | | | | | | |
| 101 | TOTAL | | | | | | |

| TITLE XIX | | HOSPITAL | | PPS | | | INPAT PROG | INPAT PROG |
|-----------|---------------------------|-------------|---------------------|---------------|--------------------------|-----------------------------|------------|----------------|
| WKST A | COST CENTER DESCRIPTION | TOTAL COSTS | O/P PASS THRU COSTS | TOTAL CHARGES | RATIO OF COST TO CHARGES | O/P RATIO OF CST TO CHARGES | CHARGE | PASS THRU COST |
| LINE NO. | | 3 | 3.01 | 4 | 5 | 5.01 | 6 | 7 |
| | ANCILLARY SRVC COST CNTRS | | | | | | | |
| 41 | RADIOLOGY-DIAGNOSTIC | | | | | | | |
| 44 | LABORATORY | | | 82,817 | | | 49,455 | |
| 51 | OCCUPATIONAL THERAPY | | | | | | | |
| 51 01 | OCCUPATIONAL THERAPY | | | | | | | |
| 51 02 | SOCIAL WORK SERVICES | | | | | | | |
| 53 | ELECTROCARDIOLOGY | | | | | | | |
| 56 | DRUGS CHARGED TO PATIENTS | | | 1,156,986 | | | 926,416 | |
| | OUTPAT SERVICE COST CNTRS | | | | | | | |
| 60 | CLINIC | | | 411,218 | | | | |
| | OTHER REIMBURS COST CNTRS | | | | | | | |
| 101 | TOTAL | | | 1,651,021 | | | 975,871 | |

TITLE XIX HOSPITAL PPS

| WKST A LINE NO. | COST CENTER DESCRIPTION | OUTPAT PROG CHARGES | OUTPAT PROG D,V COL 5.03 | OUTPAT PROG D,V COL 5.04 | OUTPAT PROG PASS THRU COST | COL 8.01 * COL 5 | COL 8.02 * COL 5 |
|--------------------|---------------------------|------------------------|-----------------------------|-----------------------------|-------------------------------|---------------------|---------------------|
| | ANCILLARY SRVC COST CNTRS | 8 | 8.01 | 8.02 | 9 | 9.01 | 9.02 |
| 41 | RADIOLOGY-DIAGNOSTIC | | | | | | |
| 44 | LABORATORY | | | | | | |
| 51 | OCCUPATIONAL THERAPY | | | | | | |
| 51 01 | OCCUPATIONAL THERAPY | | | | | | |
| 51 02 | SOCIAL WORK SERVICES | | | | | | |
| 53 | ELECTROCARDIOLOGY | | | | | | |
| 56 | DRUGS CHARGED TO PATIENTS | | | | | | |
| | OUTPAT SERVICE COST CNTRS | | | | | | |
| 60 | CLINIC | | | | | | |
| | OTHER REIMBURS COST CNTRS | | | | | | |
| 101 | TOTAL | | | | | | |

TITLE XIX - I/P HOSPITAL PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

| | | |
|----|---|--------|
| 1 | INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN) | 14,902 |
| 2 | INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS) | 14,902 |
| 3 | PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) | |
| 4 | SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS) | 14,902 |
| 5 | TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 6 | TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | |
| 7 | TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 8 | TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | |
| 9 | TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS) | 11,424 |
| 10 | SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 11 | SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | |
| 12 | SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 13 | SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE) | |
| 14 | MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS) | |
| 15 | TOTAL NURSERY DAYS (TITLE V OR XIX ONLY) | |
| 16 | NURSERY DAYS (TITLE V OR XIX ONLY) | |

SWING-BED ADJUSTMENT

| | | |
|----|--|-----------|
| 17 | MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 18 | MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 19 | MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 20 | MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 21 | TOTAL GENERAL INPATIENT ROUTINE SERVICE COST | 9,954,410 |
| 22 | SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 23 | SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 24 | SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 25 | SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD | |
| 26 | TOTAL SWING-BED COST (SEE INSTRUCTIONS) | |
| 27 | GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST | 9,954,410 |

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

| | | |
|----|---|------------|
| 28 | GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES) | 19,330,126 |
| 29 | PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) | |
| 30 | SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) | 19,330,126 |
| 31 | GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO | .514969 |
| 32 | AVERAGE PRIVATE ROOM PER DIEM CHARGE | |
| 33 | AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE | 1,297.15 |
| 34 | AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL | |
| 35 | AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL | |
| 36 | PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT | |
| 37 | GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL | 9,954,410 |

TITLE XIX - I/P HOSPITAL PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 667.99
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 7,631,118
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 7,631,118

| | TOTAL I/P COST 1 | TOTAL I/P DAYS 2 | AVERAGE PER DIEM 3 | PROGRAM DAYS 4 | PROGRAM COST 5 |
|--|------------------------|------------------------|--------------------------|----------------------|----------------------|
|--|------------------------|------------------------|--------------------------|----------------------|----------------------|

| | | | | | |
|----|--|--|--|--|-----------|
| 42 | NURSERY (TITLE V & XIX ONLY) | | | | |
| | INTENSIVE CARE TYPE INPATIENT | | | | |
| | HOSPITAL UNITS | | | | |
| 43 | INTENSIVE CARE UNIT | | | | |
| 44 | CORONARY CARE UNIT | | | | |
| 45 | BURN INTENSIVE CARE UNIT | | | | |
| 46 | SURGICAL INTENSIVE CARE UNIT | | | | |
| 47 | OTHER SPECIAL CARE | | | | 1 |
| 48 | PROGRAM INPATIENT ANCILLARY SERVICE COST | | | | 557,621 |
| 49 | TOTAL PROGRAM INPATIENT COSTS | | | | 8,188,739 |

PASS THROUGH COST ADJUSTMENTS

| | | | | | |
|----|---|--|--|--|-----------|
| 50 | PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES | | | | 721,883 |
| 51 | PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES | | | | 10,826 |
| 52 | TOTAL PROGRAM EXCLUDABLE COST | | | | 732,709 |
| 53 | TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS | | | | 7,456,030 |

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

COMPUTATION OF INPATIENT OPERATING COST

TITLE XIX - I/P HOSPITAL PPS

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

1

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

PART IV - COMPUTATION OF OBSERVATION BED COST

- 83 TOTAL OBSERVATION BED DAYS
- 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 667.99
- 85 OBSERVATION BED COST

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

| | COST | ROUTINE COST | COLUMN 1 DIVIDED BY COLUMN 2 | TOTAL OBSERVATION BED COST | OBSERVATION BED PASS THROUGH COST |
|--------------------------------------|---------|--------------|------------------------------|----------------------------|-----------------------------------|
| | 1 | 2 | 3 | 4 | 5 |
| 86 OLD CAPITAL-RELATED COST | | 9,954,410 | | | |
| 87 NEW CAPITAL-RELATED COST | 941,674 | 9,954,410 | .094599 | | |
| 88 NON PHYSICIAN ANESTHETIST | | 9,954,410 | | | |
| 89 MEDICAL EDUCATION | | 9,954,410 | | | |
| 89.01 MEDICAL EDUCATION - ALLIED HEA | | | | | |
| 89.02 MEDICAL EDUCATION - ALL OTHER | | | | | |

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 8/23/2010
 I 14-4999 I FROM 5/ 1/2009 I WORKSHEET D-4
 I COMPONENT NO: I TO 4/30/2010 I
 I 14-4999 I I

TITLE XIX HOSPITAL PPS

| WKST A LINE NO. | COST CENTER DESCRIPTION | RATIO COST TO CHARGES 1 | INPATIENT CHARGES 2 | INPATIENT COST 3 |
|--------------------|---|-------------------------------|---------------------------|------------------------|
| 25 | INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS | | 14,280,000 | |
| 31 | SUBPROVIDER ANCILLARY SRVC COST CNTRS | | | |
| 41 | RADIOLOGY-DIAGNOSTIC | | | |
| 44 | LABORATORY | 1.319789 | 49,455 | 65,270 |
| 51 | OCCUPATIONAL THERAPY | | | |
| 51 01 | OCCUPATIONAL THERAPY | | | |
| 51 02 | SOCIAL WORK SERVICES | | | |
| 53 | ELECTROCARDIOLOGY | | | |
| 56 | DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS | .531458 | 926,416 | 492,351 |
| 60 | CLINIC OTHER REIMBURS COST CNTRS | .915955 | | |
| 101 | TOTAL | | 975,871 | 557,621 |
| 102 | LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES | | | |
| 103 | NET CHARGES | | 975,871 | |

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

| | TITLE XIX | HOSPITAL | PPS TITLE V OR TITLE XIX 1 | TITLE XVIII SNF PPS 2 |
|-----|--|----------|-------------------------------------|-----------------------------|
| 1 | COMPUTATION OF NET COST OF COVERED SERVICE | | | |
| 2 | INPATIENT HOSPITAL/SNF/NF SERVICES | | | |
| 3 | MEDICAL AND OTHER SERVICES | | | |
| 4 | INTERNS AND RESIDENTS (SEE INSTRUCTIONS) | | | |
| 5 | ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY) | | | |
| 6 | COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS) | | | |
| 7 | SUBTOTAL | | | |
| 8 | | | | 529,947 |
| 9 | INPATIENT PRIMARY PAYER PAYMENTS | | | |
| | | | | -529,947 |
| | SUBTOTAL | | | |
| | COMPUTATION OF LESSER OF COST OR CHARGES | | | |
| | REASONABLE CHARGES | | | |
| 10 | ROUTINE SERVICE CHARGES | | | |
| 11 | | | | 14,280,000 |
| 12 | ANCILLARY SERVICE CHARGES | | | |
| 13 | | | | 975,871 |
| 14 | INTERNS AND RESIDENTS SERVICE CHARGES | | | |
| 15 | ORGAN ACQUISITION CHARGES, NET OF REVENUE | | | |
| 16 | TEACHING PHYSICIANS | | | |
| | | | | 15,255,871 |
| | INCENTIVE FROM TARGET AMOUNT COMPUTATION | | | |
| | | | | 15,255,871 |
| | TOTAL REASONABLE CHARGES | | | |
| | CUSTOMARY CHARGES | | | |
| 17 | AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR | | | |
| 18 | PAYMENT FOR SERVICES ON A CHARGE BASIS | | | |
| 19 | AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE | | | |
| 20 | FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT | | | |
| 21 | BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e) | | | |
| 22 | RATIO OF LINE 17 TO LINE 18 | | | |
| 23 | | | | 15,255,871 |
| 24 | TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS) | | | |
| 25 | | | | 15,785,818 |
| 26 | EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST | | | |
| 27 | | | | -529,947 |
| 28 | EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES | | | |
| 29 | COST OF COVERED SERVICES | | | |
| 30 | | | | -529,947 |
| 31 | PROSPECTIVE PAYMENT AMOUNT | | | |
| 32 | | | | 9,593,579 |
| 33 | OTHER THAN OUTLIER PAYMENTS | | | |
| 34 | OUTLIER PAYMENTS | | | |
| 35 | PROGRAM CAPITAL PAYMENTS | | | |
| 36 | CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS) | | | |
| 37 | ROUTINE SERVICE OTHER PASS THROUGH COSTS | | | |
| 38 | | | | 9,063,632 |
| 39 | ANCILLARY SERVICE OTHER PASS THROUGH COSTS | | | |
| 40 | | | | 9,063,632 |
| 41 | SUBTOTAL | | | |
| 42 | | | | 15,255,871 |
| 43 | CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY) | | | |
| 44 | | | | 9,063,632 |
| 45 | TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE | | | |
| 46 | XVIII ENTER AMOUNT FROM LINE 30 | | | |
| 47 | | | | 9,063,632 |
| 48 | DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT) | | | |
| 49 | COMPUTATION OF REIMBURSEMENT SETTLEMENT | | | |
| 50 | EXCESS OF REASONABLE COST | | | |
| 51 | | | | 9,063,632 |
| 52 | SUBTOTAL | | | |
| 53 | COINSURANCE | | | |
| 54 | SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19 | | | |
| 55 | | | | 9,063,632 |
| 56 | REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) | | | |
| 57 | ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING | | | |
| 58 | BEFORE 10/01/05 (SEE INSTRUCTIONS) | | | |
| 59 | | | | 9,063,632 |
| 60 | REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES | | | |
| 61 | ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING | | | |
| 62 | ON OR AFTER 10/01/05 (SEE INSTRUCTIONS) | | | |
| 63 | | | | 9,063,632 |
| 64 | UTILIZATION REVIEW | | | |
| 65 | SUBTOTAL (SEE INSTRUCTIONS) | | | |
| 66 | | | | 9,063,632 |
| 67 | INPATIENT ROUTINE SERVICE COST | | | |
| 68 | MEDICARE INPATIENT ROUTINE CHARGES | | | |
| 69 | AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR | | | |
| 70 | PAYMENT FOR SERVICES ON A CHARGE BASIS | | | |
| 71 | AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE | | | |
| 72 | FOR PAYMENT OF PART A SERVICES | | | |
| 73 | RATIO OF LINE 43 TO 44 | | | |
| 74 | | | | 9,063,632 |
| 75 | TOTAL CUSTOMARY CHARGES | | | |
| 76 | EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST | | | |
| 77 | | | | -529,947 |
| 78 | EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES | | | |
| 79 | RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER | | | |
| 80 | TERMINATION OR A DECREASE IN PROGRAM UTILIZATION | | | |
| 81 | OTHER ADJUSTMENTS (SPECIFY) | | | |
| 82 | AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS | | | |
| 83 | RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS | | | |
| 84 | | | | 9,063,632 |
| 85 | SUBTOTAL | | | |
| 86 | | | | 9,063,632 |
| 87 | INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY) | | | |
| 88 | DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS | | | |
| 89 | | | | 9,063,632 |
| 90 | TOTAL AMOUNT PAYABLE TO THE PROVIDER | | | |
| 91 | | | | 9,063,632 |
| 92 | SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS) | | | |
| 93 | | | | 9,063,632 |
| 94 | INTERIM PAYMENTS | | | |
| 95 | | | | 9,063,632 |
| 96 | TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY) | | | |
| 97 | | | | 9,063,632 |
| 98 | BALANCE DUE PROVIDER/PROGRAM | | | |
| 99 | | | | 9,063,632 |
| 100 | PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) | | | |

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

TITLE XIX

HOSPITAL

PPS
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

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

I
I
I

PROVIDER NO:
14-4999

I PERIOD:
I FROM 5/ 1/2009
I TO 4/30/2010

I PREPARED 8/23/2010
I
I WORKSHEET G

BALANCE SHEET

| | GENERAL FUND | SPECIFIC PURPOSE FUND | ENDOWMENT FUND | PLANT FUND |
|---|--------------|-----------------------|----------------|------------|
| ASSETS | 1 | 2 | 3 | 4 |
| CURRENT ASSETS | | | | |
| 1 CASH ON HAND AND IN BANKS | | | | |
| 2 TEMPORARY INVESTMENTS | | | | |
| 3 NOTES RECEIVABLE | | | | |
| 4 ACCOUNTS RECEIVABLE | 1,820,020 | | | |
| 5 OTHER RECEIVABLES | | | | |
| 6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE | | | | |
| 7 INVENTORY | | | | |
| 8 PREPAID EXPENSES | | | | |
| 9 OTHER CURRENT ASSETS | 150,302 | | | |
| 10 DUE FROM OTHER FUNDS | | | | |
| 11 TOTAL CURRENT ASSETS | 1,970,322 | | | |
| FIXED ASSETS | | | | |
| 12 LAND | 3,748,302 | | | |
| 12.01 LAND IMPROVEMENTS | | | | |
| 13.01 LESS ACCUMULATED DEPRECIATION | | | | |
| 14 BUILDINGS | 13,950,521 | | | |
| 14.01 LESS ACCUMULATED DEPRECIATION | -1,223,721 | | | |
| 15 LEASEHOLD IMPROVEMENTS | | | | |
| 15.01 LESS ACCUMULATED DEPRECIATION | | | | |
| 16 FIXED EQUIPMENT | | | | |
| 16.01 LESS ACCUMULATED DEPRECIATION | | | | |
| 17 AUTOMOBILES AND TRUCKS | | | | |
| 17.01 LESS ACCUMULATED DEPRECIATION | | | | |
| 18 MAJOR MOVABLE EQUIPMENT | 1,526,881 | | | |
| 18.01 LESS ACCUMULATED DEPRECIATION | | | | |
| 19 MINOR EQUIPMENT DEPRECIABLE | | | | |
| 19.01 LESS ACCUMULATED DEPRECIATION | | | | |
| 20 MINOR EQUIPMENT-NONDEPRECIABLE | | | | |
| 21 TOTAL FIXED ASSETS | 18,001,983 | | | |
| OTHER ASSETS | | | | |
| 22 INVESTMENTS | | | | |
| 23 DEPOSITS ON LEASES | | | | |
| 24 DUE FROM OWNERS/OFFICERS | | | | |
| 25 OTHER ASSETS | | 400 | | |
| 26 TOTAL OTHER ASSETS | | 400 | | |
| 27 TOTAL ASSETS | 19,972,705 | | | |

BALANCE SHEET

I
I
IPROVIDER NO:
14-4999

I PERIOD:

I FROM 5/ 1/2009
I TO 4/30/2010

I PREPARED 8/23/2010

I WORKSHEET G

| | GENERAL FUND | SPECIFIC PURPOSE FUND | ENDOWMENT FUND | PLANT FUND |
|--|-----------------|-----------------------------|-------------------|---------------|
| | 1 | 2 | 3 | 4 |
| LIABILITIES AND FUND BALANCE | | | | |
| CURRENT LIABILITIES | | | | |
| 28 ACCOUNTS PAYABLE | 238,120 | | | |
| 29 SALARIES, WAGES & FEES PAYABLE | 267,102 | | | |
| 30 PAYROLL TAXES PAYABLE | | | | |
| 31 NOTES AND LOANS PAYABLE (SHORT TERM) | | | | |
| 32 DEFERRED INCOME | | | | |
| 33 ACCELERATED PAYMENTS | | | | |
| 34 DUE TO OTHER FUNDS | | | | |
| 35 OTHER CURRENT LIABILITIES | 134,201 | | | |
| 36 TOTAL CURRENT LIABILITIES | 639,423 | | | |
| LONG TERM LIABILITIES | | | | |
| 37 MORTGAGE PAYABLE | | | | |
| 38 NOTES PAYABLE | | | | |
| 39 UNSECURED LOANS | | | | |
| 40.01 LOANS PRIOR TO 7/1/66 | | | | |
| 40.02 ON OR AFTER 7/1/66 | 17,851,643 | | | |
| 41 OTHER LONG TERM LIABILITIES | | | | |
| 42 TOTAL LONG-TERM LIABILITIES | 17,851,643 | | | |
| 43 TOTAL LIABILITIES | 18,491,066 | | | |
| CAPITAL ACCOUNTS | | | | |
| 44 GENERAL FUND BALANCE | 1,481,635 | | | |
| 45 SPECIFIC PURPOSE FUND | | | | |
| 46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED | | | | |
| 47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT | | | | |
| 48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE | | | | |
| 49 PLANT FUND BALANCE-INVESTED IN PLANT | | | | |
| 50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION | | | | |
| 51 TOTAL FUND BALANCES | 1,481,635 | | | |
| 52 TOTAL LIABILITIES AND FUND BALANCES | 19,972,701 | | | |