

SUMMARY REPORT

NF - Cost Report for 2013

Prepared by  
 Provider Name  
 Date

Contract Number  
 Period Ended

| Item No. | Description  | OIG Number          | Item No. | Value |
|----------|--|---------------------|----------|-------|
|          | 2013 COST REPORT for TEXAS NURSING FACILITY (NF)   | (version: 12/31/13) |          |       |
|          | GENERAL INFORMATION  |                     |          |       |
| 1        | DADS NF 9-digit Contract Number  |                     | 1        |       |
| 2        | DADS NF 4-digit Facility Number  |                     | 2        |       |
| 3        | Type Ownership of Facility   |                     | 3        |       |
| 4        | Type Ownership of Contracting Entity (Complete Schedule H)   |                     | 4        |       |
| 5        | Type Ownership of Parent Company, Sole Member, Governmental Body, or Related Party Management Company (Complete Schedule H)  |                     | 5        |       |
| 6        | Texas Comptroller Identification Number (14 digits)  |                     | 6        |       |
|          | Item 7 reserved for future use.  |                     |          |       |
| 8        | Texas County Code in Which Facility is Located   |                     | 8        |       |
| 9        | Texas County Code in Which Accounting Records are Located (3 digits). "999" if not in Texas.   |                     | 9        |       |
| 10       | Reporting Period - Beginning Date (mm/dd/yy)   |                     | 10       |       |
| 11       | Reporting Period - Ending Date (mm/dd/yy) (If Reporting Period is less than a full year, provide reason in explanation box.)   |                     | 11       |       |
| 12       | Is the facility a Medicare participant? (0=No, 1=Yes) If Yes, respond Yes to item 13 and include the facility's Medicare provider number in item 16. (If ancillary costs are reported, complete Schedule G.)   |                     | 12       |       |
| 13       | Does any entity within "the entire related organization" hold any other contracts or grants with the State of Texas or with Medicare? (0=No, 1=Yes)  |                     | 13       |       |
| 14       | Does any entity within "the entire related organization" administer any other business entities? (0=No, 1=Yes)   |                     | 14       |       |
| 15       | If item 13 is Yes, give the total number of Texas Medicaid NF contracts (including this facility) and complete Schedule H. In the explanation box, list the 9-digit contract for each NF (including this facility).  |                     | 15       |       |
| 16       | If items 12, 13 or 14 are Yes, give the total number of contracts/grants/business entities, within and outside the State of Texas, excluding only the Texas Medicaid contract numbers for the nursing facilities listed in item 15 and complete Schedule H. Include the Medicare contract numbers for the Texas nursing facilities listed in item 15, if applicable. In the explanation box, list the type of program (e.g., Medicare NF, Assisted Living Apartments, PHC/FC, Medicare Therapy company, etc.) and Contract or Provider number for each contract/grant/business entity. |                     | 16       |       |
| 17       | Was an accrual method of accounting used for reporting all revenues, expenses and statistical information on this cost report, except for specific line items where instructions allow reporting on a cash basis? (If No, give reason in the explanation box.) (0=No, 1=Yes)   |                     | 17       |       |
| 18       | Were any equipment or supplies leased or purchased from a related party during the reporting period? (If Yes, complete Schedule B, Section 1A and/or 4.) (0=No, 1=Yes)   |                     | 18       |       |
| 19       | Were any contracted or consultant services (including contracted management) provided by a related organization? (If Yes, complete Schedule B, Section 1A. If lending services, complete Schedule B, Section 2A.) (0=No, 1=Yes)  |                     | 19       |       |
| 20       | Were any contracted or consultant services provided by a related individual? (If Yes, complete Schedule B, Section 1B. If lending services, complete Schedule B, Section 2B.) (0=No, 1=Yes)  |                     | 20       |       |
| 21       | Did an owner-employee or other related party employee within "the entire related organization" work at the facility level? (If Yes, complete Schedule C even if no salaries or compensation were reported.) Attach an organizational chart and enter the attachment number in the explanation box. (0=No, 1=Yes)   |                     | 21       |       |
| 22       | Did an owner-employee or other related party employee within "the entire related organization" work as the facility Administrator? (If Yes, complete Schedule C even if no salaries or compensation were reported.) Attach an organizational chart and enter the attachment number in the explanation box. (0=No, 1=Yes)   |                     | 22       |       |

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| 23   |            |                                 | 23       |       |
| Did an owner-employee or other related party employee within "the entire related organization" work as the facility Assistant Administrator? (If Yes, complete Schedule C even if no salaries or compensation were reported.) Attach an organizational chart and enter the attachment number in the explanation box. (0=No, 1=Yes)   |            |                                 |          |       |
| 24   |            |                                 | 24       |       |
| Did an owner-employee or other related party employee within "the entire related organization" work at the central office, shared administration, or related-party management level? (If Yes, complete Schedule C even if no salaries or compensation were reported.) Attach an organizational chart and enter the attachment number in the explanation box. (0=No, 1=Yes) |            |                                 |          |       |
| 25   |            |                                 | 25       |       |
| Was the nursing facility building leased during the cost-reporting period? (If Yes, complete Schedule D1 and attach a copy of the signed lease. Enter attachment number in the explanation box. If leased from a related party, also complete Schedule B, Sections 1A and 3A.) (0=Not Leased, 1=Leased from non-related party, 2 = Leased from related party)              |            |                                 |          |       |
| 26   |            |                                 | 26       |       |
| Was the central office/shared administration/related party management building leased during the cost-reporting period? (If Yes, complete Schedule D2. If leased from a related party, also complete Schedule B, Sections 1A and 3A.) (0=Not Leased, 1=Leased from non-related party, 2 = Leased from related party)   |            |                                 |          |       |
| 27   |            |                                 | 27       |       |
| Was the nursing facility building purchased from a related party? (If Yes, complete Schedule B, Sections 1A and 4.) (0=No, 1=Yes)  |            |                                 |          |       |
| 28   |            |                                 | 28       |       |
| Were any contracted management costs (non-related party or related party) reported on this cost report? (If Yes, complete Schedule E) Related Party management expenses must be reported as central office expenses. (0=No, 1=Yes, from a non-related party, 2=Yes, from a related party)  |            |                                 |          |       |
| 29   |            |                                 | 29       |       |
| Are any self-insurance expenses reported on this cost report? If Yes, answer Yes to all insurance categories in items 30 thru 36 which have self-insurance expenses reported on this cost report. (0=No, 1=Yes)  |            |                                 |          |       |
| 30   |            |                                 | 30       |       |
| If item 29 is Yes, were Buildings and Contents self-insurance expenses reported on this cost report? (1=Yes)   |            |                                 |          |       |
| 31   |            |                                 | 31       |       |
| If item 29 is Yes, were General Liability self-insurance expenses reported on this cost report? (1=Yes)  |            |                                 |          |       |
| 32   |            |                                 | 32       |       |
| If item 29 is Yes, were Professional Malpractice self-insurance expenses reported on this cost report? (1=Yes)   |            |                                 |          |       |
| 33   |            |                                 | 33       |       |
| If item 29 is Yes, were Vehicle self-insurance expenses reported on this cost report? If Yes, attach an approval from the Texas Department of Insurance for you to be self-insured for vehicle liability coverage and enter the attachment number in the explanation box. (1=Yes)  |            |                                 |          |       |
| 34   |            |                                 | 34       |       |
| If item 29 is Yes, were Health/Disability self-insurance expenses reported on this cost report? (1=Yes)  |            |                                 |          |       |
| 35   |            |                                 | 35       |       |
| If item 29 is Yes, were Workers' Compensation/Costs related to employee on-the-job injuries self-insurance expenses reported on this cost report? (1=Yes)  |            |                                 |          |       |
| 36   |            |                                 | 36       |       |
| If item 29 is Yes, were self-insurance expenses Other than the types indicated in items 30 thru 35 reported on this cost report? (1=Yes)   |            |                                 |          |       |
| 37   |            |                                 | 37       |       |
| For any category of self-insurance answered Yes in items 30 thru 36, did the expenses incurred exceed the allowable cost ceiling? For each category that exceeds its allowable cost ceiling, attach detail showing calculation of the cost ceiling, reported expenses, and carry forward amounts. Enter attachment number in the explanation box. (1=Yes)                  |            |                                 |          |       |
| 38   |            |                                 | 38       |       |
| Have copies been attached of the 2013 On-Line General and NF Cost Report Training Certificate(s) or a 2013 Classroom-based First Time Attendee General and NF Cost Report Training Certificate(s) for each preparer signing this cost report? Enter attachment number(s) in the explanation box. (0=No, 1=Yes)   |            |                                 |          |       |
| 39   |            |                                 | 39       |       |
| Did the preparer(s) of this cost report review the audit adjustments for the prior year's cost report and make all the necessary revisions when preparing this cost report? (If No, give reason in explanation box.) (0=No, 1=Yes)   |            |                                 |          |       |
| 40   |            |                                 | 40       |       |
| Are there work papers that clearly reconcile between the fiscal year end trial balance and the amounts reported on this cost report? (If No, give reason in explanation box.) (0=No, 1=Yes)  |            |                                 |          |       |

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| Item No.      | Description   | Item No.        | Value |
| 41            | Were any expenses reported on this cost report the result of the allocation of expenses (including the allocation of expenses between line items with the cost report)? If Yes, attach a detailed allocation summary showing allocation of 100% of the shared costs. Enter attachment number(s) in the explanation box. (0=No, 1=Yes)   | 41              |       |
| 42            | If item 41 is Yes, was Square Footage method used to allocate expenses onto this cost report? (1=Yes)   | 42              |       |
| 43            | If item 41 is Yes, was Units of Service method used to allocate expenses onto this cost report? (1=Yes)   | 43              |       |
| 44            | If item 41 is Yes, was Salaries method used to allocate expenses onto this cost report? (1=Yes)   | 44              |       |
| 45            | If item 41 is Yes, were Labor Cost methods used to allocate expenses onto this cost report? (1=Yes)   | 45              |       |
| 46            | If item 41 is Yes, was Cost-To-Cost method used to allocate expenses onto this cost report? (1=Yes)   | 46              |       |
| 47            | If item 41 is Yes, was Total Cost Less Facility Cost method used to allocate expenses onto this cost report? (1=Yes)  | 47              |       |
| 48            | If item 41 is Yes, was Functional method used to allocate expenses onto this cost report? (1=Yes)   | 48              |       |
| 49            | If item 41 is Yes, was Time Study method used to allocate expenses onto this cost report? (1=Yes)   | 49              |       |
| 50            | If item 41 is Yes, was an Other Method Approved by Rate Analysis used to allocate expenses onto this cost report? If Yes, attach approval letter from HHSC Rate Analysis and enter the attachment number in the explanation box. (1=Yes)  | 50              |       |
| 51            | Number of facility beds licensed for nursing care by DADS at the end of the cost-reporting period.  | 51              |       |
| 52            | Did the number of licensed beds change during the reporting period? (If Yes, complete Schedule I.) (0=No, 1=Yes)  | 52              |       |
| 53            | Number of licensed nursing beds contracted for Medicaid nursing care by DADS at the end of the cost-reporting period.   | 53              |       |
| 54            | Did the number of contracted beds change during the reporting period? (If Yes, complete Schedule I.) (0=No, 1=Yes)  | 54              |       |
| 55            | During the 2013 cost reporting period, was the facility Medicaid-decertified for any period of time? (0=No, 1=Yes)  | 55              |       |
| 56            | If item 55 is Yes, for how many days? NOTE: If the facility was decertified for more than 30 days during its 2013 cost-reporting period, this cost report should cover the period subsequent to recertification. Costs accrued prior to or during the period of decertification are not to be included on this cost report, including costs to get recertified.   | 56              |       |
| 57            | The only nurse aides to be included in items 108 thru 111 and 129 thru 132 of on this report are Certified Nurse Aides and nurse aides in training who have completed at least the first 16 hours of a Nurse Aide Training and Competency Evaluation Program (NATCEP). Have you excluded all time worked before sixteen hours of training are completed as well as associated salaries and wages from this report? NOTE: Excluded hours and salaries and wages should be reported in items 160 and 161. (0=No, 1=Yes) | 57              |       |
| 58            | Does this facility provide an in-house NATCEP? (0=No, 1=Yes)  | 58              |       |
| 59            | Reserved for future use.  | 59              |       |
| 60            | Select the address to which all future correspondence concerning this report is to be mailed. These two choices correspond to the addresses indicated on the first page (cover) of this cost report. (0=facility, 1=contracting entity)   | 60              |       |
| 61            | Total number of central office staff employed by the controlling entity on the last day of the cost-reporting period.   | 61              |       |
| 62            | Total number of non-central office staff employed by the contracted provider on the last day of the cost-reporting period.  | 62              |       |
| 63            | Of the central office employees included in item 61, how many worked less than 30 hours a week?   | 63              |       |
| 64            | Of the non-central office employees included in item 62, how many worked less than 30 hours a week?   | 64              |       |
| 65            | Did the company offer health insurance to its employees on or before March 23, 2010? (0 = No, 1 = Yes)  | 65              |       |
| 66            | If item 65 is yes, is that coverage still in effect? (0 = No, 1 = Yes)  | 66              |       |
| 67            | Total employer-paid health insurance costs for central office staff employed by the controlling entity.   | 67              |       |
| 68            | Total employer-paid health insurance costs for non-central office staff employed by the contracted provider.  | 68              |       |

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| 69            | Does the health insurance the company offers include all of the following benefits: inpatient, outpatient and emergency services; maternity and newborn care; mental and behavioral health services; prescription drugs; rehabilitation and habilitation services; laboratory services; disease management; preventative and wellness services; pediatric care? (If the company does not offer health insurance, answer No.) (0 = No, 1 = Yes) | 69       |       |
|               | <b>RESIDENT DAYS AND REVENUE: MEDICAID-CONTRACTED BEDS</b>   |          |       |
| 70            | Medicaid Residents (Include Applied Income) 70 = Days of Service; 71 = Revenue   | 70       |       |
| 71            |  | 71       |       |
| 72            | Hospice Residents (Include Applied Income) 72 = Days of Service; 73 = Revenue  | 72       |       |
| 73            |  | 73       |       |
| 74            | STAR+PLUS Managed Care Residents: 74 = Days of Service, 75 = Revenue   | 74       |       |
| 75            |  | 75       |       |
| 76            | Medicare Residents in Medicaid-contracted beds: 76 = Days of Service, 77 = Revenue   | 76       |       |
| 77            |  | 77       |       |
| 78            | V.A. Residents in Medicaid-contracted beds: 78 = Days of Service, 79 = Revenue   | 78       |       |
| 79            |  | 79       |       |
| 80            | Private Insurance Residents in Medicaid-Contracted beds: 80 = Days of Service, 81 = Revenue  | 80       |       |
| 81            |  | 81       |       |
| 82            | Private Residents in Medicaid-Contracted beds: 82 = Days of Service, 83 = Revenue  | 82       |       |
| 83            |  | 83       |       |
|               | <b>RESIDENT DAYS AND REVENUE: NON-MEDICAID-CONTRACTED BEDS</b>   |          |       |
| 84            | Medicare Residents in Medicare-Certified-Only Beds: 84 = Days of Service, 85 = Revenue   | 84       |       |
| 85            |  | 85       |       |
| 86            | Other Residents in Non-Medicaid contracted Beds: 86 = Days of Service, 87 = Revenue  | 86       |       |
| 87            |  | 87       |       |
| 88            | <b>TOTAL DAYS OF SERVICE FOR ALL BEDS</b> (sum items 70, 72, 74, 76, 78, 80, 82, 84, 86)   | 88       |       |
|               | NOTE: Total reported Days of Service must not exceed the amount equal to the number of licensed beds multiplied by the number of days of operation during the cost-reporting period. In addition, the total reported Days of Service for Medicaid contracted beds must not exceed the amount equal to the number of Medicaid-contracted beds multiplied by the number of days of operation during the reporting period.                        |          |       |
|               | <b>OTHER REVENUES</b>  |          |       |
| 89            | Room and Bed Holds   | 89       |       |
| 90            | Gifts, Grants, Donations, Endowments and Trusts  | 90       |       |
| 91            | Appropriations from State or Local Government Sources  | 91       |       |
| 92            | Interest - Funded Depreciation Account; Qualified Pension Fund; Debt Service Reserve Fund  | 92       |       |
| 93            | Gain on Sale of Assets (Provide description in explanation box)  | 93       |       |
| 94            | Other - Excess of Other Revenues Over Direct Expenses (From Schedule F)  | 94       |       |
| 95            | <b>TOTAL OF ALL REPORTABLE REVENUE</b> (sum items 71, 73, 75, 77, 79, 81, 83, 85, 87, and 89 thru 94)  | 95       |       |
| 96            | Bad Debt and Charity or Courtesy Allowance   | 96       |       |
| 97            | <b>TOTAL NET REPORTABLE REVENUE</b> (item 95 minus item 96)  | 97       |       |
|               | Items 98 thru 101 reserved for future use.   |          |       |
|               | <b>DIRECT CARE - STAFF COSTS - MEDICAID CONTRACTED BEDS</b>  |          |       |
|               | If a related party employee, complete Schedule C   |          |       |
| 102           | Registered Nurses: 102 = Paid Hours, 103 = Salaries & Wages  | 102      |       |
| 103           |  | 103      |       |

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| 104           | Licensed Vocational Nurses: 104 = Paid Hours, 105 = Salaries & Wages                           | 104             |       |
| 105           |  | 105             |       |
| 106           | Medication Aides: 106 = Paid Hours, 107 = Salaries & Wages                                     | 106             |       |
| 107           |  | 107             |       |
| 108           | Restorative Aides: 108 = Paid Hours, 109 = Salaries & Wages                                    | 108             |       |
| 109           |  | 109             |       |
| 110           | Nurse Aides: 110 = Paid Hours, 111 = Salaries & Wages  | 110             |       |
| 111           |  | 111             |       |
| 112           | Employee Benefits / Insurance - Direct Care Staff (Provide description in the explanation box) | 112             |       |
| 113           | Contract - Registered Nurses: 113 = Paid Hours, 114 = Compensation                             | 113             |       |
| 114           |  | 114             |       |
| 115           | Contract - Licensed Vocational Nurses: 115 = Paid Hours, 116 = Compensation                    | 115             |       |
| 116           |  | 116             |       |
| 117           | Contract - Medication Aides: 117 = Paid Hours, 118 = Compensation                              | 117             |       |
| 118           |  | 118             |       |
| 119           | Contract - Certified Nurse Aides: 119 = Paid Hours, 120 = Compensation                         | 119             |       |
| 120           |  | 120             |       |
|               | Items 121 thru 122 reserved for future use.  |                 |       |
|               | <b>DIRECT CARE - STAFF COSTS - NON-MEDICAID CONTRACTED BEDS</b>                                |                 |       |
|               | If a related party employee, complete Schedule C   |                 |       |
| 123           | Registered Nurses 123 = Paid Hours; 124 = Salaries & Wages                                     | 123             |       |
| 124           |  | 124             |       |
| 125           | Licensed Vocational Nurses: 125 = Paid Hours, 126 = Salaries & Wages                           | 125             |       |
| 126           |  | 126             |       |
| 127           | Medication Aides: 127 = Paid Hours, 128 = Salaries & Wages                                     | 127             |       |
| 128           |  | 128             |       |
| 129           | Restorative Aides: 129 = Paid Hours, 130 = Salaries & Wages                                    | 129             |       |
| 130           |  | 130             |       |
| 131           | Nurse Aides: 131 = Paid Hours, 132 = Salaries & Wages  | 131             |       |
| 132           |  | 132             |       |
| 133           | Employee Benefits / Insurance - Direct Care Staff (Provide description in the explanation box) | 133             |       |
| 134           | Contract - Registered Nurses 134 = Paid Hours, 135 = Compensation                              | 134             |       |
| 135           |  | 135             |       |
| 136           | Contract - Licensed Vocational Nurses: 136 = Paid Hours, 137 = Compensation                    | 136             |       |
| 137           |  | 137             |       |
| 138           | Contract - Medication Aides: 138 = Paid Hours, 139 = Compensation                              | 138             |       |
| 139           |  | 139             |       |
| 140           | Contract - Certified Nurse Aides: 140 = Paid Hours, 141 = Compensation                         | 140             |       |
| 141           |  | 141             |       |
|               | <b>RESIDENT CARE - OTHER RESIDENT CARE COSTS</b>   |                 |       |
|               | If a related party employee, complete Schedule C   |                 |       |
| 142           | Certified Social Workers: 142 = Paid Hours, 143 = Salaries & Wages                             | 142             |       |
| 143           |  | 143             |       |
| 144           | Social Service Assistants: 144 = Paid Hours, 145 = Salaries & Wages                            | 144             |       |
| 145           |  | 145             |       |
| 146           | Activity Director: 146 = Paid Hours, 147 = Salaries & Wages                                    | 146             |       |
| 147           |  | 147             |       |
| 148           | Activity Services Assistants: 148 = Paid Hours, 149 = Salaries & Wages                         | 148             |       |
| 149           |  | 149             |       |
| 150           | Medical Records Staff: 150 = Paid Hours, 151 = Salaries & Wages                                | 150             |       |
| 151           |  | 151             |       |

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| 152  | Resident Care Training Staff 152 = Paid Hours; 153 = Salaries & Wages  | 152      |       |
| 153  |  | 153      |       |
| 154  | Central Supply Staff: 154 = Paid Hours, 155 = Salaries & Wages   | 154      |       |
| 155  |  | 155      |       |
| 156  | Laundry and Housekeeping Staff: 156 = Paid Hours, 157 = Salaries & Wages   | 156      |       |
| 157  |  | 157      |       |
| 158  | Other Resident Care Staff - Professional: (Provide description in the explanation box) 158 = Paid Hours, 159 = Salaries & Wages    | 158      |       |
| 159  |  | 159      |       |
| 160  | Other Resident Care Staff - Nonprofessional: (Provide description in the explanation box) 160 = Paid Hours, 161 = Salaries & Wages | 160      |       |
| 161  |  | 161      |       |
| 162  | Employee Benefits / Insurance - Other Resident Care Staff (Provide description in the explanation box)                             | 162      |       |
| <b>RESIDENT CARE - CONSULTANTS</b>   |  |          |       |
| If a related party consultant, complete Schedule B, Section 1B   |  |          |       |
| 163  | Medical Director   | 163      |       |
| 164  | Registered Nurse   | 164      |       |
| 165  | Pharmacist   | 165      |       |
| 166  | Social Worker  | 166      |       |
| 167  | Activity Director  | 167      |       |
| 168  | Medical Records  | 168      |       |
| 169  | Other Resident Care Consultants (Provide description in the explanation box)   | 169      |       |
| <b>RESIDENT CARE - CONTRACTED SERVICES/SUPPLIES/OTHER RESIDENT CARE EXPENSES</b>   |  |          |       |
| 170  | Contracted Services: In-service Training - Resident Care Staff (Provide description in explanation box)                            | 170      |       |
| 171  | Contracted Services: Activities  | 171      |       |
| 172  | Contracted Services: Social Services   | 172      |       |
| 173  | Contracted Services: Laundry and Housekeeping  | 173      |       |
| 174  | Supplies: Nursing and Medical  | 174      |       |
| 175  | Supplies: In-service Training - Resident Care Staff (Provide description in the explanation box.)                                  | 175      |       |
| 176  | Supplies: Activities   | 176      |       |
| 177  | Supplies: Social Services  | 177      |       |
| 178  | Supplies: Laundry and Housekeeping   | 178      |       |
| 179  | Off-site Training/Seminars - Resident Care Staff   | 179      |       |
| 180  | Travel - Resident Care Staff   | 180      |       |
| 181  | Bio-Hazard Waste Disposal  | 181      |       |
| 182  | Other Resident Care Expenses (Provide description in the explanation box)  | 182      |       |
| <b>RESIDENT CARE - ANCILLARY SERVICES - MEDICAID-ONLY RESIDENTS</b>  |  |          |       |
| Only costs incurred for providing ancillary services to Medicaid-Only Residents may be reported. Schedule G MUST be completed to support the ancillary costs reported below. |  |          |       |
| If a related party transaction, complete Schedule B and/or C   |  |          |       |
| 183  | Ancillary Therapists: 183 = Paid Hours, 184 = Salaries & Wages   | 183      |       |
| 184  |  | 184      |       |
| 185  | Ancillary Therapy Assistants: 185 = Paid Hours, 186 = Salaries & Wages   | 185      |       |
| 186  |  | 186      |       |
| 187  | Other Ancillary Staff: 187 = Paid Hours, 188 = Salaries & Wages  | 187      |       |
| 188  |  | 188      |       |
| 189  | Employee Benefits / Insurance - Ancillary Staff (Provide description in the explanation box)                                       | 189      |       |
| 190  | Therapy Supplies   | 190      |       |

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| 191   | Physical Therapy Consultant  |                                 | 191      |       |
| 192   | Occupational Therapy Consultant  |                                 | 192      |       |
| 193   | Speech Therapy Consultant  |                                 | 193      |       |
| 194   | Contract and Off-Site Therapy  |                                 | 194      |       |
| 195   | Nutritional Therapy Supplies (nutritional therapy food supplements reported on item 234)   |                                 | 195      |       |
| 196   | Diagnostic Laboratory and Radiology  |                                 | 196      |       |
| 197   | Medical and Nursing Supplies   |                                 | 197      |       |
| 198   | Incontinent Supplies   |                                 | 198      |       |
| 199   | Drugs and Pharmaceuticals  |                                 | 199      |       |
| 200   | Oxygen   |                                 | 200      |       |
| 201   | DME Purchased by Provider  |                                 | 201      |       |
| 202   | DME Rental/Lease Expense   |                                 | 202      |       |
| 203   | TOTAL ANCILLARY SERVICE EXPENSES (sum 184, 186 and 188 thru 202) NOTE: Item 203 Must Equal Total of Schedule G, Section 1 - Column F   |                                 | 203      |       |
| 204   | TOTAL DIRECT CARE STAFF AND OTHER RESIDENT CARE COSTS (sum items 103, 105, 107, 109, 111, 112, 114, 116, 118, 120, 124, 126, 128, 130, 132, 133, 135, 137, 139, 141, 143, 145, 147, 149, 151, 153, 155, 157, 159, 161, 162 thru 182, plus 203) |                                 | 204      |       |
| Items 205 thru 224 reserved for future use.                     |  |                                 |          |       |
| <b>DIETARY CARE COSTS</b>                                       |  |                                 |          |       |
| If a related party transaction, complete Schedules B and/or C   |  |                                 |          |       |
| 225   | Food Service Supervisory and Professional Staff: 225 = Paid Hours, 226 = Salaries & Wages  |                                 | 225      |       |
| 226   |  |                                 | 226      |       |
| 227   | Other Food Service Staff: 227 = Paid Hours, 228 = Salaries & Wages   |                                 | 227      |       |
| 228   |  |                                 | 228      |       |
| 229   | Employee Benefits / Insurance - Food Service Staff (Provide description in the explanation box)  |                                 | 229      |       |
| 230   | Contracted - Dietitian/Nutritionist: 230 = Paid Hours, 231 = Compensation  |                                 | 230      |       |
| 231   |  |                                 | 231      |       |
| 232   | Contract Dietary Services  |                                 | 232      |       |
| 233   | Supplies - Food  |                                 | 233      |       |
| 234   | Supplies - Food for ancillary nutritional supplements for Medicaid-only residents (from Schedule G)  |                                 | 234      |       |
| 235   | Supplies - Dietary Nonfood   |                                 | 235      |       |
| 236   | Other Dietary Costs (Provide description in the explanation box)   |                                 | 236      |       |
| 237   | TOTAL DIETARY CARE COSTS (sum items 226, 228, 229, and 231 thru 236)   |                                 | 237      |       |
| Items 238 thru 248 reserved for future use.                     |  |                                 |          |       |
| <b>FACILITY COSTS</b>   |  |                                 |          |       |
| (If a related party transaction, complete Schedules B and/or C) |  |                                 |          |       |
| 249   | Maintenance Staff: 249 = Paid Hours, 250 = Salaries & Wages  |                                 | 249      |       |
| 250   |  |                                 | 250      |       |
| 251   | Employee Benefits / Insurance - Maintenance Staff (Provide description in the explanation box)   |                                 | 251      |       |
| 252   | Lease - Nursing Facility Building(s) (Complete Schedule D1)  |                                 | 252      |       |
| 253   | Lease/Rental - Building and/or Facility Equipment and Facility Other (e.g., storage building)  |                                 | 253      |       |
| 254   | Insurance - Buildings, Contents and Grounds  |                                 | 254      |       |
| 255   | Interest - Mortgage  |                                 | 255      |       |
| 256   | Interest - Other Facility/Operations Notes   |                                 | 256      |       |
| 257   | Tax - Ad Valorem Real Estate   |                                 | 257      |       |

SUMMARY REPORT

NF - Cost Report for 2013

| Prepared by  |   | Contract Number |       |
|--|---|-----------------|-------|
| Provider Name  |   | Period Ended    |       |
| Date   | OIG Number  |                 |       |
| Item No.   | Description   | Item No.        | Value |
| 258  | Utilities - Electricity, Gas, Water and Wastewater, Garbage Disposal  | 258             |       |
| 259  | Maintenance and Repairs - Buildings, Building Equipment and Grounds   | 259             |       |
| 260  | Contract Services - Building/Facility/Operations (Provide description in the explanation box)                               | 260             |       |
| 261  | Depreciation - Buildings/Facility (from Schedules A, item 1 and/or B, Section 1A and 4, item 1)                             | 261             |       |
| 262  | Depreciation - Building Fixed Equipment (from Schedules A, item 2 and/or B, Section 1A and 4, item 2)                       | 262             |       |
| 263  | Depreciation - Land Improvements (from Schedules A, item 3 and/or B, Section 1A and 4, item 3)                              | 263             |       |
| 264  | Amortization - Leasehold Improvements (from Schedules A, item 4 and/or B, Section 1A and 4, item 4)                         | 264             |       |
| 265  | Total Facility Costs (sum items 250 thru 264)   | 265             |       |
| Items 266 thru 268 reserved for future use.                                      |   |                 |       |
| OPERATIONS COSTS (If a related party transaction, complete Schedules B and/or C) |   |                 |       |
| 269  | Lease/Rental - Transportation Equipment   | 269             |       |
| 270  | Lease/Rental - Departmental Equipment   | 270             |       |
| 271  | Insurance - Transportation Equipment  | 271             |       |
| 272  | Insurance - Operations Other  | 272             |       |
| 273  | Tax - Personal Property/Operations/Other Taxes  | 273             |       |
| 274  | Utilities - Telecommunications  | 274             |       |
| 275  | Maintenance - Facility/Operations/Other Supplies  | 275             |       |
| 276  | Maintenance and Repairs - Departmental Equipment  | 276             |       |
| 277  | Maintenance, Repairs, Gas, Oil - Transportation Equipment   | 277             |       |
| 278  | Other Building and/or Facility/Operations Expenses (Provide description in the explanation box)                             | 278             |       |
| 279  | Depreciation - Departmental Equipment (from Schedules A, item 5 and/or B, Section 1A and 4, item 5)                         | 279             |       |
| 280  | Depreciation - Durable Medical Equipment (DME) (from Schedules A, item 6 and/or B, Section 1A and 4, item 6)                | 280             |       |
| 281  | Depreciation - Transportation Equipment (from Schedules A, item 7 and/or B, Section 1A and 4, item 7)                       | 281             |       |
| 282  | Amortization - Other (from Schedules A, item 8 and/or B, Section 1A and 4, item 8)  | 282             |       |
| 283  | Total Operations Costs (sum items 269 thru 282)   | 283             |       |
| 284  | TOTAL FACILITY AND OPERATIONS COSTS (sum items 265 and 283)   | 284             |       |
| Items 285 thru 299 reserved for future use.                                      |   |                 |       |
| ADMINISTRATION COSTS   |   |                 |       |
| If a related party transaction, complete Schedules B and/or C                    |   |                 |       |
| 300  | Facility Administrator: 300 = Paid Hours, 301 = Salaries & Wages  | 300             |       |
| 301  |   | 301             |       |
| 302  | Assistant Administrator: 302 = Paid Hours, 303 = Salaries & Wages   | 302             |       |
| 303  |   | 303             |       |
| 304  | Owner, Partner, Stockholder: (See note on item 312) (Complete Schedule C) 304 = Paid Hours, 305 = Salaries & Wages          | 304             |       |
| 305  |   | 305             |       |
| 306  | Professional Administrative Staff 306 = Paid Hours; 307 = Salaries & Wages  | 306             |       |
| 307  |   | 307             |       |
| 308  | Clerical and Secretarial Staff (308 = Paid Hours, 309 = Salaries & Wages)   | 308             |       |
| 309  |   | 309             |       |
| 310  | Employee Benefits/Insurance - Facility Administrator (Provide description in explanation box)                               | 310             |       |
| 311  | Employee Benefits/Insurance - Assistant Administrator (Provide description in explanation box)                              | 311             |       |
| 312  | Employee Benefits/Insurance - Owner, Partner, Stockholder (Provide description in explanation box and complete Schedule C.) | 312             |       |

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| Prepared by   |   | Contract Number |       |
|---------------|---|-----------------|-------|
| Provider Name |   | Period Ended    |       |
| Date          | OIG Number  |                 |       |
| Item No.      | Description   | Item No.        | Value |
|               | NOTE: Complete items 304, 305 and 312 only if an owner, Partner, or Stockholder is employed in an administration position other than facility Administrator, Asst Administrator, or central office. |                 |       |
| 313           | Employee Benefits/Insurance - Professional Administration Staff (Provide description in explanation box)  | 313             |       |
| 314           | Employee Benefits/Insurance - Clerical and Secretarial Staff (Provide description in explanation box)   | 314             |       |
| 315           | Fees - Management Contract (nonrelated party only) (Complete Schedule E)  | 315             |       |
| 316           | Fees - Professional Services/Consulting/Licenses and Permits/Other (Provide description in the explanation box)   | 316             |       |
| 317           | Contract Administrative Services  | 317             |       |
| 318           | Insurance - General Liability/Professional Malpractice - Premiums   | 318             |       |
| 319           | Insurance - General Liability/Professional Malpractice - Paid Claims, Deductibles, Co-insurance   | 319             |       |
| 320           | Insurance - Other   | 320             |       |
| 321           | Interest - Working Capital Loans  | 321             |       |
| 322           | Tax - Texas Corporate Franchise Tax   | 322             |       |
| 323           | Advertising   | 323             |       |
| 324           | Travel, Training and Seminars - Administrative Staff  | 324             |       |
| 325           | Dues - Association Dues/Subscriptions/Other Dues (Provide description in the explanation box)   | 325             |       |
| 326           | Office Supplies/Other Administrative Expenses (Provide description in the explanation box)  | 326             |       |
|               | Items 327 thru 332 reserved for future use.   |                 |       |
|               | EXPENSES for CENTRAL OFFICE / ALLOCATED SHARED ADMINISTRATION / and RELATED PARTY MANAGEMENT  |                 |       |
|               | If central office expenditures involved transactions with related parties, complete Schedule B and/or C.  |                 |       |
| 333           | Salaries and Wages (excluding ancillary staff)  | 333             |       |
| 334           | Payroll Taxes and Workers' Compensation (excluding ancillary staff)   | 334             |       |
| 335           | Employee Benefits (excluding ancillary staff) (Provide description in explanation box)  | 335             |       |
| 336           | Salaries and Wages - Ancillary Indirect Medicaid-Only (From Schedule G)   | 336             |       |
| 337           | Payroll Taxes and Workers' Comp. - Ancillary Indirect Medicaid-Only (From Schedule G)   | 337             |       |
| 338           | Employee Benefits - Ancillary Indirect Medicaid-Only (From Schedule G) (Provide description in explanation box)   | 338             |       |
| 339           | Advertising   | 339             |       |
| 340           | Travel, Training and Seminars - Central Office Staff  | 340             |       |
| 341           | Association Dues / Other Dues   | 341             |       |
| 342           | Fees - Professional Services/Consulting/Other   | 342             |       |
| 343           | Rental and Lease  | 343             |       |
| 344           | Depreciation & Amortization (from Schedules A, item 9 and/or B, Section 4, item 9)  | 344             |       |
| 345           | Interest  | 345             |       |
| 346           | Ad Valorem Property Tax   | 346             |       |
| 347           | Texas Corporate Franchise Tax   | 347             |       |
| 348           | Insurance - General Liability/Professional Malpractice - Premiums   | 348             |       |
| 349           | Insurance - General Liability/Professional Malpractice - Paid Claims, Deductibles, Co-insurance   | 349             |       |
| 350           | Insurance - Other   | 350             |       |
| 351           | Operations and Maintenance  | 351             |       |
| 352           | Office Supplies/Other Central Office Expenses (Provide description in explanation box)  | 352             |       |
| 353           | TOTAL Central Office Expenses (sum items 333 thru 352)  | 353             |       |
| 354           | TOTAL ADMINISTRATION COSTS (sum items 301, 303, 305, 307, 309, 310 thru 326, and 353)   | 354             |       |

Items 355 thru 374 reserved for future use.

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NF - Cost Report for 2013

| Prepared by   |  | Contract Number |       |
|---------------|--|-----------------|-------|
| Provider Name |  | Period Ended    |       |
| Date          | OIG Number   |                 |       |
| Item No.      | Description  | Item No.        | Value |
|               | <b>PAYROLL TAXES</b>   |                 |       |
| 375           | FICA and Medicare  | 375             |       |
| 376           | State and Federal Unemployment   | 376             |       |
| 377           | TOTAL Payroll Taxes (sum items 375 and 376)  | 377             |       |
| 378           | Does item 375 equal 7.65% of total salaries reported (excluding central office)? (If No, provide a detailed explanation in the explanation box.) (0=No, 1=Yes)   | 378             |       |
| 379           | Is the facility/provider required to pay quarterly taxes to the Texas Workforce Commission for unemployment coverage? (If No, provide a detailed explanation in the explanation box.) (0=No, 1=Yes)  | 379             |       |
|               | Items 380 thru 385 reserved for future use.  |                 |       |
|               | <b>WORKERS' COMPENSATION</b>   |                 |       |
| 386           | Insurance Premiums   | 386             |       |
| 387           | Paid Claims  | 387             |       |
| 388           | Texas Workers' Compensation Commission Certified Self-Insurance (Attach "Certificate of Authority to Self-Insure", enter attachment number in the explanation box)   | 388             |       |
| 389           | Contributions to a Special Risk Management Pool/Fund   | 389             |       |
| 390           | TOTAL WORKERS' COMPENSATION (sum items 386 thru 389)   | 390             |       |
|               | Items 391 thru 399 reserved for future use.  |                 |       |
|               | <b>EXPENSE SUMMARY</b>   |                 |       |
|               | NOTE: This summary of expenses is intended for Texas Medicaid cost-reporting purposes only! The facility may have incurred expenses in addition to those shown here.   |                 |       |
| 400           | TOTAL Direct Care Staff and Other Resident Care Costs (From item 204)  | 400             |       |
| 401           | TOTAL Dietary Care Costs (From item 237)   | 401             |       |
| 402           | TOTAL Facility and Operations Costs (From item 284)  | 402             |       |
| 403           | TOTAL Administration Costs (From item 354)   | 403             |       |
| 404           | TOTAL Payroll Taxes (From item 377)  | 404             |       |
| 405           | Workers' Compensation (From item 390)  | 405             |       |
| 406           | TOTAL Net Reportable Expense (sum items 400 thru 405)  | 406             |       |
|               | Section 2, Senate Bill 48, 79th Regular Session, 2005 amended Chapter 32 of the Texas Human Resources Code, 32.028 by adding Subsection (n) which requires HHSC to ensure that rules governing the determination of rates paid for nursing home services provide for the reporting of all revenue and costs, without regard to whether a cost is an allowable cost for reimbursement under the medical assistance program. The following item is included in the cost report to meet this statutory requirement. Please note that the information gathered by this item is self-reported, will not be audited, is for informational purposes only and will not be used in the rate determination process. Some costs included in this item may not be allowable in the current reporting period but will be reported as allowable in future years. |                 |       |
| 407           | TOTAL Unallowable Expenses   | 407             |       |
|               | Items 408 thru 414 reserved for future use.  |                 |       |
|               | <b>PROPERTY VALUES</b>   |                 |       |
|               | STATUS: Mark the "Yes" box next to the statement that describes the status of the facility for the current reporting period and report property values as indicated.   |                 |       |
| 415           | Not Exempt - Check the "Yes" box for this line item and report on items 421 thru 424 the appraised property values for both land and improvements as stated on tax statements issued by the provider's local taxing authority for the 2012 or 2013 tax years. Attach a copy of the tax statement(s) reflecting these values AND indicate the attachment number in the explanation box. (1 = Yes)   | 415             |       |

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**NF - Cost Report for 2013**

| Prepared by<br>Provider Name<br>Date                                       | OIG Number   | Contract Number<br>Period Ended | Item No. | Value |
|--|--|---------------------------------|----------|-------|
| 416  | Exempt - Governmental Entity. The nursing facility building is owned by a governmental entity that is exempt from paying property taxes. Check the "Yes" box for this line item and leave items 419 thru 424 blank. (1 = Yes)  |                                 | 416      |       |
| 417  | Exempt - With Appraisal From Local Taxing Authority. The nursing facility is exempt from paying property taxes, but the local taxing authority DID issue an appraised value statement for the 2012 or 2013 tax years. Check the "Yes" box for this line item and report on items 421 thru 424 the appraised property values as stated on the tax statements for both land and improvements. Attach a copy of the tax statement(s) reflecting these values AND indicate the attachment number in the explanation box. (1 = Yes) |                                 | 417      |       |
| 418  | Exempt - Without Appraisal From Local Taxing Authority. Your local taxing authority DID NOT issue an appraised value statement for the 2012 or 2013 tax years. Check the "Yes" box for this line item. An appraisal of the facility from an independent appraiser must be obtained. See cost report instructions for specific details on how to report values and what must be attached on this cost report. Indicate the attachment number in the explanation box. (1=Yes)  |                                 | 418      |       |
| 419  | If 418 is Yes, were capital improvements costing more than \$2,000 per licensed bed made to facility since the last independent appraisal was completed? (0=No, 1=Yes)   |                                 | 419      |       |
| 420  | Do the values shown on the taxable value statement or independent appraisal represent property solely devoted to nursing facility operations related to the beds LICENSED for NURSING care reported in line item 51? (0=No, 1=Yes)   |                                 | 420      |       |
| <b>APPRAISED VALUES</b>  |  |                                 |          |       |
| 421  | Year of valuation for appraised values reported.   |                                 | 421      |       |
| 422  | Appraised Value of Buildings and Other Improvements (excluding personal property)  |                                 | 422      |       |
| 423  | Appraised Value of Land  |                                 | 423      |       |
| 424  | <b>TOTAL APPRAISED VALUE OF LAND AND IMPROVEMENTS</b> (sum items 422 and 423)  |                                 | 424      |       |
| <b>EMPLOYEE TURNOVER - STAFF EMPLOYED DURING THE COST-REPORTING PERIOD</b> |  |                                 |          |       |
| 425  | RNs  |                                 | 425      |       |
| 426  | LVNs   |                                 | 426      |       |
| 427  | Nurse Aides  |                                 | 427      |       |
| 428  | <b>TOTAL Staff Employed During the Cost-Reporting Period</b> (sum items 425 thru 427)  |                                 | 428      |       |
| <b>EMPLOYEE TURNOVER - NORMAL STAFFING AT END OF COST-REPORTING PERIOD</b> |  |                                 |          |       |
| 429  | RNs  |                                 | 429      |       |
| 430  | LVNs   |                                 | 430      |       |
| 431  | Nurse Aides  |                                 | 431      |       |
| 432  | <b>TOTAL Normal Staffing At The End Of The Cost-Reporting Period</b> (sum items 429 thru 431)  |                                 | 432      |       |
| Items 433 thru 439 reserved for future use.                                |  |                                 |          |       |
| <b>NURSING FACILITY SQUARE FOOTAGE</b>                                     |  |                                 |          |       |
| 440  | Square Footage of NF Resident Living Areas   |                                 | 440      |       |
| 441  | Square Footage of NF Resident Common Areas   |                                 | 441      |       |
| 442  | Square Footage of NF Non-Resident Areas  |                                 | 442      |       |
| 443  | <b>TOTAL NURSING FACILITY SQUARE FOOTAGE</b> (sum items 440 thru 442)  |                                 | 443      |       |
| Items 444 thru 497 reserved for future use.                                |  |                                 |          |       |

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|--|---|----------|-------|
| Provider Name  | Period Ended  |          |       |
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| Item No.   | Description   | Item No. | Value |
| <b>DIRECT CARE STAFF AND COMPENSATION INFORMATION</b>  |   |          |       |
| 498  | Only those providers who participated in the Direct Care Staff and Compensation Rate Enhancement Program for the entire cost reporting period, identified as the Reporting Period Beginning Date (item 10) and Reporting Period Ending Date (item 11) must complete items 499 thru 983. Did this contract participate in Direct Care Staff and Compensation Rate Enhancement Program for its ENTIRE reporting period? (0 = No, 1 = Yes)<br>Call (512) 730-7447 if you have questions regarding the information requested in items 498 thru 983. | 498      |       |
| 499  | Is this facility part of an organization that is requesting to have all of its participating nursing facility (NF) contracts evaluated in the aggregate for compliance with spending requirements? (If Yes, complete Schedule J) (0=No, 1=Yes)  | 499      |       |
| 500  | If item 499 is Yes, give the total number of NF contracts to be evaluated in the aggregate. NOTE: The number of contracts indicated here must match the number of contracts listed on Schedule J. Contracts not participating in the NF enhancement program may not be included in the aggregate group.   | 500      |       |
| 501  | (Health and Human Services Use Only) Group Number   | 501      |       |
| Items 502 thru 589 reserved for future use.  |   |          |       |
| <b>DIRECT CARE STAFF PAYROLL TAXES &amp; WORKERS' COMPENSATION - Medicaid Contracted Beds Only</b>   |   |          |       |
| Report in items 590 thru 595 the payroll taxes and workers' compensation expenses for direct care staff for Medicaid contracted beds only for this reporting period. The amounts reported in items 590 thru 595 are also to be included in the total amount reported in items 375 thru 390. No adjustment to reduce the payroll taxes and workers' compensation expenses to remove direct care staff payroll taxes and workers' compensation expenses reported in items 375 thru 390 should be made.   |   |          |       |
| 590  | Payroll Taxes - FICA and Medicare   | 590      |       |
| 591  | Does item 590 equal 7.65% of the sum of items 103, 105, 107, 109, and 111? (0=No, 1=Yes) (If No, give reason in explanation box.)   | 591      |       |
| 592  | State and Federal Unemployment (If none, give reason in the explanation box.)   | 592      |       |
| 593  | Workers' Compensation - Insurance Premiums  | 593      |       |
| 594  | Workers' Compensation - Paid Claims   | 594      |       |
| 595  | TOTAL Direct Care Staff Payroll Taxes and Worker's Compensation for Medicaid Contracted Beds Only (sum items 590 and 592 thru 594)  | 595      |       |
| Items 596 thru 599 reserved for future use.  |   |          |       |
| <b>DIETARY STAFF TAXES and WORKERS' COMPENSATION</b>   |   |          |       |
| Report in items 600 thru 605 the payroll taxes and workers' compensation expenses for dietary staff for all licensed nursing facility beds for this reporting period. The amounts reported in items 600 thru 605 are also to be included in the total amount reported in line items 375 thru 390. No adjustment to reduce the payroll taxes and workers' compensation expenses to remove dietary staff payroll taxes and workers' compensation expenses reported in items 375 thru 390 should be made. |   |          |       |
| 600  | Payroll Taxes - FICA and Medicare   | 600      |       |
| 601  | Does item 600 equal 7.65% of the sum of items 226 and 228? (0=No, 1=Yes) (If No, give reason in the explanation box.)   | 601      |       |
| 602  | State and Federal Unemployment (If none, give reason in the explanation box.)   | 602      |       |
| 603  | Workers' Compensation - Insurance Premiums  | 603      |       |
| 604  | Workers' Compensation - Paid Claims   | 604      |       |
| 605  | TOTAL Dietary Staff Payroll Taxes and Worker's Compensation for all licensed nursing beds (sum items 600 and 602 thru 604)  | 605      |       |

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Prepared by  
 Provider Name  
 Date

Contract Number  
 Period Ended

|          |             |  |  |          |       |
|----------|-------------|--|--|----------|-------|
|          | OIG Number  |  |  |          |       |
| Item No. | Description |  |  | Item No. | Value |

|  |                        |
|--|------------------------|
| DAYS OF SERVICE IN MEDICAID-CONTRACTED BEDS<br>(include no decimals) | 02/01/12 thru 08/31/12 |
|--|------------------------|

This report can accommodate a date range of 23 months.

ONLY COMPLETE THE UNITS OF SERVICE LINES FOR THE REPORTING PERIOD OF THIS COST REPORT AS ENTERED IN LINE ITEMS 10 and 11.

| GROUP | Medicaid Days<br>Fee for Service (FFS)                                | Medicaid Days<br>Hospice | Medicaid Days<br>STAR+Plus |     |  |
|-------|---|--------------------------|----------------------------|-----|--|
| 606   | RUG RAD - 606 = Medicaid FFS; 607 = Medicaid Hospice; 608 = STAR+Plus |                          |                            | 606 |  |
| 607   |   |                          |                            | 607 |  |
| 608   |   |                          |                            | 608 |  |
| 609   | RUG RAC 609 = Medicaid FFS; 610 = Medicaid Hospice; 611 = STAR+Plus   |                          |                            | 609 |  |
| 610   |   |                          |                            | 610 |  |
| 611   |   |                          |                            | 611 |  |
| 612   | RUG RAB 612 = Medicaid FFS; 613 = Medicaid Hospice; 614 = STAR+Plus   |                          |                            | 612 |  |
| 613   |   |                          |                            | 613 |  |
| 614   |   |                          |                            | 614 |  |
| 615   | RUG RAA 615 = Medicaid FFS; 616 = Medicaid Hospice; 617 = STAR+Plus   |                          |                            | 615 |  |
| 616   |   |                          |                            | 616 |  |
| 617   |   |                          |                            | 617 |  |
| 618   | RUG SE3 618 = Medicaid FFS; 619 = Medicaid Hospice; 620 = STAR+Plus   |                          |                            | 618 |  |
| 619   |   |                          |                            | 619 |  |
| 620   |   |                          |                            | 620 |  |
| 621   | RUG SE2 621 = Medicaid FFS; 622 = Medicaid Hospice; 623 = STAR+Plus   |                          |                            | 621 |  |
| 622   |   |                          |                            | 622 |  |
| 623   |   |                          |                            | 623 |  |
| 624   | RUG SE1 624 = Medicaid FFS; 625 = Medicaid Hospice; 626 = STAR+Plus   |                          |                            | 624 |  |
| 625   |   |                          |                            | 625 |  |
| 626   |   |                          |                            | 626 |  |
| 627   | RUG SSC 627 = Medicaid FFS; 628 = Medicaid Hospice; 629 = STAR+Plus   |                          |                            | 627 |  |
| 628   |   |                          |                            | 628 |  |
| 629   |   |                          |                            | 629 |  |
| 630   | RUG SSB 630 = Medicaid FFS; 631 = Medicaid Hospice; 632 = STAR+Plus   |                          |                            | 630 |  |
| 631   |   |                          |                            | 631 |  |
| 632   |   |                          |                            | 632 |  |
| 633   | RUG SSA 633 = Medicaid FFS; 634 = Medicaid Hospice; 635 = STAR+Plus   |                          |                            | 633 |  |
| 634   |   |                          |                            | 634 |  |
| 635   |   |                          |                            | 635 |  |
| 636   | RUG CC2 636 = Medicaid FFS; 637 = Medicaid Hospice; 638 = STAR+Plus   |                          |                            | 636 |  |
| 637   |   |                          |                            | 637 |  |
| 638   |   |                          |                            | 638 |  |
| 639   | RUG CC1 639 = Medicaid FFS; 640 = Medicaid Hospice; 641 = STAR+Plus   |                          |                            | 639 |  |
| 640   |   |                          |                            | 640 |  |
| 641   |   |                          |                            | 641 |  |
| 642   | RUG CB2 642 = Medicaid FFS; 643 = Medicaid Hospice; 644 = STAR+Plus   |                          |                            | 642 |  |
| 643   |   |                          |                            | 643 |  |
| 644   |   |                          |                            | 644 |  |
| 645   | RUG CB1 645 = Medicaid FFS; 646 = Medicaid Hospice; 647 = STAR+Plus   |                          |                            | 645 |  |
| 646   |   |                          |                            | 646 |  |
| 647   |   |                          |                            | 647 |  |

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| Prepared by   | Contract Number   |          |       |
|---------------|---|----------|-------|
| Provider Name | Period Ended  |          |       |
| Date          | OIG Number  |          |       |
| Item No.      | Description   | Item No. | Value |
| 648           | RUG CA2 648 = Medicaid FFS; 649 = Medicaid Hospice; 650 = STAR+Plus | 648      |       |
| 649           |   | 649      |       |
| 650           |   | 650      |       |
| 651           | RUG CA1 651 = Medicaid FFS; 652 = Medicaid Hospice; 653 = STAR+Plus | 651      |       |
| 652           |   | 652      |       |
| 653           |   | 653      |       |
| 654           | RUG IB2 654 = Medicaid FFS; 655 = Medicaid Hospice; 656 = STAR+Plus | 654      |       |
| 655           |   | 655      |       |
| 656           |   | 656      |       |
| 657           | RUG IB1 657 = Medicaid FFS; 658 = Medicaid Hospice; 659 = STAR+Plus | 657      |       |
| 658           |   | 658      |       |
| 659           |   | 659      |       |
| 660           | RUG IA2 660 = Medicaid FFS; 661 = Medicaid Hospice; 662 = STAR+Plus | 660      |       |
| 661           |   | 661      |       |
| 662           |   | 662      |       |
| 663           | RUG IA1 663 = Medicaid FFS; 664 = Medicaid Hospice; 665 = STAR+Plus | 663      |       |
| 664           |   | 664      |       |
| 665           |   | 665      |       |
| 666           | RUG BB2 666 = Medicaid FFS; 667 = Medicaid Hospice; 668 = STAR+Plus | 666      |       |
| 667           |   | 667      |       |
| 668           |   | 668      |       |
| 669           | RUG BB1 669 = Medicaid FFS; 670 = Medicaid Hospice; 671 = STAR+Plus | 669      |       |
| 670           |   | 670      |       |
| 671           |   | 671      |       |
| 672           | RUG BA2 672 = Medicaid FFS; 673 = Medicaid Hospice; 674 = STAR+Plus | 672      |       |
| 673           |   | 673      |       |
| 674           |   | 674      |       |
| 675           | RUG BA1 675 = Medicaid FFS; 676 = Medicaid Hospice; 677 = STAR+Plus | 675      |       |
| 676           |   | 676      |       |
| 677           |   | 677      |       |
| 678           | RUG PE2 678 = Medicaid FFS; 679 = Medicaid Hospice; 680 = STAR+Plus | 678      |       |
| 679           |   | 679      |       |
| 680           |   | 680      |       |
| 681           | RUG PE1 681 = Medicaid FFS; 682 = Medicaid Hospice; 683 = STAR+Plus | 681      |       |
| 682           |   | 682      |       |
| 683           |   | 683      |       |
| 684           | RUG PD2 684 = Medicaid FFS; 685 = Medicaid Hospice; 686 = STAR+Plus | 684      |       |
| 685           |   | 685      |       |
| 686           |   | 686      |       |
| 687           | RUG PD1 687 = Medicaid FFS; 688 = Medicaid Hospice; 689 = STAR+Plus | 687      |       |
| 688           |   | 688      |       |
| 689           |   | 689      |       |
| 690           | RUG PC2 690 = Medicaid FFS; 691 = Medicaid Hospice; 692 = STAR+Plus | 690      |       |
| 691           |   | 691      |       |
| 692           |   | 692      |       |
| 693           | RUG PC1 693 = Medicaid FFS; 694 = Medicaid Hospice; 695 = STAR+Plus | 693      |       |
| 694           |   | 694      |       |
| 695           |   | 695      |       |
| 696           | RUG PB2 696 = Medicaid FFS; 697 = Medicaid Hospice; 698 = STAR+Plus | 696      |       |
| 697           |   | 697      |       |
| 698           |   | 698      |       |

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| Provider Name  | Period Ended  |                        |               |
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| Item No.   | Description   | Item No.               | Value         |
| 699  | RUG PB1 699 = Medicaid FFS; 700 = Medicaid Hospice; 701= STAR+Plus  | 699                    |               |
| 700  |   | 700                    |               |
| 701  |   | 701                    |               |
| 702  | RUG PA2 702 = Medicaid FFS; 703 = Medicaid Hospice; 704 = STAR+Plus   | 702                    |               |
| 703  |   | 703                    |               |
| 704  |   | 704                    |               |
| 705  | RUG PA1 705 = Medicaid FFS; 706 = Medicaid Hospice; 707 = STAR+Plus   | 705                    |               |
| 706  |   | 706                    |               |
| 707  |   | 707                    |               |
| 708  | RUG BC1 708 = Medicaid FFS; 709 = Medicaid Hospice; 710 = STAR+Plus   | 708                    |               |
| 709  |   | 709                    |               |
| 710  |   | 710                    |               |
| 711  | RUG PCE 711 = Medicaid FFS; 712 = Medicaid Hospice; 713 = STAR+Plus   | 711                    |               |
| 712  |   | 712                    |               |
| 713  |   | 713                    |               |
| 714  | TOTAL Days of Service Medicaid FFS (sum items 606, 609, 612, 615, 618, 621, 624, 627, 630, 633, 636, 639, 642, 645, 648, 651, 654, 657, 660, 663, 666, 669, 672, 675, 678, 681, 684, 687, 690, 693, 696, 699, 702, 705, 708, and 711)       | 714                    |               |
| 715  | TOTAL Days of Service Medicaid Hospice (sum items 607, 610, 613, 616, 619, 622, 625, 628, 631, 634, 637, 640, 643, 646, 649, 652, 655, 658, 661, 664, 667, 670, 673, 676, 679, 682, 685, 688, 691, 694, 697, 700, 703, 706, 709, and 712)   | 715                    |               |
| 716  | TOTAL Days of Service Medicaid STAR+Plus (sum items 608, 611, 614, 617, 620, 623, 626, 629, 632, 635, 638, 641, 644, 647, 650, 653, 656, 659, 662, 665, 668, 671, 674, 677, 680, 683, 686, 689, 692, 695, 698, 701, 704, 707, 710, and 713) | 716                    |               |
| 717  | TOTAL Days of Service for Medicaid in Medicaid-Contracted Beds (sum items 714, 715, and 716)  | 717                    |               |
| 718  | Medicare Days of Service in Medicaid-Contracted Beds  | 718                    |               |
| 719  | Other Days of Service in Medicaid-Contracted Beds   | 719                    |               |
| 720  | TOTAL Days of Service in Medicaid-Contracted Beds 02/01/12 thru 08/31/12 (Sum items 717 thru 719)   | 720                    |               |
| 721  | Days of Service in Non-Medicaid-Contracted Beds   | 721                    |               |
| 722  | TOTAL DAYS OF SERVICE 02/01/12 thru 08/31/12 (Sum items 720 and 721)  | 722                    |               |
| VENTILATOR SUPPLEMENTAL PAYMENTS   |   | 02/01/12 thru 08/31/12 |               |
| (include no decimals)  |   |                        |               |
| For Medicaid Days of Service identified in items 606 thru 713, enter the Days of Service qualifying for supplemental payments for ventilator or pediatric tracheostomy care. |   |                        |               |
| SUPPLEMENTAL   | Medicaid Days   | Medicaid Days          | Medicaid Days |
| PAYMENT TYPE   | Fee for Service (FFS)   | Hospice                | STAR+Plus     |
| 723  | Ventilator Continuous - 723 = Medicaid FFS; 724 = Medicaid Hospice; 725 = STAR+Plus   | 723                    |               |
| 724  |   | 724                    |               |
| 725  |   | 725                    |               |
| 726  | Ventilator Partial 726 = Medicaid FFS; 727 = Medicaid Hospice; 728 = STAR+Plus  | 726                    |               |
| 727  |   | 727                    |               |
| 728  |   | 728                    |               |

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|----------|------------------------|---|----------|-------|
| 729      | Pediatric Tracheostomy | 729 = Medicaid FFS; 730 = Medicaid Hospice; 731 = STAR+Plus | 729      |       |
| 730      |                        |   | 730      |       |
| 731      |                        |   | 731      |       |

DAYS OF SERVICE IN MEDICAID-CONTRACTED BEDS      09/01/12 thru 08/31/13  
 (include no decimals)

This report can accommodate a date range of 23 months.

ONLY COMPLETE THE UNITS OF SERVICE LINES FOR THE REPORTING PERIOD OF THIS  
 COST REPORT AS ENTERED IN LINE ITEMS 10 and 11.

| GROUP | Medicaid Days<br>Fee for Service (FFS) | Medicaid Days<br>Hospice                                    | Medicaid Days<br>STAR+Plus | Item No. |
|-------|--|---|----------------------------|----------|
| 732   | RUG RAD                                | 732 = Medicaid FFS; 733 = Medicaid Hospice; 734 = STAR+Plus |                            | 732      |
| 733   |  |   |                            | 733      |
| 734   |  |   |                            | 734      |
| 735   | RUG RAC                                | 735 = Medicaid FFS; 736 = Medicaid Hospice; 737 = STAR+Plus |                            | 735      |
| 736   |  |   |                            | 736      |
| 737   |  |   |                            | 737      |
| 738   | RUG RAB                                | 738 = Medicaid FFS; 739 = Medicaid Hospice; 740 = STAR+Plus |                            | 738      |
| 739   |  |   |                            | 739      |
| 740   |  |   |                            | 740      |
| 741   | RUG RAA                                | 741 = Medicaid FFS; 742 = Medicaid Hospice; 743 = STAR+Plus |                            | 741      |
| 742   |  |   |                            | 742      |
| 743   |  |   |                            | 743      |
| 744   | RUG SE3                                | 744 = Medicaid FFS; 745 = Medicaid Hospice; 746 = STAR+Plus |                            | 744      |
| 745   |  |   |                            | 745      |
| 746   |  |   |                            | 746      |
| 747   | RUG SE2                                | 747 = Medicaid FFS; 748 = Medicaid Hospice; 749 = STAR+Plus |                            | 747      |
| 748   |  |   |                            | 748      |
| 749   |  |   |                            | 749      |
| 750   | RUG SE1                                | 750 = Medicaid FFS; 751 = Medicaid Hospice; 752 = STAR+Plus |                            | 750      |
| 751   |  |   |                            | 751      |
| 752   |  |   |                            | 752      |
| 753   | RUG SSC                                | 753 = Medicaid FFS; 754 = Medicaid Hospice; 755 = STAR+Plus |                            | 753      |
| 754   |  |   |                            | 754      |
| 755   |  |   |                            | 755      |
| 756   | RUG SSB                                | 756 = Medicaid FFS; 757 = Medicaid Hospice; 758 = STAR+Plus |                            | 756      |
| 757   |  |   |                            | 757      |
| 758   |  |   |                            | 758      |
| 759   | RUG SSA                                | 759 = Medicaid FFS; 760 = Medicaid Hospice; 761 = STAR+Plus |                            | 759      |
| 760   |  |   |                            | 760      |
| 761   |  |   |                            | 761      |
| 762   | RUG CC2                                | 762 = Medicaid FFS; 763 = Medicaid Hospice; 764 = STAR+Plus |                            | 762      |
| 763   |  |   |                            | 763      |
| 764   |  |   |                            | 764      |
| 765   | RUG CC1                                | 765 = Medicaid FFS; 766 = Medicaid Hospice; 767 = STAR+Plus |                            | 765      |
| 766   |  |   |                            | 766      |
| 767   |  |   |                            | 767      |
| 768   | RUG CB2                                | 768 = Medicaid FFS; 769 = Medicaid Hospice; 770 = STAR+Plus |                            | 768      |
| 769   |  |   |                            | 769      |
| 770   |  |   |                            | 770      |

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| Item No. | Description | OIG Number  | Item No. | Value |
|----------|-------------|---|----------|-------|
| 771      | RUG CB1     | 771 = Medicaid FFS; 772 = Medicaid Hospice; 773 = STAR+Plus | 771      |       |
| 772      |             |   | 772      |       |
| 773      |             |   | 773      |       |
| 774      | RUG CA2     | 774 = Medicaid FFS; 775 = Medicaid Hospice; 776 = STAR+Plus | 774      |       |
| 775      |             |   | 775      |       |
| 776      |             |   | 776      |       |
| 777      | RUG CA1     | 777 = Medicaid FFS; 778 = Medicaid Hospice; 779 = STAR+Plus | 777      |       |
| 778      |             |   | 778      |       |
| 779      |             |   | 779      |       |
| 780      | RUG IB2     | 780 = Medicaid FFS; 781 = Medicaid Hospice; 782 = STAR+Plus | 780      |       |
| 781      |             |   | 781      |       |
| 782      |             |   | 782      |       |
| 783      | RUG IB1     | 783 = Medicaid FFS; 784 = Medicaid Hospice; 785 = STAR+Plus | 783      |       |
| 784      |             |   | 784      |       |
| 785      |             |   | 785      |       |
| 786      | RUG IA2     | 786 = Medicaid FFS; 787 = Medicaid Hospice; 788 = STAR+Plus | 786      |       |
| 787      |             |   | 787      |       |
| 788      |             |   | 788      |       |
| 789      | RUG IA1     | 789 = Medicaid FFS; 790 = Medicaid Hospice; 791 = STAR+Plus | 789      |       |
| 790      |             |   | 790      |       |
| 791      |             |   | 791      |       |
| 792      | RUG BB2     | 792 = Medicaid FFS; 793 = Medicaid Hospice; 794 = STAR+Plus | 792      |       |
| 793      |             |   | 793      |       |
| 794      |             |   | 794      |       |
| 795      | RUG BB1     | 795 = Medicaid FFS; 796 = Medicaid Hospice; 797 = STAR+Plus | 795      |       |
| 796      |             |   | 796      |       |
| 797      |             |   | 797      |       |
| 798      | RUG BA2     | 798 = Medicaid FFS; 799 = Medicaid Hospice; 800 = STAR+Plus | 798      |       |
| 799      |             |   | 799      |       |
| 800      |             |   | 800      |       |
| 801      | RUG BA1     | 801 = Medicaid FFS; 802 = Medicaid Hospice; 803 = STAR+Plus | 801      |       |
| 802      |             |   | 802      |       |
| 803      |             |   | 803      |       |
| 804      | RUG PE2     | 804 = Medicaid FFS; 805 = Medicaid Hospice; 806 = STAR+Plus | 804      |       |
| 805      |             |   | 805      |       |
| 806      |             |   | 806      |       |
| 807      | RUG PE1     | 807 = Medicaid FFS; 808 = Medicaid Hospice; 809 = STAR+Plus | 807      |       |
| 808      |             |   | 808      |       |
| 809      |             |   | 809      |       |
| 810      | RUG PD2     | 810 = Medicaid FFS; 811 = Medicaid Hospice; 812 = STAR+Plus | 810      |       |
| 811      |             |   | 811      |       |
| 812      |             |   | 812      |       |
| 813      | RUG PD1     | 813 = Medicaid FFS; 814 = Medicaid Hospice; 815 = STAR+Plus | 813      |       |
| 814      |             |   | 814      |       |
| 815      |             |   | 815      |       |
| 816      | RUG PC2     | 816 = Medicaid FFS; 817 = Medicaid Hospice; 818 = STAR+Plus | 816      |       |
| 817      |             |   | 817      |       |
| 818      |             |   | 818      |       |
| 819      | RUG PC1     | 819 = Medicaid FFS; 820 = Medicaid Hospice; 821 = STAR+Plus | 819      |       |
| 820      |             |   | 820      |       |
| 821      |             |   | 821      |       |

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|--|---|---------------------------------|----------------------------|-------|
| 822  | RUG PB2 822 = Medicaid FFS; 823 = Medicaid Hospice; 824 = STAR+Plus   |                                 | 822                        |       |
| 823  |   |                                 | 823                        |       |
| 824  |   |                                 | 824                        |       |
| 825  | RUG PB1 825 = Medicaid FFS; 826 = Medicaid Hospice; 827= STAR+Plus  |                                 | 825                        |       |
| 826  |   |                                 | 826                        |       |
| 827  |   |                                 | 827                        |       |
| 828  | RUG PA2 828 = Medicaid FFS; 829 = Medicaid Hospice; 830 = STAR+Plus   |                                 | 828                        |       |
| 829  |   |                                 | 829                        |       |
| 830  |   |                                 | 830                        |       |
| 831  | RUG PA1 831 = Medicaid FFS; 832 = Medicaid Hospice; 833 = STAR+Plus   |                                 | 831                        |       |
| 832  |   |                                 | 832                        |       |
| 833  |   |                                 | 833                        |       |
| 834  | RUG BC1 834 = Medicaid FFS; 835 = Medicaid Hospice; 836 = STAR+Plus   |                                 | 834                        |       |
| 835  |   |                                 | 835                        |       |
| 836  |   |                                 | 836                        |       |
| 837  | RUG PCE 837 = Medicaid FFS; 838 = Medicaid Hospice; 839 = STAR+Plus   |                                 | 837                        |       |
| 838  |   |                                 | 838                        |       |
| 839  |   |                                 | 839                        |       |
| 840  | TOTAL Days of Service Medicaid FFS (sum items 732, 735, 738, 741, 744, 747, 750, 753, 756, 759, 762, 765, 768, 771, 774, 777, 780, 783, 786, 789, 792, 795, 798, 801, 804, 807, 810, 813, 816, 819, 822, 825, 828, 831, 834, and 837)       |                                 | 840                        |       |
| 841  | TOTAL Days of Service Medicaid Hospice (sum items 733, 736, 739, 742, 745, 748, 751, 754, 757, 760, 763, 766, 769, 772, 775, 778, 781, 784, 787, 790, 793, 796, 799, 802, 805, 808, 811, 814, 817, 820, 823, 826, 829, 832, 835, and 838)   |                                 | 841                        |       |
| 842  | TOTAL Days of Service Medicaid STAR+Plus (sum items 734, 737, 740, 743, 746, 749, 752, 755, 758, 761, 764, 767, 770, 773, 776, 779, 782, 785, 788, 791, 794, 797, 800, 803, 806, 809, 812, 815, 818, 821, 824, 827, 830, 833, 836, and 839) |                                 | 842                        |       |
| 843  | TOTAL Days of Service for Medicaid in Medicaid-Contracted Beds (sum items 840, 841, and 842)  |                                 | 843                        |       |
| 844  | Medicare Days of Service in Medicaid-Contracted Beds  |                                 | 844                        |       |
| 845  | Other Days of Service in Medicaid-Contracted Beds   |                                 | 845                        |       |
| 846  | TOTAL Days of Service in Medicaid-Contracted Beds 09/01/12 thru 08/31/13 (Sum items 843 thru 845)   |                                 | 846                        |       |
| 847  | Days of Service in Non-Medicaid-Contracted Beds   |                                 | 847                        |       |
| 848  | TOTAL DAYS OF SERVICE 09/01/12 thru 08/31/13 (Sum items 846 and 847)  |                                 | 848                        |       |
| VENTILATOR SUPPLEMENTAL PAYMENTS   |   | 09/01/12 thru 08/31/13          |                            |       |
| (include no decimals)  |   |                                 |                            |       |
| For Medicaid Days of Service identified in items 732 thru 839, enter the Days of Service qualifying for supplemental payments for ventilator or pediatric tracheostomy care. |   |                                 |                            |       |
| SUPPLEMENTAL<br>PAYMENT TYPE   | Medicaid Days<br>Fee for Service (FFS)  | Medicaid Days<br>Hospice        | Medicaid Days<br>STAR+Plus |       |
| 849  | Ventilator Continuous 849 = Medicaid Days FFS; 850 = Medicaid Hospice; 851 = STAR+Plus  |                                 | 849                        |       |
| 850  |   |                                 | 850                        |       |
| 851  |   |                                 | 851                        |       |

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| Item No.  | Description                                 |  | Item No. Value  |
| 852   | Ventilator Partial                          | 852 = Medicaid Days FFS; 853 = Medicaid Hospice; 854 = STAR+Plus | 852             |
| 853   |   |  | 853             |
| 854   |   |  | 854             |
| 855   | Pediatric Tracheostomy                      | 855 = Medicaid Days FFS; 856 = Medicaid Hospice; 857 = STAR+Plus | 855             |
| 856   |   |  | 856             |
| 857   |   |  | 857             |
|   | DAYS OF SERVICE IN MEDICAID-CONTRACTED BEDS | 09/01/13 thru 12/31/13   |                 |
|   | (include no decimals)                       |  |                 |
| This report can accommodate a date range of 23 months.  |   |  |                 |
| ONLY COMPLETE THE UNITS OF SERVICE LINES FOR THE REPORTING PERIOD OF THIS COST REPORT AS ENTERED IN LINE ITEMS 10 and 11. |   |  |                 |
| GROUP   | Medicaid Days                               | Medicaid Days  | Medicaid Days   |
|   | Fee for Service (FFS)                       | Hospice  | STAR+Plus       |
| 858   | RUG RAD                                     | 858 = Medicaid FFS; 859 = Medicaid Hospice; 860 = STAR+Plus      | 858             |
| 859   |   |  | 859             |
| 860   |   |  | 860             |
| 861   | RUG RAC                                     | 861 = Medicaid FFS; 862 = Medicaid Hospice; 863 = STAR+Plus      | 861             |
| 862   |   |  | 862             |
| 863   |   |  | 863             |
| 864   | RUG RAB                                     | 864 = Medicaid FFS; 865 = Medicaid Hospice; 866 = STAR+Plus      | 864             |
| 865   |   |  | 865             |
| 866   |   |  | 866             |
| 867   | RUG RAA                                     | 867 = Medicaid FFS; 868 = Medicaid Hospice; 869 = STAR+Plus      | 867             |
| 868   |   |  | 868             |
| 869   |   |  | 869             |
| 870   | RUG SE3                                     | 870 = Medicaid FFS; 871 = Medicaid Hospice; 872 = STAR+Plus      | 870             |
| 871   |   |  | 871             |
| 872   |   |  | 872             |
| 873   | RUG SE2                                     | 873 = Medicaid FFS; 874 = Medicaid Hospice; 875 = STAR+Plus      | 873             |
| 874   |   |  | 874             |
| 875   |   |  | 875             |
| 876   | RUG SE1                                     | 876 = Medicaid FFS; 877 = Medicaid Hospice; 878 = STAR+Plus      | 876             |
| 877   |   |  | 877             |
| 878   |   |  | 878             |
| 879   | RUG SSC                                     | 879 = Medicaid FFS; 880 = Medicaid Hospice; 881 = STAR+Plus      | 879             |
| 880   |   |  | 880             |
| 881   |   |  | 881             |
| 882   | RUG SSB                                     | 882 = Medicaid FFS; 883 = Medicaid Hospice; 884 = STAR+Plus      | 882             |
| 883   |   |  | 883             |
| 884   |   |  | 884             |
| 885   | RUG SSA                                     | 885 = Medicaid FFS; 886 = Medicaid Hospice; 887 = STAR+Plus      | 885             |
| 886   |   |  | 886             |
| 887   |   |  | 887             |
| 888   | RUG CC2                                     | 888 = Medicaid FFS; 889 = Medicaid Hospice; 890 = STAR+Plus      | 888             |
| 889   |   |  | 889             |
| 890   |   |  | 890             |
| 891   | RUG CC1                                     | 891 = Medicaid FFS; 892 = Medicaid Hospice; 893 = STAR+Plus      | 891             |
| 892   |   |  | 892             |
| 893   |   |  | 893             |

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| Item No. | Description | OIG Number  | Item No. | Value |
|----------|-------------|---|----------|-------|
| 894      | RUG CB2     | 894 = Medicaid FFS; 895 = Medicaid Hospice; 896 = STAR+Plus | 894      |       |
| 895      |             |   | 895      |       |
| 896      |             |   | 896      |       |
| 897      | RUG CB1     | 897 = Medicaid FFS; 898 = Medicaid Hospice; 899 = STAR+Plus | 897      |       |
| 898      |             |   | 898      |       |
| 899      |             |   | 899      |       |
| 900      | RUG CA2     | 900 = Medicaid FFS; 901 = Medicaid Hospice; 902 = STAR+Plus | 900      |       |
| 901      |             |   | 901      |       |
| 902      |             |   | 902      |       |
| 903      | RUG CA1     | 903 = Medicaid FFS; 904 = Medicaid Hospice; 905 = STAR+Plus | 903      |       |
| 904      |             |   | 904      |       |
| 905      |             |   | 905      |       |
| 906      | RUG IB2     | 906 = Medicaid FFS; 907 = Medicaid Hospice; 908 = STAR+Plus | 906      |       |
| 907      |             |   | 907      |       |
| 908      |             |   | 908      |       |
| 909      | RUG IB1     | 909 = Medicaid FFS; 910 = Medicaid Hospice; 911 = STAR+Plus | 909      |       |
| 910      |             |   | 910      |       |
| 911      |             |   | 911      |       |
| 912      | RUG IA2     | 912 = Medicaid FFS; 913 = Medicaid Hospice; 914 = STAR+Plus | 912      |       |
| 913      |             |   | 913      |       |
| 914      |             |   | 914      |       |
| 915      | RUG IA1     | 915 = Medicaid FFS; 916 = Medicaid Hospice; 917 = STAR+Plus | 915      |       |
| 916      |             |   | 916      |       |
| 917      |             |   | 917      |       |
| 918      | RUG BB2     | 918 = Medicaid FFS; 919 = Medicaid Hospice; 920 = STAR+Plus | 918      |       |
| 919      |             |   | 919      |       |
| 920      |             |   | 920      |       |
| 921      | RUG BB1     | 921 = Medicaid FFS; 922 = Medicaid Hospice; 923 = STAR+Plus | 921      |       |
| 922      |             |   | 922      |       |
| 923      |             |   | 923      |       |
| 924      | RUG BA2     | 924 = Medicaid FFS; 925 = Medicaid Hospice; 926 = STAR+Plus | 924      |       |
| 925      |             |   | 925      |       |
| 926      |             |   | 926      |       |
| 927      | RUG BA1     | 927 = Medicaid FFS; 928 = Medicaid Hospice; 929 = STAR+Plus | 927      |       |
| 928      |             |   | 928      |       |
| 929      |             |   | 929      |       |
| 930      | RUG PE2     | 930 = Medicaid FFS; 931 = Medicaid Hospice; 932 = STAR+Plus | 930      |       |
| 931      |             |   | 931      |       |
| 932      |             |   | 932      |       |
| 933      | RUG PE1     | 933 = Medicaid FFS; 934 = Medicaid Hospice; 935 = STAR+Plus | 933      |       |
| 934      |             |   | 934      |       |
| 935      |             |   | 935      |       |
| 936      | RUG PD2     | 936 = Medicaid FFS; 937 = Medicaid Hospice; 938 = STAR+Plus | 936      |       |
| 937      |             |   | 937      |       |
| 938      |             |   | 938      |       |
| 939      | RUG PD1     | 939 = Medicaid FFS; 940 = Medicaid Hospice; 941 = STAR+Plus | 939      |       |
| 940      |             |   | 940      |       |
| 941      |             |   | 941      |       |
| 942      | RUG PC2     | 942 = Medicaid FFS; 943 = Medicaid Hospice; 944 = STAR+Plus | 942      |       |
| 943      |             |   | 943      |       |
| 944      |             |   | 944      |       |

SUMMARY REPORT

**NF - Cost Report for 2013**

| Prepared by<br>Provider Name<br>Date | OIG Number  | Contract Number<br>Period Ended | Item No. | Value |
|--------------------------------------|---|---------------------------------|----------|-------|
| 945                                  | RUG PC1 945 = Medicaid FFS; 946 = Medicaid Hospice; 947 = STAR+Plus   |                                 | 945      |       |
| 946                                  |   |                                 | 946      |       |
| 947                                  |   |                                 | 947      |       |
| 948                                  | RUG PB2 948 = Medicaid FFS; 949 = Medicaid Hospice; 950 = STAR+Plus   |                                 | 948      |       |
| 949                                  |   |                                 | 949      |       |
| 950                                  |   |                                 | 950      |       |
| 951                                  | RUG PB1 951 = Medicaid FFS; 952 = Medicaid Hospice; 953 = STAR+Plus   |                                 | 951      |       |
| 952                                  |   |                                 | 952      |       |
| 953                                  |   |                                 | 953      |       |
| 954                                  | RUG PA2 954 = Medicaid FFS; 955 = Medicaid Hospice; 956 = STAR+Plus   |                                 | 954      |       |
| 955                                  |   |                                 | 955      |       |
| 956                                  |   |                                 | 956      |       |
| 957                                  | RUG PA1 957 = Medicaid FFS; 958 = Medicaid Hospice; 959 = STAR+Plus   |                                 | 957      |       |
| 958                                  |   |                                 | 958      |       |
| 959                                  |   |                                 | 959      |       |
| 960                                  | RUG BC1 960 = Medicaid FFS; 961 = Medicaid Hospice; 962 = STAR+Plus   |                                 | 960      |       |
| 961                                  |   |                                 | 961      |       |
| 962                                  |   |                                 | 962      |       |
| 963                                  | RUG PCE 963 = Medicaid FFS; 964 = Medicaid Hospice; 965 = STAR+Plus   |                                 | 963      |       |
| 964                                  |   |                                 | 964      |       |
| 965                                  |   |                                 | 965      |       |
| 966                                  | TOTAL Days of Service Medicaid FFS (sum items 858, 861, 864, 867, 870, 873, 876, 879, 882, 885, 888, 891, 894, 897, 900, 903, 906, 909, 912, 915, 918, 921, 924, 927, 930, 933, 936, 939, 942, 945, 948, 951, 954, 957, 960, and 963)       |                                 | 966      |       |
| 967                                  | TOTAL Days of Service Medicaid Hospice (sum items 859, 862, 865, 868, 871, 874, 877, 880, 883, 886, 889, 892, 895, 898, 901, 904, 907, 910, 913, 916, 919, 922, 925, 928, 931, 934, 937, 940, 943, 946, 949, 952, 955, 958, 961, and 964)   |                                 | 967      |       |
| 968                                  | TOTAL Days of Service Medicaid STAR+Plus (sum items 860, 863, 866, 869, 872, 875, 878, 881, 884, 887, 890, 893, 896, 899, 902, 905, 908, 911, 914, 917, 920, 923, 926, 929, 932, 935, 938, 941, 944, 947, 950, 953, 956, 959, 962, and 965) |                                 | 968      |       |
| 969                                  | TOTAL Days of Service for Medicaid in Medicaid-Contracted Beds (sum items 966, 967, and 968)  |                                 | 969      |       |
| 970                                  | Medicare Days of Service in Medicaid-Contracted Beds  |                                 | 970      |       |
| 971                                  | Other Days of Service in Medicaid-Contracted Beds   |                                 | 971      |       |
| 972                                  | TOTAL Days of Service in Medicaid-Contracted Beds - 09/01/13 thru 12/31/13 (Sum items 969 thru 971)   |                                 | 972      |       |
| 973                                  | Days of Service in Non-Medicaid-Contracted Beds   |                                 | 973      |       |
| 974                                  | TOTAL DAYS OF SERVICE - 09/01/13 thru 12/31/13 (Sum items 972 and 973)  |                                 | 974      |       |
| VENTILATOR SUPPLEMENTAL PAYMENTS     |   | 09/01/13 thru 12/31/13          |          |       |
| (include no decimals)                |   |                                 |          |       |

For Medicaid Days of Service identified in items 858 thru 965, enter the Days of Service qualifying for supplemental payments for ventilator or pediatric tracheostomy care.

SUMMARY REPORT

**NF - Cost Report for 2013**

| Prepared by   |                        |   |               | Contract Number |       |
|---------------|------------------------|---|---------------|-----------------|-------|
| Provider Name |                        |   |               | Period Ended    |       |
| Date          | OIG Number             |   |               |                 |       |
| Item No.      | Description            |   |               | Item No.        | Value |
|               | SUPPLEMENTAL           | Medicaid Days   | Medicaid Days | Medicaid Days   |       |
|               | PAYMENT TYPE           | Fee For Service (FFS)                                       | Hospice       | STAR+Plus       |       |
| 975           | Ventilator Continuous  | 975 = Medicaid FFS; 976 = Medicaid Hospice; 977 = STAR+Plus |               |                 | 975   |
| 976           |                        |   |               |                 | 976   |
| 977           |                        |   |               |                 | 977   |
| 978           | Ventilator Partial     | 978 = Medicaid FFS; 979 = Medicaid Hospice; 980 = STAR+Plus |               |                 | 978   |
| 979           |                        |   |               |                 | 979   |
| 980           |                        |   |               |                 | 980   |
| 981           | Pediatric Tracheostomy | 981 = Medicaid FFS; 982 = Medicaid Hospice; 983 = STAR+Plus |               |                 | 981   |
| 982           |                        |   |               |                 | 982   |
| 983           |                        |   |               |                 | 983   |