

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		15-0153		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: 1/26/2009 TIME 14:48

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 HEART CENTER 15-0153  
 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	-24,662		10,260		0
100	TOTAL	0	-24,662		10,260		0

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 10580 N. MERIDIAN ST. P. O. BOX:  
 1.01 CITY: INDIANAPOLIS STATE: IN ZIP CODE: 46290- COUNTY: HAMILTON

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)
02.00	HOSPITAL	15-0153	2.01	12/5/2002	V XVIII XIX 4 5 6 N P N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 7/1/2007 TO: 6/30/2008

18 TYPE OF CONTROL

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL  
 20 SUBPROVIDER

OTHER INFORMATION

- 21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.
- 21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? N
- 21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).
- 21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION. ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N Y 26900
- 21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1
- 21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1
- 21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER "Y" FOR YES, AND "N" FOR NO. N
- 22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N
- 23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N
- 23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /
- 23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /
- 24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION IN COL. 3. / /
- 24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COLUMN 3. / /
- 25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? N
- 25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-1, CHAPTER 4?
- 25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.
- 25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N
- 25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N
- 25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)

25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR TIME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(c)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS)  
 26 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.  
 26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /  
 26.02 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /  
 27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. N / /  
 28 IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02  
 28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. 1 2 3 4  
 ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS) 0 0.0000 0.0000  
 28.02 ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY 0.00 0

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

	%	Y/N
28.03 STAFFING	0.00%	
28.04 RECRUITMENT	0.00%	
28.05 RETENTION	0.00%	
28.06 TRAINING	0.00%	
28.07	0.00%	
28.08	0.00%	
28.09	0.00%	
28.10	0.00%	
28.11	0.00%	
28.12	0.00%	
28.13	0.00%	
28.14	0.00%	
28.15	0.00%	
28.16	0.00%	
28.17	0.00%	
28.18	0.00%	
28.19	0.00%	
28.20	0.00%	

29 IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT? N  
 30 DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff) N  
 30.01 IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70  
 30.02 IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS) N  
 30.03 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000). N  
 30.04 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II N  
 31 IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N  
 31.01 IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N  
 31.02 IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N  
 31.03 IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N  
 31.04 IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N  
 31.05 IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

MISCELLANEOUS COST REPORT INFORMATION  
 32 IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2. N  
 33 IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2 N  
 34 IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA? N  
 35 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N  
 35.01 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N  
 35.02 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?  
 35.03 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?  
 35.04 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL  
 36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) V XVIII XIX  
 1 2 3  
 N Y N

36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS) N N N  
 37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N N N  
 37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE? N N N

TITLE XIX INPATIENT SERVICES

38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y  
 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? Y  
 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N  
 38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N  
 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N  
 40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAP 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COL 2 THE HOME OFFICE PROVIDER NUMBER. IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION ENTER THE NAME AND ADDRESS OF THE HOME OFFICE Y  
 40.01 NAME: ST. VINCENT HEALTH INC. FI/CONTRACTOR NAME NGS FI/CONTRACTOR # 00130  
 40.02 STREET: 8425 HARCOURT P.O. BOX:  
 40.03 CITY: INDIANAPOLIS STATE: IN ZIP CODE: 46260-  
 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y  
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N  
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? SEE CMS PUB. 15-11, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2. N 00/00/0000  
 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?  
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?  
 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?  
 46 IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

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

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

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N  
 52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N  
 53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0  
 53.01 MDH PERIOD: BEGINNING: / / ENDING: / /

54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:  
 PREMIUMS: 0  
 PAID LOSSES: 0  
 AND/OR SELF INSURANCE: 0

54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N  
 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

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

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



COMPONENT	NO. OF BEDS	BED DAYS AVAILABLE	CAH N/A	I/P DAYS		O/P VISITS		TRIPS
				TITLE V	TITLE XVII	TITLE V	TITLE XVII	
1 ADULTS & PEDIATRICS	86	31,476	2.01	3	4	13,668	4.01	916
2 HMO								
2 01 HMO - (IRF PPS SUBPROVIDER)								
3 ADULTS & PED-SB SNF								
4 ADULTS & PED-SB NF								
5 TOTAL ADULTS AND PEDS	86	31,476				13,668		916
6 INTENSIVE CARE UNIT								
7 CORONARY CARE UNIT								
8 BURN INTENSIVE CARE UNIT								
9 SURGICAL INTENSIVE CARE UNIT								
11 NURSERY								
12 TOTAL	86	31,476				13,668		916
13 RPCH VISITS								
14 SUBPROVIDER								
15 SKILLED NURSING FACILITY								
16 NURSING FACILITY								
16 01 ICF/MR								
17 OTHER LONG TERM CARE								
18 HOME HEALTH AGENCY								
20 AMBULATORY SURGICAL CENTER (								
21 HOSPICE								
23 CORF								
25 TOTAL	86							
26 OBSERVATION BED DAYS								
27 AMBULANCE TRIPS								
28 EMPLOYEE DISCOUNT DAYS								
28 01 EMP DISCOUNT DAYS -IRF								

COMPONENT	I/P DAYS		O/P VISITS	TRIPS		INTERNS & RES. FTES	
	TITLE XIX	OBSERVATION BEDS		TITLE XIX	OBSERVATION BEDS	TITLE XIX	RES. FTES
1 ADULTS & PEDIATRICS	5.01	5.02	23,041	6.01	6.02	7	8
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			23,041				
6 INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL			23,041				
13 RPCH VISITS							
14 SUBPROVIDER							
15 SKILLED NURSING FACILITY							
16 NURSING FACILITY							
16 01 ICF/MR							
17 OTHER LONG TERM CARE							
18 HOME HEALTH AGENCY							
20 AMBULATORY SURGICAL CENTER (							
21 HOSPICE							
23 CORF							
25 TOTAL							
26 OBSERVATION BED DAYS			731			8	723
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES		FULL TIME EQUIV		DISCHARGES		
	NET	EMPLOYEES ON PAYROLL	NONPAID WORKERS	TITLE V	TITLE XVII	TITLE XIX	TOTAL ALL PATIENTS
1 ADULTS & PEDIATRICS	9	10	11	12	13	14	15
2 HMO					3,592		6,367
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL		390.87			3,592	202	6,367
13 RPCH VISITS							
14 SUBPROVIDER							
15 SKILLED NURSING FACILITY							
16 NURSING FACILITY							

HOSPITAL AND HOSPITAL HEALTH CARE  
 COMPLEX STATISTICAL DATA

PROVIDER NO: 15-0153  
 PERIOD: FROM 7/1/2007 TO 6/30/2008  
 PREPARED 1/26/2009  
 WORKSHEET S-3  
 PART I

COMPONENT	I & R FTES		--- FULL TIME EQUIV ---		----- DISCHARGES -----			TOTAL ALL PATIENTS
	NET	EMPLOYEES ON PAYROLL	NONPAID WORKERS	TITLE V	TITLE XVIII	TITLE XIX		
16 01 ICF/MR	9	10	11	12	13	14	15	
17 OTHER LONG TERM CARE								
18 HOME HEALTH AGENCY								
20 AMBULATORY SURGICAL CENTER (								
21 HOSPICE								
23 CORF								
25 TOTAL		390.87						
26 OBSERVATION BED DAYS								
27 AMBULANCE TRIPS								
28 EMPLOYEE DISCOUNT DAYS								
28 01 EMP DISCOUNT DAYS -IRF								

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 15-0153  
 PERIOD: FROM 7/1/2007 TO 6/30/2008  
 PREPARED 1/26/2009  
 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	26,542,443		26,542,443	813,015.28	32.65	
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						
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						
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	1,127,842		1,127,842	16,363.00	68.93	
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	1,915,937		1,915,937	46,350.00	41.34	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	6,376,139		6,376,139			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS						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						CMS 339
19.01 WAGE-RELATED COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	246,899	2,903	249,802	9,051.38	27.60	
22 ADMINISTRATIVE & GENERAL A & G UNDER CONTRACT	4,235,107	-262,281	3,972,826	123,370.50	32.20	
22.01						
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	149,276	1,755	151,031	4,288.50	35.22	
25 LAUNDRY & LINEN SERVICE	35,506	417	35,923	2,577.70	13.94	
26 HOUSEKEEPING						
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	118,647	-90,041	28,606	1,083.17	26.41	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		91,436	91,436	3,460.00	26.43	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	981,863	11,544	993,407	24,571.70	40.43	
31 CENTRAL SERVICE AND SUPPLY						
32 PHARMACY	1,553,085	18,261	1,571,346	40,556.42	38.74	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	475,612	5,592	481,204	23,097.32	20.83	
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	26,542,443		26,542,443	813,015.28	32.65	
2 EXCLUDED AREA SALARIES						
3 SUBTOTAL SALARIES	26,542,443		26,542,443	813,015.28	32.65	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	3,043,779		3,043,779	62,713.00	48.54	
5 SUBTOTAL WAGE-RELATED COSTS	6,376,139		6,376,139		24.02	
6 TOTAL	35,962,361		35,962,361	875,728.28	41.07	
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	7,795,995	-220,414	7,575,581	232,056.69	32.65	

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
15-0153	FROM 7/ 1/2007	1/26/2009
	TO 6/30/2008	WORKSHEET S-10

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	1,582,948
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	1,582,948
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)	.307428
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	11,439,305

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:  
15-0153

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

PREPARED 1/26/2009  
WORKSHEET S-10

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	3,516,763
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	9,200,827
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	2,828,592
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	3,516,763

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-0153

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

PREPARED 1/26/2009 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS-BLDG & FIXT					
2	0200 OLD CAP REL COSTS-MVBLE EQUIP					
3	0300 NEW CAP REL COSTS-BLDG & FIXT		5,446,961	5,446,961	3,209,139	8,656,100
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		1,862,073	1,862,073	1,406,239	3,268,312
5	0500 EMPLOYEE BENEFITS	246,899	6,851,602	7,098,501	2,137	7,100,638
6	0600 ADMINISTRATIVE & GENERAL	4,235,107	18,962,464	23,197,571	-4,484,197	18,713,374
7	0700 MAINTENANCE & REPAIRS					
8	0800 OPERATION OF PLANT	149,276	3,820,709	3,969,985	-91,929	3,878,056
9	0900 LAUNDRY & LINEN SERVICE	35,506	473,880	509,386	417	509,803
10	1000 HOUSEKEEPING		1,042,786	1,042,786	-2,554	1,040,232
11	1100 DIETARY	118,647	1,975,291	2,093,938	-1,603,564	490,374
12	1200 CAFETERIA				1,596,000	1,596,000
13	1300 MAINTENANCE OF PERSONNEL					
14	1400 NURSING ADMINISTRATION	981,863	85,550	1,067,413	-40,214	1,027,199
15	1500 CENTRAL SERVICES & SUPPLY					
16	1600 PHARMACY	1,553,085	3,315,007	4,868,092	-3,122,640	1,745,452
17	1700 MEDICAL RECORDS & LIBRARY	475,612	1,791,094	2,266,706	1,886	2,268,592
20	2000 NONPHYSICIAN ANESTHETISTS					
21	2100 NURSING SCHOOL					
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD					
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD					
24	2400 PARAMED ED PRGM					
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	11,511,761	1,990,283	13,502,044	-818,827	12,683,217
26	2600 INTENSIVE CARE UNIT					
27	2700 CORONARY CARE UNIT					
28	2800 BURN INTENSIVE CARE UNIT					
29	2900 SURGICAL INTENSIVE CARE UNIT					
31	3100 SUBPROVIDER					
33	3300 NURSERY					
34	3400 SKILLED NURSING FACILITY					
35	3500 NURSING FACILITY					
35.01	3510 ICF/MR					
36	3600 OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	1,016,060	7,237,917	8,253,977	-6,227,394	2,026,583
38	3800 RECOVERY ROOM	959,846	134,139	1,093,985	-112,855	981,130
39	3900 DELIVERY ROOM & LABOR ROOM					
40	4000 ANESTHESIOLOGY					
41	4100 RADIOLOGY-DIAGNOSTIC	1,100,614	1,135,519	2,236,133	-281,604	1,954,529
42	4200 RADIOLOGY-THERAPEUTIC					
43	4300 RADIOISOTOPE					
44	4400 LABORATORY		3,332,087	3,332,087	-815,216	2,516,871
45	4500 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47	4700 BLOOD STORING, PROCESSING & TRANS.					
48	4800 INTRAVENOUS THERAPY					
49	4900 RESPIRATORY THERAPY	1,201,109	124,157	1,325,266	-93,143	1,232,123
50	5000 PHYSICAL THERAPY	63,585	186,359	249,944	-4,685	245,259
51	5100 OCCUPATIONAL THERAPY					
52	5200 SPEECH PATHOLOGY					
53	5300 ELECTROCARDIOLOGY					
54	5400 ELECTROENCEPHALOGRAPHY					
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				24,446,919	24,446,919
56	5600 DRUGS CHARGED TO PATIENTS				3,140,371	3,140,371
57	5700 RENAL DIALYSIS					
58	5800 ASC (NON-DISTINCT PART)					
59	3120 CARDIAC CATHETERIZATION LABORATORY	1,791,568	16,194,193	17,985,761	-15,994,231	1,991,530
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC					
61	6100 EMERGENCY	1,101,905	1,129,658	2,231,563	-110,055	2,121,508
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
64	6400 HOME PROGRAM DIALYSIS					
65	6500 AMBULANCE SERVICES					
66	6600 DURABLE MEDICAL EQUIP-RENTED					
67	6700 DURABLE MEDICAL EQUIP-SOLD					
69	6900 CORF					
70	7000 I&R SERVICES-NOT APPRVD PRGM					
71	7100 HOME HEALTH AGENCY					
	SPEC PURPOSE COST CENTERS					
82	8200 LUNG ACQUISITION					
83	8300 KIDNEY ACQUISITION					
84	8400 LIVER ACQUISITION					
85	8500 HEART ACQUISITION					
85.01	8510 PANCREAS ACQUISITION					
86	8600 OTHER ORGAN ACQUISITION					
88	8800 INTEREST EXPENSE					
89	8900 UTILIZATION REVIEW-SNF					
90	9000 OTHER CAPITAL RELATED COSTS					
92	9200 AMBULATORY SURGICAL CENTER (D. P.)					
93	9300 HOSPICE					
95	SUBTOTALS	26,542,443	77,091,729	103,634,172	-0-	103,634,172
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-0153  
PERIOD: FROM 7/1/2007 TO 6/30/2008  
PREPARED 1/26/2009  
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	NONREIMBURS COST CENTERS					
97 9700	RESEARCH					
98 9800	PHYSICIANS' PRIVATE OFFICES					
99 9900	NONPAID WORKERS					
99.01 9901	UNUSED SPACE					
101	TOTAL	26,542,443	77,091,729	103,634,172	-0-	103,634,172

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 1/26/2009  
I 15-0153 I FROM 7/ 1/2007 I WORKSHEET A  
I I TO 6/30/2008 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS-BLDG & FIXT		
2	0200 OLD CAP REL COSTS-MVBLE EQUIP		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-1,475,284	7,180,816
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	370,010	3,638,322
5	0500 EMPLOYEE BENEFITS	63,789	7,164,427
6	0600 ADMINISTRATIVE & GENERAL	1,466,158	20,179,532
7	0700 MAINTENANCE & REPAIRS		
8	0800 OPERATION OF PLANT	37,770	3,915,826
9	0900 LAUNDRY & LINEN SERVICE	27,359	537,162
10	1000 HOUSEKEEPING	728	1,040,960
11	1100 DIETARY	1,082	491,456
12	1200 CAFETERIA	-609,349	986,651
13	1300 MAINTENANCE OF PERSONNEL		
14	1400 NURSING ADMINISTRATION		1,027,199
15	1500 CENTRAL SERVICES & SUPPLY		
16	1600 PHARMACY		1,745,452
17	1700 MEDICAL RECORDS & LIBRARY	204,512	2,473,104
20	2000 NONPHYSICIAN ANESTHETISTS		
21	2100 NURSING SCHOOL		
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD		
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD		
24	2400 PARAMED ED PRGM		
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS		12,683,217
26	2600 INTENSIVE CARE UNIT		
27	2700 CORONARY CARE UNIT		
28	2800 BURN INTENSIVE CARE UNIT		
29	2900 SURGICAL INTENSIVE CARE UNIT		
31	3100 SUBPROVIDER		
33	3300 NURSERY		
34	3400 SKILLED NURSING FACILITY		
35	3500 NURSING FACILITY		
35.01	3510 ICF/MR		
36	3600 OTHER LONG TERM CARE		
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-970,686	1,055,897
38	3800 RECOVERY ROOM		981,130
39	3900 DELIVERY ROOM & LABOR ROOM		
40	4000 ANESTHESIOLOGY		
41	4100 RADIOLOGY-DIAGNOSTIC	-782,416	1,172,113
42	4200 RADIOLOGY-THERAPEUTIC		
43	4300 RADIOISOTOPE		
44	4400 LABORATORY		2,516,871
45	4500 PBP CLINICAL LAB SERVICES-PRGM ONLY		
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		
47	4700 BLOOD STORING, PROCESSING & TRANS.		
48	4800 INTRAVENOUS THERAPY		
49	4900 RESPIRATORY THERAPY		1,232,123
50	5000 PHYSICAL THERAPY		245,259
51	5100 OCCUPATIONAL THERAPY		
52	5200 SPEECH PATHOLOGY		
53	5300 ELECTROCARDIOLOGY		
54	5400 ELECTROENCEPHALOGRAPHY		
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		24,446,919
56	5600 DRUGS CHARGED TO PATIENTS		3,140,371
57	5700 RENAL DIALYSIS		
58	5800 ASC (NON-DISTINCT PART)		
59	3120 CARDIAC CATHETERIZATION LABORATORY	-17,550	1,973,980
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC		
61	6100 EMERGENCY	-985,091	1,136,417
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
64	6400 HOME PROGRAM DIALYSIS		
65	6500 AMBULANCE SERVICES		
66	6600 DURABLE MEDICAL EQUIP-RENTED		
67	6700 DURABLE MEDICAL EQUIP-SOLD		
69	6900 CORF		
70	7000 I&R SERVICES-NOT APPRVD PRGM		
71	7100 HOME HEALTH AGENCY		
	SPEC PURPOSE COST CENTERS		
82	8200 LUNG ACQUISITION		
83	8300 KIDNEY ACQUISITION		
84	8400 LIVER ACQUISITION		
85	8500 HEART ACQUISITION		
85.01	8510 PANCREAS ACQUISITION		
86	8600 OTHER ORGAN ACQUISITION		
88	8800 INTEREST EXPENSE		-0-
89	8900 UTILIZATION REVIEW-SNF		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
92	9200 AMBULATORY SURGICAL CENTER (D. P.)		
93	9300 HOSPICE		
95	SUBTOTALS	-2,668,968	100,965,204
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 15-0153 PERIOD: FROM 7/1/2007 TO 6/30/2008 PREPARED 1/26/2009 WORKSHEET A

Table with columns: COST CENTER, COST CENTER DESCRIPTION, ADJUSTMENTS, NET EXPENSES FOR ALLOC. Rows include RESEARCH, PHYSICIANS' PRIVATE OFFICES, NONPAID WORKERS, UNUSED SPACE, and TOTAL.

COST CENTERS USED IN COST REPORT

PROVIDER NO: 15-0153  
 PERIOD: FROM 7/1/2007 TO 6/30/2008  
 PREPARED 1/26/2009  
 NOT A CMS WORKSHEET

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	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
13	MAINTENANCE OF PERSONNEL	1300	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
20	NONPHYSICIAN ANESTHETISTS	2000	
21	NURSING SCHOOL	2100	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED ED PRGM	2400	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
35	NURSING FACILITY	3500	
35.01	ICF/MR	3510	
36	OTHER LONG TERM CARE	3600	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
45	PBP CLINICAL LAB SERVICES-PRGM ONLY	4500	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
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	
57	RENAL DIALYSIS	5700	
58	ASC (NON-DISTINCT PART)	5800	
59	CARDIAC CATHETERIZATION LABORATORY	3120	CARDIAC CATHETERIZATION LABORATORY
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
64	HOME PROGRAM DIALYSIS	6400	
65	AMBULANCE SERVICES	6500	
66	DURABLE MEDICAL EQUIP-RENTED	6600	
67	DURABLE MEDICAL EQUIP-SOLD	6700	
69	CORF	6900	
70	I&R SERVICES-NOT APPRVD PRGM	7000	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
82	LUNG ACQUISITION	8200	
83	KIDNEY ACQUISITION	8300	
84	LIVER ACQUISITION	8400	
85	HEART ACQUISITION	8500	
85.01	PANCREAS ACQUISITION	8510	
86	OTHER ORGAN ACQUISITION	8600	
88	INTEREST EXPENSE	8800	
89	UTILIZATION REVIEW-SNF	8900	
90	OTHER CAPITAL RELATED COSTS	9000	
92	AMBULATORY SURGICAL CENTER (D.P.)	9200	
93	HOSPICE	9300	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GI FT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 1/26/2009  
 I 15-0153 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
	NONREIMBURS COST CEN		
98	PHYSICIANS' PRIVATE OFFICES	9800	
99	NONPAID WORKERS	9900	
99.01	UNUSED SPACE	9901	NONPAID WORKERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:  
150153

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

PREPARED 1/26/2009  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 CAPITAL	A	NEW CAP REL COSTS-BLDG & FIXT	3		3,209,139
2		NEW CAP REL COSTS-MVBLE EQUIP	4		869,530
3 MINOR EQUIPMENT	C	NEW CAP REL COSTS-MVBLE EQUIP	4		536,709
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19 CAFETERIA	D	CAFETERIA	12	90,373	1,504,564
20 MED SUPPLIES	E	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		24,446,919
21					
22					
23					
24					
25					
26					
27					
28					
29 DRUGS	F	DRUGS CHARGED TO PATIENTS	56		3,140,371
30 BONUS	G	EMPLOYEE BENEFITS	5	2,903	
31		ADMINISTRATIVE & GENERAL	6	46,169	
32		OPERATION OF PLANT	8	1,755	
33		LAUNDRY & LINEN SERVICE	9	417	
34		DIETARY	11	332	
35		CAFETERIA	12	1,063	
1 BONUS	G	NURSING ADMINISTRATION	14	11,544	
2		PHARMACY	16	18,261	
3		MEDICAL RECORDS & LIBRARY	17	5,592	
4		ADULTS & PEDIATRICS	25	135,350	
5		OPERATING ROOM	37	11,946	
6		RECOVERY ROOM	38	11,286	
7		RADIOLOGY-DIAGNOSTIC	41	12,941	
8		RESPIRATORY THERAPY	49	14,122	
9		PHYSICAL THERAPY	50	748	
10		CARDIAC CATHETERIZATION LABORATORY	59	21,065	
11		EMERGENCY	61	12,956	
36 TOTAL RECLASSIFICATIONS				398,823	33,707,232

(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:  
150153

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

PREPARED 1/26/2009  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF
			LINE NO				
	1	6	7		8	9	10
1 CAPITAL	A	ADMINISTRATIVE & GENERAL	6			4,078,669	9
2							9
3 MINOR EQUIPMENT	C	EMPLOYEE BENEFITS	5			766	9
4		ADMINISTRATIVE & GENERAL	6			143,247	9
5		OPERATION OF PLANT	8			93,684	9
6		HOUSEKEEPING	10			2,554	9
7		DIETARY	11			8,959	9
8		NURSING ADMINISTRATION	14			51,758	9
9		PHARMACY	16			530	9
10		MEDICAL RECORDS & LIBRARY	17			3,706	9
11		EMERGENCY	61			9,588	9
12		ADULTS & PEDIATRICS	25			117,997	9
13		OPERATING ROOM	37			15,481	9
14		RECOVERY ROOM	38			25,737	9
15		RADIOLOGY-DIAGNOSTIC	41			729	9
16		RESPIRATORY THERAPY	49			1,439	9
17		PHYSICAL THERAPY	50			1,249	9
18		CARDIAC CATHETERIZATION LABORATORY	59			59,285	9
19 CAFETERIA	D	DIETARY	11		90,373	1,504,564	9
20 MED SUPPLIES	E	ADULTS & PEDIATRICS	25			836,180	9
21		OPERATING ROOM	37			6,223,859	9
22		RECOVERY ROOM	38			98,404	9
23		RADIOLOGY-DIAGNOSTIC	41			293,816	9
24		LABORATORY	44			815,216	9
25		RESPIRATORY THERAPY	49			105,826	9
26		PHYSICAL THERAPY	50			4,184	9
27		CARDIAC CATHETERIZATION LABORATORY	59			15,956,011	9
28		EMERGENCY	61			113,423	9
29 DRUGS	F	PHARMACY	16			3,140,371	9
30 BONUS	G	ADMINISTRATIVE & GENERAL	6		308,450		
31							
32							
33							
34							
35							
1 BONUS	G						
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
36 TOTAL RECLASSIFICATIONS					398,823	33,707,232	

(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:  
150153

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

PREPARED 1/26/2009  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: A  
EXPLANATION : CAPITAL

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	3,209,139
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	869,530
TOTAL RECLASSIFICATIONS FOR CODE A			4,078,669

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	4,078,669	
			0
			4,078,669

RECLASS CODE: C  
EXPLANATION : MINOR EQUIPMENT

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	536,709
2.00			0
3.00			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
TOTAL RECLASSIFICATIONS FOR CODE C			536,709

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
EMPLOYEE BENEFITS	5	766	
ADMINISTRATIVE & GENERAL	6	143,247	
OPERATION OF PLANT	8	93,684	
HOUSEKEEPING	10	2,554	
DIETARY	11	8,959	
NURSING ADMINISTRATION	14	51,758	
PHARMACY	16	530	
MEDICAL RECORDS & LIBRARY	17	3,706	
EMERGENCY	61	9,588	
ADULTS & PEDIATRICS	25	117,997	
OPERATING ROOM	37	15,481	
RECOVERY ROOM	38	25,737	
RADIOLOGY-DIAGNOSTIC	41	729	
RESPIRATORY THERAPY	49	1,439	
PHYSICAL THERAPY	50	1,249	
CARDIAC CATHETERIZATION LABORATORY	59	59,285	
			536,709

RECLASS CODE: D  
EXPLANATION : CAFETERIA

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	1,594,937
TOTAL RECLASSIFICATIONS FOR CODE D			1,594,937

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DIETARY	11	1,594,937	
			1,594,937

RECLASS CODE: E  
EXPLANATION : MED SUPPLIES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	24,446,919
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
TOTAL RECLASSIFICATIONS FOR CODE E			24,446,919

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADULTS & PEDIATRICS	25	836,180	
OPERATING ROOM	37	6,223,859	
RECOVERY ROOM	38	98,404	
RADIOLOGY-DIAGNOSTIC	41	293,816	
LABORATORY	44	815,216	
RESPIRATORY THERAPY	49	105,826	
PHYSICAL THERAPY	50	4,184	
CARDIAC CATHETERIZATION LABORATORY	59	15,956,011	
EMERGENCY	61	113,423	
			24,446,919

RECLASS CODE: F  
EXPLANATION : DRUGS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	3,140,371
TOTAL RECLASSIFICATIONS FOR CODE F			3,140,371

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
PHARMACY	16	3,140,371	
			3,140,371

RECLASS CODE: G  
EXPLANATION : BONUS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	5	2,903
2.00	ADMINISTRATIVE & GENERAL	6	46,169
3.00	OPERATION OF PLANT	8	1,755
4.00	LAUNDRY & LINEN SERVICE	9	417
5.00	DIETARY	11	332
6.00	CAFETERIA	12	1,063

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	308,450	
			0
			0
			0
			0
			0

RECLASSIFICATIONS

PROVIDER NO:  
150153

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

PREPARED 1/26/2009  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: G  
EXPLANATION : BONUS

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
7.00	NURSING ADMINISTRATION	11,544			0
8.00	PHARMACY	18,261			0
9.00	MEDICAL RECORDS & LIBRARY	5,592			0
10.00	ADULTS & PEDIATRICS	135,350			0
11.00	OPERATING ROOM	11,946			0
12.00	RECOVERY ROOM	11,286			0
13.00	RADIOLOGY-DIAGNOSTIC	12,941			0
14.00	RESPIRATORY THERAPY	14,122			0
15.00	PHYSICAL THERAPY	748			0
16.00	CARDIAC CATHETERIZATION LABOR	21,065			0
17.00	EMERGENCY	12,956			0
	TOTAL RECLASSIFICATIONS FOR CODE G	308,450			308,450

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
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 II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND							
2 LAND IMPROVEMENTS							
3 BUILDINGS & FIXTURE	38,990,287	793,587		793,587		39,783,874	
4 BUILDING IMPROVEMENT							
5 FIXED EQUIPMENT	4,614,537	2,765,894		2,765,894		7,380,431	
6 MOVABLE EQUIPMENT	18,588,428	638,678		638,678	71,408	19,155,698	
7 SUBTOTAL	62,193,252	4,198,159		4,198,159	71,408	66,320,003	
8 RECONCILING ITEMS							
9 TOTAL	62,193,252	4,198,159		4,198,159	71,408	66,320,003	

PART III - RECONCILIATION OF CAPITAL COST CENTERS  
 DESCRIPTION

		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL	
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
*		1	2	3	4	5	6	7	8
1	OLD CAP REL COSTS-BL								
2	OLD CAP REL COSTS-MV								
3	NEW CAP REL COSTS-BL	47,255,153		47,255,153	.718256				
4	NEW CAP REL COSTS-MV	19,064,850	528,453	18,536,397	.281744				
5	TOTAL	66,320,003	528,453	65,791,550	1.000000				

DESCRIPTION SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	5,920,059	2,168,266	-907,509				7,180,816
4	NEW CAP REL COSTS-MV	3,863,783		-225,461				3,638,322
5	TOTAL	9,783,842	2,168,266	-1,132,970				10,819,138

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4  
 DESCRIPTION SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	2,695,701	2,751,260					5,446,961
4	NEW CAP REL COSTS-MV	1,862,073						1,862,073
5	TOTAL	4,557,774	2,751,260					7,309,034

\* 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

DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER 3	LINE NO 4	
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES	B	-907,509	NEW CAP REL COSTS-BLDG &	3	11
4 INVESTMENT INCOME-NEW MOVABLE EQUIP	B	-225,461	NEW CAP REL COSTS-MVBLE E	4	11
5 INVESTMENT INCOME-OTHER	B	-154,057	ADMINISTRATIVE & GENERAL	6	
6 TRADE, QUANTITY AND TIME DISCOUNTS	B	-1,057	ADMINISTRATIVE & GENERAL	6	
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	-3,520,197			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	3,708,223			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-611,607	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-9,236	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES	B	-7,522	ADMINISTRATIVE & GENERAL	6	
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			UTILIZATION REVIEW-SNF	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			NONPHYSICIAN ANESTHETISTS	20	
34 PHYSICIANS' ASSISTANT	A	-97,052	ADMINISTRATIVE & GENERAL	6	
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 SPONSORSHIPS/DONATIONS	A	-244,580	ADMINISTRATIVE & GENERAL	6	
38 ADVERTISING	A	-663,753	ADMINISTRATIVE & GENERAL	6	
39 LOBBYIST	A	-89,000	ADMINISTRATIVE & GENERAL	6	
40 INTEREST-A/R PATIENT	B	-13,896	ADMINISTRATIVE & GENERAL	6	
41 INTEREST-5/3	B	-1,128	ADMINISTRATIVE & GENERAL	6	
42 SMALL BALANCE WRITE OFF	B	-2,012	ADMINISTRATIVE & GENERAL	6	
43 LATE FEES	A	-114	ADMINISTRATIVE & GENERAL	6	
44 DUES	A	-1,414	ADMINISTRATIVE & GENERAL	6	
45 MARKETING	A	-66,542	ADMINISTRATIVE & GENERAL	6	
46 MISCELLANEOUS INCOME	B	-63,001	ADMINISTRATIVE & GENERAL	6	
47 MINOR EQUIP OFFSET 6/30/08	A	-536,709	NEW CAP REL COSTS-MVBLE E	4	9
48 MINOR EQUIP AMORT 6/30/08	A	178,903	NEW CAP REL COSTS-MVBLE E	4	9
49 MINOR EQUIP AMORT 6/30/07	A	97,797	NEW CAP REL COSTS-MVBLE E	4	9
49.01 MINOR EQUIP AMORT 6/30/06	A	81,376	NEW CAP REL COSTS-MVBLE E	4	9
49.02 START UP AMORT	A	15,219	NEW CAP REL COSTS-BLDG &	3	9
49.03 START UP AMORT	A	30,560	NEW CAP REL COSTS-MVBLE E	4	9
49.04 START UP AMORT	A	45,622	EMPLOYEE BENEFITS	5	
49.05 START UP AMORT	A	344,015	ADMINISTRATIVE & GENERAL	6	
49.06 START UP AMORT	A	13,737	OPERATION OF PLANT	8	
49.07 START UP AMORT	A	27,359	LAUNDRY & LINEN SERVICE	9	
49.08 START UP AMORT	A	728	HOUSEKEEPING	10	
49.09 START UP AMORT	A	1,082	DIETARY	11	
49.10 START UP AMORT	A	2,258	CAFETERIA	12	
49.11					
49.12					
49.13					
49.14					
49.15					
50 TOTAL (SUM OF LINES 1 THRU 49)		-2,668,968			

(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	3	NEW CAP REL COSTS-BLDG & ASCENSION-FEES	2,469,327	2,469,327		9
2	4	NEW CAP REL COSTS-MVBLE E ASCENSION-FEES	614,004	614,004		9
3	5	EMPLOYEE BENEFITS ASCENSION-BENEFITS	101,375	101,375		
4	6	ADMINISTRATIVE & GENERAL ASCENSION-A&G	634,562	634,562		
4.01	3	NEW CAP REL COSTS-BLDG & CIHS NEWCO-RENT	140,684	723,678	-582,994	10
4.05	41	RADIOLOGY-DIAGNOSTIC ST. VINCENT-DIAGNOSTIC FEE	3,793	3,793		
4.06	6	ADMINISTRATIVE & GENERAL ST. VINCENT-PASTORAL CARE	210,414	210,414		
4.07	6	ADMINISTRATIVE & GENERAL ST. VINCENT-PHYS ASSISTAN	60,000	60,000		
4.08	50	PHYSICAL THERAPY ST. VINCENT-REHAB	168,286	168,286		
4.09	8	OPERATION OF PLANT ST. VINCENT-PHONE	53,640	53,640		
4.10	52	SPEECH PATHOLOGY ST. VINCENT-SPEECH THERAP	1,296	1,296		
4.11	50	PHYSICAL THERAPY ST. VINCENT-SWALLOW STUDI	326	326		
4.12	41	RADIOLOGY-DIAGNOSTIC ST. VINCENT-MAINTENANCE	1,248	1,248		
4.13						
4.14						
4.15	5	EMPLOYEE BENEFITS ST. VINCENT-EAP	12,420	12,420		
4.16	6	ADMINISTRATIVE & GENERAL ST. VINCENT-A&G	31,811	31,811		
4.20	41	RADIOLOGY-DIAGNOSTIC ST. VINCENT-PHYS	1,030	1,030		
4.21	61	EMERGENCY ST. VINCENT-PHYS	985,091	985,091		
4.22	4	NEW CAP REL COSTS-MVBLE E ST. VINCENT HEALTH	743,544	743,544	743,544	9
4.23	6	ADMINISTRATIVE & GENERAL ST. VINCENT HEALTH	3,291,725	3,291,725	3,291,725	
4.24	5	EMPLOYEE BENEFITS ST. VINCENT HEALTH	18,167	18,167	18,167	
4.25	8	OPERATION OF PLANT ST. VINCENT HEALTH	24,033	24,033	24,033	
4.26	17	MEDICAL RECORDS & LIBRARY ST. VINCENT HEALTH	213,748	213,748	213,748	
4.27						
4.28						
5		TOTALS	9,780,524	6,072,301	3,708,223	

\* 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 XVIIII.

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE			
			NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS	
	2	3	4	5	6	
1	B	0.65	ST. VINCENT HOSPITAL	0.00	HEALTH SVCS	
2	B	0.65	ST. VINCENT HEALTH	0.00	HEALTH MGMT	
3	B	0.65	CIHS NEWCO	0.00	PROPERTY MGMT	
4	B	0.65	ASCENSION	0.00	HEALTH MGMT	
5		0.00		0.00		

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 15-0153  
 PERIOD: FROM 7/1/2007 TO 6/30/2008  
 PREPARED: 1/26/2009  
 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 6	ADMINISTRATIVE & GENERAL	764,454	764,454					
2 37	OPERATING ROOM	970,686	970,686					
3 41	RADIOLOGY-DIAGNOSTIC	782,416	782,416					
4 61	EMERGENCY	985,091	985,091					
5 59	CATH LAB	17,550	17,550					
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	3,520,197	3,520,197					

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:  
15-0153

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

PREPARED 1/26/2009  
WORKSHEET A-8-2  
GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT 18
10	11	12	13	14	15	16	17	18
1 6	ADMINISTRATIVE & GENERAL							764,454
2 37	OPERATING ROOM							970,686
3 41	RADIOLOGY-DIAGNOSTIC							782,416
4 61	EMERGENCY							985,091
5 59	CATH LAB							17,550
6								
7								
8								
9								
10								
11								
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13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL							3,520,197

COST ALLOCATION STATISTICS

PROVIDER NO: 15-0153  
 PERIOD: FROM 7/1/2007 TO 6/30/2008  
 PREPARED 1/26/2009  
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	NOT ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR	VALUE	NOT ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	3	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS	SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM.	COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	6	SQUARE	FEET	NOT ENTERED
8	OPERATION OF PLANT	3	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	7	SQUARE	FEET	ENTERED
11	DIETARY	10	MEALS	SERVED	ENTERED
12	CAFETERIA	11	HOURS		ENTERED
13	MAINTENANCE OF PERSONNEL	12	NUMBER	HOUSED	NOT ENTERED
14	NURSING ADMINISTRATION	13	DI RECT	NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED	REQUI S.	NOT ENTERED
16	PHARMACY	15	COSTED	REQUI S.	ENTERED
17	MEDICAL RECORDS & LIBRARY	16	TOTAL	CHGS	ENTERED
20	NONPHYSICIAN ANESTHETISTS	18	ASSIGNED	TIME	NOT ENTERED
21	NURSING SCHOOL	19	ASSIGNED	TIME	NOT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	20	ASSIGNED	TIME	NOT ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	21	ASSIGNED	TIME	NOT ENTERED
24	PARAMED ED PRGM	22	ASSIGNED	TIME	NOT ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	EMPLOYEE BENE FITS 5	SUBTOTAL 5a.00
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &	7,180,816			7,180,816			
005 NEW CAP REL COSTS-MVBLE E	3,638,322				3,638,322		
006 EMPLOYEE BENEFITS	7,164,427					7,164,427	
007 ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS	20,179,532			1,071,287	542,792	1,082,547	22,876,158
008 OPERATION OF PLANT	3,915,826			880,559	446,155	41,154	5,283,694
009 LAUNDRY & LINEN SERVICE	537,162			133,528	67,655	9,789	748,134
010 HOUSEKEEPING	1,040,960			39,821	20,176		1,100,957
011 DIETARY	491,456			162,784	82,478	7,795	744,513
012 CAFETERIA	986,651			160,034	81,085	24,915	1,252,685
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	1,027,199			114,336	57,931	270,691	1,470,157
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY	1,745,452			110,398	55,936	428,173	2,339,959
017 MEDICAL RECORDS & LIBRARY	2,473,104			130,277	66,008	131,122	2,800,511
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMEDICAL PRGM							
025 INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	12,683,217			1,994,856	1,010,737	3,173,697	18,862,507
026 INTENSIVE CARE UNIT							
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	1,055,897			546,739	277,018	280,119	2,159,773
039 RECOVERY ROOM	981,130			182,163	92,297	264,622	1,520,212
040 DELIVERY ROOM & LABOR ROO							
041 ANESTHESIOLOGY							
042 RADIOLOGY-DIAGNOSTIC	1,172,113			166,910	84,569	303,430	1,727,022
043 RADIOLOGY-THERAPEUTIC							
044 RADIOISOTOPE							
045 LABORATORY	2,516,871			79,392	40,226		2,636,489
046 PBP CLINICAL LAB SERVICES							
047 WHOLE BLOOD & PACKED RED							
048 BLOOD STORING, PROCESSING							
049 INTRAVENOUS THERAPY							
050 RESPIRATORY THERAPY	1,232,123			13,190	6,683	331,136	1,583,132
051 PHYSICAL THERAPY	245,259			3,063	1,552	17,530	267,404
052 OCCUPATIONAL THERAPY							
053 SPEECH PATHOLOGY							
054 ELECTROCARDIOLOGY							
055 ELECTROENCEPHALOGRAPHY							
056 MEDICAL SUPPLIES CHARGED	24,446,919						24,446,919
057 DRUGS CHARGED TO PATIENTS	3,140,371						3,140,371
058 RENAL DIALYSIS							
059 ASC (NON-DISTINCT PART) CARDIAC CATHETERIZATION L	1,973,980			667,890	338,401	493,921	3,474,192
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
062 EMERGENCY	1,136,417			139,154	70,506	303,786	1,649,863
064 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
066 HOME PROGRAM DIALYSIS							
067 AMBULANCE SERVICES							
068 DURABLE MEDICAL EQUIP-REN							
069 DURABLE MEDICAL EQUIP-SOL							
070 CORF							
071 I&R SERVICES-NOT APPRVD P							
072 HOME HEALTH AGENCY							
073 LUNG ACQUISITION							
074 SPEC PURPOSE COST CENTERS							
075 KIDNEY ACQUISITION							
076 LIVER ACQUISITION							
077 HEART ACQUISITION							
078 01 PANCREAS ACQUISITION							
079 OTHER ORGAN ACQUISITION							
080 AMBULATORY SURGICAL CENTE							
081 HOSPICE							
082 SUBTOTALS	100,965,204			6,596,381	3,342,205	7,164,427	100,084,652
083 NONREIMBURS COST CENTERS							
084 GIFT, FLOWER, COFFEE SHOP							
085 RESEARCH							
086 PHYSICIANS' PRIVATE OFFIC							



COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	6	7	8	9	10	11	12	
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								
007 ADMINISTRATIVE & GENERAL	22,876,158							
008 MAINTENANCE & REPAIRS								
009 OPERATION OF PLANT	1,547,858		6,831,552					
010 LAUNDRY & LINEN SERVICE	219,166		174,452	1,141,752				
011 HOUSEKEEPING	322,525		52,025		1,475,507			
012 DIETARY	218,105		212,674		47,509	1,222,801		
013 CAFETERIA	366,974		209,081		46,707		1,875,447	
014 MAINTENANCE OF PERSONNEL								
015 NURSING ADMINISTRATION	430,682		149,378		33,370		68,865	
016 CENTRAL SERVICES & SUPPLY								
017 PHARMACY	685,491		144,233		32,220			
018 MEDICAL RECORDS & LIBRARY	820,410		170,205		38,022		64,731	
019 NONPHYSICIAN ANESTHETISTS								
020 NURSING SCHOOL								
021 I&R SERVICES-SALARY & FRI								
022 I&R SERVICES-OTHER PRGM C								
023 PARAMEDICAL PRGM								
024 INPAT ROUTINE SRVC CNTRS								
025 ADULTS & PEDIATRICS	5,525,771		2,606,241	389,729	582,207	1,159,330	995,913	
026 INTENSIVE CARE UNIT								
027 CORONARY CARE UNIT								
028 BURN INTENSIVE CARE UNIT								
029 SURGICAL INTENSIVE CARE U								
030 SUBPROVIDER								
031 NURSERY								
032 SKILLED NURSING FACILITY								
033 NURSING FACILITY								
034 ICF/MR								
035 OTHER LONG TERM CARE								
036 ANCILLARY SRVC COST CNTRS								
037 OPERATING ROOM	632,706		714,305	84,417	159,569		88,416	
038 RECOVERY ROOM	445,346		237,993	291,243	53,165	47,752	95,350	
039 DELIVERY ROOM & LABOR ROO								
040 ANESTHESIOLOGY								
041 RADIOLOGY-DIAGNOSTIC	505,931		218,065	218,079	48,713		90,983	
042 RADIOLOGY-THERAPEUTIC								
043 RADIOISOTOPE								
044 LABORATORY	772,359		103,724		23,171			
045 PBP CLINICAL LAB SERVICES								
046 WHOLE BLOOD & PACKED RED								
047 BLOOD STORING, PROCESSING								
048 INTRAVENOUS THERAPY								
049 RESPIRATORY THERAPY	463,779		17,233		3,850			
050 PHYSICAL THERAPY	78,336		4,002		894		117,970	
051 OCCUPATIONAL THERAPY								
052 SPEECH PATHOLOGY								
053 ELECTROCARDIOLOGY								
054 ELECTROENCEPHALOGRAPHY								
055 MEDICAL SUPPLIES CHARGED	7,161,697							
056 DRUGS CHARGED TO PATIENTS	919,972						113,662	
057 RENAL DIALYSIS								
058 ASC (NON-DISTINCT PART)								
059 CARDIAC CATHETERIZATION L	1,017,765		872,586	63,313	194,927		140,449	
060 OUTPAT SERVICE COST CNTRS								
061 CLINIC								
062 EMERGENCY	483,327		181,802	94,971	40,613	15,719	99,108	
063 OBSERVATION BEDS (NON-DIS								
064 OTHER REIMBURS COST CNTRS								
065 HOME PROGRAM DIALYSIS								
066 AMBULANCE SERVICES								
067 DURABLE MEDICAL EQUIP-REN								
068 DURABLE MEDICAL EQUIP-SOL								
069 CORF								
070 I&R SERVICES-NOT APPRVD P								
071 HOME HEALTH AGENCY								
072 LUNG ACQUISITION								
073 SPEC PURPOSE COST CENTERS								
074 KIDNEY ACQUISITION								
075 LIVER ACQUISITION								
076 HEART ACQUISITION								
077 PANCREAS ACQUISITION								
078 OTHER ORGAN ACQUISITION								
079 AMBULATORY SURGICAL CENTE								
080 HOSPICE								
081 SUBTOTALS	22,618,200		6,067,999	1,141,752	1,304,937	1,222,801	1,875,447	
082 NONREIMBURS COST CENTERS								
083 GIFT, FLOWER, COFFEE SHOP								
084 RESEARCH								
085 PHYSICIANS' PRIVATE OFFIC								



COST CENTER DESCRIPTION	MAINTENANCE	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL
	13	14	15	16	17	20	21
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							
007 ADMINSTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION		2,152,452					
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY				3,201,903			
018 MEDICAL RECORDS & LIBRARY		77,124			3,971,003		
019 NONPHYSICIAN ANESTHETISTS							
020 NURSING SCHOOL							
021 I&R SERVICES-SALARY & FRI							
022 I&R SERVICES-OTHER PRGM C							
023 PARAMED ED PRGM							
024 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		1,186,580			815,066		
026 INTENSIVE CARE UNIT							
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 SUBPROVIDER							
031 NURSERY							
032 SKILLED NURSING FACILITY							
033 NURSING FACILITY							
034 ICF/MR							
035 OTHER LONG TERM CARE							
036 ANCI LLARY SRVC COST CNTRS							
037 OPERATING ROOM		105,343			245,816		
038 RECOVERY ROOM		113,605			30,003		
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC		108,402			362,163		
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY					221,402		
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY					67,081		
050 PHYSICAL THERAPY		140,555			11,872		
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED					940,904		
056 DRUGS CHARGED TO PATIENTS		135,423		3,201,903	241,251		
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
059 CARDIAC CATHETERIZATION L		167,338			977,110		
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
062 EMERGENCY		118,082			58,318		
063 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
065 HOME PROGRAM DIALYSIS							
066 AMBULANCE SERVICES					17		
067 DURABLE MEDICAL EQUIP-REN							
068 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
072 LUNG ACQUISITION							
073 SPEC PURPOSE COST CENTERS							
074 KIDNEY ACQUISITION							
075 LIVER ACQUISITION							
076 HEART ACQUISITION							
077 PANCREAS ACQUISITION							
078 OTHER ORGAN ACQUISITION							
079 AMBULATORY SURGICAL CENTE							
080 HOSPICE							
081 SUBTOTALS		2,152,452		3,201,903	3,971,003		
082 NONREIMBURS COST CENTERS							
083 GIFT, FLOWER, COFFEE SHOP							
084 RESEARCH							
085 PHYSICIANS' PRIVATE OFFIC							

COST CENTER DESCRIPTION	MAINTENANCE F PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL
	13	14	15	16	17	20	21
099 NONREIMBURS COST CENTERS							
099 01 NONPAID WORKERS							
101 UNUSED SPACE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL		2,152,452		3,201,903	3,971,003		

COST CENTER DESCRIPTION	I&R SERVICES- SALARY & FRI			I&R SERVICES- OTHER PRGM C GM		PR SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	22	23	24	25	26			
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								
007 ADMINSTRATIVE & GENERAL								
008 MAINTENANCE & REPAIRS								
009 OPERATION OF PLANT								
010 LAUNDRY & LINEN SERVICE								
011 HOUSEKEEPING								
012 DIETARY								
013 CAFETERIA								
014 MAINTENANCE OF PERSONNEL								
015 NURSING ADMINISTRATION								
016 CENTRAL SERVICES & SUPPLY								
017 PHARMACY								
020 MEDICAL RECORDS & LIBRARY								
021 NONPHYSICIAN ANESTHETISTS								
022 NURSING SCHOOL								
023 I&R SERVICES-SALARY & FRI								
024 I&R SERVICES-OTHER PRGM C								
025 PARAMED ED PRGM								
026 INPAT ROUTINE SRVC CNTRS						32,123,344		32,123,344
027 ADULTS & PEDIATRICS								
028 INTENSIVE CARE UNIT								
029 CORONARY CARE UNIT								
030 BURN INTENSIVE CARE UNIT								
031 SURGICAL INTENSIVE CARE U								
032 SUBPROVIDER								
033 NURSERY								
034 SKILLED NURSING FACILITY								
035 NURSING FACILITY								
036 01 ICF/MR								
037 OTHER LONG TERM CARE								
038 ANCILLARY SRVC COST CNTRS								
039 OPERATING ROOM						4,190,345		4,190,345
040 RECOVERY ROOM						2,834,669		2,834,669
041 DELIVERY ROOM & LABOR ROO								
042 ANESTHESIOLOGY								
043 RADIOLOGY-DIAGNOSTIC						3,279,358		3,279,358
044 RADIOLOGY-THERAPEUTIC								
045 RADIOISOTOPE								
046 LABORATORY						3,757,145		3,757,145
047 PBP CLINICAL LAB SERVICES								
048 WHOLE BLOOD & PACKED RED								
049 BLOOD STORING, PROCESSING								
050 INTRAVENOUS THERAPY								
051 RESPIRATORY THERAPY						2,135,075		2,135,075
052 PHYSICAL THERAPY						621,033		621,033
053 OCCUPATIONAL THERAPY								
054 SPEECH PATHOLOGY								
055 ELECTROCARDIOLOGY								
056 ELECTROENCEPHALOGRAPHY								
057 MEDICAL SUPPLIES CHARGED						32,549,520		32,549,520
058 DRUGS CHARGED TO PATIENTS						7,752,582		7,752,582
059 RENAL DIALYSIS								
060 ASC (NON-DISTINCT PART)								
061 CARDIAC CATHETERIZATION L						6,907,680		6,907,680
062 OUTPAT SERVICE COST CNTRS								
063 CLINIC								
064 EMERGENCY						2,741,803		2,741,803
065 OBSERVATION BEDS (NON-DIS								
066 OTHER REIMBURS COST CNTRS								
067 HOME PROGRAM DIALYSIS								
068 AMBULANCE SERVICES						17		17
069 DURABLE MEDICAL EQUIP-REN								
070 DURABLE MEDICAL EQUIP-SOL								
071 CORF								
072 I&R SERVICES-NOT APPRVD P								
073 HOME HEALTH AGENCY								
074 LUNG ACQUISITION								
075 SPEC PURPOSE COST CENTERS								
076 KIDNEY ACQUISITION								
077 LIVER ACQUISITION								
078 HEART ACQUISITION								
079 01 PANCREAS ACQUISITION								
080 OTHER ORGAN ACQUISITION								
081 AMBULATORY SURGICAL CENTE								
082 HOSPICE								
083 SUBTOTALS						98,892,571		98,892,571
084 NONREIMBURS COST CENTERS								
085 GIFT, FLOWER, COFFEE SHOP								
086 RESEARCH								
087 PHYSICIANS' PRIVATE OFFIC								



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COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	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	SUBTOTAL	EMPLOYEE BENEFITS
	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 &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL				1,071,287	542,792	1,614,079	
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT				880,559	446,155	1,326,714	
010 LAUNDRY & LINEN SERVICE				133,528	67,655	201,183	
011 HOUSEKEEPING				39,821	20,176	59,997	
012 DIETARY				162,784	82,478	245,262	
013 CAFETERIA				160,034	81,085	241,119	
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION				114,336	57,931	172,267	
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY				110,398	55,936	166,334	
020 MEDICAL RECORDS & LIBRARY				130,277	66,008	196,285	
021 NONPHYSICIAN ANESTHETISTS							
022 NURSING SCHOOL							
023 I&R SERVICES-SALARY & FRI							
024 I&R SERVICES-OTHER PRGM C							
025 PARAMED ED PRGM							
026 INPAT ROUTINE SRVC CNTRS							
027 ADULTS & PEDIATRICS				1,994,856	1,010,737	3,005,593	
028 INTENSIVE CARE UNIT							
029 CORONARY CARE UNIT							
030 BURN INTENSIVE CARE UNIT							
031 SURGICAL INTENSIVE CARE U							
032 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
036 01 ICF/MR							
037 OTHER LONG TERM CARE							
038 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM				546,739	277,018	823,757	
040 RECOVERY ROOM				182,163	92,297	274,460	
041 DELIVERY ROOM & LABOR ROO							
042 ANESTHESIOLOGY							
043 RADIOLOGY-DIAGNOSTIC				166,910	84,569	251,479	
044 RADIOLOGY-THERAPEUTIC							
045 RADIOISOTOPE							
046 LABORATORY				79,392	40,226	119,618	
047 PBP CLINICAL LAB SERVICES							
048 WHOLE BLOOD & PACKED RED							
049 BLOOD STORING, PROCESSING							
050 INTRAVENOUS THERAPY							
051 RESPIRATORY THERAPY				13,190	6,683	19,873	
052 PHYSICAL THERAPY				3,063	1,552	4,615	
053 OCCUPATIONAL THERAPY							
054 SPEECH PATHOLOGY							
055 ELECTROCARDIOLOGY							
056 ELECTROENCEPHALOGRAPHY							
057 MEDICAL SUPPLIES CHARGED							
058 DRUGS CHARGED TO PATIENTS							
059 RENAL DIALYSIS							
060 ASC (NON-DISTINCT PART)							
061 CARDIAC CATHETERIZATION L				667,890	338,401	1,006,291	
062 OUTPAT SERVICE COST CNTRS							
063 CLINIC							
064 EMERGENCY				139,154	70,506	209,660	
065 OBSERVATION BEDS (NON-DIS							
066 OTHER REIMBURS COST CNTRS							
067 HOME PROGRAM DIALYSIS							
068 AMBULANCE SERVICES							
069 DURABLE MEDICAL EQUIP-REN							
070 DURABLE MEDICAL EQUIP-SOL							
071 CORF							
072 I&R SERVICES-NOT APPRVD P							
073 HOME HEALTH AGENCY							
074 LUNG ACQUISITION							
075 SPEC PURPOSE COST CENTERS							
076 KIDNEY ACQUISITION							
077 LIVER ACQUISITION							
078 HEART ACQUISITION							
079 01 PANCREAS ACQUISITION							
080 OTHER ORGAN ACQUISITION							
081 AMBULATORY SURGICAL CENTE							
082 HOSPICE							
083 SUBTOTALS				6,596,381	3,342,205	9,938,586	
084 NONREIMBURS COST CENTERS							
085 GIFT, FLOWER, COFFEE SHOP							
086 RESEARCH							
087 PHYSICIANS' PRIVATE OFFIC							

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	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	SUBTOTAL	EMPLOYEE BENEFITS
	0	1	2	3	4	4a	5
099 NONREIMBURS COST CENTERS							
099 01 NONPAID WORKERS							
101 UNUSED SPACE				584,435	296,117	880,552	
102 CROSS FOOT ADJUSTMENTS							
103 NEGATIVE COST CENTER							
TOTAL				7,180,816	3,638,322	10,819,138	

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COST CENTER DESCRIPTION	ADMINISTRATIVE MAINTENANCE & OPERATION OF E & GENERAL REPAIRS PLANT			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	6	7	8	9	10	11	12
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							
007 ADMINSTRATIVE & GENERAL	1,614,079						
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	109,214		1,435,928				
010 LAUNDRY & LINEN SERVICE	15,464		36,668	253,315			
011 HOUSEKEEPING	22,757		10,935		93,689		
012 DIETARY	15,389		44,702		3,017	308,370	
013 CAFETERIA	25,893		43,947		2,966		313,925
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION	30,388		31,398		2,119		11,527
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY	48,367		30,316		2,046		
018 MEDICAL RECORDS & LIBRARY	57,887		35,775		2,414		10,835
019 NONPHYSICIAN ANESTHETISTS							
020 NURSING SCHOOL							
021 I&R SERVICES-SALARY & FRI							
022 I&R SERVICES-OTHER PRGM C							
023 PARAMED ED PRGM							
024 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRCS	389,888		547,809	86,467	36,967	292,364	166,703
026 INTENSIVE CARE UNIT							
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 SUBPROVIDER							
031 NURSERY							
032 SKILLED NURSING FACILITY							
033 NURSING FACILITY							
034 ICF/MR							
035 OTHER LONG TERM CARE							
036 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	44,643		150,140	18,729	10,132		14,800
038 RECOVERY ROOM	31,423		50,024	64,617	3,376	12,042	15,960
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	35,698		45,835	48,384	3,093		15,229
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY	54,496		21,802		1,471		
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	32,723		3,622		244		
050 PHYSICAL THERAPY	5,527		841		57		19,747
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED	505,295						
056 DRUGS CHARGED TO PATIENTS	64,911						19,026
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
059 CARDIAC CATHETERIZATION L	71,812		183,409	14,047	12,377		23,509
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
062 EMERGENCY	34,103		38,213	21,071	2,579	3,964	16,589
063 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
065 HOME PROGRAM DIALYSIS							
066 AMBULANCE SERVICES							
067 DURABLE MEDICAL EQUIP-REN							
068 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
072 LUNG ACQUISITION							
073 SPEC PURPOSE COST CENTERS							
074 KIDNEY ACQUISITION							
075 LIVER ACQUISITION							
076 HEART ACQUISITION							
077 PANCREAS ACQUISITION							
078 OTHER ORGAN ACQUISITION							
079 AMBULATORY SURGICAL CENTE							
080 HOSPICE							
081 SUBTOTALS	1,595,878		1,275,436	253,315	82,858	308,370	313,925
082 NONREIMBURS COST CENTERS							
083 GIFT, FLOWER, COFFEE SHOP							
084 RESEARCH							
085 PHYSICIANS' PRIVATE OFFIC							

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COST CENTER DESCRIPTION		ADMINISTRATIVE & GENERAL	MAINTENANCE REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
		6	7	8	9	10	11	12
099	NONREIMBURS COST CENTERS							
	NONPAID WORKERS							
099	01 UNUSED SPACE	18,201		160,492		10,831		
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	1,614,079		1,435,928	253,315	93,689	308,370	313,925

COST CENTER DESCRIPTION	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOLS
	13	14	15	16	17	20	21
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							
007 ADMINSTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION		247,699					
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY				247,063			
018 MEDICAL RECORDS & LIBRARY		8,875			312,071		
019 NONPHYSICIAN ANESTHETISTS							
020 NURSING SCHOOL							
021 I&R SERVICES-SALARY & FRI							
022 I&R SERVICES-OTHER PRGM C							
023 PARAMED ED PRGM							
024 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		136,548			64,043		
026 INTENSIVE CARE UNIT							
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 SUBPROVIDER							
031 NURSERY							
032 SKILLED NURSING FACILITY							
033 NURSING FACILITY							
034 ICF/MR							
035 OTHER LONG TERM CARE							
036 ANCI LLARY SRVC COST CNTRS							
037 OPERATING ROOM		12,123			19,315		
038 RECOVERY ROOM		13,073			2,357		
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC		12,475			28,457		
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY					17,396		
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY					5,271		
050 PHYSICAL THERAPY		16,175			933		
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED					73,931		
056 DRUGS CHARGED TO PATIENTS		15,584		247,063	18,956		
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
059 CARDIAC CATHETERIZATION L		19,257			76,829		
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
062 EMERGENCY		13,589			4,582		
063 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
065 HOME PROGRAM DIALYSIS							
066 AMBULANCE SERVICES					1		
067 DURABLE MEDICAL EQUIP-REN							
068 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
072 LUNG ACQUISITION							
073 SPEC PURPOSE COST CENTERS							
074 KIDNEY ACQUISITION							
075 LIVER ACQUISITION							
076 HEART ACQUISITION							
077 PANCREAS ACQUISITION							
078 OTHER ORGAN ACQUISITION							
079 AMBULATORY SURGICAL CENTE							
080 HOSPICE							
081 SUBTOTALS		247,699		247,063	312,071		
082 NONREIMBURS COST CENTERS							
083 GIFT, FLOWER, COFFEE SHOP							
084 RESEARCH							
085 PHYSICIANS' PRIVATE OFFIC							



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COST CENTER DESCRIPTION	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	22	23	24	25	26	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						
007 ADMINSTRATIVE & GENERAL						
008 MAINTENANCE & REPAIRS						
009 OPERATION OF PLANT						
010 LAUNDRY & LINEN SERVICE						
011 HOUSEKEEPING						
012 DIETARY						
013 CAFETERIA						
014 MAINTENANCE OF PERSONNEL						
015 NURSING ADMINISTRATION						
016 CENTRAL SERVICES & SUPPLY						
017 PHARMACY						
020 MEDICAL RECORDS & LIBRARY						
021 NONPHYSICIAN ANESTHETISTS						
022 NURSING SCHOOL						
023 I&R SERVICES-SALARY & FRI						
024 I&R SERVICES-OTHER PRGM C						
025 PARAMED ED PRGM						
026 INPAT ROUTINE SRVC CNTRS				4,726,382		4,726,382
027 ADULTS & PEDIATRICS						
028 INTENSIVE CARE UNIT						
029 CORONARY CARE UNIT						
030 BURN INTENSIVE CARE UNIT						
031 SURGICAL INTENSIVE CARE U						
032 SUBPROVIDER						
033 NURSERY						
034 SKILLED NURSING FACILITY						
035 NURSING FACILITY						
036 01 ICF/MR						
037 OTHER LONG TERM CARE						
038 ANCILLARY SRVC COST CNTRS						
039 OPERATING ROOM				1,093,639		1,093,639
040 RECOVERY ROOM				467,332		467,332
041 DELIVERY ROOM & LABOR ROO						
042 ANESTHESIOLOGY						
043 RADIOLOGY-DIAGNOSTIC				440,650		440,650
044 RADIOLOGY-THERAPEUTIC						
045 RADIOISOTOPE						
046 LABORATORY				214,783		214,783
047 PBP CLINICAL LAB SERVICES						
048 WHOLE BLOOD & PACKED RED						
049 BLOOD STORING, PROCESSING						
050 INTRAVENOUS THERAPY						
051 RESPIRATORY THERAPY				61,733		61,733
052 PHYSICAL THERAPY				47,895		47,895
053 OCCUPATIONAL THERAPY						
054 SPEECH PATHOLOGY						
055 ELECTROCARDIOLOGY						
056 ELECTROENCEPHALOGRAPHY						
057 MEDICAL SUPPLIES CHARGED				579,226		579,226
058 DRUGS CHARGED TO PATIENTS				365,540		365,540
059 RENAL DIALYSIS						
060 ASC (NON-DISTINCT PART)						
061 CARDIAC CATHETERIZATION L				1,407,531		1,407,531
062 OUTPAT SERVICE COST CNTRS						
063 CLINIC						
064 EMERGENCY				344,350		344,350
065 OBSERVATION BEDS (NON-DIS						
066 OTHER REIMBURS COST CNTRS						
067 HOME PROGRAM DIALYSIS						
068 AMBULANCE SERVICES				1		1
069 DURABLE MEDICAL EQUIP-REN						
070 DURABLE MEDICAL EQUIP-SOL						
071 CORF						
072 I&R SERVICES-NOT APPRVD P						
073 HOME HEALTH AGENCY						
074 LUNG ACQUISITION						
075 SPEC PURPOSE COST CENTERS						
076 KIDNEY ACQUISITION						
077 LIVER ACQUISITION						
078 HEART ACQUISITION						
079 01 PANCREAS ACQUISITION						
080 OTHER ORGAN ACQUISITION						
081 AMBULATORY SURGICAL CENTE						
082 HOSPICE						
083 SUBTOTALS				9,749,062		9,749,062
084 NONREIMBURS COST CENTERS						
085 GIFT, FLOWER, COFFEE SHOP						
086 RESEARCH						
087 PHYSICIANS' PRIVATE OFFIC						

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COST CENTER DESCRIPTION	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
NONREIMBURS COST CENTERS	22	23	24	25	26	27
099 NONPAID WORKERS						
099 01 UNUSED SPACE				1,070,076		1,070,076
101 CROSS FOOT ADJUSTMENTS						
102 NEGATIVE COST CENTER						
103 TOTAL				10,819,138		10,819,138

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCILIATION
	OSTS-BLDG & ( SQUARE FEET )	OSTS-MVBLE E ( DOLLAR VALUE )	OSTS-BLDG & ( SQUARE FEET )	OSTS-MVBLE E ( SQUARE FEET )	FITS ( GROSS SALARIES )	
	1	2	3	4	5	6a.00
001 GENERAL SERVICE COST						
002 OLD CAP REL COSTS-BLD						
003 OLD CAP REL COSTS-MVB						
004 NEW CAP REL COSTS-BLD			114,869			
005 NEW CAP REL COSTS-MVB				114,869		
006 EMPLOYEE BENEFITS					26,292,642	
007 ADMINISTRATIVE & GENE			17,137	17,137	3,972,826	-22,876,158
008 MAINTENANCE & REPAIRS						
009 OPERATION OF PLANT			14,086	14,086	151,031	
010 LAUNDRY & LINEN SERVI			2,136	2,136	35,923	
011 HOUSEKEEPING			637	637		
012 DIETARY			2,604	2,604	28,607	
013 CAFETERIA			2,560	2,560	91,435	
014 MAINTENANCE OF PERSON						
015 NURSING ADMINISTRATIO			1,829	1,829	993,407	
016 CENTRAL SERVICES & SU						
017 PHARMACY			1,766	1,766	1,571,346	
020 MEDICAL RECORDS & LIB			2,084	2,084	481,204	
021 NONPHYSICIAN ANESTHET						
022 NURSING SCHOOL						
023 I&R SERVICES-SALARY &						
024 I&R SERVICES-OTHER PR						
025 PARAMED ED PRGM						
026 INPAT ROUTINE SRVC CN			31,911	31,911	11,647,112	
027 ADULTS & PEDIATRICS						
028 INTENSIVE CARE UNIT						
029 CORONARY CARE UNIT						
031 BURN INTENSIVE CARE U						
033 SURGICAL INTENSIVE CA						
034 SUBPROVIDER						
035 NURSERY						
036 SKILLED NURSING FACIL						
037 NURSING FACILITY						
038 01 ICF/MR						
039 OTHER LONG TERM CARE						
040 ANCILLARY SRVC COST C						
041 OPERATING ROOM			8,746	8,746	1,028,006	
042 RECOVERY ROOM			2,914	2,914	971,132	
043 DELIVERY ROOM & LABOR						
044 ANESTHESIOLOGY						
045 RADIOLOGY-DIAGNOSTIC			2,670	2,670	1,113,555	
046 RADIOLOGY-THERAPEUTI C						
047 RADIOISOTOPE						
048 LABORATORY			1,270	1,270		
049 PBP CLINICAL LAB SERV						
050 WHOLE BLOOD & PACKED						
051 BLOOD STORING, PROCES						
052 INTRAVENOUS THERAPY			211	211	1,215,231	
053 RESPIRATORY THERAPY			49	49	64,333	
054 PHYSICAL THERAPY						
055 OCCUPATIONAL THERAPY						
056 SPEECH PATHOLOGY						
057 ELECTROCARDIOLOGY						
058 ELECTROENCEPHALOGRAPH						
059 MEDICAL SUPPLIES CHAR						
060 DRUGS CHARGED TO PATI						
061 RENAL DIALYSIS						
062 ASC (NON-DISTINCT PAR						
064 CARDIAC CATHETERIZATI			10,684	10,684	1,812,633	
065 OUTPAT SERVICE COST C						
066 CLINIC						
067 EMERGENCY			2,226	2,226	1,114,861	
068 OBSERVATION BEDS (NON						
069 OTHER REIMBURS COST C						
070 HOME PROGRAM DIALYSIS						
071 AMBULANCE SERVICES						
072 DURABLE MEDICAL EQUIP						
073 DURABLE MEDICAL EQUIP						
074 CORF						
075 I&R SERVICES-NOT APPR						
076 HOME HEALTH AGENCY						
077 LUNG ACQUISITION						
078 SPEC PURPOSE COST CEN						
079 KIDNEY ACQUISITION						
080 LIVER ACQUISITION						
081 HEART ACQUISITION						
082 01 PANCREAS ACQUISITION						
083 OTHER ORGAN ACQUISITI						
084 AMBULATORY SURGICAL C						
085 HOSPICE						
086 SUBTOTALS			105,520	105,520	26,292,642	-22,876,158

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCILIATION
	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E	FITS	
	( SQUARE FEET )	( DOLLAR VALUE )	( SQUARE FEET )	( SQUARE FEET )	( GROSS SALARIES )	
	1	2	3	4	5	6a.00
096 SPEC PURPOSE COST CEN						
097 NONREIMBURS COST CENT						
098 GIFT, FLOWER, COFFEE						
099 RESEARCH						
099 PHYSICIANS' PRIVATE O						
099 NONPAID WORKERS						
099 01 UNUSED SPACE			9,349	9,349		
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED			7,180,816	3,638,322	7,164,427	
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER			62.513089		.272488	
(WRKSHT B, PT I)				31.673663		
105 COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED						
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER						
(WRKSHT B, PT III)						

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	( ACCUM. COST )	( SQUARE FEET )	( SQUARE FEET )	( POUNDS OF LAUNDRY )	( SQUARE FEET )	( MEALS SERVED )	( HOURS )
	6	7	8	9	10	11	12
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 ADMINISTRATIVE & GENERAL	78,089,046						
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	5,283,694		83,646				
009 LAUNDRY & LINEN SERVICE	748,134		2,136	626,135			
010 HOUSEKEEPING	1,100,957		637		80,873		
011 DIETARY	744,513		2,604		2,604	69,857	
012 CAFETERIA	1,252,685		2,560		2,560		669,183
013 MAINTENANCE OF PERSON							
014 NURSING ADMINISTRATIVE	1,470,157		1,829		1,829		24,572
015 CENTRAL SERVICES & SU							
016 PHARMACY	2,339,959		1,766		1,766		
017 MEDICAL RECORDS & LIB	2,800,511		2,084		2,084		23,097
020 NONPHYSICIAN ANESTHET							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY &							
023 I&R SERVICES-OTHER PR							
024 PARAMEDICAL PRGM							
025 INPATIENT ROUTINE SRVC CN	18,862,507		31,911	213,727	31,911	66,231	355,354
026 INTENSIVE CARE UNIT							
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE U							
029 SURGICAL INTENSIVE CA							
031 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACIL							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
ANCILLARY SRVC COST C							
037 OPERATING ROOM	2,159,773		8,746	46,294	8,746		31,548
038 RECOVERY ROOM	1,520,212		2,914	159,717	2,914	2,728	34,022
039 DELIVERY ROOM & LABOR							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	1,727,022		2,670	119,594	2,670		32,464
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY	2,636,489		1,270		1,270		
045 PBP CLINICAL LAB SERV							
046 WHOLE BLOOD & PACKED							
047 BLOOD STORING, PROCES							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	1,583,132		211		211		
050 PHYSICAL THERAPY	267,404		49		49		42,093
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPH							
055 MEDICAL SUPPLIES CHAR	24,446,919						
056 DRUGS CHARGED TO PATI	3,140,371						40,556
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PAR							
059 CARDIAC CATHETERIZATI	3,474,192		10,684	34,721	10,684		50,114
OUTPUT SERVICE COST C							
060 CLINIC							
061 EMERGENCY	1,649,863		2,226	52,082	2,226	898	35,363
062 OBSERVATION BEDS (NON							
OTHER REIMBURS COST C							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP							
067 DURABLE MEDICAL EQUIP							
069 CORF							
070 I&R SERVICES-NOT APPR							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
SPEC PURPOSE COST CEN							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITI							
092 AMBULATORY SURGICAL C							
093 HOSPICE							
095 SUBTOTALS	77,208,494		74,297	626,135	71,524	69,857	669,183

	COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
		( ACCUM. COST )	( SQUARE FEET )	( SQUARE FEET )	( POUNDS OF LAUNDRY )	( SQUARE FEET )	( MEALS SERVED )	( HOURS )
		6	7	8	9	10	11	12
096	SPEC PURPOSE COST CENTER							
097	NONREIMBURS COST CENTER							
098	GIFT, FLOWER, COFFEE							
099	RESEARCH							
099	PHYSICIANS' PRIVATE OFFICE							
099	NONPAID WORKERS							
099	01 UNUSED SPACE	880,552		9,349		9,349		
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	22,876,158		6,831,552	1,141,752	1,475,507	1,222,801	1,875,447
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	.292950		81.672190	1.823492	18.244742	17.504345	2.802592
105	COST TO BE ALLOCATED (WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107	COST TO BE ALLOCATED (WRKSHT B, PART III)	1,614,079		1,435,928	253,315	93,689	308,370	313,925
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.020670		17.166726	.404569	1.158471	4.414304	.469117

COST CENTER DESCRIPTION	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOLS
( NUMBER HOUSED )	( DIRECT NRSNG HRS )	( COSTED REQUIS. )	( COSTED REQUIS. )	( TOTAL CHGS )	( ASSIGNED TIME )	( ASSIGNED TIME )	( )
	13	14	15	16	17	20	21
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 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION		644,611					
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY				100			
017 MEDICAL RECORDS & LIBRARY		23,097			321,676,714		
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOLS							
022 I&R SERVICES-SALARY & BENEFITS							
023 I&R SERVICES-OTHER PERSONNEL							
024 PARAMEDICAL PROGRAM							
025 INPATIENT ROUTINE SERVICE CENTER ADULTS & PEDIATRICS		355,354			66,023,951		
026 INTENSIVE CARE UNIT							
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE							
031 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
036 01 ICF/MR							
037 OTHER LONG TERM CARE							
038 ANCILLARY SERVICE COST CENTER							
039 OPERATING ROOM		31,548			19,912,190		
040 RECOVERY ROOM		34,022			2,430,408		
041 DELIVERY ROOM & LABOR							
042 ANESTHESIOLOGY							
043 RADIOLOGY-DIAGNOSTIC		32,464			29,336,809		
044 RADIOLOGY-THERAPEUTIC							
045 RADIOISOTOPE							
046 LABORATORY					17,934,519		
047 PBP CLINICAL LAB SERVICE							
048 WHOLE BLOOD & PACKED BLOOD STORAGE, PROCESSING							
049 INTRAVENOUS THERAPY							
050 RESPIRATORY THERAPY					5,433,895		
051 PHYSICAL THERAPY		42,093			961,708		
052 OCCUPATIONAL THERAPY							
053 SPEECH PATHOLOGY							
054 ELECTROCARDIOLOGY							
055 ELECTROENCEPHALOGRAPHY							
056 MEDICAL SUPPLIES CHARACTERIZED AS DRUGS CHARGED TO PATIENTS		40,556		100	76,217,442		
057 RENAL DIALYSIS					19,542,437		
058 ASC (NON-DISTINCT PARADIGM)							
059 CARDIAC CATHETERIZATION		50,114			79,157,975		
060 OUTPAT SERVICE COST CENTER							
061 CLINIC							
062 EMERGENCY		35,363			4,723,980		
064 OBSERVATION BEDS (NON-REIMBURSABLE COST CENTER)							
065 OTHER REIMBURSABLE COST CENTER							
066 HOME PROGRAM DIALYSIS							
067 AMBULANCE SERVICES					1,400		
068 DURABLE MEDICAL EQUIPMENT							
069 DURABLE MEDICAL EQUIPMENT							
070 CORP							
071 I&R SERVICES-NOT APPROPRIATE							
072 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
083 SPEC PURPOSE COST CENTER							
084 KIDNEY ACQUISITION							
085 LIVER ACQUISITION							
086 HEART ACQUISITION							
087 01 PANCREAS ACQUISITION							
088 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTER							
093 HOSPICE							
095 SUBTOTALS		644,611		100	321,676,714		

COST CENTER DESCRIPTION	MAINTENANCE	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOLS
	( NUMBER HOUSED )	( DIRECT NRSING HRS )	( COSTED REQUIS. )	( COSTED REQUIS. )	( TOTAL CHGS )	( ASSIGNED TIME )	( ASSIGNED TIME )
	13	14	15	16	17	20	21
096 SPEC PURPOSE COST CEN							
097 NONREIMBURS COST CEN							
098 GIFT, FLOWER, COFFEE							
099 RESEARCH							
099 PHYSICIANS' PRIVATE O							
099 NONPAID WORKERS							
099 01 UNUSED SPACE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED		2,152,452		3,201,903	3,971,003		
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		3.339149		32,019.030000			
(WRKSHT B, PT I)					.012345		
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED		247,699		247,063	312,071		
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		.384261		2,470.630000			
(WRKSHT B, PT III)					.000970		

COST CENTER DESCRIPTION	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM	PARAMED PRGM
	( ASSIGNED TIME )	( ASSIGNED TIME )	( ASSIGNED TIME )
	22	23	24
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			
007 ADMINISTRATIVE & GENE			
008 MAINTENANCE & REPAIRS			
009 OPERATION OF PLANT			
010 LAUNDRY & LINEN SERVI			
011 HOUSEKEEPING			
012 DIETARY			
013 CAFETERIA			
014 MAINTENANCE OF PERSON			
015 NURSING ADMINISTRATION			
016 CENTRAL SERVICES & SU			
017 PHARMACY			
020 MEDICAL RECORDS & LIB			
021 NONPHYSICIAN ANESTHET			
022 NURSING SCHOOL			
023 I&R SERVICES-SALARY &			
024 I&R SERVICES-OTHER PR			
025 PARAMED PRGM			
026 INPAT ROUTINE SRVC CN			
027 ADULTS & PEDIATRICS			
028 INTENSIVE CARE UNIT			
029 CORONARY CARE UNIT			
031 BURN INTENSIVE CARE U			
033 SURGICAL INTENSIVE CA			
034 SUBPROVIDER			
035 NURSERY			
036 SKILLED NURSING FACIL			
037 NURSING FACILITY			
038 01 ICF/MR			
039 OTHER LONG TERM CARE			
040 ANCILLARY SRVC COST C			
041 OPERATING ROOM			
042 RECOVERY ROOM			
043 DELIVERY ROOM & LABOR			
044 ANESTHESIOLOGY			
045 RADIOLOGY-DIAGNOSTIC			
046 RADIOLOGY-THERAPEUTIC			
047 RADIOISOTOPE			
048 LABORATORY			
049 PBP CLINICAL LAB SERV			
050 WHOLE BLOOD & PACKED			
051 BLOOD STORING, PROCES			
052 INTRAVENOUS THERAPY			
053 RESPIRATORY THERAPY			
054 PHYSICAL THERAPY			
055 OCCUPATIONAL THERAPY			
056 SPEECH PATHOLOGY			
057 ELECTROCARDIOLOGY			
058 ELECTROENCEPHALOGRAPH			
059 MEDICAL SUPPLIES CHAR			
060 DRUGS CHARGED TO PATI			
061 RENAL DIALYSIS			
062 ASC (NON-DISTINCT PAR			
063 CARDIAC CATHETERIZATI			
064 OUTPAT SERVICE COST C			
065 CLINIC			
066 EMERGENCY			
067 OBSERVATION BEDS (NON			
068 OTHER REIMBURS COST C			
069 HOME PROGRAM DIALYSIS			
070 AMBULANCE SERVICES			
071 DURABLE MEDICAL EQUIP			
072 DURABLE MEDICAL EQUIP			
073 CORF			
074 I&R SERVICES-NOT APPR			
075 HOME HEALTH AGENCY			
076 LUNG ACQUISITION			
077 SPEC PURPOSE COST CEN			
078 KIDNEY ACQUISITION			
079 LIVER ACQUISITION			
080 HEART ACQUISITION			
081 01 PANCREAS ACQUISITION			
082 OTHER ORGAN ACQUISITI			
083 AMBULATORY SURGICAL C			
084 HOSPICE			
085 SUBTOTALS			

COST CENTER DESCRIPTION	I&R SERVICES- SALARY & FRI		I&R SERVICES- OTHER PRGM C		PARAMED ED PR GM
	( ASSIGNED TIME )	( ASSIGNED TIME )	( ASSIGNED TIME )	( ASSIGNED TIME )	( ASSIGNED TIME )
096 SPEC PURPOSE COST CEN					
097 NONREIMBURS COST CENT					
098 GIFT, FLOWER, COFFEE					
099 RESEARCH					
099 PHYSICIANS' PRIVATE O					
099 NONPAID WORKERS					
099 01 UNUSED SPACE					
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 COST TO BE ALLOCATED					
(PER WRKSHT B, PART					
104 UNIT COST MULTIPLIER	22	23			24
(WRKSHT B, PT I)					
105 COST TO BE ALLOCATED					
(PER WRKSHT B, PART					
106 UNIT COST MULTIPLIER					
(WRKSHT B, PT II)					
107 COST TO BE ALLOCATED					
(PER WRKSHT B, PART					
108 UNIT COST MULTIPLIER					
(WRKSHT B, PT III)					

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO: 15-0153  
 PERIOD: FROM 7/1/2007 TO 6/30/2008  
 PREPARED 1/26/2009  
 WORKSHEET C  
 PART I

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
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	32,123,344		32,123,344		32,123,344
26	INTENSIVE CARE UNIT					
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
31	SUBPROVIDER					
33	NURSERY					
34	SKILLED NURSING FACILITY					
35	NURSING FACILITY					
35	01 ICF/MR					
36	OTHER LONG TERM CARE ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	4,190,345		4,190,345		4,190,345
38	RECOVERY ROOM	2,834,669		2,834,669		2,834,669
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC	3,279,358		3,279,358		3,279,358
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
44	LABORATORY	3,757,145		3,757,145		3,757,145
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	2,135,075		2,135,075		2,135,075
50	PHYSICAL THERAPY	621,033		621,033		621,033
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY					
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED	32,549,520		32,549,520		32,549,520
56	DRUGS CHARGED TO PATIENTS	7,752,582		7,752,582		7,752,582
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
59	CARDIAC CATHETERIZATION L OUTPAT SERVICE COST CNTRS	6,907,680		6,907,680		6,907,680
60	CLINIC					
61	EMERGENCY	2,741,803		2,741,803		2,741,803
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	987,808		987,808		987,808
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES	17		17		17
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	99,880,379		99,880,379		99,880,379
102	LESS OBSERVATION BEDS	987,808		987,808		987,808
103	TOTAL	98,892,571		98,892,571		98,892,571

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO: 15-0153  
 PERIOD: FROM 7/1/2007 TO 6/30/2008  
 PREPARED 1/26/2009  
 WORKSHEET C  
 PART I

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	65,021,166		65,021,166			
26	INTENSIVE CARE UNIT						
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY						
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35	01 ICF/MR						
36	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	19,622,869	289,321	19,912,190	.210441	.210441	.210441
38	RECOVERY ROOM	1,273,204	1,157,204	2,430,408	1.166335	1.166335	1.166335
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	13,739,886	15,596,923	29,336,809	.111783	.111783	.111783
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	15,013,804	2,920,715	17,934,519	.209492	.209492	.209492
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	5,379,909	53,986	5,433,895	.392918	.392918	.392918
50	PHYSICAL THERAPY	956,531	5,177	961,708	.645760	.645760	.645760
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	67,095,894	9,121,548	76,217,442	.427061	.427061	.427061
56	DRUGS CHARGED TO PATIENTS	18,616,042	926,395	19,542,437	.396705	.396705	.396705
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	CARDIAC CATHETERIZATION L	61,591,861	17,566,114	79,157,975	.087264	.087264	.087264
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	2,078,317	2,645,663	4,723,980	.580401	.580401	.580401
62	OBSERVATION BEDS (NON-DIS		1,002,785	1,002,785	.985065	.985065	.985065
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES		1,400	1,400	.012143	.012143	.012143
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	270,389,483	51,287,231	321,676,714			
102	LESS OBSERVATION BEDS						
103	TOTAL	270,389,483	51,287,231	321,676,714			





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						
38	OPERATING ROOM	4,190,345	1,093,639	3,096,706			4,190,345
39	RECOVERY ROOM	2,834,669	467,332	2,367,337			2,834,669
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
42	RADIOLOGY-DIAGNOSTIC	3,279,358	440,650	2,838,708			3,279,358
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
45	LABORATORY	3,757,145	214,783	3,542,362			3,757,145
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY	2,135,075	61,733	2,073,342			2,135,075
51	PHYSICAL THERAPY	621,033	47,895	573,138			621,033
52	OCCUPATIONAL THERAPY						
53	SPEECH PATHOLOGY						
54	ELECTROCARDIOLOGY						
55	ELECTROENCEPHALOGRAPHY						
56	MEDICAL SUPPLIES CHARGED	32,549,520	579,226	31,970,294			32,549,520
57	DRUGS CHARGED TO PATIENTS	7,752,582	365,540	7,387,042			7,752,582
58	RENAL DIALYSIS						
59	ASC (NON-DISTINCT PART)						
60	CARDIAC CATHETERIZATION L	6,907,680	1,407,531	5,500,149			6,907,680
61	OUTPAT SERVICE COST CNTRS						
62	CLINIC						
63	EMERGENCY	2,741,803	344,350	2,397,453			2,741,803
64	OBSERVATION BEDS (NON-DIS	987,808	145,338	842,470			987,808
65	OTHER REIMBURS COST CNTRS						
66	HOME PROGRAM DIALYSIS						
67	AMBULANCE SERVICES	17	1	16			17
101	DURABLE MEDICAL EQUIP-REN						
102	DURABLE MEDICAL EQUIP-SOL						
103	SUBTOTAL	67,757,035	5,168,018	62,589,017			67,757,035
	LESS OBSERVATION BEDS	987,808	145,338	842,470			987,808
	TOTAL	66,769,227	5,022,680	61,746,547			66,769,227

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	19,912,190	.210441	.210441
38	RECOVERY ROOM	2,430,408	1.166335	1.166335
39	DELIVERY ROOM & LABOR ROO			
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	29,336,809	.111783	.111783
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	17,934,519	.209492	.209492
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED			
47	BLOOD STORING, PROCESSING			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	5,433,895	.392918	.392918
50	PHYSICAL THERAPY	961,708	.645760	.645760
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY			
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	76,217,442	.427061	.427061
56	DRUGS CHARGED TO PATIENTS	19,542,437	.396705	.396705
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
59	CARDIAC CATHETERIZATION L	79,157,975	.087264	.087264
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	4,723,980	.580401	.580401
62	OBSERVATION BEDS (NON-DIS	1,002,785	.985065	.985065
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES	1,400	.012143	.012143
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	256,655,548		
102	LESS OBSERVATION BEDS	1,002,785		
103	TOTAL	255,652,763		

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						
	OPERATING ROOM	4,190,345	1,093,639	3,096,706	109,364	179,609	3,901,372
38	RECOVERY ROOM	2,834,669	467,332	2,367,337	46,733	137,306	2,650,630
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	3,279,358	440,650	2,838,708	44,065	164,645	3,070,648
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	3,757,145	214,783	3,542,362	21,478	205,457	3,530,210
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	2,135,075	61,733	2,073,342	6,173	120,254	2,008,648
50	PHYSICAL THERAPY	621,033	47,895	573,138	4,790	33,242	583,001
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	32,549,520	579,226	31,970,294	57,923	1,854,277	30,637,320
56	DRUGS CHARGED TO PATIENTS	7,752,582	365,540	7,387,042	36,554	428,448	7,287,580
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	CARDIAC CATHETERIZATION L OUTPAT SERVICE COST CNTRS	6,907,680	1,407,531	5,500,149	140,753	319,009	6,447,918
60	CLINIC						
61	EMERGENCY	2,741,803	344,350	2,397,453	34,435	139,052	2,568,316
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	987,808	145,338	842,470	14,534	48,863	924,411
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES	17	1	16		1	16
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	67,757,035	5,168,018	62,589,017	516,802	3,630,163	63,610,070
102	LESS OBSERVATION BEDS	987,808	145,338	842,470	14,534	48,863	924,411
103	TOTAL	66,769,227	5,022,680	61,746,547	502,268	3,581,300	62,685,659

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	19,912,190	.195929	.204949
38	RECOVERY ROOM	2,430,408	1.090611	1.147106
39	DELIVERY ROOM & LABOR ROO			
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	29,336,809	.104669	.110281
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	17,934,519	.196839	.208295
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED			
47	BLOOD STORING, PROCESSING			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	5,433,895	.369652	.391782
50	PHYSICAL THERAPY	961,708	.606214	.640780
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY			
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	76,217,442	.401973	.426301
56	DRUGS CHARGED TO PATIENTS	19,542,437	.372911	.394834
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
59	CARDIAC CATHETERIZATION L	79,157,975	.081456	.085486
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	4,723,980	.543676	.573112
62	OBSERVATION BEDS (NON-DIS	1,002,785	.921844	.970571
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES	1,400	.011429	.012143
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	256,655,548		
102	LESS OBSERVATION BEDS	1,002,785		
103	TOTAL	255,652,763		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 15-0153 PERIOD: FROM 7/1/2007 TO 6/30/2008 PREPARED 1/26/2009 WORKSHEET D PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, 11) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, 111) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS				4,726,382		4,726,382
26	INTENSIVE CARE UNIT						
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY						
101	TOTAL				4,726,382		4,726,382

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 15-0153  
 PERIOD: FROM 7/1/2007 TO 6/30/2008  
 PREPARED 1/26/2009  
 WORKSHEET D PART I

TITLE XVIII, PART A

PPS

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	23,772	13,668			198.82	2,717,472
26	INTENSIVE CARE UNIT						
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY						
101	TOTAL	23,772	13,668				2,717,472



APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 15-0153  
 COMPONENT NO: 15-0153  
 PERIOD: FROM 7/1/2007 TO 6/30/2008  
 PREPARED 1/26/2009  
 WORKSHEET D  
 PART II  
 PPS

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
37	ANCILLARY SRVC COST CNTRS		
38	OPERATING ROOM	.054923	549,738
39	RECOVERY ROOM	.192285	136,781
40	DELIVERY ROOM & LABOR ROO		
41	ANESTHESIOLOGY		
42	RADIOLOGY-DIAGNOSTIC	.015020	121,084
43	RADIOLOGY-THERAPEUTIC		
44	RADIOISOTOPE		
45	LABORATORY	.011976	124,373
46	PBP CLINICAL LAB SERVICES		
47	WHOLE BLOOD & PACKED RED		
48	BLOOD STORING, PROCESSING		
49	INTRAVENOUS THERAPY		
50	RESPIRATORY THERAPY	.011361	36,603
51	PHYSICAL THERAPY	.049802	24,050
52	OCCUPATIONAL THERAPY		
53	SPEECH PATHOLOGY		
54	ELECTROCARDIOLOGY		
55	ELECTROENCEPHALOGRAPHY		
56	MEDICAL SUPPLIES CHARGED	.007600	286,419
57	DRUGS CHARGED TO PATIENTS	.018705	201,597
58	RENAL DIALYSIS		
59	ASC (NON-DISTINCT PART)		
60	CARDIAC CATHETERIZATION L	.017781	587,031
61	OUTPAT SERVICE COST CNTRS		
62	CLINIC		
63	EMERGENCY	.072894	88,585
64	OBSERVATION BEDS (NON-DIS	.144934	
65	OTHER REIMBURS COST CNTRS		
66	HOME PROGRAM DIALYSIS		
67	AMBULANCE SERVICES		
68	DURABLE MEDICAL EQUIP-REN		
69	DURABLE MEDICAL EQUIP-SOL		
101	TOTAL		2,156,261

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					23,772	
26	INTENSIVE CARE UNIT						
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY						
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35 01	ICF/MR						
101	TOTAL					23,772	

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

PROVIDER NO: 15-0153  
 PERIOD: FROM 7/1/2007 TO 6/30/2008  
 PREPARED 1/26/2009  
 WORKSHEET D  
 PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
25	ADULTS & PEDIATRICS	7	13,668
26	INTENSIVE CARE UNIT		
27	CORONARY CARE UNIT		
28	BURN INTENSIVE CARE UNIT		
29	SURGICAL INTENSIVE CARE U		
31	SUBPROVIDER		
33	NURSERY		
34	SKILLED NURSING FACILITY		
35	NURSING FACILITY		
01	ICF/MR		
101	TOTAL		13,668

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						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	CARDIAC CATHETERIZATION L						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
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							
38	OPERATING ROOM			19,912,190			10,009,241	
39	RECOVERY ROOM			2,430,408			711,347	
40	DELIVERY ROOM & LABOR ROO							
41	ANESTHESIOLOGY							
42	RADIOLOGY-DIAGNOSTIC			29,336,809			8,061,487	
43	RADIOLOGY-THERAPEUTIC							
44	RADIOISOTOPE							
45	LABORATORY			17,934,519			10,385,174	
46	PBP CLINICAL LAB SERVICES							
47	WHOLE BLOOD & PACKED RED							
48	BLOOD STORING, PROCESSING							
49	INTRAVENOUS THERAPY							
50	RESPIRATORY THERAPY			5,433,895			3,221,817	
51	PHYSICAL THERAPY			961,708			482,903	
52	OCCUPATIONAL THERAPY							
53	SPEECH PATHOLOGY							
54	ELECTROCARDIOLOGY							
55	ELECTROENCEPHALOGRAPHY							
56	MEDICAL SUPPLIES CHARGED			76,217,442			37,686,728	
57	DRUGS CHARGED TO PATIENTS			19,542,437			10,777,699	
58	RENAL DIALYSIS							
59	ASC (NON-DISTINCT PART)							
60	CARDIAC CATHETERIZATION L			79,157,975			33,014,509	
61	OUTPAT SERVICE COST CNTRS							
62	CLINIC							
63	EMERGENCY			4,723,980			1,215,261	
64	OBSERVATION BEDS (NON-DIS			1,002,785				
65	OTHER REIMBURS COST CNTRS							
66	HOME PROGRAM DIALYSIS							
67	AMBULANCE SERVICES							
68	DURABLE MEDICAL EQUIP-REN							
69	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL			256,654,148			115,566,166	

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						
38	OPERATING ROOM	139,068					
39	RECOVERY ROOM	500,169					
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
42	RADIOLOGY-DIAGNOSTIC	6,550,990					
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
45	LABORATORY	18,685					
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY	11,379					
51	PHYSICAL THERAPY						
52	OCCUPATIONAL THERAPY						
53	SPEECH PATHOLOGY						
54	ELECTROCARDIOLOGY						
55	ELECTROENCEPHALOGRAPHY						
56	MEDICAL SUPPLIES CHARGED	5,180,195					
57	DRUGS CHARGED TO PATIENTS	717,301					
58	RENAL DIALYSIS						
59	ASC (NON-DISTINCT PART)						
60	CARDIAC CATHETERIZATION L	7,251,597					
61	OUTPAT SERVICE COST CNTRS						
62	CLINIC						
63	EMERGENCY	1,053,698					
64	OBSERVATION BEDS (NON-DIS	428,796					
65	OTHER REIMBURS COST CNTRS						
66	HOME PROGRAM DIALYSIS						
67	AMBULANCE SERVICES						
68	DURABLE MEDICAL EQUIP-REN						
69	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL	21,851,878					



TITLE XVIII, PART B		HOSPITAL					
		All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr	
Cost Center	Description	5	5.01	5.02	5.03	6	
(A)	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM		139,068				
38	RECOVERY ROOM		500,169				
39	DELIVERY ROOM & LABOR ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC		6,550,990				
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY		18,685				
45	PBP CLINICAL LAB SERVICES-PRGM ONLY						
46	WHOLE BLOOD & PACKED RED BLOOD CELLS						
47	BLOOD STORING, PROCESSING & TRANS.						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY		11,379				
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		5,180,195				
56	DRUGS CHARGED TO PATIENTS		717,301				
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	CARDIAC CATHETERIZATION LABORATORY		7,251,597				
60	OUTPAT SERVICE COST CNTRS						
61	CLINIC						
61	EMERGENCY		1,053,698				
62	OBSERVATION BEDS (NON-DISTINCT PART)		428,796				
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-RENTED						
67	DURABLE MEDICAL EQUIP-SOLD						
101	SUBTOTAL		21,851,878				
102	CRNA CHARGES						
103	LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES						
104	NET CHARGES		21,851,878				

(A) WORKSHEET A LINE NUMBERS  
 (1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)













TITLE XVIII PART A HOSPITAL PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE  
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	1,351.31
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	18,469,705
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	18,469,705

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)				
	INTENSIVE CARE TYPE INPATIENT				
	HOSPITAL UNITS				
43	INTENSIVE CARE UNIT				
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
					1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				
49	TOTAL PROGRAM INPATIENT COSTS				

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	2,717,472
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	2,156,261
52	TOTAL PROGRAM EXCLUDABLE COST	4,873,733
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	45,142,909

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XVIII PART A HOSPITAL PPS

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

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	1
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	
68	PROGRAM ROUTINE SERVICE COST	
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	
72	PER DIEM CAPITAL-RELATED COSTS	
73	PROGRAM CAPITAL-RELATED COSTS	
74	INPATIENT ROUTINE SERVICE COST	
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78	INPATIENT ROUTINE SERVICE COST LIMITATION	
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	
80	PROGRAM INPATIENT ANCILLARY SERVICES	
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	731
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,351.31
85	OBSERVATION BED COST	987,808

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	32,123,344		987,808	
87	NEW CAPITAL-RELATED COST	4,726,382	.147132	987,808	145,338
88	NON PHYSICIAN ANESTHETIST	32,123,344		987,808	
89	MEDICAL EDUCATION	32,123,344		987,808	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				



TITLE XIX - I/P HOSPITAL PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE  
 PASS THROUGH COST ADJUSTMENTS

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

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY)					
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT					
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					1
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					877,939
49 TOTAL PROGRAM INPATIENT COSTS					877,939

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES  
 52 TOTAL PROGRAM EXCLUDABLE COST  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN  
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 877,939

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES 202  
 55 TARGET AMOUNT PER DISCHARGE  
 56 TARGET AMOUNT  
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT  
 58 BONUS PAYMENT  
 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED  
 AND COMPOUNDED BY THE MARKET BASKET  
 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET  
 BASKET  
 58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE  
 LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN  
 EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56)  
 OTHERWISE ENTER ZERO.  
 58.04 RELIEF PAYMENT  
 59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT  
 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)  
 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1  
 59.03 PROGRAM DISCHARGES AFTER JULY 1  
 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)  
 59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1  
 (SEE INSTRUCTIONS) (LTCH ONLY)  
 59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1  
 (SEE INSTRUCTIONS) (LTCH ONLY)  
 59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)  
 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XIX - I/P HOSPITAL PPS

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

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	1
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	
68	PROGRAM ROUTINE SERVICE COST	
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	
72	PER DIEM CAPITAL-RELATED COSTS	
73	PROGRAM CAPITAL-RELATED COSTS	
74	INPATIENT ROUTINE SERVICE COST	
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78	INPATIENT ROUTINE SERVICE COST LIMITATION	
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	
80	PROGRAM INPATIENT ANCILLARY SERVICES	
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	731
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST				
87	NEW CAPITAL-RELATED COST				
88	NON PHYSICIAN ANESTHETIST				
89	MEDICAL EDUCATION				
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

TITLE XVIII, PART A		HOSPITAL		
WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		36,108,319	
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
31	SUBPROVIDER			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.210441	10,009,241	2,106,355
38	RECOVERY ROOM	1.166335	711,347	829,669
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	.111783	8,061,487	901,137
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	.209492	10,385,174	2,175,611
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.392918	3,221,817	1,265,910
50	PHYSICAL THERAPY	.645760	482,903	311,839
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY			
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.427061	37,686,728	16,094,532
56	DRUGS CHARGED TO PATIENTS	.396705	10,777,699	4,275,567
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
59	CARDIAC CATHETERIZATION LABORATORY	.087264	33,014,509	2,880,978
60	OUTPAT SERVICE COST CNTRS			
61	CLINIC			
61	EMERGENCY	.580401	1,215,261	705,339
62	OBSERVATION BEDS (NON-DISTINCT PART)	.985065		
62	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		115,566,166	31,546,937
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		115,566,166	

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		1,846,946	
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
31	SUBPROVIDER			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.210441	813,600	171,215
38	RECOVERY ROOM	1.166335	37,643	43,904
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	.111783	482,321	53,915
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	.209492	387,403	81,158
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.392918	191,482	75,237
50	PHYSICAL THERAPY	.645760	23,167	14,960
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY			
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.427061		
56	DRUGS CHARGED TO PATIENTS	.396705	472,167	187,311
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
59	CARDIAC CATHETERIZATION LABORATORY	.087264	2,675,943	233,513
60	OUTPAT SERVICE COST CNTRS CLINIC			
61	EMERGENCY	.580401	28,818	16,726
62	OBSERVATION BEDS (NON-DISTINCT PART)	.985065		
64	OTHER REIMBURS COST CNTRS HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		5,112,544	877,939
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		5,112,544	

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS  
HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1		
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1		
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	39,385,465	
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST		
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1		
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1		
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	1,262,699	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD		84.02
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.		
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
	FOR CR PERIODS ENDING ON OR AFTER 7/1/2005	
	E-3 PT 6 LN 15 PLUS LN 3.06	
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)		
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19		
3.21 I ME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
3.23 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	SUM OF LINES 3.21 - 3.23	PLUS E-3, PT VI, LINE 23
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		
4.02 SUM OF LINES 4 AND 4.01		
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, AND 317.		
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316 & 317		
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		

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 INSTRUCT)	335.00	
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	40,648,164	
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)	40,648,164	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	3,660,322	
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	1,583	
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	44,310,069	
17 PRIMARY PAYER PAYMENTS	18,273	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	44,291,796	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	2,695,008	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	7,288	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	173,841	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	121,689	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	155,915	
22 SUBTOTAL	41,711,189	
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	41,711,189	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	41,735,851	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	-24,662	
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

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	5,516,883
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	5,303,350
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	

COMPUTATION OF LESSER OF COST OR CHARGES

	REASONABLE CHARGES	
6	ANCILLARY SERVICE CHARGES	
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	
	CUSTOMARY CHARGES	
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	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).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	5,303,350

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	1,151,298
19	SUBTOTAL (SEE INSTRUCTIONS)	4,152,052
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	4,152,052
24	PRIMARY PAYER PAYMENTS	5,056
25	SUBTOTAL	4,146,996

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	45,296
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	31,707
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	42,331
28	SUBTOTAL	4,178,703
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	4,178,703
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	4,168,443
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	10,260
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		41,651,953		4,168,443
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER	.01	1/22/2007	83,898	
ADJUSTMENTS TO PROVIDER	.02			
ADJUSTMENTS TO PROVIDER	.03			
ADJUSTMENTS TO PROVIDER	.04			
ADJUSTMENTS TO PROVIDER	.05			
ADJUSTMENTS TO PROGRAM	.50			
ADJUSTMENTS TO PROGRAM	.51			
ADJUSTMENTS TO PROGRAM	.52			
ADJUSTMENTS TO PROGRAM	.53			
ADJUSTMENTS TO PROGRAM	.54			
SUBTOTAL	.99		83,898	NONE
4 TOTAL INTERIM PAYMENTS		41,735,851		4,168,443
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER	.01			
TENTATIVE TO PROVIDER	.02			
TENTATIVE TO PROVIDER	.03			
TENTATIVE TO PROGRAM	.50			
TENTATIVE TO PROGRAM	.51			
TENTATIVE TO PROGRAM	.52			
SUBTOTAL	.99		NONE	NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER	.01			
SETTLEMENT TO PROGRAM	.02			
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

DATE: \_\_\_/\_\_\_/\_\_\_

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

	TITLE XIX	HOSPITAL	TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES		877,939	
2	MEDICAL AND OTHER SERVICES		167,975	
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL		1,045,914	
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL		1,045,914	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES		1,790,761	
11	ANCILLARY SERVICE CHARGES		6,222,233	
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		8,012,994	
	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)		8,012,994	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		6,967,080	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES		1,045,914	
	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		1,045,914	
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		1,045,914	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL		1,045,914	
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)		1,045,914	
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		1,045,914	
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER		1,045,914	
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS		1,045,914	
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM			

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

TITLE XIX

HOSPITAL

TITLE V OR  
TITLE XIX  
1

TITLE XVIII  
SNF PPS  
2

59 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)  
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	14,040,260			
2 TEMPORARY INVESTMENTS	21,338,326			
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	37,521,321			
5 OTHER RECEIVABLES	54,927			
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-21,090,038			
7 INVENTORY	1,222,010			
8 PREPAID EXPENSES	479,385			
9 OTHER CURRENT ASSETS	11,399			
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	53,577,590			
FIXED ASSETS				
12 LAND				
12.01 LAND IMPROVEMENTS				
13.01 LESS ACCUMULATED DEPRECIATION				
14 BUILDINGS	66,320,003			
14.01 LESS ACCUMULATED DEPRECIATION	-31,075,205			
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				
18.01 LESS ACCUMULATED DEPRECIATION				
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	35,244,798			
OTHER ASSETS				
22 INVESTMENTS	314,923			
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	1,146,870			
26 TOTAL OTHER ASSETS	1,461,793			
27 TOTAL ASSETS	90,284,181			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	6,695,495			
29 SALARIES, WAGES & FEES PAYABLE	3,627,239			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	2,375,420			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	3,266,991			
36 TOTAL CURRENT LIABILITIES	15,965,145			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	48,835,759			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES				
42 TOTAL LONG-TERM LIABILITIES	48,835,759			
43 TOTAL LIABILITIES	64,800,904			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	25,483,277			
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	25,483,277			
52 TOTAL LIABILITIES AND FUND BALANCES	90,284,181			

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		18,747,530		
2	NET INCOME (LOSS)		19,707,533		
3	TOTAL		38,455,063		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		38,455,063		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	NET TRANSFERS	12,971,786			
14					
15					
16					
17					
18	TOTAL DEDUCTIONS		12,971,786		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		25,483,277		

		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	NET TRANSFERS				
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	66,517,344		66,517,344
2 00 SUBPROVIDER			
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY			
7 00 NURSING FACILITY			
7 01 ICF/MR			
8 00 OTHER LONG TERM CARE			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	66,517,344		66,517,344
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT			
11 00 CORONARY CARE UNIT			
12 00 BURN INTENSIVE CARE UNIT			
13 00 SURGICAL INTENSIVE CARE UNIT			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP			
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	66,517,344		66,517,344
17 00 ANCILLARY SERVICES	204,883,500	50,274,470	255,157,970
18 00 OUTPATIENT SERVICES			
19 00 HOME HEALTH AGENCY			
20 00 AMBULANCE SERVICES		1,400	1,400
21 00 CORF			
22 00 AMBULATORY SURGICAL CENTER (D.P.)			
23 00 HOSPICE			
24 00			
25 00 TOTAL PATIENT REVENUES	271,400,844	50,275,870	321,676,714

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		103,634,172	
ADD (SPECIFY)			
27 00 BAD DEBT EXPENSE	6,715,640		
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		6,715,640	
DEDUCT (SPECIFY)			
34 00			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		110,349,812	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 15-0153  
 PERIOD: FROM 7/1/2007 TO 6/30/2008  
 PREPARED 1/26/2009  
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	321,676,714
2	LESS: ALLOWANCES AND DISCOUNTS ON	195,367,377
3	NET PATIENT REVENUES	126,309,337
4	LESS: TOTAL OPERATING EXPENSES	110,349,812
5	NET INCOME FROM SERVICE TO PATIENT	15,959,525
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUES	100
7	INCOME FROM INVESTMENTS	707,327
8	REVENUE FROM TELEPHONE AND TELEG	
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	1,057
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN S	
14	REVENUE FROM MEALS SOLD TO EMPLO	611,607
15	REVENUE FROM RENTAL OF LIVING QU	
16	REVENUE FROM SALE OF MEDICAL & S	
	TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OT	
18	REVENUE FROM SALE OF MEDICAL REC	9,236
19	TUITION (FEES, SALE OF TEXTBOOKS	
20	REVENUE FROM GIFTS, FLOWER, COFFE	
21	RENTAL OF VENDING MACHINES	7,522
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	MISCELLANEOUS INCOME	63,001
24.01	SMALL BALANCE WRITE OFF	2,012
24.02	INTEREST INCOME	579,700
24.03	INTEREST INCOME A/R PATIENT	13,896
24.04	INTEREST INCOME 5/3	1,128
24.05	MEDICARE PY SETTLEMENT	248,834
24.06	MEDICAID PY SETTLEMENT	750,150
24.07	ANTHEM PY SETTLEMENT	762,077
24.08		
25	TOTAL OTHER INCOME	3,757,647
26	TOTAL	19,717,172
	OTHER EXPENSES	
27	SALE OF ASSET	9,639
28		
29		
30	TOTAL OTHER EXPENSES	9,639
31	NET INCOME (OR LOSS) FOR THE PERIO	19,707,533

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED
15-0153	FROM 7/1/2007	1/26/2009
COMPONENT NO:	TO 6/30/2008	WORKSHEET L
15-0153		PARTS I-IV

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	3,403,745
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	256,577
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	62.95
	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	.00
	MEDI CARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	.00
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	3,660,322
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)	