

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

FORM APPROVED
 OMB NO. 0938-0050

WORKSHEET S
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		15-0157		FROM 7/ 1/2007		--AUDITED --DESK REVIEW		/ /
				TO 6/30/2008		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 12/ 1/2008 TIME 13: 39

PART I - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:
 ST. VINCENT CARMEL HOSPITAL 15-0157
 FOR THE COST REPORTING PERIOD BEGINNING 7/ 1/2007 AND ENDING 6/30/2008 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

		TITLE V	A	TITLE XVIII	B	TITLE XIX
		1	2	3	4	
1	HOSPITAL	0	130,700	48,469	2,116,001	
100	TOTAL	0	130,700	48,469	2,116,001	

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

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

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVIII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS		94				6,424	2,026
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS		94				6,424	2,026
6 INTENSIVE CARE UNIT		10				515	
10 SPECIAL CARE NURSERY		4					
11 NURSERY							
12 TOTAL		108				6,939	2,026
13 RPCH VISITS							
25 TOTAL		108					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION BEDS NOT ADMITTED 5.02	O/P VISITS / ALL PATS 6	TRIPS TOTAL ADMITTED 6.01	OBSERVATION BEDS NOT ADMITTED 6.02	INTERNS & RES. FTES TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			19,055				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			19,055				
6 INTENSIVE CARE UNIT			1,614				
10 SPECIAL CARE NURSERY			1,437				
11 NURSERY			2,621				
12 TOTAL			24,727				
13 RPCH VISITS							
25 TOTAL							
26 OBSERVATION BED DAYS			2,285	478	1,807		
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					1,659	477	7,074
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS					1,659	477	7,074
6 INTENSIVE CARE UNIT							
10 SPECIAL CARE NURSERY							
11 NURSERY							
12 TOTAL		681.78			1,659	477	7,074
13 RPCH VISITS							
25 TOTAL		681.78					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 15-0157
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 12/1/2008
 WORKSHEET S-3
 PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	43,539,643		43,539,643	1,418,101.53	30.70	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B	1,812,967		1,812,967	20,038.62	90.47	
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	1,882,468		1,882,468	48,063.13	39.17	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	528,394		528,394	8,865.00	59.60	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A						
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	4,622,432		4,622,432	125,016.00	36.97	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	11,098,963		11,098,963			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	524,378		524,378			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B	329,500		329,500			CMS 339
19.01 WAGE-RELATED COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	453,133		453,133	9,302.00	48.71	
22 ADMINISTRATIVE & GENERAL A & G UNDER CONTRACT	5,891,002		5,891,002	149,107.00	39.51	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	914,067		914,067	40,117.00	22.79	
25 LAUNDRY & LINEN SERVICE		34,008	34,008	2,263.00	15.03	
26 HOUSEKEEPING	893,088	-34,008	859,080	66,667.00	12.89	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	888,105	-448,670	439,435	31,551.00	13.93	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		448,670	448,670	32,291.00	13.89	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	1,582,544		1,582,544	36,926.00	42.86	
31 CENTRAL SERVICE AND SUPPLY	369,353		369,353	22,130.00	16.69	
32 PHARMACY	1,708,927		1,708,927	49,800.00	34.32	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	208,044		208,044	11,240.00	18.51	
34 SOCIAL SERVICE	105,905		105,905	3,584.00	29.55	
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	41,726,676		41,726,676	1,398,062.91	29.85	
2 EXCLUDED AREA SALARIES	1,882,468		1,882,468	48,063.13	39.17	
3 SUBTOTAL SALARIES	39,844,208		39,844,208	1,349,999.78	29.51	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	5,150,826		5,150,826	133,881.00	38.47	
5 SUBTOTAL WAGE-RELATED COSTS	11,098,963		11,098,963		27.86	
6 TOTAL	56,093,997		56,093,997	1,483,880.78	37.80	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	13,014,168		13,014,168	454,978.00	28.60	

DESCRIPTION

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04		
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
UNCOMPENSATED CARE REVENUES		
17	REVENUE FROM UNCOMPENSATED CARE	
17.01	GROSS MEDICAID REVENUES	3,437,511
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	226,866
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	3,664,377
UNCOMPENSATED CARE COST		
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)	.334854
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	14,388,280

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	4,817,973
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	13,203,026
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	4,421,086
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	4,817,973

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I
I 15-0157 I
I I

I PERIOD: I
I FROM 7/ 1/2007 I
I TO 6/30/2008 I

I PREPARED 12/ 1/2008 I
I WORKSHEET A I

	COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
		GENERAL SERVICE COST CNTR					
1	0100	OLD CAP REL COSTS-BLDG & FIXT		267,645	267,645	4,133,942	4,401,587
2	0200	OLD CAP REL COSTS-MVBLE EQUIP				3,395,693	3,395,693
3	0300	NEW CAP REL COSTS-BLDG & FIXT					
4	0400	NEW CAP REL COSTS-MVBLE EQUIP					
5	0500	EMPLOYEE BENEFITS	453,133	12,055,420	12,508,553	79,320	12,587,873
6.01	0610	COMMUNICATIONS		144,620	144,620	-283	144,337
6.02	0611	DATA PROCESSING		943,372	943,372		943,372
6.03	0612	PURCHASING & RECEIVING	216,973	147,484	364,457	-570	363,887
6.04	0613	IP ADMINISTRATION	903,373	290,541	1,193,914	-870,377	323,537
6.05	0614	PATIENT ACCOUNTING	405,835	526,966	932,801		932,801
6.06	0615	OP REGISTRATION				866,238	866,238
6.07	0660	OTHER ADMINISTRATIVE AND GENERAL	4,364,821	4,283,656	8,648,477	-719,945	7,928,532
8	0800	OPERATION OF PLANT	914,067	3,266,742	4,180,809	-1,466,843	2,713,966
9	0900	LAUNDRY & LINEN SERVICE				427,151	427,151
10	1000	HOUSEKEEPING	893,088	826,368	1,719,456	-434,919	1,284,537
11	1100	DIETARY	888,105	790,569	1,678,674	-880,451	798,223
12	1200	CAFETERIA				848,065	848,065
14	1400	NURSING ADMINISTRATION	1,582,544	268,796	1,851,340	-26,948	1,824,392
15	1500	CENTRAL SERVICES & SUPPLY	369,353	281,905	651,258	-29,289	621,969
16	1600	PHARMACY	1,708,927	3,377,097	5,086,024	-2,963,644	2,122,380
17	1700	MEDICAL RECORDS & LIBRARY	208,044	265,874	473,918		473,918
18	1800	SOCIAL SERVICE	105,905	50,489	156,394	-486	155,908
		INPAT ROUTINE SRVC CNTRS					
25	2500	ADULTS & PEDIATRICS	11,898,441	2,862,165	14,760,606	-1,673,594	13,087,012
26	2600	INTENSIVE CARE UNIT	1,292,132	630,616	1,922,748	-33	1,922,715
30	2040	SPECIAL CARE NURSERY	1,705,469	285,517	1,990,986	-15,968	1,975,018
33	3300	NURSERY				931,516	931,516
		ANCILLARY SRVC COST CNTRS					
37	3700	OPERATING ROOM	4,036,842	18,703,924	22,740,766	-8,040,570	14,700,196
37.01	3701	SURGERY-AMBULATORY	624,347	361,876	986,223	-295,121	691,102
38	3800	RECOVERY ROOM					
39	3900	DELIVERY ROOM & LABOR ROOM	1,704,011	1,465,865	3,169,876	-55,339	3,114,537
40	4000	ANESTHESIOLOGY					
41	4100	RADIOLOGY-DIAGNOSTIC	2,861,755	3,423,470	6,285,225	-2,415,949	3,869,276
41.01	4101	CATH LAB					
41.02	4102	ULTRASOUND		2	2	654,291	654,293
42	4200	RADIOLOGY-THERAPEUTIC					
44	4400	LABORATORY		2,721,813	2,721,813		2,721,813
49	4900	RESPIRATORY THERAPY	1,116,052	258,153	1,374,205	-48,665	1,325,540
49.01	4901	SLEEP LAB	86,246	70,992	157,238	-47,861	109,377
50	5000	PHYSICAL THERAPY	276,840	21,547	298,387	-50	298,337
50.01	5001	SPORTS MEDICINE					
51	5100	OCCUPATIONAL THERAPY	36,490	843	37,333		37,333
52	5200	SPEECH PATHOLOGY	13,390	4	13,394		13,394
53	5300	ELECTROCARDIOLOGY		126,000	126,000		126,000
54	5400	ELECTROENCEPHALOGRAPHY	51,613	50,417	102,030	-12,431	89,599
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS				7,355,659	7,355,659
56	5600	DRUGS CHARGED TO PATIENTS				2,956,769	2,956,769
59	3020	ENDOSCOPY	630,047	423,710	1,053,757	-73,251	980,506
		OUTPAT SERVICE COST CNTRS					
60	6000	CLINIC					
61	6100	EMERGENCY	2,309,332	439,251	2,748,583	-112,311	2,636,272
61.01	6101	PATIENT SERVICES					
62	6200	OBSERVATION BEDS (NON-DISTINCT PART) SPEC PURPOSE COST CENTERS					
88	8800	INTEREST EXPENSE		909,609	909,609	-909,609	
95		SUBTOTALS	41,657,175	60,543,318	102,200,493	554,137	102,754,630
		NONREIMBURS COST CENTERS					
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN	46,697	99,193	145,890		145,890
98	9800	PHYSICIANS' PRIVATE OFFICES	342,287	227,269	569,556	-29,140	540,416
100	7950	MISSION EFFECTIVENESS		114,459	114,459	-6,375	108,084
100.01	7951	MARKETING	175,896	2,539,141	2,715,037	-14,818	2,700,219
100.02	7952	JOINT VENTURES	577,258	24,920,869	25,498,127	-451,333	25,046,794
100.03	7953	FOUNDATION					
100.04	7954	VACANT					
100.05	7955	SEASH					
100.06	7956	SPORTS MEDICINE	740,330	62,262	802,592	-52,471	750,121
101		TOTAL	43,539,643	88,506,511	132,046,154	-0-	132,046,154

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 12/ 1/2008
I 15-0157 I FROM 7/ 1/2007 I WORKSHEET A
I I TO 6/30/2008 I

COST CENTER		COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
		GENERAL SERVICE COST CNTR		
1	0100	OLD CAP REL COSTS-BLDG & FIXT	312,073	4,713,660
2	0200	OLD CAP REL COSTS-MVBLE EQUIP		3,395,693
3	0300	NEW CAP REL COSTS-BLDG & FIXT		
4	0400	NEW CAP REL COSTS-MVBLE EQUIP		
5	0500	EMPLOYEE BENEFITS	-1,026,486	11,561,387
6.01	0610	COMMUNICATIONS	395,024	539,361
6.02	0611	DATA PROCESSING	5,228,799	6,172,171
6.03	0612	PURCHASING & RECEIVING	291,947	655,834
6.04	0613	IP ADMINITTING	-38,389	285,148
6.05	0614	PATIENT ACCOUNTING	757,770	1,690,571
6.06	0615	OP REGISTRATION	-278,226	588,012
6.07	0660	OTHER ADMINISTRATIVE AND GENERAL	2,062,126	9,990,658
8	0800	OPERATION OF PLANT	133,519	2,847,485
9	0900	LAUNDRY & LINEN SERVICE		427,151
10	1000	HOUSEKEEPING		1,284,537
11	1100	DIETARY		798,223
12	1200	CAFETERIA	-413,604	434,461
14	1400	NURSING ADMINISTRATION	-325,202	1,499,190
15	1500	CENTRAL SERVICES & SUPPLY	56,536	678,505
16	1600	PHARMACY	-165	2,122,215
17	1700	MEDICAL RECORDS & LIBRARY	710,639	1,184,557
18	1800	SOCIAL SERVICE		155,908
		INPAT ROUTINE SRVC CNTRS		
25	2500	ADULTS & PEDIATRICS	-1,309,676	11,777,336
26	2600	INTENSIVE CARE UNIT	-307,250	1,615,465
30	2040	SPECIAL CARE NURSERY	-791,330	1,183,688
33	3300	NURSERY		931,516
		ANCILLARY SRVC COST CNTRS		
37	3700	OPERATING ROOM	-25,500	14,674,696
37.01	3701	SURGERY-AMBULATORY		691,102
38	3800	RECOVERY ROOM		
39	3900	DELIVERY ROOM & LABOR ROOM	-1,132,106	1,982,431
40	4000	ANESTHESIOLOGY		
41	4100	RADIOLOGY-DIAGNOSTIC	-4,522	3,864,754
41.01	4101	CATH LAB		
41.02	4102	ULTRASOUND		654,293
42	4200	RADIOLOGY-THERAPEUTIC		
44	4400	LABORATORY		2,721,813
49	4900	RESPIRATORY THERAPY		1,325,540
49.01	4901	SLEEP LAB		109,377
50	5000	PHYSICAL THERAPY	-770	297,567
50.01	5001	SPORTS MEDICINE		
51	5100	OCCUPATIONAL THERAPY		37,333
52	5200	SPEECH PATHOLOGY		13,394
53	5300	ELECTROCARDIOLOGY		126,000
54	5400	ELECTROENCEPHALOGRAPHY		89,599
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		7,355,659
56	5600	DRUGS CHARGED TO PATIENTS		2,956,769
59	3020	ENDOSCOPY		980,506
		OUTPAT SERVICE COST CNTRS		
60	6000	CLINIC		
61	6100	EMERGENCY	-127,310	2,508,962
61.01	6101	PATIENT SERVICES		
62	6200	OBSERVATION BEDS (NON-DISTINCT PART) SPEC PURPOSE COST CENTERS		
88	8800	INTEREST EXPENSE		-0-
95		SUBTOTALS	4,167,897	106,922,527
		NONREIMBURS COST CENTERS		
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN	-79,463	66,427
98	9800	PHYSICIANS' PRIVATE OFFICES		540,416
100	7950	MISSION EFFECTIVENESS		108,084
100.01	7951	MARKETING		2,700,219
100.02	7952	JOINT VENTURES		25,046,794
100.03	7953	FOUNDATION		
100.04	7954	VACANT		
100.05	7955	SEASH		
100.06	7956	SPORTS MEDICINE		750,121
101		TOTAL	4,088,434	136,134,588

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 12/ 1/2008
 I 15-0157 I FROM 7/ 1/2007 I NOT A CMS WORKSHEET
 I I TO 6/30/2008 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	COMMUNICATIONS	0610	NONPATIENT TELEPHONES
6.02	DATA PROCESSING	0611	NONPATIENT TELEPHONES
6.03	PURCHASING & RECEIVING	0612	NONPATIENT TELEPHONES
6.04	IP ADMITTING	0613	NONPATIENT TELEPHONES
6.05	PATIENT ACCOUNTING	0614	NONPATIENT TELEPHONES
6.06	OP REGISTRATION	0615	NONPATIENT TELEPHONES
6.07	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
30	SPECIAL CARE NURSERY	2040	DETOXIFICATION INTENSIVE CARE UNIT
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
37.01	SURGERY-AMBULATORY	3701	OPERATING ROOM
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	CATH LAB	4101	RADIOLOGY-DIAGNOSTIC
41.02	ULTRASOUND	4102	RADIOLOGY-DIAGNOSTIC
42	RADIOLOGY-THERAPEUTIC	4200	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
49.01	SLEEP LAB	4901	RESPIRATORY THERAPY
50	PHYSICAL THERAPY	5000	
50.01	SPORTS MEDICINE	5001	PHYSICAL THERAPY
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
59	ENDOSCOPY	3020	ACUPUNCTURE
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
61.01	PATIENT SERVICES	6101	EMERGENCY
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
100	MISSION EFFECTIVENESS	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	MARKETING	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	JOINT VENTURES	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	FOUNDATION	7953	OTHER NONREIMBURSABLE COST CENTERS
100.04	VACANT	7954	OTHER NONREIMBURSABLE COST CENTERS
100.05	SEASH	7955	OTHER NONREIMBURSABLE COST CENTERS
100.06	SPORTS MEDICINE	7956	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
150157

PERIOD:
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TO 6/30/2008

PREPARED 12/ 1/2008
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 BENEFITS TRANSFER	A	EMPLOYEE BENEFITS	5		79,558
2					
3 UTILITIES TRANSFER	B	OPERATION OF PLANT	8		55,258
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27 DEPRECIATION TRANSFER	C	OLD CAP REL COSTS-MVBLE EQUIP	2		3,395,693
28		OLD CAP REL COSTS-BLDG & FIXT	1		1,982,983
29					
30					
31					
32					
33					
34					
35					
1 DEPRECIATION TRANSFER	C				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17 PHARMACY - CHARGEABLE DRUGS	D	DRUGS CHARGED TO PATIENTS	56		2,956,769
18 BUSINESS OFFICE	E	OP REGISTRATION	6.06	793,902	72,336
19 ENDOSCOPY	F	ENDOSCOPY	59	61,016	
20		ADULTS & PEDIATRICS	25	20,339	
21 CPD - MEDICAL SUPPLIES	G	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		7,355,659
22 LAUNDRY	H	LAUNDRY & LINEN SERVICE	9	34,008	393,143
23 INSURANCE	I	OLD CAP REL COSTS-BLDG & FIXT	1		79,037
24 NURSERY	J	NURSERY	33	765,912	142,853
25 RENT	K	OLD CAP REL COSTS-BLDG & FIXT	1		1,429,958
26					
27					
28					
29					
30					
31					
32					
33					
34 INTEREST	L	OLD CAP REL COSTS-BLDG & FIXT	1		909,609
35 ICU DIRECTOR	M	INTENSIVE CARE UNIT	26	17,438	

RECLASSIFICATIONS

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WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	----- INCREASE -----					
	CODE (1)	COST CENTER 1	2	LINE NO 3	SALARY 4	OTHER 5
1 NURSERY DIRECTOR	N	NURSERY		33	22,751	
2		SPECIAL CARE NURSERY		30	22,342	
3 ULTRASOUND	O	ULTRASOUND		41.02	301,396	352,895
4 DIETARY/CAFETERIA	P	CAFETERIA		12	448,670	399,395
36 TOTAL RECLASSIFICATIONS					2,487,774	19,605,146

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

RECLASSIFICATIONS

PROVIDER NO:
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PERIOD:
FROM 7/ 1/2007
TO 6/30/2008

PREPARED 12/ 1/2008
WORKSHEET A-6

----- DECREASE -----					A-7	
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER	REF
	1	6	7	8	9	10
1 BENEFITS TRANSFER	A	OTHER ADMINISTRATIVE AND GENERAL	6.07		77,748	
2		PHYSICIANS' PRIVATE OFFICES	98		1,810	
3 UTILITIES TRANSFER	B	EMPLOYEE BENEFITS	5		238	
4		PURCHASING & RECEIVING	6.03		570	
5		IP ADMINITTING	6.04		960	
6		OTHER ADMINISTRATIVE AND GENERAL	6.07		12,259	
7		HOUSEKEEPING	10		1,828	
8		DIETARY	11		1,473	
9		NURSING ADMINISTRATION	14		3,008	
10		CENTRAL SERVICES & SUPPLY	15		167	
11		PHARMACY	16		1,144	
12		SOCIAL SERVICE	18		486	
13		ADULTS & PEDIATRICS	25		12,500	
14		INTENSIVE CARE UNIT	26		60	
15		SPECIAL CARE NURSERY	30		801	
16		OPERATING ROOM	37		2,846	
17		SURGERY-AMBULATORY	37.01		355	
18		DELIVERY ROOM & LABOR ROOM	39		3,113	
19		RADIOLOGY-DIAGNOSTIC	41		2,137	
20		RESPIRATORY THERAPY	49		889	
21		ENDOSCOPY	59		1,664	
22		EMERGENCY	61		6,909	
23		MARKETING	100.01		1,237	
24		PHYSICAL THERAPY	50		50	
25		PHYSICIANS' PRIVATE OFFICES	98		563	
26		MISSION EFFECTIVENESS	100		1	
27 DEPRECIATION TRANSFER	C	OLD CAP REL COSTS-BLDG & FIXT	1		267,645	9
28		COMMUNICATIONS	6.01		283	9
29		IP ADMINITTING	6.04		3,179	
30		OTHER ADMINISTRATIVE AND GENERAL	6.07		268,091	
31		OPERATION OF PLANT	8		1,522,101	
32		HOUSEKEEPING	10		5,940	
33		DIETARY	11		30,913	
34		NURSING ADMINISTRATION	14		23,940	
35		CENTRAL SERVICES & SUPPLY	15		29,122	
1 DEPRECIATION TRANSFER	C	PHARMACY	16		5,731	
2		ADULTS & PEDIATRICS	25		502,783	
3		INTENSIVE CARE UNIT	26		17,411	
4		SPECIAL CARE NURSERY	30		37,509	
5		OPERATING ROOM	37		682,065	
6		SURGERY-AMBULATORY	37.01		95,801	
7		DELIVERY ROOM & LABOR ROOM	39		7,133	
8		RADIOLOGY-DIAGNOSTIC	41		1,452,442	
9		RESPIRATORY THERAPY	49		47,776	
10		ELECTROENCEPHALOGRAPHY	54		12,431	
11		ENDOSCOPY	59		132,603	
12		EMERGENCY	61		24,047	
13		MISSION EFFECTIVENESS	100		6,374	
14		JOINT VENTURES	100.02		181,817	
15		SLEEP LAB	49.01		12,115	
16		MARKETING	100.01		9,424	
17 PHARMACY - CHARGEABLE DRUGS	D	PHARMACY	16		2,956,769	
18 BUSINESS OFFICE	E	IP ADMINITTING	6.04	793,902	72,336	
19 ENDOSCOPY	F	EMERGENCY	61	81,355		
20						
21 CPD - MEDICAL SUPPLIES	G	OPERATING ROOM	37		7,355,659	
22 LAUNDRY	H	HOUSEKEEPING	10	34,008	393,143	
23 INSURANCE	I	OTHER ADMINISTRATIVE AND GENERAL	6.07		79,037	12
24 NURSERY	J	ADULTS & PEDIATRICS	25	765,912	142,853	
25 RENT	K	OTHER ADMINISTRATIVE AND GENERAL	6.07		282,810	14
26		ADULTS & PEDIATRICS	25		252,447	
27		SURGERY-AMBULATORY	37.01		198,965	
28		RADIOLOGY-DIAGNOSTIC	41		307,079	
29		SLEEP LAB	49.01		35,746	
30		MARKETING	100.01		4,157	
31		JOINT VENTURES	100.02		269,516	
32		SPORTS MEDICINE	100.06		52,471	
33		PHYSICIANS' PRIVATE OFFICES	98		26,767	
34 INTEREST	L	INTEREST EXPENSE	88		909,609	11
35 ICU DIRECTOR	M	ADULTS & PEDIATRICS	25	17,438		

RECLASSIFICATIONS

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EXPLANATION OF RECLASSIFICATION	----- DECREASE -----				A-7 REF 10
	CODE (1)	COST CENTER	LINE NO	SALARY	
1 NURSERY DIRECTOR	N	DELIVERY ROOM & LABOR ROOM	39	45,093	
2					
3 ULTRASOUND	O	RADIOLOGY-DIAGNOSTIC	41	301,396	352,895
4 DIETARY/CAFETERIA	P	DIETARY	11	448,670	399,395
36 TOTAL RECLASSIFICATIONS				2,487,774	19,605,146

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

RECLASSIFICATIONS

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RECLASS CODE: A
EXPLANATION : BENEFITS TRANSFER

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	5	79,558
2.00			0
TOTAL RECLASSIFICATIONS FOR CODE A			79,558

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.07	77,748	
PHYSICIANS' PRIVATE OFFICES	98	1,810	
		79,558	

RECLASS CODE: B
EXPLANATION : UTILITIES TRANSFER

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OPERATION OF PLANT	8	55,258
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
11.00			0
12.00			0
13.00			0
14.00			0
15.00			0
16.00			0
17.00			0
18.00			0
19.00			0
20.00			0
21.00			0
22.00			0
23.00			0
24.00			0
25.00			0
TOTAL RECLASSIFICATIONS FOR CODE B			55,258

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
EMPLOYEE BENEFITS	5	238	
PURCHASING & RECEIVING	6.03	570	
I.P. ADMITTING	6.04	960	
OTHER ADMINISTRATIVE AND GENER	6.07	12,259	
HOUSEKEEPING	10	1,828	
DIETARY	11	1,473	
NURSING ADMINISTRATION	14	3,008	
CENTRAL SERVICES & SUPPLY	15	167	
PHARMACY	16	1,144	
SOCIAL SERVICE	18	486	
ADULTS & PEDIATRICS	25	12,500	
INTENSIVE CARE UNIT	26	60	
SPECIAL CARE NURSERY	30	801	
OPERATING ROOM	37	2,846	
SURGERY-AMBULATORY	37.01	355	
DELIVERY ROOM & LABOR ROOM	39	3,113	
RADIOLOGY-DIAGNOSTIC	41	2,137	
RESPIRATORY THERAPY	49	889	
ENDOSCOPY	59	1,664	
EMERGENCY	61	6,909	
MARKETING	100.01	1,237	
PHYSICAL THERAPY	50	50	
PHYSICIANS' PRIVATE OFFICES	98	563	
MISSION EFFECTIVENESS	100	1	
		55,258	

RECLASS CODE: C
EXPLANATION : DEPRECIATION TRANSFER

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OLD CAP REL COSTS-MVBLE EQUIP	2	3,395,693
2.00	OLD CAP REL COSTS-BLDG & FIXT	1	1,982,983
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0
13.00			0
14.00			0
15.00			0
16.00			0
17.00			0
18.00			0
19.00			0
20.00			0
21.00			0
22.00			0
23.00			0
24.00			0
25.00			0
TOTAL RECLASSIFICATIONS FOR CODE C			5,378,676

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OLD CAP REL COSTS-BLDG & FIXT	1	267,645	
COMMUNICATIONS	6.01	283	
I.P. ADMITTING	6.04	3,179	
OTHER ADMINISTRATIVE AND GENER	6.07	268,091	
OPERATION OF PLANT	8	1,522,101	
HOUSEKEEPING	10	5,940	
DIETARY	11	30,913	
NURSING ADMINISTRATION	14	23,940	
CENTRAL SERVICES & SUPPLY	15	29,122	
PHARMACY	16	5,731	
ADULTS & PEDIATRICS	25	502,783	
INTENSIVE CARE UNIT	26	17,411	
SPECIAL CARE NURSERY	30	37,509	
OPERATING ROOM	37	682,065	
SURGERY-AMBULATORY	37.01	95,801	
DELIVERY ROOM & LABOR ROOM	39	7,133	
RADIOLOGY-DIAGNOSTIC	41	1,452,442	
RESPIRATORY THERAPY	49	47,776	
ELECTROENCEPHALOGRAPHY	54	12,431	
ENDOSCOPY	59	132,603	
EMERGENCY	61	24,047	
MISSION EFFECTIVENESS	100	6,374	
JOINT VENTURES	100.02	181,817	
SLEEP LAB	49.01	12,115	
MARKETING	100.01	9,424	
		5,378,676	

RECLASS CODE: D
EXPLANATION : PHARMACY - CHARGEABLE DRUGS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	2,956,769
TOTAL RECLASSIFICATIONS FOR CODE D			2,956,769

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
PHARMACY	16	2,956,769	
		2,956,769	

RECLASSIFICATIONS

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RECLASS CODE: E
EXPLANATION : BUSINESS OFFICE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OP REGISTRATION	6.06	866,238
TOTAL RECLASSIFICATIONS FOR CODE E			866,238

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
IP ADMITTING	6.04	866,238	
			866,238

RECLASS CODE: F
EXPLANATION : ENDOSCOPY

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	ENDOSCOPY	59	61,016
2.00	ADULTS & PEDIATRICS	25	20,339
TOTAL RECLASSIFICATIONS FOR CODE F			81,355

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
EMERGENCY	61	81,355	
			0
			81,355

RECLASS CODE: G
EXPLANATION : CPD - MEDICAL SUPPLIES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	7,355,659
TOTAL RECLASSIFICATIONS FOR CODE G			7,355,659

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OPERATING ROOM	37	7,355,659	
			7,355,659

RECLASS CODE: H
EXPLANATION : LAUNDRY

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	LAUNDRY & LINEN SERVICE	9	427,151
TOTAL RECLASSIFICATIONS FOR CODE H			427,151

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
HOUSEKEEPING	10	427,151	
			427,151

RECLASS CODE: I
EXPLANATION : INSURANCE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	79,037
TOTAL RECLASSIFICATIONS FOR CODE I			79,037

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.07	79,037	
			79,037

RECLASS CODE: J
EXPLANATION : NURSERY

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NURSERY	33	908,765
TOTAL RECLASSIFICATIONS FOR CODE J			908,765

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADULTS & PEDIATRICS	25	908,765	
			908,765

RECLASS CODE: K
EXPLANATION : RENT

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	1,429,958
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
TOTAL RECLASSIFICATIONS FOR CODE K			1,429,958

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.07	282,810	
ADULTS & PEDIATRICS	25	252,447	
SURGERY-AMBULATORY	37.01	198,965	
RADIOLOGY-DIAGNOSTIC	41	307,079	
SLEEP LAB	49.01	35,746	
MARKETING	100.01	4,157	
JOINT VENTURES	100.02	269,516	
SPORTS MEDICINE	100.06	52,471	
PHYSICIANS' PRIVATE OFFICES	98	26,767	
			1,429,958

RECLASS CODE: L
EXPLANATION : INTEREST

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	909,609
TOTAL RECLASSIFICATIONS FOR CODE L			909,609

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
INTEREST EXPENSE	88	909,609	
			909,609

RECLASS CODE: M
EXPLANATION : ICU DIRECTOR

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	INTENSIVE CARE UNIT	26	17,438
TOTAL RECLASSIFICATIONS FOR CODE M			17,438

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADULTS & PEDIATRICS	25	17,438	
			17,438

RECLASSIFICATIONS

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RECLASS CODE: N
EXPLANATION : NURSERY DIRECTOR

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSERY	33	22,751	DELIVERY ROOM & LABOR ROOM	39	45,093	
2.00	SPECIAL CARE NURSERY	30	22,342			0	
TOTAL RECLASSIFICATIONS FOR CODE N			45,093			45,093	

RECLASS CODE: O
EXPLANATION : ULTRASOUND

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ULTRASOUND	41.02	654,291	RADIOLOGY-DIAGNOSTIC	41	654,291	
TOTAL RECLASSIFICATIONS FOR CODE O			654,291			654,291	

RECLASS CODE: P
EXPLANATION : DIETARY/CAFETERIA

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	848,065	DIETARY	11	848,065	
TOTAL RECLASSIFICATIONS FOR CODE P			848,065			848,065	

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
			PURCHASES 2	DONATION 3				
1	LAND	5,067,706					5,067,706	
2	LAND IMPROVEMENTS	2,191,683					2,191,683	771,872
3	BUILDINGS & FIXTURE	36,795,425					36,795,425	3,731,729
4	BUILDING IMPROVEMENT	21,323,652	2,736,540		2,736,540		24,060,192	9,947,834
5	FIXED EQUIPMENT	3,333,847	46,430		46,430		3,380,277	632,688
6	MOVABLE EQUIPMENT	26,355,427	2,483,032		2,483,032		28,838,459	8,881,212
7	SUBTOTAL	95,067,740	5,266,002		5,266,002		100,333,742	23,965,335
8	RECONCILING ITEMS							
9	TOTAL	95,067,740	5,266,002		5,266,002		100,333,742	23,965,335

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

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

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

*	DESCRIPTION	COMPUTATION OF RATIOS			RATIO	ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO		INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
		1	2	3	4	5	6	7	8
1	OLD CAP REL COSTS-BL	71,495,283		71,495,283	.712575				
2	OLD CAP REL COSTS-MV	28,838,459		28,838,459	.287425				
3	NEW CAP REL COSTS-BL								
4	NEW CAP REL COSTS-MV								
5	TOTAL	100,333,742		100,333,742	1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL	1,982,983		-7,560	79,037		2,659,200	4,713,660
2	OLD CAP REL COSTS-MV	3,395,693						3,395,693
3	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV							
5	TOTAL	5,378,676		-7,560	79,037		2,659,200	8,109,353

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4
 DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL	267,645						267,645
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV							
5	TOTAL	267,645						267,645

* All lines numbers except line 5 are to be consistent with Worksheet A line numbers for capital cost centers.
 (1) The amounts on lines 1 thru 4 must equal the corresponding amounts on Worksheet A, column 7, lines 1 thru 4.
 Columns 9 through 14 should include related Worksheet A-6 reclassifications and Worksheet A-8 adjustments. (See instructions).

ADJUSTMENTS TO EXPENSES

DESCRPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF.
			COST CENTER	LINE NO	
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES	B	-917,169	OLD CAP REL COSTS-BLDG &	1	11
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-3,653,094			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	10,861,526			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-73,632	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS					
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 OTHER INCOME - FOUNDATION	B	-1,107	ADULTS & PEDIATRICS	25	
38 OTHER INCOME - FOUNDATION	B	-99	SPECIAL CARE NURSERY	30	
39 OTHER INCOME - FOUNDATION	B	-4,308	DELIVERY ROOM & LABOR ROO	39	
40 NET ASSETS RELEASED FROM RESTRICTION	B	-13,000	OPERATING ROOM	37	
41 CAFETERIA/VENDING	B	-339,972	CAFETERIA	12	
42 BUILDING RENTAL INCOME	B	-19,185	ADULTS & PEDIATRICS	25	
43 FEE-FOR-SERVICE REVENUE	B	-232,901	ADULTS & PEDIATRICS	25	
44 SALES OF HEALTHCARE DEV	B	-33,927	GIFT, FLOWER, COFFEE SHOP	96	
45 OTHER OPERATING INCOME - RADIOLOGY	B	-209	RADIOLOGY-DIAGNOSTIC	41	
46 CAFETERIA/VENDING	B	-45,536	GIFT, FLOWER, COFFEE SHOP	96	
47 COLLECTION FEES	B	-507	PATIENT ACCOUNTING	6.05	
48 OTHER OPERATING INCOME - MASSAGE THE	B	-770	PHYSICAL THERAPY	50	
49 OTHER OPERATING INCOME - SECURITY	B	-46,322	OPERATION OF PLANT	8	
49.01 OTHER OPERATING INCOME - PATIENT FIN	B	-3,444	PATIENT ACCOUNTING	6.05	
49.02 OTHER OPERATING INCOME - PLANT MAINT	B	-154,255	OPERATION OF PLANT	8	
49.03 OTHER OPERATING INCOME - BUSINESS OF	B	-2,907	I P ADMINITTING	6.04	
49.04 OTHER OPERATING INCOME - ADMINI STRAT	B	-7,165	OTHER ADMINI STRATIVE AND	6.07	
49.05 OTHER OPERATING INCOME - JUBILEE CEN	B	-7,357	OTHER ADMINI STRATIVE AND	6.07	
49.06 OTHER OPERATING INCOME - HIM ADMINIS	B	-351	MEDICAL RECORDS & LIBRARY	17	
49.07 OTHER OPERATING INCOME - OTHER TRANS	B	-3,237	OTHER ADMINI STRATIVE AND	6.07	
49.09 OTHER INCOME - FOUNDATION	B	-127,310	EMERGENCY	61	
49.10 NET ASSETS RELEASED FROM RESTRICTION	B	-50,909	OTHER ADMINI STRATIVE AND	6.07	
49.11 OTHER OPERATING INCOME - BUSINESS OF	B	-21,134	OP REGI STRATION	6.06	
49.12 OTHER OPERATING INCOME - FITNESS CEN	B	-33,303	EMPLOYEE BENEFITS	5	
49.13 OTHER OPERATING INCOME - PROPERTY RE	B	-208,446	OLD CAP REL COSTS-BLDG &	1	14
49.14 UNASSIGNED - FITNESS CENTER	B	-175	EMPLOYEE BENEFITS	5	
49.15 INCENTIVE ACCRUAL	A	-429,557	OTHER ADMINI STRATIVE AND	6.07	
49.16 INCENTIVE FICA ACCRUAL	A	-33,578	EMPLOYEE BENEFITS	5	
49.17 PROMPT PAY INTEREST PENALTY	B	-125	I P ADMINITTING	6.04	
49.18 LATE FEES REVENUE	B	-35,357	I P ADMINITTING	6.04	
49.19 LATE FEES REVENUE	B	-257,092	OP REGI STRATION	6.06	
49.20 OTHER OPERATING REVENUE - HOSPITALIS	B	-40	ADULTS & PEDIATRICS	25	
49.21 NET ASSETS RELEASED FROM RESTRICTION	B	-10,600	SPECIAL CARE NURSERY	30	
49.22 NET ASSETS RELEASED FROM RESTRICTION	B	-2,000	NURSING ADMINI STRATION	14	
49.23 OTHER OPERATING REVENUE - PHARMACY	B	-165	PHARMACY	16	
49.24 LOBBYING EXPENSES - ASSOCIATIONS	B	-2,847	OTHER ADMINI STRATIVE AND	6.07	
50 TOTAL (SUM OF LINES 1 THRU 49)		4,088,434			

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

(2) Basis for adjustment (see instructions).
A. Costs - if cost, including applicable overhead, can be determined.
B. Amount Received - if cost cannot be determined.

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

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.	
1	2	3	4	5	6		
1	1	OLD CAP REL COSTS-BLDG &	ST. VINCENT HEALTH CAPITAL	1,534,852	97,164	1,437,688	14
2	5	EMPLOYEE BENEFITS	ST. VINCENT HEALTH SALARY	118,600		118,600	
3	5	EMPLOYEE BENEFITS	ST. VINCENT HEALTH OTHER	-312,506	77,748	-390,254	
4	6 1	COMMUNICATIONS	ST. VINCENT HEALTH SALARY	109,191		109,191	
4.01	6 1	COMMUNICATIONS	ST. VINCENT HEALTH OTHER	285,833		285,833	
4.02	6 2	DATA PROCESSING	ST. VINCENT HEALTH SALARY	27,744		27,744	
4.03	6 2	DATA PROCESSING	ST. VINCENT HEALTH OTHER	5,201,055		5,201,055	
4.04	8	OPERATION OF PLANT	ST. VINCENT HEALTH SALARY	30,469		30,469	
4.05	8	OPERATION OF PLANT	ST. VINCENT HEALTH OTHER	1,190		1,190	
4.06	10	HOUSEKEEPING	ST. VINCENT HEALTH SALARY				
4.07	10	HOUSEKEEPING	ST. VINCENT HEALTH OTHER				
4.08	6 7	OTHER ADMINISTRATIVE AND	ST. VINCENT HEALTH SALARY	1,013,268		1,013,268	
4.09	6 7	OTHER ADMINISTRATIVE AND	ST. VINCENT HEALTH OTHER	2,239,259	648,372	1,590,887	
4.10	8	OPERATION OF PLANT	ASCENSION OPERAT OF PLANT	1,318,104	1,015,667	302,437	
4.11	6 3	PURCHASING & RECEIVING	ST. VINCENT HEALTH SALARY	158,205		158,205	
4.12	6 3	PURCHASING & RECEIVING	ST. VINCENT HEALTH OTHER	133,742		133,742	
4.13	6 5	PATIENT ACCOUNTING	ST. VINCENT HEALTH SALARY	675,258		675,258	
4.14	6 5	PATIENT ACCOUNTING	ST. VINCENT HEALTH OTHER	86,463		86,463	
4.17	15	CENTRAL SERVICES & SUPPLY	ST. VINCENT HEALTH SALARY	48,832		48,832	
4.18	15	CENTRAL SERVICES & SUPPLY	ST. VINCENT HEALTH OTHER	7,704		7,704	
4.19	17	MEDICAL RECORDS & LIBRARY	ST. VINCENT HEALTH SALARY	572,983		572,983	
4.20	17	MEDICAL RECORDS & LIBRARY	ST. VINCENT HEALTH OTHER	138,007		138,007	
4.21	5	EMPLOYEE BENEFITS	ASCENSION HEALTH PENSION	1,164,170	1,851,946	-687,776	
5		TOTALS		14,552,423	3,690,897	10,861,526	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE		TYPE OF BUSINESS
			NAME	PERCENTAGE OF OWNERSHIP	
	2	3	4	5	6
1	G SV CARMEL HOSPITAL	100.00	ST. VINCENT HEALTH	100.00	HOME OFFICE
2	G SV CARMEL HOSPITAL	100.00	ASCENSION HEALTH	100.00	HOME OFFICE
3		0.00		0.00	
4		0.00		0.00	
5		0.00		0.00	

- (1) USE THE FOLLOWING SYMBOLS TO INDICATE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:
- A. INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED ORGANIZATION AND IN PROVIDER.
 - B. CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.
 - C. PROVIDER HAS FINANCIAL INTEREST IN CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION.
 - D. DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER OR RELATIVE OF SUCH PERSON HAS A FINANCIAL INTEREST IN RELATED ORGANIZATION.
 - E. INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.
 - F. DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
 - G. OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY.
 SV CARMEL HOSPITAL

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:
15-0157

PERIOD:
FROM 7/ 1/2007
TO 6/30/2008

PREPARED 12/ 1/2008
WORKSHEET A-8-2
GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 25	HOSPITALISTS	735,288	735,288					
2 6 7	MEDICAL STAFF AFFAIRS	1,125	1,125					
3 26	ICU/CCU	307,250	307,250					
4 37	SURGERY	12,500	12,500					
5 39	LABOR & DELIVERY	1,127,798	1,127,798					
6 30	NEONATOLOGY	780,631	780,631					
7 41	RADIOLOGY	2,733	2,733					
8 41	DIAGNOSTIC BREAST CENTER	1,580	1,580					
9 25	BARIATRIC PROGRAM	321,155	321,155					
10 6 7	PLANNING & BUSINESS DEVEL	37,432	37,432					
11 14	NURSING ADMINISTRATION	323,202	323,202					
12 6 7	ADMINISTRATION	2,400	2,400					
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	3,653,094	3,653,094					

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 12/ 1/2008
 I 15-0157 I FROM 7/ 1/2007 I NOT A CMS WORKSHEET
 I I TO 6/30/2008 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR VALUE	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE FEET	NOT ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR VALUE	NOT ENTERED
5	EMPLOYEE BENEFITS	5	GROSS SALARIES	ENTERED
6.01	COMMUNICATIONS	7	PHONE LINES	ENTERED
6.02	DATA PROCESSING	8	IS NODES	ENTERED
6.03	PURCHASING & RECEIVING	9	COSTED REQS	ENTERED
6.04	IP ADMITTING	10	PATIENT DAYS	ENTERED
6.05	PATIENT ACCOUNTING	11	PATIENT REVENUE	ENTERED
6.06	OP REGISTRATION	12	OP REVENUE	ENTERED
6.07	OTHER ADMINISTRATIVE AND GENERAL	-13	ACCUM. COST	NOT ENTERED
8	OPERATION OF PLANT	15	SQUARE FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	16	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	17	SQUARE FEET	ENTERED
11	DIETARY	18	MEALS SERVED	ENTERED
12	CAFETERIA	19	HOURS OF SERVICE	ENTERED
14	NURSING ADMINISTRATION	21	DIRECT NRSNG HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	22	COSTED REQUIS.	ENTERED
16	PHARMACY	23	COSTED REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	11	PATIENT REVENUE	ENTERED
18	SOCIAL SERVICE	24	TIME SPENT	ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	COMMUNICATI ON S
	0	1	2	3	4	5	6. 01
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &	4, 713, 660	4, 713, 660					
003 OLD CAP REL COSTS-MVBLE E	3, 395, 693		3, 395, 693				
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS	11, 561, 387	61, 584				11, 622, 971	
006 01 COMMUNICATIONS	539, 361	18, 643		368			558, 372
006 02 DATA PROCESSING	6, 172, 171						
006 03 PURCHASING & RECEIVING	655, 834	16, 577				58, 530	3, 941
006 04 IP ADMITTING	285, 148	2, 853		221		29, 531	5, 255
006 05 PATIENT ACCOUNTING	1, 690, 571	36, 481		1, 323		109, 478	14, 452
006 06 OP REGISTRATION	588, 012	33, 873		2, 588		214, 162	13, 138
006 07 OTHER ADMINISTRATIVE AND	9, 990, 658	216, 540		60, 470		1, 177, 450	23, 649
008 OPERATION OF PLANT	2, 847, 485	607, 590		50, 277		246, 578	17, 080
009 LAUNDRY & LINEN SERVICE	427, 151	30, 074		2, 853		9, 174	2, 628
010 HOUSEKEEPING	1, 284, 537	90, 992		4, 868		231, 745	3, 941
011 DIETARY	798, 223	96, 752		20, 285		118, 542	13, 138
012 CAFETERIA	434, 461	135, 631		19, 894		121, 033	
014 NURSING ADMINISTRATION	1, 499, 190			31, 116		426, 905	13, 138
015 CENTRAL SERVICES & SUPPLY	678, 505	116, 848		8, 040		99, 636	11, 824
016 PHARMACY	2, 122, 215	91, 868		7, 449		460, 998	23, 649
017 MEDICAL RECORDS & LIBRARY	1, 184, 557					56, 122	2, 628
018 SOCIAL SERVICE	155, 908	13, 164				28, 569	2, 628
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRCS	11, 777, 336	1, 048, 494		380, 158		3, 003, 878	137, 950
026 INTENSIVE CARE UNIT	1, 615, 465	104, 489		22, 630		353, 268	21, 021
030 SPECIAL CARE NURSERY	1, 183, 688	20, 534		45, 256		466, 093	13, 138
033 NURSERY	931, 516	81, 294		7, 823		212, 749	24, 963
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	14, 674, 696	465, 850		801, 319		1, 088, 974	40, 728
038 SURGERY-AMBULATORY	691, 102	193, 048		25, 993		168, 423	14, 452
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO	1, 982, 431	212, 234		8, 044		447, 508	28, 904
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	3, 864, 754	435, 531		1, 434, 859		690, 680	26, 276
041 01 CATH LAB							
041 02 ULTRASOUND	654, 293	20, 429		135, 558		81, 304	2, 628
042 RADIOLOGY-THERAPEUTIC							
044 LABORATORY	2, 721, 813	83, 570					
049 RESPIRATORY THERAPY	1, 325, 540	48, 770		62, 039		301, 065	22, 335
049 01 SLEEP LAB	109, 377	30, 354		15, 747		23, 266	9, 197
050 PHYSICAL THERAPY	297, 567	35, 746				74, 680	3, 941
050 01 SPORTS MEDICINE							
051 OCCUPATIONAL THERAPY	37, 333					9, 844	
052 SPEECH PATHOLOGY	13, 394					3, 612	
053 ELECTROCARDIOLOGY	126, 000						
054 ELECTROENCEPHALOGRAPHY	89, 599			16, 157		13, 923	
055 MEDICAL SUPPLIES CHARGED	7, 355, 659						
056 DRUGS CHARGED TO PATIENTS	2, 956, 769						
059 ENDOSCOPY	980, 506	90, 975		172, 352		186, 420	15, 766
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 EMERGENCY	2, 508, 962	244, 251		31, 255		601, 017	40, 728
061 01 PATIENT SERVICES							
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	106, 922, 527	4, 685, 039		3, 368, 942		11, 115, 157	553, 116
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	66, 427	28, 621				12, 597	2, 628
098 PHYSICIANS' PRIVATE OFFIC	540, 416					92, 335	
100 MISSION EFFECTIVENESS	108, 084			4, 132			
100 01 MARKETING	2, 700, 219			9, 610		47, 450	2, 628
100 02 JOINT VENTURES	25, 046, 794			13, 009		155, 721	
100 03 FOUNDATION							
100 04 VACANT							
100 05 SEASH							
100 06 SPORTS MEDICINE	750, 121					199, 711	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	136, 134, 588	4, 713, 660		3, 395, 693		11, 622, 971	558, 372

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING & RECEIVING	IP ADMINITTING	PATIENT ACCOUNTING	OP REGISTRATION	SUBTOTAL	OTHER ADMINISTRATIVE AND
	6.02	6.03	6.04	6.05	6.06	6a.06	6.07
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING	6,172,171						
006 03 PURCHASING & RECEIVING	15,430	750,312					
006 04 IP ADMINITTING	46,291	180	369,479				
006 05 PATIENT ACCOUNTING	200,596	512		2,053,413			
006 06 OP REGISTRATION	200,596	476			1,052,845		
006 07 OTHER ADMINISTRATIVE AND	632,648	693				12,102,108	12,102,108
008 OPERATION OF PLANT	432,052	14,083				4,215,145	411,280
009 LAUNDRY & LINEN SERVICE	15,430	3,840				491,150	47,922
010 HOUSEKEEPING	46,291	11,619				1,673,993	163,335
011 DIETARY	77,152	31,413				1,155,505	112,745
012 CAFETERIA						711,019	69,376
014 NURSING ADMINISTRATION	77,152	173				2,047,674	199,796
015 CENTRAL SERVICES & SUPPLY	169,735	3,993				1,088,581	106,215
016 PHARMACY	92,583	94,260				2,893,022	282,278
017 MEDICAL RECORDS & LIBRARY	61,722					1,305,029	127,334
018 SOCIAL SERVICE	15,430	2				215,701	21,046
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRCS	1,234,435	16,822	279,028	140,268		18,018,369	1,758,088
026 INTENSIVE CARE UNIT	416,622	4,191	23,634	23,591		2,584,911	252,215
030 SPECIAL CARE NURSERY	478,343	4,217	21,042	25,203		2,257,514	220,270
033 NURSERY	77,152	3,693	38,380	19,081		1,396,651	136,274
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	586,356	512,998		429,678	193,915	18,794,514	1,833,818
038 SURGERY-AMBULATORY		1,564		6,486	7,017	1,108,085	108,118
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO	123,443	4,380	7,395	58,420	2,865	2,875,624	280,580
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	108,013	13,389		247,069	216,860	7,037,431	686,656
041 01 CATH LAB							
041 02 ULTRASOUND	246,887	1,919		17,473	16,492	1,176,983	114,841
042 RADIOLOGY-THERAPEUTIC							
044 LABORATORY	15,430	2,987		127,817	61,675	3,013,292	294,013
049 RESPIRATORY THERAPY	92,583	4,094		75,914	25,811	1,958,151	191,061
049 01 SLEEP LAB	15,430	490		4,443	4,941	213,245	20,807
050 PHYSICAL THERAPY	46,291	521		9,601	468	468,815	45,743
050 01 SPORTS MEDICINE							
051 OCCUPATIONAL THERAPY		18		1,402	60	48,657	4,748
052 SPEECH PATHOLOGY				423	131	17,560	1,713
053 ELECTROCARDIOLOGY				794		126,794	12,372
054 ELECTROENCEPHALOGRAPHY		111		2,393	2,030	124,213	12,120
055 MEDICAL SUPPLIES CHARGED				367,329	108,566	7,831,554	764,140
056 DRUGS CHARGED TO PATIENTS				129,301	28,512	3,114,582	303,896
059 ENDOSCOPY	61,722	6,883		28,473	26,855	1,569,952	153,183
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 01 EMERGENCY	509,204	5,301		100,040	90,603	4,131,361	403,105
062 PATIENT SERVICES							
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	6,095,019	744,822	369,479	1,815,199	786,801	105,767,185	9,139,088
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		96				110,369	10,769
098 PHYSICIANS' PRIVATE OFFIC	30,861	308				663,920	64,780
100 MISSION EFFECTIVENESS	15,430					127,646	12,455
100 01 MARKETING	30,861	86				2,790,854	272,309
100 02 JOINT VENTURES		4,998		238,141	265,962	25,724,625	2,510,015
100 03 FOUNDATION							
100 04 VACANT							
100 05 SEASH							
100 06 SPORTS MEDICINE		2		73	82	949,989	92,692
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	6,172,171	750,312	369,479	2,053,413	1,052,845	136,134,588	12,102,108

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	8	9	10	11	12	14	15
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING & RECEIVING							
006 04 IP ADMINITTING							
006 05 PATIENT ACCOUNTING							
006 06 OP REGISTRATION							
006 07 OTHER ADMINISTRATIVE AND							
008 OPERATION OF PLANT	4,626,425						
009 LAUNDRY & LINEN SERVICE	36,886	575,958					
010 HOUSEKEEPING	111,603		1,948,931				
011 DIETARY	118,666	1,753	51,647	1,440,316			
012 CAFETERIA	166,352		72,401		1,019,148		
014 NURSING ADMINISTRATION					34,627	2,282,097	
015 CENTRAL SERVICES & SUPPLY	143,314	29,899	62,375		20,752		1,451,136
016 PHARMACY	112,676	230	49,040		46,700		5,196
017 MEDICAL RECORDS & LIBRARY					10,540		
018 SOCIAL SERVICE	16,146		7,027		3,361		
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICALS	1,285,988	215,723	559,701	1,296,180	332,195	1,016,092	39,137
026 INTENSIVE CARE UNIT	192,567	25,714	83,811	109,784	32,978	139,321	6,517
030 SPECIAL CARE NURSERY	25,185		10,961		30,100	149,630	3,292
033 NURSERY	99,708	19,278	43,396		25,850	124,787	
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	571,368	60,423	248,676		138,583	413,052	720,039
038 SURGERY-AMBULATORY	236,775	33,222	103,051		20,645	76,026	3,396
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO	260,306	43,688	113,293	34,352	48,468	79,467	20,133
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	534,182	40,277	232,492		89,653	10,187	18,709
041 01 CATH LAB							
041 02 ULTRASOUND	25,056		10,905		4,495		
042 RADIOLOGY-THERAPEUTIC							
044 LABORATORY	102,499		44,611				12
049 RESPIRATORY THERAPY	59,816	762	26,034		36,097	94	1,176
049 01 SLEEP LAB	37,230	1,167	16,203		3,009		
050 PHYSICAL THERAPY	43,842		19,082		9,556		992
050 01 SPORTS MEDICINE							
051 OCCUPATIONAL THERAPY					1,031		
052 SPEECH PATHOLOGY					404		
053 ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPHY					1,179		230
055 MEDICAL SUPPLIES CHARGED							592,550
056 DRUGS CHARGED TO PATIENTS							
059 ENDOSCOPY	111,581	31,147	48,563		20,834	76,411	15,864
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 EMERGENCY	299,575	72,675	130,384		63,020	197,025	11,411
061 01 PATIENT SERVICES							
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	4,591,321	575,958	1,933,653	1,440,316	974,077	2,282,092	1,438,654
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	35,104		15,278		2,689		
098 PHYSICIANS' PRIVATE OFFIC					1,142	5	447
100 MISSION EFFECTIVENESS							
100 01 MARKETING					5,693		9
100 02 JOINT VENTURES							12,025
100 03 FOUNDATION							
100 04 VACANT							
100 05 SEASH							
100 06 SPORTS MEDICINE					35,547		1
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	4,626,425	575,958	1,948,931	1,440,316	1,019,148	2,282,097	1,451,136

COST CENTER DESCRIPTION	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	SUBTOTAL 25	I&R COST POST STEP-DOWN ADJ 26	TOTAL 27
001 GENERAL SERVICE COST CNTR						
002 OLD CAP REL COSTS-BLDG &						
003 OLD CAP REL COSTS-MVBLE E						
004 NEW CAP REL COSTS-BLDG &						
005 NEW CAP REL COSTS-MVBLE E						
006 EMPLOYEE BENEFITS						
006 01 COMMUNICATIONS						
006 02 DATA PROCESSING						
006 03 PURCHASING & RECEIVING						
006 04 IP ADMINISTRATION						
006 05 PATIENT ACCOUNTING						
006 06 OP REGISTRATION						
006 07 OTHER ADMINISTRATIVE AND						
008 OPERATION OF PLANT						
009 LAUNDRY & LINEN SERVICE						
010 HOUSEKEEPING						
011 DIETARY						
012 CAFETERIA						
014 NURSING ADMINISTRATION						
015 CENTRAL SERVICES & SUPPLY						
016 PHARMACY	3,389,142					
017 MEDICAL RECORDS & LIBRARY		1,442,903				
018 SOCIAL SERVICE			263,281			
INPAT ROUTINE SRVC CNTRS						
025 ADULTS & PEDIATRICS	13,923	98,566	106,740	24,740,702		24,740,702
026 INTENSIVE CARE UNIT	5,737	16,577	28,732	3,478,864		3,478,864
030 SPECIAL CARE NURSERY	482	17,710	22,127	2,737,271		2,737,271
033 NURSERY	65	13,408		1,859,417		1,859,417
ANCILLARY SRVC COST CNTRS						
037 OPERATING ROOM	277,324	301,908		23,359,705		23,359,705
037 01 SURGERY-AMBULATORY	767	4,558	462	1,695,105		1,695,105
038 RECOVERY ROOM						
039 DELIVERY ROOM & LABOR ROO	2,288	41,051	31,044	3,830,294		3,830,294
040 ANESTHESIOLOGY						
041 RADIOLOGY-DIAGNOSTIC	2,755	173,615		8,825,957		8,825,957
041 01 CATH LAB						
041 02 ULTRASOUND		12,278		1,344,558		1,344,558
042 RADIOLOGY-THERAPEUTIC						
044 LABORATORY		89,817		3,544,244		3,544,244
049 RESPIRATORY THERAPY	344	53,344		2,326,879		2,326,879
049 01 SLEEP LAB		3,122		294,783		294,783
050 PHYSICAL THERAPY	25	6,747		594,802		594,802
050 01 SPORTS MEDICINE						
051 OCCUPATIONAL THERAPY		985		55,421		55,421
052 SPEECH PATHOLOGY		297		19,974		19,974
053 ELECTROCARDIOLOGY		558		139,724		139,724
054 ELECTROENCEPHALOGRAPHY		1,682		139,424		139,424
055 MEDICAL SUPPLIES CHARGED		258,121		9,446,365		9,446,365
056 DRUGS CHARGED TO PATIENTS	3,080,464	90,860		6,589,802		6,589,802
059 ENDOSCOPY	1,963	20,008	1,057	2,050,563		2,050,563
OUTPAT SERVICE COST CNTRS						
060 CLINIC						
061 EMERGENCY	2,952	70,298	73,119	5,454,925		5,454,925
061 01 PATIENT SERVICES						
062 OBSERVATION BEDS (NON-DIS						
SPEC PURPOSE COST CENTERS						
095 SUBTOTALS	3,389,089	1,275,510	263,281	102,528,779		102,528,779
NONREIMBURS COST CENTERS						
096 GIFT, FLOWER, COFFEE SHOP				174,209		174,209
098 PHYSICIANS' PRIVATE OFFICE				730,294		730,294
100 MISSION EFFECTIVENESS				140,101		140,101
100 01 MARKETING	53			3,068,918		3,068,918
100 02 JOINT VENTURES		167,341		28,414,006		28,414,006
100 03 FOUNDATION						
100 04 VACANT						
100 05 SEASH						
100 06 SPORTS MEDICINE		52		1,078,281		1,078,281
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 TOTAL	3,389,142	1,442,903	263,281	136,134,588		136,134,588

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO:
15-0157

PERIOD:
FROM 7/ 1/2007
TO 6/30/2008

PREPARED 12/ 1/2008
WORKSHEET B
PART II

COST CENTER DESCRIPTION	DIR ASSGND	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	SUBTOTAL	EMPLOYEE BENE
	OLD CAPITAL REL COSTS	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E		FITS
	0	1	2	3	4	4a	5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		61,584				61,584	61,584
006 01 COMMUNICATIONS		18,643				19,011	
006 02 DATA PROCESSING			368				
006 03 PURCHASING & RECEIVING		16,577				16,577	310
006 04 IP ADMINITTING		2,853		221		3,074	156
006 05 PATIENT ACCOUNTING		36,481		1,323		37,804	580
006 06 OP REGISTRATION		33,873		2,588		36,461	1,134
006 07 OTHER ADMINISTRATIVE AND		216,540		60,470		277,010	6,237
008 OPERATION OF PLANT		607,590		50,277		657,867	1,306
009 LAUNDRY & LINEN SERVICE		30,074		2,853		32,927	49
010 HOUSEKEEPING		90,992		4,868		95,860	1,228
011 DIETARY		96,752		20,285		117,037	628
012 CAFETERIA		135,631		19,894		155,525	641
014 NURSING ADMINISTRATION				31,116		31,116	2,261
015 CENTRAL SERVICES & SUPPLY		116,848		8,040		124,888	528
016 PHARMACY		91,868		7,449		99,317	2,442
017 MEDICAL RECORDS & LIBRARY							297
018 SOCIAL SERVICE		13,164				13,164	151
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		1,048,494		380,158		1,428,652	15,926
026 INTENSIVE CARE UNIT		104,489		22,630		127,119	1,871
030 SPECIAL CARE NURSERY		20,534		45,256		65,790	2,469
033 NURSERY		81,294		7,823		89,117	1,127
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM		465,850		801,319		1,267,169	5,769
037 01 SURGERY-AMBULATORY		193,048		25,993		219,041	892
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO		212,234		8,044		220,278	2,371
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC		435,531		1,434,859		1,870,390	3,659
041 01 CATH LAB							
041 02 ULTRASOUND		20,429		135,558		155,987	431
042 RADIOLOGY-THERAPEUTIC							
044 LABORATORY		83,570				83,570	
049 RESPIRATORY THERAPY		48,770		62,039		110,809	1,595
049 01 SLEEP LAB		30,354		15,747		46,101	123
050 PHYSICAL THERAPY		35,746				35,746	396
050 01 SPORTS MEDICINE							
051 OCCUPATIONAL THERAPY							52
052 SPEECH PATHOLOGY							19
053 ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPHY				16,157		16,157	74
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
059 ENDOSCOPY		90,975		172,352		263,327	988
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
061 EMERGENCY		244,251		31,255		275,506	3,184
061 01 PATIENT SERVICES							
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS		4,685,039		3,368,942		8,053,981	58,894
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		28,621				28,621	67
098 PHYSICIANS' PRIVATE OFFIC							489
100 MISSION EFFECTIVENESS				4,132		4,132	
100 01 MARKETING				9,610		9,610	251
100 02 JOINT VENTURES				13,009		13,009	825
100 03 FOUNDATION							
100 04 VACANT							
100 05 SEASH							
100 06 SPORTS MEDICINE							1,058
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		4,713,660		3,395,693		8,109,353	61,584

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 15-0157
 PERIOD: FROM 7/1/2007 TO 6/30/2008
 PREPARED 12/1/2008
 WORKSHEET B PART II

COST CENTER DESCRIPTION	COMMUNICATIONS	DATA PROCESSING	PURCHASING & RECEIVING	IP ADMINISTRATION	PATIENT ACCOUNTING	OPERATION	REGISTRATION	OTHER ADMINISTRATIVE AND
	6.01	6.02	6.03	6.04	6.05		6.06	6.07
001 GENERAL SERVICE COST CNTR								
002 OLD CAP REL COSTS-BLDG &								
003 OLD CAP REL COSTS-MVBLE E								
004 NEW CAP REL COSTS-BLDG &								
005 NEW CAP REL COSTS-MVBLE E								
006 EMPLOYEE BENEFITS								
006 01 COMMUNICATIONS	19,011							
006 02 DATA PROCESSING								
006 03 PURCHASING & RECEIVING		134	17,021					
006 04 IP ADMINISTRATION		179	4	3,413				
006 05 PATIENT ACCOUNTING		492	12		38,888			
006 06 OP REGISTRATION		447	11				38,053	
006 07 OTHER ADMINISTRATIVE AND		805	16					284,068
008 OPERATION OF PLANT		582	320					9,653
009 LAUNDRY & LINEN SERVICE		89	87					1,125
010 HOUSEKEEPING		134	264					3,833
011 DIETARY		447	713					2,646
012 CAFETERIA								1,628
014 NURSING ADMINISTRATION		447	4					4,689
015 CENTRAL SERVICES & SUPPLY		403	91					2,493
016 PHARMACY		805	2,139					6,625
017 MEDICAL RECORDS & LIBRARY		89						2,989
018 SOCIAL SERVICE		89						494
025 INPAT ROUTINE SRVC CNTRS								
026 ADULTS & PEDIATRICS	4,700		382	2,578	2,663			41,262
026 INTENSIVE CARE UNIT		716	95	218	448			5,919
030 SPECIAL CARE NURSERY		447	96	194	479			5,170
033 NURSERY		850	84	355	362			3,198
037 ANCILLARY SRVC COST CNTRS								
037 01 OPERATING ROOM	1,387		11,633		8,059		6,998	43,039
038 SURGERY-AMBULATORY		492	36		123		253	2,538
038 RECOVERY ROOM								
039 DELIVERY ROOM & LABOR ROO	984		99	68	1,109		103	6,585
040 ANESTHESIOLOGY								
041 RADIOLOGY-DIAGNOSTIC		895	304		4,691		7,826	16,116
041 01 CATH LAB								
041 02 ULTRASOUND		89	44		332		595	2,695
042 RADIOLOGY-THERAPEUTIC								
044 LABORATORY			68		2,427		2,226	6,900
049 RESPIRATORY THERAPY		760	93		1,441		931	4,484
049 01 SLEEP LAB		313	11		84		178	488
050 PHYSICAL THERAPY		134	12		182		17	1,074
050 01 SPORTS MEDICINE								
051 OCCUPATIONAL THERAPY					27		2	111
052 SPEECH PATHOLOGY					8		5	40
053 ELECTROCARDIOLOGY					15			290
054 ELECTROENCEPHALOGRAPHY			3		45		73	284
055 MEDICAL SUPPLIES CHARGED					6,975		3,918	17,934
056 DRUGS CHARGED TO PATIENTS					2,455		1,029	7,132
059 ENDOSCOPY	537		156		541		969	3,595
060 OUTPAT SERVICE COST CNTRS								
061 CLINIC								
061 EMERGENCY	1,387		120		1,899		3,270	9,461
061 01 PATIENT SERVICES								
062 OBSERVATION BEDS (NON-DIS								
062 SPEC PURPOSE COST CENTERS								
095 SUBTOTALS	18,833		16,897	3,413	34,365		28,393	214,490
096 NONREIMBURS COST CENTERS								
096 GIFT, FLOWER, COFFEE SHOP	89		2					253
098 PHYSICIANS' PRIVATE OFFIC			7					1,520
100 MISSION EFFECTIVENESS								292
100 01 MARKETING	89		2					6,391
100 02 JOINT VENTURES			113		4,522		9,657	58,947
100 03 FOUNDATION								
100 04 VACANT								
100 05 SEASH								
100 06 SPORTS MEDICINE					1		3	2,175
101 CROSS FOOT ADJUSTMENTS								
102 NEGATIVE COST CENTER								
103 TOTAL	19,011		17,021	3,413	38,888		38,053	284,068

ALLOCATION OF OLD CAPITAL RELATED COSTS

15-0157

FROM 7/ 1/2007

WORKSHEET B

TO 6/30/2008

PART II

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	8	9	10	11	12	14	15
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING & RECEIVING							
006 04 IP ADMINISTRATION							
006 05 PATIENT ACCOUNTING							
006 06 OP REGISTRATION							
006 07 OTHER ADMINISTRATIVE AND							
008 OPERATION OF PLANT	669,728						
009 LAUNDRY & LINEN SERVICE	5,340	39,617					
010 HOUSEKEEPING	16,156		117,475				
011 DIETARY	17,178	121	3,113	141,883			
012 CAFETERIA	24,081		4,364		186,239		
014 NURSING ADMINISTRATION					6,328	44,845	
015 CENTRAL SERVICES & SUPPLY	20,746	2,057	3,760		3,792		158,758
016 PHARMACY	16,311	16	2,956		8,534		568
017 MEDICAL RECORDS & LIBRARY					1,926		
018 SOCIAL SERVICE	2,337		424		614		
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	186,162	14,839	33,736	127,684	60,708	19,966	4,282
026 INTENSIVE CARE UNIT	27,876	1,769	5,052	10,815	6,026	2,738	713
030 SPECIAL CARE NURSERY	3,646		661		5,500	2,940	360
033 NURSERY	14,434	1,326	2,616		4,724	2,452	
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	82,712	4,156	14,989		25,325	8,117	78,775
038 SURGERY-AMBULATORY	34,276	2,285	6,212		3,773	1,494	372
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROOM	37,682	3,005	6,829	3,384	8,857	1,562	2,203
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	77,329	2,770	14,014		16,383	200	2,047
041 01 CATH LAB							
041 02 ULTRASOUND	3,627		657		821		
042 RADIOLOGY-THERAPEUTIC							
044 LABORATORY	14,838		2,689				1
049 RESPIRATORY THERAPY	8,659	52	1,569		6,596	2	129
049 01 SLEEP LAB	5,389	80	977		550		
050 PHYSICAL THERAPY	6,347		1,150		1,746		108
050 01 SPORTS MEDICINE							
051 OCCUPATIONAL THERAPY					188		
052 SPEECH PATHOLOGY					74		
053 ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPHY					215		25
055 MEDICAL SUPPLIES CHARGED							64,825
056 DRUGS CHARGED TO PATIENTS							
059 ENDOSCOPY	16,153	2,142	2,927		3,807	1,502	1,736
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 EMERGENCY	43,367	4,999	7,859		11,516	3,872	1,248
061 01 PATIENT SERVICES							
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	664,646	39,617	116,554	141,883	178,003	44,845	157,392
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	5,082		921		491		
098 PHYSICIANS' PRIVATE OFFICE					209		49
100 MISSION EFFECTIVENESS							
100 01 MARKETING					1,040		1
100 02 JOINT VENTURES							1,316
100 03 FOUNDATION							
100 04 VACANT							
100 05 SEASH							
100 06 SPORTS MEDICINE					6,496		
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	669,728	39,617	117,475	141,883	186,239	44,845	158,758

ALLOCATION OF OLD CAPITAL RELATED COSTS

15-0157

FROM 7/ 1/2007

WORKSHEET B

TO 6/30/2008

PART II

COST CENTER DESCRIPTION	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	SUBTOTAL 25	POST STEPDOWN ADJUSTMENT 26	TOTAL 27
001 GENERAL SERVICE COST CNTR						
002 OLD CAP REL COSTS-BLDG &						
003 OLD CAP REL COSTS-MVBLE E						
004 NEW CAP REL COSTS-BLDG &						
005 NEW CAP REL COSTS-MVBLE E						
006 EMPLOYEE BENEFITS						
006 01 COMMUNICATIONS						
006 02 DATA PROCESSING						
006 03 PURCHASING & RECEIVING						
006 04 IP ADMINISTRATION						
006 05 PATIENT ACCOUNTING						
006 06 OP REGISTRATION						
006 07 OTHER ADMINISTRATIVE AND						
008 OPERATION OF PLANT						
009 LAUNDRY & LINEN SERVICE						
010 HOUSEKEEPING						
011 DIETARY						
012 CAFETERIA						
014 NURSING ADMINISTRATION						
015 CENTRAL SERVICES & SUPPLY						
016 PHARMACY	139,713					
017 MEDICAL RECORDS & LIBRARY		5,301				
018 SOCIAL SERVICE			17,273			
INPAT ROUTINE SRVC CNTRS						
025 ADULTS & PEDIATRICS	574	350	7,003	1,951,467		1,951,467
026 INTENSIVE CARE UNIT	237	59	1,885	193,556		193,556
030 SPECIAL CARE NURSERY	20	63	1,452	89,287		89,287
033 NURSERY	3	48		120,696		120,696
ANCILLARY SRVC COST CNTRS						
037 OPERATING ROOM	11,432	1,244		1,570,804		1,570,804
037 01 SURGERY-AMBULATORY	32	16	30	271,865		271,865
038 RECOVERY ROOM						
039 DELIVERY ROOM & LABOR ROO	94	146	2,037	297,396		297,396
040 ANESTHESIOLOGY						
041 RADIOLOGY-DIAGNOSTIC	114	617		2,017,355		2,017,355
041 01 CATH LAB						
041 02 ULTRASOUND		44		165,322		165,322
042 RADIOLOGY-THERAPEUTIC						
044 LABORATORY		319		113,038		113,038
049 RESPIRATORY THERAPY	14	190		137,324		137,324
049 01 SLEEP LAB		11		54,305		54,305
050 PHYSICAL THERAPY	1	24		46,937		46,937
050 01 SPORTS MEDICINE						
051 OCCUPATIONAL THERAPY		4		384		384
052 SPEECH PATHOLOGY		1		147		147
053 ELECTROCARDIOLOGY		2		307		307
054 ELECTROENCEPHALOGRAPHY		6		16,882		16,882
055 MEDICAL SUPPLIES CHARGED		918		94,570		94,570
056 DRUGS CHARGED TO PATIENTS	126,987	323		137,926		137,926
059 ENDOSCOPY	81	71	69	298,601		298,601
OUTPAT SERVICE COST CNTRS						
060 CLINIC						
061 EMERGENCY	122	250	4,797	372,857		372,857
061 01 PATIENT SERVICES						
062 OBSERVATION BEDS (NON-DIS						
SPEC PURPOSE COST CENTERS						
095 SUBTOTALS	139,711	4,706	17,273	7,951,026		7,951,026
NONREIMBURS COST CENTERS						
096 GIFT, FLOWER, COFFEE SHOP				35,526		35,526
098 PHYSICIANS' PRIVATE OFFICE				2,274		2,274
100 MISSION EFFECTIVENESS				4,424		4,424
100 01 MARKETING	2			17,386		17,386
100 02 JOINT VENTURES		595		88,984		88,984
100 03 FOUNDATION						
100 04 VACANT						
100 05 SEASH						
100 06 SPORTS MEDICINE				9,733		9,733
101 CROSS FOOT ADJUSTMENTS						
102 NEGATIVE COST CENTER						
103 TOTAL	139,713	5,301	17,273	8,109,353		8,109,353

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	COMMUNICATION
	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (DOLLAR VALUE)	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (DOLLAR VALUE)	FITS (GROSS SALARIES)	S (PHONE LINES)
	1	2	3	4	5	6.01
001 GENERAL SERVICE COST						
002 OLD CAP REL COSTS-BLD	269,271					
003 OLD CAP REL COSTS-MVB		2,612,557				
004 NEW CAP REL COSTS-BLD						
005 NEW CAP REL COSTS-MVB						
006 EMPLOYEE BENEFITS	3,518				43,086,508	
006 01 COMMUNICATIONS	1,065	283				425
006 02 DATA PROCESSING						
006 03 PURCHASING & RECEIVING	947				216,973	3
006 04 IP ADMINISTRATION	163	170			109,471	4
006 05 PATIENT ACCOUNTING	2,084	1,018			405,835	11
006 06 OP REGISTRATION	1,935	1,991			793,902	10
006 07 OTHER ADMINISTRATIVE	12,370	46,524			4,364,821	18
008 OPERATION OF PLANT	34,709	38,682			914,066	13
009 LAUNDRY & LINEN SERVICE	1,718	2,195			34,008	2
010 HOUSEKEEPING	5,198	3,745			859,080	3
011 DIETARY	5,527	15,607			439,435	10
012 CAFETERIA	7,748	15,306			448,670	
014 NURSING ADMINISTRATION		23,940			1,582,544	10
015 CENTRAL SERVICES & SUPPLY	6,675	6,186			369,353	9
016 PHARMACY	5,248	5,731			1,708,927	18
017 MEDICAL RECORDS & LIBRARY					208,044	2
018 SOCIAL SERVICE	752				105,905	2
025 INPAT ROUTINE SRVC CN						
026 ADULTS & PEDIATRICS	59,896	292,484			11,135,430	105
030 INTENSIVE CARE UNIT	5,969	17,411			1,309,570	16
033 SPECIAL CARE NURSERY	1,173	34,819			1,727,812	10
037 NURSERY	4,644	6,019			788,663	19
037 01 ANCILLARY SRVC COST C						
037 01 OPERATING ROOM	26,612	616,514			4,036,842	31
037 01 SURGERY-AMBULATORY	11,028	19,998			624,347	11
038 RECOVERY ROOM						
039 DELIVERY ROOM & LABOR	12,124	6,189			1,658,917	22
040 ANESTHESIOLOGY						
041 RADIOLOGY-DIAGNOSTIC	24,880	1,103,941			2,560,358	20
041 01 CATH LAB						
041 02 ULTRASOUND	1,167	104,295			301,396	2
042 RADIOLOGY-THERAPEUTIC						
044 LABORATORY	4,774					
049 RESPIRATORY THERAPY	2,786	47,731			1,116,052	17
049 01 SLEEP LAB	1,734	12,115			86,246	7
050 PHYSICAL THERAPY	2,042				276,840	3
050 01 SPORTS MEDICINE						
051 OCCUPATIONAL THERAPY					36,490	
052 SPEECH PATHOLOGY					13,390	
053 ELECTROCARDIOLOGY						
054 ELECTROENCEPHALOGRAPH		12,431			51,613	
055 MEDICAL SUPPLIES CHARGED TO PATIENT						
056 DRUGS CHARGED TO PATIENT						
059 ENDOSCOPY	5,197	132,603			691,063	12
060 OUTPAT SERVICE COST CENTER						
061 CLINIC						
061 01 EMERGENCY	13,953	24,047			2,227,977	31
062 PATIENT SERVICES						
062 OBSERVATION BEDS (NON SPEC PURPOSE COST CENTER)						
095 SUBTOTALS	267,636	2,591,975			41,204,040	421
096 NONREIMBURS COST CENTER						
098 GIFT, FLOWER, COFFEE	1,635				46,697	2
100 PHYSICIANS' PRIVATE OFFICE					342,287	
100 01 MISSION EFFECTIVENESS		3,179				
100 01 MARKETING		7,394			175,896	2
100 02 JOINT VENTURES		10,009			577,258	
100 03 FOUNDATION						
100 04 VACANT						
100 05 SEASHORE						
100 06 SPORTS MEDICINE					740,330	
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	4,713,660	3,395,693			11,622,971	558,372
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	17.505264				.269759	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)		1.299758			61,584	1,313.816471
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)					.001429	19,011
107 COST TO BE ALLOCATED (WRKSHT B, PART III)						44.731765
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	DATA PROCESSING (IS NODES)	PURCHASING & RECEIVING (COSTED REQS)	IP ADMITTING (PATIENT DAYS)	PATIENT ACCOUNTING (PATIENT REVENUE)	OP REGISTRATION (OP REVENUE)	RECONCILIATION	OTHER ADMINISTRATIVE AND (ACCUM. COST)
	6.02	6.03	6.04	6.05	6.06	6a.07	6.07
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING	400						
006 03 PURCHASING & RECEIVING	1	24,820,611					
006 04 IP ADMITTING	3	5,951	25,232				
006 05 PATIENT ACCOUNTING	13	16,938		342,005,131			
006 06 OP REGISTRATION	13	15,730			157,004,011		
006 07 OTHER ADMINISTRATIVE OPERATION OF PLANT	41	22,927				-12,102,108	124,032,480
008 LAUNDRY & LINEN SERVICE	28	465,889					4,215,145
009 HOUSEKEEPING	1	127,046					491,150
010 DIETARY	3	384,365					1,673,993
011 CAFETERIA	5	1,039,176					1,155,505
012 NURSING ADMINISTRATION		78					711,019
014 CENTRAL SERVICES & SUPPLY	5	5,729					2,047,674
015 PHARMACY	11	132,091					1,088,581
016 MEDICAL RECORDS & LIBRARY	6	3,118,203					2,893,022
017 SOCIAL SERVICE	4						1,305,029
018 INPAT ROUTINE SRVC CN	1						215,701
025 ADULTS & PEDIATRICS	80	556,489	19,055	23,362,364			18,018,369
026 INTENSIVE CARE UNIT	27	138,646	1,614	3,929,182			2,584,911
030 SPECIAL CARE NURSERY	31	139,500	1,437	4,197,754			2,257,514
033 NURSERY	5	122,176	2,621	3,178,033			1,396,651
037 01 OPERATING ROOM SURGERY-AMBULATORY	38	16,969,928		71,562,978	28,916,593		18,794,514
037 RECOVERY ROOM		51,750		1,080,259	1,046,449		1,108,085
038 DELIVERY ROOM & LABOR ANESTHESIOLOGY	8	144,878	505	9,730,100	427,289		2,875,624
041 01 RADIOLOGY-DIAGNOSTIC CATH LAB	7	442,920		41,150,747	32,338,220		7,037,431
041 02 ULTRASOUND	16	63,495		2,910,166	2,459,288		1,176,983
042 RADIOLOGY-THERAPEUTIC LABORATORY	1	98,825		21,288,708	9,197,014		3,013,292
049 01 RESPIRATORY THERAPY SLEEP LAB	6	135,417		12,643,831	3,848,952		1,958,151
049 PHYSICAL THERAPY	1	16,209		739,956	736,817		213,245
050 01 SPORTS MEDICINE OCCUPATIONAL THERAPY	3	17,244		1,599,099	69,850		468,815
051 SPEECH PATHOLOGY		610		233,586	8,920		48,657
052 ELECTROCARDIOLOGY				70,510	19,506		17,560
053 ELECTROENCEPHALOGRAPH		3,676		132,288			126,794
054 MEDICAL SUPPLIES CHARGED TO PATIENTS				398,608	302,702		124,213
055 DRUGS CHARGED TO PATIENTS				61,180,654	16,189,342		7,831,554
056 ENDOSCOPY	4	227,704		21,535,808	4,251,752		3,114,582
059 OUTPAT SERVICE COST CLINIC				4,742,301	4,004,590		1,569,952
060 01 EMERGENCY	33	175,373		16,662,257	13,510,785		4,131,361
061 OBSERVATION BEDS (NON SPEC PURPOSE COST CENTER)							
062 SUBTOTALS	395	24,638,963	25,232	302,329,189	117,328,069	-12,102,108	93,665,077
095 NONREIMBURS COST CENTER							
096 GI FT, FLOWER, COFFEE		3,181					110,369
098 PHYSICIANS' PRIVATE OFFICE	2	10,204					663,920
100 MISSION EFFECTIVENESS	1						127,646
100 01 MARKETING	2	2,848					2,790,854
100 02 JOINT VENTURES		165,350		39,663,711	39,663,711		25,724,625
100 03 FOUNDATION							
100 04 VACANT							
100 05 SEASH							
100 06 SPORTS MEDICINE CROSS FOOT ADJUSTMENT		65		12,231	12,231		949,989
101 NEGATIVE COST CENTER							
102 COST TO BE ALLOCATED (WRKSHT B, PART I)	6,172,171	750,312	369,479	2,053,413	1,052,845		12,102,108
103 UNIT COST MULTIPLIER (WRKSHT B, PT I)		.030229		.006004			.097572
104 COST TO BE ALLOCATED (WRKSHT B, PART II)	15,430,427,500	17,021	14,643,270	3,413	38,888	38,053	284,068
105 UNIT COST MULTIPLIER (WRKSHT B, PT II)		.000686	.135265	.000114		.000242	.002290
106 COST TO BE ALLOCATED (WRKSHT B, PART III)							
107 UNIT COST MULTIPLIER (WRKSHT B, PT III)							

	COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
		(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	(HOURS OF SERVICE)	(DIRECT NRSNG HRS)	(COSTED)REQUIS.
		8	9	10	11	12	14	15
	GENERAL SERVICE COST							
001	OLD CAP REL COSTS-BLD							
002	OLD CAP REL COSTS-MVB							
003	NEW CAP REL COSTS-BLD							
004	NEW CAP REL COSTS-MVB							
005	EMPLOYEE BENEFITS							
006	01 COMMUNICATIONS							
006	02 DATA PROCESSING							
006	03 PURCHASING & RECEIVING							
006	04 IP ADMINISTRATION							
006	05 PATIENT ACCOUNTING							
006	06 OP REGISTRATION							
006	07 OTHER ADMINISTRATIVE							
008	OPERATION OF PLANT	215,480						
009	LAUNDRY & LINEN SERVICE	1,718	567,764					
010	HOUSEKEEPING	5,198		208,564				
011	DIETARY	5,527	1,728	5,527	59,287			
012	CAFETERIA	7,748		7,748		1,086,804		
014	NURSING ADMINISTRATION					36,926	486,130	
015	CENTRAL SERVICES & SUPPLY	6,675	29,474	6,675		22,130		18,013,879
016	PHARMACY	5,248	227	5,248		49,800		64,495
017	MEDICAL RECORDS & LIBRARY					11,240		
018	SOCIAL SERVICE	752		752		3,584		
025	INPAT ROUTINE SERVICE CENTER ADULTS & PEDIATRICS	59,896	212,655	59,896	53,354	354,249	216,447	485,835
026	INTENSIVE CARE UNIT	8,969	25,348	8,969	4,519	35,167	29,678	80,894
030	SPECIAL CARE NURSERY	1,173		1,173		32,098	31,874	40,863
033	NURSERY	4,644	19,004	4,644		27,566	26,582	
037	ANCILLARY SERVICE CENTER OPERATING ROOM	26,612	59,563	26,612		147,783	87,988	8,938,393
037	01 SURGERY-AMBULATORY	11,028	32,749	11,028		22,015	16,195	42,155
038	RECOVERY ROOM							
039	DELIVERY ROOM & LABOR	12,124	43,066	12,124	1,414	51,685	16,928	249,917
040	ANESTHESIOLOGY							
041	RADIOLOGY-DIAGNOSTIC	24,880	39,704	24,880		95,605	2,170	232,242
041	01 CATH LAB							
041	02 ULTRASOUND	1,167		1,167		4,793		
042	RADIOLOGY-THERAPEUTIC							
044	LABORATORY	4,774		4,774				143
049	RESPIRATORY THERAPY	2,786	751	2,786		38,493	20	14,598
049	01 SLEEP LAB	1,734	1,150	1,734		3,209		
050	PHYSICAL THERAPY	2,042		2,042		10,190		12,311
050	01 SPORTS MEDICINE							
051	OCCUPATIONAL THERAPY					1,099		
052	SPEECH PATHOLOGY					431		
053	ELECTROCARDIOLOGY							
054	ELECTROENCEPHALOGRAPHY					1,257		2,852
055	MEDICAL SUPPLIES CHARACTERIZED							7,355,659
056	DRUGS CHARGED TO PATIENT							
059	ENDOSCOPY	5,197	30,704	5,197		22,217	16,277	196,926
060	OUTPAT SERVICE CENTER CLINIC							
061	EMERGENCY	13,953	71,641	13,953		67,204	41,970	141,650
061	01 PATIENT SERVICES							
062	OBSERVATION BEDS (NON SPEC PURPOSE COST CENTER)							
095	SUBTOTALS	213,845	567,764	206,929	59,287	1,038,741	486,129	17,858,933
096	NONREIMBURSABLE COST CENTER GIFT, FLOWER, COFFEE	1,635		1,635		2,867		
098	PHYSICIANS' PRIVATE OFFICE					1,218	1	5,549
100	MISSION EFFECTIVENESS							
100	01 MARKETING					6,071		112
100	02 JOINT VENTURES							149,278
100	03 FOUNDATION							
100	04 VACANT							
100	05 SEASH							
100	06 SPORTS MEDICINE					37,907		7
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	4,626,425	575,958	1,948,931	1,440,316	1,019,148	2,282,097	1,451,136
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)		1.014432		24.293960		4.694417	
105	COST TO BE ALLOCATED (WRKSHT B, PART II)	21.470322	39,617	9.344523	141,883	.937748	44,845	.080557
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)	669,728	.069777	117,475	2.393155	186,239	.092249	158,758
107	COST TO BE ALLOCATED (WRKSHT B, PART III)	3.108075		.563256		.171364		.008813
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)							

COST CENTER DESCRIPTION	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (PATIENT REVENUE)	SOCIAL SERVICE (TIME SPENT)
	16	17	18
001 GENERAL SERVICE COST			
002 OLD CAP REL COSTS-BLD			
003 OLD CAP REL COSTS-MVB			
004 NEW CAP REL COSTS-BLD			
005 NEW CAP REL COSTS-MVB			
006 EMPLOYEE BENEFITS			
006 01 COMMUNICATIONS			
006 02 DATA PROCESSING			
006 03 PURCHASING & RECEIVING			
006 04 IP ADMINISTRATION			
006 05 PATIENT ACCOUNTING			
006 06 OP REGISTRATION			
006 07 OTHER ADMINISTRATIVE			
008 OPERATION OF PLANT			
009 LAUNDRY & LINEN SERVICE			
010 HOUSEKEEPING			
011 DIETARY			
012 CAFETERIA			
014 NURSING ADMINISTRATION			
015 CENTRAL SERVICES & SUPPLIES			
016 PHARMACY	3,104,820		
017 MEDICAL RECORDS & LIBRARY		342,005,131	
018 SOCIAL SERVICE			3,986
025 INPAT ROUTINE SRVC CN			
025 ADULTS & PEDIATRICS	12,755	23,362,364	1,616
026 INTENSIVE CARE UNIT	5,256	3,929,182	435
030 SPECIAL CARE NURSERY	442	4,197,754	335
033 NURSERY	60	3,178,033	
037 ANCILLARY SRVC COST CENTER			
037 01 OPERATING ROOM	254,059	71,562,978	
038 SURGERY-AMBULATORY	703	1,080,259	7
039 RECOVERY ROOM			
040 DELIVERY ROOM & LABOR	2,096	9,730,100	470
041 ANESTHESIOLOGY			
041 01 RADIOLOGY-DIAGNOSTIC	2,524	41,150,747	
041 02 CATH LAB			
042 ULTRASOUND		2,910,166	
044 RADIOLOGY-THERAPEUTIC			
044 LABORATORY		21,288,708	
049 RESPIRATORY THERAPY	315	12,643,831	
049 01 SLEEP LAB		739,956	
050 PHYSICAL THERAPY	23	1,599,099	
050 01 SPORTS MEDICINE			
051 OCCUPATIONAL THERAPY		233,586	
052 SPEECH PATHOLOGY		70,510	
053 ELECTROCARDIOLOGY		132,288	
054 ELECTROENCEPHALOGRAPH		398,608	
055 MEDICAL SUPPLIES CHARGED TO PATIENT		61,180,654	
056 DRUGS CHARGED TO PATIENT	2,822,036	21,535,808	
059 ENDOSCOPY	1,798	4,742,301	16
060 OUTPAT SERVICE COST CENTER			
061 CLINIC			
061 01 EMERGENCY	2,704	16,662,257	1,107
062 PATIENT SERVICES			
062 OBSERVATION BEDS (NON-SPEC PURPOSE COST CENTER)			
095 SUBTOTALS	3,104,771	302,329,189	3,986
096 NONREIMBURS COST CENTER			
096 GIFT, FLOWER, COFFEE			
098 PHYSICIANS' PRIVATE OFFICE			
100 MISSION EFFECTIVENESS			
100 01 MARKETING	49		
100 02 JOINT VENTURES		39,663,711	
100 03 FOUNDATION			
100 04 VACANT			
100 05 SEASH			
100 06 SPORTS MEDICINE		12,231	
101 CROSS FOOT ADJUSTMENT			
102 NEGATIVE COST CENTER			
103 COST TO BE ALLOCATED (PER WRKSHT B, PART I)	3,389,142	1,442,903	263,281
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		.004219	
105 COST TO BE ALLOCATED (PER WRKSHT B, PART II)	1.091574		66.051430
106 UNIT COST MULTIPLIER (WRKSHT B, PART II)	139,713	5,301	17,273
107 COST TO BE ALLOCATED (PER WRKSHT B, PART III)		.000015	
108 UNIT COST MULTIPLIER (WRKSHT B, PART III)	.044999		4.333417

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	24,740,702		24,740,702		24,740,702
26	INTENSIVE CARE UNIT	3,478,864		3,478,864		3,478,864
30	SPECIAL CARE NURSERY	2,737,271		2,737,271		2,737,271
33	NURSERY	1,859,417		1,859,417		1,859,417
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	23,359,705		23,359,705		23,359,705
37 01	SURGERY-AMBULATORY	1,695,105		1,695,105		1,695,105
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROO	3,830,294		3,830,294		3,830,294
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC	8,825,957		8,825,957		8,825,957
41 01	CATH LAB					
41 02	ULTRASOUND	1,344,558		1,344,558		1,344,558
42	RADIOLOGY-THERAPEUTIC					
44	LABORATORY	3,544,244		3,544,244		3,544,244
49	RESPIRATORY THERAPY	2,326,879		2,326,879		2,326,879
49 01	SLEEP LAB	294,783		294,783		294,783
50	PHYSICAL THERAPY	594,802		594,802		594,802
50 01	SPORTS MEDICINE					
51	OCCUPATIONAL THERAPY	55,421		55,421		55,421
52	SPEECH PATHOLOGY	19,974		19,974		19,974
53	ELECTROCARDIOLOGY	139,724		139,724		139,724
54	ELECTROENCEPHALOGRAPHY	139,424		139,424		139,424
55	MEDICAL SUPPLIES CHARGED	9,446,365		9,446,365		9,446,365
56	DRUGS CHARGED TO PATIENTS	6,589,802		6,589,802		6,589,802
59	ENDOSCOPY	2,050,563		2,050,563		2,050,563
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY	5,454,925		5,454,925		5,454,925
61 01	PATIENT SERVICES					
62	OBSERVATION BEDS (NON-DIS	2,649,138		2,649,138		2,649,138
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	105,177,917		105,177,917		105,177,917
102	LESS OBSERVATION BEDS	2,649,138		2,649,138		2,649,138
103	TOTAL	102,528,779		102,528,779		102,528,779

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	23,362,364		23,362,364			
26	INTENSIVE CARE UNIT	3,929,182		3,929,182			
30	SPECIAL CARE NURSERY	4,197,754		4,197,754			
33	NURSERY	3,178,033		3,178,033			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	42,646,386	28,916,593	71,562,979	.326422	.326422	.326422
37 01	SURGERY-AMBULATORY	33,810	1,046,449	1,080,259	1.569165	1.569165	1.569165
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO	9,302,811	427,289	9,730,100	.393654	.393654	.393654
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	8,812,527	32,338,220	41,150,747	.214479	.214479	.214479
41 01	CATH LAB						
41 02	ULTRASOUND	450,878	2,459,288	2,910,166	.462021	.462021	.462021
42	RADIOLOGY-THERAPEUTIC						
44	LABORATORY	12,091,694	9,197,014	21,288,708	.166485	.166485	.166485
49	RESPIRATORY THERAPY	8,794,879	3,689,490	12,484,369	.186383	.186383	.186383
49 01	SLEEP LAB	3,139	736,817	739,956	.398379	.398379	.398379
50	PHYSICAL THERAPY	1,529,249	69,850	1,599,099	.371961	.371961	.371961
50 01	SPORTS MEDICINE						
51	OCCUPATIONAL THERAPY	224,666	8,920	233,586	.237262	.237262	.237262
52	SPEECH PATHOLOGY	51,004	19,506	70,510	.283279	.283279	.283279
53	ELECTROCARDIOLOGY	132,288	159,462	291,750	.478917	.478917	.478917
54	ELECTROENCEPHALOGRAPHY	96,394	302,214	398,608	.349777	.349777	.349777
55	MEDICAL SUPPLIES CHARGED	44,991,312	16,189,342	61,180,654	.154401	.154401	.154401
56	DRUGS CHARGED TO PATIENTS	17,284,056	4,251,752	21,535,808	.305993	.305993	.305993
59	ENDOSCOPY	737,711	4,004,590	4,742,301	.432398	.432398	.432398
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	3,151,472	13,510,785	16,662,257	.327382	.327382	.327382
61 01	PATIENT SERVICES						
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	933,135	2,926,984	3,860,119	.686284	.686284	.686284
101	SUBTOTAL	185,934,744	120,254,565	306,189,309			
102	LESS OBSERVATION BEDS						
103	TOTAL	185,934,744	120,254,565	306,189,309			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	23,359,705	1,570,804	21,788,901			23,359,705
37	01 SURGERY-AMBULATORY	1,695,105	271,865	1,423,240			1,695,105
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO	3,830,294	297,396	3,532,898			3,830,294
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	8,825,957	2,017,355	6,808,602			8,825,957
41	01 CATH LAB						
41	02 ULTRASOUND	1,344,558	165,322	1,179,236			1,344,558
42	RADIOLOGY-THERAPEUTIC						
44	LABORATORY	3,544,244	113,038	3,431,206			3,544,244
49	RESPIRATORY THERAPY	2,326,879	137,324	2,189,555			2,326,879
49	01 SLEEP LAB	294,783	54,305	240,478			294,783
50	PHYSICAL THERAPY	594,802	46,937	547,865			594,802
50	01 SPORTS MEDICINE						
51	OCCUPATIONAL THERAPY	55,421	384	55,037			55,421
52	SPEECH PATHOLOGY	19,974	147	19,827			19,974
53	ELECTROCARDIOLOGY	139,724	307	139,417			139,724
54	ELECTROENCEPHALOGRAPHY	139,424	16,882	122,542			139,424
55	MEDICAL SUPPLIES CHARGED	9,446,365	94,570	9,351,795			9,446,365
56	DRUGS CHARGED TO PATIENTS	6,589,802	137,926	6,451,876			6,589,802
59	ENDOSCOPY	2,050,563	298,601	1,751,962			2,050,563
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	5,454,925	372,857	5,082,068			5,454,925
61	01 PATIENT SERVICES						
62	OBSERVATION BEDS (NON-DIS	2,649,138	208,956	2,440,182			2,649,138
62	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	72,361,663	5,804,976	66,556,687			72,361,663
102	LESS OBSERVATION BEDS	2,649,138	208,956	2,440,182			2,649,138
103	TOTAL	69,712,525	5,596,020	64,116,505			69,712,525

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	23,359,705	1,570,804	21,788,901	157,080	1,263,756	21,938,869
37	01 SURGERY-AMBULATORY	1,695,105	271,865	1,423,240	27,187	82,548	1,585,370
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO	3,830,294	297,396	3,532,898	29,740	204,908	3,595,646
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	8,825,957	2,017,355	6,808,602	201,736	394,899	8,229,322
41	01 CATH LAB						
41	02 ULTRASOUND	1,344,558	165,322	1,179,236	16,532	68,396	1,259,630
42	RADIOLOGY-THERAPEUTIC						
44	LABORATORY	3,544,244	113,038	3,431,206	11,304	199,010	3,333,930
49	RESPIRATORY THERAPY	2,326,879	137,324	2,189,555	13,732	126,994	2,186,153
49	01 SLEEP LAB	294,783	54,305	240,478	5,431	13,948	275,404
50	PHYSICAL THERAPY	594,802	46,937	547,865	4,694	31,776	558,332
50	01 SPORTS MEDICINE						
51	OCCUPATIONAL THERAPY	55,421	384	55,037	38	3,192	52,191
52	SPEECH PATHOLOGY	19,974	147	19,827	15	1,150	18,809
53	ELECTROCARDIOLOGY	139,724	307	139,417	31	8,086	131,607
54	ELECTROENCEPHALOGRAPHY	139,424	16,882	122,542	1,688	7,107	130,629
55	MEDICAL SUPPLIES CHARGED	9,446,365	94,570	9,351,795	9,457	542,404	8,894,504
56	DRUGS CHARGED TO PATIENTS	6,589,802	137,926	6,451,876	13,793	374,209	6,201,800
59	ENDOSCOPY	2,050,563	298,601	1,751,962	29,860	101,614	1,919,089
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	5,454,925	372,857	5,082,068	37,286	294,760	5,122,879
61	01 PATIENT SERVICES						
62	OBSERVATION BEDS (NON-DIS	2,649,138	208,956	2,440,182	20,896	141,531	2,486,711
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	72,361,663	5,804,976	66,556,687	580,500	3,860,288	67,920,875
102	LESS OBSERVATION BEDS	2,649,138	208,956	2,440,182	20,896	141,531	2,486,711
103	TOTAL	69,712,525	5,596,020	64,116,505	559,604	3,718,757	65,434,164

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	71,562,979	.306567	.324227
37	01 SURGERY-AMBULATORY	1,080,259	1.467583	1.543998
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROO	9,730,100	.369538	.390598
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	41,150,747	.199980	.209576
41	01 CATH LAB			
41	02 ULTRASOUND	2,910,166	.432838	.456340
42	RADIOLOGY-THERAPEUTIC			
44	LABORATORY	21,288,708	.156606	.165954
49	RESPIRATORY THERAPY	12,484,369	.175111	.185283
49	01 SLEEP LAB	739,956	.372190	.391039
50	PHYSICAL THERAPY	1,599,099	.349154	.369025
50	01 SPORTS MEDICINE			
51	OCCUPATIONAL THERAPY	233,586	.223434	.237099
52	SPEECH PATHOLOGY	70,510	.266756	.283066
53	ELECTROCARDIOLOGY	291,750	.451095	.478811
54	ELECTROENCEPHALOGRAPHY	398,608	.327713	.345542
55	MEDICAL SUPPLIES CHARGED	61,180,654	.145381	.154247
56	DRUGS CHARGED TO PATIENTS	21,535,808	.287976	.305352
59	ENDOSCOPY	4,742,301	.404675	.426102
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	16,662,257	.307454	.325144
61	01 PATIENT SERVICES			
62	OBSERVATION BEDS (NON-DIS	3,860,119	.644206	.680871
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	271,521,976		
102	LESS OBSERVATION BEDS	3,860,119		
103	TOTAL	267,661,857		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	21,340	6,424	91.45	587,475		
26	INTENSIVE CARE UNIT	1,614	515	119.92	61,759		
30	SPECIAL CARE NURSERY	1,437		62.13			
33	NURSERY	2,621		46.05			
101	TOTAL	27,012	6,939		649,234		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS | PROVIDER NO: | PERIOD: | PREPARED 12/ 1/2008
 | 15-0157 | FROM 7/ 1/2007 | WORKSHEET D
 | COMPONENT NO: | TO 6/30/2008 | PART II
 | 15-0157 | | |

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM		
37 01	SURGERY-AMBULATORY		
38	RECOVERY ROOM		
39	DELIVERY ROOM & LABOR ROO		
40	ANESTHESIOLOGY		
41	RADIOLOGY-DIAGNOSTIC		
41 01	CATH LAB		
41 02	ULTRASOUND		
42	RADIOLOGY-THERAPEUTIC		
44	LABORATORY		
49	RESPIRATORY THERAPY		
49 01	SLEEP LAB		
50	PHYSICAL THERAPY		
50 01	SPORTS MEDICINE		
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY		
54	ELECTROENCEPHALOGRAPHY		
55	MEDICAL SUPPLIES CHARGED		
56	DRUGS CHARGED TO PATIENTS		
59	ENDOSCOPY		
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
61	EMERGENCY		
61 01	PATIENT SERVICES		
62	OBSERVATION BEDS (NON-DIS		
	OTHER REIMBURS COST CNTRS		
101	TOTAL		

APPORTIONMENT OF INPATIENT ROUTINE
SERVICE OTHER PASS THROUGH COSTS
TITLE XVIII, PART A

PROVIDER NO:	PERIOD:	PREPARED 12/ 1/2008
15-0157	FROM 7/ 1/2007	WORKSHEET D
	TO 6/30/2008	PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					21,340	
26	INTENSIVE CARE UNIT					1,614	
30	SPECIAL CARE NURSERY					1,437	
33	NURSERY					2,621	
101	TOTAL					27,012	

APPORTIONMENT OF INPATIENT ROUTINE
SERVICE OTHER PASS THROUGH COSTS
TITLE XVIII, PART A

PROVIDER NO: 15-0157
PERIOD: FROM 7/1/2007 TO 6/30/2008
PREPARED 12/1/2008
WORKSHEET D
PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS		6,424
26	INTENSIVE CARE UNIT		515
30	SPECIAL CARE NURSERY		
33	NURSERY		
101	TOTAL		6,939

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
37	01 SURGERY-AMBULATORY						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41	01 CATH LAB						
41	02 ULTRASOUND						
42	RADIOLOGY-THERAPEUTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
49	01 SLEEP LAB						
50	PHYSICAL THERAPY						
50	01 SPORTS MEDICINE						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
59	ENDOSCOPY						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
61	01 PATIENT SERVICES						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM			71,562,979			19,257,029	
37	01 SURGERY-AMBULATORY			1,080,259				
38	RECOVERY ROOM							
39	DELIVERY ROOM & LABOR ROO			9,730,100				
40	ANESTHESIOLOGY							
41	RADIOLOGY-DIAGNOSTIC			41,150,747			3,172,819	
41	01 CATH LAB							
41	02 ULTRASOUND			2,910,166			65,374	
42	RADIOLOGY-THERAPEUTIC							
44	LABORATORY			21,288,708			3,827,815	
49	RESPIRATORY THERAPY			12,484,369			1,526,955	
49	01 SLEEP LAB			739,956				
50	PHYSICAL THERAPY			1,599,099			692,065	
50	01 SPORTS MEDICINE							
51	OCCUPATIONAL THERAPY			233,586			129,257	
52	SPEECH PATHOLOGY			70,510			30,305	
53	ELECTROCARDIOLOGY			291,750			132,288	
54	ELECTROENCEPHALOGRAPHY			398,608			95,906	
55	MEDICAL SUPPLIES CHARGED			61,180,654			9,314,306	
56	DRUGS CHARGED TO PATIENTS			21,535,808			5,212,767	
59	ENDOSCOPY			4,742,301				
60	OUTPAT SERVICE COST CNTRS CLINIC							
61	EMERGENCY			16,662,257			1,430,344	
61	01 PATIENT SERVICES							
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			3,860,119			254,911	
101	TOTAL			271,521,976			45,142,141	

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	4,965,929					
37 01	SURGERY-AMBULATORY						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	6,003,043					
41 01	CATH LAB						
41 02	ULTRASOUND	283,654					
42	RADIOLOGY-THERAPEUTIC						
44	LABORATORY	234,435					
49	RESPIRATORY THERAPY	176,650					
49 01	SLEEP LAB						
50	PHYSICAL THERAPY						
50 01	SPORTS MEDICINE						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	159,462					
54	ELECTROENCEPHALOGRAPHY	148,876					
55	MEDICAL SUPPLIES CHARGED	1,022,163					
56	DRUGS CHARGED TO PATIENTS	432,858					
59	ENDOSCOPY						
60	OUTPAT SERVICE COST CNTRS CLINIC						
61	EMERGENCY	2,128,558					
61 01	PATIENT SERVICES						
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	514,425					
101	TOTAL	16,070,053					

WKST A LINE NO.	TITLE XIX COST CENTER DESCRIPTION	HOSPITAL	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			1,765,659	
26	INTENSIVE CARE UNIT			496,102	
30	SPECIAL CARE NURSERY ANCILLARY SRVC COST CNTRS			815,259	
37	OPERATING ROOM		.326422	1,366,759	446,140
37 01	SURGERY-AMBULATORY		1.569165	348	546
38	RECOVERY ROOM				
39	DELIVERY ROOM & LABOR ROOM		.393654	1,294,685	509,658
40	ANESTHESIOLOGY				
41	RADIOLOGY-DIAGNOSTIC		.214479	413,340	88,653
41 01	CATH LAB				
41 02	ULTRASOUND		.462021		
42	RADIOLOGY-THERAPEUTIC				
44	LABORATORY		.166485	884,871	147,318
49	RESPIRATORY THERAPY		.186383	513,877	95,778
49 01	SLEEP LAB		.398379		
50	PHYSICAL THERAPY		.371961	54,699	20,346
50 01	SPORTS MEDICINE				
51	OCCUPATIONAL THERAPY		.237262	11,954	2,836
52	SPEECH PATHOLOGY		.283279	8,700	2,465
53	ELECTROCARDIOLOGY		.478917		
54	ELECTROENCEPHALOGRAPHY		.349777	488	171
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		.154401	55,961	8,640
56	DRUGS CHARGED TO PATIENTS		.305993	1,024,839	313,594
59	ENDOSCOPY		.432398	36,796	15,911
	OUTPAT SERVICE COST CNTRS				
60	CLINIC				
61	EMERGENCY		.327382	111,426	36,479
61 01	PATIENT SERVICES				
62	OBSERVATION BEDS (NON-DISTINCT PART)		.686284		
	OTHER REIMBURS COST CNTRS				
101	TOTAL			5,778,743	1,688,535
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES				
103	NET CHARGES			5,778,743	

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
HOSPITAL

DESCRIPTION	1	1.01
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316, AND 317.		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)	335.00	
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	14,236,919	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
FY BEG. 10/1/2000		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	14,236,919	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	1,225,874	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT		
11.01 NURSING AND ALLIED HEALTH MANAGED CARE		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16 TOTAL	15,462,793	
17 PRIMARY PAYER PAYMENTS	20,677	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	15,442,116	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	1,291,328	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	43,160	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	173,780	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	121,646	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	119,579	
22 SUBTOTAL	14,229,274	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	14,229,274	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	14,098,574	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	130,700	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 12/ 1/2008
15-0157	FROM 7/ 1/2007	WORKSHEET E-3
COMPONENT NO:	TO 6/30/2008	PART III
-		

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

	TITLE XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES			
			4,037,398	
2	MEDICAL AND OTHER SERVICES			
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL			
			4,037,398	
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL			
			4,037,398	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES			
			3,077,020	
11	ANCILLARY SERVICE CHARGES			
			5,778,743	
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES			
			8,855,763	
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
19	RATIO OF LINE 17 TO LINE 18			
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
			8,855,763	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
			4,818,365	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES			
			4,037,398	
	PROSPECTIVE PAYMENT AMOUNT			
24	OTHER THAN OUTLIER PAYMENTS			
25	OUTLIER PAYMENTS			
26	PROGRAM CAPITAL PAYMENTS			
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
30	SUBTOTAL			
			4,037,398	
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30			
			4,037,398	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL			
			4,037,398	
36	COINSURANCE			
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
39	UTILIZATION REVIEW			
40	SUBTOTAL (SEE INSTRUCTIONS)			
			4,037,398	
41	INPATIENT ROUTINE SERVICE COST			
42	MEDICARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
45	RATIO OF LINE 43 TO 44			
46	TOTAL CUSTOMARY CHARGES			
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
50	OTHER ADJUSTMENTS (SPECIFY)			
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
52	SUBTOTAL			
			4,037,398	
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
			4,037,398	
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS			
			1,921,397	
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM			
			2,116,001	
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 12/ 1/2008
15-0157	FROM 7/ 1/2007	WORKSHEET E-3
COMPONENT NO:	TO 6/30/2008	PART III
-		

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

TITLE XIX

HOSPITAL

OTHER
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.

	GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	2,445,117			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	24,552,075			
5 OTHER RECEIVABLES				
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7 INVENTORY	1,479,269			
8 PREPAID EXPENSES				
9 OTHER CURRENT ASSETS	81,197			
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	28,557,658			
FIXED ASSETS				
12 LAND				
12.01 LAND IMPROVEMENTS				
13.01 LESS ACCUMULATED DEPRECIATION				
14 BUILDINGS	7,259,389			
14.01 LESS ACCUMULATED DEPRECIATION				
15 LEASEHOLD IMPROVEMENTS				
15.01 LESS ACCUMULATED DEPRECIATION				
16 FIXED EQUIPMENT				
16.01 LESS ACCUMULATED DEPRECIATION				
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT	97,091,075			
18.01 LESS ACCUMULATED DEPRECIATION	-45,025,884			
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	59,324,580			
OTHER ASSETS				
22 INVESTMENTS	276,953,216			
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	685,827			
26 TOTAL OTHER ASSETS	277,639,043			
27 TOTAL ASSETS	365,521,281			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	19,210,332			
29 SALARIES, WAGES & FEES PAYABLE				
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	277,094			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	6,277,131			
35 OTHER CURRENT LIABILITIES	5,255,575			
36 TOTAL CURRENT LIABILITIES	31,020,132			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	26,405,761			
42 TOTAL LONG-TERM LIABILITIES	26,405,761			
43 TOTAL LIABILITIES	57,425,893			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	308,095,388			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	308,095,388			
52 TOTAL LIABILITIES AND FUND BALANCES	365,521,281			

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		260,902,931		
2	NET INCOME (LOSS)		58,881,943		
3	TOTAL		319,784,874		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		319,784,874		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	BEG BALANCE ADJUSTMENT	11,689,486			
14					
15					
16					
17					
18	TOTAL DEDUCTIONS		11,689,486		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		308,095,388		

		ENDOWMENT FUND		PLANT FUND	
		5	6	7	8
1	FUND BALANCE AT BEGINNING OF PERIOD				
2	NET INCOME (LOSS)				
3	TOTAL				
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL				
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	BEG BALANCE ADJUSTMENT				
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	23,362,364		23,362,364
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	23,362,364		23,362,364
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	3,929,182		3,929,182
14 00 SPECIAL CARE NURSERY	4,197,754		4,197,754
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	8,126,936		8,126,936
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	31,489,300		31,489,300
17 00 ANCILLARY SERVICES	154,244,999	120,255,053	274,500,052
18 00 OUTPATIENT SERVICES		39,675,942	39,675,942
24 00 PROFESSIONAL FEES		3,245,006	3,245,006
25 00 TOTAL PATIENT REVENUES	185,734,299	163,176,001	348,910,300

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		132,046,154	
ADD (SPECIFY)			
27 00 BAD DEBT	7,661,664		
28 00 OTHER DEDUCTIONS	473,992		
29 00 OTHER EXPENSES	1,010,089		
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		9,145,745	
DEDUCT (SPECIFY)			
34 00 ADJUST BEG BALANCE	6,277,131		
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS		6,277,131	
40 00 TOTAL OPERATING EXPENSES		134,914,768	

DESCRIPTION

1	TOTAL PATIENT REVENUES	348,910,300
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	163,283,162
3	NET PATIENT REVENUES	185,627,138
4	LESS: TOTAL OPERATING EXPENSES	134,914,768
5	NET INCOME FROM SERVICE TO PATIENTS	50,712,370
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	6,278,032
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	RENTAL INCOME AND OTHER	1,891,541
24.01		
25	TOTAL OTHER INCOME	8,169,573
26	TOTAL	58,881,943
	OTHER EXPENSES	
27		
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	58,881,943

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED 12/ 1/2008
15-0157	FROM 7/ 1/2007	WORKSHEET L
COMPONENT NO:	TO 6/30/2008	PARTS I-IV
15-0157		

TITLE XVIII, PART A

HOSPITAL

FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	1,177,541
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	21,838
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	60.40
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	2.94
	MEDI CARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	8.04
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	10.98
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	2.25
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	26,495
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	1,225,874

PART II - HOLD HARMLESS METHOD

1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	

PART III - PAYMENT UNDER REASONABLE COST

1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	

PART IV - COMPUTATION OF EXCEPTION PAYMENTS

1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	