KPMG LLP COMPU-MAX MICRO SYSTEM

VERSION: 2010.02 IN LIEU OF FORM CMS-2552-96 (11/98) 04/05/2010 14:47

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT WORKSHEET S CERTIFICATION AND SETTLEMENT SUMMARY PARTS T & TT INITIAL INTERMEDIARY [AUDITED DATE RECEIVED RE-OPENING l DESK REVIEWED HISE ONLY: Γ INTERMEDIARY NO FINAL. MCR CODE PART I - CERTIFICATION __ ELECTRONICALLY FILED COST REPORT CHECK DATE: _ APPLICABLE BOX MANUALLY SUBMITTED COST REPORT TIME: MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT. CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S) I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY BUTLER HOSPITAL (41-4000) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 10/01/2008 AND ENDING 09/30/2009, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

(SIGNED)						
	OFFICER	OR	ADMINISTRATOR	OF	PROVIDER(S)	
	TITLE					
	DATE					

PART II - SETTLEMENT SUMMARY

		TITLE V	TITLE	XVIII	TITLE XIX	
			PART A	PART B		
		1	2	3	4	
1	HOSPITAL		163191	19365		1
2	SUBPROVIDER I					2
3	SWING BED - SNF					3
4	SWING BED - NF					4
5	SKILLED NURSING FACILITY					5
6	NURSING FACILITY					6
7	HOME HEALTH AGENCY					7
8	OUTPATIENT REHABILITATION PROVIDER					8
9	HEALTH CLINIC					9
100	TOTAL		163191	19365		100

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

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

WORKSHEET S-2

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 345 BLACKSTONE BOULEVARD

1.01 CITY: PROVIDENCE STATE: P.O.BOX:
STATE: RI ZIP CODE: 02906 COUNTY: PROVIDENCE 1 1.01

HOSPITA	AL AND HOSPITAL-BASED COMPONENT IDENTIF		PROVIDER	DATE	(P,T	7,00		
	COMPONENT 0	COMPONENT NAME 1	NUMBER 2	CERTIFIED 3		7III 5	XIX 6	
2 3 4 5 6 7 8 9 11 12 14 15 16	HOSPITAL SUBPROVIDER I SWING BEDS - SNF SWING BEDS - NF HOSPITAL-BASED SNF HOSPITAL-BASED NF HOSPITAL-BASED HF HOSPITAL-BASED HA SEPARATELY CERTIFIED ASC HOSPITAL-BASED HOSPICE HOSP-BASED RHC OUTPATIENT REHABILITATION PROVID RENAL DIALYSIS	BUTLER HOSPITAL	41-4000	07/01/1960	5 N	P	0	2 3 4 5 6 7 8 9 11 12 14 15 16
17	COST REPORTING PERIOD (MM/DD/YYYY)		FROM: 10/0	1/2008 TO 1	09/30/20 2	009		17
18	TYPE OF CONTROL			2				18
TYPE OF 19 20	F HOSPITAL/SUBPROVIDER HOSPITAL SUBPROVIDER I			4				19 20
OTHER 1	INFORMATION INDICATE IF YOUR HOSPITAL IS EITHER (1 REPORTING PERIOD IN COLUMN 1. IF YOUR : IN A RURAL AREA, IS YOUR BED SIZE IN A' TO 100 BEDS, ENTER IN COLUMN 2 'Y' FOR	HOSPITAL IS GEOGRAPHICALLY CLASSIFI CCORDANCE WITH CFR 42 412.105 LESS	ED OR LOCATED					21
21.01	DOES YOUR FACILITY QUALIFY AND IS CURR IN ACCORDANCE WITH 42 CFR 412.106? ENT FACILITY SUBJECT TO THE PROVISIONS OF ENTER IN COLUMN 2 'Y' OR 'N' FOR NO.	ENTLY RECEIVING PAYMENT FOR DISPROF ER IN COLUMN 1 'Y' FOR YES OR 'N' F	OR NO. IS THIS	NO				21.01
	HAS YOUR FACILITY RECEIVED GEOGRAPHIC IF YES, REPORT IN COLUMN 2 THE EFFECTIVE	VE DATE.						21.02
21.03	ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCA' URBAN IN COLUMN 1 INDICATE IF YOU RECE RECLASSIFICATION TO A RURAL LOCATION, IS YES, ENTER IN COLUMN 3 THE EFFECTIV. FACILITY CONTAIN 100 OR FEWER BEDS IN .'Y' FOR YES AND 'N' FOR NO. ENTER IN C	IVED EITHER A WAGE OR STANDARD GEOGENTER IN COLUMN 2 'Y' AND 'N' FOR N E DATE (mm/dd/yyy)(SEE INSTRUCTION ACCORDANCE WITH 42 CFR 412.105? ENT	RAPHIC IO. IF COLUMN 2 I). DOES YOUR CER IN COLUMN 4	1 N		N	39300	21.03
21.04	FOR STANDARD GEOGRAPHIC RECLASSIFICATION OF THE COST REPORTING PERIOD. ENTER (1	ON (NOT WAGE), WHAT IS YOUR STATUS		G 1				21.04
21.05	FOR STANDARD GEOGRAPHIC RECLASSIFICATION COST REPORTING PERIOD. ENTER (1) URBAN	ON (NOT WAGE), WHAT IS YOUR STATUS	AT THE END OF T	HE 1				21.05
21.06	DOES THIS HOSPITAL QUALIFY FOR THE THR SMALL RURAL HOSPITAL UNDER THE PROSPEC UNDER DRA SECTION 5105 OR MIPPA 147? (EE-YEAR TRANSITION OF HOLD HARMLESS TIVE PAYMENT SYSTEM FOR HOSPITAL OU	TPATIENT SERVIC	ES				21.06
21.07	DOES THIS HOSPITAL QUALIFY AS AN SCH W ENTER 'Y' FOR YES AND 'N' FOR NO (SEE	ITH UNDER 100 BEDS OR FEWER BEDS UN		NO NO				21.07
21.08	WHICH METHOD IS USED TO DETERMINE MEDI- DATE OF ADMISSION, 2 IF IT IS BASED ON DISCHARGE. IS THIS METHOD DIFFERENT TH. PERIOD? ENTER IN COLUMN 2, 'Y' FOR YES	CAID DAYS? ENTER IN COLUMN 1, 1 IF CENSUS DAYS, OR 3 IF IT IS BASED O AN THE METHOD USED IN THE LAST COST	N DATE OF					21.08
22 23	ARE YOU CLASSIFIED AS A REFERRAL CENTEDOES THIS FACILITY OPERATE A TRANSPLANT	R?	ON DATE(S) BELO	NO W NO				22 23
23.01	IF THIS IS A MEDICARE CERTIFIED KIDNEY IN COL. 2 AND TERMINATION IN COl. 3.	TRANSPLANT CENTER, ENTER THE CERTI	FICATION DATE					23.01
	IF THIS IS A MEDICARE CERTIFIED HEART 'IN COL. 2 AND TERMINATION IN COL. 3.							23.02
	IF THIS IS A MEDICARE CERTIFIED LIVER 'IN COL. 2 AND TERMINATION IN COL. 3.							23.03
	IF THIS IS A MEDICARE CERTIFIED LUNG TO IN COL. 2 AND TERMINATION IN COL. 3.							23.04
	IF MEDICARE PANCREAS TRANSPLANTS ARE PAND TERMINATION DATE.			ON				23.05
	IF THIS IS A MEDICARE CERTIFIED INTEST DATE IN COL. 2 AND TERMINATION IN COL.	3.						23.06
23.07	IF THIS IS A MEDICARE CERTIFIED ISLET 'IN COL. 2 AND TERMINATION IN COL. 3.	TRANSPLANT CENTER ENTER THE CERTIFI	CATION DATE					23.07
24	IF THIS AN ORGAN PROCUREMENT ORGANIZAT AND TERMINATION IN COL. 3.	ION (OPO), ENTER THE OPO NUMBER IN	COL 2.					24
24.01	IF THIS A MEDICARE TRANSPLANT CENTER; CERTIFICATION DATE OR RECERTIFICATION							24.01

SEE 42 CFR 412.113(c).

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WORKSHEET S-2

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

				(CONTINUED)
25	INFORMATION IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING	YES		25
25 01	PAYMENTS FOR I & R? IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?	YES		25.01
	IS IELACHING PROGRAM APPROVED IN ACCORDANCE WITH CHS PUB. 13-1, CHAPTER 4: IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS	YES		25.01
	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	NO		25.03
05.04	DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.			05.04
	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER	NO NO	NO	25.04 25.05
25.05	THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	NO	NO	25.05
25.06	THE APPLICABLE COLORINS. (SEE INSTRUCTIONS) HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE	YES	NO	25.06
	RESIDENT 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)			
26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT.			26
	ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR			
26 01	NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. ENTER THE APPLICABLE SCH DATES: BEGINNING: ENDING:			26.01
	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER			26.01
20.03	THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT			20.03
	AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.			
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS):			26.04
27	BEGINNING: ENDING: BEGINNING: ENDING: DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913	NO		27
28	FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.	NO		28
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.			28
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st			28.01
28.02	ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.)			28.02
	If YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY			
	CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO			
	CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.			
	CHARACIBA CODE IF AVABL BASED FACILIII.			
	A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED			
	FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS			
	INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1			
	THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO			
	IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED			
	EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)			
	STAFFING	0.00	NO	28.03
	RECRUITMENT RETENTION OF EMPLOYEES	0.00	NO NO	28.04 28.05
	TRAINING	0.00	NO	28.06
	OTHER (SPECIFY)		NO	28.07
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE	NO		29
	AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?			
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS	NO		30
30 01	HOSPITAL (CAH)? SEE 42 CFR 485.606ff. IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH?			30.01
30.01	SEE 42 CFR 413.70.			30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?			30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE			30.03
	SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE			
20 04	ON OR AFTER 12/21/2000)	7		20.04
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR 1&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON	3		30.04
	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?	NO		31

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2 (CONTINUED)

				(002.	1111022
MICCELL	ANEOUS COST REPORTING INFORMATION				
32	IN COLUMN 2.	NO			32
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002 DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT. ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 2.				33
	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40(f)(1)(i) TEFRA?	NO			34
	HAVE YOU ESTABLISHED A NEW SUBPROVIDER I (EXLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	NO			35
33	HAVE TOO ESTABLISHED A NEW SUBPROVIDER I (EXCUDED ONII) UNDER 42 CFR 413.40(1)(1)(1):	NO			33
DDOCDEC	TIVE PAYMENT SYSTEM (PPS) - CAPITAL	V 1	XVIII 2	XIX 3	
	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	NO	NO	36
	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE		NO	NO	36.01
	WITH 42CFR412.320?				
	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	NO	NO	37
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE	?			37.01
	IX INPATIENT HOSPITAL SERVICES				
	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES			38
	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN P.	ART? NO			38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	NO			38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	NO			38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	NO			38.04
	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-1, CHAPTER 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COL. 2	YES	051500		40
	THE HOME OFFICE CHAIN NUMBER. (SEE INST.) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION	ON,			
	ENTER THE NAME AND ADDRESS OF THE HOME OFFICE ON LINES 40.01-40.03.				
40.01		/CONTRACT	OR'S NUMBER	:	40.01
		O.BOX:			40.02
40.03			ZIP CODE: 0	2905	
	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES	DII CODE C	2,00	41
	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES			42
	ARE OCCUPATIONAL THERAPY SERVICES FROVIDED BY OUTSIDE SUPPLIERS?	YES			42.01
		YES			
	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?				42.02
	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	YES			43
	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY				44
	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN				45
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?				45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?				45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?				45.03
	IF YOU ARE PARTICIPATING IN THE NHCMO DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED	SNF)			46
	DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.	,			

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

		PART A	PART B	OUTPATIENT ASC 3	OUTPATIENT RADIOLOGY 4	OUTPATIENT DIAGNOSTIC 5	
47	HOSPITAL	Y	N	N	N	N	47
48	SUBPROVIDER I	N	N	N	N	N	48
49	SKILLED NURSING FACILITY	N	N				49
50	HOME HEALTH AGENCY	N	N				50
52	DOES THIS HOSPITAL CLAIM EXPENDITURES F	OR EXTRAORDII	NARY CIRCUMSTAN	CES IN ACCORDAN	NCE WITH NO		52
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD EXCEPTION PAYMENT PURSUANT TO 42 CFR 41				E SPECIAL NO		52.01
53	IF THIS IS A MEDICARE DEPENDENT HOSPITA	L (MDH), ENT	ER THE NUMBER O	F PERIODS MDH S	STATUS IN		53
	EFFECT. ENTER BEGINNING AND ENDING DATE	S OF MDH STA	TUS ON LINE 53.	01. SUBSCRIPT I	LINE		
	53.01 FOR NUMBER OF PERIODS IN EXCESS C	F ONE AND EN	TER SUBSEQUENT :	DATES.			
53.01	MDH PERIOD:		BEGINNING:		ENDING:		53.01
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AN	D PAID LOSSES	S:				54
	PREMIUMS: 506866 PAID LOSSES:	I	AND/OR SELF INS	URANCE:			
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSE						54.01
	GENERAL COST CENTER? IF YES, SUBMIT SUF	PORTING SCHE	DULE LISTING CO	ST CENTERS AND	AMOUNTS		
	CONTAINED THEREIN.						
55	DOES YOUR FACILITY QUALIFY FOR ADDITION		VE PAYMENT IN A	CCORDANCE WITH	NO		55
	42 CFR 412.107. ENTER 'Y' FOR YES AND '	N FOR NO.					

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2 (CONTINUED)

56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.	DATE 0 / /	Y/N 1 NO	LIMIT 2 0.00	Y/N 3 NO	FEES 4	56
57 58	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPR ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FO PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ON AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/	R 100% LY	YES NO				57 58
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RE COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACC WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTR IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTE (SEE INSTRUCTIONS)	CENT FOR YES ORDANCE YES OR UCTIONS) COLUMN 3					58.01
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FO PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS		NO				59
60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVI ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDE NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		YES				60
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RE COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT 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 I	'N' WITH COLUMN 2 COST	YES	NO			60.01
MULTICA 61			NO				61
9.1	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.					FTE/	91
	COUNTY: 1	STATE: Z	IP CODE	CBSA 4		CAMPUS 5	
	MENT DATA	ana.	VDO	10/21/2	000		63
63	WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHAR AND DAYS ONLY)? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF COLUMN 1 IS 'Y', ENTER THE 'PAID THROUGH' DATE OF THE PS&R IN COLUMN 2 (mm/dd/yyyy)	GES	YES	12/31/2	009		63

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3 PART I

				a		I/P DAYS	/ O/P VISITS	/ TRIPS	
		NO. OF	BED DAYS	CAH PATIENT	TITLE	TITLE	LTCH NONCOVERED	TITLE	OBS. BEDS
	COMPONENT	BEDS	AVAILABLE	HOURS	V	XVIII	DAYS	XIX	ADMITTED
		1	2	2.01	3	4	4.01	5	5.01
1	HOSPITAL ADULTS & PEDS, EXCL SWING BED, OBSERV & HOSPICE DAYS	117	42705			15962		683	1
2	HMO					3657		8231	2
3	HOSPITAL ADULTS & PEDS - SWING BED SNF								3
4	HOSPITAL ADULTS & PEDS - SWING BED NF								4
5	TOTAL ADULTS & PEDS	117	42705			15962		683	5
5	EXCL OBSERVATION BEDS	11/	42703			15902		003	5
6	INTENSIVE CARE UNIT								6
7	CORONARY CARE UNIT								7
8	BURN INTENSIVE CARE UNIT								8
9	SURGICAL INTENSIVE CARE UNIT								9
10	OTHER SPECIAL CARE (SPECIFY)								10
11	NURSERY								11
12	TOTAL HOSPITAL	117	42705			15962		683	12
13	RPCH VISITS								13
14	SUBPROVIDER I								14
15	SKILLED NURSING FACILITY								15
16	NURSING FACILITY								16
17	OTHER LONG TERM CARE								17
18	HOME HEALTH AGENCY								18
20	ASC (DISTINCT PART)								20
21	HOSPICE (DISTINCT PART)								21
23 24	O/P REHAB PROVIDER RHC I								23 24
25	TOTAL	117							24
26	OBSERVATION BED DAYS	11/							26
27	AMBULANCE TRIPS								27
28	EMPLOYEE DISCOUNT DAYS								28
29	LABOR & DELIVERY DAYS								29

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3 PART I (CONTINUED)

		I/P DAYS / O/ OBS.	P VISITS / OBS.	TRIPS	INTE	RNS & RES FTI LESS I&R	ES	FULL TIME	(CONTINUED) EQUIV
	COMPONENT	BEDS NOT TOTAL ALL		BEDS NOT	moma r	REPL NON-	NTDE	EMPLOYEES	
	COMPONENT	ADMITTED PATIENTS 5.02 6		6.02	TOTAL 7	PHYS ANES 8	9 9	ON PAYROLL 10	WORKERS 11
1	HOSPITAL ADULTS & PEDS, EXCL.	43316							1
_	SWING BED, OBSERV & HOSPICE DA								_
2	HMO XIX								2
3	HOSPITAL ADULTS & PEDS - SWING BED SNF								3
4	HOSPITAL ADULTS & PEDS -								4
	SWING BED NF								
5	TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS	43316							5
6	INTENSIVE CARE UNIT								6
7	CORONARY CARE UNIT								7
8	BURN INTENSIVE CARE UNIT								8
9	SURGICAL INTENSIVE CARE UNIT								9
10	OTHER SPECIAL CARE (SPECIFY)								10
11	NURSERY								11
12	TOTAL HOSPITAL	43316			11.74		11.74	733.54	12
13	RPCH VISITS								13
14	SUBPROVIDER I								14
15	SKILLED NURSING FACILITY								15
16	NURSING FACILITY								16
17	OTHER LONG TERM CARE								17
18	HOME HEALTH AGENCY								18
20	ASC (DISTINCT PART)								20
21	HOSPICE (DISTINCT PART)								21
23	O/P REHAB PROVIDER								23
24 25	RHC I TOTAL				11.74		11.74	733.54	24 25
25 26	OBSERVATION BED DAYS				11./4		11./4	133.34	25 26
27	AMBULANCE TRIPS								27
28	EMPLOYEE DISCOUNT DAYS								28
29	LABOR & DELIVERY DAYS								29
									2,7

KPMG LLP COMPU-MAX MICRO SYSTEM
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HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
PART I
(CONTINUED)

			DTS	CHARGES		(CONTINUE)
	COMPONENT	TITLE V 12	TITLE XVIII 13		TOTAL ALL PATIENTS 15	
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		1790	45	5425	1
2	HMO XIX					2
3	HOSPITAL ADULTS & PEDS -					3
	SWING BED SNF					
4	HOSPITAL ADULTS & PEDS -					4
	SWING BED NF					
5	TOTAL ADULTS & PEDS					5
	EXCL OBSERVATION BEDS					
6	INTENSIVE CARE UNIT					6
7	CORONARY CARE UNIT					7
8	BURN INTENSIVE CARE UNIT					8
9 10	SURGICAL INTENSIVE CARE UNIT OTHER SPECIAL CARE (SPECIFY)					9 10
11	NURSERY					11
12	TOTAL HOSPITAL		1790	45	5425	12
13	RPCH VISITS		1750	15	3123	13
14	SUBPROVIDER I					14
15	SKILLED NURSING FACILITY					15
16	NURSING FACILITY					16
17	OTHER LONG TERM CARE					17
18	HOME HEALTH AGENCY					18
20	ASC (DISTINCT PART)					20
21	HOSPICE (DISTINCT PART)					21
23	O/P REHAB PROVIDER					23
24 25	RHC I TOTAL					24 25
25 26	OBSERVATION BED DAYS					25 26
27	AMBULANCE TRIPS					26
28	EMPLOYEE DISCOUNT DAYS					28
20						20

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RECLASS. ADJUSTED PAID HOURS AVERAGE WORKSHEET S-3 PROVIDER NO. 41-4000 BUTLER HOSPITAL PERIOD FROM 10/01/2008 TO 09/30/2009 HOSDITAL WAGE INDEX INFORMATION

	HOSPITAL WAGE INDEX INFORMATION		RECLASS.	ADJUSTED	PAID HOURS	AVERAGE		WORKSHEET S-3
	HOSPITAL WAGE INDEX INFORMATION II - WAGE DATA SALARIES TOTAL SALARIES	AMOUNT REPORTED	FROM WKST. A-6	(COL.1 + COL.2)	TO SALARY IN COL.3	(COL.3 / COL.4)	DATA SOURCE	raki ii
1	SALARIES TOTAL SALARIES	1	2	3	4	5	6	1
	NON-PHYSICIAN ANESTHETIST PART A	50542053	-1419101					2
3	NON-PHYSICIAN ANESTHETIST PART B							3
	PHYSICIAN - PART A TEACHING PHYSICIAN SALARIES							4 4.01
	PHYSICIAN - PART B							5
5.01	NON-PHYSICIAN - PART B							5.01
	INTERNS & RESIDENTS (IN APPR PGM) CONTRACT SERVICES, I&R	2053552	-1419182					6 6.01
	HOME OFFICE PERSONNEL							7
8	SNF							8
8.01	EXCLUDED AREA SALARIES OTHER WAGES & RELATED COSTS	8803167	2986296					8.01
9	CONTRACT LABOR							9
	PHARMACY SERVICES UNDER CONTRACT							9.01 9.02
	LABORATORY SERVICES UNDER CONTRACT MANAGEMENT AND ADMINISTRATIVE SERVICES'							9.02
10	CONTRACT LABOR: PHYSICIAN PART A							10
	TEACHING PHYSICIAN UNDER CONTRACT HOME OFFICE SALARIES & WAGE REL COSTS							10.01 11
	HOME OFFICE: PHYSICIAN PART A							12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS WAGE RELATED COSTS (CORE)					CN	IC 339	13
14	WAGE RELATED COSTS (OTHER)					CM	IS 339	14
		1562144	-30434			CM	IS 339	13 14 15 16 17 18 18.01 19
	NON-PHYSICIAN ANESTHETIST PART A NON-PHYSICIAN ANESTHETIST PART B					CN CN	IS 339 IS 339	17
18	PHYSICIAN PART A					CM	IS 339	18
	PART A TEACHING PHYSICIANS PHYSICIAN PART B					CM CM	IS 339	18.01
	WAGE RELATED COSTS (RHC/FQHC)					Cr	15 339	19.01
	INTERNS & RESIDENTS (IN APPR PGM)					CM	IS 339	20
21	OVERHEAD COSTS - DIRECT SALARIES	382087						21
22	EMPLOYEE BENEFITS ADMINISTRATIVE & GENERAL	5947147	18842					22
								22.01
23 24	MAINTENANCE & REPAIRS OPERATION OF PLANT	1072290	-46137 46137					23 24
25	LAUNDRY & LINEN SERVICE	27212						25
26 26 01	HOUSEKEEPING	1483700						26 26.01
27	ADMINISTRATIVE & GENERAL UNDER CONTACT MAINTENANCE & REPAIRS OPERATION OF PLANT LAUNDRY & LINEN SERVICE HOUSEKEEPING HOUSEKEEPING UNDER CONTRACT DIETARY DIETARY UNDER CONTRACT CAPETERIA	808778	-279614					27
27.01	DIETARY UNDER CONTRACT		00001					27.01
	CAFETERIA MAINTENANCE OF PERSONNEL		279614					28 29
30	NURSING ADMINISTRATION							30
	CENTRAL SERVICES AND SUPPLY PHARMACY	1000043	10004					31 32
	MEDICAL RECORDS & MEDICAL RECORDS LIBR	371629	116188					33
	SOCIAL SERVICE							34
35	OTHER GENERAL SERVICE							35
	HOSPITAL WAGE INDEX INFORMATION							WORKSHEET S-3
								PART III
			RECLASS.	ADJUSTED	PAID HOURS	AVERAGE		
			OF SALARIES	SALARIES	RELATED	HOURLY WAGE		
DADT	III - HOSPITAL WAGE INDEX SUMMARY	AMOUNT	FROM WKST.	(COL.1 +	TO SALARY IN COL.3	(COL.3 /		
1 131/1	TII HOOLIIMD MIGD IMDEA GONNAKI	1	2	3	4	5		
1	NET SALARIES	48499501	1	48488502				1
2	EXCLUDED AREA SALARIES	8803167	2986296	11789463				2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)							3
4 5	SUBTOTAL OTHER WAGES & REL COSTS SUBTOTAL WAGE-RELATED COSTS							4 5
6	TOTAL (SUM OF LINES 3 THRU 5)	39685334	-2986295	36699039				6
7	NET SALARIES							7
8 9	EXCLUDED AREA SALARIES SUBTOTAL SALARIES (LINE 7 MINUS LINE 8)							8 9
10	SUBTOTAL OTHER WAGES & REL COSTS							10
11 12	SUBTOTAL WAGE-RELATED COSTS TOTAL (SUM OF LINES 9 THRU 11)							11 12
13		11280815	147264	11428079				13

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

		ECLASSIFICATION AND ADJUSTMENT OF :					DDGI AGG		WORKSI	
		COST CENTER	SALARIES 1		TOTAL	RECLASSI- FICATIONS 4	BALANCE	MENTS	ALLOCATION	
		GENERAL SERVICE COST CENTERS	1	2	3	4	5	ь	/	
		OLD CAP REL COSTS-BLDG & FIXT								1
2	0200	OLD CAP REL COSTS-MVBLE EQUIP								2
3	0300	NEW CAP REL COSTS-BLDG & FIXT		1939785	1939785	363636	2303421	-524832	1778589	3
4 5	0400	OLD CAP REL COSTS-MVBLE EQUIP NEW CAP REL COSTS-BLDG & FIXT NEW CAP REL COSTS-MVBLE EQUIP EMPLOYEE BENEFITS NONPATIENT TELEPHONES DATA PROCESSING	202007	1053281	1053281	13402	1066683	239719	1306402	4 5
5 6 N1	0500	NONPATIENT TELEPHONES	302007	12914240	13290327	304003	13001210	-170906	13090304	6.01
6.02	0620	DATA PROCESSING		1448726	1448726	-1398912	49814		49814	6.02
6.03	0630	PURCHASING RECEIVING AND STORES		1110720	1110,20	10,00,12	17011		17011	
6.04	0640	PURCHASING RECEIVING AND STORES ADMITTING CASHIERING/ACCOUNTS RECEIVABLE	648964	12725	661689		661689	174	661863	6.04
6.05	0650	CASHIERING/ACCOUNTS RECEIVABLE	455938	22910	478848	-528	478320	260	478580	6.05
6.06	0660	COORDINATED CARE								6.06
6.07	0665	OTHER ADMINISTRATIVE AND GENERA	4842245	2564358	7406603	2305778	9712381	-1003321	8709060	6.07
7 01	0700	SECURITY & GROUNDS	380616	120256	500872	-331910	500792	-174304	276732	7 01
8	0800	MAINTENANCE & REPAIRS SECURITY & GROUNDS OPERATION OF PLANT LAUNDRY & LINEN SERVICE HOUSEKEEPING DIETARY CAFETERIA	179929	575425	755354	303388	1058742	-286746	771996	8
9	0900	LAUNDRY & LINEN SERVICE	27212	202246	229458		229458		229458	9
10	1000	HOUSEKEEPING	1483700	313999	1797699		1797699	-66696	1731003	10
11	1100	DIETARY	808778	1322482	2131260	-616703	1514557	-6967	1507590	11
12	1200	CAFETERIA				616703	616703	-374930	241773	12
14	1400	NURSING ADMINISTRATION								14
15 16	1600	CENTRAL SERVICES & SUPPLY	1008043	1135524	2143567	_034741	1208826	_24943	1103003	15 16
17	1700	PHARMACY MEDICAL RECORDS & LIBRARY	371629	51661	423290	116188	539478	-25694	513784	17
18	1800	SOCIAL SERVICE	3,1023	31001	123230	110100	333170	25051	313,01	18
22	2200	SOCIAL SERVICE I&R SERVICES-SALARY & FRINGES A I&R SERVICES-OTHER PRGM COSTS A PARAMED ED PRGM-(SPECIFY)	2053552		2053552		2053552	-1419182	634370	22
23	2300	I&R SERVICES-OTHER PRGM COSTS A		532744	532744	381380	914124	-172587	741537	23
24	2400	PARAMED ED PRGM-(SPECIFY)	382278	149097	531375	47732	579107	-495983	83124	24
		INPALLENT ROUTINE SERV COST CENTER	7.5							
25	2500	ADULTS & PEDIATRICS	24193883	2408999	20002882	-5285864	2131/018	-41/6305	1/140/13	25
41	4100	RADIOLOGY-DIAGNOSTIC		85311	85311		85311		85311	41
44	4400	LABORATORY		427006	427006		427006	511682	938688	44
48	4800	INTRAVENOUS THERAPY		1925	1925		1925		1925	48
48.01	3550	DIAGNOSTIC & SCREENING	1667049	125087	1792136	606333	2398469	-741832	1656637	48.01
48.02	3551	ADULTS & PEDIATRICS ANCILLARY SERVICE COST CENTERS RADIOLOGY-DIAGNOSTIC LABORATORY INTRAVENOUS THERAPY DIAGNOSTIC & SCREENING PSYCHOLOGICAL TESTING ECT RESPIRATORY THERAPY PHYSICAL THERAPY PHYSICAL THERAPY OCCUPATIONAL THERAPY	349364	13781	363145	-74884	288261	-234648	53613	48.02
48.03	3320	ECT	146452	51926	198378	15299	213677	-3167	210510	48.03
49	4900	RESPIRATORY THERAPY		21070	21070	-20610	1260		1260	49
50 51	5100	OCCUPATIONAL THERAPY		210/0	210/0	-20610	1200		1260	51
52	5200	SPEECH PATHOLOGY								E 2
53	5300	SPEECH PATHOLOGY ELECTROCARDIOLOGY ELECTROENCEPHALOGRAPHY DRUGS CHARGED TO PATIENTS		44254	44254		44254	56820	101074 461 946975	53
54	5400	ELECTROENCEPHALOGRAPHY	15631	3923	19554	-19093	461		461	54
						946975	946975		946975	56
		OUTPATIENT SERVICE COST CENTERS	210002	64160	255005	000000	F0F00F	000000	000005	60
60 60 01	6000	CLINIC ATP PARTIAL HOSPITAL GERIATRIC O/P CLINIC	310923	64162	3/5085	220820	595905	-29/8/0	298035	60.01
60.01	6010	ΑΙΡ ΡΔΡΤΤΔΙ, ΗΛΟΡΙΤΤΔΙ,	1667769	59062	1726831	828266	2555097	-773901	1781196	60.01
60.02	6030	GERIATRIC O/P CLINIC	1007703	33002	1720031	020200	2555057	773301	1701170	60.02
60.04	6040	GERIATRIC O/P CLINIC MEMORY DISORDER CLINIC EMERGENCY	53448	3041	56489	27755	84244		84244	60.04
61	6100	EMERGENCY				30829	30829		30829	61
62	6200	OBSERVATION BEDS (NON-DISTINCT								62
- 1	5100	OTHER REIMBURSABLE COST CENTERS								
		HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS								71
		INTEREST EXPENSE		252358	252358	-252358				88
95		SUBTOTALS	42121164		70564364		69018120	-10390299	58627821	
		NONREIMBURSABLE COST CENTERS								
96.01	9610	MARKETING & FUND RAISING	290963	91437	382400	193011	575411	1199	576610	96.01
96.02	9611	GIFT SHOP	23693	63833	87526		87526		576610 87526	96.02
97	9700	RESEARCH	3961234	3924334	7885568	-995258	6890310		6890310	97
97.01	9710	GIFT SHOP RESEARCH OTHER SPONSORED ACTIVITIES GRANT ADMINISTRATION UNBUNDED DESCRIPCH	862114	575354	1437468	620595	2058063		2058063	
91.U∠ 97 ∩?	9711	GRANT ADMINISTRATION	∠4338 20752	467 -1281	∠48U5 20172	4U1311 44040	426116 72/121	-65599	426116 7822	9/.U2
97 N4	9704	UNFUNDED RESEARCH OFF-SITE RESEARCH ACADEMIC PLAN NON-PROVIDER PATIENTS PHYSICIAN BILLING	49133 171267	-1201 86517	257784	-44016	/3441	-03333	213768	97 NA
97.05	9705	ACADEMIC PLAN	1124721	326871	1451592	-1083561	213768 368031 1473642		368031	
98.01	9810	NON-PROVIDER PATIENTS				1473642	1473642		1473642	
98.02	9802	PHYSICIAN BILLING								98 02
99.04	9913	OVERAGE	55980	29057	85037	-14387	70650		70650	99.04
99.06	9915	OVERAGE CARRIAGE HOUSE VACANT SPACE		497474	497474	5089	497474		497474	99.06
υυ.01	7951	VACANT SPACE		160544	164544	5089	5089	-1	70650 497474 5088 2852887	100.01
00 00				104544	104544	-5508/	109457	-109457	2052007	100.02
00.02		KENT INTT	1876876	96 366						
00.02		KENT UNIT CNE MANAGEMENT	1876826	96366	19/3192	60842	60842	3065	60842	100.04

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

						RECLASS.		NET EXP	
					RECLASSI-	TRIAL	ADJUST-	FOR	
	COST CENTER	SALARIES	OTHER	TOTAL	FICATIONS	BALANCE	MENTS	ALLOCATION	
		1	2	3	4	5	6	7	
100.07 7957	PHYSICIAN BILLING OFFICE								100.07
101	TOTAL	50542053	34298173	84840226		84840226	-10561092	74279134	101

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE		- INCREASE		
			COST CENTER	LINE #	SALARY	OTHER
		1	2	3	4	5
1	MALPRACTICE INS. AUTO EXPENSE PT ACCTS KENT BILLING INTEREST EXPENSE FINANCING FEES CAFETERIA RESEARCH FRINGES	A	EMPLOYEE BENEFITS EMPLOYEE BENEFITS KENT UNIT NEW CAP REL COSTS-BLDG & FIXT	5		506866 1
2	AUTO EXPENSE	В	EMPLOYEE BENEFITS	5		2087 2
3	PT ACCTS KENT BILLING	C	KENT UNIT	100.04	528	3
4	INTEREST EXPENSE	D	NEW CAP REL COSTS-BLDG & FIXT	3		252358 4
5	FINANCING FEES	E	NEW CAP REL COSTS-BLDG & FIXT CAFETERIA	3		487 5
6	CAFETERIA	F	CAFETERIA	12	279614	337089 6
7	RESEARCH FRINGES	G	OTHER ADMINISTRATIVE AND GENE	6.07	279614	1485028 7
8		G				8
9		G				9
10		G				10
11		G				11
12	NURSING ADMIN.	H	MEDICAL RECORDS & LIBRARY	17	116188	12
13		H	DIAGNOSTIC & SCREENING	48.01	26683	13
14		H		48.03	3971	14
15		H	PARTIAL HOSPITAL	60.02	30000	15
16		H	PHARMACY	16	12234	16
17	GRANTS	I	GRANT ADMINISTRATION		249097	17
18	RECLASS PHYSICIAN	J	OTHER ADMINISTRATIVE AND GENE		596119	18
19		J	I&R SERVICES-OTHER PRGM COSTS	23	360845	19
20		J	PARAMED ED PRGM-(SPECIFY) DIAGNOSTIC & SCREENING ECT	24	19199	20
21		J	DIAGNOSTIC & SCREENING	48.01	164771	21
22		J			10776	22
23		J	CLINIC	60	328286	23
24		J	PARTIAL HOSPITAL	60.02	757552	24
25		J	MEMORY DISORDER CLINIC	60.04	26404	25
26		J	GRANT ADMINISTRATION	97.02	118154	26
27		J	ACADEMIC PLAN	97.05	217076	27
28		J	NON-PROVIDER PATIENTS	98.01	1209785	28
29		J	KENT UNIT		136958	29
30		J	MEDICAL STUDENTS AT HOSPITAL	100.06	59442	30
31	PSYCH TESTING	K	I&R SERVICES-OTHER PRGM COSTS PARAMED ED PRGM-(SPECIFY)	23	2066	31
32		K	PARAMED ED PRGM-(SPECIFY)	24	27550	32
33		K	OTHER SPONSORED ACTIVITIES	97.01	15669	33
34		K	GRANT ADMINISTRATION		16013	34
35	DIAGNOSTIC & SCREENING	L	DIAGNOSTIC & SCREENING	48.01	406446	35
36	SUBTOTAL				5191426	2583915 36

	EXPLANATION OF	CODE		DECREASE			WKST A-7
	RECLASSIFICATION ENTRY		COST CENTER	LINE #	SALARY	OTHER	REF.
		1	6	7	8	9	10
1	MALPRACTICE INS. AUTO EXPENSE PT ACCTS KENT BILLING INTEREST EXPENSE FINANCING FEES CAFETERIA RESEARCH FRINGES	A	OTHER ADMINISTRATIVE AND GENE			506866	1
2	AUTO EXPENSE	В	NEW CAP REL COSTS-MVBLE EQUIP CASHIERING/ACCOUNTS RECEIVABL	4		2087	9 2
3	PT ACCTS KENT BILLING	C	CASHIERING/ACCOUNTS RECEIVABL	6.05	528		3
4	INTEREST EXPENSE	D	INTEREST EXPENSE	88		252358	11 4
5	FINANCING FEES	E	OTHER ADMINISTRATIVE AND GENE	6.07		487	11 5
6	CAFETERIA	F	DIETARY	11 97	279614	337089	6
7	RESEARCH FRINGES	G	RESEARCH	97		1018037	7
8		G	OTHER SPONSORED ACTIVITIES	97.01		221564	8
9		G	ACADEMIC PLAN	97.05		187025	9
10		G	OFF-SITE RESEARCH	97.04		44016	10
11		G	OVERAGE	99.04		14387	11
12	NURSING ADMIN.	H	ADULTS & PEDIATRICS	25	189075		12
13		H					13
14		H					14
15		H					15
16		H					16
17	GRANTS RECLASS PHYSICIAN	I	OTHER ADMINISTRATIVE AND GENE ADULTS & PEDIATRICS	6.07	249097		17
18	RECLASS PHYSICIAN	J	ADULTS & PEDIATRICS	25	4005367		18
19		J					19
20		J					20
21		J					21
22		J					22
23		J					23
24		J					24
25		J					25
26		J					26
27		J					27
28		J					28
29		J					29
30		J					30
31	PSYCH TESTING	K	PSYCHOLOGICAL TESTING	48.02	61298		31
32		K					32
33		K					33
34		K					34
35	DIAGNOSTIC & SCREENING	L	ADULTS & PEDIATRICS	25	406446		35
36	SUBTOTAL				5191425	2583916	36

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE		- INCREASE		
			COST CENTER	LINE #	SALARY	OTHER
	CNE MANAGEMENT GRANT AUDIT FEES RECLASS A&G TIME DRUGS CHRGD TO PATIENTS KENT RECLASS PHYSICIAN SECRETARY INSURANCE MARKETING NON-PROVIDER EE EXP.	1	COST CENTER 2	3	4	5
1	CNE MANAGEMENT	М	CNE MANAGEMENT	100.05	60842	1
2	GRANT AUDIT FEES	N	GRANT ADMINISTRATION	97.02		12000 2
3	RECLASS A&G TIME	0	NON-PROVIDER PATIENTS	98.01	3431	3
4	DRUGS CHRGD TO PATIENTS	P	DRUGS CHARGED TO PATIENTS KENT UNIT OTHER ADMINISTRATIVE AND GENE	56		946975 4
5	KENT RECLASS	Q	KENT UNIT	100.04	573458	155664 5
6	PHYSICIAN SECRETARY	R	OTHER ADMINISTRATIVE AND GENE	6.07	30511	6
7		R	I&R SERVICES-OTHER PRGM COSTS	23	18469	7
8		R	PARAMED ED PRGM-(SPECIFY)	24	983	8
9		R	OTHER ADMINISTRATIVE AND GENE 1&R SERVICES-OTHER PRGM COSTS PARAMED ED PRGM-(SPECIFY) DIAGNOSTIC & SCREENING ECT CLINIC PARTIAL HOSPITAL MEMORY DISORDER CLINIC	48.01	8433	9
10		R	ECT	48.03	552	10
11		R	CLINIC	60	16802	11
12		R	PARTIAL HOSPITAL	60.02	38773	12
13		R	MEMORY DISORDER CLINIC	60.04	1351	13
14		R	GRANT ADMINISTRATION	97.02	6047	14
15		R	ACADEMIC PLAN	97.05 98.01	11110	15
16		R	NON-PROVIDER PATIENTS KENT UNIT	98.01	61919	16
17		R	KENT UNIT	100.04		17
18		R	MEDICAL STUDENTS AT HOSPITAL	100.06	3042	18
19	INSURANCE	S	NEW CAP REL COSTS-BLDG & FIXT	3		51853 19
20		S	NEW CAP REL COSTS-MVBLE EQUIP	4		15489 20
21	MARKETING	Т	NEW CAP REL COSTS-BLDG & FIXT NEW CAP REL COSTS-MVBLE EQUIP MARKETING & FUND RAISING NON-PROVIDER PATIENTS	96.01	248941	21
22	NON-PROVIDER EE EXP.	U	NON-PROVIDER PATIENTS	98.01	198507	22
23		U				23
24		U				24
25		U				25
26	GRANT ADMIN. EXPENSE	V	UNFUNDED RESEARCH NEW CAP REL COSTS-BLDG & FIXT EMPLOYEE BENEFITS RESEARCH OTHER SPONSORED ACTIVITIES	97.03	44949	26
27	GRANT ADMIN. EXPENSE RENTAL EXP. FOR RESEARCH	W	NEW CAP REL COSTS-BLDG & FIXT	3		58938 27
28	FUND RAISING FRINGE BENE.	Х	EMPLOYEE BENEFITS	5		55930 28
29	ELECTRICITY	Y	RESEARCH	97		22779 29
30		Y	OTHER SPONSORED ACTIVITIES	97.01		7648 30
31		Y	VACANT SPACE	100.01		5089 31
32	NEUROLOGY RECLASS	Z	ADULTS & PEDIATRICS	25	11576	2564 32
33	GRANT ADMIN. EXPENSE RENTAL EXP. FOR RESEARCH FUND RAISING FRINGE BENE. ELECTRICITY NEUROLOGY RECLASS	Z	EMPLOYEE BENEFITS RESEARCH OTHER SPONSORED ACTIVITIES VACANT SPACE ADULTS & PEDIATRICS KENT UNIT PARTIAL HOSPITAL OTHER ADMINISTRATIVE AND GENE	100.04	2466	546 33
34		Z	PARTIAL HOSPITAL	60.02	1589	352 34
35	CNE IS TO A&G	AA	OTHER ADMINISTRATIVE AND GENE	6.07		1398912 35
36	SUBTOTAL				6542187	

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RECLASSIFICATIONS

RECLASSIFICATION ENTRY 1		EXPLANATION OF	CODE		DECREASE			WKST A-7
1 CNE MANAGEMENT		RECLASSIFICATION ENTRY						
2 GRANT AUDIT FEES			1	6	7	8	9	10
2 GRANT AUDIT FEES	1	CNE MANAGEMENT	М	OTHER ADMINISTRATIVE AND GENE	6.07	60842		1
RECLASS AG TIME	2						12000	
DRUGS CHERGD TO PATIENTS	3		0			3431		
S KENT RECLASS Q ADULTS & PEDIATRICS 25 573458 155664 5 6 6 6 7 7 7 7 7 7 7	4		P				946975	
R	5					573458		5
R	6	PHYSICIAN SECRETARY	Ř	ADULTS & PEDIATRICS	25	205002		6
P	7							7
P	8		R					8
11			R					9
12	10		R					10
13	11		R					11
14	12		R					12
15	13		R					13
16	14		R					14
17	15		R					15
18	16		R					16
19	17		R					17
20 S	18		R					18
Marketing	19	INSURANCE	S	OTHER ADMINISTRATIVE AND GENE	6.07		67342	12 19
22 NON-PROVIDER EE EXP. U ADULTS & PEDIATRICS 25 25120 22 23 U PSYCHOLOGICAL TESTING 48.02 49119 23 24 U CLINIC 60 124268 24 25 CF 0 124268 24 25 CF CF 0 124268 24 25 CF CF CF 25 25 26 GRANT ADMIN. EXPENSE V OTHER ADMINISTRATIVE AND GENE 6.07 44949 26 27 RENTAL EXP. FOR RESEARCH W RENTAL SPACE 100.02 58938 10 27 28 FUND RAISING FRINGE BENE. X MARKETING & FUND RAISING 96.01 55930 28 29 ELECTRICITY Y OPERATION OF PLANT 8 355516 29 30 Y 30 30 30 30 30 31 Y S 15631 3462 32 33 Z 33 34 34 34 34 Z AA DATA PROCESSING 6.02 1398912	20		S					12 20
23	21			OTHER ADMINISTRATIVE AND GENE	6.07	248941		21
24 U CLINIC 60 124268 24 25 U 25 26 GRANT ADMIN. EXPENSE V OTHER ADMINISTRATIVE AND GENE 6.07 44949 26 27 RENTAL EXP. FOR RESEARCH W RENTAL SPACE 100.02 58938 10 27 28 FUND RAISING FRINGE BENE. X MARKETING & FUND RAISING 96.01 55930 28 29 ELECTRICITY Y OPERATION OF PLANT 8 35516 29 30 Y 30 31 Y 30 31 Y 31 32 NEUROLOGY RECLASS Z ELECTROENCEPHALOGRAPHY 54 15631 3462 32 33 Z 33 34 Z 34 35 CNE IS TO A&G AA DATA PROCESSING 6.02 1398912 35		NON-PROVIDER EE EXP.						
25 26 GRANT ADMIN. EXPENSE V OTHER ADMINISTRATIVE AND GENE 6.07 44949 26 27 RENTAL EXP. FOR RESEARCH W RENTAL SPACE 100.02 58938 10 27 28 FUND RAISING FRINGE BENE. X MARKETING & FUND RAISING 96.01 55930 28 29 ELECTRICITY Y OPERATION OF PLANT 8 35516 29 30 Y 31 31 Y 31 32 NEUROLOGY RECLASS 2 ELECTROENCEPHALOGRAPHY 54 15631 3462 32 33 Z 33 34 Z 34 35 CNE IS TO A&G AA DATA PROCESSING 6.02 1398912 35			U	PSYCHOLOGICAL TESTING	48.02	49119		
26 GRANT ADMIN. EXPENSE V OTHER ADMINISTRATIVE AND GENE 6.07 44949 26 27 RENTAL EXP. FOR RESEARCH W RENTAL SPACE 100.02 58938 10 27 28 FUND RAISING FRINGE BENE. X MARKETING & FUND RAISING 96.01 55930 28 30 Y OPERATION OF PLANT 8 35516 29 30 Y 30 30 31 31 31 Y 31 31 34 32 32 NEUROLOGY RECLASS Z ELECTROENCEPHALOGRAPHY 54 15631 3462 32 34 Z 33 34 <				CLINIC	60	124268		
27 RENTAL EXP. FOR RESEARCH W RENTAL SPACE 100.02 58938 10 27 28 FUND RAISING FRINGE BENE. X MARKETING & FUND RAISING 96.01 55930 28 29 ELECTRICITY Y OPERATION OF PLANT 8 35516 29 30 Y 30 31 Y 31 32 NEUROLOGY RECLASS Z ELECTROENCEPHALOGRAPHY 54 15631 3462 32 33 Z 33 34 Z 34 35 CNE IS TO A&G AA DATA PROCESSING 6.02 1398912 35								
28 FUND RAISING FRINGE BENE. X MARKETING & FUND RAISING 96.01 55930 28 29 ELECTRICITY Y OPERATION OF PLANT 8 35516 29 30 Y 30 31						44949		
29 ELECTRICITY Y OPERATION OF PLANT 8 35516 29 30 Y 31 31 SPECIAL SS SPECIAL				RENTAL SPACE				
30 Y 31 30 31 31 32 NEUROLOGY RECLASS Z ELECTROENCEPHALOGRAPHY 54 15631 3462 32 33 3 2 33 34 2 35 CNE IS TO A&G AA DATA PROCESSING 6.02 1398912 35								
31 Y 31 32 NEUROLOGY RECLASS Z ELECTROENCEPHALOGRAPHY 54 15631 3462 32 33 Z 33 3 Z 34 35 CNE IS TO A&G AA DATA PROCESSING 6.02 1398912 35		ELECTRICITY		OPERATION OF PLANT	8		35516	
32 NEUROLOGY RECLASS Z ELECTROENCEPHALOGRAPHY 54 15631 3462 32 33 3 2 33 3 4 3 34 35 CNE IS TO A&G AA DATA PROCESSING 6.02 1398912 35								
33 Z 33 34 35 CNE IS TO A&G AA DATA PROCESSING 6.02 1398912 35								
34 Z 34 35 CNE IS TO A&G AA DATA PROCESSING 6.02 1398912 35		NEUROLOGY RECLASS		ELECTROENCEPHALOGRAPHY	54	15631	3462	
35 CNE IS TO A&G AA DATA PROCESSING 6.02 1398912 35								
36 SUBTOTAL 6542186 5318655 36			AA	DATA PROCESSING	6.02			
	36	SUBTOTAL				6542186	5318655	36

	EXPLANATION OF RECLASSIFICATION ENTRY	CODE		- INCREASE		
			COST CENTER	LINE #	SALARY	OTHER
		1	COST CENTER 2	3	SALARY 4	5
1	SPEECH CONSULT COSTS PHYSICIAN EXPENSE	BB	ADULTS & PEDIATRICS ADULTS & PEDIATRICS PSYCHOLOGICAL TESTING OTHER SPONSORED ACTIVITIES EMERGENCY	25		20610 1
2	PHYSICIAN EXPENSE	CC	ADULTS & PEDIATRICS	25	270347	2
3		CC	PSYCHOLOGICAL TESTING	48.02	35533	3
4		CC	OTHER SPONSORED ACTIVITIES	97.01	818842	4
5	ER PURCHASED SERVICE COSTS	DD	EMERGENCY	61		30829 5
6	OUTSIDE REPAIRS	EE	OPERATION OF PLANT	8		285781 6
7	BOILER OPERATOR	FF	OPERATION OF PLANT	8	46137	7
8	OUTSIDE I&R TO AUTOMATE FRINGE BENEF	GG	I&R SERVICES-SALARY & FRINGES	22		1419182 8
9	UTILITIES	II	OPERATION OF PLANT	8		10837 9
10	ER PURCHASED SERVICE COSTS OUTSIDE REPAIRS BOILER OPERATOR OUTSIDE I&R TO AUTOMATE FRINGE BENEF UTILITIES WATER	JJ	RENTAL SPACE	100.02		3851 10
11						11
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
20						20
21						21
22						22
23 24						23 24
25						24 25
25 26						25 26
27						26
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36	TOTAL RECLASSIFICATIONS				7713046	

RECLASSIFICATIONS

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	EXPLANATION OF	CODE		DECREASE			WKST A-7
	RECLASSIFICATION ENTRY		COST CENTER	LINE #	SALARY	OTHER	REF.
		1	6	7	8	9	10
1	SPEECH CONSULT COSTS	BB	PHYSICAL THERAPY	50		20610	1
2	PHYSICIAN EXPENSE		ACADEMIC PLAN		1124722		2
3		CC					3
4		CC					4
5	ER PURCHASED SERVICE COSTS	DD	ADULTS & PEDIATRICS	25 7 7		30829	5 6
6	OUTSIDE REPAIRS	EE	MAINTENANCE & REPAIRS	7		285781	6
7	BOILER OPERATOR	FF	MAINTENANCE & REPAIRS	7	46137		7
8	OUTSIDE I&R TO AUTOMATE FRINGE		I&R SERVICES-SALARY & FRINGES	22	1419182		8
9	UTILITIES		OTHER ADMINISTRATIVE AND GENE			10837	9
10	WATER	JJ	OPERATION OF PLANT	8		3851	10
11							11
12							12
13							13
14 15							14 15
16							16
17							17
18							18
19							19
20							20
21							21
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24							24
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26							26
27							27
28							28
29							29
30							30
31							31
32							32
33							33
34 35							34 35
35 36	TOTAL RECLASSIFICATIONS				9132227	5670563	35 36
20	TOTAL VECHASSIFICATIONS				J±34441	3070303	30

> WORKSHEET A-7 PARTS I & II

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

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

				ACQUISITIONS		DISPOSALS		FULLY
	DESCRIPTION	BEGINNING BALANCES 1	PURCHASE 2	DONATION 3	TOTAL 4	AND RETIREMENTS 5	ENDING BALANCE 6	DEPRECIATED ASSETS 7
1	LAND							1
2	LAND IMPROVEMENTS	2413970	330034		330034		2744004	2
3	BUILDINGS AND FIXTURES	31325825	816093		816093	1867	32140051	3
4	BUILDING IMPROVEMENTS	6617111	245560		245560	625	6862046	4
5	FIXED EQUIPMENT	1776953	197327		197327		1974280	5
6	MOVABLE EQUIPMENT	11663232	774877		774877	29361	12408748	6
7	SUBTOTAL	53797091	2363891		2363891	31853	56129129	7
8	RECONCILING ITEMS							8
9	TOTAL	53797091	2363891		2363891	31853	56129129	9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7 PARTS III & IV

		(COMPUTATION	OF RATIOS GROSS		ALLO	CATION OF	OTHER CAPITAL	L	
	DESCRIPTION	GROSS CA		ASSETS	RATIO	INSURANCE	TAXES	CAPITAL- RELATED COSTS	TOTAL	
		1	2		4	5	6	7	8	
1 2 3 4 5	OLD CAP REL COSTS-BLDG & FIXT OLD CAP REL COSTS-MVBLE EQUIP NEW CAP REL COSTS-BLDG & FIXT NEW CAP REL COSTS-MVBLE EQUIP TOTAL				.000000 .000000 .000000 .000000					1 2 3 4 5
		-			SUMMARY OF	OLD AND NEW	CAPITAL -			
	DESCRIPTION		DEPREC- IATION			INSURANCE		OTHER CAPITAL- RELATED COSTS	TOTAL	
			9	10	11	12	13	14	15	
1 2 3 4 5	OLD CAP REL COSTS-BLDG & FIXT OLD CAP REL COSTS-MVBLE EQUIP NEW CAP REL COSTS-BLDG & FIXT NEW CAP REL COSTS-MVBLE EQUIP TOTAL		1483598 1240913 2724511		184200 50000 234200	51853 15489 67342			1778589 1306402 3084991	4
	PART IV - RECONCILIATION OF	AMOUNTS FROM	M WORKSHEET	A. COLUMN	2. LINES 1	THRU 4				
							CAPITAL -	OTHER CAPITAL-		
	DESCRIPTION			LEASE	INTEREST	INSURANCE	TAXES	RELATED COSTS	TOTAL	
			9	10	11	12	13	14	15	
1 2 3 4 5	OLD CAP REL COSTS-BLDG & FIXT OLD CAP REL COSTS-MVBLE EQUIP NEW CAP REL COSTS-BLDG & FIXT NEW CAP REL COSTS-MVBLE EQUIP TOTAL		1939785 1053281 2993066						1939785 1053281 2993066	4

WORKSHEET A-8

ADJUSTMENTS TO EXPENSES

EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED WKST A-7 DESCRIPTION TWITOMA BASTS COST CENTER TITNE NO REF 4 1 2 INVESTMENT INCOME-OLD BLDGS & FIXTURES INVESTMENT INCOME-OLD MOVABLE EQUIPMENT OLD CAP REL COSTS-BLDG & FIXT OLD CAP REL COSTS-MVBLE EQUIP 1 2 2 2 INVESTMENT INCOME-NEW BLDGS & FIXTURES NEW CAP REL COSTS-BLDG & FIXT INVESTMENT INCOME-NEW MOVABLE EQUIPMENT NEW CAP REL COSTS-MVBLE EOUIP INVESTMENT INCOME-OTHER TRADE, QUANTITY, AND TIME DISCOUNTS REFUNDS AND REBATES OF EXPENSES RENTAL OF PROVIDER SPACE BY SUPPLIERS TELEPHONE SERVICES (PAY STATIONS EXCL) TELEVISION AND RADIO SERVICE 10 10 12 PROVIDER-BASED PHYSICIAN ADJUSTMENT WKST A-8-2 -5605776 12 13 SALE OF SCRAP, WASTE, ETC. 13 RELATED ORGANIZATION TRANSACTIONS WKST 14 A-8-1 554878 14 15 LAUNDRY AND LINEN SERVICE 15 CAFETERIA - EMPLOYEES AND GUESTS В -374930 CAFETERIA 12 16 16 17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS 17 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS 18 -25694 MEDICAL RECORDS & LIBRARY 17 18 В SALE OF DRUGS TO OTHER THAN PATIENTS 19 19 SALE OF MEDICAL RECORDS AND ABSTRACTS 20 20 21 NURSING SCHOOL (TUITION, FEES, BOOKS, ETC.) 21 VENDING MACHINES 22 22 23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES 23 INTEREST EXP ON MEDICARE OVERPAYMENTS & 2.4 BORROWINGS TO REPAY MEDICARE OVERPAYMENT 24 25 ADJ FOR RESPIRATORY THERAPY COSTS IN WKST EXCESS OF LIMITATION - HOSPITAL A-8-4 RESPIRATORY THERAPY 49 25 26 ADJ FOR PHYSICAL THERAPY COSTS IN WKST EXCESS OF LIMITATION - HOSPITAL A-8-4 PHYSICAL THERAPY 50 26 27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN WKST EXCESS OF LIMITATION A-8-3 HOME HEALTH AGENCY 71 27 UTIL REVIEW-PHYSICIANS' COMPENSATION UTILIZATION REVIEW-SNF 2.8 89 2.8 DEPRECIATION--OLD BUILDINGS & FIXTURES OLD CAP REL COSTS-BLDG & FIXT 29 29 30 DEPRECIATION -- OLD MOVABLE EQUIPMENT OLD CAP REL COSTS-MVBLE EQUIP 30 DEPRECIATION -- NEW BIILDINGS & FIXTURES 31 NEW CAP REL COSTS-BLDG & FIXT 3 31 DEPRECIATION -- NEW MOVABLE EQUIPMENT NEW CAP REL COSTS-MVBLE EQUIP 32 32 33 NON-PHYSICIAN ANESTHETIST NONPHYSICIAN ANESTHETISTS 20 33 PHYSICIANS' ASSISTANT
ADJ FOR OCCUPATIONAL THERAPY COSTS IN
EXCESS OF LIMITATION - HOSPITAL 34 34 WKST 35 WKST A-8-4 OCCUPATIONAL THERAPY 51 35 ADJ FOR SPEECH PATHOLOGY COSTS IN WKST EXCESS OF LIMITATION - HOSPITAL WKST A-8-4 SPEECH PATHOLOGY 36 A & G - MISC. INCOME GROUNDS - MISC. INCOME PHARMACY - MISC. INCOME 37 -37 OTHER ADMINISTRATIVE AND GENERA 6.07 В 37 SECURITY & GROUNDS -12000 7.01 38 В 38 39 -20000 PHARMACY 39 16 SUPPLIES SOLD -- MAINTENANCE SUPPLIES SOLD - A&G 40 В -1180 MAINTENANCE & REPAIRS 40 OTHER ADMINISTRATIVE AND GENERA 6.07 -16133 41 В 41 SUPPLIES SOLD - HOUSEKEEPING -963 HOUSEKEEPING 42 10 INTEREST INCOME NEW CAP REL COSTS-BLDG & FIXT NEW CAP REL COSTS-BLDG & FIXT 43 В -68645 43 INTEREST RATE SWAP -118193 44 В 3 44 NEW CAP REL COSTS-MVBLE EQUIP 45 GAIN/LOSS ON SALE OF ASSETS 50000 45 INCOME -- RESIDENT SALARIES
INCOME - RESIDENT FRINGE BENEFITS 46 -1419182 I&R SERVICES-SALARY & FRINGES A 46 47 -399055 EMPLOYEE BENEFITS 5 47 INCOME - INTERNS PARAMED ED PRGM-(SPECIFY) 48 В -485345 24 48 49 EMPLOYEE PHARMACY PHARMACY -2228 49 В 16 49.01 PURCHASE REBATES OTHER ADMINISTRATIVE AND GENERA 6.07 49.01 -60418 DIETARY - MISC INCOME CLINICAL CARE IN PAS 49.02 В -7176 DIETARY 11 49.02 DIAGNOSTIC & SCREENING 48.01 49.03 -155522 49.03 Α PSYCH TESTING PART B OFFSET -230810 PSYCHOLOGICAL TESTING 49.04 48.02 49.05 CLINICS PART B OFFSET -2887 CLINIC 49.05 60 6.07 49.06 A&G NOT RELATED TO RENTAL & VACAN -1 OTHER ADMINISTRATIVE AND GENERA 49.06 -138056 RENTAL SPACE RENTAL DIRECT 49.07 Α 100.02 49.07 49.08 -RENTAL DEPR BLDG -382081 NEW CAP REL COSTS-BLDG & FIXT 49.08 49.09 -RENTAL DEPR MME -5363 NEW CAP REL COSTS-MVBLE EQUIP 9 49.09 OTHER ADMINISTRATIVE AND GENERA -81238 6.07 49.13 49.13 -RENTAL A&G Α -RENTAL MAINTENANCE -173334 MAINTENANCE & REPAIRS 49.14 49.14 Α -RENTAL SECURITY SECURITY & GROUNDS -212139 7.01 49.15 -RENTAL OPR OF PLANT -RENTAL HOUSEKEEPING OPERATION OF PLANT HOUSEKEEPING 49.16 -286745 8 49.16 49.17 -65733 10 49.17 VACANT DIRECT VACANT SPACE 100.01 49.18 -1 VACANT-DEPR BLDG NEW CAP REL COSTS-BLDG & FIXT 49.19 49.19 6.07 49.20 VACANT- ADMIN & GEN -1 OTHER ADMINISTRATIVE AND GENERA 49.20

49.79

49.80

OTHER ADMINISTRATIVE AND GENERA

UNFUNDED RESEARCH

VERSION: 2010.02 04/05/2010 14:47

WORKSHEET A-8

49.79

49.80

ADJUSTMENTS TO EXPENSES

EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED WKST A-7 BASIS AMOUNT COST CENTER DESCRIPTION TITNE NO REF 2 4 1 49.21 VACANT-MAINTENANCE MAINTENANCE & REPAIRS 49.21 VACANT-REL SECURITY & GROUNDS SECURITY & GROUNDS OPERATION OF PLANT 49.22 Α 49.22 VACANT-REL OPERATION OF PLANT RENT EXPENSE ADJUSTMENT 49.23 49.23 A RENTAL SPACE NEW CAP REL COSTS-BLDG & FIXT NEW CAP REL COSTS-MVBLE EQUIP 49.25 LAPSING SCHEDULE 49.25 DAPING SCHEDULE
ADJ DEPR. EXP. - IS SOFTWARE & P
CNE INCOME - MGMT. ADD BACK CR.
NON-OPERATING CONTRIBUTIONS 49.27 49.27 OTHER ADMINISTRATIVE AND GENERA 49.28 49.28 OTHER ADMINISTRATIVE AND GENERA 49.29 UNALLOWABLE DONATION UNALLOWABLE LEGAL & ACCTG. OTHER ADMINISTRATIVE AND GENERA
OTHER ADMINISTRATIVE AND GENERA 49.30 49 30 49.31 49.31 LOBBYING PORTION OF DUES OTHER ADMINISTRATIVE AND GENERA UNALLOWABLE ADV. & CONTRI.
UNALLOWABLE CONSULTING AND OTHER
TAXES & PENALTIES OVERACCRUAL FRO 49.33 OTHER ADMINISTRATIVE AND GENERA 49.33 49.34 OTHER ADMINISTRATIVE AND GENERA 49.34 OTHER ADMINISTRATIVE AND GENERA 49.35 49.35 UNALLOWABLE MEALS DIAGNOSTIC & SCREENING 49.36 49.37 UNALLOWABLE MEALS PARTIAL HOSPITAL 49.37 DIAGNOSTIC & SCREENING TRANSPORTATION 49.38 49.38 RESIDENCY TRAINING INCOME I&R SERVICES-OTHER PRGM COSTS A 49.39 49.39 49.40 RESIDENTS IN D&S & FRINGE BENE DIAGNOSTIC & SCREENING 49.40 OTHER ADMINISTRATIVE AND GENERA
OTHER ADMINISTRATIVE AND GENERA MALPRACTICE FOR NON-HBP AMORTIZED PLANNING EXPENSE 49.41 49.42 49.41 49.42 Α 49.43 UNALLOWABLE DUES & BEVERAGES OTHER ADMINISTRATIVE AND GENERA 49.43 Α UNALLOWABLE BEVERAGES ADULTS & PEDIATRICS 49.44 49.44 I&R SERVICES-OTHER PRGM COSTS A 49 45 IINALLOWABLE BEVERAGES 49 45 PARAMED ED PRGM-(SPECIFY) UNALLOWABLE BEVERAGES 49.46 Α 49.46 49.47 ADJUST FOR P/R ACCRUALS Α EMPLOYEE BENEFITS 49.47 49.48 ADJUST FOR P/R ACCRUALS ADMITTING 49.48 CASHIERING/ACCOUNTS RECEIVABLE ADJUST FOR P/R ACCRUALS ADJUST FOR P/R ACCRUALS 49.49 49.49 49.50 OTHER ADMINISTRATIVE AND GENERA 49.50 Α ADJUST FOR P/R ACCRUALS MAINTENANCE & REPAIRS 49.51 49.52 ADJUST FOR P/R ACCRUALS Α DIETARY 49.52 49.53 ADJUST FOR P/R ACCRUALS Α PHARMACY 49.53 ADJUST FOR P/R ACCRUALS ADULTS & PEDIATRICS 49.54 49.54 Α ADULTS & PEDIATRICS
DIAGNOSTIC & SCREENING 49.55 ADJUST FOR P/R ACCRUALS 49.55 49.56 ADJUST FOR P/R ACCRUALS PSYCHOLOGICAL TESTING 49.56 ADJUST FOR P/R ACCRUALS 49.57 CLINIC 49.57 PARTIAL HOSPITAL 49.58 ADJUST FOR P/R ACCRUALS 49.58 MARKETING & FUND RAISING ADJUST FOR P/R ACCRUALS 49.59 49.59 ADJUST FOR P/R ACCRUALS REVERSE GL ADJ. FOR LOSS ON PROGR 49 60 KENT UNIT 49 60 I&R SERVICES-OTHER PRGM COSTS A 49.61 49.61 ALLOWABLE PENSION FUNDING ADJUSTM EMPLOYEE BENEFITS 49.70 49.71 UNALLOWABLE RETIREMENT UNALLOWABLE DONATION EMPLOYEE BENEFITS 49.71 EMPLOYEE BENEFITS 49.72 49.72 I&R SERVICES-OTHER PRGM COSTS A 49.73 LOBBYING PORTION OF DUES 49.73 LOBBYING PORTION OF DUES ADULTS & PEDIATRICS 49.74 49.74 ADD BACK GL CR. DISALLOWED IN PY LOBBYING PORTION OF DUES 49.75 I&R SERVICES-OTHER PRGM COSTS A 49.75 PARAMED ED PRGM-(SPECIFY) 24 6.07 24 6.07 97.03 49.76 49.76 UNALLOWABLE OTHER OTHER ADMINISTRATIVE AND GENERA 49.77 49.77 UNALLOWABLE OTHER
UNALLOW OTHER - ASSOC DIRE FY10 E
CON CONSULTING COSTS
EMPLOYEE INCOME - UNFUNDED RESEAR PARAMED ED PRGM-(SPECIFY) 49.78 49.78

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

WORKSHEET A-8-1

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

				AMOUNT OF	AMOUNT (INCL	NET ADJ -	WKST	
	LINE			ALLOWABLE	IN WKST A,	USTMENTS	A-7	
	NO.	COST CENTER	EXPENSE ITEMS	COST	COL 5)		REF	
	1	2	3	4	5	6	7	
1	3	NEW CAP REL COSTS-BLDG & FIXT	CNE HOME OFFICE	46656		46656	9	1
2	4	NEW CAP REL COSTS-MVBLE EQUIP	CNE HOME OFFICE	41902		41902	9	2
3	6.07	OTHER ADMINISTRATIVE AND GENERA	CNE HOME OFFICE	3074244	3180876	-106632		3
4	6.07	OTHER ADMINISTRATIVE AND GENERA	KENT HOSPITAL PRINTING	72805	72805			4
4.01	16	PHARMACY	KENT PHARMACY COVERAGE	79194	79194			4.01
4.02	25	ADULTS & PEDIATRICS	KENT MEDICAL PURCHASED	4214	4214			4.02
4.03	41	RADIOLOGY-DIAGNOSTIC	KENT RADIOLOGY PURCHASED	1459	1459			4.03
4.04	44	LABORATORY	KENT LAB PURCHASED	502	502			4.04
4.05	50	PHYSICAL THERAPY	KENT PT PURCHASED	1260	1260			4.05
4.06	6.07	OTHER ADMINISTRATIVE AND GENERA	W&I INSURANCE	65000	65000			4.06
4.07	25	ADULTS & PEDIATRICS	W&I MEDICAL PURCHASED	2417	2417			4.07
4.08	41	RADIOLOGY-DIAGNOSTIC	W&I RADIOLOGY PURCHASED	10	10			4.08
4.09	44	LABORATORY	W&I LAB PURCHASED	592968	81286	511682		4.09
4.10	53	ELECTROCARDIOLOGY	W&I EKG PURCHASED	65846	9026	56820		4.10
4.11	5	EMPLOYEE BENEFITS	W&I LAB PURCHASES	5157	707	4450		4.11
5		TOTALS		4053634	3498756	554878		5

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

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

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

				RELATED	ORGANIZATION(S) AND/OR	HOME OFFICE	
			PERCENT		PERCENT		
	SYMBOL	NAME	OF	NAME	OF	TYPE OF	
	(1)		OWNERSHIP		OWNERSHIP	BUSINESS	
	1	2	3	4	5	6	
1	В		CAR	E NEW ENGLAN	HO	ME OFFICE	1
2	В		KEN	IT COUNTY MEM	CN	E NETWK. HOSP	2
3	В		WOM	MEN'S & INFAN	CN	E NETWK. HOSP	3
4							4
5							5

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

 A. INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED ORGANIZATION AND IN PROVIDER.

 B. CORPORATION, PARTNERSHIP, OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.

 - C. PROVIDER HAS FINANCIAL INTEREST IN CORPORATION, PARTNERSHIP, OR OTHER ORGANIZATION.
 - D. DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF PROVIDER OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN RELATED ORGANIZATION.

 - E. INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.
 F. DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
 - G. OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY:

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PROVIDER-BASED PHYSICIAN ADJUSTMENTS

	WKST A LINE NO. 1	COST CENTER/ PHYSICIAN IDENTIFIER 2		TOTAL REMUNERA- TION INCL FRINGES 3	PROFES- SIONAL COMPONENT 4	PROVIDER COMPONENT 5	RCE AMOUNT 6	PHYSICIAN/ PROVIDER COMPONENT HOURS 7	UNAD- JUSTED RCE LIMIT 8	PERCENT OF UNAD- JUSTED RCE LIMIT 9
1	6.07	OTHER ADMINISTRATIVE AND	AGGREGATE	225204	7099	218105	154100	1881	139357	6968
2	23	I&R SERVICES-OTHER PRGM	AGGREGATE	674637		674637	154100	5938	439926	21996
3	24	PARAMED ED PRGM-(SPECIFY	AGGREGATE	19837		19837	154100	208	15410	771
4	25	ADULTS & PEDIATRICS	ROUTINE	3925517	2826865	1098652	154100	9247	685078	34254
5	25	ADULTS & PEDIATRICS	MEDICAL SPECIALIST	813331	744758	68573	140600	307	20752	1038
6	25	ADULTS & PEDIATRICS	INTERNAL MEDICINE	240261	88637	151624	165600	760	60508	3025
7	48.01	DIAGNOSTIC & SCREENING	AGGREGATE	177658		177658	154100	1424	105499	5275
8	48.03	ECT	AGGREGATE	11242		11242	154100	109	8075	404
9	60	CLINIC	AGGREGATE	347091	295151	51940	154100	837	62010	3101
10	60.02	PARTIAL HOSPITAL	AGGREGATE	798131	693697	104434	154100	712	52750	2638
11	60.04	MEMORY DISORDER CLINIC	AGGREGATE	29172		29172	154100	441	32672	1634
101		TOTAL		7262081	4656207	2605874		21864	1622037	81104

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PROVIDER-BASED PHYSICIAN ADJUSTMENTS

	WKST A LINE NO. 10	COST CENTER/ PHYSICIAN IDENTIFIER 11		COST OF MEMBERSHIP & CONTIN. EDUCATION 12	PROVIDER COMPONENT SHARE OF COLUMN 12 13	PHYSICIAN COST OF MALPRACTICE INSURANCE 14	PROVIDER COMPONENT SHARE OF COLUMN 14 15	ADJUSTED RCE LIMIT 16	RCE DIS- ALLOWANCE 17	ADJUST- MENT 18
1	6.07	OTHER ADMINISTRATIVE AND	AGGREGATE			4417	4278	143635	74470	81569
2	23	I&R SERVICES-OTHER PRGM	AGGREGATE			10435	10435	450361	224276	224276
3	24	PARAMED ED PRGM-(SPECIFY	AGGREGATE			166	166	15576	4261	4261
4	25	ADULTS & PEDIATRICS	ROUTINE			91597	25636	710714	387938	3214803
5	25	ADULTS & PEDIATRICS	MEDICAL SPECIALIST					20752	47821	792579
6	25	ADULTS & PEDIATRICS	INTERNAL MEDICINE					60508	91116	179753
7	48.01	DIAGNOSTIC & SCREENING	AGGREGATE			5206	5206	110705	66953	66953
8	48.03	ECT	AGGREGATE					8075	3167	3167
9	60	CLINIC	AGGREGATE			8046	1204	63214		295151
10	60.02	PARTIAL HOSPITAL	AGGREGATE			16178	2117	54867	49567	743264
11	60.04	MEMORY DISORDER CLINIC	AGGREGATE			1492	1492	34164		
101		TOTAL				137537	50534	1672571	949569	5605776

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B PART I

	COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION		NEW CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS	DATA PROCE SSING	ADMITTING	PATIENT AC COUNTS	SUBTOTAL	
		0	3	4	5	6.02	6.04	6.05	5A	
1 2 3 4 5	GENERAL SERVICE COST CENTERS OLD CAP REL COSTS-BLDG & FIXT OLD CAP REL COSTS-MVBLE EQUIP NEW CAP REL COSTS-BLDG & FIXT NEW CAP REL COSTS-MVBLE EQUIP EMPLOYEE BENEFITS	1778589 1306402 13690304	1778589 1009	1306402 941	13692254					1 2 3 4
6.01 6.02	NONPATIENT TELEPHONES DATA PROCESSING	49814		356012	13072231	433535				6.01 6.02
	PURCHASING RECEIVING AND STORES	661063	10477	1121	100207	12052	070021			6.03
	ADMITTING CASHIERING/ACCOUNTS RECEIVABLE	661863 478580	12477 14781	1131 1907	182307 127934	13053 10256	870831			6.04 6.05
6.06	COORDINATED CARE									6.06
6.07	OTHER ADMINISTRATIVE AND GENERA	8709060	188009	137021 7610	1365725	55017 4662			10454832 942079	6.07 7
7.01	MAINTENANCE & REPAIRS SECURITY & GROUNDS OPERATION OF PLANT LAUNDRY & LINEN SERVICE	706488 276732	41975 20114		181344 106923	4002			437506	7.01
8	OPERATION OF PLANT	771996	142322	514	63506				978338	8
9	LAUNDRY & LINEN SERVICE	229458	2966 70405 68363	378	7644				240446	9
10	HOUSEKEEPING	1731003	70405	23359	416801	2797			2244365	
11 12	DIETARY CAFETERIA	1507590 241773	68363 25154	22000	148653 78549	3049 1613			1749655 368713	
14 15	NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY	241//3	33134	33737 514 378 23359 22000 11624	76349	1013				14 15
16 17 18	PHARMACY MEDICAL RECORDS & LIBRARY SOCIAL SERVICE	1183883 513784	27192 21005	103633 410578	286616 137038	8438 20987			1609762 1103392	
22	I&R SERVICES-SALARY & FRINGES A				178207				812577	
23	I&R SERVICES-OTHER PRGM COSTS A	741537	15893		107137	29685			895250	
24	PARAMED ED PRGM-(SPECIFY) INPATIENT ROUTINE SERV COST CENTE		2151	209	120798	5044			211326	24
25	ADULTS & PEDIATRICS ANCILLARY SERVICE COST CENTERS	17140713	670254	76046	5357514	102826	572337	472325	24392015	25
41	RADIOLOGY-DIAGNOSTIC	85311	1119	54			2184	1802	90470	
44	LABORATORY INTRAVENOUS THERAPY	938688	1750	82			25765	21262	987547	
48 48 01	DIAGNOSTIC & SCREENING	1925 1656637	24565	9351	638638	11216	21 21768	17 17964	1963 2380139	
48.02	PSYCHOLOGICAL TESTING	53613	2515	117	77107	6610	1408		142532	
48.03		210510	5628	3305	45439	4736	4406	3636	277660	
49 50 51	RESPIRATORY THERAPY PHYSICAL THERAPY OCCUPATIONAL THERAPY	1260					79	65	1404	49 50 51
52	SPEECH PATHOLOGY									52
53	ELECTROCARDIOLOGY	101074	1438	74			1742	1438	105766	
54	ELECTROCARDIOLOGY ELECTROENCEPHALOGRAPHY DRUGS CHARGED TO PATIENTS	461					3	2	466	
56	DRUGS CHARGED TO PATIENTS OUTPATIENT SERVICE COST CENTERS	946975					38851	32061	1017887	56
60	CLINIC CLINIC	298035	8195	3069	149377	7421	908	749	467754	60
60.01										60.01
		1781196	70966	7197	701087	32445	78545	64817	2736253	60.02 60.03
60.03	GERIATRIC O/P CLINIC MEMORY DISORDER CLINIC	84244	2917	181	22812	6676	565	466	117861	
61	EMERGENCY	30829					299	247	31375	
62 71	OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS HOME HEALTH AGENCY									62 71
	SPECIAL PURPOSE COST CENTERS									
95	SUBTOTALS NONREIMBURSABLE COST CENTERS	58627821	1480872	1211128	10501156	326531	748881	618013	54799333	95
	MARKETING & FUND RAISING	576610	28778	3995	151670	7160			768213	96 N1
	GIFT SHOP		1607	732 57938 17583 511	6656	7100				96.02
97	RESEARCH	6890310	55370	57938	1112790	61441			8177849	97
			17112	17583	476616	12381			2581755	
97.02	GRANT ADMINISTRATION	426116 7822	624 466	25	20985	3366 820			546819 30118	
97.04	UNFUNDED RESEARCH OFF-SITE RESEARCH ACADEMIC PLAN		58830		48112				320710	
	ACADEMIC PLAN	368031	11/10	272	64102	1119			434672	
	NON-PROVIDER PATIENTS	1473642	7622	1935	413976	6741		1 5 4 4 5	1903916	
	PHYSICIAN BILLING OVERAGE	70650			15726			15445	15445 86376	98.02 99.04
	CARRIAGE HOUSE	497474			13/20				497474	
100.0	LVACANT SPACE	5088	54614						59702	100.01
	2RENTAL SPACE	005666	B = 0.4.5	10155	E00575	10510	101050			100.02
	4KENT UNIT 5CNE MANAGEMENT	2852887 60842		12157 63	729618 17092	13510 205	121950		3801368 78238	
	SCNE MANAGEMENT SMEDICAL STUDENTS AT HOSPITAL	62484	264	63	17553	261				100.05
	7PHYSICIAN BILLING OFFICE				,					100.07

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COST ALLOCATION - GENERAL SERVICE COSTS

	COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION	NEW CAP BLDGS & FIXTURES	NEW CAP MOVABLE EQUIPMENT	EMPLOYEE BENEFITS	DATA PROCE SSING	ADMITTING	PATIENT AC COUNTS	SUBTOTAL
		0	3	4	5	6.02	6.04	6.05	5A
101 102 103	CROSS FOOT ADJUSTMENTS NEGATIVE COST CENTER TOTAL	74279134	1778589	1306402	13692254	433535	870831	633458	101 102 74279134 103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B PART I

	COST CENTER DESCRIPTION	ADMINISTRA TION & GEN ERAL	TENANCE &	GROUNDS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	<u>.</u>
		6.07	7	7.01	8	9	10	11	12	
4 5 6.01 6.02 6.03 6.04 6.05	GENERAL SERVICE COST CENTERS OLD CAP REL COSTS-BLDG & FIXT OLD CAP REL COSTS-WUBLE EQUIP NEW CAP REL COSTS-BLDG & FIXT NEW CAP REL COSTS-MVBLE EQUIP EMPLOYEE BENEFITS NONPATIENT TELEPHONES DATA PROCESSING PURCHASING RECEIVING AND STORES ADMITTING CASHIERING/ACCOUNTS RECEIVABLE									1 2 3 4 5 6.01 6.02 6.03 6.04 6.05
	COORDINATED CARE OTHER ADMINISTRATIVE AND GENERA MAINTENANCE & REPAIRS	10454832 154318	1096397							6.06 6.07 7
7.01	SECURITY & GROUNDS	71666		509172						7.01
8	OPERATION OF PLANT	160258	2306	27239						8
9 10	LAUNDRY & LINEN SERVICE	39386 367640	1219 12015	1459	3536	286046 10926	2816089			9 10
11	HOUSEKEEPING DIETARY	286604	43318	19934	128237 48318	10926	56203			11
12	CAFETERIA	60397	22888	10532	25528		29703	2201032	517761	
14 15	NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY									14 15
16	PHARMACY	263689	3396	6816	16521		19744		11087	
17 18	MEDICAL RECORDS & LIBRARY SOCIAL SERVICE	180742	9443	7966	19308		27378		11513	18
22	I&R SERVICES-SALARY & FRINGES A	133105								22
23	I&R SERVICES-OTHER PRGM COSTS A	146647	27746	15644	37920		35846		15494	
24	PARAMED ED PRGM-(SPECIFY)		981	1617	3918		12899		4868	24
25	INPATIENT ROUTINE SERV COST CENTE ADULTS & PEDIATRICS	3995587	602138	173788	421240	213962	1828603	1801922	257451	25
23	ANCILLARY SERVICE COST CENTERS		002136	1/3/00	421240	213902	1020003	1001922	25/451	23
41	RADIOLOGY-DIAGNOSTIC	14820	130	738	1788		1097			41
44	LABORATORY	161766	12564	1128	2733		4080			44
48	INTRAVENOUS THERAPY	322								48
	DIAGNOSTIC & SCREENING	389881 23348	41120	10306 4613	24979	10372			25161	
48.03	PSYCHOLOGICAL TESTING ECT	45482	5967 13511	2506	11182 6073	5722	23517 13689		3957 2215	48.03
49	RESPIRATORY THERAPY	15102	13311	2500	0075	3722	13003		2213	49
50	PHYSICAL THERAPY	230								50
51	OCCUPATIONAL THERAPY									51
52 53	SPEECH PATHOLOGY ELECTROCARDIOLOGY	17325	5037	1022	2478		1097			52 53
54	ELECTROENCEPHALOGRAPHY	76	3037	1022	2170		1007			54
56	DRUGS CHARGED TO PATIENTS	166736								56
	OUTPATIENT SERVICE COST CENTERS			5050			00445			
60 60.01	CLINIC ATD	76621	18664	6050	14664		20446		5664	60.01
	PARTIAL HOSPITAL	448215	78747	25463	61719		115829		31172	60.02
	GERIATRIC O/P CLINIC									60.03
	MEMORY DISORDER CLINIC	19306	7306	2071	5020		9872		1811	60.04
61 62	EMERGENCY OBSERVATION BEDS (NON-DISTINCT	5139								61 62
	OTHER REIMBURSABLE COST CENTERS									
71	HOME HEALTH AGENCY									71
95	SPECIAL PURPOSE COST CENTERS SUBTOTALS	7263922	908496	371798	835162	240982	2295825	1801922	370393	95
	NONREIMBURSABLE COST CENTERS	1203922	908490	371790	833102	240902	2293023	1001922	370393	93
	MARKETING & FUND RAISING	125838	4485	6472	15688		15093		7637	96.01
	GIFT SHOP	15811	6036	1653	4006		9170			96.02
	RESEARCH OTHER SPONSORED ACTIVITIES	1339581 422907	46152	40329	97752		123682 40145		64397	97 97.01
	GRANT ADMINISTRATION	89572	15258 1310	12369 1075	29980 2606		3598			97.01
	UNFUNDED RESEARCH	4934	115	428	1038		2150			97.03
97.04	OFF-SITE RESEARCH	52534								97.04
	ACADEMIC PLAN	71202	1114	800	1940		2457			97.05
	NON-PROVIDER PATIENTS	311873	9772	3807	9228		19919		7833	98.01
	PHYSICIAN BILLING OVERAGE	2530 14149							211	98.02 99.04
	CARRIAGE HOUSE	81489							311	99.04
100.0	LVACANT SPACE	9780		43362	105104					100.01
	PRENTAL SPACE	-0		0.5				40		100.02
	4KENT UNIT 5CNE MANAGEMENT	622687 12816	103281 123	26774 121	64897 294	45064	302954 526	402110		100.04
	MEDICAL STUDENTS AT HOSPITAL	13207	255	184	446		570			100.05
	PHYSICIAN BILLING OFFICE			-						100.07

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COST ALLOCATION - GENERAL SERVICE COSTS

	COST CENTER DESCRIPTION		MAIN- TENANCE & REPAIRS	SECURITY & GROUNDS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA
		6.07	7	7.01	8	9	10	11	12
101 102 103	CROSS FOOT ADJUSTMENTS NEGATIVE COST CENTER TOTAL	10454832	1096397	509172	1168141	286046	2816089	2204032	101 102 517761 103

COST ALLOCATION - GENERAL SERVICE COSTS

									1111(1	_
	COST CENTER DESCRIPTION		RECORDS & LIBRARY	FRINGES				I&R COST & POST STEP- DOWN ADJS		
		16	17	22	23	24	25	26	27	
4 5.01 6.02 6.03 6.04 6.05 6.06 6.07 7 7.01 8 9 10 11 12 14 15	GENERAL SERVICE COST CENTERS OLD CAP REL COSTS-BLDG & FIXT OLD CAP REL COSTS-MVBLE EQUIP NEW CAP REL COSTS-BLDG & FIXT NEW CAP REL COSTS-WVBLE EQUIP EMPLOYEE BENEFITS DATA PROCESSING PURCHASING RECEIVING AND STORES ADMITTING CASHIERING/ACCOUNTS RECEIVABLE COORDINATED CARE COORDINATED CARE MAINTENANCE & REPAIRS SECURITY & GROUNDS OPERATION OF PLANT LAUNDRY & LINEN SERVICE HOUSEKEEPING DIETARY CAFETERIA NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY PHARMACY MEDICAL RECORDS & LIBRARY	1931015		22	23	24	25	26	27	1 2 3 4 5 6.01 6.02 6.03 6.06 6.06 6.07 7 7.01 8 9 10 11 12 14 15 16 17
18 22	SOCIAL SERVICE 1&R SERVICES-SALARY & FRINGES A			945682						18 22
23	I&R SERVICES-SALARI & FRINGES A			943002	1174547					23
24	PARAMED ED PRGM-(SPECIFY)					270225				24
	INPATIENT ROUTINE SERV COST CENTE			400040			05554504		24525422	0.5
25	ADULTS & PEDIATRICS ANCILLARY SERVICE COST CENTERS		822930 3140	499240	620061	67556	112183	-1119301		
41 44	RADIOLOGY-DIAGNOSTIC LABORATORY		37045				1206863		112183 1206863	
48	INTRAVENOUS THERAPY		30				2315		2315	
	DIAGNOSTIC & SCREENING	3466	31298				3012544		3012544	
	PSYCHOLOGICAL TESTING	02010	2024				217140		217140	
48.03 49	RESPIRATORY THERAPY	23012	6335				396205		396205	48.03 49
50 51	PHYSICAL THERAPY OCCUPATIONAL THERAPY		114				1748		1748	
52	SPEECH PATHOLOGY									52
53 54	ELECTROCARDIOLOGY		2505 4				135230 546		135230 546	
56	ELECTROENCEPHALOGRAPHY DRUGS CHARGED TO PATIENTS OUTPATIENT SERVICE COST CENTERS	1882145	55860				3122628		3122628	
60 60.01	CLINIC		1305	398989	495549		1505706	-894538	611168	60 60.01
60.02	PARTIAL HOSPITAL	742	112931	47453	58937	202669	3920130	-106390	3813740	60.02
	GERIATRIC O/P CLINIC MEMORY DISORDER CLINIC		813				164060		164060	60.03 60.04
61	EMERGENCY		430				36944		36944	
62	OBSERVATION BEDS (NON-DISTINCT									62
71	OTHER REIMBURSABLE COST CENTERS HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS									71
95	SUBTOTALS	1927576	1076764	945682	1174547	270225	49548946	-2120229	47428717	95
	NONREIMBURSABLE COST CENTERS MARKETING & FUND RAISING GIFT SHOP						943426 133832		943426 133832	
97	RESEARCH						9889742		9889742	
	OTHER SPONSORED ACTIVITIES						3121576		3121576	
	GRANT ADMINISTRATION UNFUNDED RESEARCH						648441 40087		648441	97.02 97.03
	OFF-SITE RESEARCH						373244		373244	
	ACADEMIC PLAN						513466		513466	
	NON-PROVIDER PATIENTS PHYSICIAN BILLING		107639				2266348 125614		2266348 125614	
	OVERAGE		10,000				100836		100836	
	CARRIAGE HOUSE						578963		578963	
	lvacant space 2rental space						217948		217948	100.01
	4KENT UNIT	3439	175339				5588706		5588706	
100.0	5CNE MANAGEMENT						92372		92372	100.05
	6MEDICAL STUDENTS AT HOSPITAL 7PHYSICIAN BILLING OFFICE						95587		95587	100.06 100.07
100.0	THISICIAN BIBBING OFFICE									100.07

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COST ALLOCATION - GENERAL SERVICE COSTS

	COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY	I&R SALARY & FRINGES	I&R PROGRAM COSTS	PARAMED EDUCATION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
		16	17	22	23	24	25	26	27
101 102 103	CROSS FOOT ADJUSTMENTS NEGATIVE COST CENTER TOTAL	1931015	1359742	945682	1174547	270225	74279134	-2120229	101 102 72158905 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B PART III

COST CENTER DESC	CRIPTION	DIR ASSGND CAP-REL COSTS		NEW CAP MOVABLE EQUIPMENT		EMPLOYEE BENEFITS	DATA PROCE SSING	ADMITTING	PATIENT A	vC
		0	3	4	4A	5	6.02	6.04	6.05	
GENERAL SERVICE CO	ST CENTERS									
1 OLD CAP REL COSTS-	-BLDG & FIXT									1
2 OLD CAP REL COSTS- 3 NEW CAP REL COSTS-										2
4 NEW CAP REL COSTS										4
5 EMPLOYEE BENEFITS			1009	941	1950	1950				5
6.01 NONPATIENT TELEPHO	ONES		27709	256012	202721		202721			6.01
6.02 DATA PROCESSING 6.03 PURCHASING RECEIVED	NG AND STORES		27709	356012	383721		383721			6.02 6.03
6.04 ADMITTING	1112 0101120		12477	1131	13608	26	11553	25187		6.04
6.05 CASHIERING/ACCOUNT	S RECEIVABLE		14781	1907	16688	18	9077		25783	6.05
6.06 COORDINATED CARE 6.07 OTHER ADMINISTRATI	VE AND GENERA		188009	137021	325030	194	48695			6.06 6.07
7 MAINTENANCE & REPA			41975	7610	49585	26	4126			7
7.01 SECURITY & GROUNDS			20114	33737	53851	15				7.01
8 OPERATION OF PLANT 9 LAUNDRY & LINEN SE			142322 2966	514 378	142836 3344	9 1				8 9
10 HOUSEKEEPING	RVICE		70405	23359	93764	59	2476			10
11 DIETARY			68363	22000	90363	21	2698			11
12 CAFETERIA 14 NURSING ADMINISTRA	ATT ON		35154	11624	46778	11	1428			12 14
14 NURSING ADMINISTRA 15 CENTRAL SERVICES &										15
16 PHARMACY			27192	103633	130825	41	7468			16
17 MEDICAL RECORDS &	LIBRARY		21005	410578	431583	20	18575			17
18 SOCIAL SERVICE 22 I&R SERVICES-SALAR	V & FRINGES A					25				18 22
23 I&R SERVICES-OTHER			15893	998	16891	15	26275			23
24 PARAMED ED PRGM-(S			2151	209	2360	17	4464			24
INPATIENT ROUTINE 25 ADULTS & PEDIATRIC		RS	670254	76046	746300	766	91013	16549	19218	25
ANCILLARY SERVICE			070234	70040	740300	700	91013	10349	19210	23
41 RADIOLOGY-DIAGNOST	TIC		1119	54	1173			63	73	
44 LABORATORY 48 INTRAVENOUS THERAS	777		1750	82	1832			746 1	866 1	
48 INTRAVENOUS THERAS 48.01 DIAGNOSTIC & SCREE			24565	9351	33916	91	9927	630		48.01
48.02 PSYCHOLOGICAL TEST			2515	117	2632	11	5851	41	47	48.02
48.03 ECT			5628	3305	8933	6	4192	128	148	48.03
49 RESPIRATORY THERAS 50 PHYSICAL THERAPY	γY							2	3	49 50
51 OCCUPATIONAL THERA	APY							_	_	51
52 SPEECH PATHOLOGY			1420		1510			F.0	5.0	52
53 ELECTROCARDIOLOGY54 ELECTROENCEPHALOGE	ADHY		1438	74	1512			50	59	53 54
56 DRUGS CHARGED TO E								1124	1306	
OUTPATIENT SERVICE	COST CENTERS		0.1.0.5	2252		0.5		0.5	2.5	
60 CLINIC 60.01 ATP			8195	3069	11264	21	6569	26	31	60 60.01
60.02 PARTIAL HOSPITAL			70966	7197	78163	100	28717	2273	2641	60.02
60.03 GERIATRIC O/P CLIN					2000		5000			60.03
60.04 MEMORY DISORDER CI 61 EMERGENCY	INIC		2917	181	3098	3	5908	16 9		60.04 61
62 OBSERVATION BEDS (NON-DISTINCT									62
OTHER REIMBURSABLE										
71 HOME HEALTH AGENCY SPECIAL PURPOSE CO										71
95 SUBTOTALS	OF CHAIRS		1480872	1211128	2692000	1496	289012	21658	25154	95
NONREIMBURSABLE CO										
96.01 MARKETING & FUND F 96.02 GIFT SHOP	RAISING		28778 1607	3995 732	32773 2339	22 1	6338			96.01 96.02
97 RESEARCH			55370	57938	113308	158	54381			97
97.01 OTHER SPONSORED AC			17112	17583	34695	68	10959			97.01
97.02 GRANT ADMINISTRATI 97.03 UNFUNDED RESEARCH	ION		624 466	511 25	1135 491	17 3	2979 726			97.02 97.03
97.03 ONFONDED RESEARCH			58830	23	58830	7	720			97.03
97.05 ACADEMIC PLAN			1148	272	1420	9	990			97.05
98.01 NON-PROVIDER PATIE	ENTS		7622	1935	9557	59	5966		620	98.01 98.02
98.02 PHYSICIAN BILLING 99.04 OVERAGE						2			629	98.02
99.06 CARRIAGE HOUSE						-				99.06
100.01VACANT SPACE			54614		54614					100.01
100.02RENTAL SPACE 100.04KENT UNIT			71246	12157	83403	104	11957	3529		100.02 100.04
100.05CNE MANAGEMENT			36	63	99	2	182	3323		100.05
100.06MEDICAL STUDENTS A			264	63	327	2	231			100.06
100.07PHYSICIAN BILLING	OFFICE									100.07

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ALLOCATION OF NEW CAPITAL RELATED COSTS

	COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS	NEW CAP BLDGS & FIXTURES	NEW CAP MOVABLE EQUIPMENT	CAP REL COST TO BE ALLOC	EMPLOYEE BENEFITS	DATA PROCE SSING	ADMITTING	PATIENT AC COUNTS
		0	3	4	4A	5	6.02	6.04	6.05
101 102 103	CROSS FOOT ADJUSTMENTS NEGATIVE COST CENTER TOTAL		1778589	1306402	3084991	1950	383721	25187	101 102 25783 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B PART III

	COST CENTER DESCRIPTION	ERAL	TENANCE & REPAIRS	GROUNDS		LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	
		6.07	7	7.01	8	9	10	11	12	
4 5 6.01 6.02 6.03 6.04 6.05 6.06	GENERAL SERVICE COST CENTERS OLD CAP REL COSTS-BLDG & FIXT OLD CAP REL COSTS-MVBLE EQUIP NEW CAP REL COSTS-MVBLE EQUIP NEW CAP REL COSTS-MVBLE EQUIP EMPLOYEE BENEFITS NONPATIENT TELEPHONES DATA PROCESSING PURCHASING RECEIVING AND STORES ADMITTING CASHIERING/ACCOUNTS RECEIVABLE COORDINATED CARE OTHER ADMINISTRATIVE AND GENERA MAINTENANCE & REPAIRS	373919 5520	59257							1 2 3 4 5 6.01 6.02 6.03 6.04 6.05 6.06 6.07
	SECURITY & GROUNDS	2563	39237	56429						7.01
8	OPERATION OF PLANT	5732	125	3019	151721					8
9 10	LAUNDRY & LINEN SERVICE HOUSEKEEPING	1409 13150	66 649	162	459 16656	5441 208	132825			9 10
11	DIETARY	10251	2341	2209	6276	200	2651	116810		11
12	CAFETERIA	2160	1237	1167	6276 3316		1401		57498	12
14	NURSING ADMINISTRATION									14
15 16	CENTRAL SERVICES & SUPPLY	9432	184	755	2146		931		1231	15
17	PHARMACY MEDICAL RECORDS & LIBRARY	6465		883	2508		1291		1279	
18	SOCIAL SERVICE									18
22		4761		4.504	4005				4.004	22
23 24	I&R SERVICES-OTHER PRGM COSTS A PARAMED ED PRGM-(SPECIFY)	5245 1238	1500 53	1734 179	4925 509		1691 608		1721 541	
21	INPATIENT ROUTINE SERV COST CENTE	ERS	33	117	307		000		341	21
25	ADULTS & PEDIATRICS	142883	32545	19262	54711	4070	86247	95499	28591	25
4.1	ANCILLARY SERVICE COST CENTERS	F20	7	82	222		F.2			41
41 44	RADIOLOGY-DIAGNOSTIC LABORATORY	530 5786	679	125	232 355		52 192			41 44
48	TMUDATENOTIC UTEDADA	1.0	0,75	123	333		1,2			48
	DIAGNOSTIC & SCREENING	13945		1142	3244	197	4520			48.01
48.02 48.03	PSYCHOLOGICAL TESTING	835 1627	322 730	511 278	1452 789	109	1109 646			48.02 48.03
49	RESPIRATORY THERAPY	1027	730	270	769	109	040		240	49.03
50	PHYSICAL THERAPY	8								50
51	OCCUPATIONAL THERAPY									51
52 53	SPEECH PATHOLOGY ELECTROCARDIOLOGY	620	272	113	322		52			52 53
54	ELECTROENCEPHALOGRAPHY	3								54
56	DRUGS CHARGED TO PATIENTS	5964								56
60	OUTPATIENT SERVICE COST CENTERS CLINIC	2741	1009	670	1905		964		629	60
60.01		2/11	1005	070	1703		204		025	60.01
	PARTIAL HOSPITAL	16032	4256	2822	8016		5463		3462	60.02
	GERIATRIC O/P CLINIC MEMORY DISORDER CLINIC	691	395	230	652		466		201	60.03 60.04
61	EMERGENCY	184	393	230	032		400		201	61
62 71	OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS									62 71
95	SUBTOTALS	259787	49102	41206	108473	4584	108284	95499	41134	95
	NONREIMBURSABLE COST CENTERS									
	MARKETING & FUND RAISING	4501	242	717	2038		712			96.01
	GIFT SHOP RESEARCH	566 47914	326 2494	183 4469	520 12696		433 5834		7151	96.02 97
	OTHER SPONSORED ACTIVITIES	15127	825	1371	3894		1894			97.01
	GRANT ADMINISTRATION	3204	71	119	338		170			97.02
	UNFUNDED RESEARCH	176	6	47	135		101		145	97.03
	OFF-SITE RESEARCH ACADEMIC PLAN	1879 2547	60	89	252		116		142	97.04 97.05
	NON-PROVIDER PATIENTS	11155	528		1199		940			98.01
	PHYSICIAN BILLING	90								98.02
	OVERAGE CARRIAGE HOUSE	506 2915							35	99.04 99.06
	CARRIAGE HOUSE LVACANT SPACE	350		4806	13651					100.01
100.0	PRENTAL SPACE									100.02
	4KENT UNIT	22272	5582	2967	8429	857	14289	21311		100.04
	5CNE MANAGEMENT 5MEDICAL STUDENTS AT HOSPITAL	458 472		13 20	38 58		25 27			100.05
	PHYSICIAN BILLING OFFICE	1.2		20	50		2,			100.07

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ALLOCATION OF NEW CAPITAL RELATED COSTS

	COST CENTER DESCRIPTION	TION & GEN TENANCE & CERAL REPAIRS		SECURITY 8	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	
		6.07	7	7.01	8	9	10	11	12	
101 102 103	CROSS FOOT ADJUSTMENTS NEGATIVE COST CENTER TOTAL	373919	59257	56429	151721	5441	132825	116810	101 102 57498 103	

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B PART III

	COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY 17	I&R SALARY & FRINGES 22	I&R PROGRAM COSTS 23	PARAMED EDUCATION 24	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27	
2 3 4 5 6.01 6.02 6.03 6.04 6.05 7 7 7.01 8 9	GENERAL SERVICE COST CENTERS OLD CAP REL COSTS-BLDG & FIXT OLD CAP REL COSTS-MVBLE EQUIP NEW CAP REL COSTS-MVBLE EQUIP EMPLOYEE BENEFITS NONPATIENT TELEPHONES DATA PROCESSING PURCHASING RECEIVING AND STORES ADMITTING CASHIERING/ACCOUNTS RECEIVABLE COORDINATED CARE OTHER ADMINISTRATIVE AND GENERA MAINTENANCE & REPAIRS SECURITY & GROUNDS OPERATION OF PLANT LAUNDRY & LINEN SERVICE HOUSEKEEPING DIETARY CAFTERIA NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY PHARMACY MEDICAL RECORDS & LIBRARY SOCIAL SERVICE LER SERVICES-SALARY & FRINGES A LER SERVICES-SOTHER PRGM COSTS A PARAMED ED PRGM-(SPECIFY)		463114	4786	59997	9969				1 2 3 4 5 6.01 6.02 6.03 6.04 6.05 6.06 6.07 7 7.01 8 9 10 11 12 14 15 16 17 18 22 23 24
25	INPATIENT ROUTINE SERV COST CENTER ADULTS & PEDIATRICS	1443	280275				1619372		1619372	25
	ADULTS & PEDIATRICS ANCILLARY SERVICE COST CENTERS RADIOLOGY-DIAGNOSTIC	1443	280275 1069				1619372 3281		3281 23199	
44 48	LABORATORY		12618 10				23199			
	INTRAVENOUS THERAPY DIAGNOSTIC & SCREENING	275	10660				24 84295 13939 21813		84295	48.01
48.02 48.03	PSYCHOLOGICAL TESTING	1823	689				13939		13939 21813	
49	RESPIRATORY THERAPY	1023					21013			49
	PHYSICAL THERAPY		39				52		52	
51 52	OCCUPATIONAL THERAPY SPEECH PATHOLOGY									51 52
	ELECTROCARDIOLOGY		853				3853		3853	
54 56	ELECTROENCEPHALOGRAPHY DRUGS CHARGED TO PATIENTS	149141	1 19026				4 176561		4 176561	54 56
	OUTPATIENT SERVICE COST CENTERS									
60 60.01	CLINIC ATD		445				26274		26274	60 60.01
60.02	PARTIAL HOSPITAL	59	38464				190468			
	GERIATRIC O/P CLINIC MEMORY DISORDER CLINIC		277				11956		11956	60.03
61	EMERGENCY		147				350		350	61
62 71	OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS HOME HEALTH AGENCY									62 71
	SPECIAL PURPOSE COST CENTERS	1 5 0 5 4 1	266821				0175441		0175445	
95	SUBTOTALS NONREIMBURSABLE COST CENTERS	152741	366731				2175441		2175441	95
	MARKETING & FUND RAISING						48191			96.01
	GIFT SHOP RESEARCH						4438 248405		4438 248405	96.02 97
97.01	OTHER SPONSORED ACTIVITIES						70961		70961	97.01
	GRANT ADMINISTRATION UNFUNDED RESEARCH						8417 1830			97.02 97.03
97.04	OFF-SITE RESEARCH						60716		60716	97.04
	ACADEMIC PLAN NON-PROVIDER PATIENTS						5625 30696			97.05 98.01
98.02	PHYSICIAN BILLING		36662				37381			98.02
	OVERAGE CARRIAGE HOUSE						543 2915			99.04 99.06
100.0	1VACANT SPACE						73421		73421	100.01
	2RENTAL SPACE 4KENT UNIT	272	59721				239223		239223	100.02
100.0	5CNE MANAGEMENT	2/2	55,21				852		852	100.05
	6MEDICAL STUDENTS AT HOSPITAL 7PHYSICIAN BILLING OFFICE						1184			100.06 100.07
100.0	DIDDING OFFICE									200.07

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ALLOCATION OF NEW CAPITAL RELATED COSTS

	COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECORDS & LIBRARY 17	I&R SALARY & FRINGES 22	I&R PROGRAM COSTS 23	PARAMED EDUCATION 24	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27
101 102	CROSS FOOT ADJUSTMENTS NEGATIVE COST CENTER			4786	59997	9969	74752		74752 101 102
103	TOTAL	153013	463114	4786	59997	9969	3084991		3084991 103

WORKSHEET B-1

COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	NEW CAP BLDGS & FIXTURES	NEW CAP MOVABLE EOUIPMENT	EMPLOYEE BENEFITS	DATA PROCE SSING	ADMITTING	PATIENT AC COUNTS	RECON- CILIATION	
		ACTUAL DEPREC- B&	ACTUAL DEPREC- ME		TIME SPENT 6.02	REVENUE- ADMITTING 6.04	REVENUE- ADMITTING 6.05		
1	GENERAL SERVICE COST CENTERS OLD CAP REL COSTS-BLDG & FIXT								1
2	OLD CAP REL COSTS-MVBLE EQUIP								2
3	NEW CAP REL COSTS-BLDG & FIXT	1781839							3
4	NEW CAP REL COSTS-MVBLE EQUIP	1011							4
5 6 01	EMPLOYEE BENEFITS NONPATIENT TELEPHONES	1011	942	48740785					5 6.01
	DATA PROCESSING	27760	356432		46500				6.02
	PURCHASING RECEIVING AND STOR								6.03
	ADMITTING	12500				123545241			6.04
	CASHIERING/ACCOUNTS RECEIVABL COORDINATED CARE	14808	1909	455410	1100		108900031		6.05 6.06
	OTHER ADMINISTRATIVE AND GENE	188353	137182	4861615	5901			-10454832	
7	MAINTENANCE & REPAIRS	42052	7619						7
	SECURITY & GROUNDS	20151	33777						7.01
8	OPERATION OF PLANT	142582							8
9 10	LAUNDRY & LINEN SERVICE HOUSEKEEPING	2971 70534	378 23387		300				9 10
11	DIETARY	68488	22026						11
12	CAFETERIA	35218			173				12
14	NURSING ADMINISTRATION								14
15 16	CENTRAL SERVICES & SUPPLY	27242	103755	1000077	905				15 16
17	PHARMACY MEDICAL RECORDS & LIBRARY	21242							17
18	SOCIAL SERVICE	21013	111002	107017	2231				18
22	I&R SERVICES-SALARY & FRINGES			634370					22
23	I&R SERVICES-OTHER PRGM COSTS	15922							23
24	PARAMED ED PRGM-(SPECIFY) INPATIENT ROUTINE SERV COST CENTERS	2155	209	430010	541				24
25	ADULTS & PEDIATRICS	671477	76136	19071338	11029	81199575	81199575		25
	ANCILLARY SERVICE COST CENTERS								
41	RADIOLOGY-DIAGNOSTIC	1121 1753				309800 3655165			41 44
44 48	LABORATORY INTRAVENOUS THERAPY	1/53	82			2962			44
	DIAGNOSTIC & SCREENING	24610	9362	2273382	1203				48.01
	PSYCHOLOGICAL TESTING	2520				199687			48.02
48.03		5638	3309	161751	508	625100	625100		48.03
49 50	RESPIRATORY THERAPY PHYSICAL THERAPY					11233	11233		49 50
51	OCCUPATIONAL THERAPY					11233	11255		51
52	SPEECH PATHOLOGY								52
53	ELECTROCARDIOLOGY	1441	74			247189			53
54 56	ELECTROENCEPHALOGRAPHY					372 5511581			54 56
50	DRUGS CHARGED TO PATIENTS OUTPATIENT SERVICE COST CENTERS					2211201	2211201		50
60	CLINIC	8210	3073	531743	796	128796	128796		60
60.01									60.01
	PARTIAL HOSPITAL	71096	7205	2495683	3480	11142665	11142665		60.02
	GERIATRIC O/P CLINIC MEMORY DISORDER CLINIC	2922	181	81203	716	80170	80170		60.03 60.04
61	EMERGENCY	2,22	101	01200	, 20	42441			61
62	OBSERVATION BEDS (NON-DISTINC								62
71	OTHER REIMBURSABLE COST CENTERS								71
/1	HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS								/1
95		1483578	1212555	37381332	35023	106244891	106244891	-10454832	95
	NONREIMBURSABLE COST CENTERS								
	MARKETING & FUND RAISING	28831							96.01
	GIFT SHOP RESEARCH	1610 55471		23693 3961234					96.02 97
	OTHER SPONSORED ACTIVITIES	17143							97.01
97.02	GRANT ADMINISTRATION	625	512	413649	361				97.02
	UNFUNDED RESEARCH	467							97.03
	OFF-SITE RESEARCH ACADEMIC PLAN	58938 1150		171267 228185					97.04 97.05
	NON-PROVIDER PATIENTS	7636							98.01
98.02	PHYSICIAN BILLING						2655140		98.02
	OVERAGE			55980					99.04
	CARRIAGE HOUSE VACANT SPACE	54714							99.06 100.01
	RENTAL SPACE	J4/14							100.01
100.04	KENT UNIT	71376				17300350			100.04
100.05	CNE MANAGEMENT	36	63	60842	22				100.05

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

PROVIDER NO. 41-4000 BUTLER HOSPITAL PERIOD FROM 10/01/2008 TO 09/30/2009 KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (9/97) VERSION: 2010.02 04/05/2010 14:47

	COST CENTER DESCRIPTION	NEW CAP BLDGS &	NEW CAP MOVABLE	EMPLOYEE BENEFITS	DATA PROCE SSING	ADMITTING	PATIENT AC COUNTS	RECON-	
		FIXTURES ACTUAL DEPREC- B&	EQUIPMENT ACTUAL DEPREC- ME 4	GROSS SALARIES 5	TIME SPENT 6.02	REVENUE- ADMITTING 6.04	REVENUE- ADMITTING 6.05	CILIATION 6A.07	
100.06	MEDICAL STUDENTS AT HOSPITAL	264	63	62484	28				100.06
100.07	PHYSICIAN BILLING OFFICE								100.07
101	CROSS FOOT ADJUSTMENTS								101
102	NEGATIVE COST CENTER								102
103	COST TO BE ALLOC PER B PT I	1778589	1306402	13692254	433535	870831	633458		103
104	UNIT COST MULT-WS B PT I		.998823		9.323333		.005817		104
104	UNIT COST MULT-WS B PT I	.998176		.280920		.007049			104
105	COST TO BE ALLOC PER B PT II								105
106	UNIT COST MULT-WS B PT II								106
106	UNIT COST MULT-WS B PT II								106
107	COST TO BE ALLOC PER B PT III			1950	383721	25187	25783		107
108	UNIT COST MULT-WS B PT III				8.252065		.000237		108
108	UNIT COST MULT-WS B PT III			.000040		.000204			108

WORKSHEET B-1

COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	ERAL ACCUM	TENANCE & REPAIRS HOURS OF S	SQUARE	OF PLANT SQUARE		HOUSE- KEEPING HOURS OF	DIETARY	CAFETERIA FTE'S	
		COST 6.07	ERVICE 7	FEET- S&G 7.01	FEET- S&G 8	LAUNDRY 9	SERVICE 10	SERVED 11	12	
6.02 6.03	GENERAL SERVICE COST CENTERS OLD CAP REL COSTS-BLDG & FIXT OLD CAP REL COSTS-MVBLE EQUIP NEW CAP REL COSTS-BLDG & FIXT NEW CAP REL COSTS-BLDE EQUIP EMPLOYEE BENEFITS NONPATIENT TELEPHONES DATA PROCESSING PURCHASING RECEIVING AND STOR									1 2 3 4 5 6.01 6.02 6.03
6.05 6.06 6.07 7	ADMITTING CASHIERING/ACCOUNTS RECEIVABL COORDINATED CARE OTHER ADMINISTRATIVE AND GENE MAINTENANCE & REPAIRS SECURITY & GROUNDS	63824302 942079 437506	446876	251978						6.04 6.05 6.06 6.07 7
8	OPERATION OF PLANT	978338	940	13480						8
9 10	LAUNDRY & LINEN SERVICE HOUSEKEEPING	240446 2244365		722 26182	722 26182		64185			9 10
11	DIETARY	1749655		9865	9865	14310	1281	208361		11
12	CAFETERIA	368713		5212	5212		677		44880	12
14	NURSING ADMINISTRATION									14
15 16	CENTRAL SERVICES & SUPPLY PHARMACY	1609762	1384	3373	3373		450		961	15 16
17	MEDICAL RECORDS & LIBRARY	1103392		3942	3942		624			17
18	SOCIAL SERVICE									18
22	I&R SERVICES-SALARY & FRINGES			77.40	5540		015		1242	22
23 24	I&R SERVICES-OTHER PRGM COSTS PARAMED ED PRGM-(SPECIFY)	895250 211326		7742 800	7742 800		817 294		1343 422	23 24
	INPATIENT ROUTINE SERV COST C		100	000	000		271		122	
25	ADULTS & PEDIATRICS	24392015	245422	86004	86004	280399	41678	170347	22316	25
	ANCILLARY SERVICE COST CENTER	S								
41	RADIOLOGY-DIAGNOSTIC	90470	53	365	365		25			41
44	LABORATORY	987547		558	558		93			44
48	INTRAVENOUS THERAPY DIAGNOSTIC & SCREENING	1963 2380139		5100	5100	13592	2184		2181	48 48.01
	PSYCHOLOGICAL TESTING	142532		2283	2283	13592	536		343	
48.03		277660	5507	1240	1240	7499	312		192	48.03
49	RESPIRATORY THERAPY									49
50 51	PHYSICAL THERAPY OCCUPATIONAL THERAPY	1404								50 51
52	SPEECH PATHOLOGY									52
53	ELECTROCARDIOLOGY	105766	2053	506	506		25			53
54	ELECTROENCEPHALOGRAPHY	466								54
56	DRUGS CHARGED TO PATIENTS OUTPATIENT SERVICE COST CENTER	1017887 RS								56
60	CLINIC	467754	7607	2994	2994		466		491	60
60.01		000000	22225				0.540		0.00	60.01
	PARTIAL HOSPITAL GERIATRIC O/P CLINIC	2736253	32096	12601	12601		2640		2702	60.02 60.03
	MEMORY DISORDER CLINIC	117861	2978	1025	1025		225		157	
61	EMERGENCY	31375								61
62	OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTE:									62
71	HOME HEALTH AGENCY									71
95	SPECIAL PURPOSE COST CENTERS SUBTOTALS	44244501	270200	102004	170514	215000	E0207	170247	22106	٥٢
95	NONREIMBURSABLE COST CENTERS	44344501	370290	183994	170514	315808	52327	170347	32106	95
96.01	MARKETING & FUND RAISING	768213		3203	3203		344			96.01
	GIFT SHOP	96521					209			96.02
	RESEARCH OTHER SPONSORED ACTIVITIES	8177849 2581755					2819 915		5582 1661	97 97.01
	GRANT ADMINISTRATION	546819					82			97.02
	UNFUNDED RESEARCH	30118		212	212		49		113	97.03
	OFF-SITE RESEARCH	320710		396	396		E.6.		111	97.04 97.05
	ACADEMIC PLAN NON-PROVIDER PATIENTS	434672 1903916					56 454			97.05
	PHYSICIAN BILLING	15445		1001	1001		131			98.02
	OVERAGE	86376							27	99.04
	CARRIAGE HOUSE VACANT SPACE	497474 59702		21459	21459					99.06 100.01
	RENTAL SPACE	35702		21439	21433					100.01
100.04	KENT UNIT	3801368								100.04
100.05	CNE MANAGEMENT	78238	50	60	60		12		22	100.05

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COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	ADMINISTRA TION & GEN ERAL	MAIN- TENANCE & REPAIRS	SECURITY & GROUNDS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSE- KEEPING	DIETARY	CAFETERIA	
		ACCUM	HOURS OF S	~	SQUARE	POUNDS OF	HOURS OF	MEALS	FTE'S	
		COST	ERVICE	FEET- S&G	FEET- S&G	LAUNDRY	SERVICE	SERVED		
		6.07	7	7.01	8	9	10	11	12	
100.06	MEDICAL STUDENTS AT HOSPITAL	80625	104	91	91		13		26	100.06
100.07	PHYSICIAN BILLING OFFICE									100.07
101	CROSS FOOT ADJUSTMENTS									101
102	NEGATIVE COST CENTER									102
103	COST TO BE ALLOC PER B PT I	10454832	1096397	509172	1168141	286046	2816089	2204032	517761	103
104	UNIT COST MULT-WS B PT I	.163806		2.020700		.763066		10.577949		104
104	UNIT COST MULT-WS B PT I		2.453470		4.897907		43.874566		11.536564	104
105	COST TO BE ALLOC PER B PT II									105
106	UNIT COST MULT-WS B PT II									106
106	UNIT COST MULT-WS B PT II									106
107	COST TO BE ALLOC PER B PT III	373919	59257	56429	151721	5441	132825	116810	57498	107
108	UNIT COST MULT-WS B PT III	.005859		.223944		.014515		.560614		108
108	UNIT COST MULT-WS B PT III		.132603		.636152		2.069409		1.281150	108

COST ALLOCATION - STATISTICAL BASIS WORKSHEET B-1

	COST CENTER DESCRIPTION	COSTED REQUIS- PH	LIBRARY REVENUE- ADMITTING		COSTS		
3 4 5 6.01 6.03 6.04 6.05 6.06 7 7.01 8 9 10 11 12 14 15 16	GENERAL SERVICE COST CENTERS OLD CAP REL COSTS-BLDG & FIXT OLD CAP REL COSTS-BLDG & FIXT OLD CAP REL COSTS-MVBLE EQUIP NEW CAP REL COSTS-MVBLE EQUIP NEW CAP REL COSTS-MVBLE EQUIP EMPLOYEE BENEFITS NONPATIENT TELEPHONES DATA PROCESSING PURCHASING RECEIVING AND STOR ADMITTING CASHIERING/ACCOUNTS RECEIVABL COORDINATED CARE OTHER ADMINISTRATIVE AND GENE MAINTENANCE & REPAIRS SECURITY & GROUNDS OPERATION OF PLANT LAUNDRY & LINEN SERVICE HOUSEKEEPING DIETARY CAFETERIA NURSING ADMINISTRATION CENTRAL SERVICES & SUPPLY PHARMACY MEDICAL RECORDS & LIBRARY SOCIAL SERVICE IÆR SERVICES-OTHER PRGM COSTS PARAMED ED PRGM-(SPECIFY) INPATIENT ROUTINE SERV COST CI	1062497	134165802	24413	24413	8320	1 2 3 4 5 6.01 6.02 6.03 6.04 6.05 6.06 6.07 7 7.01 8 9 10 11 12 14 15 16 17 18 22 23 24
25			81199575	12888	12888	2080	25
44 48.01 48.02 48.03 49 50 51 52 53 54	RESPIRATORY THERAPY PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY ELECTROCARDIOLOGY ELECTROENCEPHALOGRAPHY DRUGS CHARGED TO PATIENTS	1907 12662 1035608	199687 625100 11233 247189 372				41 44 48 48.01 48.02 48.03 49 50 51 52 53 54
60	OUTPATIENT SERVICE COST CENTER	RS	128796	10300	10300		60
60.03 60.04 61 62	ATP PARTIAL HOSPITAL GERIATRIC O/P CLINIC MEMORY DISORDER CLINIC EMERGENCY OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTER HOME HEALTH AGENCY		11142665 80170 42441	1225	1225	6240	60.01 60.02 60.03 60.04 61 62
95 96.01 96.02 97 97.01 97.03 97.03 97.05 98.01 98.02 99.06	SPECIAL PURPOSE COST CENTERS SUBTOTALS NONREIMBURSABLE COST CENTERS MARKETING & FUND RAISING GIFT SHOP RESEARCH OTHER SPONSORED ACTIVITIES GRANT ADMINISTRATION UNFUNDED RESEARCH OFF-SITE RESEARCH ACADEMIC PLAN NON-PROVIDER PATIENTS PHYSICIAN BILLING OVERAGE CARRIAGE HOUSE	1060605	106244891 10620561		24413	8320	95 96.01 96.02 97 97.01 97.02 97.03 97.04 97.05 98.01 98.02 99.04
100.02 100.04	VACANT SPACE RENTAL SPACE KENT UNIT CNE MANAGEMENT	1892	17300350				100.01 100.02 100.04 100.05

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COST ALLOCATION - STATISTICAL BASIS WORKSHEET B-1

	GOOD GRAMED DEGERATOR	PHARMACY	MEDICAL	I&R	I&R	PARAMED
	COST CENTER DESCRIPTION	COSTED REQUIS- PH 16	RECORDS & LIBRARY REVENUE- ADMITTING 17	SALARY & FRINGES ASSIGNED TIME- S&F 22	PROGRAM COSTS ASSIGNED TIME- PC 23	EDUCATION ASSIGNED TIME- P/E 24
		10	± /	22	23	44
100.06	MEDICAL STUDENTS AT HOSPITAL					
100.07	PHYSICIAN BILLING OFFICE					
101	CROSS FOOT ADJUSTMENTS					
102	NEGATIVE COST CENTER					
103	COST TO BE ALLOC PER B PT I	1931015	1359742	945682	1174547	270225
104	UNIT COST MULT-WS B PT I	1.817431		38.736821		32.478966
104	UNIT COST MULT-WS B PT I		.010135		48.111539	
105	COST TO BE ALLOC PER B PT II					
106	UNIT COST MULT-WS B PT II					
106	UNIT COST MULT-WS B PT II					
107	COST TO BE ALLOC PER B PT III	153013	463114	4786	59997	9969
108	UNIT COST MULT-WS B PT III	.144013		.196043		1.198197
108	UNIT COST MULT-WS B PT III		.003452		2.457584	

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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C PART I

C	COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 27)	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
	INPATIENT ROUTINE SERV COST CENTERS						
25	ADULTS & PEDIATRICS	34595403		34595403	526875	35122278	25
	ANCILLARY SERVICE COST CENTERS						
41	RADIOLOGY-DIAGNOSTIC	112183		112183		112183	41
44	LABORATORY	1206863		1206863		1206863	44
	INTRAVENOUS THERAPY	2315		2315		2315	48
48.01	DIAGNOSTIC & SCREENING	3012544		3012544	66953	3079497	48.01
	PSYCHOLOGICAL TESTING	217140		217140		217140	48.02
48.03		396205		396205	3167	399372	48.03
49	RESPIRATORY THERAPY						49
50	PHYSICAL THERAPY	1748		1748		1748	50
51	OCCUPATIONAL THERAPY						51
52	SPEECH PATHOLOGY						52
53	ELECTROCARDIOLOGY	135230		135230		135230	53
	ELECTROENCEPHALOGRAPHY	546		546		546	54
	DRUGS CHARGED TO PATIENTS	3122628		3122628		3122628	56
	OUTPATIENT SERVICE COST CENTERS						
60	CLINIC	611168		611168		611168	60
60.01	ATP						60.01
	PARTIAL HOSPITAL	3813740		3813740	49567	3863307	60.02
60.03	GERIATRIC O/P CLINIC						60.03
60.04	MEMORY DISORDER CLINIC	164060		164060		164060	60.04
61	EMERGENCY	36944		36944		36944	61
62	OBSERVATION BEDS (NON-DISTI						62
	OTHER REIMBURSABLE COST CENTERS						
101	SUBTOTAL	47428717		47428717	646562	48075279	101
102	LESS OBSERVATION BEDS						102
103	TOTAL	47428717		47428717	646562	48075279	103

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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C PART I (CONT)

(COST CENTER DESCRIPTION		- CHARGES		COST OR OTHER	TEFRA INPATIENT	PPS TNPATTENT
		INPATIENT 6	OUTPATIENT 7	TOTAL 8	RATIO 9	RATIO 10	RATIO 11
	INPATIENT ROUTINE SERV COST CENTE	RS					
25	ADULTS & PEDIATRICS	81199575		81199575			25
	ANCILLARY SERVICE COST CENTERS						
41	RADIOLOGY-DIAGNOSTIC	306220	3580	309800	.362114	.362114	.362114 41
44	LABORATORY	3057002	598163	3655165	.330180	.330180	.330180 44
48	INTRAVENOUS THERAPY	2962		2962	.781567	.781567	.781567 48
48.01	DIAGNOSTIC & SCREENING	2314550	773605	3088155	.975516	.975516	.997196 48.01
48.02	PSYCHOLOGICAL TESTING	159742	39945	199687	1.087402	1.087402	1.087402 48.02
48.03	ECT	437950	187150	625100	.633827	.633827	.638893 48.03
49	RESPIRATORY THERAPY						49
50	PHYSICAL THERAPY	11091	142	11233	.155613	.155613	.155613 50
	OCCUPATIONAL THERAPY						51
52	SPEECH PATHOLOGY						52
53	ELECTROCARDIOLOGY	238180	9009	247189	.547071	.547071	.547071 53
54	ELECTROENCEPHALOGRAPHY	372		372	1.467742	1.467742	1.467742 54
56	DRUGS CHARGED TO PATIENTS	4986294	525287	5511581	.566558	.566558	.566558 56
	OUTPATIENT SERVICE COST CENTERS						
60	CLINIC		531446	531446	1.150010	1.150010	1.150010 60
60.01	ATP						60.01
60.02	PARTIAL HOSPITAL		11142665	11142665	.342265	.342265	.346713 60.02
60.03	GERIATRIC O/P CLINIC						60.03
60.04	MEMORY DISORDER CLINIC		80170	80170	2.046401	2.046401	2.046401 60.04
61	EMERGENCY	42441		42441	.870479	.870479	.870479 61
62	OBSERVATION BEDS (NON-DISTI						62
	OTHER REIMBURSABLE COST CENTERS						
101	SUBTOTAL	92756379	13891162	106647541			101
	LESS OBSERVATION BEDS						102
103	TOTAL	92756379	13891162	106647541			103

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D PART I

CHECK APPLIO BOXES	CABLE [XX] TITLE XVIII-PT A		0.5 0.5.					
	COST CENTER DESCRIPTION	CAPITAL RELATED	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED	CAPITAL	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED	
		COST 1	2	COST 3	COST 4	5	COST 6	
25 26 27 28 29 30 31 33	INPAT ROUTINE SERV COST CTRS ADULTS & PEDIATRICS INTENSIVE CARE UNIT CORONARY CARE UNIT BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT OTHER SPECIAL CARE (SPECIFY) SUBPROVIDER I NURSERY				1619372		1619372	25 26 27 28 29 30 31 33
101	TOTAL				1619372		1619372	101
				OLD CA	APITAL INPATIENT	NEW CA	PITAL INPATIENT	
	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	PER DIEM 9	PROGRAM CAPITAL COST 10	PER DIEM 11	PROGRAM CAPITAL COST 12	
	INPAT ROUTINE SERV COST CTRS	,	8	9	10	11	12	
25 26 27 28 29 30 31 33	ADULTS & PEDIATRICS INTENSIVE CARE UNIT CORONARY CARE UNIT BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT OTHER SPECIAL CARE (SPECIFY) SUBPROVIDER I NURSERY	43316	15962			37.39	596819	25 26 27 28 29 30 31 33
101	TOTAL	43316	15962				596819	101

 PROVIDER NO. 41-4000
 BUTLER HOSPITAL
 KPMG LLP COMPU-MAX MICRO SYSTEM
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 PERIOD FROM 10/01/2008
 TO 09/30/2009
 IN LIEU OF FORM CMS-2552-96 (9/96)
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D PART II

CHECK [] TITLE V [XX] HOSPITAL (41-4000) [] SUB III [XX] PPS
APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
BOXES [] TITLE XIX [] SUB II

	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2		INPATIENT PROGRAM CHARGES 4	OLD CA RATIO OF COST TO CHARGES 5	CAPITAL COSTS	NEW CAI RATIO OF COST TO CHARGES 7	CAPITAL COSTS	
	ANCILLARY SERVICE COST CENTERS									
41	RADIOLOGY-DIAGNOSTIC		3281	309800	113425			.010591	1201	41
44	LABORATORY		23199	3655165	945317			.006347	6000	44
48	INTRAVENOUS THERAPY		24	2962	118			.008103	1	48
48.01	DIAGNOSTIC & SCREENING		84295	3088155	625493			.027296	17073	48.01
48.02	PSYCHOLOGICAL TESTING		13939	199687	45131			.069804	3150	48.02
48.03	ECT		21813	625100	132337			.034895	4618	48.03
49	RESPIRATORY THERAPY									49
50	PHYSICAL THERAPY		52	11233	1647			.004629	8	50
51	OCCUPATIONAL THERAPY									51
52	SPEECH PATHOLOGY									52
53	ELECTROCARDIOLOGY		3853		91585			.015587	1428	53
54	ELECTROENCEPHALOGRAPHY		4		124			.010753	1	54
56	DRUGS CHARGED TO PATIENTS		176561	5511581	1682664			.032035	53904	56
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC		26274	531446				.049439		60
60.01										60.01
	PARTIAL HOSPITAL		190468	11142665				.017094		60.02
	GERIATRIC O/P CLINIC									60.03
	MEMORY DISORDER CLINIC		11956	80170				.149133		60.04
61	EMERGENCY		350	42441	19514			.008247	161	61
62	OBSERVATION BEDS (NON-DISTING									62
101	OTHER REIMBURSABLE COST CENTERS TOTAL		556069	25447966	3657355				87545	101

 KPMG LLP COMPU-MAX MICRO SYSTEM
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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D PART III

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

DOVED	[] 111112 2	TA							
	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL COST 2	ALLIED HEALTH COSTS 2.01	ALL OTHER MEDICAL EDUCATION COSTS 2.02	SWING-BED ADJUSTMENT AMOUNT 3	TOTAL COSTS 4		
25	INPAT ROUTINE SERV COST CTRS			67556			67556	25	
25 26	ADULTS & PEDIATRICS			67556			67556	25 26	
	INTENSIVE CARE UNIT								
27	CORONARY CARE UNIT							27	
28	BURN INTENSIVE CARE UNIT							28	
29	SURGICAL INTENSIVE CARE UNIT							29	
30	OTHER SPECIAL CARE (SPECIFY)							30	
31	SUBPROVIDER I							31	
33	NURSERY							33	
34	SKILLED NURSING FACILITY							34	
35	NURSING FACILITY							35	
101	TOTAL			67556			67556	101	

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D PART III

CHECK

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

INPATIENT PROGRAM TOTAL INPATIENT COST CENTER DESCRIPTION PATIENT PER PROGRAM PASS THRU DAYS DIEM DAYS COSTS 6 8 INPAT ROUTINE SERV COST CTRS 25 26 27 28 1.56 25 26 27 28 29 30 31 33 34 35 ADULTS & PEDIATRICS 43316 15962 24901 INTENSIVE CARE UNIT CORONARY CARE UNIT BURN INTENSIVE CARE UNIT 29 30 31 SURGICAL INTENSIVE CARE UNIT OTHER SPECIAL CARE (SPECIFY) SUBPROVIDER I NURSERY 33 SKILLED NURSING FACILITY NURSING FACILITY 34 35 101 43316 15962 TOTAL 24901 101 61

62

101

EMERGENCY

TOTAL

OBSERVATION BEDS (NON-DISTINC

OTHER REIMBURSABLE COST CENTERS

202669

VERSION: 2010.02 04/05/2010 14:47

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D

61

62

202669 101

[] TITLE V
[XX] TITLE XVIII-PT A
[] TITLE XIX CHECK [XX] HOSPITAL (41-4000) [] SUB IV [] PPS [] TEFF SUB I SUB II APPLICABLE SNF TEFRA [] [] NF [] ICF/MR [] SUB III OUTPATIENT ALL OTHER NURSING SCHOOL COST NONPHYSICIAN NONPHYSICIAN ALLIED MEDICAL ADMINISTERING HEALTH EDUCATION BLOOD CLOTTING
COSTS COSTS FACTORS COST COST CENTER DESCRIPTION ANESTHETIST ANESTHETIST TOTAL COST COST COSTS 1.01 2 2.01 2.02 2.03 1 ANCILLARY SERVICE COST CENTERS RADIOLOGY-DIAGNOSTIC 41 41 LABORATORY 48 INTRAVENOUS THERAPY
48.01 DIAGNOSTIC & SCREENING
48.02 PSYCHOLOGICAL TESTING 48 48.01 48.02 48.03 RESPIRATORY THERAPY PHYSICAL THERAPY OCCUPATIONAL THERAPY 49 50 49 50 51 51 SPEECH PATHOLOGY 52 53 54 ELECTROCARDIOLOGY ELECTROENCEPHALOGRAPHY 53 54 DRUGS CHARGED TO PATIENTS 56 56 OUTPATIENT SERVICE COST CENTERS 60 60 CLINIC 60.01 ATP 60.01 60.02 PARTIAL HOSPITAL 202669 202669 60.02 60.03 GERIATRIC O/P CLINIC 60.04 MEMORY DISORDER CLINIC 60.03 60.04

 KPMG LLP COMPU-MAX MICRO SYSTEM
 VERSION: 2010.02

 IN LIEU OF FORM CMS-2552-96 (9/2000)
 04/05/2010 14:47

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D PART IV

CHECK [] TITLE V [XX] HOSPITAL (41-4000) [] SUB IV [] PPS
APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
BOXES [] TITLE XIX [] SUB II [] NF
[] SUB III [] ICF/MR

	COST CENTER DESCRIPTION	OUTPATIENT PASS THROUGH COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	OUTPATIENT RATIO OF COST TO CHARGES 5.01	INPATIENT PROGRAM CHARGES 6	INPATIENT PROGRAM PASS THROUGH COSTS 7	OUTPATIENT PROGRAM CHARGES 8	
	ANCILLARY SERVICE COST CENTERS RADIOLOGY-DIAGNOSTIC LABORATORY INTRAVENOUS THERAPY DIAGNOSTIC & SCREENING		309800 3655165 2962 3088155			11342 94531 11 62549	7 8 3	62560	41 44 48 48.01
48.03 49 50	RESPIRATORY THERAPY PHYSICAL THERAPY		199687 625100 11233			4513 13233 164	7	11025 83125	48.02 48.03 49 50
51 52 53 54 56	OCCUPATIONAL THERAPY SPEECH PATHOLOGY ELECTROCARDIOLOGY ELECTROENCEPHALOGRAPHY DRUGS CHARGED TO PATIENTS		247189 372 5511581			9158 12 168266	4	1755	51 52 53 54 56
	PARTIAL HOSPITAL	202669	531446 11142665	.018189	.018189			924036	60 60.01 60.02
	GERIATRIC O/P CLINIC MEMORY DISORDER CLINIC EMERGENCY OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS		80170 42441			1951	4	44424	60.03 60.04 61 62
101	TOTAL	202669	25447966			365735	5	1126925	101

OBSERVATION BEDS (NON-DISTINC

OTHER REIMBURSABLE COST CENTERS

61

62

101

TOTAL

16807

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D PART IV

61

62

101

[] TITLE V
[XX] TITLE XVIII-PT A
[] TITLE XIX CHECK [XX] HOSPITAL (41-4000) [] SUB IV [] PPS APPLICABLE SUB I SNF TEFRA [] SUB II NF [] ICF/MR [] SUB III OUTPATIENT OUTPATIENT OUTPATIENT OUTPATIENT OUTPATIENT PROGRAM PROGRAM PASS THROUGH COSTS PASS THROUGH PASS THROUGH COSTS COST CENTER DESCRIPTION PROGRAM PROGRAM CHARGES CHARGES COSTS 8.01 8.02 9.01 9.02 ANCILLARY SERVICE COST CENTERS RADIOLOGY-DIAGNOSTIC 41 41 LABORATORY 44 LABORATORY
48 INTRAVENOUS THERAPY
48.01 DIAGNOSTIC & SCREENING
48.02 PSYCHOLOGICAL TESTING 48 48.01 48.02 48.03 RESPIRATORY THERAPY PHYSICAL THERAPY OCCUPATIONAL THERAPY 49 50 49 50 51 51 SPEECH PATHOLOGY 52 53 54 ELECTROCARDIOLOGY ELECTROENCEPHALOGRAPHY 53 54 56 DRUGS CHARGED TO PATIENTS 56 OUTPATIENT SERVICE COST CENTERS 60 60 CLINIC 60.01 ATP 60.01 60.02 PARTIAL HOSPITAL 16807 60.02 60.03 GERIATRIC O/P CLINIC 60.04 MEMORY DISORDER CLINIC 60.03 60.04 EMERGENCY

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D PARTS V & VI

CHECK APPLICABLE BOXES	[] TITLE V - [XX] TITLE XVI: [] TITLE XIX	II-PT B		: :I :II	[[[] SNF] NF] S/B-SNF] S/B-NF] ICF/MR		
COST CENTER	DESCRIPTION	COST TO CHARC PART II COL. 8 1	PART I COL. 9		OUTPATIENT AMBULATORY SURGICAL CENTER		OTHER OUTPATIENT	
41 RADIOLOGY-1 44 LABORATORY 48 INTRAVENOU 48.01 DIAGNOSTIC 48.02 PSYCHOLOGIC 48.03 ECT 49 RESPIRATOR 50 PHYSICAL TI 51 OCCUPATION 52 SPEECH PATI 53 ELECTROCAN 54 ELECTROCAN 56 DRUGS CHARC	S THERAPY & SCREENING CAL TESTING Y THERAPY HERAPY AL THERAPY HOLOGY	.330180 .781567 .975516 1.087402 .633827 .155613 .547071 1.467742 .566558	.781567 .975516 1.087402 .633827 .155613	.330180 .781567 .975516 1.087402 .633827				41 44 48.01 48.02 48.03 49 50 51 52 53 54 56
60 CLINIC 60.01 ATP 60.02 PARTIAL HO: 60.03 GERIATRIC (60.04 MEMORY DIS: 61 EMERGENCY 62 OBSERVATION	SPITAL D/P CLINIC	1.150010 .342265 2.046401	.342265	2.046401				60 60.01 60.02 60.03 60.04 61
65.01 AMBULANCE : 65.02 AMBULANCE : 65.03 AMBULANCE : 101 SUBTOTAL 102 CRNA CHARGI	SERVICES (2ND PERIOD) SERVICES (3RD PERIOD) SERVICES (4TH PERIOD)	Y CHRGS						65.01 65.02 65.03 101 102
104 NET CHARGE								103 104
PART VI	- VACCINE COST APPORT	TONMENT						

PART VI - VACCINE COST APPORTIONMENT

			1	
	1	DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	566558	1
:	2	PROGRAM VACCINE CHARGES		2
:	2.01	PROGRAM VACCINE CHARGES		2.01
	3	PROGRAM COSTS		3
	3.01	PROGRAM COSTS		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D PARTS V & VI

								1111110 1	u
CHECK APPLIC BOXES	[] TITLE V [XX] TITLE XV [] TITLE XI	III-PT B	[XX] HOSP: [] SUB : [] SUB : [] SUB :	II III]]]	SNF NF S/B-S: S/B-N: ICF/M	F		
			- PROGRAM CI	HARGES			PROGRAM COS	Γ	
	COST CENTER DESCRIPTION	INSTRU.) INSTR	S ALL OTE (SEE U.) INSTRU	HER VICES (SEE	(SEE INSTRU.)	AMBULATORY SURGICAL CENTER	OUTPATIENT RADIOLOGY		
	ANCILLARY SERVICE COST CENTERS RADIOLOGY-DIAGNOSTIC LABORATORY INTRAVENOUS THERAPY DIAGNOSTIC & SCREENING PSYCHOLOGICAL TESTING ECT RESPIRATORY THERAPY PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY ELECTROCARDIOLOGY ELECTROCENCEPHALOGRAPHY DRUGS CHARGED TO PATIENTS OUTPATIENT SERVICE COST CENTER.	62 11 83	.025 3125						41 44 48 48.01 48.02 48.03 49 50 51 52 53 54 56
60 60.01 60.02	CLINIC		1036						60 60.01 60.02
60.03 60.04 61	3 GERIATRIC O/P CLINIC 4 MEMORY DISORDER CLINIC EMERGENCY OBSERVATION BEDS (NON-DISTINCT	44							60.03 60.04 61 62
65.02	OTHER REIMBURSABLE COST CENTER: AMBULANCE SERVICES (2ND PERIOD AMBULANCE SERVICES (3RD PERIOD AMBULANCE SERVICES (4TH PERIOD SUBTOTAL CRNA CHARGES PBP CLINIC LAB NET CHARGES	s 1126 1126							65.01 65.02 65.03 101 102 103

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D PARTS V & VI

CHECK APPLIC BOXES	[] TITLE V - O/P [XX] TITLE XVIII-PT B [] TITLE XIX - O/P		I II	[] SNF [] NF [] S/B-SNF [] S/B-NF [] ICF/MR	
		PPS SERVICES ALL OTHER (COLUMNS (COLS 1x5) 1.01x5.01)	ALL OTHER SERVICES (COLUMNS 1.01x5.02) 1.01x5.03		I/P PART B COST (COLUMNS 1.02x10)
	ANCILLARY SERVICE COST CENTERS RADIOLOGY-DIAGNOSTIC LABORATORY INTRAVENOUS THERAPY DIAGNOSTIC & SCREENING PSYCHOLOGICAL TESTING ECT RESPIRATORY THERAPY PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY ELECTROCARDIOLOGY ELECTROCARDIOLOGY ELECTROCENCEPHALOGRAPHY DRUGS CHARGED TO PATIENTS OUTPATIENT SERVICE COST CENTERS	61028 11989 52687 960			41 44 48 48.01 48.02 48.03 49 50 51 52 53 54
60.03 60.04	CLINIC ATP 2 PARTIAL HOSPITAL 3 GERIATRIC O/P CLINIC MEMORY DISORDER CLINIC EMERGENCY OBSERVATION BEDS (NON-DISTINCT	316265 90909			60 60.01 60.02 60.03 60.04 61
65.02	OTHER REIMBURSABLE COST CENTERS AMBULANCE SERVICES (2ND PERIOD) AMBULANCE SERVICES (3RD PERIOD) AMBULANCE SERVICES (4TH PERIOD) SUBTOTAL CRNA CHARGES LESS PBP CLINIC LAB SERV-PGM ONLY CHRG NET CHARGES	533838 S 533838			65.01 65.02 65.03 101 102 103 104

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D

PART I

CHECK APPLIO BOXES	CABLE [] TITLE XVIII-PT A		- OLD CAPITAL			NEW CAPITAL		
	COST CENTER DESCRIPTION	CAPITAL RELATED COST 1	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST 3	CAPITAL	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST 6	
25 26 27 28 29 30 31 33	INPAT ROUTINE SERV COST CTRS ADULTS & PEDIATRICS INTENSIVE CARE UNIT CORONARY CARE UNIT BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT OTHER SPECIAL CARE (SPECIFY) SUBPROVIDER I NURSERY				1619372		1619372	25 26 27 28 29 30 31 33
101	TOTAL				1619372		1619372	101
				OLD C	APITAL INPATIENT	NEW CA	PITAL INPATIENT	
	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	PER DIEM 9	PROGRAM CAPITAL COST 10	PER DIEM 11	PROGRAM CAPITAL COST 12	
25 26 27 28 29 30 31 33	INPAT ROUTINE SERV COST CTRS ADULTS & PEDIATRICS INTENSIVE CARE UNIT CORONARY CARE UNIT BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT OTHER SPECIAL CARE (SPECIFY) SUBPROVIDER I NURSERY	43316	683	·		37.39	25537	25 26 27 28 29 30 31 33
101	TOTAL	43316	683				25537	101

PROVIDER NO. 41-4000 BUTLER HOSPITAL KPMG LLP COMPU-MAX MICRO SYSTEM PERIOD FROM 10/01/2008 TO 09/30/2009 IN LIEU OF FORM CMS-2552-96 (9/96)

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D PART II

CHECK [] TITLE V [XX] HOSPITAL (41-4000) [] SUB III [] PPS
APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
BOXES [XX] TITLE XIX [] SUB II [XX] OTHER

	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2		INPATIENT PROGRAM CHARGES 4	OLD CAP: RATIO OF COST TO CHARGES 5	CAPITAL	RATIO OF COST TO CHARGES	CAPITAL COSTS 8	
	ANCILLARY SERVICE COST CENTERS									
41	RADIOLOGY-DIAGNOSTIC		3281	309800				.010591		41
44	LABORATORY		23199	3655165				.006347		44
48	INTRAVENOUS THERAPY		24	2962				.008103		48
48.01	DIAGNOSTIC & SCREENING		84295	3088155				.027296		48.01
	PSYCHOLOGICAL TESTING		13939	199687				.069804		48.02
48.03	ECT		21813	625100				.034895		48.03
49	RESPIRATORY THERAPY									49
50	PHYSICAL THERAPY		52	11233				.004629		50
51	OCCUPATIONAL THERAPY									51
52	SPEECH PATHOLOGY									52
53	ELECTROCARDIOLOGY		3853	247189				.015587		53
54	ELECTROENCEPHALOGRAPHY		4	372				.010753		54
56	DRUGS CHARGED TO PATIENTS		176561	5511581				.032035		56
	OUTPATIENT SERVICE COST CENTERS									
60	CLINIC		26274	531446				.049439		60
60.01										60.01
	PARTIAL HOSPITAL		190468	11142665				.017094		60.02
	GERIATRIC O/P CLINIC									60.03
	MEMORY DISORDER CLINIC		11956	80170				.149133		60.04
61	EMERGENCY		350	42441				.008247		61
62	OBSERVATION BEDS (NON-DISTINC									62
1.01	OTHER REIMBURSABLE COST CENTERS		FF6060	05445055						101
101	TOTAL		556069	25447966						101

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

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D PART III

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

	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	NURSING SCHOOL COST 2	ALLIED HEALTH COSTS 2.01	MEDICAL EDUCATION COSTS 2.02	SWING-BED ADJUSTMENT AMOUNT 3	TOTAL COSTS 4	
	INPAT ROUTINE SERV COST CTRS							
25	ADULTS & PEDIATRICS			67556			67556	25
26	INTENSIVE CARE UNIT							26
27	CORONARY CARE UNIT							27
28	BURN INTENSIVE CARE UNIT							28
29	SURGICAL INTENSIVE CARE UNIT							29
30	OTHER SPECIAL CARE (SPECIFY)							30
31	SUBPROVIDER I							31
33	NURSERY							33
34	SKILLED NURSING FACILITY							34
35	NURSING FACILITY							35
101	TOTAL			67556			67556	101

KPMG LLP COMPU-MAX MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (11/98) VERSION: 2010.02 04/05/2010 14:47

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D PART III

CHECK [] TITLE V
[] TITLE XVIII-PT A

APPLICABLE [XX] TITLE XIX BOXES

INPATIENT PROGRAM TOTAL INPATIENT COST CENTER DESCRIPTION PATIENT PER PROGRAM PASS THRU DAYS DIEM DAYS COSTS 6 8 INPAT ROUTINE SERV COST CTRS 25 26 27 28 1.56 25 26 27 28 29 30 31 33 34 35 ADULTS & PEDIATRICS 43316 683 1065 INTENSIVE CARE UNIT CORONARY CARE UNIT BURN INTENSIVE CARE UNIT 29 30 31 SURGICAL INTENSIVE CARE UNIT OTHER SPECIAL CARE (SPECIFY) SUBPROVIDER I NURSERY 33 SKILLED NURSING FACILITY NURSING FACILITY 34 35 43316 101 TOTAL 683 1065 101 OBSERVATION BEDS (NON-DISTINC

OTHER REIMBURSABLE COST CENTERS

62

101

TOTAL

202669

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D

62

202669 101

CHECK [] TITLE V [] TITLE XV [XX] HOSPITAL (41-4000) [] SUB IV [] PPS TITLE XVIII-PT A SUB I SUB II [] SNF [] NF APPLICABLE TEFRA [] [] [XX] TITLE XIX [] SUB III [] ICF/MR OUTPATIENT ALL OTHER NONPHYSICIAN NONPHYSICIAN NURSING ANESTHETIST ANESTHETIST SCHOOL COST COST COST ALLIED MEDICAL ADMINISTERING HEALTH EDUCATION BLOOD CLOTTING
COSTS COSTS FACTORS COST COST CENTER DESCRIPTION TOTAL COSTS 1.01 2 2.01 2.02 2.03 1 ANCILLARY SERVICE COST CENTERS RADIOLOGY-DIAGNOSTIC 41 41 LABORATORY 48 INTRAVENOUS THERAPY
48.01 DIAGNOSTIC & SCREENING
48.02 PSYCHOLOGICAL TESTING 48 48.01 48.02 48.03 49 50 RESPIRATORY THERAPY PHYSICAL THERAPY 49 50 51 OCCUPATIONAL THERAPY 51 SPEECH PATHOLOGY 52 53 54 ELECTROCARDIOLOGY ELECTROENCEPHALOGRAPHY 53 54 DRUGS CHARGED TO PATIENTS 56 56 OUTPATIENT SERVICE COST CENTERS 60 60 CLINIC 60.01 ATP 60.01 60.02 PARTIAL HOSPITAL 202669 202669 60.02 60.03 GERIATRIC O/P CLINIC 60.04 MEMORY DISORDER CLINIC 60.03 60.04 61 EMERGENCY 61

KPMG LLP COMPU-MAX MICRO SYSTEM IN LIEU OF FORM CMS-2552-96 (9/2000)

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D PART IV

CHECK	[]	TITLE V	[XX]	HOSPITAL (41-4000)	[]	SUB IV	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[]	SUB I	[]	SNF	[]	TEFRA
BOXES	[XX]	TITLE XIX	[]	SUB II	[]	NF	[]	OTHER
			[]	SUB III	[]	ICF/MR			

	COST CENTER DESCRIPTION	OUTPATIENT PASS THROUGH COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	OUTPATIENT RATIO OF COST TO CHARGES 5.01	INPATIENT PROGRAM CHARGES 6	INPATIENT PROGRAM PASS THROUGH COSTS 7	OUTPATIENT PROGRAM CHARGES 8	
	RESPIRATORY THERAPY PHYSICAL THERAPY OCCUPATIONAL THERAPY SPEECH PATHOLOGY ELECTROCARDIOLOGY ELECTROENCEPHALOGRAPHY DRUGS CHARGED TO PATIENTS		309800 3655165 2962 3088155 199687 625100 11233 247189 372 5511581						41 44 48 48.01 48.02 48.03 49 50 51 52 53 54 56
60.03 60.04 61 62	PARTIAL HOSPITAL GERIATRIC O/P CLINIC MEMORY DISORDER CLINIC EMERGENCY OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS	202669	531446 11142665 80170 42441	.018189	.018189				60 60.01 60.02 60.03 60.04 61 62
101	TOTAL	202669	25447966						101

OBSERVATION BEDS (NON-DISTINC OTHER REIMBURSABLE COST CENTERS

62 101

TOTAL

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D PART IV

101

CHECK [APPLICABLE [BOXES [XX] TITLE V] TITLE XVIII-PT A] TITLE XIX	[] SUB [] SUB		[] SUB IV [] SNF [] NF [] ICF/MR] []] PPS] TEFRA] OTHER	
COST CENTER DESC	RIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02	
ANCILLARY SERVICE C 41 RADIOLOGY-DIAGNOSTI 44 LABORATORY 48 INTRAVENOUS THERAPY 48.01 DIAGNOSTIC & SCREEN 48.02 PSYCHOLOGICAL TESTI 48.03 ECT 49 RESPIRATORY THERAPY 50 PHYSICAL THERAPY 51 OCCUPATIONAL THERAP 52 SPEECH PATHOLOGY 53 ELECTROCARDIOLOGY 54 ELECTROCARDIOLOGY 56 DRUGS CHARGED TO PA	ING ING NG Y Y APHY ATIENTS						41 44 48 48.01 48.02 48.03 49 50 51 52 53 54 56
60 CLINIC 60.01 ATP 60.02 PARTIAL HOSPITAL 60.03 GERIATRIC O/P CLINI 60.04 MEMORY DISORDER CLI 61 EMERGENCY 62 OBSERVATION BEDS (N	CC NIC						60 60.01 60.02 60.03 60.04 61

WORKSHEET D-1

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (11/98) VERSION: 2010.02 04/05/2010 14:47 PROVIDER NO. 41-4000 BUTLER HOSPITAL PERIOD FROM 10/01/2008 TO 09/30/2009

COMPUTATION OF INPATIENT OPERATING COST

								PART I
[] TITLE V-INP	T [XX] TITL	E XVIII-PAR	T A	[] TIT	CLE XIX-IN	PT		
PART I - ALL PROVIDER COMPONENTS								
FART 1 - ALL PROVIDER COMPONENTS		HOSPITAL (PPS)	SUB I	SUB II	SUB III	SUB IV	SNF	
		(41-4000)						
INPATIENT DAYS		1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM I EXCLUDING NEWBORN)	DAYS AND SWING-BED DAYS	43316						1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DEED AND NEWBORN DAYS)	DAYS, EXCLUDING SWING	43316						2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED	PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING		43316						4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS ROOM DAYS) THROUGH DECEMBER 31 OF THE CO								5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS								6
ROOM DAYS) AFTER DECEMBER 31 OF THE COS'								· ·
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS								7
ROOM DAYS) THROUGH DECEMBER 31 OF THE CO								
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS ROOM DAYS) AFTER DECEMBER 31 OF THE COS'								8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM D		15962						9
PROGRAM (EXCLUDING SWING-BED AND NEWBOR		23702						_
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLIC	CABLE TO TITLE XVIII							10
ONLY (INCLUDING PRIVATE ROOM DAYS) THRO	UGH DECEMBER 31 OF THE							
COST REPORTING PERIOD	CARLE MO MIMIE WILLIA							11
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICONLY (INCLUDING PRIVATE ROOM DAYS) AFTER								11
COST REPORTING PERIOD	R BECEMBER 31 OF THE							
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICATION	ABLE TO TITLES V OR XIX							12
ONLY (INCLUDING PRIVATE ROOM DAYS) THRO	UGH DECEMBER 31 OF THE							
COST REPORTING PERIOD 13 SWING-BED NF-TYPE INPATIENT DAYS APPLICATION 13 COST REPORTING PERIOD	ADIE DO DIDIEC II OD VIV							13
ONLY (INCLUDING PRIVATE ROOM DAYS) AFTE		•						13
COST REPORTING PERIOD	R BEGERBER 31 OF THE							
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS A	PPLICABLE TO THE							14
PROGRAM (EXCLUDING SWING-BED DAYS)								
15 TOTAL NURSERY DAYS								15
16 TITLE V OR XIX NURSERY DAYS								16

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COMPUTATION OF INPATIENT OPERATING COST WORKSHEET D-1

COMPUTATION OF INVALIGNATION COST											
[] TITLE V-INPT [XX	() TITLE XVIII-	PART	A	[] TI	TLE XIX-IN	IPT		PART I (CONT)			
PART I - ALL PROVIDER COMPONENTS	HOSPIT (PPS) (41-400		SUB I	SUB II	SUB III	SUB IV	SNF				
SWING-BED ADJUSTMENT			1	1	1	1	1				
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIC	OD							17			
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD								18			
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIC)D							19			
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD								20			
21 TOTAL GENERAL IMPATIENT ROUTINE SERVICE COST 22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	351222	78						21 22			
DECEMBER 31 OF THE COST REPORTING PERIOD 23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD								23			
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD								24			
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD								25			
26 TOTAL SWING-BED COST 27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED	COST 351222	78						26 27			
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT											
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	811995	75						28			
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) 30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES) 31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO								29 30 31			
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE 33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE 34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	1874.							32 33 34			
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 351222	78						35 36 37			
AND PRIVATE ROOM COST DIFFERENTIAL											

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COMPUTATION OF INPATIENT OPERATING COST							
	[] TITLE V-INPT [XX] TITLE XV	III-PART A		[] TITLE	XIX-INPT		PART II
PART	II - HOSPITAL AND SUBPROVIDERS ONLY	(PPS)	SUB I	SUB II	SUB III	SUB IV	
		(41-4000)	1	1	1	1	
38 39 40	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	12942628					38 39 40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST						41
		I/P	COST		PER DIEM	PROGRAM DAYS 4	COST
42	NURSERY (TITLES V AND XIX ONLY)						42
43 44 45 46 47	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS INTENSIVE CARE UNIT CORONARY CARE UNIT BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT OTHER SPECIAL CARE (SPECIFY)						43 44 45 46 47
		HOSPITAI (PPS) (41-4000		I SUB I	I SUB II	I SUB IV	
		1	1	1	1	1	
48 49	PROGRAM INPATIENT ANCILLARY SERVICE COST TOTAL PROGRAM INPATIENT COSTS	2131509 15074137					48 49
	PASS THROUGH COST ADJUSTMENTS						
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	621720					50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	87545					51
52 53	TOTAL PROGRAM EXCLUDABLE COST TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	709265 14364872					52 53

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COMPUTATION OF INPATIENT OPERATING COST							
[] TITLE V-INPT [X	() TITLE XVIII-PART A	A	[] TITLE	XIX-INPT		PART II (CONT)	
PART II - HOSPITAL AND SUBPROVIDERS ONLY	HOSPITAL (PPS) (41-4000)	SUB I	SUB II	SUB III	SUB IV		
TARGET AMOUNT AND LIMITATION COMPUTATION 54 PROGRAM DISCHARGES 55 TARGET AMOUNT PER DISCHARGE 56 TARGET AMOUNT 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST TARGET AMOUNT	_	1	1	1	1	54 55 56 57	
58 BONUS PAYMENT 58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST R PERIOD ENDING 1996. UPDATED & COMPOUNDED BY THE MARK						58 58.01	
58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR REPORT UPDATED BY THE MARKET BASKET						58.02	
58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 59 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OF COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARK	PERATING					58.03	
58.04 RELIEF PAYMENT 59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT 59.01 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1 59.03 PROGRAM DISCHARGES AFTER JULY 1 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS) 59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO 59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER 59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH OF SOURCE) JULY 1 R JULY 1 DNLY)					58.04 59 59.01 59.02 59.03 59.04 59.05 59.06 59.07 59.08	
PROGRAM INPATIENT ROUTINE SWING	G BED COST						
60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUG DECEMBER 31 OF THE COST REPORTING PERIOD	ЭH					60	
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61	
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS 63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS 1 DECEMBER 31 OF THE COST REPORTING PERIOD	THROUGH					62 63	
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS A DECEMBER 31 OF THE COST REPORTING PERIOD	AFTER					64	
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE	COSTS					65	

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

COMPUTATION OF INPATIENT OPERATING COST

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

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

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> WORKSHEET D-1 PARTS III & IV

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COMPUTATION OF INPATIENT OPERATING COST

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

> HOSPITAL SUB I SUB II SUB III SUB IV (PPS) (41-4000)

1 1 1

1 1 PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 85 OBSERVATION BED COST 83 810.84 84

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL TOTAL OBSERVATION ROUTINE COLUMN 1 OBSERVATION BED BED COST PASS-THROUGH COST
(FROM LINE 85) COL 3 TIMES COL 4 COST DIVIDED BY (FROM LINE 27) COST COLUMN 2 1 2 3 4 5 OLD CAPITAL-RELATED COST 35122278 87 88 NEW CAPITAL-RELATED COST NON PHYSICIAN ANESTHETIST 1619372 .046107 87 35122278 88 35122278 89 NURSING SCHOOL 35122278 89 89.01 ALLIED HEALTH 67556 35122278 .001923 89.01 89.02 ALL OTHER

35122278

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COMPUTATION OF INPATIENT OPERATING COST WORKSHEET D-1

							PART I	
[] TITLE V-INPT	[] TITLE	E XVIII-PAR	T A	[XX] TIT	CLE XIX-IN	PT		
PART I - ALL PROVIDER COMPONENTS								
		HOSPITAL (OTHER) (41-4000)	SUB I	SUB II	SUB III	SUB IV	NF	
INPATIENT DAYS		1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING EXCLUDING NEWBORN)	G-BED DAYS	43316						1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDIN BED AND NEWBORN DAYS)	NG SWING	43316						2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM I								3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE F 5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING P ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING	RIVATE	43316						4 5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PF ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PF	RIVATE							6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING								7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE								8
ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PRODUCTION OF THE COST REPORT OF THE COS		602						
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	TO THE	683						9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE	E XVIII							10
ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 3	31 OF THE							
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE	E XVIII							11
ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 COST REPORTING PERIOD	OF THE							
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES								12
ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 3 COST REPORTING PERIOD	31 OF THE							
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES								13
ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 COST REPORTING PERIOD	OF THE							
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO T	ГНЕ							14
PROGRAM (EXCLUDING SWING-BED DAYS)								
15 TOTAL NURSERY DAYS 16 TITLE V OR XIX NURSERY DAYS								15 16
TO ITIDE A OK VIV MONZEKI DAIZ								10

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[] TITLE V-INPT [] TIT	LE XVIII-PAF	T A	[XX] TI	TLE XIX-IN	IPT		PART I (CONT)
PART I - ALL PROVIDER COMPONENTS	HOSPITAL (OTHER) (41-4000)	SUB I	SUB II	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO							17
SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD 18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO							18
SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD 19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO							19
SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD 20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO							20
SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD 21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	34595403						21
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	31373103						22
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER							23
DECEMBER 31 OF THE COST REPORTING PERIOD 24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH							24
DECEMBER 31 OF THE COST REPORTING PERIOD 25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER							25
DECEMBER 31 OF THE COST REPORTING PERIOD 26 TOTAL SWING-BED COST							26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	34595403						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES	81199575						28
(EXCLUDING SWING-BED CHARGES) 29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.426054						31 32
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE 33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1874.59						32
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	10/1.55						34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	34595403						37

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COMPUTATION OF INPATIENT OPERATING COST							
	[] TITLE V-INPT [] TITLE XV	/III-PART A	<u>.</u>	[XX] TITLE	XIX-INPT		PART II
PART	II - HOSPITAL AND SUBPROVIDERS ONLY	HOSPITAL (OTHER)	SUB I	SUB II	SUB III	SUB IV	
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		1	1	1	1	
38 39	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	545492					38 39
40 41	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	545492					40 41
		I/P	TAL COST	TOTAL I/P DAYS 2			
42	NURSERY (TITLES V AND XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						42
43 44 45 46 47	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS INTENSIVE CARE UNIT CORONARY CARE UNIT BURN INTENSIVE CARE UNIT SURGICAL INTENSIVE CARE UNIT OTHER SPECIAL CARE (SPECIFY)						43 44 45 46 47
		HOSPITA (OTHER) (41-4000		I SUB I	I SUB II	I SUB IV	
		1		1	1	1	
48 49	PROGRAM INPATIENT ANCILLARY SERVICE COST TOTAL PROGRAM INPATIENT COSTS	545492					48 49
	PASS THROUGH COST ADJUSTMENTS						
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	26602					50
51	SERVICES PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES						51
52 53	TOTAL PROGRAM EXCLUDABLE COST TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	26602					52 53

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 PROVIDER NO. 41-4000 BUTLER HOSPITAL PERIOD FROM 10/01/2008 TO 09/30/2009 WORKSHEET D-1 COMPUTATION OF INPATIENT OPERATING COST

	[] TITLE V-INPT [] TITLE X	VIII-PART A	4	[XX] TITLE	XIX-INPT		PART II (CONT)
PART	II - HOSPITAL AND SUBPROVIDERS ONLY	HOSPITAL (OTHER)	SUB I	SUB II	SUB III	SUB IV	
	TIRGET INGEST IND TRANSPORT GOVERNMENT	(41-4000)				1	
54 55 56 57	TARGET AMOUNT AND LIMITATION COMPUTATION PROGRAM DISCHARGES TARGET AMOUNT PER DISCHARGE TARGET AMOUNT DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT	1 45	1	1	1	1	54 55 56 57
58 58.01	BONUS PAYMENT LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING						58 58.01
58.02	PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET						58.02
58.03	IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING						58.03
59 59.01 59.02 59.03 59.04 59.05 59.06	COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT RELIEF PAYMENT ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY) PROGRAM DISCHARGES PRIOR TO JULY 1 PROGRAM DISCHARGES AFTER JULY 1 PROGRAM DISCHARGES (SEE INSTRUCTIONS) REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY) REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)						58.04 59 59.01 59.02 59.03 59.04 59.05 59.06 59.07 59.08
	PROGRAM INPATIENT ROUTINE SWING BED COST						
60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						60
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						61
62 63	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD						62 63
64	DECEMBER 31 OF THE COST REPORTING PERIOD TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD						64
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS						65

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WORKSHEET D-1 PARTS III & IV

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

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

1 66 SNF/NF/ICF/MR ROUTINE SERVICE COST 66 67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 68 PROGRAM ROUTINE SERVICE COST
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM 68 69 70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS 70 70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS
71 CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV 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 PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT
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 LUTILIZATION REVIEW--PHYSICIAN COMPENSATION 71 72 73 74 75 76 77 78 79 80 81 UTILIZATION REVIEW--PHYSICIAN COMPENSATION 81 82 TOTAL PROGRAM INPATIENT OPERATING COSTS 82 PROVIDER NO. 41-4000 BUTLER HOSPITAL PERIOD FROM 10/01/2008 TO 09/30/2009

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WORKSHEET D-1 PARTS III & IV [] TITLE V-INPT [] TITLE XVIII-PART A [XX] TITLE XIX-INPT

HOSPITAL SUB I SUB II SUB III SUB IV

(OTHER) (41-4000)

1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 85 OBSERVATION BED COST 83 84 810.84

85

INPATIENT ANCILLARY COST APPORTIONMENT WORKSHEET D-4

r [xx]	TITLE V TITLE XVIII-PT A TITLE XIX	[XX] HOSPITAL [] SUB I [] SUB II [] SUB III [] SUB IV	(41-4000)	[] SNF [] NF [] S/B-SNF [] S/B-NF [] ICF/MR	[XX] PPS [] TEFRE [] OTHER	
	COST CENTER DESCRIPTION		RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3	
	INPATIENT ROUTINE SERVICE CO	ST CENTERS				
25	ADULTS & PEDIATRICS ANCILLARY SERVICE COST CENTE	n.c		29137855		25
41	RADIOLOGY-DIAGNOSTIC	K.S	.362114	113425	41073	41
44	LABORATORY		.330180	945317	312125	44
48	INTRAVENOUS THERAPY		.781567	118	92	48
	DIAGNOSTIC & SCREENING		.997196	625493	623739	48.01
	PSYCHOLOGICAL TESTING		1.087402	45131	49076	48.02
48.03			.638893	132337	84549	48.03
49	RESPIRATORY THERAPY					49
50	PHYSICAL THERAPY		.155613	1647	256	50
51	OCCUPATIONAL THERAPY					51
52	SPEECH PATHOLOGY					52
53	ELECTROCARDIOLOGY		.547071	91585	50103	53
54	ELECTROENCEPHALOGRAPHY		1.467742	124	182	54
56	DRUGS CHARGED TO PATIENTS		.566558	1682664	953327	56
	OUTPATIENT SERVICE COST CENT	ERS				
60	CLINIC		1.150010			60
60.01	ATP					60.01
	PARTIAL HOSPITAL		.346713			60.02
	GERIATRIC O/P CLINIC					60.03
	MEMORY DISORDER CLINIC		2.046401			60.04
61	EMERGENCY		.870479	19514	16987	61
62	OBSERVATION BEDS (NON-DISTING					62
	OTHER REIMBURSABLE COST CENT	ERS		0.555055	04.04.500	
101	TOTAL			3657355	2131509	101
102 103	LESS PBP CLINIC LAB SVCS-PGM NET CHARGES	ONLY CHARGES		3657355		102 103
103	NEI CHARGES			305/355		103

INPATIENT ANCILLARY COST APPORTIONMENT WORKSHEET D-4

[] т	ITLE V ITLE XVIII-PT A ITLE XIX	[XX] HOSPITAL [] SUB I [] SUB II [] SUB III [] SUB IV	(41-4000)	[] SNF [] NF [] S/B-SNF [] S/B-NF [] ICF/MR	[] PPS [] TEFRA [XX] OTHER	
	COST CENTER DESCRIPTION		RATIO OF COST TO CHARGES 1		INPATIENT PROGRAM COSTS 3	
	INPATIENT ROUTINE SERVICE COS	от семтерс				
25	ADULTS & PEDIATRICS	OI CENIERS				25
25	ANCILLARY SERVICE COST CENTER	00				23
41	RADIOLOGY-DIAGNOSTIC	.co	.362114			41
44	LABORATORY		.330180			44
48	INTRAVENOUS THERAPY		.781567			48
48.01	DIAGNOSTIC & SCREENING		.975516			48.01
	PSYCHOLOGICAL TESTING		1.087402			48.02
48.03			.633827			48.03
49	RESPIRATORY THERAPY					49
50	PHYSICAL THERAPY		.155613			50
51	OCCUPATIONAL THERAPY					51
52	SPEECH PATHOLOGY					52
53	ELECTROCARDIOLOGY		.547071			53
54	ELECTROENCEPHALOGRAPHY		1.467742			54
56	DRUGS CHARGED TO PATIENTS		.566558			56
	OUTPATIENT SERVICE COST CENT	ERS				
60	CLINIC		1.150010			60
60.01						60.01
	PARTIAL HOSPITAL		.342265			60.02
	GERIATRIC O/P CLINIC		0.045403			60.03
	MEMORY DISORDER CLINIC		2.046401			60.04
61 62	EMERGENCY	nm.	.870479			61 62
02	OBSERVATION BEDS (NON-DISTING OTHER REIMBURSABLE COST CENTI					62
101	TOTAL	CAE				101
102	LESS PBP CLINIC LAB SVCS-PGM	ONLY CHARGES				102
102	NET CHARGES	CHARGES				103
100	1.2.1 0.111(0.00)					103

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

		HOSPITAL (41-4000)	HOSPITAL (41-4000) 1.01	HOSPITAL (41-4000)	
1 1.01	MEDICAL AND OTHER SERVICES MEDICAL AND OTHER SERVICES RENDERED ON OR	517031			1 1.01
	AFTER AUGUST 1, 2000				
	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS 1996 HOSPITAL SPECIFIC PAYMENT TO COST	357133 0.493			1.02
1.03	RATIO	0.493			1.03
	LINE 1.01 TIMES LINE 1.03	254896			1.04
	LINE 1.02 DIVIDED BY LINE 1.04 TRANSITIONAL CORRIDOR PAYMENT				1.05 1.06
	AMOUNT FROM WORKSHEET D, PART IV,	16807			1.06
1.07	COLUMN 9, LINE 101	10007			1.07
2	INTERNS AND RESIDENTS				2
3	ORGAN ACQUISITIONS				3
4 5	COST OF TEACHING PHYSICIANS TOTAL COST				4 5
5	TOTAL COST				5
CO	MPUTATION OF LESSER OF COST OR CHARGES				
	ASONABLE CHARGES				
6	ANCILLARY SERVICE CHARGES				6
7	INTERNS AND RESIDENTS SERVICE CHARGES				7
8	ORGAN ACQUISITION CHARGES				8 9
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
1.0	TOTAL REASONABLE CHARGES				10
	STOMARY CHARGES				
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM				11
	PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON				
12	A CHARGE BASIS AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM				12
12	PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A				12
	CHARGE BASIS HAD SUCH PAYMENT BEEN MADE				
	IN ACCORDANCE WITH 42 CFR 413.13(E)				
13	RATIO OF LINE 11 TO LINE 12				13
14	TOTAL CUSTOMARY CHARGES				14
15	EXCESS OF CUSTOMARY CHGES OVER REASONABLE				15
	COST				
16	EXCESS OF REASONABLE COST OVER CUSTOMARY				16
17	CHARGES LESSER OF COST OR CHARGES				17
	TOTAL PPS PAYMENTS	373940			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

		HOSPITAL (41-4000)	HOSPITAL (41-4000) 1.01	HOSPITAL (41-4000) 1.02	
18	MPUTATION OF REIMBURSEMENT SETTLEMENT DEDUCTIBLES AND COINSURANCE DEDUCTIBLES AND COINSURANCE RELATING TO	73782			18 18.01
19	LINE 17.01 SUBTOTAL	300158			19
20	SUM OF AMOUNTS FROM WKST E, PARTS C,D & E	300136			20
21 22	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS ESRD DIRECT MEDICAL EDUCATION COSTS	22626			21 22
23	SUBTOTAL	322784			23
24	PRIMARY PAYER PAYMENTS	200724			24
25 RF	SUBTOTAL IMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR	322784			25
PR	OFESSIONAL SERVICES)				
26 27	COMPOSITE RATE ESRD BAD DEBTS	4103			26 27
	REDUCED REIMBURSABLE BAD DEBTS	2872			27.01
	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE				27.02
28	BENEFICIARIES (SEE INSTRUCTIONS) SUBTOTAL	325656			28
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	323030			29
30	OTHER ADJUSTMENTS				30
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)				30.99
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS				31
32	SUBTOTAL	325656			32
33 34	SEQUESTRATION ADJUSTMENT INTERIM PAYMENTS	306291			33 34
	TENTATIVE SETTLEMENT (FOR FI USE ONLY)				34.01
35 36	BALANCE DUE PROVIDER/PROGRAM PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	19365			35 36
50 51 52 53 54	TO BE COMPLETED BY CONTRACTOR ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS) OUTLIER RECONILIATION AMOUNT (SEE INSTRUCT THE RATE USED TO CALCULATE THE TIME VALUE TIME VALUE OF MONEY (SEE INSTRUCTIONS) TOTAL (SUM OF LINES 51 AND 53)				50 51 52 53 54

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED HOSPITAL (41-4000) $\,$

WORKSHEET E-1

			INPATIEN				
			PART		PART	_	
DESCRIPTION			MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER 2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EIT SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY SERVICES RENDERED IN THE COST REPORTING PERIOD. NONE, WRITE 'NONE', OR ENTER A ZERO.	Y FOR	0.1	00/20/0005	12156037 NONE		306291 NONE	1 2
REVISION OF THE INTERIM RATE FOR THE COST	PROGRAM TO PROVIDER	.03 .04 .05	09/30/2006	NONE		NONE	3.01 3.02 3.03 3.04 3.05 3.50 3.51
	TO PROGRAM	.52		NONE		NONE	3.52 3.53 3.54
SUBTOTAL		.99					3.99
4 TOTAL INTERIM PAYMENTS				12156037		306291	4
	TO BE COM	MPLETED	BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAY- MENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	TO			NONE		NONE	5.01 5.02 5.03 5.50
	TO PROGRAM	.51		NONE		NONE	5.51 5.52
SUBTOTAL 6 DETERMINED NET SETTLEMENT AMOUNT PRO	OGRAM TO	.99					5.99
(BALANCE DUE) BASED ON THE COST PREPORT. PROV	ROVIDER	.01		163191		19365	6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY				12319228		325656	7
NAME OF INTERMEDIARY:				INTERMEI	DIARY NUMBER:		
SIGNATURE OF AUTHORIZED PERSON:				DATE (MC	D/DAY/YR):		

13

WORKSHEET E-3 PART I

CALCULATION OF REIMBURSEMENT SETTLEMENT

MEDICARE	PART	Δ	SERVICES	_	TEFRA

DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS

13

HOSPITAL SUB I SUB II SUB III SUB IV (41-4000) INPATIENT HOSPITAL SERVICES 1.01 HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)
1.02 NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS) 1.01 1.02 1.03 MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.) 1.04 INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS) 1.04 1.05 OUTLIER PAYMENTS 1.05 1.06 TOTAL PPS PAYMENTS 1.06 1.07 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT INPATIENT PSYCHIATRIC FACILITY (IPF) 1.08 NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, 11766096 STOP-LOSS, ECT, AND TEACHING ADJUSTMENT) 1.08 1.09 NET IPF PPS OUTLIER PAYMENTS
1.10 NET IPF PPS ECT PAYMENTS 66363 1.09 80978 1.10 1.11 UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS) 1.12 NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTR.) 1.12 1.13 CURRENT YEAR'S UNWEIGHTED FTE COUNT OF 1&R
OTHER THAN FTES IN THE FIRST 3 YEARS OF A 'NEW
TEACHING PROGRAM'. (SEE INSTR.) 11.74 1.14 CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR 1.14 RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)

1.15 INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL 11.74 1.15 EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)

1.16 AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)

118.673373 1.16 1.17 MEDICAL EDUCATION ADJUSTMENT FACTOR
1.18 MEDICAL EDUCATION ADJUSTMENT
1.19 ADJUSTED NET IPF PPS PAYMENTS 0.049781 1.17 585728 1.18 12499165 1.20 STOP LESS PAYMENT FLOOR 1.21 ADJUSTED NET PAYMENT FLOOR 1.20 1.21 1.22 STOP LOSS ADJUSTMENT 1.22 1.23 TOTAL IPF PPS PAYMENTS 12499165 INPATIENT REHABILITATION FACILITY (IRF) 1.35 UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)
1.36 NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTR.) 1.36 1.37 CURRENT YEAR'S UNWEIGHTED FTE COUNT OF 1&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)

1.38 CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR 1.38 RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)
1.39 INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL 1.39 EDUCATION ADJUSTMENT. (SEE INSTRUCTIONS)
1.40 AVERAGE DAILY CENSUS. (SEE INSTRUCTIONS) 1.40 1.41 MEDICAL EDUCATION ADJUSTMENT FACTOR 1.42 MEDICAL EDUCATION ADJUSTMENT 1.41 1.42 ORGAN ACQUISITION 2 COST OF TEACHING PHYSICIANS 3 SUBTOTAL 12499165 4 PRIMARY PAYER PAYMENTS 1688 SUBTOTAL 12497477 6 DEDUCTIBLES 996596 11500881 SUBTOTAL COINSURANCE 416435 11084446 10 SUBTOTAL 10 REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS 815822 11 FOR PROFESSIONAL SERVICES)
11.01 REDUCED REIMBURSABLE BAD DEBTS FOR PROFESSIONAL SERVICES) 571075 45407 11 01 11.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE 11.02 BENEFICIARIES (SEE INSTRUCTIONS) 11655521 12

638806

53

OPERATING TIME VALUE OF MONEY (SEE INSTRUCTIONS)

53

PROVIDER NO. 41-4000 BUTLER HOSPITAL PERIOD FROM 10/01/2008 TO 09/30/2009
 KPMG LLP COMPU-MAX MICRO SYSTEM
 VERSION: 2010.02

 IN LIEU OF FORM CMS-2552-96 (5/2007)
 04/05/2010 14:47

CALCULATION OF REIMBURSEMENT SETTLEMENT							WORKSHEET E-3 PART I
	MEDICARE PART A SERVICES - TEFRA	HOSPITAL (41-4000)	SUB I	SUB II	SUB III	SUB IV	
	3.01 OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS) 4 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	24901					13.01 14
1	5 OTHER ADJUSTMENTS						15
1	6 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS						16
_	7 TOTAL AMOUNT PAYABLE TO THE PROVIDER 8 SEQUESTRATION ADJUSTMENT	12319228					17 18
1	9 INTERIM PAYMENTS 9.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)	12156037					19 19.01
2	0 BALANCE DUE PROVIDER/PROGRAM 1 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	163191					20 21
5	TO BE COMPLETED BY INTERMEDIARY ORIGINAL OUTLIER AMOUNT OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS) THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY						50 51 52

CALCULATION OF REIMBURSEMENT SETTLEMENT PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY WORKSHEET E-3 PART III

PART III - TITLE V OR TITLE XIX SERVICES OR T	TILE XVIII S	SNF PPS ONL	Y				PART I
[] TITLE V	[] TIT	CLE XVIII		[XX] TI	TLE XIX		
	(41-4000) (OTHER)					NF I	
COMPUTATION OF NET COST OF COVERED SERVICES INPATIENT HOSPITAL/SNF/NF SERVICES MEDICAL AND OTHER SERVICES INTERNS AND RESIDENTS ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O COST OF TEACHING PHYSICIANS	1 545492	1	1	1	1	1	1 2 3 4
SUBTOTAL INPATIENT PRIMARY PAYER PAYMENTS OUTPATIENT PRIMARY PAYER PAYMENTS	545492						6 7 8
SUBTOTAL	545492						9
COMPUTATION OF LESSER OF COST OR CHARGES ROUTINE SERVICE CHARGES ANCILLARY SERVICE CHARGES INTERNS AND RESIDENTS SERVICE CHARGES ORGAN ACQUISITION CHARGES, NET OF REVENUE TEACHING PHYSICIANS INCENTIVE FROM TARGET AMOUNT COMPUTATION TOTAL REASONABLE CHARGES							10 11 12 13 14 15
CUSTOMARY CHARGES AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN							17 18
RATIO OF LINE 17 TO LINE 18 TOTAL CUSTOMARY CHARGES EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	545492 545492						19 20 21 22 23
PROSPECTIVE PAYMENT AMOUNT OTHER THAN OUTLIER PAYMENTS OUTLIER PAYMENTS PROGRAM CAPITAL PAYMENTS CAPITAL EXCEPTION PAYMENTS ROUTINE SERVICE OTHER PASS THROUGH COSTS ANCILLARY SERVICE OTHER PASS THROUGH COSTS SUBTOTAL CUSTOMARY CHARGES (TITLE XIX PPS COVERED LESSER OF LINES 30 OR 31 DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)	545492 545492						24 25 26 27 28 29 30 31 32 33
	COMPUTATION OF NET COST OF COVERED SERVICES INPATIENT HOSPITAL/SNF/NF SERVICES MEDICAL AND OTHER SERVICES INTERNS AND RESIDENTS ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O COST OF TEACHING PHYSICIANS SUBTOTAL INPATIENT PRIMARY PAYER PAYMENTS OUTPATIENT PRIMARY PAYER PAYMENTS OUTPATIENT PRIMARY PAYER PAYMENTS SUBTOTAL COMPUTATION OF LESSER OF COST OR CHARGES ROUTINE SERVICE CHARGES ANCILLARY SERVICE CHARGES INTERNS AND RESIDENTS SERVICE CHARGES ORGAN ACQUISITION CHARGES, NET OF REVENUE TEACHING PHYSICIANS INCENTIVE FROM TARGET AMOUNT COMPUTATION TOTAL REASONABLE CHARGES CUSTOMARY CHARGES AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CPR 413.13(E) RATIO OF LINE 17 TO LINE 18 TOTAL CUSTOMARY CHARGES EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES COST OF COVERED SERVICES PROSPECTIVE PAYMENT OTHER THAN OUTLIER PAYMENTS OUTLIER PAYMENTS CAPITAL EXCEPTION PAYMENTS CAPITAL EXCEPTION PAYMENTS CAPITAL EXCEPTION PAYMENTS CAPITAL EXCEPTION PAYMENTS ROUTINE SERVICE OTHER PASS THROUGH COSTS ANCILLARY SERVICE OTHER PASS THROUGH COSTS SUBTOTAL CUSTOMARY CHARGES (TITLE XIX PPS COVERED	[] TITLE V [] TITLE HOSPITAL COMPUTATION OF NET COST OF COVERED SERVICES INPATIENT HOSPITAL/SNF/NF SERVICES MEDICAL AND OTHER SERVICES INTERNS AND RESIDENTS ORGAN ACQUISTION CERTIFIED TRANSPLANT CENTERS O COST OF TEACHING PHYSICIANS SUBTOTAL SUBTOTAL COMPUTATION OF LESSER OF COST OR CHARGES ROUTINE SERVICE CHARGES ANCILLARY SERVICE CHARGES INTERNS AND RESIDENTS SERVICE CHARGES ORGAN ACQUISTION CHARGES, NET OF REVENUE TEACHING PHYSICIANS INCENTIVE FROM TARGET AMOUNT COMPUTATION TOTAL REASONABLE CHARGES AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E) RATIO OF LINE 17 TO LINE 18 TOTAL CUSTOMARY CHARGES EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES EXCESS OF CUSTOMARY CHARGES EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES EXCESS OF CUSTOMARY CHARGES OVER CUSTOMARY CHARGES EXCESS OF CUSTOMARY CHARGES OVER CUSTOMARY CHARGES EXCESS OF CUSTOMARY	[] TITLE V	COMPUTATION OF NET COST OF COVERED SERVICES 1 1 1 1 INPATIENT HOSPITAL/SNF/NF SERVICES 545492 MEDICAL AND OTHER SERVICES 545492 MEDICAL AND OTHER SERVICES 1 1 1 1 INPATIENT HOSPITAL/SNF/NF SERVICES 545492 MEDICAL AND OTHER SERVICES INTERNS AND RESIDENTS ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O COST OF TEACHING PHYSICIANS SUBTOTAL 545492 INPATIENT PRIMARY PAYER PAYMENTS OUTPATIENT PRIMARY PAYER PAYMENTS OUTDATIENT PRIMARY PAYER PAYMENTS SUBTOTAL 545492 COMPUTATION OF LESSER OF COST OR CHARGES ROUTINE SERVICE CHARGES ANCILLARY SERVICE CHARGES ORGAN ACQUISITION CHARGES, NET OF REVENUE TEACHING PHYSICIANS INCENTIVE FROM TARGET AMOUNT COMPUTATION TOTAL REASONABLE CHARGES CUSTOMARY CHARGES AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E) RATIO OF LINE 17 TO LINE 18 TOTAL CUSTOMARY CHARGES EXCESS OF CEASONABLE COST OVER CUSTOMARY CHARGES EXCESS OF FERSONABLE COST OVER CUSTOMARY CHARGES COST OF COVERED SERVICES PROSPECTIVE PAYMENT AMOUNT OTHER THAN OUTLIER PAYMENTS OUTLIER PAYMENTS PROGRAM CAPITAL PAYMENTS PROGRAM CAPITAL PAYMENTS CAPITAL EXCEPTION PAYMENTS ROUTINE SERVICE OTHER PASS THROUGH COSTS ANCILLARY SERVICE OTHER PASS THROUGH COSTS SUBTOTAL CUSTOMARY CHARGES (TITLE XIX PPS COVERED LESSER OF LINES 30 OR 31 ESSEN OF LINES 30 OR 31 EXCESS OF LINES 30 OR 31	[] TITLE V	BOSPITAL SUB I SUB II SUB II SUB IV (41-4000) (07HER) (41-4000) (07HER) (10 - 4000) (07HER) (10 - 4000)	[] TITLE V [] TITLE XVIII [XXX] TITLE XIX HOSPITAL SUB I SUB II SUB III SUB IV NF I

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

	11111 7 011 1111111 11111 11111 11111		111 110 0112	*				
	[] TITLE V	[] TIT	LE XVIII		[XX] TI	TLE XIX		
		HOSPITAL (41-4000) (OTHER)	SUB I	SUB II	SUB III	SUB IV	NF I	
		1	1	1	1	1	1	
34 EXCESS OF REA 35 SUBTOTAL 36 COINSURANCE 37 SUM OF AMOUNT 38 REIMBURSABLE 38.01 REDUCED REIMI 38.02 REIMBURSABLE	BURSABLE BAD DEBTS BAD DEBTS FOR DUAL ELIGIBLE S (SEE INSTRUCTIONS)	545492						34 35 36 37 38 38.01 38.02
40 SUBTOTAL 41 INPATIENT ROI 42 MEDICARE INPA 43 AMOUNT ACTUAL 44 AMOUNTS THAT A CHARGE BAS:	UTINE SERVICE COST ATIENT ROUTINE CHARGES LLY COLLECTED FROM PATIENTS LIABLE WOULD HAVE BEEN REALIZED FROM IS HAD SUCH PAYMENT BEEN MADE IN ITH 42 CFR 413.13(E)							40 41 42 43 44
45 RATIO OF LINI 46 TOTAL CUSTOM 47 EXCESS OF CU 48 EXCESS OF RE	E 43 TO LINE 44							45 46 47 48 49
50 OTHER ADJUST	ICABLE TO PRIOR COST REPORTING							50 51
52 SUBTOTAL 53 INDIRECT MED: 54 DIRECT GRADU; 55 TOTAL AMOUNT 56 SEQUESTRATIOI 57 INTERIM PAYMI 57.01 TENTATIVE SE: 58 BALANCE DUE 1	ICAL EDUCATION ADJUSTMENT ATE MEDICAL EDUCATION PAYMENTS PAYABLE TO THE PROVIDER N ADJUSTMENT ENTS TTLEMENT (FOR FI USE ONLY) PROVIDER/PROGRAM OUNTS (NONALLOWABLE COST REPORT							52 53 54 55 56 57 57.01 58

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-3 PART IV

OIIMIIDNI DI	RECT FIEDTCHE EDUCHITOR	W CODID			111111	± v
[] TITLE	v [xx	X] TITLE XVIII]] TITLE XIX		

COMPUTATION OF TOTAL DIRECT GME AMOUNT		
1 NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		1
1.01 NUMBER OF FTE RESIDENTS FOR ALL OTHERS		1.01
2 UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY CARE		2
2.01 UPDATED PER RESIDENT AMOUNT FOR ALL OTHERS		2.01
3 AGGREGATE APPROVED AMOUNT		3
3.01 UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC	10.96	3.01
PROGRAMS FOR CR PERIODS ENDING ON OR BEFORE DEC 31, 1996		
3.02 UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC	0.73	3.02
PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP		
FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(q)(6)		
3.03 UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC		3.03
PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH		
42 CFR 413.86(q)(4) [E-3,PT.VI,LN.4] [PLUS LINE 3.03]		
3.04 FTE ADJUSTMENT CAP	11.69	3.04
3.05 UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC	11.74	3.05
PROGRAMS FOR THE CURRENT YEAR	11.71	3.03
3.06 LESSER OF LINE 3.04 OR LINE 3.05	11.69	3.06
3.07 WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN	0.48	3.07
ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR.	0.10	3.07
IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN		
EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO		
3.08 WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN	11.26	3.08
ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR.	11.20	3.00
IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN		
EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO		
3.09 SUM OF LINES 3.07 AND LINE 3.08	11.74	3.09
3.10 SEE INSTRUCTIONS	11.69	3.10
3.11 WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE	11.05	3.11
CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM		3.11
WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO		
3.12 SEE INSTRUCTIONS	11.21	3.12
3.13 TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR.	11.54	3.13
SIE INSTRUCTIONS)	11.54	3.13
3.14 TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR.	10.80	3.14
(SEE INSTRUCTIONS)	10.00	3.14
3.15 ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	11.18	3.15
3.16 SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	11.18	3.15
3.10 SEE INSTRUCTIONS (RESIDENTS IN INITIAL LEARS 0.00)	128737.92	3.10
3.1/ SEE INSTRUCTIONS 3.18 SEE INSTRUCTIONS	1439290	3.17
3.10 DEE INDIRECTIONS	1439290	3.10

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS WORKSHEET E-3 PART IV

& ESKD OUIPAITENI DIRECI MEDICAL EL	JUCATION COSIS		(CONT)
[] TITLE V	[XX] TITLE XVIII	[] TITLE XIX	(CON1)
3.19 SEE INSTRUCTIONS		0.15	3.19
3.20 SEE INSTRUCTIONS		0.61	3.20
3.21 SEE INSTRUCTIONS		0.41	3.21
3.22 SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS	0.00]	0.41	3.22
3.23 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING		135795.30	3.23
BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/0 3.24 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/0	PERIODS	55676	3.24
3.25 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/0	PERIODS	1494966	3.25
COMPUTATION OF PROGRAM PATTENT LOAD			
4 PROGRAM PART A INPATIENT DAYS		15962	4
5 TOTAL INPATIENT DAYS		43316	5
6 RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIEN	T DAYS	.368501	6
	E 6 x] [E-3,PART 6]		
	E 3.25] [LINE 11]	FF2607	C 01
	550896 1801	552697	
6.02 PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER J OF THIS COST REPORTING PERIOD	JAN I	3657	6.02
6.03 TOTAL INPATIENT DAYS FROM LINE 5 ABOVE		43316	6.03
6.04 APPROPRIATE PERCENTAGE FOR INCLUSION OF MANAGED C	מענו שמגי	100.00	
6.05 GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CA		108380	
OR AFTER JAN 1 THROUGH THE END OF THE COST REPORT		100300	0.05
6.06 PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1			6.06
COST REPORTING YEAR			
6.07 APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIF	FIED ON	100.00	6.07
LINE 6.04 ABOVE	OR TO 1 [E-3.PART 6]		
	122] [LINE 12]		
6.08 GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS	0 355	355	6.08
PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD	0 333	333	0.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE R	PATE - TITLE YVIII ONLY		
(NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS			
7 RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS	· 1		7
8 RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES			8
9 RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL	CHARGES		9
10 MEDICARE O/P ESRD CHARGES			10
11 MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS			11

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[] TITLE V [XX] TITLE XVIII [] TITLE XIX APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY PART A REASONABLE COST 12 REASONABLE COST 13 ORGAN ACQUISITION COSTS 14 COST OF TEACHING PHYSICIANS 15 PRIMARY PAYER PAYMENTS 16 TOTAL PART A REASONABLE COST 17 REASONABLE COST 18 PRIMARY PAYER PAYMENTS 19 TOTAL PART B REASONABLE COST 18 PRIMARY PAYER PAYMENTS 19 TOTAL PART B REASONABLE COST 19 TOTAL PART B REASONABLE COST 19 TOTAL PART B REASONABLE COST 20 TOTAL PART B REASONABLE COST 21 TOTAL PART B REASONABLE COST 22 TOTAL PART B REASONABLE COST 23 TOTAL PART B REASONABLE COST 24 TOTAL PART B REASONABLE COST 25 TOTAL REASONABLE COST 26 TOTAL PART B REASONABLE COST 27 TOTAL PART B REASONABLE COST 28 TOTAL PART B REASONABLE COST 29 TOTAL REASONABLE COST 20 TOTAL PART B REASONABLE COST 21 TOTAL PART B REASONABLE COST 22 TOTAL PART B REASONABLE COST 23 TOTAL PART B REASONABLE COST 24 TOTAL PART B REASONABLE COST 25 TOTAL PART B REASONABLE COST 26 TOTAL PART B REASONABLE COST 27 TOTAL PART B REASONABLE COST 28 TOTAL PART B REASONABLE COST 29 TOTAL PART B REASONABLE COST 20 TOTAL PART B REASONABLE COST 27 TOTAL PART B REASONABLE COST 28 TOTAL PART B REASONABLE COST 29 TOTAL PART B REASONABLE COST 20 TOTAL PART B REASONABLE COST 20 TOTAL PART B REASONABLE COST 20 TOTAL PART B REASONABLE PART B PART	DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS			W	ORKSHEET E-3 PART IV (CONT)
PART A REASONABLE COST 12 REASONABLE COST 13 ORGAN ACQUISITION COSTS 14 COST OF TEACHING PHYSICIANS 15 PRIMARY PAYER PAYMENTS 16 TOTAL PART A REASONABLE COST 17 REASONABLE COST 18 PRIMARY PAYER PAYMENTS 19 TOTAL PART B REASONABLE COST 19 TOTAL PART B REASONABLE COST 19 TOTAL PART B REASONABLE COST 18 PRIMARY PAYER PAYMENTS 18 PRIMARY PAYER PAYMENTS 19 TOTAL PART B REASONABLE COST	[] TITLE V	[XX] TITLE XVIII	[] TITLE XIX		(CONT)
12 REASONABLE COST 15074137 12 13 ORGAN ACQUISITION COSTS 13 14 COST OF TEACHING PHYSICIANS 14 15 PRIMARY PAYER PAYMENTS 1688 15 16 TOTAL PART A REASONABLE COST 15072449 16 PART B REASONABLE COST 533838 17 18 PRIMARY PAYER PAYMENTS 18 19 TOTAL PART B REASONABLE COST 533838 19		T - TITLE XVIII ONLY			
13 ORGAN ACQUISITION COSTS 13 14 COST OF TEACHING PHYSICIANS 14 15 PRIMARY PAYER PAYMENTS 168 15 16 TOTAL PART A REASONABLE COST 15072449 16 PART B REASONABLE COST 533838 17 18 PRIMARY PAYER PAYMENTS 18 19 TOTAL PART B REASONABLE COST 533838 19					
14 COST OF TEACHING PHYSICIANS 14 15 PRIMARY PAYER PAYMENTS 1688 15 16 TOTAL PART A REASONABLE COST 15072449 16 PART B REASONABLE COST 533838 17 18 PRIMARY PAYER PAYMENTS 18 19 TOTAL PART B REASONABLE COST 533838 19	12 REASONABLE COST		150	74137	
15 PRIMARY PAYER PAYMENTS 1688 15 16 TOTAL PART A REASONABLE COST 15072449 16 PART B REASONABLE COST 533838 17 18 PRIMARY PAYER PAYMENTS 18 19 TOTAL PART B REASONABLE COST 533838 19	13 ORGAN ACQUISITION COSTS				
16 TOTAL PART A REASONABLE COST 15072449 16 PART B REASONABLE COST 533838 17 17 REASONABLE COST 533838 17 18 PRIMARY PAYER PAYMENTS 18 19 TOTAL PART B REASONABLE COST 533838 19					
PART B REASONABLE COST 17 REASONABLE COST 533838 17 18 PRIMARY PAYER PAYMENTS 18 19 TOTAL PART B REASONABLE COST 533838 19					
17 REASONABLE COST 533838 17 18 PRIMARY PAYER PAYMENTS 18 19 TOTAL PART B REASONABLE COST 533838 19			150	72449	16
18 PRIMARY PAYER PAYMENTS 18 19 TOTAL PART B REASONABLE COST 533838 19	PART B REASONABLE COST				
19 TOTAL PART B REASONABLE COST 533838 19	17 REASONABLE COST		5	33838	17
	18 PRIMARY PAYER PAYMENTS				
20 TOTAL REASONABLE COST 15606287 20	19 TOTAL PART B REASONABLE COST		5	33838	
	20 TOTAL REASONABLE COST		156)6287	20
21 RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST .965793 21	21 RATIO OF PART A REASONABLE COST TO TOTAL REA	SONABLE COST	.9	55793	21
22 RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST .034207 22	22 RATIO OF PART B REASONABLE COST TO TOTAL REA	SONABLE COST	.0	34207	22
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		N PART A AND PART B			
23 TOTAL PROGRAM GME PAYMENT 23					
23.01 FOR COST REPORTING PERIODS ENDING ON OR AFTER JAN 1, 1998 661432 23.01	23.01 FOR COST REPORTING PERIODS ENDING ON OR AFTE	R JAN 1, 1998	6	51432	
24 PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY 638806 24	24 PART A MEDICARE GME PAYMENT - TITLE XVIII ON	LY	6	38806	
25 PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY 22626 25	25 PART B MEDICARE GME PAYMENT - TITLE XVIII ON	LY		22626	25

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS PART IV

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX	
	OMPUTATION OF TOTAL DIRECT GME AMOUNT			
1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE			1
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHERS			1.01
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY CA	RE		2
	UPDATED PER RESIDENT AMOUNT FOR ALL OTHERS			2.01
3	AGGREGATE APPROVED AMOUNT			3
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTE			3.01
	PROGRAMS FOR CR PERIODS ENDING ON OR BEFORE DEC 31,			
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTE			3.02
	PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE			
	FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g			
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTE			3.03
	PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH			
	42 CFR 413.86(g)(4) [E-3,PT.VI,LN.4] [PLUS LINE	3.03]		
	FTE ADJUSTMENT CAP			3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTE	OPATHIC		3.05
	PROGRAMS FOR THE CURRENT YEAR			
	LESSER OF LINE 3.04 OR LINE 3.05			3.06
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN A	N		3.07
	ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT			
	IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN			
	EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO			
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN			3.08
	ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT			
	IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN			
	EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO			
	SUM OF LINES 3.07 AND LINE 3.08			3.09
	SEE INSTRUCTIONS			3.10
3.11	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR			3.11
	CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING			
	WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN	N ZERO		
	SEE INSTRUCTIONS			3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR	YEAR.		3.13
	(SEE INSTRUCTIONS)			
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE C	R YEAR.		3.14
	(SEE INSTRUCTIONS)			
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)			3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS	0.00]		3.16
	SEE INSTRUCTIONS			3.17
3.18	SEE INSTRUCTIONS			3.18

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DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS	P	SHEET E-3 PART IV CONT)
[] TITLE V [] TITLE XVIII [XX] TITLE	XIX	•
3.19 SEE INSTRUCTIONS 3.20 SEE INSTRUCTIONS 3.21 SEE INSTRUCTIONS		3.19 3.20 3.21
3.22 SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	0.00	3.22
3.23 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001	0.00	3.23
3.24 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		3.24
3.25 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		3.25
COMPUTATION OF PROGRAM PATIENT LOAD		
4 PROGRAM PART A INPATIENT DAYS	683	4
5 TOTAL INPATIENT DAYS	43316	5
6 RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS [LINE 6 x] [E-3,PART 6] [LINE 3.25] [LINE 11]	.015768	6
6.01 TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 0 0		6.01
6.02 PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD		6.02
6.03 TOTAL INPATIENT DAYS FROM LINE 5 ABOVE	43316	6.03
6.04 APPROPRIATE PERCENTAGE FOR INCLUSION OF MANAGED CARE DAYS	100.00	6.04
6.05 GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD		6.05
6.06 PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR		6.06
6.07 APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE	100.00	6.07
[PRIOR TO] [E-3,PART 6]		
6.08 GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS 0 0 PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD		6.08
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)		
7 RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS		7
8 RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES		8
9 RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES		9
10 MEDICARE O/P ESRD CHARGES		10
11 MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS		11

WORKSHEET E-3

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DIRECT GRADUATE MEDICAL EDUCATION (GME)

& ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS			PART IV	
	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX	(CONT)
	APPORTIONMENT BASED ON MEDICARE REASONABLE COS	T - TITLE XVIII ONLY		
	PART A REASONABLE COST			
12	REASONABLE COST			12
13	ORGAN ACQUISITION COSTS			13
14	COST OF TEACHING PHYSICIANS			14
15 16	PRIMARY PAYER PAYMENTS TOTAL PART A REASONABLE COST			15 16
10	PART B REASONABLE COST			16
17	REASONABLE COST			17
18	PRIMARY PAYER PAYMENTS			18
19	TOTAL PART B REASONABLE COST			19
20	TOTAL REASONABLE COST			20
21	RATIO OF PART A REASONABLE COST TO TOTAL REA	ASONABLE COST		21
22	RATIO OF PART B REASONABLE COST TO TOTAL REA	ASONABLE COST		22
	ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEE	N PART A AND PART B		
23	TOTAL PROGRAM GME PAYMENT			23
	01 FOR COST REPORTING PERIODS ENDING ON OR AFTE			23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ON			24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ON	ILY		25

CALCULATION OF GME AND IME PAYMENTS FOR

WORKSHEET E-3

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REDISTRIBUTION OF UNUSED RESIDENCY SLOTS			PART VI	
	[] TITLE V	[XX] TITLE XVIII	[] TITLE XIX	
	CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 4	22 OF MMA		
1	RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOT	'AL DAYS	1.000000	1
	IN THE COST REPORTING PERIOD			
2	REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)			2
3	UNADJUSTED DIRECT GME FTE CAP	270)		3
4	PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIO CALCULATION OF ADDITIONAL DIRECT GME PAYMENT ATTRIBUT			4
5	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DI		1.93	5
5	FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC.413.79		1.93	5
5	01 PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESID			5.01
٠.	SLOTS	21.1 0111		3.01
6	GME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)		.05	6
7	ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRU	CTIONS)	.05	7
8	LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT A	MOUNT	97753.66	8
	(SEE INSTRUCTIONS)			
9	LINE 7 TIMES LINE 8		4888	9
10	MEDICARE PGM PATIENT LOAD FROM WKST E-3, PART IV, L	INE 6	.368501	10
11	DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS		1801	11
12	DIRECT GME PAYMENT FOR MANAGED CARE DAYS CALCULATION OF REDUCED IME CAP UNDER SECTION 422 OF M	1347	355	12
13	REDUCED IME FTE CAP (SEE INSTRUCTIONS)	IMA		13
14	UNADJUSTED IME FTE CAP			14
15	PRORATED REDUCED ALLOWABLE FTE CAP			15
13	CALCULATION OF ADDITIONAL IME PAYMENTS ATTRIBUTABLE T	O SECTION 422 OF MMA		15
16	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME			16
	RESIDENT CAP SLOTS UNDER 42 SEC.412.105(f)(1)(iv)(C	!)		
17	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)			17
18	SEE INSTRUCTIONS			18
19	RESIDENT TO BED COUNT			19
20	IME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)			20
21	DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON O	R AFTER		21
0.0	JULY 1, 2005	Dana ov		0.0
22	SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHA OR AFTER JULY 1, 2005	KGES UN		22
23	ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422	OF MMA		23
23	TENTITION THE PAINENTS ATTRIBUTED TO SECTION 422	OI PIPII		23

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	REDIGIRED TOW OF GROODE REDIDERCT DEGID		IIIII VI
	[] TITLE V [] TITLE XVIII	[XX] TITLE XIX	
	CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA		
1	RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD	1.000000	1
2	REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)		2
3	UNADJUSTED DIRECT GME FTE CAP		3
4	PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)		4
	CALCULATION OF ADDITIONAL DIRECT GME PAYMENT ATTRIBUTABLE TO SECTION 42	2 OF MMA	
5	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME		5
	FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC.413.79(c)(4)		
5.0	01 PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP		5.01
_	SLOTS		
6	GME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)		6
8	ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS) LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT		8
8	(SEE INSTRUCTIONS)		8
9	LINE 7 TIMES LINE 8		9
10	MEDICARE PGM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6		10
11	DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS		11
12	DIRECT GME PAYMENT FOR MANAGED CARE DAYS		12
	CALCULATION OF REDUCED IME CAP UNDER SECTION 422 OF MMA		
13	REDUCED IME FTE CAP (SEE INSTRUCTIONS)		13
14	UNADJUSTED IME FTE CAP		14
15	PRORATED REDUCED ALLOWABLE FTE CAP		15
	CALCULATION OF ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF M	MA	
16	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE		16
	RESIDENT CAP SLOTS UNDER 42 SEC.412.105(f)(1)(iv)(C)		
17	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)		17
18	SEE INSTRUCTIONS		18
19	RESIDENT TO BED COUNT		19
20	IME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)		20
21	DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER		21
22	JULY 1, 2005 SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON		22
22	OR AFTER JULY 1, 2005		22
23	ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA		23
23	ADDITIONAL THE INTERIOR MINISTERIOR TO SECTION 422 OF FINA		23

BALANCE SHEET G WORKSHEET G

	ASSETS	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
		1	2	3	4	
	CURRENT ASSETS					
1 2	CASH ON HAND AND IN BANKS TEMPORARY INVESTMENTS	16031186 1689850				1 2
3	NOTES RECEIVABLE	1009030				3
4	ACCOUNTS RECEIVABLE	6411256				4
5	OTHER RECEIVABLES	1905490				5
6	ALLOWANCE FOR UNCOLLECTIBLE	1716000				_
7	NOTES & ACCOUNTS RECEIVABLE INVENTORY	-1716000 218603				6 7
8	PREPAID EXPENSES	475435				8
9	OTHER CURRENT ASSETS	3539813				9
10	DUE FROM OTHER FUNDS	00555600				10
11	TOTAL CURRENT ASSETS	28555633				11
	FIXED ASSETS					
12	LAND					12
12.01	ACCUMULATED DEPRECIATION	2744004				12.01 13
	LAND IMPROVEMENTS ACCUMULATED DEPRECIATION	2744004 -2011856				13.01
14		32370634				14
	ACCUMULATED DEPRECIATION	-21222593				14.01
	LEASEHOLD IMPROVEMENTS					15
	ACCUMULATED AMORTIZATION FIXED EQUIPMENT	8836325				15.01 16
	ACCUMULATED DEPRECIATION	-5804679				16.01
	AUTOMOBILES AND TRUCKS	309527				17
	ACCUMULATED DEPRECIATION	-186149				17.01
	MAJOR MOVABLE EQUIPMENT ACCUMULATED DEPRECIATION	12099221 -8604559				18 18.01
	MINOR EQUIPMENT DEPRECIABLE	0004333				19
19.01	ACCUMULATED DEPRECIATION					19.01
20	MINOR EQUIPMENT-NONDEPRECIABLE					20
21	TOTAL FIXED ASSETS	18529875				21
	OTHER ASSETS					
22	INVESTMENTS	23528985				22
23	DEPOSITS ON LEASES					23 24
24 25	DUE FROM OWNERS/OFFICERS OTHER ASSETS	235697				25
26	TOTAL OTHER ASSETS	23764682				26
0.77	momat 2.00mm	E00E0100				0.0
27	TOTAL ASSETS	70850190				27
27	TOTAL ASSETS LIABILITIES AND FUND BALANCES	GENERAL	SPECIFIC	ENDOWMENT	PLANT	27
27			PURPOSE	ENDOWMENT FUND	PLANT FUND	27
27		GENERAL FUND	PURPOSE FUND	FUND	FUND	27
27		GENERAL	PURPOSE			27
28	LIABILITIES AND FUND BALANCES CURRENT LIABILITIES ACCOUNTS PAYABLE	GENERAL FUND 1 3437524	PURPOSE FUND	FUND	FUND	28
28 29	LIABILITIES AND FUND BALANCES CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE	GENERAL FUND 1	PURPOSE FUND	FUND	FUND	28 29
28 29 30	LIABILITIES AND FUND BALANCES CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE	GENERAL FUND 1 3437524 8125062	PURPOSE FUND	FUND	FUND	28 29 30
28 29	LIABILITIES AND FUND BALANCES CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE	GENERAL FUND 1 3437524	PURPOSE FUND	FUND	FUND	28 29
28 29 30 31 32 33	CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE NOTES & LOANS PAYABLE (SHORT TERM) DEFERRED INCOME ACCELERATED PAYMENTS	GENERAL FUND 1 3437524 8125062	PURPOSE FUND	FUND	FUND	28 29 30 31 32 33
28 29 30 31 32 33	CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE NOTES & LOANS PAYABLE (SHORT TERM) DEFERRED INCOME ACCELERATED PAYMENTS DUE TO OTHER FUNDS	GENERAL FUND 1 3437524 8125062 480593	PURPOSE FUND	FUND	FUND	28 29 30 31 32 33 34
28 29 30 31 32 33	CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE NOTES & LOANS PAYABLE (SHORT TERM) DEFERRED INCOME ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES	GENERAL FUND 1 3437524 8125062	PURPOSE FUND	FUND	FUND	28 29 30 31 32 33
28 29 30 31 32 33 34 35	CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE NOTES & LOANS PAYABLE (SHORT TERM) DEFERRED INCOME ACCELERATED PAYMENTS DUE TO OTHER FUNDS	GENERAL FUND 1 3437524 8125062 480593	PURPOSE FUND	FUND	FUND	28 29 30 31 32 33 34 35
28 29 30 31 32 33 34 35 36	CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE NOTES & LOANS PAYABLE (SHORT TERM) DEFERRED INCOME ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES LONG-TERM LIABILITIES	GENERAL FUND 1 3437524 8125062 480593	PURPOSE FUND	FUND	FUND	28 29 30 31 32 33 34 35 36
28 29 30 31 32 33 34 35 36	CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAKES PAYABLE (SHORT TERM) DEFERRED INCOME ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES LONG-TERM LIABILITIES MORTGAGE PAYABLE	GENERAL FUND 1 3437524 8125062 480593 3006164 15049343	PURPOSE FUND	FUND	FUND	28 29 30 31 32 33 34 35 36
28 29 30 31 32 33 34 35 36	CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE NOTES & LOANS PAYABLE (SHORT TERM) DEFERRED INCOME ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES MORTGAGE PAYABLE NOTES PAYABLE	GENERAL FUND 1 3437524 8125062 480593	PURPOSE FUND	FUND	FUND	28 29 30 31 32 33 34 35 36
28 29 30 31 32 33 34 35 36	CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE NOTES & LOANS PAYABLE (SHORT TERM) DEFERRED INCOME ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES LONG-TERM LIABILITIES MORTGAGE PAYABLE NOTES PAYABLE UNSECURED LOANS LOANS FROM OWNERS .01 PRIOR TO 7/1/66	GENERAL FUND 1 3437524 8125062 480593 3006164 15049343	PURPOSE FUND	FUND	FUND	28 29 30 31 32 33 34 35 36
28 29 30 31 32 33 34 35 36	CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE NOTES & LOANS PAYABLE (SHORT TERM) DEFERRED INCOME ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES LONG-TERM LIABILITIES MORTGAGE PAYABLE NOTES PAYABLE UNSECURED LOANS LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66	GENERAL FUND 1 3437524 8125062 480593 3006164 15049343	PURPOSE FUND	FUND	FUND	28 29 30 31 32 33 34 35 36
28 29 30 31 32 33 34 35 36 37 38 39 40	CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIBS, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE NOTES & LOANS PAYABLE (SHORT TERM) DEFERRED INCOME ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES LONG-TERM LIABILITIES MORTGAGE PAYABLE NOTES PAYABLE UNSECURED LOANS LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66 OTHER LONG TERM LIABILITIES	GENERAL FUND 1 3437524 8125062 480593 3006164 15049343 9746190 8319665	PURPOSE FUND	FUND	FUND	28 29 30 31 32 33 34 35 36 37 38 39 40
28 29 30 31 32 33 34 35 36	CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE NOTES & LOANS PAYABLE (SHORT TERM) DEFERRED INCOME ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES LONG-TERM LIABILITIES MORTGAGE PAYABLE NOTES PAYABLE UNSECURED LOANS LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66 OTHER LONG TERM LIABILITIES TOTAL LONG TERM LIABILITIES	GENERAL FUND 1 3437524 8125062 480593 3006164 15049343 9746190 8319665 18065855	PURPOSE FUND	FUND	FUND	28 29 30 31 32 33 34 35 36 37 38 39 40
28 29 30 31 32 33 34 35 36 37 38 39 40	CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIBS, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE NOTES & LOANS PAYABLE (SHORT TERM) DEFERRED INCOME ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES LONG-TERM LIABILITIES MORTGAGE PAYABLE NOTES PAYABLE UNSECURED LOANS LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66 OTHER LONG TERM LIABILITIES	GENERAL FUND 1 3437524 8125062 480593 3006164 15049343 9746190 8319665	PURPOSE FUND	FUND	FUND	28 29 30 31 32 33 34 35 36 37 38 39 40
28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43	CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE NOTES & LOANS PAYABLE (SHORT TERM) DEFERRED INCOME ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES LONG-TERM LIABILITIES MORTGAGE PAYABLE NOTES PAYABLE UNSECURED LOANS LOANS FROM OWNERS .01 PRIOR TO 7/1/66 OTHER LONG TERM LIABILITIES TOTAL LONG TERM LIABILITIES TOTAL LONG TERM LIABILITIES TOTAL LONG TERM LIABILITIES TOTAL LIABILITIES	GENERAL FUND 1 3437524 8125062 480593 3006164 15049343 9746190 8319665 18065855 33115198	PURPOSE FUND	FUND	FUND	28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43
28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43	CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE NOTES & LOANS PAYABLE (SHORT TERM) DEFERRED INCOME ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES LONG-TERM LIABILITIES MORTGAGE PAYABLE NOTES PAYABLE UNSECURED LOANS LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66 OTHER LONG TERM LIABILITIES TOTAL LONG TERM LIABILITIES TOTAL LONG TERM LIABILITIES TOTAL LIABILITIES CAPITAL ACCOUNTS GENERAL FUND BALANCE	GENERAL FUND 1 3437524 8125062 480593 3006164 15049343 9746190 8319665 18065855	PURPOSE FUND	FUND	FUND	28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43
28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43	CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE NOTES & LOANS PAYABLE (SHORT TERM) DEFERRED INCOME ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES LONG-TERM LIABILITIES MORTGAGE PAYABLE NOTES PAYABLE UNSECURED LOANS LOANS FROM OWNERS .01 PRIOR TO 7/1/66 OTHER LONG TERM LIABILITIES TOTAL LONG TERM LIABILITIES TOTAL LONG TERM LIABILITIES TOTAL LONG TERM LIABILITIES TOTAL LIABILITIES	GENERAL FUND 1 3437524 8125062 480593 3006164 15049343 9746190 8319665 18065855 33115198	PURPOSE FUND	FUND	FUND	28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43
28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43	CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE NOTES & LOANS PAYABLE (SHORT TERM) DEFERRED INCOME ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES LONG-TERM LIABILITIES MORTGAGE PAYABLE NOTES PAYABLE UNSECURED LOANS LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66 OTHER LONG TERM LIABILITIES TOTAL LONG TERM LIABILITIES TOTAL LONG TERM LIABILITIES TOTAL LIABILITIES CAPITAL ACCOUNTS GENERAL FUND BALANCE SPECIFIC PURPOSE FUND BALANCE DONOR CREATED-ENDOWMENT FUND BAL-TESTRICTED DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED	GENERAL FUND 1 3437524 8125062 480593 3006164 15049343 9746190 8319665 18065855 33115198	PURPOSE FUND	FUND	FUND	28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43
28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43	CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE NOTES & LOANS PAYABLE (SHORT TERM) DEFERRED INCOME ACCELERATED PAYABLE (SHORT TERM) DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES LONG-TERM LIABILITIES MORTGAGE PAYABLE NOTES PAYABLE UNSECURED LOANS LOANS FROM OWNERS .01 PRIOR TO 7/1/66 OTHER LONG TERM LIABILITIES TOTAL LONG TERM LIABILITIES TOTAL LONG TERM LIABILITIES CAPITAL ACCOUNTS GENERAL FUND BALANCE SPECIFIC PURPOSE FUND BALANCE DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED GOVERNING BODY CREATED - ENDOWMENT FUND BAL	GENERAL FUND 1 3437524 8125062 480593 3006164 15049343 9746190 8319665 18065855 33115198	PURPOSE FUND	FUND	FUND	28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43
28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49	CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE NOTES & LOANS PAYABLE (SHORT TERM) DEFERRED INCOME ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES LONG-TERM LIABILITIES MORTGAGE PAYABLE NOTES PAYABLE UNSECURED LOANS LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66 OTHER LONG TERM LIABILITIES TOTAL LONG TERM LIABILITIES CAPITAL ACCOUNTS GENERAL FUND BALANCE SPECIFIC PURPOSE FUND BALANCE DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED DONOR CREATED-ENDOWMENT FUND BAL-VESTRICTED GOVERNING BODY CREATED - ENDOWMENT FUND BAL PLANT FUND BALANCE - INVESTED IN PLANT	GENERAL FUND 1 3437524 8125062 480593 3006164 15049343 9746190 8319665 18065855 33115198	PURPOSE FUND	FUND	FUND	28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49
28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43	CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE NOTES & LOANS PAYABLE (SHORT TERM) DEFERRED INCOME ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES LONG-TERM LIABILITIES MORTGAGE PAYABLE NOTES PAYABLE UNSECURED LOANS LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66 OTHER LONG TERM LIABILITIES TOTAL LIABILITIES CAPITAL ACCOUNTS GENERAL FUND BALANCE SPECIFIC PURPOSE FUND BALANCE DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED GOVERNING BODY CREATED - ENDOWMENT FUND BAL PLANT FUND BALANCE - INVESTED IN PLANT PLANT FUND BALANCE - RESERVE FOR PLANT	GENERAL FUND 1 3437524 8125062 480593 3006164 15049343 9746190 8319665 18065855 33115198	PURPOSE FUND	FUND	FUND	28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43
28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49	CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAXES PAYABLE NOTES & LOANS PAYABLE (SHORT TERM) DEFERRED INCOME ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES LONG-TERM LIABILITIES MORTGAGE PAYABLE NOTES PAYABLE UNSECURED LOANS LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66 OTHER LONG TERM LIABILITIES TOTAL LONG TERM LIABILITIES CAPITAL ACCOUNTS GENERAL FUND BALANCE SPECIFIC PURPOSE FUND BALANCE DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED DONOR CREATED-ENDOWMENT FUND BAL-VESTRICTED GOVERNING BODY CREATED - ENDOWMENT FUND BAL PLANT FUND BALANCE - INVESTED IN PLANT	GENERAL FUND 1 3437524 8125062 480593 3006164 15049343 9746190 8319665 18065855 33115198	PURPOSE FUND	FUND	FUND	28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49
28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50	CURRENT LIABILITIES ACCOUNTS PAYABLE SALARIES, WAGES & FEES PAYABLE PAYROLL TAKES PAYABLE NOTES & LOANS PAYABLE (SHORT TERM) DEFERRED INCOME ACCELERATED PAYMENTS DUE TO OTHER FUNDS OTHER CURRENT LIABILITIES TOTAL CURRENT LIABILITIES LONG-TERM LIABILITIES MORTGAGE PAYABLE NOTES PAYABLE UNSECURED LOANS LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66 OTHER LONG TERM LIABILITIES TOTAL LONG TERM LIABILITIES TOTAL LONG TERM LIABILITIES TOTAL LIABILITIES CAPITAL ACCOUNTS GENERAL FUND BALANCE SPECIFIC PURPOSE FUND BALANCE DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED GOVERNING BODY CREATED - ENDOWMENT FUND BAL PLANT FUND BALANCE - INVESTED IN PLANT TLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION	GENERAL FUND 1 3437524 8125062 480593 3006164 15049343 9746190 8319665 18065855 33115198 37734992	PURPOSE FUND	FUND	FUND	28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50

STATEMENT OF CHANGES IN FUND BALANCES WORKSHEET G-1

	011112112111 01 011111020 111 1 0112 2111	111020			"0111101111111 0 1
		GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND	PLANT FUND 4
1	FUND BALANCES AT BEGINNING OF PERIOD	41168961			1
2	NET INCOME (LOSS)	1730857			2
3	TOTAL	42899818			3
4	ADDITIONS (CREDIT ADJUSTMENTS)				4
5	NET ASSETS RELEASED FROM REST.	967113			5
6	INCR. IN TEMP. RESTRICTED NETASSETS	11306974			6
7					7
8					8
9					9
10	TOTAL ADDITIONS	12274087			10
11	SUBTOTAL	55173905			11
12	DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13	DECR. IN TEMP. RESTRICTED NET ASSET				13
14	DECR. IN PERMANENTLY RESTRICTED NET	12044608			14
15	PENSION ADJUSTMENT	5394305			15
16					16
17					17
18	TOTAL DEDUCTIONS	17438913			18
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	37734992			19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2 PARTS I & II

PART I - PATIENT REVENUES

	REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
	GENERAL INPATIENT ROUTINE CARE SERVICES	-	2	<u> </u>	
1	HOSPITAL	81199575		81199575	1
2	SUBPROVIDER I				2
4	SWING BED - SNF				4
5	SWING BED - NF				5
6	SKILLED NURSING FACILITY				6
7	NURSING FACILITY				7
8	OTHER LONG TERM CARE				8
9	TOTAL GENERAL INPATIENT CARE SERVICES	81199575		81199575	9
	INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
10	INTENSIVE CARE UNIT				10
11	CORONARY CARE UNIT				11
12	BURN INTENSIVE CARE UNIT				12
13	SURGICAL INTENSIVE CARE UNIT				13
14	OTHER SPECIAL CARE (SPECIFY)				14
15	TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE				15
16	TOTAL INPATIENT ROUTINE CARE SERVICES	81199575		81199575	16
17	ANCILLARY SERVICES	9352209		9352209	17
18	OUTPATIENT SERVICES		13488399	13488399	18
19	HOME HEALTH AGENCY				19
20	AMBULANCE				20
21	CORF				21
22	ASC				22
23	HOSPICE				23
24	PROFESSIONAL	8040223	2580338	10620561	24
25	TOTAL PATIENT REVENUES	98592007	16068737	114660744	25
	PART II - OPERATING			_	
26	ODED AMING EVDENGEG	1		2	20
26 27	OPERATING EXPENSES PROVISSION FOR BAD DEBTS	1789	261	84840226	26 27
28	INTEREST RATE SWAP	1/09	301		28
28 29	GAIN ON DISPOSAL	EO	000		28 29
30	GAIN ON DISPOSAL	50	000		30
31					31
32					32
33	TOTAL ADDITIONS			1839361	33
34	LOSS ON DISPOSAL OF ASSETS			1039301	34
35	INTEREST RATE SWAP	-118	102		35
36	CAPITAL CAMPAIGN	-308			36
37	CARRIAGE HOUSE	-497			37
38	ROUNDING	407			38
39	TOTAL DEDUCTIONS	-923	778		39
40	TOTAL OPERATING EXPENSES	723		85755809	40

STATEMENT OF REVENUES AND EXPENSES WORKSHEET G-3

DESCRIPTION

1 2 3 4 5	TOTAL PATIENT REVENUES LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS NET PATIENT REVENUES LESS - TOTAL OPERATING EXPENSES NET INCOME FROM SERVICE TO PATIENTS	114660744 56931837 57728907 85755809 -28026902	1 2 3 4 5
6 7 8	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC. INCOME FROM INVESTMENTS REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		6 7 8
9 10	REVENUE FROM TELEVISION AND RADIO SERVICE PURCHASE DISCOUNTS		9 10
11 12	REBATES AND REFUNDS OF EXPENSES PARKING LOT RECEIPTS		11 12
13 14 15	REVENUE FROM LAUNDRY AND LINEN SERVICE REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS REVENUE FROM RENTAL OF LIVING OUARTERS		13 14 15
16 17	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		16 17
18 19 20	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.) REVENUE FROM GIFTS. FLOWER. COFFEE SHOPS. CANTEEN		18 19 20
21 22	REVENUE FROM GIFIS, FLOWER, COFFEE SHOPS, CANTEEN RENTAL OF VENDING MACHINES RENTAL OF HOSPITAL SPACE		21 22
23 24	GOVERNMENTAL APPROPRIATIONS OTHER INCOME	29691628	23 24
	. SEE SEPARATE SCHEDULE FOR DETAIL NET NON OPERATING GAINS TOTAL OTHER INCOME	66131 29757759	24.01 24.02 25
26 27 28 29	TOTAL OTHER INCOME TOTAL NET NON-OPERATING LOSSES	1730857	26 27 28 29
30 31	TOTAL OTHER EXPENSES NET INCOME (OR LOSS) FOR THE PERIOD	1730857	30 31