

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).

WORKSHEET 5 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY I PROVIDER NO: 15-0051 I PERIOD FROM 1/1/2007 TO 12/31/2007 I INTERMEDIARY USE ONLY --AUDITED --DESK REVIEW --INITIAL --REOPENED --FINAL 1-MCR CODE 00 - # OF REOPENINGS I DATE RECEIVED: / / I INTERMEDIARY NO:

ELECTRONICALLY FILED COST REPORT DATE: 5/29/2008 TIME 19:30

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:

BLOOMINGTON HOSPITAL 15-0051 FOR THE COST REPORTING PERIOD BEGINNING 1/1/2007 AND ENDING 12/31/2007 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.

ECR ENCRYPTION INFORMATION DATE: 5/29/2008 TIME 19:30

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PI ENCRYPTION INFORMATION DATE: 5/29/2008 TIME 19:30

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OFFICER OR ADMINISTRATOR OF PROVIDER(S) Chief Financial Officer TITLE 5/30/08 DATE

PART II - SETTLEMENT SUMMARY

Table with columns: TITLE V, TITLE XVIII (A, B), TITLE XIX (4). Rows include HOSPITAL, SUBPROVIDER, HOSPITAL-BASED HHA, and TOTAL.

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 & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

I PROVIDER NO: 15-0051 I PERIOD: FROM 1/1/2007 TO 12/31/2007 I PREPARED 5/29/2008 WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 601 WEST SECOND STREET P.O. BOX: 1149
1.01 CITY: BLOOMINGTON STATE: IN ZIP CODE: 47402- COUNTY: MONROE

AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

Table with columns: COMPONENT, COMPONENT NAME, PROVIDER NO., NPI NUMBER, DATE CERTIFIED, PAYMENT SYSTEM (P, T, O OR N). Rows include HOSPITAL, SUBPROVIDER, HOSPITAL-BASED HHA, and HOSP-BASED HOSPICE.

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 1/1/2007 TO: 12/31/2007

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? Y

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

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? Y

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. / /

23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. / /

23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. / /

23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. / /

23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION DATE. / /

23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. / /

23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. / /

24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2.

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

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

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

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

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

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

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

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

26.01 SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0

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 / /

	1	2	3	4
8	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			
8.01	IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS)			
8.01	0	0.0000	0.0000	
8.01	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			
8.01	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)				
8.03		%	Y/N	
8.03		0.00%		
8.04		0.00%		
8.05		0.00%		
8.06		0.00%		
8.09				N
8.09	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?			
8.10	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff)			
8.10	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70			
8.10.01	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS)			
8.10.01				
8.10.02	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000).			
8.10.02				
8.10.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II			
8.10.03				
8.10.04	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).			
8.10.04				
8.10.01	IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).			
8.10.01				
8.10.02	IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).			
8.10.02				
8.10.03	IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).			
8.10.03				
8.10.04	IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).			
8.10.04				
8.10.05	IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).			
8.10.05				
MISC. -ANEEOUS COST REPORT INFORMATION				
8.12	IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2.			
8.12				
8.13	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			
8.13				
8.14	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA?			
8.14				
8.15	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?			
8.15				
8.15.01	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?			
8.15.01				
8.15.02	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?			
8.15.02				
8.15.03	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?			
8.15.03				
8.15.04	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?			
8.15.04				
PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL				
8.16	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)			
8.16				
8.16.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS)			
8.16.01				
8.17	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)			
8.17				
8.17.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE?			
8.17.01				

TITLE XIX INPATIENT SERVICES

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

ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, 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

0.01 NAME: FI/CONTRACTOR NAME FI/CONTRACTOR #
 0.02 STREET: P.O. BOX:
 0.03 CITY: STATE: ZIP CODE: -

1 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
 2 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 2.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 2.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 3 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 4 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? Y
 5 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000
 SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.
 5.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
 5.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
 5.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
 6 IF YOU ARE PARTICIPATING IN THE NHCNQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	1	2	3	4	5
7.00 HOSPITAL	N	N	N	N	N
8.00 SUBPROVIDER	N	N	N	N	N
9.00 HHA	N	N			

2 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N
 2.01 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
 3 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
 3.01 MDH PERIOD: BEGINNING: / / ENDING: / /

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

4.01 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
 5 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

6 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.

	DATE	Y OR N	LIMIT	Y OR N	FEES
	0	1	2	3	4
6.01		N	0.00		0
6.02			0.00		0
6.03			0.00		0

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.
 6.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.
 6.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.

7 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? Y
 8 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. Y

8.01 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)(ii)(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). N N 0

9 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

10 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 N N 0

10.01 IF LINE 60 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)(ii)(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). N N N 0

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2008
I 15-0051 I FROM 1/1/2007 I WORKSHEET S-3
I I TO 12/31/2007 I PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVIII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
ADULTS & PEDIATRICS		226				23,135	8,319
01 HMO - (IRF PPS SUBPROVIDER)							
ADULTS & PED-SB SNF							
ADULTS & PED-SB NF							
TOTAL ADULTS AND PEDS	226	82,490				23,135	8,319
INTENSIVE CARE UNIT	16	5,840				2,475	697
NURSERY							2,794
TOTAL	242	88,330				25,610	11,810
RPCH VISITS							
SUBPROVIDER	21	7,665				4,356	206
HOME HEALTH AGENCY						10,077	3,992
HOSPICE		24,326				21,536	1,211
TOTAL	263						732
OBSERVATION BED DAYS							
01 OBSERVATION BED DAYS-SUB I							
AMBULANCE TRIPS							
EMPLOYEE DISCOUNT DAYS							
01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION NOT ADMITTED 5.02	O/P VISITS TOTAL ALL PATS 6	/ TRIPS TOTAL OBSERVATION ADMITTED 6.01	O/P VISITS / NOT ADMITTED 6.02	INTERNS & RES. TOTAL 7	FTES LESS I&R REPL NON-PHYS ANES 8
ADULTS & PEDIATRICS			50,345				
01 HMO - (IRF PPS SUBPROVIDER)							
ADULTS & PED-SB SNF							
ADULTS & PED-SB NF							
TOTAL ADULTS AND PEDS			50,345				
INTENSIVE CARE UNIT			4,360				
NURSERY			5,554				
TOTAL			60,259				
RPCH VISITS							
SUBPROVIDER			5,736				
HOME HEALTH AGENCY			22,679				
HOSPICE			24,326				
TOTAL							
OBSERVATION BED DAYS	119	613	4,519	849	3,670		
01 OBSERVATION BED DAYS-SUB I							
AMBULANCE TRIPS							
EMPLOYEE DISCOUNT DAYS							
01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
ADULTS & PEDIATRICS					5,025	3,357	13,108
01 HMO - (IRF PPS SUBPROVIDER)							
ADULTS & PED-SB SNF							
ADULTS & PED-SB NF							
TOTAL ADULTS AND PEDS							
INTENSIVE CARE UNIT							
NURSERY							
TOTAL		2,035.82			5,025	3,357	13,108
RPCH VISITS							
SUBPROVIDER		27.55			359	17	488
HOME HEALTH AGENCY		67.70					
HOSPICE		33.85					
TOTAL		2,164.92					
OBSERVATION BED DAYS							
01 OBSERVATION BED DAYS-SUB I							
AMBULANCE TRIPS							
EMPLOYEE DISCOUNT DAYS							
01 EMP DISCOUNT DAYS -IRF							

HOSPITAL WAGE INDEX INFORMATION

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2008
 I 15-0051 I FROM 1/ 1/2007 I WORKSHEET S-3
 I I TO 12/31/2007 I 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
1	SALARIES						
2	TOTAL SALARY	109,137,647		109,137,647	4,501,334.00	24.25	
3	NON-PHYSICIAN ANESTHETIST PART A						
4	NON-PHYSICIAN ANESTHETIST PART B						
4.01	PHYSICIAN - PART A	48,407		48,407	477.00	101.48	
5	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5.01	PHYSICIAN - PART B	833,600		833,600	8,215.00	101.47	
6	NON-PHYSICIAN - PART B INTERNS & RESIDENTS (APPRVD)						
6.01	CONTRACT SERVICES, I&R						
7	HOME OFFICE PERSONNEL						
8	SNF						
8.01	EXCLUDED AREA SALARIES	11,619,825	171,228	11,791,053	489,549.00	24.09	PAYROLL RECORDS
9	OTHER WAGES & RELATED COSTS						
9.01	CONTRACT LABOR:	1,578,240		1,578,240	28,575.00	55.23	INTERNAL RECORDS
9.02	PHARMACY SERVICES UNDER CONTRACT						
9.03	LABORATORY SERVICES UNDER CONTRACT						
10	MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10.01	CONTRACT LABOR: PHYS PART A	475,087		475,087	8,256.00	57.54	
11	TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
12	HOME OFFICE SALARIES & WAGE RELATED COSTS						
12.01	HOME OFFICE: PHYS PART A						
13	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
14	WAGE RELATED COSTS						
14	WAGE-RELATED COSTS (CORE)	24,284,178		24,284,178			CMS 339
15	WAGE-RELATED COSTS (OTHER)						CMS 339
16	EXCLUDED AREAS	2,968,302		2,968,302			CMS 339
17	NON-PHYS ANESTHETIST PART A						CMS 339
18	NON-PHYS ANESTHETIST PART B						CMS 339
18.01	PHYSICIAN PART A	12,186		12,186			CMS 339
19	PHYSICIAN PART B	209,852		209,852			CMS 339
20	WAGE-RELATED COSTS (RHC/FQHC) INTERNS & RESIDENTS (APPRVD)						CMS 339
21	OVERHEAD COSTS - DIRECT SALARIES						
22	EMPLOYEE BENEFITS	1,211,186		1,211,186	49,580.00	24.43	
22.01	ADMINISTRATIVE & GENERAL	16,821,019	-104,359	16,716,660	681,981.00	24.51	
23	A & G UNDER CONTRACT						
24	MAINTENANCE & REPAIRS						
24	OPERATION OF PLANT	2,498,412		2,498,412	117,898.00	21.19	
25	LAUNDRY & LINEN SERVICE	770,505		770,505	59,391.00	12.97	
26	HOUSEKEEPING	1,650,619		1,650,619	136,366.00	12.10	
26.01	HOUSEKEEPING UNDER CONTRACT						
27	DIETARY	2,085,212	-715,495	1,369,717	96,689.00	14.17	
27.01	DIETARY UNDER CONTRACT						
28	CAFETERIA	63,551	715,495	779,046	60,634.00	12.85	
29	MAINTENANCE OF PERSONNEL						
30	NURSING ADMINISTRATION	2,519,168	108,394	2,627,562	87,770.00	29.94	
31	CENTRAL SERVICE AND SUPPLY	834,797		834,797	56,032.00	14.90	
32	PHARMACY	3,802,241	-3,802,241				
33	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	2,355,180		2,355,180	144,241.00	16.33	
34	SOCIAL SERVICE						
35	OTHER GENERAL SERVICE						

PART III - HOSPITAL WAGE INDEX SUMMARY

1	NET SALARIES	108,304,047		108,304,047	4,493,119.00	24.10	
2	EXCLUDED AREA SALARIES	11,619,825	171,228	11,791,053	489,549.00	24.09	
3	SUBTOTAL SALARIES	96,684,222	-171,228	96,512,994	4,003,570.00	24.11	
4	SUBTOTAL OTHER WAGES & RELATED COSTS	2,053,327		2,053,327	36,831.00	55.75	
5	SUBTOTAL WAGE-RELATED COSTS	24,296,364		24,296,364		25.17	
6	TOTAL	123,033,913	-171,228	122,862,685	4,040,401.00	30.41	
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	34,611,890	-3,798,206	30,813,684	1,490,582.00	20.67	

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2008
 I 15-0051 I FROM 1/ 1/2007 I WORKSHEET S-4
 I HHA NO: I TO 12/31/2007 I
 I 15-7011 I
 I COUNTY: MONROE I

HOSPITAL-BASED HOME HEALTH AGENCY
 STATISTICAL DATA
 HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	4,879	10,938	10,935
2 UNDUPLICATED CENSUS COUNT		541.00	71.00	606.00

TOTAL
5

1 HOME HEALTH AIDE HOURS	26,752
2 UNDUPLICATED CENSUS COUNT	1,218.00

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES
 (FULL TIME EQUIVALENT)

ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK 40.00

HHA NO. OF FTE EMPLOYEES (2080 HRS)

	STAFF 1	CONTRACT 2	TOTAL 3
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)			5.50
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)			5.50
5 OTHER ADMINISTRATIVE PERSONEL			15.48
6 DIRECTING NURSING SERVICE	15.48		15.48
7 NURSING SUPERVISOR	1.47		1.47
8 PHYSICAL THERAPY SERVICE	4.24		4.24
9 PHYSICAL THERAPY SUPERVISOR	1.00		1.00
10 OCCUPATIONAL THERAPY SERVICE	1.45		1.45
11 OCCUPATIONAL THERAPY SUPERVISOR			
12 SPEECH PATHOLOGY SERVICE	.05		.05
13 SPEECH PATHOLOGY SUPERVISOR			
14 MEDICAL SOCIAL SERVICE	.74		.74
15 MEDICAL SOCIAL SERVICE SUPERVISOR			
16 HOME HEALTH AIDE	12.86		12.86
17 HOME HEALTH AIDE SUPERVISOR			
18 NONREIMBURSEABLE	24.91		24.91

HOME HEALTH AGENCY MSA CODES

1 1.01

HOW MANY MSAS IN COL. 1 OR CBSAS IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD? LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).

3 0

20	9915
20.01	1020
20.02	3480

PPS ACTIVITY DATA - APPLICABLE FOR SERVICES ON OR AFTER OCTOBER 1, 2000

	FULL EPISODES WITHOUT OUTLIERS 1	FULL EPISODES WITH OUTLIERS 2	LUPA EPISODES 3	PEP ONLY EPISODES 4
21 SKILLED NURSING VISITS	3,205	733	177	58
22 SKILLED NURSING VISIT CHARGES	327,646	75,170	18,089	5,945
23 PHYSICAL THERAPY VISITS	2,764	38	104	51
24 PHYSICAL THERAPY VISIT CHARGES	308,980	4,268	11,611	5,714
25 OCCUPATIONAL THERAPY VISITS	728	1	18	13
26 OCCUPATIONAL THERAPY VISIT CHARGES	81,933	112	2,023	1,484
27 SPEECH PATHOLOGY VISITS	23	0	2	0
28 SPEECH PATHOLOGY VISIT CHARGES	2,790	0	243	0
29 MEDICAL SOCIAL SERVICE VISITS	46	0	2	1
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	7,528	0	327	164
31 HOME HEALTH AIDE VISITS	1,181	55	12	36
32 HOME HEALTH AIDE VISIT CHARGES	54,828	2,611	555	1,690
33 TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	7,947	827	315	159
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	783,705	82,161	32,848	14,997
36 TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	519	0	108	11
37 TOTAL NUMBER OF OUTLIER EPISODES	0	25	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	6,848	1,920	791	172

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2008
 I 15-0051 I FROM 1/ 1/2007 I WORKSHEET S-4
 I HHA NO: I TO 12/31/2007 I
 I 15-7011 I
 COUNTY: MONROE

HOSPITAL-BASED HOME HEALTH AGENCY
 STATISTICAL DATA

HOME HEALTH AGENCY STATISTICAL DATA

HHA 1

ACTIVITY DATA - APPLICABLE FOR SERVICES ON
 JR AFTER OCTOBER 1, 2000

	SCIC WITHIN A PEP 5	SCIC ONLY EPISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	439	4,612
22 SKILLED NURSING VISIT CHARGES	0	44,862	471,712
23 PHYSICAL THERAPY VISITS	0	226	3,183
24 PHYSICAL THERAPY VISIT CHARGES	0	25,253	355,826
25 OCCUPATIONAL THERAPY VISITS	0	45	805
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	5,057	90,609
27 SPEECH PATHOLOGY VISITS	0	6	31
28 SPEECH PATHOLOGY VISIT CHARGES	0	728	3,761
29 MEDICAL SOCIAL SERVICE VISITS	0	4	53
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	655	8,674
31 HOME HEALTH AIDE VISITS	0	109	1,393
32 HOME HEALTH AIDE VISIT CHARGES	0	5,040	64,724
33 TOTAL VISITS (SUM OF LINES 21,23,25,27,29 & 31)	0	829	10,077
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22,24,26,28,30,32 & 34)	0	81,595	995,306
36 TOTAL NUMBER OF EPISODES (STANDARD/NON OUTLIER)	0	32	670
37 TOTAL NUMBER OF OUTLIER EPISODES	0	4	29
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	582	10,313

I	PROVIDER NO:	I	PERIOD:	I	PREPARED
I	15-0051	I	FROM 1/ 1/2007	I	5/29/2008
I	HOSPICE NO:	I	TO 12/31/2007	I	WORKSHEET S-9
I	15-1509	I		I	

HOSPICE IDENTIFICATION DATA

HOSPICE 1

PART I - ENROLLMENT DAYS

	TITLE XVIII UNDUPLICATED MEDICARE DAYS 1	TITLE XIX UNDUPLICATED MEDICAID DAYS 2	TITLE XVIII UNDUPLICATED SNF DAYS 3	TITLE XIX UNDUPLICATED NF DAYS 4
1 CONTINUOUS HOME CARE				
2 ROUTINE HOME CARE	21,187	1,196	57	3
3 INPATIENT RESPITE CARE	12			
4 GENERAL INPATIENT CARE	337	15		
5 TOTAL HOSPICE DAYS	21,536	1,211	57	3

PART I - ENROLLMENT DAYS (CONTINUED)

	OTHER UNDUPLICATED DAYS 5	TOTAL UNDUPLICATED DAYS 6
1 CONTINUOUS HOME CARE		
2 ROUTINE HOME CARE	1,545	23,928
3 INPATIENT RESPITE CARE		12
4 GENERAL INPATIENT CARE	34	386
5 TOTAL HOSPICE DAYS	1,579	24,326

PART II - CENSUS DATA

	TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SNF 3	TITLE XIX NF 4
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	367	26	57	3
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE				
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	58.68	46.58	1.00	1.00
9 UNDUPLICATED CENSUS COUNT	325	22	52	3

PART II - CENSUS DATA (CONTINUED)

	OTHER 5	TOTAL 6
NUMBER OF PATIENTS RECEIVING HOSPICE CARE	53	446
TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE		
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	29.79	54.54
9 UNDUPLICATED CENSUS COUNT	49	396

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	OTHER METHODS OF WRITE-OFFS (SPEC.)	
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	17,813,453
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	1,561,869
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	
21	NON-RESTRICTED GRANTS	1,835,309
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	21,210,631
UNCOMPENSATED CARE COST		
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	6,694,015
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)	.441933
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	2,958,306
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	51,250,550
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	22,649,309
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	12,056,329
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	5,328,090
	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	25,607,615

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
0100	OLD CAP REL COSTS-BLDG & FIXT					
0101	OLD CAP REL COSTS-1947 BUILDING		11,950	11,950	20,805	32,755
1.02	OLD CAP REL COSTS-1965 BUILDING		144,319	144,319	145,715	290,034
1.03	OLD CAP REL COSTS-1983 BUILDING		239,477	239,477	450,634	690,111
1.04	OLD CAP REL COSTS-MEDICAL ARTS		10,513	10,513		10,513
1.05	OLD CAP REL COSTS-UTILITIES		33,075	33,075	52,337	85,412
1.06	OLD CAP REL COSTS-WEGMILLER		12,614	12,614	41,691	54,305
2	OLD CAP REL COSTS-MVBLE EQUIP		261,399	261,399	266,615	528,014
3	NEW CAP REL COSTS-BLDG & FIXT					
3.01	NEW CAP REL COSTS-1947 BUILDING		21,956	21,956		21,956
3.02	NEW CAP REL COSTS-1965 BUILDING		3,144,020	3,144,020	972,187	4,116,207
3.03	NEW CAP REL COSTS-1983 BUILDING		15,945	15,945		15,945
3.04	NEW CAP REL COSTS-MEDICAL ARTS		62,352	62,352	-16,039	46,313
3.05	NEW CAP REL COSTS-UTILITIES		5,625	5,625		5,625
3.06	NEW CAP REL COSTS-CANCER		154,509	154,509	17,930	172,439
3.07	NEW CAP REL COSTS-PHNA BUILDING		49,010	49,010		49,010
3.08	NEW CAP REL COSTS-MITCHELL FACILITY		52,832	52,832		52,832
3.09	NEW CAP REL COSTS-SPENCER BUILDING					
3.10	NEW CAP REL COSTS-PAIN MANAGEMENT		36,584	36,584		36,584
3.11	NEW CAP REL COSTS-WEST PROMPTCARE		46,388	46,388		46,388
4	NEW CAP REL COSTS-MVBLE EQUIP		12,219,049	12,219,049	3,778,553	15,997,602
5	EMPLOYEE BENEFITS	1,211,186	27,543,120	28,754,306	-19,553	28,734,753
5.01	CHILD CARE CENTER		634,925	634,925	-8,160	626,765
6	ADMINISTRATIVE & GENERAL	16,821,019	19,196,215	36,017,234	-3,131,406	32,885,828
8	OPERATION OF PLANT	2,498,412	6,938,167	9,436,579	-191,795	9,244,784
9	LAUNDRY & LINEN SERVICE	770,505	665,127	1,435,632	-7,211	1,428,421
10	HOUSEKEEPING	1,650,619	221,029	1,871,648	-2,148	1,869,500
11	DIETARY	2,085,212	1,808,546	3,893,758	-1,400,733	2,493,025
12	CAFETERIA	63,551	29,511	93,062	1,368,594	1,461,656
14	NURSING ADMINISTRATION	2,519,168	788,625	3,307,793	-188,948	3,118,845
15	CENTRAL SERVICES & SUPPLY	478,634	1,479,088	1,957,722	-1,478,907	478,815
15.01	CENTRAL STERILIZATION	356,163	266,579	622,742	-218,112	404,630
16	PHARMACY	3,802,241	11,179,458	14,981,699	-14,981,699	
17	MEDICAL RECORDS & LIBRARY	2,355,180	321,691	2,676,871	-24,474	2,652,397
24	PARAMED ED PRGM	1,418		1,418	74,079	75,497
25	ADULTS & PEDIATRICS	21,246,694	2,259,962	23,506,656	-1,102,889	22,403,767
26	INTENSIVE CARE UNIT	2,950,327	511,074	3,461,401	-228,318	3,233,083
31	SUBPROVIDER	1,381,759	774,625	2,156,384	-59,356	2,097,028
33	NURSERY	1,618,984	232,039	1,851,023	-135,439	1,715,584
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	4,888,576	13,522,092	18,410,668	-11,725,743	6,684,925
37.01	CARDIOVASCULAR SURGERY	680,066	988,615	1,668,681	-851,046	817,635
37	PARTIAL HOSPITALIZATION	1,164,826	173,895	1,338,721	-157,255	1,181,466
3	RECOVERY ROOM	946,441	65,140	1,011,581	-46,799	964,782
35	DELIVERY ROOM & LABOR ROOM	2,406,752	472,336	2,879,088	-370,848	2,508,240
40	ANESTHESIOLOGY				86,206	86,206
41	RADIOLOGY-DIAGNOSTIC	5,695,836	3,865,739	9,561,575	-1,431,926	8,129,649
41.01	MRI	300,763	649,480	950,243	-350,858	599,385
44	LABORATORY	4,272,891	7,172,873	11,445,764	-138,787	11,306,977
48	INTRAVENOUS THERAPY		38	38	928,562	928,600
49	RESPIRATORY THERAPY	2,372,072	637,930	3,010,002	-186,877	2,823,125
50	PHYSICAL THERAPY	6,375,345	1,424,667	7,800,012	-904,961	6,895,051
53	ELECTROCARDIOLOGY	2,084,594	7,484,091	9,568,685	-6,848,237	2,720,448
54	ELECTROENCEPHALOGRAPHY	840,463	333,544	1,174,007	-38,476	1,135,531
55	MEDICAL SUPPLIES CHARGED TO PATIENTS				24,713,122	24,713,122
56	DRUGS CHARGED TO PATIENTS	80,657		80,657	14,843,217	14,923,874
57	RENAL DIALYSIS		995,478	995,478	-25,552	969,926
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	648,100	81,472	729,572	-29,270	700,302
61	EMERGENCY	4,332,545	816,212	5,148,757	-565,459	4,583,298
62	OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	1,986,585	528,342	2,514,927	-127,941	2,386,986
71	HOME HEALTH AGENCY	3,285,065	741,928	4,026,993	-152,835	3,874,158
	SPEC PURPOSE COST CENTERS					
88	INTEREST EXPENSE		4,467,259	4,467,259	-1,864,406	2,602,853
93	HOSPICE	1,804,140	1,245,139	3,049,279	-171,325	2,877,954
95	SUBTOTALS	105,976,789	137,037,668	243,014,457	-1,423,541	241,590,916
	NONREIMBURS COST CENTERS					
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN					
100	FOUNDATION	402,255	119,214	521,469	-31,416	490,053
100.01	RENTAL PROPERTIES				211,086	211,086
100.02	UNUSED SPACE				56,241	56,241
100.03	PHYSICIAN RECRUITING	2,214		2,214	513,821	516,035
100.04	PROMPTCARE	2,620,777	991,983	3,612,760	-236,545	3,376,215
100.05	MARKETING				925,920	925,920
100.06	SELECT	368	7,618	7,986	-3,015	4,971
100.07	OLCOTT	135,244	20,855	156,099	-12,551	143,548
101	TOTAL	109,137,647	138,177,338	247,314,985	-0-	247,314,985

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSESI PROVIDER NO:
I 15-0051
II PERIOD:
I FROM 1/ 1/2007
I TO 12/31/2007I PREPARED 5/29/2008
I WORKSHEET A
I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
0100	OLD CAP REL COSTS-BLDG & FIXT		
1.02	0101 OLD CAP REL COSTS-1947 BUILDING	-115	32,640
1.03	0102 OLD CAP REL COSTS-1965 BUILDING	4,452	294,486
1.04	0103 OLD CAP REL COSTS-1983 BUILDING	-6,884	683,227
1.05	0104 OLD CAP REL COSTS-MEDICAL ARTS		10,513
1.06	0105 OLD CAP REL COSTS-UTILITIES	-288	85,124
2	0106 OLD CAP REL COSTS-WEGMILLER	-610	53,695
3	0200 OLD CAP REL COSTS-MVBLE EQUIP	-515	527,499
3.01	0300 NEW CAP REL COSTS-BLDG & FIXT		
3.02	0301 NEW CAP REL COSTS-1947 BUILDING		21,956
3.03	0302 NEW CAP REL COSTS-1965 BUILDING	-131,249	3,984,958
3.04	0303 NEW CAP REL COSTS-1983 BUILDING		15,945
3.05	0304 NEW CAP REL COSTS-MEDICAL ARTS		46,313
3.06	0305 NEW CAP REL COSTS-UTILITIES		5,625
3.07	0306 NEW CAP REL COSTS-CANCER	-988	171,451
3.08	0307 NEW CAP REL COSTS-PHNA BUILDING	22,859	71,869
3.09	0308 NEW CAP REL COSTS-MITCHELL FACILITY		52,832
3.10	0309 NEW CAP REL COSTS-SPENCER BUILDING		
3.11	0310 NEW CAP REL COSTS-PAIN MANAGEMENT		36,584
4	0311 NEW CAP REL COSTS-WEST PROMPTCARE		46,388
5	0400 NEW CAP REL COSTS-MVBLE EQUIP		
5.01	0500 EMPLOYEE BENEFITS	-1,423,491	27,311,262
6	0501 CHILD CARE CENTER	-451,816	174,949
8	0600 ADMINISTRATIVE & GENERAL	-4,546,533	28,339,295
9	0800 OPERATION OF PLANT	-85,363	9,159,421
10	0900 LAUNDRY & LINEN SERVICE	-627,925	800,496
11	1000 HOUSEKEEPING		1,869,500
12	1100 DIETARY	-514,207	1,978,818
14	1200 CAFETERIA	-1,268,518	193,138
15	1400 NURSING ADMINISTRATION	-121,278	2,997,567
15.01	1500 CENTRAL SERVICES & SUPPLY	-8,349	470,466
16	1501 CENTRAL STERILIZATION		404,630
17	1600 PHARMACY		
24	1700 MEDICAL RECORDS & LIBRARY	-125,647	2,526,750
25	2400 PARAMED ED PRGM	-56,650	18,847
26	2500 INPAT ROUTINE SRVC CNTRS		
31	2500 ADULTS & PEDIATRICS	-439,083	21,964,684
33	2600 INTENSIVE CARE UNIT	-12,000	3,221,083
37	3100 SUBPROVIDER		2,097,028
37.01	3300 NURSERY	-4,767	1,710,817
37.02	ANCILLARY SRVC COST CNTRS		
37.03	3700 OPERATING ROOM	-1,192,813	5,492,112
37.04	3701 CARDIOVASCULAR SURGERY		817,635
37.05	3702 PARTIAL HOSPITALIZATION	-385,370	796,096
37.06	3800 RECOVERY ROOM		964,782
37.07	3900 DELIVERY ROOM & LABOR ROOM		2,508,240
40	4000 ANESTHESIOLOGY		86,206
41	4100 RADIOLOGY-DIAGNOSTIC	-15,083	8,114,566
41.01	4101 MRI	925	600,310
44	4400 LABORATORY	-569,252	10,737,725
48	4800 INTRAVENOUS THERAPY		928,600
49	4900 RESPIRATORY THERAPY	-293,576	2,529,549
50	5000 PHYSICAL THERAPY	-157,205	6,737,846
53	5300 ELECTROCARDIOLOGY	-46,904	2,673,544
54	5400 ELECTROENCEPHALOGRAPHY	-31,734	1,103,797
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	-10	24,713,112
56	5600 DRUGS CHARGED TO PATIENTS	320	14,924,194
57	5700 RENAL DIALYSIS		969,926
60	6000 OUTPAT SERVICE COST CNTRS		
61	6000 CLINIC	-7,647	692,655
62	6100 EMERGENCY	-12,000	4,571,298
65	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
71	6500 OTHER REIMBURS COST CNTRS		
71.01	6500 AMBULANCE SERVICES	-100,203	2,286,783
71.02	7100 HOME HEALTH AGENCY	-257	3,873,901
88	SPEC PURPOSE COST CENTERS		
93	8800 INTEREST EXPENSE	-2,602,853	-0-
95	9300 HOSPICE	-25,558	2,852,396
95.01	SUBTOTALS	-15,438,540	226,152,376
96	NONREIMBURS COST CENTERS		
100	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
100.01	7950 FOUNDATION		490,053
100.02	7951 RENTAL PROPERTIES		211,086
100.03	7952 UNUSED SPACE		56,241
100.04	7953 PHYSICIAN RECRUITING		516,035
100.05	7954 PROMPTCARE		3,376,215
100.06	7955 MARKETING		925,920
100.07	7956 SELECT		4,971
101	7957 OLCOTT		143,548
101	TOTAL	-15,438,540	231,876,445

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
	OLD CAP REL COSTS-BLDG & FIXT	0100	
	OLD CAP REL COSTS-1947 BUILDING	0101	OLD CAP REL COSTS-BLDG & FIXT
	OLD CAP REL COSTS-1965 BUILDING	0102	OLD CAP REL COSTS-BLDG & FIXT
1.03	OLD CAP REL COSTS-1983 BUILDING	0103	OLD CAP REL COSTS-BLDG & FIXT
1.04	OLD CAP REL COSTS-MEDICAL ARTS	0104	OLD CAP REL COSTS-BLDG & FIXT
1.05	OLD CAP REL COSTS-UTILITIES	0105	OLD CAP REL COSTS-BLDG & FIXT
1.06	OLD CAP REL COSTS-WEGMILLER	0106	OLD CAP REL COSTS-BLDG & FIXT
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
3.01	NEW CAP REL COSTS-1947 BUILDING	0301	NEW CAP REL COSTS-BLDG & FIXT
3.02	NEW CAP REL COSTS-1965 BUILDING	0302	NEW CAP REL COSTS-BLDG & FIXT
3.03	NEW CAP REL COSTS-1983 BUILDING	0303	NEW CAP REL COSTS-BLDG & FIXT
3.04	NEW CAP REL COSTS-MEDICAL ARTS	0304	NEW CAP REL COSTS-BLDG & FIXT
3.05	NEW CAP REL COSTS-UTILITIES	0305	NEW CAP REL COSTS-BLDG & FIXT
3.06	NEW CAP REL COSTS-CANCER	0306	NEW CAP REL COSTS-BLDG & FIXT
3.07	NEW CAP REL COSTS-PHNA BUILDING	0307	NEW CAP REL COSTS-BLDG & FIXT
3.08	NEW CAP REL COSTS-MITCHELL FACILITY	0308	NEW CAP REL COSTS-BLDG & FIXT
3.09	NEW CAP REL COSTS-SPENCER BUILDING	0309	NEW CAP REL COSTS-BLDG & FIXT
3.10	NEW CAP REL COSTS-PAIN MANAGEMENT	0310	NEW CAP REL COSTS-BLDG & FIXT
3.11	NEW CAP REL COSTS-WEST PROMPTCARE	0311	NEW CAP REL COSTS-BLDG & FIXT
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
5.01	CHILD CARE CENTER	0501	EMPLOYEE BENEFITS
6	ADMINISTRATIVE & GENERAL	0600	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
15.01	CENTRAL STERILIZATION	1501	CENTRAL SERVICES & SUPPLY
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
24	PARAMED ED PRGM	2400	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
37.01	CARDIOVASCULAR SURGERY	3701	OPERATING ROOM
37.02	PARTIAL HOSPITALIZATION	3702	OPERATING ROOM
37.03	RECOVERY ROOM	3800	
37.04	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	MRI	4101	RADIOLOGY-DIAGNOSTIC
44	LABORATORY	4400	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
93	HOSPICE	9300	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
100	FOUNDATION	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	RENTAL PROPERTIES	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	UNUSED SPACE	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	PHYSICIAN RECRUITING	7953	OTHER NONREIMBURSABLE COST CENTERS
100.04	PROMPTCARE	7954	OTHER NONREIMBURSABLE COST CENTERS
100.05	MARKETING	7955	OTHER NONREIMBURSABLE COST CENTERS
100.06	SELECT	7956	OTHER NONREIMBURSABLE COST CENTERS
100.07	OLCOTT	7957	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE		SALARY 4	OTHER 5
			LINE NO 3			
1 PROPERTY TAX RECLASSIFICATION	A	NEW CAP REL COSTS-MVBLE EQUIP	4			52,347
7 INSURANCE RECLASSIFICATION	B	NEW CAP REL COSTS-MVBLE EQUIP	4			233,552
8 LICENSE FEE RECLASSIFICATION	C	NEW CAP REL COSTS-MVBLE EQUIP	4			1,099,590
16 INTEREST EXPENSE RECLASSIFICATION	D	OLD CAP REL COSTS-WEGMILLER	1.06			41,691
		OLD CAP REL COSTS-1947 BUILDING	1.01			20,805
		OLD CAP REL COSTS-1965 BUILDING	1.02			145,715
		OLD CAP REL COSTS-1983 BUILDING	1.03			450,634
		OLD CAP REL COSTS-UTILITIES	1.05			52,337
		OLD CAP REL COSTS-MVBLE EQUIP	2			93,510
		NEW CAP REL COSTS-1965 BUILDING	3.02			972,187
		NEW CAP REL COSTS-CANCER	3.06			17,930
		NEW CAP REL COSTS-MVBLE EQUIP	4			69,597
25 SURG TECH RECLASSIFICATION	E	NURSING ADMINISTRATION	14		108,394	
		PARAMED ED PRGM	24		66,869	7,210
27 RENT RECLASSIFICATION	F	NEW CAP REL COSTS-MVBLE EQUIP	4			2,456,839
		NURSERY	33			457
1 RENT RECLASSIFICATION	F					
15 LEASEHOLD PAYMENT RECLASS	G	OLD CAP REL COSTS-MVBLE EQUIP	2			173,105
16 PHARMACY RECLASS	H	DRUGS CHARGED TO PATIENTS	56		3,802,241	11,178,739
17 CHARGEABLE SUPPLY RECLASS	I	MEDICAL SUPPLIES CHARGED TO PATIENTS	55			24,713,122
1 CHARGEABLE SUPPLY RECLASS	I					

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	INCREASE		
			LINE NO	SALARY	OTHER
	1	2	3	4	5
14					
15					
16					
17					
18					
19					
20					
21 ANESTHESIOLOGY RECLASS	J	ANESTHESIOLOGY	40		86,206
22 IV RECLASS	K	INTRAVENOUS THERAPY	48		928,600
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
1 IV RECLASS	K				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15 PHYSICIAN RECRUITING RECLASS	L	PHYSICIAN RECRUITING	100.03	104,359	409,699
16 CAFETERIA RECLASS	M	CAFETERIA	12	715,495	653,099
17 RENTAL PROPERTY DEPR RECLASS	N	RENTAL PROPERTIES	100.01		211,086
18					
19					
20 .ITIES RECLASS	O	OPERATION OF PLANT	8		236,630
21					
22					
23					
24					
25					
26					
27					
28 ADVERTISING RECLASS	P	MARKETING	100.05		925,920
29		HOME HEALTH AGENCY	71		5,560
30					
31					
32					
33					
34					
35					
1 ADVERTISING RECLASS	P				
2					
3 BCC DEPRECIATION RECLASS	Q	UNUSED SPACE	100.02		56,241
36 TOTAL RECLASSIFICATIONS				4,797,358	45,292,408

(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

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF
			LINE NO	7			
1 PROPERTY TAX RECLASSIFICATION	A	ADMINISTRATIVE & GENERAL	6			2,908	13
2		OPERATION OF PLANT	8			11,114	
3		PHARMACY	16			62	
4		RADIOLOGY-DIAGNOSTIC	41			10,930	
5		MRI	41.01			20,574	
6		PHYSICAL THERAPY	50			6,759	
7 INSURANCE RECLASSIFICATION	B	ADMINISTRATIVE & GENERAL	6			233,552	12
8 LICENSE FEE RECLASSIFICATION	C	ADMINISTRATIVE & GENERAL	6			1,060,268	14
9		OPERATION OF PLANT	8			16,805	
10		MEDICAL RECORDS & LIBRARY	17			3,751	
11		ADULTS & PEDIATRICS	25			10,668	
12		RECOVERY ROOM	38			2,345	
13		RADIOLOGY-DIAGNOSTIC	41			4,200	
14		ELECTROENCEPHALOGRAPHY	54			1,500	
15		AMBULANCE SERVICES	65			53	
16 INTEREST EXPENSE RECLASSIFICATION	D	INTEREST EXPENSE	88			1,864,406	11
17							11
18							11
19							11
20							11
21							11
22							11
23							11
24							11
25 SURG TECH RECLASSIFICATION	E	OPERATING ROOM	37		175,263	7,210	
26							
27 RENT RECLASSIFICATION	F	EMPLOYEE BENEFITS	5			15,158	10
28		ADMINISTRATIVE & GENERAL	6			378,878	
29		OPERATION OF PLANT	8			106,126	
30		LAUNDRY & LINEN SERVICE	9			3,860	
31		DIETARY	11			474	
32		CENTRAL SERVICES & SUPPLY	15			313,925	
33		PHARMACY	16			657	
34		ADULTS & PEDIATRICS	25			10,041	
35		OPERATING ROOM	37			180	
1 RENT RECLASSIFICATION	F	PARTIAL HOSPITALIZATION	37.02			157,051	
2		RADIOLOGY-DIAGNOSTIC	41			163,923	
3		MRI	41.01			322,516	
4		LABORATORY	44			26,473	
5		RESPIRATORY THERAPY	49			787	
6		PHYSICAL THERAPY	50			536,569	
7		ELECTROCARDIOLOGY	53			58,041	
8		ELECTROENCEPHALOGRAPHY	54			14,159	
9		CLINIC	60			20,240	
10		AMBULANCE SERVICES	65			27,325	
11		HOME HEALTH AGENCY	71			26,947	
12		HOSPICE	93			121,270	
13		FOUNDATION	100			25,788	
14		PROMPTCARE	100.04			126,908	
15 LEASEHOLD PAYMENT RECLASS	G	OPERATION OF PLANT	8			173,105	10
16 PHARMACY RECLASS	H	PHARMACY	16		3,802,241	11,178,739	
17 CHARGEABLE SUPPLY RECLASS	I	EMPLOYEE BENEFITS	5			4,203	
18		CHILD CARE CENTER	5.01			8,160	
19		ADMINISTRATIVE & GENERAL	6			8,500	
20		OPERATION OF PLANT	8			3,359	
21		LAUNDRY & LINEN SERVICE	9			3,351	
22		HOUSEKEEPING	10			2,148	
23		DIETARY	11			31,665	
24		NURSING ADMINISTRATION	14			288,810	
25		CENTRAL SERVICES & SUPPLY	15			1,163,380	
26		CENTRAL STERILIZATION	15.01			217,328	
27		MEDICAL RECORDS & LIBRARY	17			425	
28		ADULTS & PEDIATRICS	25			859,504	
29		INTENSIVE CARE UNIT	26			191,024	
30		SUBPROVIDER	31			56,164	
31		NURSERY	33			133,683	
32		OPERATING ROOM	37			11,282,164	
33		CARDIOVASCULAR SURGERY	37.01			847,435	
34		PARTIAL HOSPITALIZATION	37.02			204	
35		RECOVERY ROOM	38			33,675	
1 CHARGEABLE SUPPLY RECLASS	I	DELIVERY ROOM & LABOR ROOM	39			331,107	
2		RADIOLOGY-DIAGNOSTIC	41			1,117,363	
3		MRI	41.01			5,502	
4		LABORATORY	44			112,111	
5		INTRAVENOUS THERAPY	48			38	
6		RESPIRATORY THERAPY	49			185,766	
7		PHYSICAL THERAPY	50			328,074	
8		ELECTROCARDIOLOGY	53			6,770,927	
9		ELECTROENCEPHALOGRAPHY	54			22,784	
10		RENAL DIALYSIS	57			19,541	
11		CLINIC	60			8,008	
12		EMERGENCY	61			351,368	
13		AMBULANCE SERVICES	65			56,320	

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			LINE NO 7				
14		HOME HEALTH AGENCY	71			71,534	
15		HOSPICE	93			47,436	
16		SELECT	100.06			2,967	
17		OLCOTT	100.07			151	
18		PROMPTCARE	100.04			90,225	
19		FOUNDATION	100			6	
20		DRUGS CHARGED TO PATIENTS	56			56,712	
21 ANESTHESIOLOGY RECLASS	J	OPERATING ROOM	37			86,206	
22 IV RECLASS	K	ADMINISTRATIVE & GENERAL	6			526	
23		NURSING ADMINISTRATION	14			8,532	
24		CENTRAL SERVICES & SUPPLY	15			1,602	
25		CENTRAL STERILIZATION	15.01			784	
26		DRUGS CHARGED TO PATIENTS	56			81,051	
27		ADULTS & PEDIATRICS	25			221,563	
28		INTENSIVE CARE UNIT	26			37,294	
29		SUBPROVIDER	31			3,192	
30		NURSERY	33			2,213	
31		OPERATING ROOM	37			174,720	
32		CARDIOVASCULAR SURGERY	37.01			3,611	
33		RECOVERY ROOM	38			10,779	
34		DELIVERY ROOM & LABOR ROOM	39			39,741	
35		RADIOLOGY-DIAGNOSTIC	41			25,986	
1 IV RECLASS	K	MRI	41.01			2,266	
2		LABORATORY	44			203	
3		RESPIRATORY THERAPY	49			324	
4		PHYSICAL THERAPY	50			690	
5		ELECTROCARDIOLOGY	53			17,279	
6		ELECTROENCEPHALOGRAPHY	54			33	
7		RENAL DIALYSIS	57			6,011	
8		CLINIC	60			1,022	
9		EMERGENCY	61			214,091	
10		AMBULANCE SERVICES	65			32,673	
11		HOME HEALTH AGENCY	71			37,709	
12		HOSPICE	93			2,619	
13		SELECT	100.06			48	
14		PROMPTCARE	100.04			2,038	
15 PHYSICIAN RECRUITING RECLASS	L	ADMINISTRATIVE & GENERAL	6		104,359	409,699	
16 CAFETERIA RECLASS	M	DIETARY	11		715,495	653,099	
17 RENTAL PROPERTY DEPR RECLASS	N	NEW CAP REL COSTS-MVBLE EQUIP	4			77,131	9
18		NEW CAP REL COSTS-MEDICAL ARTS	3.04			16,039	9
19		OPERATION OF PLANT	8			117,916	
20		ADMINISTRATIVE & GENERAL	6			25,896	
21		MEDICAL RECORDS & LIBRARY	17			20,298	
22		PHYSICAL THERAPY	50			27,027	
23		RADIOLOGY-DIAGNOSTIC	41			109,524	
24		AMBULANCE SERVICES	65			9,655	
25		FOUNDATION	100			5,290	
26		HOME HEALTH AGENCY	71			22,205	
27		PROMPTCARE	100.04			16,735	
28 ADVERTISING RECLASS	P	EMPLOYEE BENEFITS	5			192	
29		ADMINISTRATIVE & GENERAL	6			906,820	
30		ADULTS & PEDIATRICS	25			1,113	
31		PHYSICAL THERAPY	50			5,842	
32		ELECTROCARDIOLOGY	53			1,990	
33		AMBULANCE SERVICES	65			1,915	
34		FOUNDATION	100			332	
35		OLCOTT	100.07			12,400	
1 ADVERTISING RECLASS	P	PHYSICIAN RECRUITING	100.03			237	
2		PROMPTCARE	100.04			639	
3 BCC DEPRECIATION RECLASS	Q	NEW CAP REL COSTS-MVBLE EQUIP	4			56,241	9
36 TOTAL RECLASSIFICATIONS					4,797,358	45,292,408	

(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.

RECLASS CODE: A
 EXPLANATION : PROPERTY TAX RECLASSIFICATION

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	52,347	ADMINISTRATIVE & GENERAL	6	2,908	
2.00			0	OPERATION OF PLANT	8	11,114	
3.00			0	PHARMACY	16	62	
4.00			0	RADIOLOGY-DIAGNOSTIC	41	10,930	
5.00			0	MRI	41.01	20,574	
6.00			0	PHYSICAL THERAPY	50	6,759	
TOTAL RECLASSIFICATIONS FOR CODE A			52,347			52,347	

RECLASS CODE: B
 EXPLANATION : INSURANCE RECLASSIFICATION

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	233,552	ADMINISTRATIVE & GENERAL	6	233,552	
TOTAL RECLASSIFICATIONS FOR CODE B			233,552			233,552	

RECLASS CODE: C
 EXPLANATION : LICENSE FEE RECLASSIFICATION

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	1,099,590	ADMINISTRATIVE & GENERAL	6	1,060,268	
2.00			0	OPERATION OF PLANT	8	16,805	
3.00			0	MEDICAL RECORDS & LIBRARY	17	3,751	
4.00			0	ADULTS & PEDIATRICS	25	10,668	
5.00			0	RECOVERY ROOM	38	2,345	
6.00			0	RADIOLOGY-DIAGNOSTIC	41	4,200	
7.00			0	ELECTROENCEPHALOGRAPHY	54	1,500	
8.00			0	AMBULANCE SERVICES	65	53	
TOTAL RECLASSIFICATIONS FOR CODE C			1,099,590			1,099,590	

RECLASS CODE: D
 EXPLANATION : INTEREST EXPENSE RECLASSIFICATION

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OLD CAP REL COSTS-WEGMILLER	1.06	41,691	INTEREST EXPENSE	88	1,864,406	
2.00	OLD CAP REL COSTS-1947 BUILDIN	1.01	20,805			0	
3.00	OLD CAP REL COSTS-1965 BUILDIN	1.02	145,715			0	
4.00	OLD CAP REL COSTS-1983 BUILDIN	1.03	450,634			0	
5.00	OLD CAP REL COSTS-UTILITIES	1.05	52,337			0	
6.00	OLD CAP REL COSTS-MVBLE EQUIP	2	93,510			0	
7.00	NEW CAP REL COSTS-1965 BUILDIN	3.02	972,187			0	
8.00	NEW CAP REL COSTS-CANCER	3.06	17,930			0	
9.00	NEW CAP REL COSTS-MVBLE EQUIP	4	69,597			0	
TOTAL RECLASSIFICATIONS FOR CODE D			1,864,406			1,864,406	

RECLASS CODE: E
 EXPLANATION : SURG TECH RECLASSIFICATION

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSING ADMINISTRATION	14	108,394	OPERATING ROOM	37	182,473	
2.00	PARAMED ED PRGM	24	74,079			0	
TOTAL RECLASSIFICATIONS FOR CODE E			182,473			182,473	

RECLASS CODE: F
 EXPLANATION : RENT RECLASSIFICATION

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	2,456,839	EMPLOYEE BENEFITS	5	15,158	
2.00	NURSERY	33	457	ADMINISTRATIVE & GENERAL	6	378,878	
3.00			0	OPERATION OF PLANT	8	106,126	
4.00			0	LAUNDRY & LINEN SERVICE	9	3,860	
5.00			0	DIETARY	11	474	
6.00			0	CENTRAL SERVICES & SUPPLY	15	313,925	
7.00			0	PHARMACY	16	657	
8.00			0	ADULTS & PEDIATRICS	25	10,041	
9.00			0	OPERATING ROOM	37	180	
10.00			0	PARTIAL HOSPITALIZATION	37.02	157,051	
11.00			0	RADIOLOGY-DIAGNOSTIC	41	163,923	
12.00			0	MRI	41.01	322,516	
13.00			0	LABORATORY	44	26,473	
14.00			0	RESPIRATORY THERAPY	49	787	
15.00			0	PHYSICAL THERAPY	50	536,569	
16.00			0	ELECTROCARDIOLOGY	53	58,041	
17.00			0	ELECTROENCEPHALOGRAPHY	54	14,159	
18.00			0	CLINIC	60	20,240	
19.00			0	AMBULANCE SERVICES	65	27,325	

RECLASS CODE: F
 EXPLANATION : RENT RECLASSIFICATION

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
20.00			0	HOME HEALTH AGENCY	71	26,947	
21.00			0	HOSPICE	93	121,270	
22.00			0	FOUNDATION	100	25,788	
23.00			0	PROMPTCARE	100.04	126,908	
TOTAL RECLASSIFICATIONS FOR CODE F			2,457,296				2,457,296

RECLASS CODE: G
 EXPLANATION : LEASEHOLD PAYMENT RECLASS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OLD CAP REL COSTS-MVBLE EQUIP	2	173,105	OPERATION OF PLANT	8	173,105	
TOTAL RECLASSIFICATIONS FOR CODE G			173,105				173,105

RECLASS CODE: H
 EXPLANATION : PHARMACY RECLASS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	14,980,980	PHARMACY	16	14,980,980	
TOTAL RECLASSIFICATIONS FOR CODE H			14,980,980				14,980,980

RECLASS CODE: I
 EXPLANATION : CHARGEABLE SUPPLY RECLASS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	24,713,122	EMPLOYEE BENEFITS	5	4,203	
2.00			0	CHILD CARE CENTER	5.01	8,160	
3.00			0	ADMINISTRATIVE & GENERAL	6	8,500	
4.00			0	OPERATION OF PLANT	8	3,359	
5.00			0	LAUNDRY & LINEN SERVICE	9	3,351	
6.00			0	HOUSEKEEPING	10	2,148	
7.00			0	DIETARY	11	31,665	
8.00			0	NURSING ADMINISTRATION	14	288,810	
9.00			0	CENTRAL SERVICES & SUPPLY	15	1,163,380	
10.00			0	CENTRAL STERILIZATION	15.01	173,328	
11.00			0	MEDICAL RECORDS & LIBRARY	17	425	
12.00			0	ADULTS & PEDIATRICS	25	859,504	
13.00			0	INTENSIVE CARE UNIT	26	191,024	
14.00			0	SUBPROVIDER	31	56,164	
15.00			0	NURSERY	33	133,683	
16.00			0	OPERATING ROOM	37	11,282,164	
17.00			0	CARDIOVASCULAR SURGERY	37.01	847,435	
18.00			0	PARTIAL HOSPITALIZATION	37.02	204	
19.00			0	RECOVERY ROOM	38	33,675	
20.00			0	DELIVERY ROOM & LABOR ROOM	39	331,107	
21.00			0	RADIOLOGY-DIAGNOSTIC	41	1,117,363	
22.00			0	MRI	41.01	5,502	
23.00			0	LABORATORY	44	112,111	
24.00			0	INTRAVENOUS THERAPY	48	38	
25.00			0	RESPIRATORY THERAPY	49	185,766	
26.00			0	PHYSICAL THERAPY	50	328,074	
27.00			0	ELECTROCARDIOLOGY	53	6,770,927	
28.00			0	ELECTROENCEPHALOGRAPHY	54	22,784	
29.00			0	RENAL DIALYSIS	57	19,541	
30.00			0	CLINIC	60	8,008	
31.00			0	EMERGENCY	61	351,368	
32.00			0	AMBULANCE SERVICES	65	56,320	
33.00			0	HOME HEALTH AGENCY	71	71,534	
34.00			0	HOSPICE	93	47,436	
35.00			0	SELECT	100.06	2,967	
36.00			0	OLCOTT	100.07	151	
37.00			0	PROMPTCARE	100.04	90,225	
38.00			0	FOUNDATION	100	6	
39.00			0	DRUGS CHARGED TO PATIENTS	56	56,712	
TOTAL RECLASSIFICATIONS FOR CODE I			24,713,122				24,713,122

RECLASS CODE: J
 EXPLANATION : ANESTHESIOLOGY RECLASS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ANESTHESIOLOGY	40	86,206	OPERATING ROOM	37	86,206	
TOTAL RECLASSIFICATIONS FOR CODE J			86,206				86,206

RECLASS CODE: K
 EXPLANATION : IV RECLASS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	INTRAVENOUS THERAPY	48	928,600	ADMINISTRATIVE & GENERAL	6	526	

RECLASS CODE: K
 EXPLANATION : IV RECLASS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
2.00			0	NURSING ADMINISTRATION	14	8,532	
3.00			0	CENTRAL SERVICES & SUPPLY	15	1,602	
4.00			0	CENTRAL STERILIZATION	15.01	784	
5.00			0	DRUGS CHARGED TO PATIENTS	56	81,051	
6.00			0	ADULTS & PEDIATRICS	25	221,563	
7.00			0	INTENSIVE CARE UNIT	26	37,294	
8.00			0	SUBPROVIDER	31	3,192	
9.00			0	NURSERY	33	2,213	
10.00			0	OPERATING ROOM	37	174,720	
11.00			0	CARDIOVASCULAR SURGERY	37.01	3,611	
12.00			0	RECOVERY ROOM	38	10,779	
13.00			0	DELIVERY ROOM & LABOR ROOM	39	39,741	
14.00			0	RADIOLOGY-DIAGNOSTIC	41	25,986	
15.00			0	MRI	41.01	2,266	
16.00			0	LABORATORY	44	203	
17.00			0	RESPIRATORY THERAPY	49	324	
18.00			0	PHYSICAL THERAPY	50	690	
19.00			0	ELECTROCARDIOLOGY	53	17,279	
20.00			0	ELECTROENCEPHALOGRAPHY	54	33	
21.00			0	RENAL DIALYSIS	57	6,011	
22.00			0	CLINIC	60	1,022	
23.00			0	EMERGENCY	61	214,091	
24.00			0	AMBULANCE SERVICES	65	32,673	
25.00			0	HOME HEALTH AGENCY	71	37,709	
26.00			0	HOSPICE	93	2,619	
27.00			0	SELECT	100.06	48	
28.00			0	PROMPTCARE	100.04	2,038	
TOTAL RECLASSIFICATIONS FOR CODE K			928,600				

RECLASS CODE: L
 EXPLANATION : PHYSICIAN RECRUITING RECLASS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PHYSICIAN RECRUITING	100.03	514,058	ADMINISTRATIVE & GENERAL	6	514,058	
TOTAL RECLASSIFICATIONS FOR CODE L			514,058				

RECLASS CODE: M
 EXPLANATION : CAFETERIA RECLASS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	1,368,594	DIETARY	11	1,368,594	
TOTAL RECLASSIFICATIONS FOR CODE M			1,368,594				

RECLASS CODE: N
 EXPLANATION : RENTAL PROPERTY DEPR RECLASS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RENTAL PROPERTIES	100.01	211,086	NEW CAP REL COSTS-MVBLE EQUIP	4	77,131	
2.00			0	NEW CAP REL COSTS-MEDICAL ARTS	3.04	16,039	
3.00			0	OPERATION OF PLANT	8	117,916	
TOTAL RECLASSIFICATIONS FOR CODE N			211,086				

RECLASS CODE: O
 EXPLANATION : UTILITIES RECLASS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OPERATION OF PLANT	8	236,630	ADMINISTRATIVE & GENERAL	6	25,896	
2.00			0	MEDICAL RECORDS & LIBRARY	17	20,298	
3.00			0	PHYSICAL THERAPY	50	27,027	
4.00			0	RADIOLOGY-DIAGNOSTIC	41	109,524	
5.00			0	AMBULANCE SERVICES	65	9,655	
6.00			0	FOUNDATION	100	5,290	
7.00			0	HOME HEALTH AGENCY	71	22,205	
8.00			0	PROMPTCARE	100.04	16,735	
TOTAL RECLASSIFICATIONS FOR CODE O			236,630				

RECLASS CODE: P
 EXPLANATION : ADVERTISING RECLASS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MARKETING	100.05	925,920	EMPLOYEE BENEFITS	5	192	
2.00	HOME HEALTH AGENCY	71	5,560	ADMINISTRATIVE & GENERAL	6	906,820	
3.00			0	ADULTS & PEDIATRICS	25	1,113	
4.00			0	PHYSICAL THERAPY	50	5,842	
5.00			0	ELECTROCARDIOLOGY	53	1,990	

RECLASS CODE: P
 EXPLANATION : ADVERTISING RECLASS

INCREASE		DECREASE	
LINE	COST CENTER	LINE	AMOUNT
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
TOTAL RECLASSIFICATIONS FOR CODE P			931,480

DECREASE		AMOUNT	
COST CENTER	LINE	AMOUNT	
AMBULANCE SERVICES	65	1,915	
FOUNDATION	100	332	
OLCOTT	100.07	12,400	
PHYSICIAN RECRUITING	100.03	237	
PROMPTCARE	100.04	639	
		931,480	

RECLASS CODE: Q
 EXPLANATION : BCC DEPRECIATION RECLASS

INCREASE		DECREASE	
LINE	COST CENTER	LINE	AMOUNT
1.00	UNUSED SPACE	100.02	56,241
TOTAL RECLASSIFICATIONS FOR CODE Q			56,241

DECREASE		AMOUNT	
COST CENTER	LINE	AMOUNT	
NEW CAP REL COSTS-MVBLE EQUIP	4	56,241	
		56,241	

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING	ACQUISITIONS		TOTAL	DISPOSALS	ENDING	FULLY
		BALANCES	PURCHASES	DONATION		AND	BALANCE	DEPRECIATED
		1	2	3	4	5	6	7
1	LAND	1,559,418					1,559,418	
2	LAND IMPROVEMENTS	653,153					653,153	
3	BUILDINGS & FIXTURE	58,648,393					58,648,393	
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT	7,686,814				470,735	7,216,079	
7	SUBTOTAL	68,547,778				470,735	68,077,043	
8	RECONCILING ITEMS							
9	TOTAL	68,547,778				470,735	68,077,043	

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING	ACQUISITIONS		TOTAL	DISPOSALS	ENDING	FULLY
		BALANCES	PURCHASES	DONATION		AND	BALANCE	DEPRECIATED
		1	2	3	4	5	6	7
1	LAND	3,464,049	5,147,087		5,147,087		8,611,136	
2	LAND IMPROVEMENTS	1,093,139	260,608		260,608		1,353,747	
3	BUILDINGS & FIXTURE	149,813,025	11,588,657		11,588,657		161,401,682	
4	BUILDING IMPROVEMEN	1,172,659	166,432		166,432		1,339,091	
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT	78,676,755	5,649,605		5,649,605	1,178,629	83,147,731	
7	SUBTOTAL	234,219,627	22,812,389		22,812,389	1,178,629	255,853,387	
8	RECONCILING ITEMS							
9	TOTAL	234,219,627	22,812,389		22,812,389	1,178,629	255,853,387	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

*	DESCRIPTION	GROSS ASSETS 1	COMPUTATION OF RATIOS		ALLOCATION OF OTHER CAPITAL			TOTAL 8
			CAPITIALIZED LEASES 2	GROSS ASSETS FOR RATIO 3	RATIO 4	INSURANCE 5	TAXES 6	
1	OLD CAP REL COSTS-BL							
1 01	OLD CAP REL COSTS-19	2,090,723		2,090,723	.006663			
1 02	OLD CAP REL COSTS-19	8,253,075		8,253,075	.026304			
1 03	OLD CAP REL COSTS-19	25,894,347		25,894,347	.082529			
1 04	OLD CAP REL COSTS-ME	936,298		936,298	.002984			
1 05	OLD CAP REL COSTS-UT	1,371,400		1,371,400	.004371			
1 06	OLD CAP REL COSTS-WE	1,517,356		1,517,356	.004836			
2	OLD CAP REL COSTS-MV	26,454,426		26,454,426	.084314			
3	NEW CAP REL COSTS-BL							
3 01	NEW CAP REL COSTS-19	383,342		383,342	.001222			
3 02	NEW CAP REL COSTS-19	83,467,416		83,467,416	.266023			
3 03	NEW CAP REL COSTS-19	331,482		331,482	.001056			
3 04	NEW CAP REL COSTS-ME	1,467,628		1,467,628	.004678			
3 05	NEW CAP REL COSTS-UT	110,105		110,105	.000351			
3 06	NEW CAP REL COSTS-CA	4,074,004		4,074,004	.012984			
3 07	NEW CAP REL COSTS-PH	1,721,890		1,721,890	.005488			
3 08	NEW CAP REL COSTS-MI	1,056,644		1,056,644	.003368			
3 09	NEW CAP REL COSTS-SP							
3 10	NEW CAP REL COSTS-PA	723,795		723,795	.002307			
3 11	NEW CAP REL COSTS-WE	1,063,361		1,063,361	.003389			
4	NEW CAP REL COSTS-MV	152,842,578		152,842,578	.487133			
5	TOTAL	313,759,870		313,759,870	1.000000			

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						TOTAL (1) 15
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	
1	OLD CAP REL COSTS-BL							
1 01	OLD CAP REL COSTS-19	11,950		20,690				32,640
1 02	OLD CAP REL COSTS-19	149,573		144,913				294,486
1 03	OLD CAP REL COSTS-19	235,073		448,154				683,227
1 04	OLD CAP REL COSTS-ME	10,513						10,513
1 05	OLD CAP REL COSTS-UT	33,075		52,049				85,124
1 06	OLD CAP REL COSTS-WE	12,233		41,462				53,695
2	OLD CAP REL COSTS-MV	261,399	173,105	92,995				527,499
3	NEW CAP REL COSTS-BL							
3 01	NEW CAP REL COSTS-19	21,956						21,956
3 02	NEW CAP REL COSTS-19	3,028,102		956,856				3,984,958
3 03	NEW CAP REL COSTS-19	15,945						15,945
3 04	NEW CAP REL COSTS-ME	46,313						46,313
3 05	NEW CAP REL COSTS-UT	5,625						5,625
3 06	NEW CAP REL COSTS-CA	154,509		16,942				171,451
3 07	NEW CAP REL COSTS-PH	71,869						71,869
3 08	NEW CAP REL COSTS-MI	52,832						52,832
3 09	NEW CAP REL COSTS-SP							
3 10	NEW CAP REL COSTS-PA	36,584						36,584
3 11	NEW CAP REL COSTS-WE	46,388						46,388
4	NEW CAP REL COSTS-MV	12,011,357	2,456,839	-56,438	233,552	52,347	1,099,590	15,797,247
5	TOTAL	16,205,296	2,629,944	1,717,623	233,552	52,347	1,099,590	21,938,352

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

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						TOTAL (1) 15
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	
1	OLD CAP REL COSTS-BL							
1 01	OLD CAP REL COSTS-19	11,950						11,950
1 02	OLD CAP REL COSTS-19	144,319						144,319
1 03	OLD CAP REL COSTS-19	239,477						239,477
1 04	OLD CAP REL COSTS-ME	10,513						10,513
1 05	OLD CAP REL COSTS-UT	33,075						33,075
1 06	OLD CAP REL COSTS-WE	12,614						12,614
2	OLD CAP REL COSTS-MV	261,399						261,399
3	NEW CAP REL COSTS-BL							
3 01	NEW CAP REL COSTS-19	21,956						21,956
3 02	NEW CAP REL COSTS-19	3,144,020						3,144,020
3 03	NEW CAP REL COSTS-19	15,945						15,945
3 04	NEW CAP REL COSTS-ME	62,352						62,352
3 05	NEW CAP REL COSTS-UT	5,625						5,625
3 06	NEW CAP REL COSTS-CA	154,509						154,509
3 07	NEW CAP REL COSTS-PH	49,010						49,010
3 08	NEW CAP REL COSTS-MI	52,832						52,832
3 09	NEW CAP REL COSTS-SP							
3 10	NEW CAP REL COSTS-PA	36,584						36,584
3 11	NEW CAP REL COSTS-WE	46,388						46,388
4	NEW CAP REL COSTS-MV	12,219,049						12,219,049
5	TOTAL	16,521,617						16,521,617

* 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).

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO	WKST. A-7 REF. 5
			COST CENTER			
2 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1		
3 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2		
4 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3		
5 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4		
6 INVESTMENT INCOME-OTHER						
7 TRADE, QUANTITY AND TIME DISCOUNTS	B	-232,361	ADMINISTRATIVE & GENERAL	6		
8 REFUNDS AND REBATES OF EXPENSES						
9 RENTAL OF PRVIDER SPACE BY SUPPLIERS						
10 TELEVISION AND RADIO SERVICE						
11 PARKING LOT						
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-4,865,050				
13 SALE OF SCRAP, WASTE, ETC.	B	-7,049	RADIOLOGY-DIAGNOSTIC	41		
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-932,655				
15 LAUNDRY AND LINEN SERVICE	A	-627,925	LAUNDRY & LINEN SERVICE	9		
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-484,059	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	A	-125,647	MEDICAL RECORDS & LIBRARY	17		
21 NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)						
22 VENDING MACHINES	A	-245,536	DIETARY	11		
23 INCOME FROM IMPOSITION OF INTEREST	B	-18,477	ADMINISTRATIVE & GENERAL	6		
24 INTRST EXP ON MEDICARE OVERPAYMENTS						
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49		
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50		
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3					
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89		
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1		
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2		
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3		
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4		
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20		
34 PHYSICIANS' ASSISTANT						
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51		
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52		
37 OUTSIDE MED ED / IS SALARY REVENUE	B	-237,622	ADMINISTRATIVE & GENERAL	6		
37.01 OUTSIDE CATERING	B	-5,654	CAFETERIA	12		
37.02 COFFEE CART REVENUE	B	-93,398	CAFETERIA	12		
37.04 MEALS ON WHEELS	A	-169,852	DIETARY	11		
37.05 FOOD SERVICES	B	-31,494	CAFETERIA	12		
37.06 SELECT DIETARY	B	-36,367	DIETARY	11		
37.07 SENIOR HEALTH	B	-3,632	ADMINISTRATIVE & GENERAL	6		
37.08 SURG TECH TUITION REVENUE	B	-56,650	PARAMED ED PRGM	24		
37.09 PRENATAL TRAINING REVENUE	B	-19,555	NURSING ADMINISTRATION	14		
37.10 E&T AND HOE REVENUE	B	-6,780	ADMINISTRATIVE & GENERAL	6		
37.11 E&T REVENUE	B	-6,360	CLINIC	60		
37.12 E&T REVENUE	B	-320	HOSPICE	93		
37.13 PARKING GARAGE REVENUE	B	-64,210	OPERATION OF PLANT	8		
37.14 CHILD CARE REVENUE	B	-451,816	CHILD CARE CENTER	5.01		
37.15 CAR SEAT RENTALS	B	-3,725	ADMINISTRATIVE & GENERAL	6		
37.16 DURABLE MEDICAL GOODS	B	-8,349	CENTRAL SERVICES & SUPPLY	15		
37.17 BABY PHOTOGRAPH REVENUE	B	-4,767	NURSERY	33		
37.18 AMBULANCE - EVENT SERVICES	B	-88,203	AMBULANCE SERVICES	65		
37.19 SUNDRY	B	-42,133	ADMINISTRATIVE & GENERAL	6		
37.20 REHAB SCHOOL CONTRACTS	B	-38,376	PHYSICAL THERAPY	50		
37.21 DATA PROGRAMMER - OS SERVICES	B	-4,500	ADMINISTRATIVE & GENERAL	6		
37.22 MOBILE COACH	A	-179,858	ADMINISTRATIVE & GENERAL	6		
37.23 MISC SALES	B	-13,649	ADULTS & PEDIATRICS	25		
37.24 MISC SALES	B	-95	ELECTROCARDIOLOGY	53		
37.27 MISC SALES	B	925	MRI	41.01		
37.29 MISC SALES	B	-1,811	PHYSICAL THERAPY	50		
37.30 MISC SALES	B	-528	EMPLOYEE BENEFITS	5		
37.31 MISC SALES	B	-2,540	ADMINISTRATIVE & GENERAL	6		
37.32 PT ACCTS - COPY	B	-1,055	ADMINISTRATIVE & GENERAL	6		
37.33 CASH SHORT AND OVER	B	49	ADMINISTRATIVE & GENERAL	6		
37.35 CASH SHORT AND OVER	B	320	DRUGS CHARGED TO PATIENTS	56		
37.36 CASH SHORT AND OVER	B	609	DIETARY	11		
37.37 CASH SHORT AND OVER	B	-10	MEDICAL SUPPLIES CHARGED	55		
37.38 OS SERVICE CONTRACTS	B	-259	PARTIAL HOSPITALIZATION	37.02		
37.39 OS SERVICE CONTRACTS	B	-52,238	PHYSICAL THERAPY	50		
37.40 OS SERVICE CONTRACTS	B	-21,153	OPERATION OF PLANT	8		
37.41 OS SERVICE CONTRACTS	B	-410	HOSPICE	93		
37.42 OS SERVICE CONTRACTS	B	-230	LABORATORY	44		
37.43 OS SERVICE CONTRACTS	B	-250,002	ADMINISTRATIVE & GENERAL	6		
37.45 SPECIAL PROJECTS - RAD ONC	B	-395	RADIOLOGY-DIAGNOSTIC	41		
37.46 OUTSIDE SALARY REVENUE	B	-257	HOME HEALTH AGENCY	71		
37.53 INTEREST EXP - UNNECESSARY BORROWING	A	-2,602,853	INTEREST EXPENSE	88		
37.63 DEPRECIATION OF MOBILE MEDICAL COACH	A	-2,309	NEW CAP REL COSTS-MVBLE E	4		9
37.64 GAIN/LOSS ON TRADE-INS	A	2,324	NEW CAP REL COSTS-MVBLE E	4		9
37.65 GUEST MEALS	A	-653,913	CAFETERIA	12		
37.66 PATIENTS TELEPHONES	A	-92,026	ADMINISTRATIVE & GENERAL	6		
37.67 PENSION EXPENSE	A	-1,380,756	EMPLOYEE BENEFITS	5		
37.68 LAB UBI TAX OFFSET	A	-503,281	LABORATORY	44		
37.70 RADIOLOGY SALARY REIMBURSEMENT	B	-2,194	RADIOLOGY-DIAGNOSTIC	41		
37.71 A&G SALARY REIMBURSEMENT	B	-89,609	ADMINISTRATIVE & GENERAL	6		
37.72 WOUND CARE SALARY REIMBURSEMENT	B	-64,780	PHYSICAL THERAPY	50		
37.73 IMA NURSING SALARY REIMBURSEMENT	B	-62,872	NURSING ADMINISTRATION	14		
37.74 HISTOLOGY SALARY REIMBURSEMENT	B	-65,741	LABORATORY	44		
37.78 HOSPICE RCE LIMIT OFFSET	A	-24,828	HOSPICE	93		
37.80 IHHA & AHA LOBBYING COSTS	A	-16,555	ADMINISTRATIVE & GENERAL	6		
37.86 WEGMILLER CAPITALIZED INTEREST	A	-381	OLD CAP REL COSTS-WEGMILL	1.06		9
37.87 1983 CAPITALIZED INTEREST	A	-4,404	OLD CAP REL COSTS-1983 BU	1.03		9
37.88 CAPITALIZED INTEREST - 1965 BUILDING	A	5,254	OLD CAP REL COSTS-1965 BU	1.02		9
37.89 GENERAL CONT. PLUMBING - 1993	A	-115,918	NEW CAP REL COSTS-1965 BU	3.02		9

ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	(2)		EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER	LINE NO	WKST. A-7 REF. 5
	BASIS/CODE	AMOUNT			
	1	2	3	4	5
37.90 HHA USEFUL LIFE	A	22,859	NEW CAP REL COSTS-PHNA BU	3.07	9
37.91 DIETARY REVENUE	B	-63,061	DIETARY	11	
37.92 DUNN SLEEP LAB	A	-13,644	ELECTROENCEPHALOGRAPHY	54	
37.93 UNALLOCATED REVENUE OFFSET	A	-121,529	ADMINISTRATIVE & GENERAL	6	
37.94 INTEREST INCOME - TRUSTEES FEES	B	-115	OLD CAP REL COSTS-1947 BU	1.01	11
38 INTEREST INCOME - TRUSTEES FEES	B	-802	OLD CAP REL COSTS-1965 BU	1.02	11
39 INTEREST INCOME - TRUSTEES FEES	B	-2,480	OLD CAP REL COSTS-1983 BU	1.03	11
40 INTEREST INCOME - TRUSTEES FEES	B	-288	OLD CAP REL COSTS-UTILITI	1.05	11
41 INTEREST INCOME - TRUSTEES FEES	B	-229	OLD CAP REL COSTS-WEGMILL	1.06	11
42 INTEREST INCOME - TRUSTEES FEES	B	-515	OLD CAP REL COSTS-MVBLE E	2	11
43 INTEREST INCOME - TRUSTEES FEES	B	-15,331	NEW CAP REL COSTS-1965 BU	3.02	11
44 INTEREST INCOME - TRUSTEES FEES	B	-988	NEW CAP REL COSTS-CANCER	3.06	11
45 INTEREST INCOME - TRUSTEES FEES	B	-3,280	NEW CAP REL COSTS-MVBLE E	4	11
46 RENTAL INVESTMENT INCOME	B	-122,755	NEW CAP REL COSTS-MVBLE E	4	11
47 DONATIONS	A	-6,431	ADMINISTRATIVE & GENERAL	6	
48					
49					
50 TOTAL (SUM OF LINES 1 THRU 49)		-15,438,540			

- (1) Description - all chapter references in this column pertain to CMS Pub. 15-I.
 (2) Basis for adjustment (see instructions).
 A. Costs - if cost, including applicable overhead, can be determined.
 B. Amount Received - if cost cannot be determined.
 (3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.
 Note: See instructions for column 5 referencing to worksheet A-7

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

NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	5	EMPLOYEE BENEFITS	MGMT SVC FEE EXPENSES	42,207	-42,207	
2	6	ADMINISTRATIVE & GENERAL	MGMT SVC FEE EXPENSES	522,537	-522,537	
3	49	RESPIRATORY THERAPY	CCI RESPIRATORY THERAPY	293,576	-293,576	
4	4	NEW CAP REL COSTS-MVBLE E	MGMT SVC FEE EXPENSES	74,335	-74,335	9
4.01						
5		TOTALS		932,655	-932,655	

* 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 8 OF THIS WORKSHEET.

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	HOME OFFICE TYPE OF BUSINESS
1	2	3	4	5	6
1	C	0.00	CONTINUING CARE, INC.	100.00	SKILLED NURSING FACILITY
2	C	0.00	BH OF ORANGE COUNTY	100.00	HOSPITAL
3	C	0.00	SO. IN. MEDICAL GROUP	100.00	PHYSICIAN GROUP
4		0.00		0.00	
5		0.00		0.00	

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

WKSHT A NE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 26	INTENSIVE CARE	12,000	12,000		171,400			
2 53	EKG - PACEMAKER CLINIC	12,000	12,000		171,400			
3 53	EKG - CARDIAC CATH	12,000		12,000	171,400	63	5,191	260
4 37	OPERATING ROOM	12,000		12,000	204,100	208	20,410	1,021
5 6	CARDIO-VASCULAR SURGERY	560,569	560,569		204,100			
6 53	EKG - CARDIO-PULM REHAB	28,000	28,000		171,400			
7 53	EKG - CARDIOLOGY	13,299		13,299	171,400	169	13,926	696
8 54	EEG - NEUROLOGY	12,000		12,000	171,400	169	13,926	696
9 54	EEG - SLEEP LAB	12,000		12,000	171,400	286	23,568	1,178
10 49	RESPIRATORY THERAPY	14,500		14,500	171,400	286	23,568	1,178
11 60	CLINIC - DIABETIC CLINIC	12,000		12,000	171,400	130	10,713	536
12 65	AMBULANCE SERVICES	12,000	12,000		171,400			
13 41	RADIOLOGY - RAD ONCOLOGY	12,000		12,000	231,100	335	37,221	1,861
14 61	EMERGENCY ROOM	12,000	12,000		171,400			
15 6	A&G - MED STAFF	12,000	12,000		171,400			
16 6	A&G - MEDICAL EDUCATION	75,000	75,000		171,400			
17 54	VASCULAR LAB - NEWMAN	3,490	3,490		171,400			
18 44	LAB - PATHOLOGY	308,568		308,568	219,500	5,003	527,961	26,398
19 41	RADIOLOGY	12,000		12,000	231,100	59	6,555	328
20 37	PARTIAL - EMPLOYEE	400,594	377,595	22,999	142,500	226	15,483	774
21 25	PSYCH - EMPLOYEE	442,561	417,153	25,408	142,500	250	17,127	856
22 54	VASCULAR LAB - TOPOLGUS	18,720		18,720	171,400	50	4,120	206
23 37	OR - BORMA	1,192,813	1,192,813		204,100			
24 14	HOSPITALIST - EMPLOYEE	38,851	38,851		171,400			
25 6	A&G - COS	24,000		24,000	171,400	1,276	105,147	5,257
26 6	A&G - COS ELECT	12,000		12,000	171,400	223	18,376	919
28 6	A&G - COS PAST	6,000	6,000		171,400			
29 6	A&G - SIRA	81,374	81,374		231,100			
30 6	A&G - HOSPITALIST	290,000	290,000		171,400			
31 6	A&G - NEUROSURGICAL CLINI	250,000	250,000		204,100			
32 6	A&G - BLOOMINGTON ANESTHE	320,400	320,400		200,300			
33 6	A&G - CATH LAB	594,867	594,867		171,400			
34 6	A&G - ORTHO OF SO. IN.	250,000	250,000		171,400			
35 6	A&G - A.P.C.	275,000	275,000		200,300			
36								
37								
.01	TOTAL	5,344,606	4,821,112	523,494		8,733	843,292	42,164

*KSHT A NE 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
10	11	12	13	14	15	16	17	18
1	26							12,000
2	53							12,000
3	53					5,191	6,809	6,809
4	37					20,410		
5	6							560,569
6	53							28,000
7	53					13,926		
8	54					13,926		
9	54					23,568		
10	49					23,568		
11	60					10,713	1,287	1,287
12	65							12,000
13	41					37,221		
14	61							12,000
15	6							12,000
16	6							75,000
17	54							3,490
18	44					527,961		
19	41					6,555	5,445	5,445
20	37					15,483	7,516	385,111
21	25					17,127	8,281	425,434
22	54					4,120	14,600	14,600
23	37							1,192,813
24	14							38,851
25	6					105,147		
26	6					18,376		
28	6							6,000
29	6							81,374
30	6							290,000
31	6							250,000
32	6							320,400
33	6							594,867
34	6							250,000
35	6							275,000
01	TOTAL					843,292	43,938	4,865,050

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	NOT ENTERED
1	OLD CAP REL COSTS-1947 BUILDING	16	SQUARE	FEET	ENTERED
	OLD CAP REL COSTS-1965 BUILDING	17	SQUARE	FEET	ENTERED
	OLD CAP REL COSTS-1983 BUILDING	18	SQUARE	FEET	ENTERED
1.04	OLD CAP REL COSTS-MEDICAL ARTS	19	SQUARE	FEET	ENTERED
1.05	OLD CAP REL COSTS-UTILITIES	20	SQUARE	FEET	ENTERED
1.06	OLD CAP REL COSTS-WEGMILLER	21	SQUARE	FEET	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	SQUARE	FEET	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	NOT ENTERED
3.01	NEW CAP REL COSTS-1947 BUILDING	16	SQUARE	FEET	ENTERED
3.02	NEW CAP REL COSTS-1965 BUILDING	17	SQUARE	FEET	ENTERED
3.03	NEW CAP REL COSTS-1983 BUILDING	18	SQUARE	FEET	ENTERED
3.04	NEW CAP REL COSTS-MEDICAL ARTS	19	SQUARE	FEET	ENTERED
3.05	NEW CAP REL COSTS-UTILITIES	20	SQUARE	FEET	ENTERED
3.06	NEW CAP REL COSTS-CANCER	22	SQUARE	FEET	ENTERED
3.07	NEW CAP REL COSTS-PHNA BUILDING	23	SQUARE	FEET	ENTERED
3.08	NEW CAP REL COSTS-MITCHELL FACILITY	24	SQUARE	FEET	ENTERED
3.09	NEW CAP REL COSTS-SPENCER BUILDING	25	SQUARE	FEET	ENTERED
3.10	NEW CAP REL COSTS-PAIN MANAGEMENT	26	SQUARE	FEET	ENTERED
3.11	NEW CAP REL COSTS-WEST PROMPTCARE	27	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	2	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS	SALARIES	ENTERED
5.01	CHILD CARE CENTER	30	NUMBER OF	CHILDREN	ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	7	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	9	HOURS OF	SERVICE	ENTERED
11	DIETARY	10	MEALS	SERVED	ENTERED
12	CAFETERIA	11	MANHOURS		ENTERED
14	NURSING ADMINISTRATION	13	DIRECT	NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED	REQUIS.	ENTERED
15.01	CENTRAL STERILIZATION	31	TIME	SPENT	ENTERED
16	PHARMACY	15	COSTED	REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	35	TIME	SPENT	ENTERED
24	PARAMED ED PRGM	40	TIME	SPENT	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2008
 I 15-0051 I FROM 1/ 1/2007 I WORKSHEET B
 I I TO 12/31/2007 I PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C	OLD CAP REL C	OLD CAP REL C	OLD CAP REL C	OLD CAP REL C	OLD CAP REL C
		OSTS-BLDG & 1	OSTS-1947 BU 1.01	OSTS-1965 BU 1.02	OSTS-1983 BU 1.03	OSTS-MEDICAL 1.04	OSTS-UTILITI 1.05
06 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &	32,640		32,640				
001 02 OLD CAP REL COSTS-1947 BU	294,486			294,486			
001 03 OLD CAP REL COSTS-1965 BU	683,227				683,227		
001 04 OLD CAP REL COSTS-1983 BU	10,513					10,513	
001 05 OLD CAP REL COSTS-MEDICAL	85,124						85,124
001 06 OLD CAP REL COSTS-UTILITI	53,695						
002 OLD CAP REL COSTS-WEGMILL	527,499						
003 OLD CAP REL COSTS-MVBLE E							
003 01 NEW CAP REL COSTS-BLDG &	21,956						
003 02 NEW CAP REL COSTS-1947 BU	3,984,958						
003 03 NEW CAP REL COSTS-1965 BU	15,945						
003 04 NEW CAP REL COSTS-1983 BU	46,313						
003 05 NEW CAP REL COSTS-MEDICAL	5,625						
003 06 NEW CAP REL COSTS-UTILITI	171,451						
003 07 NEW CAP REL COSTS-CANCER	71,869						
003 08 NEW CAP REL COSTS-PHNA BU	52,832						
003 09 NEW CAP REL COSTS-MITCHEL							
003 10 NEW CAP REL COSTS-SPENCER	36,584						
003 11 NEW CAP REL COSTS-PAIN MA	46,388						
004 NEW CAP REL COSTS-WEST PR	15,797,247						
005 NEW CAP REL COSTS-MVBLE E	27,311,262					474	
005 EMPLOYEE BENEFITS	174,949						
005 01 CHILD CARE CENTER	28,339,295		24,777	33,329	148,061	2,605	39,497
006 ADMINISTRATIVE & GENERAL	9,159,421		461	44,936	149,535		4,795
008 OPERATION OF PLANT	800,496						40,832
009 LAUNDRY & LINEN SERVICE	1,869,500		554	1,641	607		
010 HOUSEKEEPING	1,978,818			6,364			
011 DIETARY	193,138			3,994	955		
012 CAFETERIA	2,997,567			2,276	4,640	946	
014 NURSING ADMINISTRATION	470,466				21,030		
015 CENTRAL SERVICES & SUPPLY	404,630				17,993		
015 01 CENTRAL STERILIZATION							
016 PHARMACY	2,526,750			430	27,348	152	
017 MEDICAL RECORDS & LIBRARY	18,847			442	145		
024 PARAMED ED PRGM							
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	21,964,684			67,232	35,800		
026 INTENSIVE CARE UNIT	3,221,083				59,451		
031 SUBPROVIDER	2,097,028			8,300			
033 NURSERY	1,710,817			4,443			
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	5,492,112			17,280	101,905		
037 01 CARDIOVASCULAR SURGERY	817,635			3,425			
037 02 PARTIAL HOSPITALIZATION	796,096						
037 03 RECOVERY ROOM	964,782				20,047		
039 DELIVERY ROOM & LABOR ROO	2,508,240			26,584			
040 ANESTHESIOLOGY	86,206				868		
041 RADIOLOGY-DIAGNOSTIC	8,114,566			20,366	19,416	682	
041 01 MRI	600,310			1,252	11,230	57	
044 LABORATORY	10,737,725			10,270	2,372		
048 INTRAVENOUS THERAPY	928,600						
049 RESPIRATORY THERAPY	2,529,549			688	1,198	474	
050 PHYSICAL THERAPY	6,737,846				34,088		
053 ELECTROCARDIOLOGY	2,673,544			8,661		57	
054 ELECTROENCEPHALOGRAPHY	1,103,797			2,181	1,441		
055 MEDICAL SUPPLIES CHARGED	24,713,112						
056 DRUGS CHARGED TO PATIENTS	14,924,194			3,142			
057 RENAL DIALYSIS	969,926				4,559		
OUTPAT SERVICE COST CNTRS							
060 CLINIC	692,655						
061 EMERGENCY	4,571,298			17,849			
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	2,286,783			2,628	20,538		
071 HOME HEALTH AGENCY	3,873,901						
SPEC PURPOSE COST CENTERS							
093 HOSPICE	2,852,396					1,817	
095 SUBTOTALS	226,152,376		25,792	287,713	683,227	7,264	85,124
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				644			
FOUNDATION	490,053						
100 01 RENTAL PROPERTIES	211,086			1,349		1,895	
100 02 UNUSED SPACE	56,241		6,848			512	
100 03 PHYSICIAN RECRUITING	516,035						
100 04 PROMPTCARE	3,376,215						
100 05 MARKETING	925,920						
100 06 SELECT	4,971			4,780			
100 07 OLCOTT	143,548					842	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	231,876,445		32,640	294,486	683,227	10,513	85,124

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2008
 I 15-0051 I FROM 1/1/2007 I WORKSHEET B
 I I TO 12/31/2007 I PART I

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C				
	OSTS-WEGMILL	OSTS-MVBLE E	OSTS-BLDG &	OSTS-1947 BU	OSTS-1965 BU	OSTS-1983 BU	OSTS-MEDICAL
	1.06	2	3	3.01	3.02	3.03	3.04
GENERAL SERVICE COST CNTR							
06. OLD CAP REL COSTS-BLDG &							
001 01 OLD CAP REL COSTS-1947 BU							
001 02 OLD CAP REL COSTS-1965 BU							
001 03 OLD CAP REL COSTS-1983 BU							
001 04 OLD CAP REL COSTS-MEDICAL							
001 05 OLD CAP REL COSTS-UTILITI							
001 06 OLD CAP REL COSTS-WEGMILL	53,695						
002 OLD CAP REL COSTS-MVBLE E		527,499					
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-1947 BU				21,956			
003 02 NEW CAP REL COSTS-1965 BU					3,984,958		
003 03 NEW CAP REL COSTS-1983 BU						15,945	
003 04 NEW CAP REL COSTS-MEDICAL							46,313
003 05 NEW CAP REL COSTS-UTILITI							
003 06 NEW CAP REL COSTS-CANCER							
003 07 NEW CAP REL COSTS-PHNA BU							
003 08 NEW CAP REL COSTS-MITCHEL							
003 09 NEW CAP REL COSTS-SPENCER							
003 10 NEW CAP REL COSTS-PAIN MA							
003 11 NEW CAP REL COSTS-WEST PR							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		6,223					2,090
005 01 CHILD CARE CENTER		8,259					
006 ADMINISTRATIVE & GENERAL	47,620	123,512		16,666	451,004	3,455	11,478
008 OPERATION OF PLANT	934	68,913		310	608,072	3,492	
009 LAUNDRY & LINEN SERVICE		8,069					
010 HOUSEKEEPING		1,799		373	22,203	14	
011 DIETARY		5,828			86,117		
012 CAFETERIA		3,761			54,049	22	
014 NURSING ADMINISTRATION		4,145			30,793	108	4,167
015 CENTRAL SERVICES & SUPPLY		2,272				491	
015 01 CENTRAL STERILIZATION		1,944				420	
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY		10,161				638	668
024 PARAMED ED PRGM		421			5,985	3	
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		65,433			909,767	836	
026 INTENSIVE CARE UNIT		6,423				1,387	
031 SUBPROVIDER		7,601			112,319		
033 NURSERY		4,069			60,127		
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	5,141	27,222			233,838	2,378	
037 01 CARDIOVASCULAR SURGERY		3,136			46,346		
037 2 PARTIAL HOSPITALIZATION		5,368					
037 RECOVERY ROOM		2,166				468	
039 DELIVERY ROOM & LABOR ROO		24,344			359,734		
040 ANESTHESIOLOGY		94				20	
041 RADIOLOGY-DIAGNOSTIC		29,589			275,585	453	3,005
041 01 MRT		2,453			16,939	262	250
044 LABORATORY		9,792			138,975	55	
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY		1,542			9,310	28	2,090
050 PHYSICAL THERAPY		23,796				796	
053 ELECTROCARDIOLOGY		8,468			117,205		250
054 ELECTROENCEPHALOGRAPHY		2,153			29,509	34	
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS		2,878			42,523		
057 RENAL DIALYSIS		493				106	
OUTPAT SERVICE COST CNTRS							
060 CLINIC		3,658					
061 EMERGENCY		16,345			241,531		
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES		7,126			35,568	479	
071 HOME HEALTH AGENCY		9,344					
SPEC PURPOSE COST CENTERS							
093 HOSPICE		3,691					8,006
095 SUBTOTALS	53,695	512,491		17,349	3,893,318	15,945	32,004
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		589			8,710		
100 FOUNDATION		4,030					
100 01 RENTAL PROPERTIES							8,346
100 02 UNUSED SPACE		3,915		4,607	18,250		2,254
100 03 PHYSICIAN RECRUITING							
100 04 PROMPTCARE		5,085					
100 05 MARKETING							
100 06 SELECT					64,680		
100 07 OLCOTT		1,389					3,709
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	53,695	527,499		21,956	3,984,958	15,945	46,313

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2008
 I 15-0051 I FROM 1/ 1/2007 I WORKSHEET B
 I I TO 12/31/2007 I PART I

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-UTILITI 3.05	NEW CAP REL C OSTS-CANCER 3.06	NEW CAP REL C OSTS-PHNA BU 3.07	NEW CAP REL C OSTS-MITCHEL 3.08	NEW CAP REL C OSTS-SPENCER 3.09	NEW CAP REL C OSTS-PAIN MA 3.10	NEW CAP REL C OSTS-WEST PR 3.11
00. GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-1947 BU							
001 03 OLD CAP REL COSTS-1965 BU							
001 04 OLD CAP REL COSTS-1983 BU							
001 05 OLD CAP REL COSTS-MEDICAL							
001 06 OLD CAP REL COSTS-UTILITI							
002 OLD CAP REL COSTS-WEGMILL							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-1947 BU							
003 02 NEW CAP REL COSTS-1965 BU							
003 03 NEW CAP REL COSTS-1983 BU							
003 04 NEW CAP REL COSTS-MEDICAL							
003 05 NEW CAP REL COSTS-UTILITI	5,625						
003 06 NEW CAP REL COSTS-CANCER		171,451					
003 07 NEW CAP REL COSTS-PHNA BU			71,869				
003 08 NEW CAP REL COSTS-MITCHEL				52,832			
003 09 NEW CAP REL COSTS-SPENCER							
003 10 NEW CAP REL COSTS-PAIN MA						36,584	
003 11 NEW CAP REL COSTS-WEST PR							46,388
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
005 01 CHILD CARE CENTER							
006 ADMINISTRATIVE & GENERAL	2,610			18,751			11,543
008 OPERATION OF PLANT	317	33,856					
009 LAUNDRY & LINEN SERVICE	2,698						
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
015 01 CENTRAL STERILIZATION							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY							
024 PARAMED ED PRGM							
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS							
026 INTENSIVE CARE UNIT							
031 SUBPROVIDER							
033 NURSERY							
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM							
037 01 CARDIOVASCULAR SURGERY							
037 02 PARTIAL HOSPITALIZATION							
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC		137,595					
041 01 MRI							
044 LABORATORY							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY				22,117		36,584	
053 ELECTROCARDIOLOGY				3,516			
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS							
OUTPAT SERVICE COST CNTRS							
060 CLINIC							
061 EMERGENCY							
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
071 HOME HEALTH AGENCY			71,869				
SPEC PURPOSE COST CENTERS							
093 HOSPICE							
095 SUBTOTALS	5,625	171,451	71,869	44,384		36,584	11,543
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
100 FOUNDATION							
100 01 RENTAL PROPERTIES							
100 02 UNUSED SPACE				8,448			
100 03 PHYSICIAN RECRUITING							
100 04 PROMPTCARE							34,845
100 05 MARKETING							
100 06 SELECT							
100 07 OLCOTT							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	5,625	171,451	71,869	52,832		36,584	46,388

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2008
 I 15-0051 I FROM 1/1/2007 I WORKSHEET B
 I I TO 12/31/2007 I PART I

COST CENTER DESCRIPTION	NEW CAP REL COSTS-MVBLE E	EMPLOYEE BENEFITS	CHILD CARE CENTER	CARE CE	SUBTOTAL	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	4	5	5.01		5a.01	6	8	9
001 GENERAL SERVICE COST CNTR								
001 01 OLD CAP REL COSTS-BLDG &								
001 02 OLD CAP REL COSTS-1947 BU								
001 03 OLD CAP REL COSTS-1965 BU								
001 04 OLD CAP REL COSTS-1983 BU								
001 05 OLD CAP REL COSTS-MEDICAL								
001 06 OLD CAP REL COSTS-UTILITI								
002 OLD CAP REL COSTS-WEGMILL								
002 OLD CAP REL COSTS-MVBLE E								
003 NEW CAP REL COSTS-BLDG &								
003 01 NEW CAP REL COSTS-1947 BU								
003 02 NEW CAP REL COSTS-1965 BU								
003 03 NEW CAP REL COSTS-1983 BU								
003 04 NEW CAP REL COSTS-MEDICAL								
003 05 NEW CAP REL COSTS-UTILITI								
003 06 NEW CAP REL COSTS-CANCER								
003 07 NEW CAP REL COSTS-PHNA BU								
003 08 NEW CAP REL COSTS-MITCHEL								
003 09 NEW CAP REL COSTS-SPENCER								
003 10 NEW CAP REL COSTS-PAIN MA								
003 11 NEW CAP REL COSTS-WEST PR								
004 NEW CAP REL COSTS-MVBLE E	15,797,247							
005 EMPLOYEE BENEFITS	186,373	27,506,422						
005 01 CHILD CARE CENTER	247,337		430,545					
006 ADMINISTRATIVE & GENERAL	3,698,931	4,260,458	56,158		37,289,750	37,289,750		
008 OPERATION OF PLANT	2,063,767	636,753	7,488		12,783,050	2,449,693	15,232,743	
009 LAUNDRY & LINEN SERVICE	241,647	196,373			1,290,115	247,232	388,137	1,925,484
010 HOUSEKEEPING	53,888	420,682			2,371,261	454,419	86,557	
011 DIETARY	174,525	349,090	3,744		2,604,486	499,113	280,325	7,087
012 CAFETERIA	112,625	198,550			567,094	108,676	180,900	4,970
014 NURSING ADMINISTRATION	124,136	669,668	18,719		3,857,165	739,172	199,390	
015 CENTRAL SERVICES & SUPPLY	68,039	121,986			684,284	131,133	109,286	
015 01 CENTRAL STERILIZATION	58,212	90,773			573,972	109,994	93,502	
016 PHARMACY								
017 MEDICAL RECORDS & LIBRARY	304,295	600,248	3,744		3,480,253	666,942	488,764	
024 PARAMED ED PRGM	12,597	17,404			55,844	10,702	20,234	192
025 INPAT ROUTINE SRVC CNTRS								
025 ADULTS & PEDIATRICS	1,959,565	5,414,955	104,827		30,523,099	5,849,257	3,147,485	593,531
026 INTENSIVE CARE UNIT	192,344	751,929			4,232,617	811,122	308,946	133,060
031 SUBPROVIDER	227,627	352,159			2,805,034	537,545	365,619	88,333
033 NURSERY	121,853	412,619	7,488		2,321,416	444,867	195,722	18,840
037 ANCILLARY SRVC COST CNTRS								
037 OPERATING ROOM	815,234	1,201,249	18,719		7,915,078	1,516,814	1,309,444	322,092
037 01 CARDIOVASCULAR SURGERY	93,926	173,324	3,744		1,141,536	218,759	150,865	
037 02 PARTIAL HOSPITALIZATION	160,748	296,871			1,259,083	241,286	258,197	
037 03 RECOVERY ROOM	64,857	241,213			1,293,533	247,887	104,175	
039 DELIVERY ROOM & LABOR ROO	729,039	613,392	22,463		4,283,796	820,930	1,170,996	150,191
040 ANESTHESIOLOGY	2,808				89,996	17,246	4,510	
041 RADIOLOGY-DIAGNOSTIC	886,119	1,451,658	33,695		10,972,729	2,102,770	1,423,300	158,916
041 01 MRI	73,467	76,653			782,873	150,027	118,005	
044 LABORATORY	293,252	1,089,002	11,232		12,292,675	2,355,719	471,026	
048 INTRAVENOUS THERAPY					928,600	177,953		
049 RESPIRATORY THERAPY	46,177	604,553			3,195,609	612,394	74,170	
050 PHYSICAL THERAPY	712,623	1,624,840	74,877		9,267,567	1,775,999	1,144,629	66,629
053 ELECTROCARDIOLOGY	253,589	531,286	11,232		3,607,808	691,386	407,318	88,689
054 ELECTROENCEPHALOGRAPHY	64,464	214,203			1,417,782	271,698	103,543	
055 MEDICAL SUPPLIES CHARGED					24,713,112	4,735,922		
056 DRUGS CHARGED TO PATIENTS	86,177	989,607	26,207		16,074,728	3,080,497	138,419	
057 RENAL DIALYSIS	14,750				989,834	189,688	23,691	
060 OUTPAT SERVICE COST CNTRS								
060 CLINIC	109,555	165,177			971,045	186,087	175,970	
061 EMERGENCY	489,489	1,104,205	11,232		6,451,949	1,236,426	786,226	193,619
062 OBSERVATION BEDS (NON-DIS								
062 OTHER REIMBURS COST CNTRS								
065 AMBULANCE SERVICES	213,401	506,307			3,072,830	588,865	342,769	83,825
071 HOME HEALTH AGENCY	279,831	837,242	3,744		5,075,931	972,731	449,469	
093 SPEC PURPOSE COST CENTERS								
093 HOSPICE	110,547	459,809			3,436,266	658,512	177,563	
095 SUBTOTALS	15,347,814	26,674,238	419,313		224,673,800	35,909,463	14,699,152	1,909,974
096 NONREIMBURS COST CENTERS								
096 GIFT, FLOWER, COFFEE SHOP	17,651				27,594	5,288	28,351	
100 FOUNDATION	120,674	102,520			717,277	137,456	193,828	
100 01 RENTAL PROPERTIES					240,926	46,170		
100 02 UNUSED SPACE	117,229				200,054	38,338		
100 03 PHYSICIAN RECRUITING		27,162			543,197	104,096		
100 04 PROMPTCARE	152,288	667,939	7,488		4,243,860	813,276	244,608	3,586
100 05 MARKETING					925,920	177,440		
100 06 SELECT		94			74,525	14,282		11,924
100 07 OLCOTT	41,591	34,469	3,744		229,292	43,941	66,804	
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	15,797,247	27,506,422	430,545		231,876,445	37,289,750	15,232,743	1,925,484

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2008
 I 15-0051 I FROM 1/ 1/2007 I WORKSHEET 8
 I I TO 12/31/2007 I PART I

COST CENTER DESCRIPTION	HOUSEKEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMIN ISTRATION 14	CENTRAL SERVI CES & SUPPLY 15	CENTRAL STERI LIZATION 15.01	PHARMACY 16
00. GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-1947 BU							
001 03 OLD CAP REL COSTS-1965 BU							
001 04 OLD CAP REL COSTS-1983 BU							
001 05 OLD CAP REL COSTS-MEDICAL							
001 06 OLD CAP REL COSTS-UTILITI							
002 01 OLD CAP REL COSTS-WEGMILL							
002 02 OLD CAP REL COSTS-MVBLE E							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-1947 BU							
003 03 NEW CAP REL COSTS-1965 BU							
003 04 NEW CAP REL COSTS-1983 BU							
003 05 NEW CAP REL COSTS-MEDICAL							
003 06 NEW CAP REL COSTS-UTILITI							
003 07 NEW CAP REL COSTS-CANCER							
003 08 NEW CAP REL COSTS-PHNA BU							
003 09 NEW CAP REL COSTS-MITCHEL							
003 10 NEW CAP REL COSTS-SPENCER							
003 11 NEW CAP REL COSTS-PAIN MA							
004 01 NEW CAP REL COSTS-WEST PR							
005 01 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 CHILD CARE CENTER							
008 ADMINISTRATIVE & GENERAL							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING	2,912,237						
012 DIETARY	16,032	3,407,043					
014 CAFETERIA	10,306		871,946				
015 NURSING ADMINISTRATION			23,991	4,819,718			
016 CENTRAL SERVICES & SUPPLY	12,825		8,704		946,232		
017 01 CENTRAL STERILIZATION	10,993		6,611			795,072	
024 PHARMACY							
025 MEDICAL RECORDS & LIBRARY	6,413		39,427				
026 PARAMED ED PRGM	2,977		724	7,153			
027 INPAT ROUTINE SRVC CNTRS							
028 ADULTS & PEDIATRICS	1,425,201	2,837,930	226,750	2,241,797		21,430	
029 INTENSIVE CARE UNIT	125,504	245,772	26,254	259,565		1,861	
031 SUBPROVIDER	109,014	323,341	15,661	154,832		2,434	
033 NURSERY	35,269		13,103	129,541		2,363	
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	197,187		51,907	513,177		749,659	
039 01 CARDIOVASCULAR SURGERY	22,673		5,280	52,196		7,040	
040 PARTIAL HOSPITALIZATION			10,311	101,936			
041 RECOVERY ROOM	15,573		8,736	86,365			
042 DELIVERY ROOM & LABOR ROO	188,943		21,885	216,368			
043 ANESTHESIOLOGY	687						
044 RADIOLOGY-DIAGNOSTIC	136,955		60,401			1,861	
045 01 MRI	11,451		3,418				
046 LABORATORY	56,339		57,228				
048 INTRAVENOUS THERAPY					34,267		
049 RESPIRATORY THERAPY	6,413		16,639			788	
050 PHYSICAL THERAPY	27,712		64,513			477	
053 ELECTROCARDIOLOGY	53,591		21,325				
054 ELECTROENCEPHALOGRAPHY	1,832		8,732				
055 MEDICAL SUPPLIES CHARGED					911,965		
056 DRUGS CHARGED TO PATIENTS	29,773		31,500			239	
057 RENAL DIALYSIS	7,100						
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC	11,451		6,551				
062 EMERGENCY	325,210		49,156	485,983		6,443	
065 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS			29,545				
072 AMBULANCE SERVICES			38,492	380,553			
073 HOME HEALTH AGENCY							
074 SPEC PURPOSE COST CENTERS							
093 HOSPICE			19,244	190,252			
095 SUBTOTALS	2,847,424	3,407,043	866,088	4,819,718	946,232	794,595	
096 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP	3,206						
101 FOUNDATION			3,694				
102 01 RENTAL PROPERTIES							
103 02 UNUSED SPACE							
104 03 PHYSICIAN RECRUITING			570				
105 04 PROMPTCARE						477	
106 05 MARKETING							
107 06 SELECT	61,607						
108 07 OLCOTT			1,594				
109 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	2,912,237	3,407,043	871,946	4,819,718	946,232	795,072	

COST ALLOCATION - GENERAL SERVICE COSTS

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COST CENTER DESCRIPTION	MEDICAL RECOR DS & LIBRARY 17	PARAMED ED PR GM 24	SUBTOTAL 25	I&R COST POST STEP-DOWN ADJ 26	TOTAL 27
00. GENERAL SERVICE COST CNTR					
001 01 OLD CAP REL COSTS-BLDG &					
001 02 OLD CAP REL COSTS-1947 BU					
001 03 OLD CAP REL COSTS-1965 BU					
001 04 OLD CAP REL COSTS-1983 BU					
001 05 OLD CAP REL COSTS-MEDICAL					
001 06 OLD CAP REL COSTS-UTILITI					
002 OLD CAP REL COSTS-WEGMILL					
003 OLD CAP REL COSTS-MVBLE E					
003 01 NEW CAP REL COSTS-BLDG &					
003 02 NEW CAP REL COSTS-1947 BU					
003 03 NEW CAP REL COSTS-1965 BU					
003 04 NEW CAP REL COSTS-1983 BU					
003 05 NEW CAP REL COSTS-MEDICAL					
003 06 NEW CAP REL COSTS-UTILITI					
003 07 NEW CAP REL COSTS-CANCER					
003 08 NEW CAP REL COSTS-PHNA BU					
003 09 NEW CAP REL COSTS-MITCHEL					
003 10 NEW CAP REL COSTS-SPENCER					
003 11 NEW CAP REL COSTS-PAIN MA					
004 NEW CAP REL COSTS-WEST PR					
005 NEW CAP REL COSTS-MVBLE E					
005 EMPLOYEE BENEFITS					
005 01 CHILD CARE CENTER					
006 ADMINISTRATIVE & GENERAL					
008 OPERATION OF PLANT					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
014 NURSING ADMINISTRATION					
015 CENTRAL SERVICES & SUPPLY					
015 01 CENTRAL STERILIZATION					
016 PHARMACY					
017 MEDICAL RECORDS & LIBRARY	4,681,799				
024 PARAMED ED PRGM		97,826			
025 INPAT ROUTINE SRVC CNTRS					
026 ADULTS & PEDIATRICS	1,686,250		48,552,730		48,552,730
031 INTENSIVE CARE UNIT	487,455		6,632,156		6,632,156
033 SUBPROVIDER	215,065		4,616,878		4,616,878
033 NURSERY	364,620		3,525,741		3,525,741
037 ANCILLARY SRVC COST CNTRS					
037 OPERATING ROOM	1,566,031	97,826	14,239,215		14,239,215
037 1 CARDIOVASCULAR SURGERY			1,598,349		1,598,349
037 2 PARTIAL HOSPITALIZATION			1,870,813		1,870,813
037 RECOVERY ROOM			1,756,269		1,756,269
039 DELIVERY ROOM & LABOR ROO			6,853,109		6,853,109
040 ANESTHESIOLOGY			112,439		112,439
041 RADIOLOGY-DIAGNOSTIC			14,856,932		14,856,932
041 01 MRI			1,065,774		1,065,774
044 LABORATORY			15,232,987		15,232,987
048 INTRAVENOUS THERAPY			1,140,820		1,140,820
049 RESPIRATORY THERAPY			3,906,013		3,906,013
050 PHYSICAL THERAPY			12,347,526		12,347,526
053 ELECTROCARDIOLOGY			4,870,117		4,870,117
054 ELECTROENCEPHALOGRAPHY			1,803,587		1,803,587
055 MEDICAL SUPPLIES CHARGED			30,360,999		30,360,999
056 DRUGS CHARGED TO PATIENTS			19,355,156		19,355,156
057 RENAL DIALYSIS			1,210,313		1,210,313
060 OUTPAT SERVICE COST CNTRS					
061 CLINIC			1,351,104		1,351,104
062 EMERGENCY	362,378		9,897,390		9,897,390
062 OBSERVATION BEDS (NON-DIS					
062 OTHER REIMBURS COST CNTRS					
065 AMBULANCE SERVICES			4,117,834		4,117,834
071 HOME HEALTH AGENCY			6,917,176		6,917,176
093 SPEC PURPOSE COST CENTERS					
093 HOSPICE			4,481,837		4,481,837
095 SUBTOTALS	4,681,799	97,826	222,673,264		222,673,264
096 NONREIMBURS COST CENTERS					
100 GIFT, FLOWER, COFFEE SHOP			64,439		64,439
100 FOUNDATION			1,052,255		1,052,255
100 01 RENTAL PROPERTIES			287,096		287,096
100 02 UNUSED SPACE			238,392		238,392
100 03 PHYSICIAN RECRUITING			647,863		647,863
100 04 PROMPTCARE			5,305,807		5,305,807
100 05 MARKETING			1,103,360		1,103,360
100 06 SELECT			162,338		162,338
100 07 OLCOTT			341,631		341,631
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 TOTAL	4,681,799	97,826	231,876,445		231,876,445

ALLOCATION OF OLD CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2008
 I 15-0051 I FROM 1/ 1/2007 I WORKSHEET B
 I I TO 12/31/2007 I PART II

COST CENTER DESCRIPTION	DIR ASSGND OLD CAPITAL REL COSTS 0	OLD CAP REL OSTS-BLDG & 1	OLD CAP REL OSTS-1947 BU 1.01	OLD CAP REL OSTS-1965 BU 1.02	OLD CAP REL OSTS-1983 BU 1.03	OLD CAP REL OSTS-MEDICAL 1.04	OLD CAP REL OSTS-UTILITI 1.05
00. GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-1947 BU							
001 03 OLD CAP REL COSTS-1965 BU							
001 04 OLD CAP REL COSTS-1983 BU							
001 05 OLD CAP REL COSTS-MEDICAL							
001 06 OLD CAP REL COSTS-UTILITI							
002 OLD CAP REL COSTS-WEGMILL							
003 OLD CAP REL COSTS-MVBLE E							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-1947 BU							
003 03 NEW CAP REL COSTS-1965 BU							
003 04 NEW CAP REL COSTS-1983 BU							
003 05 NEW CAP REL COSTS-MEDICAL							
003 06 NEW CAP REL COSTS-UTILITI							
003 07 NEW CAP REL COSTS-CANCER							
003 08 NEW CAP REL COSTS-PHNA BU							
003 09 NEW CAP REL COSTS-MITCHEL							
003 10 NEW CAP REL COSTS-SPENCER							
003 11 NEW CAP REL COSTS-PAIN MA							
004 NEW CAP REL COSTS-WEST PR							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS						474	
005 01 CHILD CARE CENTER							
006 ADMINISTRATIVE & GENERAL		24,777	33,329	148,061	2,605	39,497	
008 OPERATION OF PLANT		461	44,936	149,535		4,795	
009 LAUNDRY & LINEN SERVICE						40,832	
010 HOUSEKEEPING		554	1,641	607			
011 DIETARY			6,364				
012 CAFETERIA			3,994	955			
014 NURSING ADMINISTRATION			2,276	4,640	946		
015 CENTRAL SERVICES & SUPPLY				21,030			
015 01 CENTRAL STERILIZATION				17,993			
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY			430	27,348	152		
024 PARAMED ED PRGM			442	145			
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS			67,232	35,800			
026 INTENSIVE CARE UNIT				59,451			
031 SUBPROVIDER			8,300				
033 NURSERY			4,443				
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM			17,280	101,905			
037 01 CARDIOVASCULAR SURGERY			3,425				
037 02 PARTIAL HOSPITALIZATION							
037 03 RECOVERY ROOM				20,047			
039 DELIVERY ROOM & LABOR ROO			26,584				
040 ANESTHESIOLOGY				868			
041 RADIOLOGY-DIAGNOSTIC			20,366	19,416	682		
041 01 MRI			1,252	11,230	57		
044 LABORATORY			10,270	2,372			
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY			688	1,198	474		
050 PHYSICAL THERAPY				34,088			
053 ELECTROCARDIOLOGY			8,661		57		
054 ELECTROENCEPHALOGRAPHY			2,181	1,441			
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS			3,142				
057 RENAL DIALYSIS				4,559			
OUTPAT SERVICE COST CNTRS							
060 CLINIC							
061 EMERGENCY			17,849				
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES			2,628	20,538			
071 HOME HEALTH AGENCY							
SPEC PURPOSE COST CENTERS							
093 HOSPICE						1,817	
095 SUBTOTALS		25,792	287,713	683,227	7,264	85,124	
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP			644				
100 FOUNDATION							
100 01 RENTAL PROPERTIES				1,349		1,895	
100 02 UNUSED SPACE		6,848				512	
100 03 PHYSICIAN RECRUITING							
100 04 PROMPTCARE							
100 05 MARKETING							
100 06 SELECT				4,780			
100 07 OLCOTT						842	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		32,640	294,486	683,227	10,513	85,124	

ALLOCATION OF OLD CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2008
 I 15-0051 I FROM 1/ 1/2007 I WORKSHEET B
 I I TO 12/31/2007 I PART II

COST CENTER DESCRIPTION	OLD CAP REL C OSTS-WEGMILL 1.06	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-1947 BU 3.01	NEW CAP REL C OSTS-1965 BU 3.02	NEW CAP REL C OSTS-1983 BU 3.03	NEW CAP REL C OSTS-MEDICAL 3.04
00.. GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-1947 BU							
001 03 OLD CAP REL COSTS-1965 BU							
001 04 OLD CAP REL COSTS-1983 BU							
001 05 OLD CAP REL COSTS-MEDICAL							
001 06 OLD CAP REL COSTS-UTILITI							
002 OLD CAP REL COSTS-WEGMILL							
003 OLD CAP REL COSTS-MVBLE E							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-1947 BU							
003 03 NEW CAP REL COSTS-1965 BU							
003 04 NEW CAP REL COSTS-1983 BU							
003 05 NEW CAP REL COSTS-MEDICAL							
003 06 NEW CAP REL COSTS-UTILITI							
003 07 NEW CAP REL COSTS-CANCER							
003 08 NEW CAP REL COSTS-PHNA BU							
003 09 NEW CAP REL COSTS-MITCHEL							
003 10 NEW CAP REL COSTS-SPENCER							
003 11 NEW CAP REL COSTS-PAIN MA							
004 NEW CAP REL COSTS-WEST PR							
005 EMPLOYEE BENEFITS							
005 01 CHILD CARE CENTER			6,223				
006 ADMINISTRATIVE & GENERAL	47,620	123,512					
008 OPERATION OF PLANT	934	68,913					
009 LAUNDRY & LINEN SERVICE		8,069					
010 HOUSEKEEPING		1,799					
011 DIETARY		5,828					
012 CAFETERIA		3,761					
014 NURSING ADMINISTRATION		4,145					
015 CENTRAL SERVICES & SUPPLY		2,272					
015 01 CENTRAL STERILIZATION		1,944					
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY		10,161					
024 PARAMED ED PRGM		421					
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS		65,433					
031 INTENSIVE CARE UNIT		6,423					
033 SUBPROVIDER		7,601					
037 NURSERY		4,069					
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	5,141	27,222					
037 02 CARDIOVASCULAR SURGERY		3,136					
037 03 PARTIAL HOSPITALIZATION		5,368					
037 04 RECOVERY ROOM		2,166					
039 DELIVERY ROOM & LABOR ROO		24,344					
040 ANESTHESIOLOGY		94					
041 RADIOLOGY-DIAGNOSTIC		29,589					
041 01 MRI		2,453					
044 LABORATORY		9,792					
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY		1,542					
050 PHYSICAL THERAPY		23,796					
053 ELECTROCARDIOLOGY		8,468					
054 ELECTROENCEPHALOGRAPHY		2,153					
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS		2,878					
057 RENAL DIALYSIS		493					
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC		3,658					
062 EMERGENCY		16,345					
065 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS							
093 AMBULANCE SERVICES		7,126					
095 HOME HEALTH AGENCY		9,344					
095 SPEC PURPOSE COST CENTERS							
095 HOSPICE		3,691					
095 SUBTOTALS	53,695	512,491					
096 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP		589					
100 FOUNDATION		4,030					
100 01 RENTAL PROPERTIES							
100 02 UNUSED SPACE		3,915					
100 03 PHYSICIAN RECRUITING							
100 04 PROMPTCARE		5,085					
100 05 MARKETING							
100 06 SELECT							
100 07 OLCOTT		1,389					
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	53,695	527,499					

ALLOCATION OF OLD CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2008
 I 15-0051 I FROM 1/ 1/2007 I WORKSHEET B
 I I TO 12/31/2007 I PART II

	COST CENTER DESCRIPTION	NEW CAP REL COSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENEFITS 5	CHILD CARE CENTER 5.01	ADMINISTRATIVE & GENERAL 6	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9
00.	GENERAL SERVICE COST CNTR							
001	01 OLD CAP REL COSTS-BLDG &							
001	02 OLD CAP REL COSTS-1947 BU							
001	03 OLD CAP REL COSTS-1965 BU							
001	04 OLD CAP REL COSTS-1983 BU							
001	05 OLD CAP REL COSTS-MEDICAL							
001	06 OLD CAP REL COSTS-UTILITI							
002	01 OLD CAP REL COSTS-WEGMILL							
002	02 OLD CAP REL COSTS-MVBLE E							
003	01 NEW CAP REL COSTS-BLDG &							
003	02 NEW CAP REL COSTS-1947 BU							
003	03 NEW CAP REL COSTS-1965 BU							
003	04 NEW CAP REL COSTS-1983 BU							
003	05 NEW CAP REL COSTS-MEDICAL							
003	06 NEW CAP REL COSTS-UTILITI							
003	07 NEW CAP REL COSTS-CANCER							
003	08 NEW CAP REL COSTS-PHNA BU							
003	09 NEW CAP REL COSTS-MITCHEL							
003	10 NEW CAP REL COSTS-SPENCER							
003	11 NEW CAP REL COSTS-PAIN MA							
003	01 NEW CAP REL COSTS-WEST PR							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS		6,697	6,697				
005	01 CHILD CARE CENTER		8,259		8,259			
006	ADMINISTRATIVE & GENERAL		419,401	1,036	1,077	421,514		
008	OPERATION OF PLANT		269,574	155	144	27,688	297,561	
009	LAUNDRY & LINEN SERVICE		48,901	48		2,794	7,582	59,325
010	HOUSEKEEPING		4,601	102		5,136	1,691	
011	DIETARY		12,192	85	72	5,641	5,476	218
012	CAFETERIA		8,710	48		1,228	3,534	153
014	NURSING ADMINISTRATION		12,007	163	359	8,355	3,895	
015	CENTRAL SERVICES & SUPPLY		23,302	30		1,482	2,135	
015	01 CENTRAL STERILIZATION		19,937	22		1,243	1,826	
016	PHARMACY							
017	MEDICAL RECORDS & LIBRARY		38,091	146	72	7,538	9,548	
024	PARAMED ED PRGM		1,008	4		121	395	6
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS		168,465	1,324	2,011	66,150	61,483	18,287
026	INTENSIVE CARE UNIT		65,874	183		9,168	6,035	4,100
031	SUBPROVIDER		15,901	86		6,076	7,142	2,722
033	NURSERY		8,512	100	144	5,028	3,823	580
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM		151,548	292	359	17,144	25,579	9,924
037	01 CARDIOVASCULAR SURGERY		6,561	42	72	2,473	2,947	
03	PARTIAL HOSPITALIZATION		5,368	72		2,727	5,044	
03	RECOVERY ROOM		22,213	59		2,802	2,035	
039	DELIVERY ROOM & LABOR ROO		50,928	149	431	9,279	22,875	4,627
040	ANESTHESIOLOGY		962			195	88	
041	RADIOLOGY-DIAGNOSTIC		70,053	353	646	23,767	27,803	4,896
041	01 MRI		14,992	19		1,696	2,305	
044	LABORATORY		22,434	265	215	26,626	9,201	
048	INTRAVENOUS THERAPY					2,011		
049	RESPIRATORY THERAPY		3,902	147		6,922	1,449	
050	PHYSICAL THERAPY		57,884	395	1,436	20,074	22,360	2,053
053	ELECTROCARDIOLOGY		17,186	129	215	7,815	7,957	2,733
054	ELECTROENCEPHALOGRAPHY		5,775	52		3,071	2,023	
055	MEDICAL SUPPLIES CHARGED					53,529		
056	DRUGS CHARGED TO PATIENTS		6,020	241	503	34,818	2,704	
057	RENAL DIALYSIS		5,052			2,144	463	
	OUTPAT SERVICE COST CNTRS							
060	CLINIC		3,658	40		2,103	3,437	
061	EMERGENCY		34,194	269	215	13,975	15,358	5,965
062	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
065	AMBULANCE SERVICES		30,292	123		6,656	6,696	2,583
071	HOME HEALTH AGENCY		9,344	204	72	10,994	8,780	
	SPEC PURPOSE COST CENTERS							
093	HOSPICE		5,508	112		7,443	3,469	
095	SUBTOTALS		1,655,306	6,495	8,043	405,912	287,138	58,847
	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP		1,233			60	554	
100	FOUNDATION		4,030	25		1,554	3,786	
100	01 RENTAL PROPERTIES		3,244			522		
100	02 UNUSED SPACE		11,275			433		
100	03 PHYSICIAN RECRUITING			7		1,177		
100	04 PROMPTCARE		5,085	162	144	9,192	4,778	111
100	05 MARKETING					2,006		
100	06 SELECT		4,780			161		367
100	07 OLCOTT		2,231	8	72	497	1,305	
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL		1,687,184	6,697	8,259	421,514	297,561	59,325

ALLOCATION OF OLD CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2008
 I 15-0051 I FROM 1/ 1/2007 I WORKSHEET B
 I I TO 12/31/2007 I PART II

COST CENTER DESCRIPTION	MEDICAL RECOR DS & LIBRARY	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	17	25	26	27
00. GENERAL SERVICE COST CNTR				
001 01 OLD CAP REL COSTS-BLDG &				
001 02 OLD CAP REL COSTS-1947 BU				
001 03 OLD CAP REL COSTS-1965 BU				
001 04 OLD CAP REL COSTS-1983 BU				
001 05 OLD CAP REL COSTS-MEDICAL				
001 06 OLD CAP REL COSTS-UTILITI				
002 OLD CAP REL COSTS-MVBLE E				
003 NEW CAP REL COSTS-BLDG &				
003 01 NEW CAP REL COSTS-1947 BU				
003 02 NEW CAP REL COSTS-1965 BU				
003 03 NEW CAP REL COSTS-1983 BU				
003 04 NEW CAP REL COSTS-MEDICAL				
003 05 NEW CAP REL COSTS-UTILITI				
003 06 NEW CAP REL COSTS-CANCER				
003 07 NEW CAP REL COSTS-PHNA BU				
003 08 NEW CAP REL COSTS-MITCHEL				
003 09 NEW CAP REL COSTS-SPENCER				
003 10 NEW CAP REL COSTS-PAIN MA				
003 11 NEW CAP REL COSTS-WEST PR				
004 NEW CAP REL COSTS-MVBLE E				
005 EMPLOYEE BENEFITS				
005 01 CHILD CARE CENTER				
006 ADMINISTRATIVE & GENERAL				
008 OPERATION OF PLANT				
009 LAUNDRY & LINEN SERVICE				
010 HOUSEKEEPING				
011 DIETARY				
012 CAFETERIA				
014 NURSING ADMINISTRATION				
015 CENTRAL SERVICES & SUPPLY				
015 01 CENTRAL STERILIZATION				
016 PHARMACY				
017 MEDICAL RECORDS & LIBRARY	56,040			
024 PARAMED ED PRGM		1,594		
INPAT ROUTINE SRVC CNTRS				
025 ADULTS & PEDIATRICS	20,184	379,220		379,220
026 INTENSIVE CARE UNIT	5,835	95,227		95,227
031 SUBPROVIDER	2,574	38,312		38,312
033 NURSERY	4,364	23,642		23,642
ANCILLARY SRVC COST CNTRS				
037 OPERATING ROOM	18,745	249,719		249,719
037 01 CARDIOVASCULAR SURGERY		12,745		12,745
037 02 PARTIAL HOSPITALIZATION		13,905		13,905
037 03 RECOVERY ROOM		27,759		27,759
039 DELIVERY ROOM & LABOR ROO		90,510		90,510
040 ANESTHESIOLOGY		1,248		1,248
041 RADIOLOGY-DIAGNOSTIC		129,064		129,064
041 01 MRI		19,111		19,111
044 LABORATORY		59,864		59,864
048 INTRAVENOUS THERAPY		2,993		2,993
049 RESPIRATORY THERAPY		12,730		12,730
050 PHYSICAL THERAPY		105,341		105,341
053 ELECTROCARDIOLOGY		36,582		36,582
054 ELECTROENCEPHALOGRAPHY		11,065		11,065
055 MEDICAL SUPPLIES CHARGED		79,684		79,684
056 DRUGS CHARGED TO PATIENTS		44,906		44,906
057 RENAL DIALYSIS		7,687		7,687
OUTPAT SERVICE COST CNTRS				
060 CLINIC		9,386		9,386
061 EMERGENCY	4,338	79,100		79,100
062 OBSERVATION BEDS (NON-DIS				
OTHER REIMBURS COST CNTRS				
065 AMBULANCE SERVICES		46,815		46,815
071 HOME HEALTH AGENCY		31,985		31,985
SPEC PURPOSE COST CENTERS				
093 HOSPICE		17,828		17,828
095 SUBTOTALS	56,040	1,626,428		1,626,428
NONREIMBURS COST CENTERS				
096 GIFT, FLOWER, COFFEE SHOP		1,860		1,860
100 FOUNDATION		9,453		9,453
100 01 RENTAL PROPERTIES		3,766		3,766
100 02 UNUSED SPACE		11,708		11,708
100 03 PHYSICIAN RECRUITING		1,193		1,193
100 04 PROMPTCARE		19,486		19,486
100 05 MARKETING		2,006		2,006
100 06 SELECT		5,552		5,552
100 07 OLCOTT		4,138		4,138
101 CROSS FOOT ADJUSTMENTS		1,594		1,594
102 NEGATIVE COST CENTER				
103 TOTAL	56,040	1,594	1,687,184	1,687,184

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2008
 I 15-0051 I FROM 1/ 1/2007 I WORKSHEET B
 I I TO 12/31/2007 I PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	0	1	1.01	1.02	1.03	1.04	1.05
06. GENERAL SERVICE COST CNTR								
001 01 OLD CAP REL COSTS-BLDG &								
001 02 OLD CAP REL COSTS-1947 BU								
001 03 OLD CAP REL COSTS-1965 BU								
001 04 OLD CAP REL COSTS-1983 BU								
001 05 OLD CAP REL COSTS-MEDICAL								
001 06 OLD CAP REL COSTS-UTILITI								
002 OLD CAP REL COSTS-WEGMILL								
003 OLD CAP REL COSTS-MVBLE E								
003 01 NEW CAP REL COSTS-BLDG &								
003 02 NEW CAP REL COSTS-1947 BU								
003 03 NEW CAP REL COSTS-1965 BU								
003 04 NEW CAP REL COSTS-1983 BU								
003 05 NEW CAP REL COSTS-MEDICAL								
003 06 NEW CAP REL COSTS-UTILITI								
003 07 NEW CAP REL COSTS-CANCER								
003 08 NEW CAP REL COSTS-PHNA BU								
003 09 NEW CAP REL COSTS-MITCHEL								
003 10 NEW CAP REL COSTS-SPENCER								
003 11 NEW CAP REL COSTS-PAIN MA								
004 NEW CAP REL COSTS-WEST PR								
005 NEW CAP REL COSTS-MVBLE E								
005 EMPLOYEE BENEFITS								
006 01 CHILD CARE CENTER								
008 ADMINISTRATIVE & GENERAL								
009 OPERATION OF PLANT								
010 LAUNDRY & LINEN SERVICE								
011 HOUSEKEEPING								
012 DIETARY								
014 CAFETERIA								
015 NURSING ADMINISTRATION								
015 01 CENTRAL SERVICES & SUPPLY								
016 CENTRAL STERILIZATION								
017 PHARMACY								
024 MEDICAL RECORDS & LIBRARY								
025 PARAMED ED PRGM								
026 INPAT ROUTINE SRVC CNTRS								
031 ADULTS & PEDIATRICS								
033 INTENSIVE CARE UNIT								
037 SUBPROVIDER								
037 NURSERY								
037 ANCILLARY SRVC COST CNTRS								
037 OPERATING ROOM								
037 01 CARDIOVASCULAR SURGERY								
037 02 PARTIAL HOSPITALIZATION								
037 RECOVERY ROOM								
039 DELIVERY ROOM & LABOR ROO								
040 ANESTHESIOLOGY								
041 RADIOLOGY-DIAGNOSTIC								
041 01 MRI								
044 LABORATORY								
048 INTRAVENOUS THERAPY								
049 RESPIRATORY THERAPY								
050 PHYSICAL THERAPY								
053 ELECTROCARDIOLOGY								
054 ELECTROENCEPHALOGRAPHY								
055 MEDICAL SUPPLIES CHARGED								
056 DRUGS CHARGED TO PATIENTS								
057 RENAL DIALYSIS								
060 OUTPAT SERVICE COST CNTRS								
061 CLINIC								
062 EMERGENCY								
062 OBSERVATION BEDS (NON-DIS								
065 OTHER REIMBURS COST CNTRS								
071 AMBULANCE SERVICES								
093 HOME HEALTH AGENCY								
095 SPEC PURPOSE COST CENTERS								
096 HOSPICE								
100 SUBTOTALS								
100 NONREIMBURS COST CENTERS								
100 GIFT, FLOWER, COFFEE SHOP								
100 FOUNDATION								
100 01 RENTAL PROPERTIES								
100 02 UNUSED SPACE								
100 03 PHYSICIAN RECRUITING								
100 04 PROMPTCARE								
100 05 MARKETING								
100 06 SELECT								
100 07 OLCOTT								
101 CROSS FOOT ADJUSTMENTS								
102 NEGATIVE COST CENTER								
103 TOTAL								

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2008
 I 15-0051 I FROM 1/1/2007 I WORKSHEET B
 I I TO 12/31/2007 I PART III

COST CENTER DESCRIPTION	OLD CAP REL C OSTS-WEGMILL	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-1947 BU	NEW CAP REL C OSTS-1965 BU	NEW CAP REL C OSTS-1983 BU	NEW CAP REL C OSTS-MEDICAL
	1.06	2	3	3.01	3.02	3.03	3.04
00 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLOG &							
001 02 OLD CAP REL COSTS-1947 BU							
001 03 OLD CAP REL COSTS-1965 BU							
001 04 OLD CAP REL COSTS-1983 BU							
001 05 OLD CAP REL COSTS-MEDICAL							
001 06 OLD CAP REL COSTS-UTILITI							
002 OLD CAP REL COSTS-WEGMILL							
003 OLD CAP REL COSTS-MVBLE E							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-1947 BU							
003 03 NEW CAP REL COSTS-1965 BU							
003 04 NEW CAP REL COSTS-1983 BU							
003 05 NEW CAP REL COSTS-MEDICAL							
003 06 NEW CAP REL COSTS-UTILITI							
003 07 NEW CAP REL COSTS-CANCER							
003 08 NEW CAP REL COSTS-PHNA BU							
003 09 NEW CAP REL COSTS-MITCHEL							
003 10 NEW CAP REL COSTS-SPENCER							
003 11 NEW CAP REL COSTS-PAIN MA							
004 NEW CAP REL COSTS-WEST PR							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							2,090
005 01 CHILD CARE CENTER							
006 ADMINISTRATIVE & GENERAL				16,666	451,004	3,455	11,478
008 OPERATION OF PLANT				310	608,072	3,492	
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING				373	22,203	14	
011 DIETARY					86,117		
012 CAFETERIA					54,049	22	
014 NURSING ADMINISTRATION					30,793	108	4,167
015 CENTRAL SERVICES & SUPPLY						491	
015 01 CENTRAL STERILIZATION						420	
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY					5,819	638	668
024 PARAMED ED PRGM					5,985	3	
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS					909,767	836	
026 INTENSIVE CARE UNIT						1,387	
031 SUBPROVIDER					112,319		
033 NURSERY					60,127		
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM					233,838	2,378	
03 1 CARDIOVASCULAR SURGERY					46,346		
03 2 PARTIAL HOSPITALIZATION							
03 3 RECOVERY ROOM						468	
039 DELIVERY ROOM & LABOR ROO					359,734		
040 ANESTHESIOLOGY						20	
041 RADIOLOGY-DIAGNOSTIC					275,585	453	3,005
041 01 MRI					16,939	262	250
044 LABORATORY					138,975	55	
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY					9,310	28	2,090
050 PHYSICAL THERAPY						796	
053 ELECTROCARDIOLOGY					117,205		250
054 ELECTROENCEPHALOGRAPHY					29,509	34	
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS					42,523		
057 RENAL DIALYSIS						106	
OUTPAT SERVICE COST CNTRS							
060 CLINIC							
061 EMERGENCY					241,531		
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES					35,568	479	
071 HOME HEALTH AGENCY							
SPEC PURPOSE COST CENTERS							
093 HOSPICE							8,006
095 SUBTOTALS				17,349	3,893,318	15,945	32,004
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP					8,710		
100 FOUNDATION							
100 01 RENTAL PROPERTIES							8,346
100 02 UNUSED SPACE				4,607	18,250		2,254
100 03 PHYSICIAN RECRUITING							
100 04 PROMPTCARE							
100 05 MARKETING							
100 06 SELECT					64,680		
100 07 OLCOTT							3,709
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL				21,956	3,984,958	15,945	46,313

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2008
 I 15-0051 I FROM 1/ 1/2007 I WORKSHEET B
 I I TO 12/31/2007 I PART III

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-UTILITI	NEW CAP REL C OSTS-CANCER	NEW CAP REL C OSTS-PHNA BU	NEW CAP REL C OSTS-MITCHEL	NEW CAP REL C OSTS-SPENCER	NEW CAP REL C OSTS-PAIN MA	NEW CAP REL C OSTS-WEST PR
	3.05	3.06	3.07	3.08	3.09	3.10	3.11
00. GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-1947 BU							
001 03 OLD CAP REL COSTS-1965 BU							
001 04 OLD CAP REL COSTS-1983 BU							
001 05 OLD CAP REL COSTS-MEDICAL							
001 06 OLD CAP REL COSTS-UTILITI							
002 OLD CAP REL COSTS-WEGMILL							
003 OLD CAP REL COSTS-MVBLE E							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-1947 BU							
003 03 NEW CAP REL COSTS-1965 BU							
003 04 NEW CAP REL COSTS-1983 BU							
003 05 NEW CAP REL COSTS-MEDICAL							
003 06 NEW CAP REL COSTS-UTILITI							
003 07 NEW CAP REL COSTS-CANCER							
003 08 NEW CAP REL COSTS-PHNA BU							
003 09 NEW CAP REL COSTS-MITCHEL							
003 10 NEW CAP REL COSTS-SPENCER							
003 11 NEW CAP REL COSTS-PAIN MA							
004 NEW CAP REL COSTS-WEST PR							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
005 01 CHILD CARE CENTER							
006 ADMINISTRATIVE & GENERAL	2,610			18,751			11,543
008 OPERATION OF PLANT	317	33,856					
009 LAUNDRY & LINEN SERVICE	2,698						
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
015 01 CENTRAL STERILIZATION							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS							
031 INTENSIVE CARE UNIT							
033 SUBPROVIDER							
037 NURSERY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM							
037 1 CARDIOVASCULAR SURGERY							
037 2 PARTIAL HOSPITALIZATION							
037 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC		137,595					
041 01 MRI							
044 LABORATORY							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY							
050 PHYSICAL THERAPY				22,117		36,584	
053 ELECTROCARDIOLOGY				3,516			
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 EMERGENCY							
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
071 HOME HEALTH AGENCY			71,869				
071 SPEC PURPOSE COST CENTERS							
093 HOSPICE							
095 SUBTOTALS	5,625	171,451	71,869	44,384		36,584	11,543
096 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP							
100 FOUNDATION							
100 01 RENTAL PROPERTIES							
100 02 UNUSED SPACE				8,448			
100 03 PHYSICIAN RECRUITING							
100 04 PROMPTCARE							34,845
100 05 MARKETING							
100 06 SELECT							
100 07 OLCOTT							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	5,625	171,451	71,869	52,832		36,584	46,388

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2008
 I 15-0051 I FROM 1/1/2007 I WORKSHEET B
 I I TO 12/31/2007 I PART III

COST CENTER DESCRIPTION	NEW CAP REL COSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS	CHILD CARE CENTER	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	4	4a	5	5.01	6	8	9
06. GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-1947 BU							
001 03 OLD CAP REL COSTS-1965 BU							
001 04 OLD CAP REL COSTS-1983 BU							
001 05 OLD CAP REL COSTS-MEDICAL							
001 06 OLD CAP REL COSTS-UTILITI							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-1947 BU							
003 02 NEW CAP REL COSTS-1965 BU							
003 03 NEW CAP REL COSTS-1983 BU							
003 04 NEW CAP REL COSTS-MEDICAL							
003 05 NEW CAP REL COSTS-UTILITI							
003 06 NEW CAP REL COSTS-CANCER							
003 07 NEW CAP REL COSTS-PHNA BU							
003 08 NEW CAP REL COSTS-MITCHEL							
003 09 NEW CAP REL COSTS-SPENCER							
003 10 NEW CAP REL COSTS-PAIN MA							
003 11 NEW CAP REL COSTS-WEST PR							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	186,373	188,463	188,463				
005 01 CHILD CARE CENTER	247,337	247,337		247,337			
006 ADMINISTRATIVE & GENERAL	3,698,931	4,214,438	29,187	32,261	4,275,886		
008 OPERATION OF PLANT	2,063,767	2,709,814	4,362	4,302	280,895	2,999,373	
009 LAUNDRY & LINEN SERVICE	241,647	244,345	1,345		28,349	76,425	350,464
010 HOUSEKEEPING	53,888	76,478	2,882		52,106	17,043	
011 DIETARY	174,525	260,642	2,392	2,151	57,231	55,197	1,290
012 CAFETERIA	112,625	166,696	1,360		12,461	35,620	905
014 NURSING ADMINISTRATION	124,136	159,204	4,588	10,754	84,757	39,260	
015 CENTRAL SERVICES & SUPPLY	68,039	68,530	836		15,036	21,519	
015 01 CENTRAL STERILIZATION	58,212	58,632	622		12,612	18,411	
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	304,295	311,420	4,112	2,151	76,475	96,239	
024 PARAMED ED PRGM	12,597	18,585	119		1,227	3,984	35
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,959,565	2,870,168	37,120	60,219	670,753	619,753	108,030
026 INTENSIVE CARE UNIT	192,344	193,731	5,151		93,008	60,832	24,219
031 SUBPROVIDER	227,627	339,946	2,413		61,638	71,991	16,078
033 NURSERY	121,853	181,980	2,827	4,302	51,011	38,538	3,429
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	815,234	1,051,450	8,229	10,754	173,926	257,833	58,625
037 01 CARDIOVASCULAR SURGERY	93,926	140,272	1,187	2,151	25,084	29,706	
037 02 PARTIAL HOSPITALIZATION	160,748	160,748	2,034		27,667	50,840	
037 03 RECOVERY ROOM	64,857	65,325	1,652		28,424	20,512	
039 DELIVERY ROOM & LABOR ROO	729,039	1,088,773	4,202	12,905	94,132	230,573	27,337
040 ANESTHESIOLOGY	2,808	2,828			1,978	888	
041 RADIOLOGY-DIAGNOSTIC	886,119	1,302,757	9,945	19,357	241,115	280,252	28,925
041 01 MRI	73,467	90,918	525		17,203	23,235	
044 LABORATORY	293,252	432,282	7,460	6,452	270,119	92,746	
048 INTRAVENOUS THERAPY					20,405		
049 RESPIRATORY THERAPY	46,177	57,605	4,142		70,220	14,604	
050 PHYSICAL THERAPY	712,623	772,120	11,131	43,015	203,646	225,381	12,127
053 ELECTROCARDIOLOGY	253,589	374,560	3,640	6,452	79,278	80,202	16,143
054 ELECTROENCEPHALOGRAPHY	64,464	94,007	1,467		31,154	20,388	
055 MEDICAL SUPPLIES CHARGED					543,046		
056 DRUGS CHARGED TO PATIENTS	86,177	128,700	6,780	15,055	353,226	27,255	
057 RENAL DIALYSIS	14,750	14,856			21,751	4,665	
OUTPAT SERVICE COST CNTRS							
060 CLINIC	109,555	109,555	1,132		21,338	34,649	
061 EMERGENCY	489,489	731,020	7,565	6,452	141,775	154,810	35,241
062 OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	213,401	249,448	3,469		67,522	67,492	15,257
071 HOME HEALTH AGENCY	279,831	351,700	5,736	2,151	111,539	88,502	
SPEC PURPOSE COST CENTERS							
093 HOSPICE	110,547	118,553	3,150		75,509	34,963	
095 SUBTOTALS	15,347,814	19,647,886	182,762	240,884	4,117,616	2,894,308	347,641
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	17,651	26,361			606	5,582	
100 FOUNDATION	120,674	120,674	702		15,761	38,165	
100 01 RENTAL PROPERTIES		26,596			5,294		
100 02 UNUSED SPACE	117,229	132,538			4,396		
100 03 PHYSICIAN RECRUITING			186		11,936		
100 04 PROMPTCARE	152,288	187,133	4,576	4,302	93,255	48,164	653
100 05 MARKETING					20,346		
100 06 SELECT		64,680	1		1,638		2,170
100 07 OLCOTT	41,591	45,300	236	2,151	5,038	13,154	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	15,797,247	20,251,168	188,463	247,337	4,275,886	2,999,373	350,464

ALLOCATION OF NEW CAPITAL RELATED COSTS

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 I I TO 12/31/2007 I PART III

	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	CENTRAL STERI LIZATION	PHARMACY
	10	11	12	14	15	15.01	16
06. GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-1947 BU							
001 03 OLD CAP REL COSTS-1965 BU							
001 04 OLD CAP REL COSTS-1983 BU							
001 05 OLD CAP REL COSTS-MEDICAL							
001 06 OLD CAP REL COSTS-UTILITI							
002 OLD CAP REL COSTS-WEGMILL							
003 OLD CAP REL COSTS-MVBLE E							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-1947 BU							
003 03 NEW CAP REL COSTS-1965 BU							
003 04 NEW CAP REL COSTS-1983 BU							
003 05 NEW CAP REL COSTS-MEDICAL							
003 06 NEW CAP REL COSTS-UTILITI							
003 07 NEW CAP REL COSTS-CANCER							
003 08 NEW CAP REL COSTS-PHNA BU							
003 09 NEW CAP REL COSTS-MITCHEL							
003 10 NEW CAP REL COSTS-SPENCER							
003 11 NEW CAP REL COSTS-PAIN MA							
004 NEW CAP REL COSTS-WEST PR							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 CHILD CARE CENTER							
008 ADMINISTRATIVE & GENERAL							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING	148,509						
012 DIETARY	818	379,721					
014 CAFETERIA	526		217,568				
015 NURSING ADMINISTRATION			5,986	304,549			
015 01 CENTRAL SERVICES & SUPPLY	654		2,172		108,747		
016 CENTRAL STERILIZATION	561		1,650			92,488	
017 PHARMACY							
024 MEDICAL RECORDS & LIBRARY	327		9,838				
025 PARAMED ED PRGM	152		181	452			
026 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	72,676	316,292	56,578	141,656		2,493	
031 INTENSIVE CARE UNIT	6,400	27,392	6,551	16,401		217	
033 SUBPROVIDER	5,559	36,037	3,908	9,784		283	
037 NURSERY	1,799		3,269	8,185		275	
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	10,056		12,952	32,427		87,202	
037 02 CARDIOVASCULAR SURGERY	1,156		1,317	3,298		819	
037 03 PARTIAL HOSPITALIZATION			2,573	6,441			
037 04 RECOVERY ROOM	794		2,180	5,457			
039 DELIVERY ROOM & LABOR ROO	9,635		5,461	13,672			
040 ANESTHESIOLOGY	35						
041 RADIOLOGY-DIAGNOSTIC	6,984		15,071			217	
041 01 MRI	584		853				
044 LABORATORY	2,873		14,279				
048 INTRAVENOUS THERAPY					3,938		
049 RESPIRATORY THERAPY	327		4,152			92	
050 PHYSICAL THERAPY	1,413		16,097			56	
053 ELECTROCARDIOLOGY	2,733		5,321				
054 ELECTROENCEPHALOGRAPHY	93		2,179				
055 MEDICAL SUPPLIES CHARGED					104,809		
056 DRUGS CHARGED TO PATIENTS	1,518		7,860			28	
057 RENAL DIALYSIS	362						
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC	584		1,635				
062 EMERGENCY	16,584		12,265	30,708		750	
065 OBSERVATION BEDS (NON-DIS							
071 OTHER REIMBURS COST CNTRS							
071 01 AMBULANCE SERVICES			7,372				
071 02 HOME HEALTH AGENCY			9,604	24,046			
093 SPEC PURPOSE COST CENTERS							
093 HOSPICE			4,802	12,022			
095 SUBTOTALS	145,203	379,721	216,106	304,549	108,747	92,432	
096 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP	164						
100 FOUNDATION			922				
100 01 RENTAL PROPERTIES							
100 02 UNUSED SPACE							
100 03 PHYSICIAN RECRUITING			142				
100 04 PROMPTCARE						56	
100 05 MARKETING							
100 06 SELECT	3,142						
100 07 OLCOTT			398				
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	148,509	379,721	217,568	304,549	108,747	92,488	

ALLOCATION OF NEW CAPITAL RELATED COSTS

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COST CENTER DESCRIPTION	MEDICAL RECOR DS & LIBRARY	PARAMED ED PR GM	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	17	24	25	26	27
06. GENERAL SERVICE COST CNTR					
001 01 OLD CAP REL COSTS-BLDG &					
001 02 OLD CAP REL COSTS-1947 BU					
001 03 OLD CAP REL COSTS-1965 BU					
001 04 OLD CAP REL COSTS-1983 BU					
001 05 OLD CAP REL COSTS-MEDICAL					
001 06 OLD CAP REL COSTS-UTILITI					
002 OLD CAP REL COSTS-WEGMILL					
002 OLD CAP REL COSTS-MVBLE E					
003 NEW CAP REL COSTS-BLDG &					
003 01 NEW CAP REL COSTS-1947 BU					
003 02 NEW CAP REL COSTS-1965 BU					
003 03 NEW CAP REL COSTS-1983 BU					
003 04 NEW CAP REL COSTS-MEDICAL					
003 05 NEW CAP REL COSTS-UTILITI					
003 06 NEW CAP REL COSTS-CANCER					
003 07 NEW CAP REL COSTS-PHNA BU					
003 08 NEW CAP REL COSTS-MITCHEL					
003 09 NEW CAP REL COSTS-SPENCER					
003 10 NEW CAP REL COSTS-PAIN MA					
003 11 NEW CAP REL COSTS-WEST PR					
004 NEW CAP REL COSTS-MVBLE E					
005 EMPLOYEE BENEFITS					
005 01 CHILD CARE CENTER					
006 ADMINISTRATIVE & GENERAL					
008 OPERATION OF PLANT					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
014 NURSING ADMINISTRATION					
015 CENTRAL SERVICES & SUPPLY					
015 01 CENTRAL STERILIZATION					
016 PHARMACY					
017 MEDICAL RECORDS & LIBRARY	500,562				
024 PARAMED ED PRGM		24,735			
INPAT ROUTINE SRVC CNTRS					
025 ADULTS & PEDIATRICS	180,288		5,136,026		5,136,026
026 INTENSIVE CARE UNIT	52,117		486,019		486,019
031 SUBPROVIDER	22,994		570,631		570,631
033 NURSERY	38,984		334,599		334,599
ANCILLARY SRVC COST CNTRS					
037 OPERATING ROOM	167,435		1,870,889		1,870,889
037 01 CARDIOVASCULAR SURGERY			204,990		204,990
037 02 PARTIAL HOSPITALIZATION			250,303		250,303
037 03 RECOVERY ROOM			124,344		124,344
039 DELIVERY ROOM & LABOR ROO			1,486,690		1,486,690
040 ANESTHESIOLOGY			5,729		5,729
041 RADIOLOGY-DIAGNOSTIC			1,904,623		1,904,623
041 01 MRI			133,318		133,318
044 LABORATORY			826,211		826,211
048 INTRAVENOUS THERAPY			24,343		24,343
049 RESPIRATORY THERAPY			151,142		151,142
050 PHYSICAL THERAPY			1,284,986		1,284,986
053 ELECTROCARDIOLOGY			568,329		568,329
054 ELECTROENCEPHALOGRAPHY			149,288		149,288
055 MEDICAL SUPPLIES CHARGED			647,855		647,855
056 DRUGS CHARGED TO PATIENTS			540,422		540,422
057 RENAL DIALYSIS			41,634		41,634
OUTPAT SERVICE COST CNTRS					
060 CLINIC			168,893		168,893
061 EMERGENCY	38,744		1,175,914		1,175,914
062 OBSERVATION BEDS (NON-DIS					
OTHER REIMBURS COST CNTRS					
065 AMBULANCE SERVICES			410,560		410,560
071 HOME HEALTH AGENCY			593,278		593,278
SPEC PURPOSE COST CENTERS					
093 HOSPICE			248,999		248,999
095 SUBTOTALS	500,562		19,340,015		19,340,015
NONREIMBURS COST CENTERS					
096 GIFT, FLOWER, COFFEE SHOP			32,713		32,713
100 FOUNDATION			176,224		176,224
100 01 RENTAL PROPERTIES			31,890		31,890
100 02 UNUSED SPACE			136,934		136,934
100 03 PHYSICIAN RECRUITING			12,264		12,264
100 04 PROMPTCARE			338,139		338,139
100 05 MARKETING			20,346		20,346
100 06 SELECT			71,631		71,631
100 07 OLCOTT			66,277		66,277
101 CROSS FOOT ADJUSTMENTS		24,735	24,735		24,735
102 NEGATIVE COST CENTER					
103 TOTAL	500,562	24,735	20,251,168		20,251,168

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2008
 I 15-0051 I FROM 1/1/2007 I WORKSHEET B-1
 I I TO 12/31/2007 I

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	OLD CAP REL C	OLD CAP REL C	OLD CAP REL C	OLD CAP REL C
	OSTS-BLDG & (SQUARE FEET)	OSTS-1947 BU (SQUARE FEET)	OSTS-1965 BU (SQUARE FEET)	OSTS-1983 BU (SQUARE FEET)	OSTS-MEDICAL (SQUARE FEET)	OSTS-UTILITI (SQUARE FEET)
GENERAL SERVICE COST	1	1.01	1.02	1.03	1.04	1.05
001 OLD CAP REL COSTS-BLD						
001 01 OLD CAP REL COSTS-194		21,796				
001 02 OLD CAP REL COSTS-196			431,458			
001 03 OLD CAP REL COSTS-198				118,094		
001 04 OLD CAP REL COSTS-MED					27,744	
001 05 OLD CAP REL COSTS-UTI						26,914
001 06 OLD CAP REL COSTS-WEG						
002 OLD CAP REL COSTS-MVB						
003 NEW CAP REL COSTS-BLD						
003 01 NEW CAP REL COSTS-194						
003 02 NEW CAP REL COSTS-196						
003 03 NEW CAP REL COSTS-198						
003 04 NEW CAP REL COSTS-MED						
003 05 NEW CAP REL COSTS-UTI						
003 06 NEW CAP REL COSTS-CAN						
003 07 NEW CAP REL COSTS-PHN						
003 08 NEW CAP REL COSTS-MIT						
003 09 NEW CAP REL COSTS-SPE						
003 10 NEW CAP REL COSTS-PAI						
003 11 NEW CAP REL COSTS-WES						
004 NEW CAP REL COSTS-MVB						
005 EMPLOYEE BENEFITS					1,252	
005 01 CHILD CARE CENTER						
006 ADMINISTRATIVE & GENE		16,545	48,831	25,592	6,876	12,488
008 OPERATION OF PLANT		308	65,837	25,847		1,516
009 LAUNDRY & LINEN SERVI						12,910
010 HOUSEKEEPING		370	2,404	105		
011 DIETARY			9,324			
012 CAFETERIA			5,852	165		
014 NURSING ADMINISTRATIO			3,334	802	2,496	
015 CENTRAL SERVICES & SU				3,635		
015 01 CENTRAL STERILIZATION				3,110		
016 PHARMACY						
017 MEDICAL RECORDS & LIB			630	4,727	400	
024 PARAMED ED PRGM			648	25		
025 INPAT ROUTINE SRVC CN						
026 ADULTS & PEDIATRICS			98,502	6,188		
026 INTENSIVE CARE UNIT				10,276		
03 SUBPROVIDER			12,161			
03 NURSERY			6,510			
037 ANCILLARY SRVC COST C						
037 OPERATING ROOM			25,318	17,614		
037 01 CARDIOVASCULAR SURGER			5,018			
037 02 PARTIAL HOSPITALIZATI						
038 RECOVERY ROOM				3,465		
039 DELIVERY ROOM & LABOR			38,949			
040 ANESTHESIOLOGY				150		
041 RADIOLOGY-DIAGNOSTIC			29,838	3,356	1,800	
041 01 MRI			1,834	1,941	150	
044 LABORATORY			15,047	410		
048 INTRAVENOUS THERAPY						
049 RESPIRATORY THERAPY			1,008	207	1,252	
050 PHYSICAL THERAPY				5,892		
053 ELECTROCARDIOLOGY			12,690		150	
054 ELECTROENCEPHALOGRAPH			3,195	249		
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATI			4,604			
057 RENAL DIALYSIS				788		
060 OUTPAT SERVICE COST C						
061 CLINIC						
061 EMERGENCY			26,151			
062 OBSERVATION BEDS (NON						
062 OTHER REIMBURS COST C						
065 AMBULANCE SERVICES			3,851	3,550		
071 HOME HEALTH AGENCY						
093 SPEC PURPOSE COST CEN						
093 HOSPICE					4,796	
095 SUBTOTALS		17,223	421,536	118,094	19,172	26,914
096 NONREIMBURS COST CENT						
100 GIFT, FLOWER, COFFEE			943			
100 FOUNDATION						
100 01 RENTAL PROPERTIES				1,976	5,000	
100 02 UNUSED SPACE			4,573		1,350	
100 03 PHYSICIAN RECRUITING						
100 04 PROMPTCARE						
100 05 MARKETING						
100 06 SELECT				7,003		
100 07 OLCOTT					2,222	
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED		32,640	294,486	683,227	10,513	85,124
(WRKSHT B, PART I)						
10 UNIT COST MULTIPLIER			.682537		.378929	
(WRKSHT B, PT I)		1.497522		5.785451		3.162815
10 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						

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2008
I 15-0051 I FROM 1/ 1/2007 I WORKSHEET B-1
I I TO 12/31/2007 I

COST CENTER
DESCRIPTION

| OLD CAP REL C |
|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| OSTS-BLDG & | OSTS-1947 BU | OSTS-1965 BU | OSTS-1983 BU | OSTS-MEDICAL | OSTS-UTILITI |
| (SQUARE FEET) |
| 1 | 1.01 | 1.02 | 1.03 | 1.04 | 1.05 |

NONREIMBURS COST CENT
(WRKSHT B, PT III)

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2008
 I 15-0051 I FROM 1/ 1/2007 I WORKSHEET B-1
 I I TO 12/31/2007 I

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C				
	OSTS-WEGMILL	OSTS-MVBLE E	OSTS-BLDG &	OSTS-1947 BU	OSTS-1965 BU	OSTS-1983 BU	OSTS-MEDICAL
	(SQUARE FEET)						
GENERAL SERVICE COST	1.06	2	3	3.01	3.02	3.03	3.04
001 OLD CAP REL COSTS-BLD							
001 01 OLD CAP REL COSTS-194							
001 02 OLD CAP REL COSTS-196							
001 03 OLD CAP REL COSTS-198							
001 04 OLD CAP REL COSTS-MED							
001 05 OLD CAP REL COSTS-UTI							
001 06 OLD CAP REL COSTS-WEG	6,497						
002 OLD CAP REL COSTS-MVB		843,970					
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP REL COSTS-194				21,796			
003 02 NEW CAP REL COSTS-196					431,458		
003 03 NEW CAP REL COSTS-198						118,094	
003 04 NEW CAP REL COSTS-MED							27,744
003 05 NEW CAP REL COSTS-UTI							
003 06 NEW CAP REL COSTS-CAN							
003 07 NEW CAP REL COSTS-PHN							
003 08 NEW CAP REL COSTS-MIT							
003 09 NEW CAP REL COSTS-SPE							
003 10 NEW CAP REL COSTS-PAI							
003 11 NEW CAP REL COSTS-WES							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS		9,957					1,252
005 01 CHILD CARE CENTER		13,214					
006 ADMINISTRATIVE & GENE	5,762	197,616		16,545	48,831	25,592	6,876
008 OPERATION OF PLANT	113	110,257		308	65,837	25,847	
009 LAUNDRY & LINEN SERVI		12,910					
010 HOUSEKEEPING		2,879		370	2,404	105	
011 DIETARY		9,324			9,324		
012 CAFETERIA		6,017			5,852	165	
014 NURSING ADMINISTRATIO		6,632			3,334	802	2,496
015 CENTRAL SERVICES & SU		3,635				3,635	
015 01 CENTRAL STERILIZATION		3,110				3,110	
016 PHARMACY							
017 MEDICAL RECORDS & LIB		16,257			630	4,727	400
024 PARAMED ED PRGM		673			648	25	
025 INPAT ROUTINE SRVC CN							
026 ADULTS & PEDIATRICS		104,690			98,502	6,188	
03 INTENSIVE CARE UNIT		10,276				10,276	
03 SUBPROVIDER		12,161			12,161		
03 NURSERY		6,510			6,510		
037 ANCILLARY SRVC COST C							
037 01 OPERATING ROOM	622	43,554			25,318	17,614	
037 02 CARDIOVASCULAR SURGER		5,018			5,018		
038 PARTIAL HOSPITALIZATI		8,588					
039 RECOVERY ROOM		3,465				3,465	
040 DELIVERY ROOM & LABOR		38,949			38,949		
041 ANESTHESIOLOGY		150				150	
041 01 RADIOLOGY-DIAGNOSTIC		47,341			29,838	3,356	1,800
044 MRI		3,925			1,834	1,941	150
048 LABORATORY		15,667			15,047	410	
049 INTRAVENOUS THERAPY							
050 RESPIRATORY THERAPY		2,467			1,008	207	1,252
053 PHYSICAL THERAPY		38,072				5,892	
054 ELECTROCARDIOLOGY		13,548			12,690		150
055 ELECTROENCEPHALOGRAPH		3,444			3,195	249	
056 MEDICAL SUPPLIES CHAR							
057 DRUGS CHARGED TO PATI		4,604			4,604		
060 RENAL DIALYSIS		788				788	
061 OUTPAT SERVICE COST C							
062 CLINIC		5,853					
065 EMERGENCY		26,151			26,151		
071 OBSERVATION BEDS (NON							
071 OTHER REIMBURS COST C							
093 AMBULANCE SERVICES		11,401			3,851	3,550	
095 HOME HEALTH AGENCY		14,950					
099 SPEC PURPOSE COST CEN							
099 HOSPICE		5,906					4,796
099 SUBTOTALS	6,497	819,959		17,223	421,536	118,094	19,172
100 NONREIMBURS COST CENT							
100 GIFT, FLOWER, COFFEE		943			943		
100 FOUNDATION		6,447					
100 01 RENTAL PROPERTIES					1,976		5,000
100 02 UNUSED SPACE		6,263		4,573			1,350
100 03 PHYSICIAN RECRUITING							
100 04 PROMPTCARE		8,136					
100 05 MARKETING						7,003	
100 06 SELECT							2,222
100 07 OLCOTT		2,222					
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	53,695	527,499		21,956	3,984,958	15,945	46,313
104 (WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		.625021		1.007341		.135020	
105 (WRKSHT B, PT I)	8.264584				9.236028		1.669298
106 COST TO BE ALLOCATED							
106 (WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
107 (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED							
107 (WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER							

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2008
 I 15-0051 I FROM 1/1/2007 I WORKSHEET B-1
 I I TO 12/31/2007 I

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C				
	OSTS-WEGMILL	OSTS-MVBLE E	OSTS-BLDG &	OSTS-1947 BU	OSTS-1965 BU	OSTS-1983 BU	OSTS-MEDICAL
	(SQUARE FEET)						
NONREIMBURS COST CENT (WRKSH T B, PT III)	1.06	2	3	3.01	3.02	3.03	3.04

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2008
 I 15-0051 I FROM 1/ 1/2007 I WORKSHEET B-1
 I I TO 12/31/2007 I

COST CENTER DESCRIPTION	NEW CAP REL C							
	OSTS-UTILITI	OSTS-CANCER	OSTS-PHNA BU	OSTS-MITCHEL	OSTS-SPENCER	OSTS-PAIN MA	OSTS-WEST PR	
	(SQUARE FEET)							
GENERAL SERVICE COST	3.05	3.06	3.07	3.08	3.09	3.10	3.11	
001 OLD CAP REL COSTS-BLD								
001 01 OLD CAP REL COSTS-194								
001 02 OLD CAP REL COSTS-196								
001 03 OLD CAP REL COSTS-198								
001 04 OLD CAP REL COSTS-MED								
001 05 OLD CAP REL COSTS-UTI								
001 06 OLD CAP REL COSTS-WEG								
002 OLD CAP REL COSTS-MVB								
003 NEW CAP REL COSTS-BLD								
003 01 NEW CAP REL COSTS-194								
003 02 NEW CAP REL COSTS-196								
003 03 NEW CAP REL COSTS-198								
003 04 NEW CAP REL COSTS-MED								
003 05 NEW CAP REL COSTS-UTI	26,914							
003 06 NEW CAP REL COSTS-CAN		15,385						
003 07 NEW CAP REL COSTS-PHN			14,950					
003 08 NEW CAP REL COSTS-MIT				4,928				
003 09 NEW CAP REL COSTS-SPE					1			
003 10 NEW CAP REL COSTS-PAI						3,000		
003 11 NEW CAP REL COSTS-WES							8,568	
004 NEW CAP REL COSTS-MVB								
005 EMPLOYEE BENEFITS					1			
005 01 CHILD CARE CENTER								
006 ADMINISTRATIVE & GENE	12,488			1,749			2,132	
008 OPERATION OF PLANT	1,516							
009 LAUNDRY & LINEN SERVI	12,910	3,038						
010 HOUSEKEEPING								
011 DIETARY								
012 CAFETERIA								
014 NURSING ADMINISTRATIO								
015 CENTRAL SERVICES & SU								
015 01 CENTRAL STERILIZATION								
016 PHARMACY								
017 MEDICAL RECORDS & LIB								
024 PARAMED ED PRGM								
025 ADULTS & PEDIATRICS								
026 INTENSIVE CARE UNIT								
037 SUBPROVIDER								
037 NURSERY								
037 ANCILLARY SRVC COST C								
037 01 OPERATING ROOM								
037 02 CARDIOVASCULAR SURGER								
037 03 PARTIAL HOSPITALIZATI								
038 RECOVERY ROOM								
039 DELIVERY ROOM & LABOR								
040 ANESTHESIOLOGY								
041 RADIOLOGY-DIAGNOSTIC		12,347						
041 01 MRI								
044 LABORATORY								
048 INTRAVENOUS THERAPY								
049 RESPIRATORY THERAPY								
050 PHYSICAL THERAPY				2,063		3,000		
053 ELECTROCARDIOLOGY				328				
054 ELECTROENCEPHALOGRAPH								
055 MEDICAL SUPPLIES CHAR								
056 DRUGS CHARGED TO PATI								
057 RENAL DIALYSIS								
060 OUTPAT SERVICE COST C								
061 CLINIC								
062 EMERGENCY								
065 OBSERVATION BEDS (NON								
071 OTHER REIMBURS COST C								
071 AMBULANCE SERVICES								
071 HOME HEALTH AGENCY			14,950					
093 SPEC PURPOSE COST CEN								
093 HOSPICE								
095 SUBTOTALS	26,914	15,385	14,950	4,140	1	3,000	2,132	
096 NONREIMBURS COST CENT								
100 GIFT, FLOWER, COFFEE								
100 FOUNDATION								
100 01 RENTAL PROPERTIES								
100 02 UNUSED SPACE				788				
100 03 PHYSICIAN RECRUITING								
100 04 PROMPTCARE							6,436	
100 05 MARKETING								
100 06 SELECT								
100 07 OLCOTT								
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 COST TO BE ALLOCATED	5,625	171,451	71,869	52,832		36,584	46,388	
(WRKSHT B, PART I)								
10 UNIT COST MULTIPLIER		11.144036		10.720779		12.194667		
(WRKSHT B, PT I)	.208999		4.807291				5.414099	
10 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								

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2008
 I 15-0051 I FROM 1/ 1/2007 I WORKSHEET B-1
 I I TO 12/31/2007 I

COST CENTER DESCRIPTION	NEW CAP REL C						
	OSTS-UTILITI	OSTS-CANCER	OSTS-PHNA BU	OSTS-MITCHEL	OSTS-SPENCER	OSTS-PAIN MA	OSTS-WEST PR
	(SQUARE FEET)						
NONREIMBURS COST CENT (WRKSH T B, PT III)	3.05	3.06	3.07	3.08	3.09	3.10	3.11

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO:
I 15-0051
I

I PERIOD:
I FROM 1/1/2007
I TO 12/31/2007

I PREPARED 5/29/2008
I WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP REL C	EMPLOYEE BENE	CHILD CARE CE	RECONCILIATION	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	(SQUARE FEET)	(GROSS SALARIES)	(NUMBER OF CHILDREN)		(ACCUM. COST)	(SQUARE FEET)	(POUNDS OF LAUNDRY)
	4	5	5.01	6a.00	6	8	9
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
001 01 OLD CAP REL COSTS-194							
001 02 OLD CAP REL COSTS-196							
001 03 OLD CAP REL COSTS-198							
001 04 OLD CAP REL COSTS-MED							
001 05 OLD CAP REL COSTS-UTI							
001 06 OLD CAP REL COSTS-WEG							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP REL COSTS-194							
003 02 NEW CAP REL COSTS-196							
003 03 NEW CAP REL COSTS-198							
003 04 NEW CAP REL COSTS-MED							
003 05 NEW CAP REL COSTS-UTI							
003 06 NEW CAP REL COSTS-CAN							
003 07 NEW CAP REL COSTS-PHN							
003 08 NEW CAP REL COSTS-MIT							
003 09 NEW CAP REL COSTS-SPE							
003 10 NEW CAP REL COSTS-PAI							
003 11 NEW CAP REL COSTS-WES							
004 NEW CAP REL COSTS-MVB	843,970						
005 EMPLOYEE BENEFITS	9,957	107,926,458					
005 01 CHILD CARE CENTER	13,214		115				
006 ADMINISTRATIVE & GENE	197,616	16,716,660	15	-37,289,750	194,586,695		
008 OPERATION OF PLANT	110,257	2,498,412	2		12,783,050	506,663	
009 LAUNDRY & LINEN SERVI	12,910	770,505			1,290,115	12,910	562,104
010 HOUSEKEEPING	2,879	1,650,619			2,371,261	2,879	
011 DIETARY	9,324	1,369,717	1		2,604,486	9,324	2,069
012 CAFETERIA	6,017	779,046			567,094	6,017	1,451
014 NURSING ADMINISTRATIO	6,632	2,627,562	5		3,857,165	6,632	
015 CENTRAL SERVICES & SU	3,635	478,634			684,284	3,635	
015 01 CENTRAL STERILIZATION	3,110	356,163			573,972	3,110	
016 PHARMACY							
017 MEDICAL RECORDS & LIB	16,257	2,355,180	1		3,480,253	16,257	
024 PARAMED ED PRGM	673	68,287			55,844	673	56
INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	104,690	21,246,693	28		30,523,099	104,690	173,268
026 INTENSIVE CARE UNIT	10,276	2,950,327			4,232,617	10,276	38,844
03 SUBPROVIDER	12,161	1,381,759			2,805,034	12,161	25,787
03 NURSERY	6,510	1,618,983	2		2,321,416	6,510	5,500
ANCILLARY SRVC COST C							
037 OPERATING ROOM	43,554	4,713,313	5		7,915,078	43,554	94,028
037 01 CARDIOVASCULAR SURGER	5,018	680,066	1		1,141,536	5,018	
037 02 PARTIAL HOSPITALIZATI	8,588	1,164,826			1,259,083	8,588	
038 RECOVERY ROOM	3,465	946,440			1,293,533	3,465	
039 DELIVERY ROOM & LABOR	38,949	2,406,752	6		4,283,796	38,949	43,845
040 ANESTHESIOLOGY	150				89,996	150	
041 RADIOLOGY-DIAGNOSTIC	47,341	5,695,836	9		10,972,729	47,341	46,392
041 01 MRI	3,925	300,763			782,873	3,925	
044 LABORATORY	15,667	4,272,891	3		12,292,675	15,667	
048 INTRAVENOUS THERAPY					928,600		
049 RESPIRATORY THERAPY	2,467	2,372,072			3,195,609	2,467	
050 PHYSICAL THERAPY	38,072	6,375,345	20		9,267,567	38,072	19,451
053 ELECTROCARDIOLOGY	13,548	2,084,594	3		3,607,808	13,548	25,891
054 ELECTROENCEPHALOGRAPH	3,444	840,463			1,417,782	3,444	
055 MEDICAL SUPPLIES CHAR					24,713,112		
056 DRUGS CHARGED TO PATI	4,604	3,882,898	7		16,074,728	4,604	
057 RENAL DIALYSIS	788				989,834	788	
OUTPAT SERVICE COST C							
060 CLINIC	5,853	648,100			971,045	5,853	
061 EMERGENCY	26,151	4,332,545	3		6,451,949	26,151	56,523
062 OBSERVATION BEDS (NON							
OTHER REIMBURS COST C							
065 AMBULANCE SERVICES	11,401	1,986,585			3,072,830	11,401	24,471
071 HOME HEALTH AGENCY	14,950	3,285,065	1		5,075,931	14,950	
SPEC PURPOSE COST CEN							
093 HOSPICE	5,906	1,804,140			3,436,266	5,906	
095 SUBTOTALS	819,959	104,661,241	112	-37,289,750	187,384,050	488,915	557,576
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE	943				27,594	943	
100 FOUNDATION	6,447	402,255			717,277	6,447	
100 01 RENTAL PROPERTIES					240,926		
100 02 UNUSED SPACE	6,263				200,054		
100 03 PHYSICIAN RECRUITING		106,573			543,197		
100 04 PROMPTCARE	8,136	2,620,777	2		4,243,860	8,136	1,047
100 05 MARKETING					925,920		
100 06 SELECT		368			74,525		3,481
100 07 OLCOTT	2,222	135,244	1		229,292	2,222	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	15,797,247	27,506,422	430,545		37,289,750	15,232,743	1,925,484
(WRKSHT B, PART I)							
10 UNIT COST MULTIPLIER		.254863				30.064842	
(WRKSHT B, PT I)	18.717783		3,743.869565		.191636		3.425494
10 COST TO BE ALLOCATED		6,697	8,259		421,514	297,561	59,325
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER		.000062				.587296	
(WRKSHT B, PT II)			71.817391		.002166		.105541
107 COST TO BE ALLOCATED		188,463	247,337		4,275,886	2,999,373	350,464
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		.001746				5.919858	

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2008
 I 15-0051 I FROM 1/ 1/2007 I WORKSHEET B-1
 I I TO 12/31/2007 I

COST CENTER DESCRIPTION	NEW CAP REL C	EMPLOYEE BENE	CHILD CARE CE	RECONCIL- IATION	ADMINISTRATIV	OPERATION OF	LAUNDRY & LIN
	OSTS-MV8LE E	FITS	ENTER		E & GENERAL	PLANT	EN SERVICE
	(SQUARE FEET)	(GROSS SALARIES)	(NUMBER OF CHILDREN)		(ACCUM. COST)	(SQUARE FEET)	(POUNDS OF LAUNDRY)
NONREIMBURS COST CENT (WRKSHT B, PT III)	4	5	5.01	6a.00	6	8	9
			2,150.756522		.021974		.623486

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2008
 I 15-0051 I FROM 1/ 1/2007 I WORKSHEET 8-1
 I I TO 12/31/2007 I

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN	CENTRAL SERVI	CENTRAL STERI	PHARMACY
	(HOURS OF SERVICE)	(MEALS SERVED)	(MANHOURS)	(DIRECT) NRSING HRS)	(COSTED) REQUIS.)	(TIME SPENT)	(COSTED) REQUIS.)
	10	11	12	14	15	15.01	16
GENERAL SERVICE COST							
001 01 OLD CAP REL COSTS-BLD							
001 02 OLD CAP REL COSTS-194							
001 03 OLD CAP REL COSTS-196							
001 04 OLD CAP REL COSTS-198							
001 05 OLD CAP REL COSTS-MED							
001 06 OLD CAP REL COSTS-UTI							
001 07 OLD CAP REL COSTS-WEG							
002 01 OLD CAP REL COSTS-MVB							
002 02 NEW CAP REL COSTS-BLD							
003 01 NEW CAP REL COSTS-194							
003 02 NEW CAP REL COSTS-196							
003 03 NEW CAP REL COSTS-198							
003 04 NEW CAP REL COSTS-MED							
003 05 NEW CAP REL COSTS-UTI							
003 06 NEW CAP REL COSTS-CAN							
003 07 NEW CAP REL COSTS-PHN							
003 08 NEW CAP REL COSTS-MIT							
003 09 NEW CAP REL COSTS-SPE							
003 10 NEW CAP REL COSTS-PAI							
003 11 NEW CAP REL COSTS-WES							
004 01 NEW CAP REL COSTS-MVB							
005 01 EMPLOYEE BENEFITS							
006 01 CHILD CARE CENTER							
008 01 ADMINISTRATIVE & GENE							
009 01 OPERATION OF PLANT							
010 01 LAUNDRY & LINEN SERVI							
011 01 HOUSEKEEPING	12,716						
012 01 DIETARY	70	276,143					
014 01 CAFETERIA	45		3,189,992				
015 01 NURSING ADMINISTRATIO			87,770	1,783,518			
016 01 CENTRAL SERVICES & SU	56		31,844		25,641,902		
017 01 CENTRAL STERILIZATION	48		24,188			33,316	
024 01 PHARMACY							100
025 01 MEDICAL RECORDS & LIB	28		144,241				
026 01 PARAMED ED PRGM	13		2,647	2,647			
027 01 INPAT ROUTINE SRVC CN							
028 01 ADULTS & PEDIATRICS	6,223	230,016	829,569	829,569		898	
029 01 INTENSIVE CARE UNIT	548	19,920	96,051	96,051		78	
030 01 SUBPROVIDER	476	26,207	57,295	57,295		102	
031 01 NURSERY	154		47,936	47,936		99	
032 01 ANCILLARY SRVC COST C							
033 01 OPERATING ROOM	861		189,899	189,899		31,413	
034 01 CARDIOVASCULAR SURGER	99		19,315	19,315		295	
035 02 PARTIAL HOSPITALIZATI			37,721	37,721			
036 01 RECOVERY ROOM	68		31,959	31,959			
037 01 DELIVERY ROOM & LABOR	825		80,066	80,066			
038 01 ANESTHESIOLOGY	3						
039 01 RADIOLOGY-DIAGNOSTIC	598		220,975			78	
040 01 MRI	50		12,503				
041 01 LABORATORY	246		209,367				
042 01 INTRAVENOUS THERAPY					928,600		
043 01 RESPIRATORY THERAPY	28		60,873			33	
044 01 PHYSICAL THERAPY	121		236,018			20	
045 01 ELECTROCARDIOLOGY	234		78,017				
046 01 ELECTROENCEPHALOGRAPH	8		31,946				
047 01 MEDICAL SUPPLIES CHAR					24,713,302		
048 01 DRUGS CHARGED TO PATI	130		115,242			10	
049 01 RENAL DIALYSIS	31						100
050 01 OUTPAT SERVICE COST C							
051 01 CLINIC	50		23,967				
052 01 EMERGENCY	1,420		179,836	179,836		270	
053 01 OBSERVATION BEDS (NON							
054 01 OTHER REIMBURS COST C							
055 01 AMBULANCE SERVICES			108,091				
056 01 HOME HEALTH AGENCY			140,822	140,822			
057 01 SPEC PURPOSE COST CEN							
058 01 HOSPICE			70,402	70,402			
059 01 SUBTOTALS	12,433	276,143	3,168,560	1,783,518	25,641,902	33,296	100
060 01 NONREIMBURS COST CENT							
061 01 GIFT, FLOWER, COFFEE	14						
062 01 FOUNDATION			13,516				
063 01 RENTAL PROPERTIES							
064 02 UNUSED SPACE							
065 03 PHYSICIAN RECRUITING			2,086				
066 04 PROMPTCARE						20	
067 05 MARKETING							
068 06 SELECT	269						
069 07 OLCOTT			5,830				
070 01 CROSS FOOT ADJUSTMENT							
071 01 NEGATIVE COST CENTER							
072 01 COST TO BE ALLOCATED	2,912,237	3,407,043	871,946	4,819,718	946,232	795,072	
073 01 (WRKSHT B, PART I)							
074 01 UNIT COST MULTIPLIER		12.337966		2.702366		23.864570	
075 01 (WRKSHT B, PT I)	229.021469		.273338		.036902		
076 01 COST TO BE ALLOCATED	11,530	23,747	13,714	25,156	27,137	23,176	
077 01 (WRKSHT B, PART II)							
078 01 UNIT COST MULTIPLIER		.085995		.014105		.695642	
079 01 (WRKSHT B, PT II)	.906732		.004299		.001058		
080 01 COST TO BE ALLOCATED	148,509	379,721	217,568	304,549	108,747	92,488	
081 01 (WRKSHT B, PART III)							
082 01 UNIT COST MULTIPLIER		1.375088		.170757		2.776084	

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2008
 I 15-0051 I FROM 1/ 1/2007 I WORKSHEET B-1
 I I TO 12/31/2007 I

COST CENTER DESCRIPTION	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN	CENTRAL SERVI	CENTRAL STERI	PHARMACY
	(HOURS OF SERVICE)	(MEALS SERVED)	(MANHOURS)	(DIRECT NRSING HRS)	(COSTED REQUIS.)	(TIME SPENT)	(COSTED REQUIS.)
NONREIMBURS COST CENT (WRKSHT B, PT III)	10 11.678908	11	12 .068203	14	15 .004241	15.01	16

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2008
 I 15-0051 I FROM 1/ 1/2007 I WORKSHEET B-1
 I I TO 12/31/2007 I

COST CENTER DESCRIPTION	MEDICAL RECOR DS & LIBRARY	PARAMED ED PR GM	(TIME SPENT)	(TIME SPENT)
GENERAL SERVICE COST			17	24
001 01 OLD CAP REL COSTS-BLD				
001 02 OLD CAP REL COSTS-194				
001 03 OLD CAP REL COSTS-196				
001 04 OLD CAP REL COSTS-198				
001 05 OLD CAP REL COSTS-MED				
001 06 OLD CAP REL COSTS-UTI				
002 OLD CAP REL COSTS-MVB				
003 NEW CAP REL COSTS-BLD				
003 01 NEW CAP REL COSTS-194				
003 02 NEW CAP REL COSTS-196				
003 03 NEW CAP REL COSTS-198				
003 04 NEW CAP REL COSTS-MED				
003 05 NEW CAP REL COSTS-UTI				
003 06 NEW CAP REL COSTS-CAN				
003 07 NEW CAP REL COSTS-PHN				
003 08 NEW CAP REL COSTS-MIT				
003 09 NEW CAP REL COSTS-SPE				
003 10 NEW CAP REL COSTS-PAI				
003 11 NEW CAP REL COSTS-WES				
004 NEW CAP REL COSTS-MVB				
005 EMPLOYEE BENEFITS				
005 01 CHILD CARE CENTER				
006 ADMINISTRATIVE & GENE				
008 OPERATION OF PLANT				
009 LAUNDRY & LINEN SERVI				
010 HOUSEKEEPING				
011 DIETARY				
012 CAFETERIA				
014 NURSING ADMINISTRATIO				
015 CENTRAL SERVICES & SU				
015 01 CENTRAL STERILIZATION				
016 PHARMACY				
017 MEDICAL RECORDS & LIB	125,282			
024 PARAMED ED PRGM		100		
025 INPAT ROUTINE SRVC CN				
025 ADULTS & PEDIATRICS	45,123			
026 INTENSIVE CARE UNIT	13,044			
03 SUBPROVIDER	5,755			
03 NURSERY	9,757			
03 ANCILLARY SRVC COST C				
037 OPERATING ROOM	41,906	100		
037 01 CARDIOVASCULAR SURGER				
037 02 PARTIAL HOSPITALIZATI				
038 RECOVERY ROOM				
039 DELIVERY ROOM & LABOR				
040 ANESTHESIOLOGY				
041 RADIOLOGY-DIAGNOSTIC				
041 01 MRI				
044 LABORATORY				
048 INTRAVENOUS THERAPY				
049 RESPIRATORY THERAPY				
050 PHYSICAL THERAPY				
053 ELECTROCARDIOLOGY				
054 ELECTROENCEPHALOGRAPH				
055 MEDICAL SUPPLIES CHAR				
056 DRUGS CHARGED TO PATI				
057 RENAL DIALYSIS				
060 OUTPAT SERVICE COST C				
061 CLINIC				
061 EMERGENCY	9,697			
062 OBSERVATION BEDS (NON				
OTHER REIMBURS COST C				
065 AMBULANCE SERVICES				
071 HOME HEALTH AGENCY				
SPEC PURPOSE COST CEN				
093 HOSPICE				
095 SUBTOTALS	125,282	100		
NONREIMBURS COST CENT				
096 GIFT, FLOWER, COFFEE				
100 FOUNDATION				
100 01 RENTAL PROPERTIES				
100 02 UNUSED SPACE				
100 03 PHYSICIAN RECRUITING				
100 04 PROMPTCARE				
100 05 MARKETING				
100 06 SELECT				
100 07 OLCOTT				
101 CROSS FOOT ADJUSTMENT				
102 NEGATIVE COST CENTER				
103 COST TO BE ALLOCATED	4,681,799	97,826		
(PER WRKSHT B, PART				
10 UNIT COST MULTIPLIER		978.260000		
(WRKSHT B, PT I)	37.370085			
10 COST TO BE ALLOCATED	56,040	1,594		
(PER WRKSHT B, PART				
106 UNIT COST MULTIPLIER		15.940000		
(WRKSHT B, PT II)	.447311			
107 COST TO BE ALLOCATED	500,562	24,735		
(PER WRKSHT B, PART				
108 UNIT COST MULTIPLIER		247.350000		

COST ALLOCATION - STATISTICAL BASIS

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/29/2008
I	15-0051	I	FROM 1/ 1/2007	I	WORKSHEET	B-1
I		I	TO 12/31/2007	I		

COST CENTER DESCRIPTION	MEDICAL RECOR PARAMED ED PR DS & LIBRARY GM	
	(TIME SPENT	(TIME)SPENT
	17	24
NONREIMBURS COST CENT (WRKSHT B, PT III)	3.995482	

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2008
 I 15-0051 I FROM 1/ 1/2007 I WORKSHEET C
 I I TO 12/31/2007 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	48,552,730		48,552,730	8,281	48,561,011
2	INTENSIVE CARE UNIT	6,632,156		6,632,156		6,632,156
31	SUBPROVIDER	4,616,878		4,616,878		4,616,878
33	NURSERY	3,525,741		3,525,741		3,525,741
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	14,239,215		14,239,215		14,239,215
37	01 CARDIOVASCULAR SURGERY	1,598,349		1,598,349		1,598,349
37	02 PARTIAL HOSPITALIZATION	1,870,813		1,870,813	7,516	1,878,329
38	RECOVERY ROOM	1,756,269		1,756,269		1,756,269
39	DELIVERY ROOM & LABOR ROO	6,853,109		6,853,109		6,853,109
40	ANESTHESIOLOGY	112,439		112,439		112,439
41	RADIOLOGY-DIAGNOSTIC	14,856,932		14,856,932	5,445	14,862,377
41	01 MRI	1,065,774		1,065,774		1,065,774
44	LABORATORY	15,232,987		15,232,987		15,232,987
48	INTRAVENOUS THERAPY	1,140,820		1,140,820		1,140,820
49	RESPIRATORY THERAPY	3,906,013		3,906,013		3,906,013
50	PHYSICAL THERAPY	12,347,526		12,347,526		12,347,526
53	ELECTROCARDIOLOGY	4,870,117		4,870,117	6,809	4,876,926
54	ELECTROENCEPHALOGRAPHY	1,803,587		1,803,587	14,600	1,818,187
55	MEDICAL SUPPLIES CHARGED	30,360,999		30,360,999		30,360,999
56	DRUGS CHARGED TO PATIENTS	19,355,156		19,355,156		19,355,156
57	RENAL DIALYSIS	1,210,313		1,210,313		1,210,313
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	1,351,104		1,351,104	1,287	1,352,391
61	EMERGENCY	9,897,390		9,897,390		9,897,390
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	3,999,857		3,999,857		3,999,857
65	AMBULANCE SERVICES	4,117,834		4,117,834		4,117,834
101	SUBTOTAL	215,274,108		215,274,108	43,938	215,318,046
102	LESS OBSERVATION BEDS	3,999,857		3,999,857		3,999,857
103	TOTAL	211,274,251		211,274,251	43,938	211,318,189

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2008
 I 15-0051 I FROM 1/ 1/2007 I WORKSHEET C
 I I TO 12/31/2007 I PART I

PKST 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						
	ADULTS & PEDIATRICS	47,905,798		47,905,798			
21	INTENSIVE CARE UNIT	6,096,802		6,096,802			
31	SUBPROVIDER	4,051,554		4,051,554			
33	NURSERY	3,481,862		3,481,862			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	11,618,592	12,847,886	24,466,478	.581989	.581989	.581989
37 01	CARDIOVASCULAR SURGERY	1,463,007	16	1,463,023	1.092498	1.092498	1.092498
37 02	PARTIAL HOSPITALIZATION		1,550,071	1,550,071	1.206921	1.206921	1.211770
38	RECOVERY ROOM	2,757,509	4,347,529	7,105,038	.247186	.247186	.247186
39	DELIVERY ROOM & LABOR ROO	10,138,096	865,937	11,004,033	.622782	.622782	.622782
40	ANESTHESIOLOGY	2,835,774	2,741,448	5,577,222	.020160	.020160	.020160
41	RADIOLOGY-DIAGNOSTIC	12,654,368	49,413,738	62,068,106	.239365	.239365	.239453
41 01	MRI	1,950,699	6,217,111	8,167,810	.130485	.130485	.130485
44	LABORATORY	19,551,353	32,290,622	51,841,975	.293835	.293835	.293835
48	INTRAVENOUS THERAPY	3,406,745	928,283	4,335,028	.263163	.263163	.263163
49	RESPIRATORY THERAPY	7,109,545	568,287	7,677,832	.508739	.508739	.508739
50	PHYSICAL THERAPY	5,399,913	12,796,130	18,196,043	.678583	.678583	.678583
53	ELECTROCARDIOLOGY	17,555,802	13,488,965	31,044,767	.156874	.156874	.157093
54	ELECTROENCEPHALOGRAPHY	1,122,378	4,428,666	5,551,044	.324910	.324910	.327540
55	MEDICAL SUPPLIES CHARGED	60,118,989	28,211,990	88,330,979	.343719	.343719	.343719
56	DRUGS CHARGED TO PATIENTS	32,980,190	17,962,601	50,942,791	.379939	.379939	.379939
57	RENAL DIALYSIS	1,467,552		1,467,552	.824716	.824716	.824716
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	76,669	509,764	586,433	2.303936	2.303936	2.306130
61	EMERGENCY	5,702,738	20,379,289	26,082,027	.379472	.379472	.379472
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	735,605	3,004,920	3,740,525	1.069330	1.069330	1.069330
65	AMBULANCE SERVICES		5,333,415	5,333,415	.772082	.772082	.772082
101	SUBTOTAL	260,181,540	217,886,668	478,068,208			
102	LESS OBSERVATION BEDS						
103	TOTAL	260,181,540	217,886,668	478,068,208			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2008
I 15-0051 I FROM 1/ 1/2007 I WORKSHEET C
I I TO 12/31/2007 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
.	INPAT ROUTINE SRVC CNTRS					
2.	ADULTS & PEDIATRICS	48,552,730		48,552,730	8,281	48,561,011
31	INTENSIVE CARE UNIT	6,632,156		6,632,156		6,632,156
33	SUBPROVIDER	4,616,878		4,616,878		4,616,878
	NURSERY	3,525,741		3,525,741		3,525,741
37	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	14,239,215		14,239,215		14,239,215
37 01	CARDIOVASCULAR SURGERY	1,598,349		1,598,349		1,598,349
37 02	PARTIAL HOSPITALIZATION	1,870,813		1,870,813	7,516	1,878,329
38	RECOVERY ROOM	1,756,269		1,756,269		1,756,269
39	DELIVERY ROOM & LABOR ROO	6,853,109		6,853,109		6,853,109
40	ANESTHESIOLOGY	112,439		112,439		112,439
41	RADIOLOGY-DIAGNOSTIC	14,856,932		14,856,932	5,445	14,862,377
41 01	MRI	1,065,774		1,065,774		1,065,774
44	LABORATORY	15,232,987		15,232,987		15,232,987
48	INTRAVENOUS THERAPY	1,140,820		1,140,820		1,140,820
49	RESPIRATORY THERAPY	3,906,013		3,906,013		3,906,013
50	PHYSICAL THERAPY	12,347,526		12,347,526		12,347,526
53	ELECTROCARDIOLOGY	4,870,117		4,870,117	6,809	4,876,926
54	ELECTROENCEPHALOGRAPHY	1,803,587		1,803,587	14,600	1,818,187
55	MEDICAL SUPPLIES CHARGED	30,360,999		30,360,999		30,360,999
56	DRUGS CHARGED TO PATIENTS	19,355,156		19,355,156		19,355,156
57	RENAL DIALYSIS	1,210,313		1,210,313		1,210,313
60	OUTPAT SERVICE COST CNTRS					
61	CLINIC	1,351,104		1,351,104	1,287	1,352,391
61	EMERGENCY	9,897,390		9,897,390		9,897,390
62	OBSERVATION BEDS (NON-DIS	3,999,857		3,999,857		3,999,857
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	4,117,834		4,117,834		4,117,834
101	SUBTOTAL	215,274,108		215,274,108	43,938	215,318,046
102	LESS OBSERVATION BEDS	3,999,857		3,999,857		3,999,857
103	TOTAL	211,274,251		211,274,251	43,938	211,318,189

COMPUTATION OF RATIO OF COSTS TO CHARGES
 SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
	ADULTS & PEDIATRICS	47,905,798		47,905,798			
2	INTENSIVE CARE UNIT	6,096,802		6,096,802			
31	SUBPROVIDER	4,051,554		4,051,554			
33	NURSERY	3,481,862		3,481,862			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	11,618,592	12,847,886	24,466,478	.581989	.581989	.581989
37	01 CARDIOVASCULAR SURGERY	1,463,007	16	1,463,023	1.092498	1.092498	1.092498
37	02 PARTIAL HOSPITALIZATION		1,550,071	1,550,071	1.206921	1.206921	1.211770
38	RECOVERY ROOM	2,757,509	4,347,529	7,105,038	.247186	.247186	.247186
39	DELIVERY ROOM & LABOR ROO	10,138,096	865,937	11,004,033	.622782	.622782	.622782
40	ANESTHESIOLOGY	2,835,774	2,741,448	5,577,222	.020160	.020160	.020160
41	RADIOLOGY-DIAGNOSTIC	12,654,368	49,413,738	62,068,106	.239365	.239365	.239453
41	01 MRI	1,950,699	6,217,111	8,167,810	.130485	.130485	.130485
44	LABORATORY	19,551,353	32,290,622	51,841,975	.293835	.293835	.293835
48	INTRAVENOUS THERAPY	3,406,745	928,283	4,335,028	.263163	.263163	.263163
49	RESPIRATORY THERAPY	7,109,545	568,287	7,677,832	.508739	.508739	.508739
50	PHYSICAL THERAPY	5,399,913	12,796,130	18,196,043	.678583	.678583	.678583
53	ELECTROCARDIOLOGY	17,555,802	13,488,965	31,044,767	.156874	.156874	.157093
54	ELECTROENCEPHALOGRAPHY	1,122,378	4,428,666	5,551,044	.324910	.324910	.327540
55	MEDICAL SUPPLIES CHARGED	60,118,989	28,211,990	88,330,979	.343719	.343719	.343719
56	DRUGS CHARGED TO PATIENTS	32,980,190	17,962,601	50,942,791	.379939	.379939	.379939
57	RENAL DIALYSIS	1,467,552		1,467,552	.824716	.824716	.824716
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	76,669	509,764	586,433	2.303936	2.303936	2.306130
61	EMERGENCY	5,702,738	20,379,289	26,082,027	.379472	.379472	.379472
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	735,605	3,004,920	3,740,525	1.069330	1.069330	1.069330
65	AMBULANCE SERVICES		5,333,415	5,333,415	.772082	.772082	.772082
101	SUBTOTAL	260,181,540	217,886,668	478,068,208			
102	LESS OBSERVATION BEDS						
103	TOTAL	260,181,540	217,886,668	478,068,208			

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
3	ANCILLARY SRVC COST CNTRS						
37	01 OPERATING ROOM	14,239,215	2,120,608	12,118,607			14,239,215
37	01 CARDIOVASCULAR SURGERY	1,598,349	217,735	1,380,614			1,598,349
37	02 PARTIAL HOSPITALIZATION	1,870,813	264,208	1,606,605			1,870,813
38	RECOVERY ROOM	1,756,269	152,103	1,604,166			1,756,269
39	DELIVERY ROOM & LABOR ROO	6,853,109	1,577,200	5,275,909			6,853,109
40	ANESTHESIOLOGY	112,439	6,977	105,462			112,439
41	RADIOLOGY-DIAGNOSTIC	14,856,932	2,033,687	12,823,245			14,856,932
41	01 MRI	1,065,774	152,429	913,345			1,065,774
44	LABORATORY	15,232,987	886,075	14,346,912			15,232,987
48	INTRAVENOUS THERAPY	1,140,820	27,336	1,113,484			1,140,820
49	RESPIRATORY THERAPY	3,906,013	163,872	3,742,141			3,906,013
50	PHYSICAL THERAPY	12,347,526	1,390,327	10,957,199			12,347,526
53	ELECTROCARDIOLOGY	4,870,117	604,911	4,265,206			4,870,117
54	ELECTROENCEPHALOGRAPHY	1,803,587	160,353	1,643,234			1,803,587
55	MEDICAL SUPPLIES CHARGED	30,360,999	727,539	29,633,460			30,360,999
56	DRUGS CHARGED TO PATIENTS	19,355,156	585,328	18,769,828			19,355,156
57	RENAL DIALYSIS	1,210,313	49,321	1,160,992			1,210,313
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC	1,351,104	178,279	1,172,825			1,351,104
61	EMERGENCY	9,897,390	1,255,014	8,642,376			9,897,390
62	OBSERVATION BEDS (NON-DIS	3,999,857	454,276	3,545,581			3,999,857
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	4,117,834	457,375	3,660,459			4,117,834
101	SUBTOTAL	151,946,603	13,464,953	138,481,650			151,946,603
102	LESS OBSERVATION BEDS	3,999,857	454,276	3,545,581			3,999,857
103	TOTAL	147,946,746	13,010,677	134,936,069			147,946,746

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
3	OPERATING ROOM	24,466,478	.581989	.581989
37	01 CARDIOVASCULAR SURGERY	1,463,023	1.092498	1.092498
37	02 PARTIAL HOSPITALIZATION	1,550,071	1.206921	1.206921
38	RECOVERY ROOM	7,105,038	.247186	.247186
39	DELIVERY ROOM & LABOR ROO	11,004,033	.622782	.622782
40	ANESTHESIOLOGY	5,577,222	.020160	.020160
41	RADIOLOGY-DIAGNOSTIC	62,068,106	.239365	.239365
41	01 MRI	8,167,810	.130485	.130485
44	LABORATORY	51,841,975	.293835	.293835
48	INTRAVENOUS THERAPY	4,335,028	.263163	.263163
49	RESPIRATORY THERAPY	7,677,832	.508739	.508739
50	PHYSICAL THERAPY	18,196,043	.678583	.678583
53	ELECTROCARDIOLOGY	31,044,767	.156874	.156874
54	ELECTROENCEPHALOGRAPHY	5,551,044	.324910	.324910
55	MEDICAL SUPPLIES CHARGED	88,330,979	.343719	.343719
56	DRUGS CHARGED TO PATIENTS	50,942,791	.379939	.379939
57	RENAL DIALYSIS	1,467,552	.824716	.824716
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	586,433	2.303936	2.303936
61	EMERGENCY	26,082,027	.379472	.379472
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	3,740,525	1.069330	1.069330
65	AMBULANCE SERVICES	5,333,415	.772082	.772082
101	SUBTOTAL	416,532,192		
102	LESS OBSERVATION BEDS	3,740,525		
103	TOTAL	412,791,667		

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
	ANCILLARY SRVC COST CNTRS						
37	01 OPERATING ROOM	14,239,215	2,120,608	12,118,607	212,061	702,879	13,324,275
37	01 CARDIOVASCULAR SURGERY	1,598,349	217,735	1,380,614	21,774	80,076	1,496,499
37	02 PARTIAL HOSPITALIZATION	1,870,813	264,208	1,606,605	26,421	93,183	1,751,209
38	RECOVERY ROOM	1,756,269	152,103	1,604,166	15,210	93,042	1,648,017
39	DELIVERY ROOM & LABOR ROO	6,853,109	1,577,200	5,275,909	157,720	306,003	6,389,386
40	ANESTHESIOLOGY	112,439	6,977	105,462	698	6,117	105,624
41	RADIOLOGY-DIAGNOSTIC	14,856,932	2,033,687	12,823,245	203,369	743,748	13,909,815
41	01 MRI	1,065,774	152,429	913,345	15,243	52,974	997,557
44	LABORATORY	15,232,987	886,075	14,346,912	88,608	832,121	14,312,258
48	INTRAVENOUS THERAPY	1,140,820	27,336	1,113,484	2,734	64,582	1,073,504
49	RESPIRATORY THERAPY	3,906,013	163,872	3,742,141	16,387	217,044	3,672,582
50	PHYSICAL THERAPY	12,347,526	1,390,327	10,957,199	139,033	635,518	11,572,975
53	ELECTROCARDIOLOGY	4,870,117	604,911	4,265,206	60,491	247,382	4,562,244
54	ELECTROENCEPHALOGRAPHY	1,803,587	160,353	1,643,234	16,035	95,308	1,692,244
55	MEDICAL SUPPLIES CHARGED	30,360,999	727,539	29,633,460	72,754	1,718,741	28,569,504
56	DRUGS CHARGED TO PATIENTS	19,355,156	585,328	18,769,828	58,533	1,088,650	18,207,973
57	RENAL DIALYSIS	1,210,313	49,321	1,160,992	4,932	67,338	1,138,043
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	1,351,104	178,279	1,172,825	17,828	68,024	1,265,252
61	EMERGENCY	9,897,390	1,255,014	8,642,376	125,501	501,258	9,270,631
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	3,999,857	454,276	3,545,581	45,428	205,644	3,748,785
65	AMBULANCE SERVICES	4,117,834	457,375	3,660,459	45,738	212,307	3,859,789
101	SUBTOTAL	151,946,603	13,464,953	138,481,650	1,346,498	8,031,939	142,568,166
102	LESS OBSERVATION BEDS	3,999,857	454,276	3,545,581	45,428	205,644	3,748,785
103	TOTAL	147,946,746	13,010,677	134,936,069	1,301,070	7,826,295	138,819,381

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
3.	ANCILLARY SRVC COST CNTRS			
37	01 OPERATING ROOM	24,466,478	.544593	.573321
37	01 CARDIOVASCULAR SURGERY	1,463,023	1.022881	1.077615
37	02 PARTIAL HOSPITALIZATION	1,550,071	1.129761	1.189876
38	RECOVERY ROOM	7,105,038	.231950	.245046
39	DELIVERY ROOM & LABOR ROO	11,004,033	.580640	.608449
40	ANESTHESIOLOGY	5,577,222	.018938	.020035
41	RADIOLOGY-DIAGNOSTIC	62,068,106	.224106	.236088
41	01 MRI	8,167,810	.122133	.128618
44	LABORATORY	51,841,975	.276075	.292126
48	INTRAVENOUS THERAPY	4,335,028	.247635	.262533
49	RESPIRATORY THERAPY	7,677,832	.478336	.506605
50	PHYSICAL THERAPY	18,196,043	.636016	.670942
53	ELECTROCARDIOLOGY	31,044,767	.146957	.154925
54	ELECTROENCEPHALOGRAPHY	5,551,044	.304851	.322021
55	MEDICAL SUPPLIES CHARGED	88,330,979	.323437	.342895
56	DRUGS CHARGED TO PATIENTS	50,942,791	.357420	.378790
57	RENAL DIALYSIS	1,467,552	.775470	.821355
60	OUTPAT SERVICE COST CNTRS			
60	CLINIC	586,433	2.157539	2.273535
61	EMERGENCY	26,082,027	.355441	.374660
62	OBSERVATION BEDS (NON-DIS	3,740,525	1.002208	1.057186
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	5,333,415	.723699	.763506
101	SUBTOTAL	416,532,192		
102	LESS OBSERVATION BEDS	3,740,525		
103	TOTAL	412,791,667		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2008
 I 15-0051 I FROM 1/ 1/2007 I WORKSHEET D
 I I TO 12/31/2007 I PART I
 PPS

TITLE XVIII, PART A

PKST A IN	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, II) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, III) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS	379,220		379,220	5,136,026		5,136,026
26	ADULTS & PEDIATRICS	95,227		95,227	486,019		486,019
31	INTENSIVE CARE UNIT	38,312		38,312	570,631		570,631
33	SUBPROVIDER	23,642		23,642	334,599		334,599
101	NURSERY	536,401		536,401	6,527,275		6,527,275
	TOTAL						

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2008
 I 15-0051 I FROM 1/ 1/2007 I WORKSHEET D
 I I TO 12/31/2007 I PART I

TITLE XVIII, PART A

PPS

PKST 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
2.	INPAT ROUTINE SRVC CNTRS	54,864	23,135	6.91	159,863	93.61	2,165,667
26	ADULTS & PEDIATRICS	4,360	2,475	21.84	54,054	111.47	275,888
31	INTENSIVE CARE UNIT	5,736	4,356	6.68	29,098	99.48	433,335
33	SUBPROVIDER	5,554		4.26		60.24	
101	NURSERY						
	TOTAL	70,514	29,966		243,015		2,874,890

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2008
 I 15-0051 I FROM 1/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2007 I PART II
 I 15-0051 I

TITLE XVIII, PART A

HOSPITAL

PPS

KST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
5	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	249,719	1,870,889	24,466,478	5,562,916	.010207	56,781
37	01 CARDIOVASCULAR SURGERY	12,745	204,990	1,463,023	631,387	.008711	5,500
37	02 PARTIAL HOSPITALIZATION	13,905	250,303	1,550,071		.008971	
38	RECOVERY ROOM	27,759	124,344	7,105,038	1,426,046	.003907	5,572
39	DELIVERY ROOM & LABOR ROO	90,510	1,486,690	11,004,033	63,651	.008225	524
40	ANESTHESIOLOGY	1,248	5,729	5,577,222	1,420,004	.000224	318
41	RADIOLOGY-DIAGNOSTIC	129,064	1,904,623	62,068,106	7,683,940	.002079	15,975
41	01 MRI	19,111	133,318	8,167,810	1,058,469	.002340	2,477
44	LABORATORY	59,864	826,211	51,841,975	9,962,205	.001155	11,506
48	INTRAVENOUS THERAPY	2,993	24,343	4,335,028	945,158	.000690	652
49	RESPIRATORY THERAPY	12,730	151,142	7,677,832	2,713,313	.001658	4,499
50	PHYSICAL THERAPY	105,341	1,284,986	18,196,043	1,416,348	.005789	8,199
53	ELECTROCARDIOLOGY	36,582	568,329	31,044,767	10,072,932	.001178	11,866
54	ELECTROENCEPHALOGRAPHY	11,065	149,288	5,551,044	687,877	.001993	1,371
55	MEDICAL SUPPLIES CHARGED	79,684	647,855	88,330,979	35,655,407	.000902	32,161
56	DRUGS CHARGED TO PATIENTS	44,906	540,422	50,942,791	14,548,621	.000881	12,817
57	RENAL DIALYSIS	7,687	41,634	1,467,552	956,266	.005238	5,009
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	9,386	168,893	586,433	41,349	.016005	662
61	EMERGENCY	79,100	1,175,914	26,082,027	2,906,170	.003033	8,814
62	OBSERVATION BEDS (NON-DIS	31,235	423,041	3,740,525	415,062	.008350	3,466
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL	1,024,634	11,982,944	411,198,777	98,167,121		188,169

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2008
 I 15-0051 I FROM 1/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2007 I PART II
 I 15-0051 I

PPS

TITLE XVIII, PART A		HOSPITAL	
WKST A	COST CENTER DESCRIPTION	NEW CAPITAL	
LINE NO.		CST/CHRG RATIO	COSTS
		7	8
3.	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.076467	425,379
37 01	CARDIOVASCULAR SURGERY	.140114	88,466
37 02	PARTIAL HOSPITALIZATION	.161478	
38	RECOVERY ROOM	.017501	24,957
39	DELIVERY ROOM & LABOR ROO	.135104	8,600
40	ANESTHESIOLOGY	.001027	1,458
41	RADIOLOGY-DIAGNOSTIC	.030686	235,789
41 01	MRI	.016322	17,276
44	LABORATORY	.015937	158,768
48	INTRAVENOUS THERAPY	.005615	5,307
49	RESPIRATORY THERAPY	.019686	53,414
50	PHYSICAL THERAPY	.070619	100,021
53	ELECTROCARDIOLOGY	.018307	184,405
54	ELECTROENCEPHALOGRAPHY	.026894	18,500
55	MEDICAL SUPPLIES CHARGED	.007334	261,497
56	DRUGS CHARGED TO PATIENTS	.010608	154,332
57	RENAL DIALYSIS	.028370	27,129
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.288001	11,909
61	EMERGENCY	.045085	131,025
62	OBSERVATION BEDS (NON-DIS	.113097	46,942
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
101	TOTAL		1,955,174

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

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2008
 I 15-0051 I FROM 1/ 1/2007 I WORKSHEET D
 I I TO 12/31/2007 I PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4
2.	INPAT ROUTINE SRVC CNTRS						
26	ADULTS & PEDIATRICS						
31	INTENSIVE CARE UNIT						
33	SUBPROVIDER						
101	NURSERY						
	TOTAL						

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

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2008
 I 15-0051 I FROM 1/ 1/2007 I WORKSHEET D
 I I TO 12/31/2007 I PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS	PER DIEM	INPAT PROG DAYS	INPAT PROG PASS THRU COST
		5	6	7	8
1	ADULTS & PEDIATRICS	54,864		23,135	
2	INTENSIVE CARE UNIT	4,360		2,475	
31	SUBPROVIDER	5,736		4,356	
33	NURSERY	5,554			
101	TOTAL	70,514		29,966	

TITLE XVIII, PART A

HOSPITAL

PPS

PKST 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
3.	ANCILLARY SRVC COST CNTRS						
37	01 OPERATING ROOM				97,826		
37	02 CARDIOVASCULAR SURGERY						
38	02 PARTIAL HOSPITALIZATION						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41	01 MRI						
44	LABORATORY						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
62	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL				97,826		

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2008
 I 15-0051 I FROM 1/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2007 I PART IV
 I 15-0051 I I

TITLE XVIII, PART A

HOSPITAL

PPS

KST 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
3.	ANCILLARY SRVC COST CNTRS							
37	01 OPERATING ROOM	97,826	97,826	24,466,478	.003998	.003998	5,562,916	22,241
37	02 CARDIOVASCULAR SURGERY			1,463,023			631,387	
38	02 PARTIAL HOSPITALIZATION			1,550,071				
39	RECOVERY ROOM			7,105,038			1,426,046	
40	DELIVERY ROOM & LABOR ROO			11,004,033			63,651	
41	ANESTHESIOLOGY			5,577,222			1,420,004	
41	01 RADIOLOGY-DIAGNOSTIC			62,068,106			7,683,940	
44	MRI			8,167,810			1,058,469	
48	LABORATORY			51,841,975			9,962,205	
49	INTRAVENOUS THERAPY			4,335,028			945,158	
50	RESPIRATORY THERAPY			7,677,832			2,713,313	
53	PHYSICAL THERAPY			18,196,043			1,416,348	
54	ELECTROCARDIOLOGY			31,044,767			10,072,932	
55	ELECTROENCEPHALOGRAPHY			5,551,044			687,877	
56	MEDICAL SUPPLIES CHARGED			88,330,979			35,655,407	
57	DRUGS CHARGED TO PATIENTS			50,942,791			14,548,621	
60	RENAL DIALYSIS			1,467,552			956,266	
60	OUTPAT SERVICE COST CNTRS							
61	CLINIC			586,433			41,349	
62	EMERGENCY			26,082,027			2,906,170	
65	OBSERVATION BEDS (NON-DIS			3,740,525			415,062	
101	OTHER REIMBURS COST CNTRS							
101	AMBULANCE SERVICES							
101	TOTAL	97,826	97,826	411,198,777			98,167,121	22,241

TITLE XVIII, PART A

HOSPITAL

KST 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 8.02
						* COL 5 9.01	* COL 5 9.02
3	ANCILLARY SRVC COST CNTRS						
37	01 OPERATING ROOM	2,584,973			10,335		
37	02 CARDIOVASCULAR SURGERY	628,701					
38	RECOVERY ROOM	871,004					
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	547,258					
41	RADIOLOGY-DIAGNOSTIC	17,111,555					
41	01 MRI	1,621,567					
44	LABORATORY	1,472,600					
48	INTRAVENOUS THERAPY	122,755					
49	RESPIRATORY THERAPY	146,265					
50	PHYSICAL THERAPY	1,346,109					
53	ELECTROCARDIOLOGY	5,334,351					
54	ELECTROENCEPHALOGRAPHY	1,397,958					
55	MEDICAL SUPPLIES CHARGED	7,178,761					
56	DRUGS CHARGED TO PATIENTS	5,281,833					
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	162,458					
61	EMERGENCY	3,999,085					
62	OBSERVATION BEDS (NON-DIS	1,274,865					
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL	51,082,098			10,335		

TITLE XVIII, PART B HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radialogy	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.581989	.581989			
37 01 CARDIOVASCULAR SURGERY	1.092498	1.092498			
37 02 PARTIAL HOSPITALIZATION	1.206921	1.206921			
38 RECOVERY ROOM	.247186	.247186			
39 DELIVERY ROOM & LABOR ROOM	.622782	.622782			
40 ANESTHESIOLOGY	.020160	.020160			
41 RADIOLOGY-DIAGNOSTIC	.239365	.239365			
41 01 MRI	.130485	.130485			
44 LABORATORY	.293835	.293835			
48 INTRAVENOUS THERAPY	.263163	.263163			
49 RESPIRATORY THERAPY	.508739	.508739			
50 PHYSICAL THERAPY	.678583	.678583			
53 ELECTROCARDIOLOGY	.156874	.156874			
54 ELECTROENCEPHALOGRAPHY	.324910	.324910			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.343719	.343719			
56 DRUGS CHARGED TO PATIENTS	.379939	.379939			
57 RENAL DIALYSIS	.824716	.824716			
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC	2.303936	2.303936			
61 EMERGENCY	.379472	.379472			
62 OBSERVATION BEDS (NON-DISTINCT PART)	1.069330	1.069330			
62 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES	.772082	.772082			
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

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

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		2,584,973			
37 01 CARDIOVASCULAR SURGERY					
37 02 PARTIAL HOSPITALIZATION		628,701			
38 RECOVERY ROOM		871,004			
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY		547,258			
41 RADIOLOGY-DIAGNOSTIC		17,111,555			
41 01 MRI		1,621,567			
44 LABORATORY		1,472,600	324		
48 INTRAVENOUS THERAPY		122,755			
49 RESPIRATORY THERAPY		146,265			
50 PHYSICAL THERAPY		1,346,109			
53 ELECTROCARDIOLOGY		5,334,351			
54 ELECTROENCEPHALOGRAPHY		1,397,958			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		7,178,761	9,715		
56 DRUGS CHARGED TO PATIENTS		5,281,833			
57 RENAL DIALYSIS					
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC		162,458			
61 EMERGENCY		3,999,085			
62 OBSERVATION BEDS (NON-DISTINCT PART)		1,274,865	504		
62 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
101 SUBTOTAL		51,082,098	10,543		
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-- PROGRAM ONLY CHARGES					
104 NET CHARGES		51,082,098	10,543		

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2008
 I 15-0051 I FROM 1/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2007 I PART V
 I 15-0051 I I

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Outpatient Radiology 7	Other Outpatient Diagnostic 8	All Other 9	PPS Services FYB to 12/31 9.01	Non-PPS Services 9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				1,504,426	
37 01 CARDIOVASCULAR SURGERY					
37 02 PARTIAL HOSPITALIZATION				758,792	
38 RECOVERY ROOM				215,300	
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY				11,033	
41 RADIOLOGY-DIAGNOSTIC				4,095,907	
41 01 MRI				211,590	
44 LABORATORY				432,701	95
48 INTRAVENOUS THERAPY				32,305	
49 RESPIRATORY THERAPY				74,411	
50 PHYSICAL THERAPY				913,447	
53 ELECTROCARDIOLOGY				836,821	
54 ELECTROENCEPHALOGRAPHY				454,211	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				2,467,477	3,339
56 DRUGS CHARGED TO PATIENTS				2,006,774	
57 RENAL DIALYSIS					
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC				374,293	
61 EMERGENCY				1,517,541	
62 OBSERVATION BEDS (NON-DISTINCT PART)				1,363,251	539
62 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
101 SUBTOTAL				17,270,280	3,973
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				17,270,280	3,973

(A) WORKSHEET A LINE NUMBERS

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

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	PPS Services 1/1 to FYE	Hospital I/P Part B Charges	Hospital I/P Part B Costs
(A) ANCILLARY SRVC COST CNTRS	9.03	10	11
37 OPERATING ROOM			
37 01 CARDIOVASCULAR SURGERY			
37 02 PARTIAL HOSPITALIZATION			
38 RECOVERY ROOM			
39 DELIVERY ROOM & LABOR ROOM			
40 ANESTHESIOLOGY			
41 RADIOLOGY-DIAGNOSTIC			
41 01 MRI			
44 LABORATORY			
48 INTRAVENOUS THERAPY			
49 RESPIRATORY THERAPY			
50 PHYSICAL THERAPY			
53 ELECTROCARDIOLOGY			
54 ELECTROENCEPHALOGRAPHY			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS			
56 DRUGS CHARGED TO PATIENTS			
57 RENAL DIALYSIS			
60 OUTPAT SERVICE COST CNTRS			
61 CLINIC			
61 EMERGENCY			
62 OBSERVATION BEDS (NON-DISTINCT PART)			
62 OTHER REIMBURS COST CNTRS			
65 AMBULANCE SERVICES			
101 SUBTOTAL			
102 CRNA CHARGES			
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES			
104 NET CHARGES			

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/29/2008
I	15-0051	I	FROM 1/ 1/2007	I	WORKSHEET D	
I	COMPONENT NO:	I	TO 12/31/2007	I	PART VI	
I	15-0051	I		I		

TITLE XVIII, PART B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

-	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1	
2	PROGRAM VACCINE CHARGES		.379939
3	PROGRAM COSTS		58,675
			22,293

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2008
 I 15-0051 I FROM 1/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2007 I PART II
 I 15-T051 I

TITLE XVIII, PART A SUBPROVIDER 1

PPS

KST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
3.	ANCILLARY SRVC COST CNTRS						
37	01 OPERATING ROOM	249,719	1,870,889	24,466,478	13,430	.010207	137
37	02 CARDIOVASCULAR SURGERY	12,745	204,990	1,463,023		.008711	
38	PARTIAL HOSPITALIZATION	13,905	250,303	1,550,071		.008971	
38	RECOVERY ROOM	27,759	124,344	7,105,038	7,465	.003907	29
39	DELIVERY ROOM & LABOR ROO	90,510	1,486,690	11,004,033		.008225	
40	ANESTHESIOLOGY	1,248	5,729	5,577,222	2,685	.000224	1
41	RADIOLOGY-DIAGNOSTIC	129,064	1,904,623	62,068,106	152,090	.002079	316
41	01 MRI	19,111	133,318	8,167,810	54,295	.002340	127
44	LABORATORY	59,864	826,211	51,841,975	563,364	.001155	651
48	INTRAVENOUS THERAPY	2,993	24,343	4,335,028	12,423	.000690	9
49	RESPIRATORY THERAPY	12,730	151,142	7,677,832	120,779	.001658	200
50	PHYSICAL THERAPY	105,341	1,284,986	18,196,043	2,417,426	.005789	13,994
53	ELECTROCARDIOLOGY	36,582	568,329	31,044,767	82,957	.001178	98
54	ELECTROENCEPHALOGRAPHY	11,065	149,288	5,551,044	36,281	.001993	72
55	MEDICAL SUPPLIES CHARGED	79,684	647,855	88,330,979	251,788	.000902	227
56	DRUGS CHARGED TO PATIENTS	44,906	540,422	50,942,791	895,959	.000881	789
57	RENAL DIALYSIS	7,687	41,634	1,467,552	24,168	.005238	127
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	9,386	168,893	586,433		.016005	
61	EMERGENCY	79,100	1,175,914	26,082,027	9,968	.003033	30
62	OBSERVATION BEDS (NON-DIS	31,235	423,041	3,740,525		.008350	
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL	1,024,634	11,982,944	411,198,777	4,645,078		16,807

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2008
 I 15-0051 I FROM 1/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2007 I PART II
 I 15-T051 I PPS I

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	CST/CHRG 7	NEW CAPITAL RATIO	COSTS 8
3.	ANCILLARY SRVC COST CNTRS			
37	01 OPERATING ROOM		.076467	1,027
37	01 CARDIOVASCULAR SURGERY		.140114	
37	02 PARTIAL HOSPITALIZATION		.161478	
38	RECOVERY ROOM		.017501	131
39	DELIVERY ROOM & LABOR ROO		.135104	
40	ANESTHESIOLOGY		.001027	3
41	RADIOLOGY-DIAGNOSTIC		.030686	4,667
41	01 MRI		.016322	886
44	LABORATORY		.015937	8,978
48	INTRAVENOUS THERAPY		.005615	70
49	RESPIRATORY THERAPY		.019686	2,378
50	PHYSICAL THERAPY		.070619	170,716
53	ELECTROCARDIOLOGY		.018307	1,519
54	ELECTROENCEPHALOGRAPHY		.026894	976
55	MEDICAL SUPPLIES CHARGED		.007334	1,847
56	DRUGS CHARGED TO PATIENTS		.010608	9,504
57	RENAL DIALYSIS		.028370	686
60	OUTPAT SERVICE COST CNTRS			
61	CLINIC		.288001	
61	EMERGENCY		.045085	449
62	OBSERVATION BEDS (NON-DIS		.113097	
65	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL			203,837

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2008
 I 15-0051 I FROM 1/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2007 I PART IV
 I 15-T051 I I

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
5.	ANCILLARY SRVC COST CNTRS											
37	01 OPERATING ROOM						97,826					
37	02 CARDIOVASCULAR SURGERY											
38	02 PARTIAL HOSPITALIZATION											
39	RECOVERY ROOM											
40	DELIVERY ROOM & LABOR ROO											
41	ANESTHESIOLOGY											
41	01 RADIOLOGY-DIAGNOSTIC											
44	MRI											
48	LABORATORY											
49	INTRAVENOUS THERAPY											
50	RESPIRATORY THERAPY											
53	PHYSICAL THERAPY											
54	ELECTROCARDIOLOGY											
55	ELECTROENCEPHALOGRAPHY											
56	MEDICAL SUPPLIES CHARGED											
57	DRUGS CHARGED TO PATIENTS											
60	RENAL DIALYSIS											
61	OUTPAT SERVICE COST CNTRS											
62	CLINIC											
65	EMERGENCY											
101	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS AMBULANCE SERVICES TOTAL						97,826					

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

KST 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
3.	ANCILLARY SRVC COST CNTRS							
37	01 OPERATING ROOM	97,826	97,826	24,466,478	.003998	.003998	13,430	54
37	02 CARDIOVASCULAR SURGERY			1,463,023				
37	02 PARTIAL HOSPITALIZATION			1,550,071				
38	RECOVERY ROOM			7,105,038			7,465	
39	DELIVERY ROOM & LABOR ROO			11,004,033				
40	ANESTHESIOLOGY			5,577,222			2,685	
41	RADIOLOGY-DIAGNOSTIC			62,068,106			152,090	
41	01 MRI			8,167,810			54,295	
44	LABORATORY			51,841,975			563,364	
48	INTRAVENOUS THERAPY			4,335,028			12,423	
49	RESPIRATORY THERAPY			7,677,832			120,779	
50	PHYSICAL THERAPY			18,196,043			2,417,426	
53	ELECTROCARDIOLOGY			31,044,767			82,957	
54	ELECTROENCEPHALOGRAPHY			5,551,044			36,281	
55	MEDICAL SUPPLIES CHARGED			88,330,979			251,788	
56	DRUGS CHARGED TO PATIENTS			50,942,791			895,959	
57	RENAL DIALYSIS			1,467,552			24,168	
60	OUTPAT SERVICE COST CNTRS							
60	CLINIC			586,433				
61	EMERGENCY			26,082,027			9,968	
62	OBSERVATION BEDS (NON-DIS			3,740,525				
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL	97,826	97,826	411,198,777			4,645,078	54

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

KST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D,V COL 5.03	OUTPAT PROG D,V COL 5.04	OUTPAT PROG PASS THRU COST	COL 8.01	COL 8.02
						* COL 5	* COL 5
	ANCILLARY SRVC COST CNTRS						
3.	OPERATING ROOM						
37	01 CARDIOVASCULAR SURGERY						
37	02 PARTIAL HOSPITALIZATION						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC		532				
41	01 MRI						
44	LABORATORY						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL		532				

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2008
 I 15-0051 I FROM 1/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2007 I PART V
 I 15-T051 I I

TITLE XVIII, PART 8

SUBPROVIDER 1

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.581989	.581989			
37 01 CARDIOVASCULAR SURGERY	1.092498	1.092498			
37 02 PARTIAL HOSPITALIZATION	1.206921	1.206921			
38 RECOVERY ROOM	.247186	.247186			
39 DELIVERY ROOM & LABOR ROOM	.622782	.622782			
40 ANESTHESIOLOGY	.020160	.020160			
41 RADIOLOGY-DIAGNOSTIC	.239365	.239365			
41 01 MRI	.130485	.130485			
44 LABORATORY	.293835	.293835			
48 INTRAVENOUS THERAPY	.263163	.263163			
49 RESPIRATORY THERAPY	.508739	.508739			
50 PHYSICAL THERAPY	.678583	.678583			
53 ELECTROCARDIOLOGY	.156874	.156874			
54 ELECTROENCEPHALOGRAPHY	.324910	.324910			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.343719	.343719			
56 DRUGS CHARGED TO PATIENTS	.379939	.379939			
57 RENAL DIALYSIS	.824716	.824716			
OUTPAT SERVICE COST CNTRS					
60 CLINIC	2.303936	2.303936			
61 EMERGENCY	.379472	.379472			
62 OBSERVATION BEDS (NON-DISTINCT PART)	1.069330	1.069330			
OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES	.772082	.772082			
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

(A) WORKSHEET A LINE NUMBERS

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2008
 I 15-0051 I FROM 1/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2007 I PART V
 I 15-T051 I I

TITLE XVIII, PART B

SUBPROVIDER 1

Cost Center Description	All other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
(A) ANCILLARY SRVC COST CNTRS	5	5.01	5.02	5.03	6
37 OPERATING ROOM					
37 01 CARDIOVASCULAR SURGERY					
37 02 PARTIAL HOSPITALIZATION					
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC		532			
41 01 MRI					
44 LABORATORY					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
53 ELECTROCARDIOLOGY					
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS					
57 RENAL DIALYSIS					
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC					
61 EMERGENCY					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
62 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES		532			
101 SUBTOTAL					
102 CRNA CHARGES		532			
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		532			

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2008
 I 15-0051 I FROM 1/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2007 I PART V
 I 15-T051 I I

TITLE XVIII, PART B

SUBPROVIDER 1

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
(A) ANCILLARY SRVC COST CNTRS	7	8	9	9.01	9.02
37 OPERATING ROOM					
37 01 CARDIOVASCULAR SURGERY					
37 02 PARTIAL HOSPITALIZATION					
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC				127	
41 01 MRI					
44 LABORATORY					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
53 ELECTROCARDIOLOGY					
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS					
57 RENAL DIALYSIS					
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC					
61 EMERGENCY					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
62 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
101 SUBTOTAL				127	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES				127	

(A) WORKSHEET A LINE NUMBERS

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

TITLE XVIII, PART B SUBPROVIDER 1

Cost Center Description	PPS Services 1/1 to FYE	Hospital I/P Part B Charges	Hospital I/P Part B Costs
(A) ANCILLARY SRVC COST CNTRS	9.03	10	11
37 OPERATING ROOM			
37 01 CARDIOVASCULAR SURGERY			
37 02 PARTIAL HOSPITALIZATION			
38 RECOVERY ROOM			
39 DELIVERY ROOM & LABOR ROOM			
40 ANESTHESIOLOGY			
41 RADIOLOGY-DIAGNOSTIC			
41 01 MRI			
44 LABORATORY			
48 INTRAVENOUS THERAPY			
49 RESPIRATORY THERAPY			
50 PHYSICAL THERAPY			
53 ELECTROCARDIOLOGY			
54 ELECTROENCEPHALOGRAPHY			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS			
56 DRUGS CHARGED TO PATIENTS			
57 RENAL DIALYSIS			
60 OUTPAT SERVICE COST CNTRS			
61 CLINIC			
61 EMERGENCY			
62 OBSERVATION BEDS (NON-DISTINCT PART)			
62 OTHER REIMBURS COST CNTRS			
65 AMBULANCE SERVICES			
101 SUBTOTAL			
102 CRNA CHARGES			
103 LESS PBP CLINIC LAB SVCS-			
104 PROGRAM ONLY CHARGES			
NET CHARGES			

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 5/29/2008
I	15-0051	I	FROM 1/ 1/2007	I	WORKSHEET D
I	COMPONENT NO:	I	TO 12/31/2007	I	PART VI
I	15-T051	I		I	

TITLE XVIII, PART B SUBPROVIDER 1

PART VI - VACCINE COST APPORTIONMENT

	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1
2	PROGRAM VACCINE CHARGES	.379939
3	PROGRAM COSTS	1,324
		503

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2008
 I 15-0051 I FROM 1/ 1/2007 I WORKSHEET D
 I I TO 12/31/2007 I PART I

TITLE XIX

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, II) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, III) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS	379,220		379,220	5,136,026		5,136,026
26	ADULTS & PEDIATRICS	95,227		95,227	486,019		486,019
31	INTENSIVE CARE UNIT	38,312		38,312	570,631		570,631
33	SUBPROVIDER	23,642		23,642	334,599		334,599
101	NURSERY						
	TOTAL	536,401		536,401	6,527,275		6,527,275

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2008
 I 15-0051 I FROM 1/ 1/2007 I WORKSHEET D
 I I TO 12/31/2007 I PART I

TITLE XIX

PPS

PKST 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
2	INPAT ROUTINE SRVC CNTRS	54,864	8,319	6.91	57,484	93.61	778,742
26	ADULTS & PEDIATRICS	4,360	697	21.84	15,222	111.47	77,695
31	INTENSIVE CARE UNIT	5,736	206	6.68	1,376	99.48	20,493
33	SUBPROVIDER	5,554	2,794	4.26	11,902	60.24	168,311
101	NURSERY	70,514	12,016		85,984		1,045,241
	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2008
 I 15-0051 I FROM 1/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2007 I PART II
 I 15-0051 I PPS I

TITLE XIX

HOSPITAL

PKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	249,719	1,870,889	24,466,478	720,766	.010207	7,357
37 01	CARDIOVASCULAR SURGERY	12,745	204,990	1,463,023	131,118	.008711	1,142
37 02	PARTIAL HOSPITALIZATION	13,905	250,303	1,550,071		.008971	
38	RECOVERY ROOM	27,759	124,344	7,105,038	183,610	.003907	717
39	DELIVERY ROOM & LABOR ROO	90,510	1,486,690	11,004,033	4,178,670	.008225	34,370
40	ANESTHESIOLOGY	1,248	5,729	5,577,222	175,919	.000224	39
41	RADIOLOGY-DIAGNOSTIC	129,064	1,904,623	62,068,106	1,265,619	.002079	2,631
41 01	MRI	19,111	133,318	8,167,810	150,191	.002340	351
44	LABORATORY	59,864	826,211	51,841,975	2,422,876	.001155	2,798
48	INTRAVENOUS THERAPY	2,993	24,343	4,335,028	244,913	.000690	169
49	RESPIRATORY THERAPY	12,730	151,142	7,677,832	511,914	.001658	849
50	PHYSICAL THERAPY	105,341	1,284,986	18,196,043	134,910	.005789	781
53	ELECTROCARDIOLOGY	36,582	568,329	31,044,767	671,271	.001178	791
54	ELECTROENCEPHALOGRAPHY	11,065	149,288	5,551,044	100,968	.001993	201
55	MEDICAL SUPPLIES CHARGED	79,684	647,855	88,330,979	3,969,393	.000902	3,580
56	DRUGS CHARGED TO PATIENTS	44,906	540,422	50,942,791	4,885,864	.000881	4,304
57	RENAL DIALYSIS	7,687	41,634	1,467,552	139,931	.005238	733
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	9,386	168,893	586,433	8,335	.016005	133
61	EMERGENCY	79,100	1,175,914	26,082,027	551,175	.003033	1,672
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	31,235	423,041	3,740,525		.008350	
65	AMBULANCE SERVICES						
101	TOTAL	1,024,634	11,982,944	411,198,777	20,447,443		62,618

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2008
 I 15-0051 I FROM 1/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2007 I PART II
 I 15-0051 I PPS I

WKST A	TITLE XIX	HOSPITAL	NEW CAPITAL
LINE NO.	COST CENTER DESCRIPTION	CST/CHRG	RATIO COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	01 OPERATING ROOM	.076467	55,115
37	01 CARDIOVASCULAR SURGERY	.140114	18,371
37	02 PARTIAL HOSPITALIZATION	.161478	
38	RECOVERY ROOM	.017501	3,213
39	DELIVERY ROOM & LABOR ROO	.135104	564,555
40	ANESTHESIOLOGY	.001027	181
41	RADIOLOGY-DIAGNOSTIC	.030686	38,837
41	01 MRI	.016322	2,451
44	LABORATORY	.015937	38,613
48	INTRAVENOUS THERAPY	.005615	1,375
49	RESPIRATORY THERAPY	.019686	10,078
50	PHYSICAL THERAPY	.070619	9,527
53	ELECTROCARDIOLOGY	.018307	12,289
54	ELECTROENCEPHALOGRAPHY	.026894	2,715
55	MEDICAL SUPPLIES CHARGED	.007334	29,112
56	DRUGS CHARGED TO PATIENTS	.010608	51,829
57	RENAL DIALYSIS	.028370	3,970
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.288001	2,400
61	EMERGENCY	.045085	24,850
62	OBSERVATION BEDS (NON-DIS	.113097	
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
101	TOTAL		869,481

APPORTIONMENT OF INPATIENT ROUTINE
 SERVICE OTHER PASS THROUGH COSTS
 TITLE XIX

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2008
 I 15-0051 I FROM 1/ 1/2007 I WORKSHEET D
 I I TO 12/31/2007 I PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4
2	INPAT ROUTINE SRVC CNTRS						
26	ADULTS & PEDIATRICS						
31	INTENSIVE CARE UNIT						
33	SUBPROVIDER						
101	NURSERY						
	TOTAL						

APPORTIONMENT OF INPATIENT ROUTINE
 SERVICE OTHER PASS THROUGH COSTS
 TITLE XIX

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2008
 I 15-0051 I FROM 1/ 1/2007 I WORKSHEET D
 I I TO 12/31/2007 I PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS	PER DIEM	INPAT PROG DAYS	INPAT PROG PASS THRU COST
		5	6	7	8
	ADULTS & PEDIATRICS	54,864		8,319	
2.	INTENSIVE CARE UNIT	4,360		697	
31	SUBPROVIDER	5,736		206	
33	NURSERY	5,554		2,794	
101	TOTAL	70,514		12,016	

TITLE XIX		HOSPITAL		PPS				
WKST A	COST CENTER DESCRIPTION	NONPHYSICIAN		MED ED NRS	MED ED ALLIED	MED ED ALL	BLOOD CLOT FOR	
LINE NO.		ANESTHETIST		SCHOOL COST	HEALTH COST	OTHER COSTS	HEMOPHILIACS	
		1	1.01	2	2.01	2.02	2.03	
	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM							97,826
37	01 CARDIOVASCULAR SURGERY							
37	02 PARTIAL HOSPITALIZATION							
38	RECOVERY ROOM							
39	DELIVERY ROOM & LABOR ROO							
40	ANESTHESIOLOGY							
41	RADIOLOGY-DIAGNOSTIC							
41	01 MRI							
44	LABORATORY							
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY							
50	PHYSICAL THERAPY							
53	ELECTROCARDIOLOGY							
54	ELECTROENCEPHALOGRAPHY							
55	MEDICAL SUPPLIES CHARGED							
56	DRUGS CHARGED TO PATIENTS							
57	RENAL DIALYSIS							
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
61	EMERGENCY							
62	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL							97,826

TITLE XIX

HOSPITAL

PPS

PKST 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
3.	ANCILLARY SRVC COST CNTRS							
37	01 OPERATING ROOM	97,826	97,826	24,466,478	.003998	.003998	720,766	2,882
37	02 CARDIOVASCULAR SURGERY			1,463,023			131,118	
37	02 PARTIAL HOSPITALIZATION			1,550,071				
38	RECOVERY ROOM			7,105,038			183,610	
39	DELIVERY ROOM & LABOR ROO			11,004,033			4,178,670	
40	ANESTHESIOLOGY			5,577,222			175,919	
41	RADIOLOGY-DIAGNOSTIC			62,068,106			1,265,619	
41	01 MRI			8,167,810			150,191	
44	LABORATORY			51,841,975			2,422,876	
48	INTRAVENOUS THERAPY			4,335,028			244,913	
49	RESPIRATORY THERAPY			7,677,832			511,914	
50	PHYSICAL THERAPY			18,196,043			134,910	
53	ELECTROCARDIOLOGY			31,044,767			671,271	
54	ELECTROENCEPHALOGRAPHY			5,551,044			100,968	
55	MEDICAL SUPPLIES CHARGED			88,330,979			3,969,393	
56	DRUGS CHARGED TO PATIENTS			50,942,791			4,885,864	
57	RENAL DIALYSIS			1,467,552			139,931	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			586,433			8,335	
61	EMERGENCY			26,082,027			551,175	
62	OBSERVATION BEDS (NON-DIS			3,740,525				
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL	97,826	97,826	411,198,777			20,447,443	2,882

TITLE XIX

HOSPITAL

PPS

PKST 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
5.	ANCILLARY SRVC COST CNTRS						
37	01 OPERATING ROOM	1,149,033			4,594		
37	02 CARDIOVASCULAR SURGERY						
37	02 PARTIAL HOSPITALIZATION	368,735					
38	RECOVERY ROOM	430,035					
39	DELIVERY ROOM & LABOR ROO	504,768					
40	ANESTHESIOLOGY	245,178					
41	RADIOLOGY-DIAGNOSTIC	4,002,780					
41	01 MRI	651,421					
44	LABORATORY	3,681,921					
48	INTRAVENOUS THERAPY	74,021					
49	RESPIRATORY THERAPY	73,044					
50	PHYSICAL THERAPY	1,272,612					
53	ELECTROCARDIOLOGY	745,446					
54	ELECTROENCEPHALOGRAPHY	267,945					
55	MEDICAL SUPPLIES CHARGED	2,316,328					
56	DRUGS CHARGED TO PATIENTS	1,516,847					
57	RENAL DIALYSIS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	33,513					
61	EMERGENCY	3,245,228					
62	OBSERVATION BEDS (NON-DIS	593,467					
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	760,760					
101	TOTAL	21,933,082			4,594		

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2008
 I 15-0051 I FROM 1/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2007 I PART V
 I 15-0051 I I I

TITLE XIX - O/P

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic	All Other (1)
	1	2	3	4	5
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.544593				1,149,033
37 01 CARDIOVASCULAR SURGERY	1.022881				
37 02 PARTIAL HOSPITALIZATION	1.129761				368,735
38 RECOVERY ROOM	.231950				430,035
39 DELIVERY ROOM & LABOR ROOM	.580640				504,768
40 ANESTHESIOLOGY	.018938				245,178
41 RADIOLOGY-DIAGNOSTIC	.224106				4,002,780
41 01 MRI	.122133				651,421
44 LABORATORY	.276075				3,681,921
48 INTRAVENOUS THERAPY	.247635				74,021
49 RESPIRATORY THERAPY	.478336				73,044
50 PHYSICAL THERAPY	.636016				1,272,612
53 ELECTROCARDIOLOGY	.146957				745,446
54 ELECTROENCEPHALOGRAPHY	.304851				267,945
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.323437				2,316,328
56 DRUGS CHARGED TO PATIENTS	.357420				1,516,847
57 RENAL DIALYSIS	.775470				
OUTPAT SERVICE COST CNTRS					
60 CLINIC	2.157539				33,513
61 EMERGENCY	.355441				3,245,228
62 OBSERVATION BEDS (NON-DISTINCT PART)	1.002208				593,467
OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES	.723699				760,760
101 SUBTOTAL					21,933,082
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					21,933,082

(A) WORKSHEET A LINE NUMBERS

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

TITLE XIX - O/P

HOSPITAL

	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology
Cost Center Description	5.01	5.02	5.03	6	7
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					
37 01 CARDIOVASCULAR SURGERY					
37 02 PARTIAL HOSPITALIZATION					
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC					
41 01 MRI					
44 LABORATORY					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
53 ELECTROCARDIOLOGY					
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS					
57 RENAL DIALYSIS					
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC					
62 EMERGENCY					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
65 OTHER REIMBURS COST CNTRS					
101 AMBULANCE SERVICES					
102 SUBTOTAL					
103 CRNA CHARGES					
104 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
NET CHARGES					

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

TITLE XIX - O/P

HOSPITAL

	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE
Cost Center Description	8	9	9.01	9.02	9.03
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		625,755			
37 01 CARDIOVASCULAR SURGERY		416,582			
37 02 PARTIAL HOSPITALIZATION		99,747			
38 RECOVERY ROOM		293,088			
39 DELIVERY ROOM & LABOR ROOM		4,643			
40 ANESTHESIOLOGY		897,047			
41 RADIOLOGY-DIAGNOSTIC		79,560			
41 01 MRI		1,016,486			
44 LABORATORY		18,330			
48 INTRAVENOUS THERAPY		34,940			
49 RESPIRATORY THERAPY		809,402			
50 PHYSICAL THERAPY		109,549			
53 ELECTROCARDIOLOGY		81,683			
54 ELECTROENCEPHALOGRAPHY		749,186			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		542,151			
56 DRUGS CHARGED TO PATIENTS					
57 RENAL DIALYSIS					
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC		72,306			
61 EMERGENCY		1,153,487			
62 OBSERVATION BEDS (NON-DISTINCT PART)		594,777			
62 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES		550,561			
101 SUBTOTAL		8,149,280			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		8,149,280			

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

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2008
 I 15-0051 I FROM 1/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2007 I PART II
 I 15-T051 I

TITLE XIX

SUBPROVIDER 1

PPS

PKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	249,719	1,870,889	24,466,478	945	.010207	10
37 01	CARDIOVASCULAR SURGERY	12,745	204,990	1,463,023		.008711	
37 02	PARTIAL HOSPITALIZATION	13,905	250,303	1,550,071		.008971	
38	RECOVERY ROOM	27,759	124,344	7,105,038		.003907	
39	DELIVERY ROOM & LABOR ROO	90,510	1,486,690	11,004,033		.008225	
40	ANESTHESIOLOGY	1,248	5,729	5,577,222	231	.000224	
41	RADIOLOGY-DIAGNOSTIC	129,064	1,904,623	62,068,106	1,394	.002079	3
41 01	MRI	19,111	133,318	8,167,810	3,866	.002340	9
44	LABORATORY	59,864	826,211	51,841,975	11,755	.001155	14
48	INTRAVENOUS THERAPY	2,993	24,343	4,335,028	556	.000690	
49	RESPIRATORY THERAPY	12,730	151,142	7,677,832	2,528	.001658	4
50	PHYSICAL THERAPY	105,341	1,284,986	18,196,043	89,599	.005789	519
53	ELECTROCARDIOLOGY	36,582	568,329	31,044,767	388	.001178	
54	ELECTROENCEPHALOGRAPHY	11,065	149,288	5,551,044	844	.001993	2
55	MEDICAL SUPPLIES CHARGED	79,684	647,855	88,330,979	8,992	.000902	8
56	DRUGS CHARGED TO PATIENTS	44,906	540,422	50,942,791	26,000	.000881	23
57	RENAL DIALYSIS	7,687	41,634	1,467,552		.005238	
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	9,386	168,893	586,433		.016005	
61	EMERGENCY	79,100	1,175,914	26,082,027	48	.003033	
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	31,235	423,041	3,740,525		.008350	
65	AMBULANCE SERVICES						
101	TOTAL	1,024,634	11,982,944	411,198,777	147,146		592

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2008
 I 15-0051 I FROM 1/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2007 I PART II
 I 15-T051 I PPS I

TITLE XIX SUBPROVIDER 1

WKST A	COST CENTER DESCRIPTION	NEW CAPITAL	
LINE NO.		CST/CHRG	RATIO COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.076467	72
37	01 CARDIOVASCULAR SURGERY	.140114	
37	02 PARTIAL HOSPITALIZATION	.161478	
38	RECOVERY ROOM	.017501	
39	DELIVERY ROOM & LABOR ROO	.135104	
40	ANESTHESIOLOGY	.001027	
41	RADIOLOGY-DIAGNOSTIC	.030686	43
41	01 MRI	.016322	63
44	LABORATORY	.015937	187
48	INTRAVENOUS THERAPY	.005615	3
49	RESPIRATORY THERAPY	.019686	50
50	PHYSICAL THERAPY	.070619	6,327
53	ELECTROCARDIOLOGY	.018307	7
54	ELECTROENCEPHALOGRAPHY	.026894	23
55	MEDICAL SUPPLIES CHARGED	.007334	66
56	DRUGS CHARGED TO PATIENTS	.010608	276
57	RENAL DIALYSIS	.028370	
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.288001	
61	EMERGENCY	.045085	2
62	OBSERVATION BEDS (NON-DIS	.113097	
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
101	TOTAL		7,119

TITLE XIX SUBPROVIDER 1

PKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
3.	ANCILLARY SRVC COST CNTRS										
	OPERATING ROOM										
37 01	CARDIOVASCULAR SURGERY						97,826				
37 02	PARTIAL HOSPITALIZATION										
38	RECOVERY ROOM										
39	DELIVERY ROOM & LABOR ROO										
40	ANESTHESIOLOGY										
41	RADIOLOGY-DIAGNOSTIC										
41 01	MRI										
44	LABORATORY										
48	INTRAVENOUS THERAPY										
49	RESPIRATORY THERAPY										
50	PHYSICAL THERAPY										
53	ELECTROCARDIOLOGY										
54	ELECTROENCEPHALOGRAPHY										
55	MEDICAL SUPPLIES CHARGED										
56	DRUGS CHARGED TO PATIENTS										
57	RENAL DIALYSIS										
	OUTPAT SERVICE COST CNTRS										
60	CLINIC										
61	EMERGENCY										
62	OBSERVATION BEDS (NON-DIS										
	OTHER REIMBURS COST CNTRS										
65	AMBULANCE SERVICES										
101	TOTAL						97,826				

TITLE XIX

SUBPROVIDER 1

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
	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM	97,826	97,826	24,466,478	.003998	.003998	945	4
37	01 CARDIOVASCULAR SURGERY			1,463,023				
37	02 PARTIAL HOSPITALIZATION			1,550,071				
38	RECOVERY ROOM			7,105,038				
39	DELIVERY ROOM & LABOR ROO			11,004,033				
40	ANESTHESIOLOGY			5,577,222			231	
41	RADIOLOGY-DIAGNOSTIC			62,068,106			1,394	
41	01 MRI			8,167,810			3,866	
44	LABORATORY			51,841,975			11,755	
48	INTRAVENOUS THERAPY			4,335,028			556	
49	RESPIRATORY THERAPY			7,677,832			2,528	
50	PHYSICAL THERAPY			18,196,043			89,599	
53	ELECTROCARDIOLOGY			31,044,767			388	
54	ELECTROENCEPHALOGRAPHY			5,551,044			844	
55	MEDICAL SUPPLIES CHARGED			88,330,979			8,992	
56	DRUGS CHARGED TO PATIENTS			50,942,791			26,000	
57	RENAL DIALYSIS			1,467,552				
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			586,433				
61	EMERGENCY			26,082,027			48	
62	OBSERVATION BEDS (NON-DIS			3,740,525				
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL	97,826	97,826	411,198,777			147,146	4

TITLE XIX

SUBPROVIDER 1

PPS

LINE NO.	KST A	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D,V COL 5.03	OUTPAT PROG D,V COL 5.04	OUTPAT PROG PASS THRU COST	COL 8.01	COL 8.02
							* COL 5	* COL 5
		ANCILLARY SRVC COST CNTRS	8	8.01	8.02	9	9.01	9.02
37	01	OPERATING ROOM						
37	02	CARDIOVASCULAR SURGERY						
38		PARTIAL HOSPITALIZATION						
39		RECOVERY ROOM						
40		DELIVERY ROOM & LABOR ROO						
41		ANESTHESIOLOGY						
41	01	RADIOLOGY-DIAGNOSTIC						
44		MRI						
48		LABORATORY						
49		INTRAVENOUS THERAPY						
50		RESPIRATORY THERAPY						
53		PHYSICAL THERAPY						
54		ELECTROCARDIOLOGY						
55		ELECTROENCEPHALOGRAPHY						
56		MEDICAL SUPPLIES CHARGED						
57		DRUGS CHARGED TO PATIENTS						
60		RENAL DIALYSIS						
61		OUTPAT SERVICE COST CNTRS						
62		CLINIC						
65		EMERGENCY						
101		OBSERVATION BEDS (NON-DIS						
		OTHER REIMBURS COST CNTRS						
		AMBULANCE SERVICES						
		TOTAL						

COMPUTATION OF INPATIENT OPERATING COST

TITLE XVIII PART A HOSPITAL PPS

P. - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	54,864
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	54,864
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	24,945
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	29,919
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	23,135
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	48,561,011
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	48,561,011

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	47,905,798
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	22,185,223
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	25,720,575
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.013677
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	889.37
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	859.67
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	29.70
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	30.11
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	751,094
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	47,809,917

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2008
 I 15-0051 I FROM 1/ 1/2007 I WORKSHEET D-1
 I COMPONENT NO: I TO 12/31/2007 I PART II
 I 15-0051 I I

COMPUTATION OF INPATIENT OPERATING COST

TITLE XVIII PART A HOSPITAL PPS
 PART I - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 885.12
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 20,477,251
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 20,477,251

	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	6,632,156	4,360	1,521.14	2,475	3,764,822
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					33,864,998
49 TOTAL PROGRAM INPATIENT COSTS					58,107,071

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 2,655,472
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 2,165,584
 52 TOTAL PROGRAM EXCLUDABLE COST 4,821,056
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 53,286,015

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
 } 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

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

1

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	4,519
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	885.12
85	OBSERVATION BED COST	3,999,857

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	379,220	.007809	3,999,857	31,235
87	NEW CAPITAL-RELATED COST	5,136,026	.105764	3,999,857	423,041
88	NON PHYSICIAN ANESTHETIST			3,999,857	
89	MEDICAL EDUCATION			3,999,857	
89.01	MEDICAL EDUCATION - ALLIED HEA			3,999,857	
89.02	MEDICAL EDUCATION - ALL OTHER			3,999,857	

TITLE XVIII PART A SUBPROVIDER I PPS

ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	5,736
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	5,736
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	5,736
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	4,356
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	4,616,878
	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	4,616,878

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	4,051,554
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	4,051,554
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.139533
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	706.34
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	4,616,878

TITLE XVIII PART A SUBPROVIDER I PPS

II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 804.90
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 3,506,144
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 3,506,144

	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)					
43 INTENSIVE CARE TYPE INPATIENT					
44 HOSPITAL UNITS					
45 INTENSIVE CARE UNIT					
46 CORONARY CARE UNIT					
47 BURN INTENSIVE CARE UNIT					
48 SURGICAL INTENSIVE CARE UNIT					
49 OTHER SPECIAL CARE					1
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					2,399,476
49 TOTAL PROGRAM INPATIENT COSTS					5,905,620

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 462,433
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 220,698
 52 TOTAL PROGRAM EXCLUDABLE COST 683,131
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 5,222,489

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
 3 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

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2008
 I 15-0051 I FROM 1/ 1/2007 I WORKSHEET D-1
 I COMPONENT NO: I TO 12/31/2007 I PART III
 I 15-T051 I I

COMPUTATION OF INPATIENT OPERATING COST

TITLE XVIII PART A SUBPROVIDER I PPS

F :II - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY

1

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

PART IV - COMPUTATION OF OBSERVATION BED COST

- 83 TOTAL OBSERVATION BED DAYS
- 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 804.90
- 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	38,312	4,616,878	.008298		
87 NEW CAPITAL-RELATED COST	570,631	4,616,878	.123597		
88 NON PHYSICIAN ANESTHETIST		4,616,878			
89 MEDICAL EDUCATION		4,616,878			
89.01 MEDICAL EDUCATION - ALLIED HEA		4,616,878			
89.02 MEDICAL EDUCATION - ALL OTHER		4,616,878			

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2008
 I 15-0051 I FROM 1/ 1/2007 I WORKSHEET D-1
 I COMPONENT NO: I TO 12/31/2007 I PART I
 I 15-0051 I I

TITLE XIX - I/P HOSPITAL PPS

I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	54,864
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	54,864
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	24,945
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	29,919
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	8,319
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	5,554
16	NURSERY DAYS (TITLE V OR XIX ONLY)	2,794

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	48,561,011
	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	48,561,011

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	47,905,798
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	22,185,223
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	25,720,575
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.013677
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	889.37
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	859.67
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	29.70
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	30.11
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	751,094
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	47,809,917

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2008
 I 15-0051 I FROM 1/ 1/2007 I WORKSHEET D-1
 I COMPONENT NO: I TO 12/31/2007 I PART II
 I 15-0051 I I

TITLE XIX - I/P HOSPITAL PPS
 PART I - HOSPITAL AND SUBPROVIDERS ONLY 1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 885.12
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 7,363,313
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 7,363,313

	TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST
	1	2	3	4	5
42 NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS	3,525,741	5,554	634.81	2,794	1,773,659
43 INTENSIVE CARE UNIT	6,632,156	4,360	1,521.14	697	1,060,235
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					8,368,057
49 TOTAL PROGRAM INPATIENT COSTS					18,565,264

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 1,109,356
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 934,981
 52 TOTAL PROGRAM EXCLUDABLE COST 2,044,337
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 16,520,927

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
 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

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	4,519
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	885.12
85	OBSERVATION BED COST	3,999,857

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	1 COST	2 ROUTINE COST	3 COLUMN 1 DIVIDED BY COLUMN 2	4 TOTAL OBSERVATION BED COST	5 OBSERVATION BED PASS THROUGH COST
86	379,220	48,561,011	.007809	3,999,857	31,235
87	5,136,026	48,561,011	.105764	3,999,857	423,041
88		48,561,011		3,999,857	
89		48,561,011		3,999,857	
89.01		48,561,011		3,999,857	
89.02		48,561,011		3,999,857	

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2008
 I 15-0051 I FROM 1/ 1/2007 I WORKSHEET D-1
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 I 15-T051 I I

TITLE XIX - I/P SUBPROVIDER I PPS

P/ - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	5,736
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	5,736
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	5,736
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	206
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	4,616,878
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	4,616,878

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	4,051,554
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	4,051,554
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.139533
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	706.34
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	4,616,878

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2008
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COMPUTATION OF INPATIENT OPERATING COST

TITLE XIX - I/P SUBPROVIDER I PPS

II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 804.90
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 165,809
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 165,809

	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					80,403
49 TOTAL PROGRAM INPATIENT COSTS					246,212

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 21,869
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 7,715
 52 TOTAL PROGRAM EXCLUDABLE COST 29,584
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 216,628

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
 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 SUBPROVIDER I PPS

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	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	804.90
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	1	2	3	4	5
	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
86	OLD CAPITAL-RELATED COST	38,312	4,616,878	.008298	
87	NEW CAPITAL-RELATED COST	570,631	4,616,878	.123597	
88	NON PHYSICIAN ANESTHETIST		4,616,878		
89	MEDICAL EDUCATION		4,616,878		
89.01	MEDICAL EDUCATION - ALLIED HEA		4,616,878		
89.02	MEDICAL EDUCATION - ALL OTHER		4,616,878		

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2008
 I 15-0051 I FROM 1/ 1/2007 I WORKSHEET D-4
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WKST A LINE NO.	TITLE XVIII, PART A COST CENTER DESCRIPTION	HOSPITAL	PPS		
			RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			21,936,246	
26	INTENSIVE CARE UNIT			3,487,071	
31	SUBPROVIDER				
	ANCILLARY SRVC COST CNTRS				
37	OPERATING ROOM		.581989	5,562,916	3,237,556
37	01 CARDIOVASCULAR SURGERY		1.092498	631,387	689,789
37	02 PARTIAL HOSPITALIZATION		1.211770		
38	RECOVERY ROOM		.247186	1,426,046	352,499
39	DELIVERY ROOM & LABOR ROOM		.622782	63,651	39,641
40	ANESTHESIOLOGY		.020160	1,420,004	28,627
41	RADIOLOGY-DIAGNOSTIC		.239453	7,683,940	1,839,942
41	01 MRI		.130485	1,058,469	138,114
44	LABORATORY		.293835	9,962,205	2,927,245
48	INTRAVENOUS THERAPY		.263163	945,158	248,731
49	RESPIRATORY THERAPY		.508739	2,713,313	1,380,368
50	PHYSICAL THERAPY		.678583	1,416,348	961,110
53	ELECTROCARDIOLOGY		.157093	10,072,932	1,582,387
54	ELECTROENCEPHALOGRAPHY		.327540	687,877	225,307
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		.343719	35,655,407	12,255,441
56	DRUGS CHARGED TO PATIENTS		.379939	14,548,621	5,527,589
57	RENAL DIALYSIS		.824716	956,266	788,648
	OUTPAT SERVICE COST CNTRS				
60	CLINIC		2.306130	41,349	95,356
61	EMERGENCY		.379472	2,906,170	1,102,810
62	OBSERVATION BEDS (NON-DISTINCT PART)		1.069330	415,062	443,838
	OTHER REIMBURS COST CNTRS				
65	AMBULANCE SERVICES				
101	TOTAL			98,167,121	33,864,998
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES				
103	NET CHARGES			98,167,121	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

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TITLE XVIII, PART A SUBPROVIDER 1

PPS

KST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER		3,051,140	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.581989	13,430	7,816
37 01	CARDIOVASCULAR SURGERY	1.092498		
37 02	PARTIAL HOSPITALIZATION	1.211770		
38	RECOVERY ROOM	.247186	7,465	1,845
39	DELIVERY ROOM & LABOR ROOM	.622782		
40	ANESTHESIOLOGY	.020160	2,685	54
41	RADIOLOGY-DIAGNOSTIC	.239453	152,090	36,418
41 01	MRI	.130485	54,295	7,085
44	LABORATORY	.293835	563,364	165,536
48	INTRAVENOUS THERAPY	.263163	12,423	3,269
49	RESPIRATORY THERAPY	.508739	120,779	61,445
50	PHYSICAL THERAPY	.678583	2,417,426	1,640,424
53	ELECTROCARDIOLOGY	.157093	82,957	13,032
54	ELECTROENCEPHALOGRAPHY	.327540	36,281	11,883
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.343719	251,788	86,544
56	DRUGS CHARGED TO PATIENTS	.379939	895,959	340,410
57	RENAL DIALYSIS	.824716	24,168	19,932
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	2.306130		
61	EMERGENCY	.379472	9,968	3,783
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.069330		
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		4,645,078	2,399,476
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		4,645,078	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2008
 I 15-0051 I FROM 1/ 1/2007 I WORKSHEET D-4
 I COMPONENT NO: I TO 12/31/2007 I
 I 15-0051 I

TITLE XIX HOSPITAL PPS

KST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		6,359,898	
26	INTENSIVE CARE UNIT		654,397	
31	SUBPROVIDER			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.581989	720,766	419,478
37	01 CARDIOVASCULAR SURGERY	1.092498	131,118	143,246
37	02 PARTIAL HOSPITALIZATION	1.211770		
38	RECOVERY ROOM	.247186	183,610	45,386
39	DELIVERY ROOM & LABOR ROOM	.622782	4,178,670	2,602,400
40	ANESTHESIOLOGY	.020160	175,919	3,547
41	RADIOLOGY-DIAGNOSTIC	.239453	1,265,619	303,056
41	01 MRI	.130485	150,191	19,598
44	LABORATORY	.293835	2,422,876	711,926
48	INTRAVENOUS THERAPY	.263163	244,913	64,452
49	RESPIRATORY THERAPY	.508739	511,914	260,431
50	PHYSICAL THERAPY	.678583	134,910	91,548
53	ELECTROCARDIOLOGY	.157093	671,271	105,452
54	ELECTROENCEPHALOGRAPHY	.327540	100,968	33,071
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.343719	3,969,393	1,364,356
56	DRUGS CHARGED TO PATIENTS	.379939	4,885,864	1,856,330
57	RENAL DIALYSIS	.824716	139,931	115,403
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	2.306130	8,335	19,222
61	EMERGENCY	.379472	551,175	209,155
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.069330		
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		20,447,443	8,368,057
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		20,447,443	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2008
 I 15-0051 I FROM 1/ 1/2007 I WORKSHEET D-4
 I COMPONENT NO: I TO 12/31/2007 I
 I 15-T051 I

TITLE XIX SUBPROVIDER 1 PPS

PKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
2.	INPAT ROUTINE SRVC CNTRS			
26	ADULTS & PEDIATRICS			
31	INTENSIVE CARE UNIT			
	SUBPROVIDER		128,958	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.581989	945	550
37 01	CARDIOVASCULAR SURGERY	1.092498		
37 02	PARTIAL HOSPITALIZATION	1.211770		
38	RECOVERY ROOM	.247186		
39	DELIVERY ROOM & LABOR ROOM	.622782		
40	ANESTHESIOLOGY	.020160	231	5
41	RADIOLOGY-DIAGNOSTIC	.239453	1,394	334
41 01	MRI	.130485	3,866	504
44	LABORATORY	.293835	11,755	3,454
48	INTRAVENOUS THERAPY	.263163	556	146
49	RESPIRATORY THERAPY	.508739	2,528	1,286
50	PHYSICAL THERAPY	.678583	89,599	60,800
53	ELECTROCARDIOLOGY	.157093	388	61
54	ELECTROENCEPHALOGRAPHY	.327540	844	276
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.343719	8,992	3,091
56	DRUGS CHARGED TO PATIENTS	.379939	26,000	9,878
57	RENAL DIALYSIS	.824716		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	2.306130		
61	EMERGENCY	.379472	48	18
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.069330		
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		147,146	80,403
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		147,146	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2008
 I 15-0051 I FROM 1/ 1/2007 I WORKSHEET E
 I COMPONENT NO: I TO 12/31/2007 I PART A
 I 15-0051 I I

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

DESCRIPTION

1 1.01

DRG AMOUNT
 1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1 28,413,179
 1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 8,994,143
 AND BEFORE JANUARY 1
 1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1

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 2,381,978
 OCTOBER 1, 1997 (SEE INSTRUCTIONS)
 3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD 231.95

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.
 .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 IME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1
 3.22 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1,
 BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)
 3.23 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1

SUM OF LINES PLUS E-3, PT
 3.21 - 3.23 VI, LINE 23

3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).
 4 DISPROPORTIONATE SHARE ADJUSTMENT 4.77
 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 19.52
 ON WORKSHEET S-3, PART I
 4.02 SUM OF LINES 4 AND 4.01 24.29
 4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC) 9.25
 4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS) 3,460,177

5 ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES
 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)
 5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316,
 AND 317.
 .04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK
 .05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC) 335.00
 5.06 TOTAL ADDITIONAL PAYMENT
 6 SUBTOTAL (SEE INSTRUCTIONS) 43,249,477
 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

CALCULATION OF REIMBURSEMENT SETTLEMENT

IN LIEU OF FORM CMS-2552-96 (05/2007)
 I PROVIDER NO: I PERIOD: I PREPARED 5/29/2008
 I 15-0051 I FROM 1/ 1/2007 I WORKSHEET E
 I COMPONENT NO: I TO 12/31/2007 I PART A
 I 15-0051 I I

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION

1 1.01

8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	43,249,477
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	3,581,518
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL	
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	
11.01	NURSING AND ALLIED HEALTH MANAGED CARE	
11.02	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES	
12	NET ORGAN ACQUISITION COST	
13	COST OF TEACHING PHYSICIANS	
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS	
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS	22,241
16	TOTAL	46,853,236
17	PRIMARY PAYER PAYMENTS	38,820
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	46,814,416
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	3,658,184
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	80,600
21	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	844,182
21.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	590,927
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	605,936
22	SUBTOTAL	43,666,559
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	43,666,559
27	SEQUESTRATION ADJUSTMENT	
28	INTERIM PAYMENTS	42,534,807
28.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
29	BALANCE DUE PROVIDER (PROGRAM)	1,131,752
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	359,488

----- 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

IN LIEU OF FORM CMS-2552-96 (04/2005)
 I PROVIDER NO: I PERIOD: I PREPARED 5/29/2008
 I 15-0051 I FROM 1/ 1/2007 I WORKSHEET E
 I COMPONENT NO: I TO 12/31/2007 I PART B
 I 15-0051 I I

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	26,266
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	17,259,945
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	14,738,015
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.878
1.04	LINE 1.01 TIMES LINE 1.03.	15,154,232
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	97.25
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.	10,335
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	26,266
	COMPUTATION OF LESSER OF COST OR CHARGES	
	REASONABLE CHARGES	
6	ANCILLARY SERVICE CHARGES	69,218
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	69,218
	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)	69,218
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	42,952
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	26,266
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	14,748,350
	COMPUTATION OF REIMBURSEMENT SETTLEMENT	
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	2,163
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	3,855,562
19	SUBTOTAL (SEE INSTRUCTIONS)	10,916,891
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	10,916,891
24	PRIMARY PAYER PAYMENTS	1,394
25	SUBTOTAL	10,915,497
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	694,390
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	486,073
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	506,044
28	SUBTOTAL	11,401,570
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	11,401,570
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	11,190,567
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	211,003
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2008
 I 15-0051 I FROM 1/ 1/2007 I WORKSHEET E
 I COMPONENT NO: I TO 12/31/2007 I PART B
 I 15-T051 I I

PART B - MEDICAL AND OTHER HEALTH SERVICES

SUBPROVIDER 1

	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	503
.J1	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	127
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	432
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
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)	503
	COMPUTATION OF LESSER OF COST OR CHARGES	
	REASONABLE CHARGES	
6	ANCILLARY SERVICE CHARGES	1,324
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	1,324
	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)	1,324
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	821
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	503
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	432
	COMPUTATION OF REIMBURSEMENT SETTLEMENT	
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	935
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
	ESRD DIRECT MEDICAL EDUCATION COSTS	
	SUBTOTAL	935
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	935
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	935
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	935
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	1,504
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-569
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2008
 I 15-0051 I FROM 1/ 1/2007 I WORKSHEET E-1
 I COMPONENT NO: I TO 12/31/2007 I
 I 15-0051 I I

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

TITLE XVIII HOSPITAL
 DESCRIPTION

		INPATIENT-PART A		P A R T B	
		MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
		1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER			42,213,623		11,261,837
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	10/15/2007	350,000	
	ADJUSTMENTS TO PROVIDER	.02			
	ADJUSTMENTS TO PROVIDER	.03			
	ADJUSTMENTS TO PROVIDER	.04			
	ADJUSTMENTS TO PROVIDER	.05			
	ADJUSTMENTS TO PROGRAM	.50	8/ 6/2007	28,816	71,270
	ADJUSTMENTS TO PROGRAM	.51			
	ADJUSTMENTS TO PROGRAM	.52			
	ADJUSTMENTS TO PROGRAM	.53			
	ADJUSTMENTS TO PROGRAM	.54			
	ADJUSTMENTS TO PROGRAM	.99			
SUBTOTAL			321,184		-71,270
4 TOTAL INTERIM PAYMENTS			42,534,807		11,190,567
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			
	TENTATIVE TO PROGRAM	.99			
SUBTOTAL			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: 00000

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.

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2008
 I 15-0051 I FROM 1/ 1/2007 I WORKSHEET E-1
 I COMPONENT NO: I TO 12/31/2007 I
 I 15-T051 I I

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

TITLE XVIII SUBPROVIDER 1

DESCRIPTION

INPATIENT-PART A		P A R T B	
MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
1	2	3	4

1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER				
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.				
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	
	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	
4	TOTAL INTERIM PAYMENTS		5,390,274	NONE	1,504
	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	
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				

IF OF INTERMEDIARY:
 INTERMEDIARY NO: 00000

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

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2008
 I 15-0051 I FROM 1/ 1/2007 I WORKSHEET E-3
 I COMPONENT NO: I TO 12/31/2007 I PART I
 I 15-T051 I I

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
 SUBPROVIDER 1

1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	4,492,101
1.03	MEDICAID SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	.0222
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	160,876
1.05	OUTLIER PAYMENTS	787,203
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	5,440,180
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
	INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	
1.09	NET IPF PPS OUTLIER PAYMENTS	
1.10	NET IPF PPS ECT PAYMENTS	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.15/1.16))) \text{ RAISED TO THE POWER OF } .5150 - 1\}$	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 X THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	
	INPATIENT REHABILITATION FACILITY (IRF)	
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	15.715068
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.39/1.40))) \text{ RAISED TO THE POWER OF } .9012 - 1\}$	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	5,440,180
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	5,440,180
7	DEDUCTIBLES	52,536
8	SUBTOTAL	5,387,644
9	COINSURANCE	17,508
10	SUBTOTAL	5,370,136
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
12	SUBTOTAL	5,370,136
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	54
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
?	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	5,370,190
.	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
.9	INTERIM PAYMENTS	5,390,274
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	-20,084
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
SUBPROVIDER 1

ENTER THE ORIGINAL OUTLIER AMOUNT FROM E-3, I LN 1.05 (IRF)
OR 1.09 (IPF).

- 51 ENTER THE OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
- 52 ENTER THE INTEREST RATE USED TO CALCULATE THE TIME VALUE
OF MONEY. (SEE INSTRUCTIONS).
- 53 ENTER THE TIME VALUE OF MONEY.

BALANCE SHEET

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2008
 I 15-0051 I FROM 1/ 1/2007 I
 I I TO 12/31/2007 I WORKSHEET G

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	17,814,111			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE	180,202			
4 ACCOUNTS RECEIVABLE	38,967,884			
5 OTHER RECEIVABLES	8,472,642			
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7 INVENTORY	4,806,516			
8 PREPAID EXPENSES	9,099,583			
9 OTHER CURRENT ASSETS	2,565,127			
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	81,906,065			
FIXED ASSETS				
12 LAND	10,170,555			
12.01 LAND IMPROVEMENTS	2,006,900			
13.01 LESS ACCUMULATED DEPRECIATION				
14 BUILDINGS	219,143,743			
14.01 LESS ACCUMULATED DEPRECIATION	-185,341,375			
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	90,363,802			
18.01 LESS ACCUMULATED DEPRECIATION				
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE	1,188,469			
21 TOTAL FIXED ASSETS	137,532,094			
OTHER ASSETS				
22 INVESTMENTS	74,932,369			
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	13,215,499			
26 TOTAL OTHER ASSETS	88,147,868			
27 TOTAL ASSETS	307,586,027			

BALANCE SHEET

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2008
 I 15-0051 I FROM 1/1/2007 I
 I I TO 12/31/2007 I WORKSHEET G

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
LIABILITIES AND FUND BALANCE				
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	7,554,846			
29 SALARIES, WAGES & FEES PAYABLE	17,850,716			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	8,602,575			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES				
36 TOTAL CURRENT LIABILITIES	34,008,137			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE	72,387,889			
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	1,775,023			
42 TOTAL LONG-TERM LIABILITIES	74,162,912			
43 TOTAL LIABILITIES	108,171,049			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	199,414,978			
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	199,414,978			
52 TOTAL LIABILITIES AND FUND BALANCES	307,586,027			

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND	SPECIFIC PURPOSE FUND
	1	2
FUND BALANCE AT BEGINNING OF PERIOD		196,807,901
NET INCOME (LOSS)		17,703,537
3 TOTAL		214,511,438
ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)		
4 SHARE OF CHANGE-FOUND. NE	741,425	
5 CHANGE IN PENSION LIABILI	3,178,581	
6 FOUNDATION CAPITAL CONTRI	1,400,000	
7 PROCEEDS FROM SALE OF CCI	2,416,306	
8		
9		
10 TOTAL ADDITIONS	7,736,312	
11 SUBTOTAL	222,247,750	
DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)		
12 PY INVEST WRITE-DOWN - BH	22,831,772	
13 IMMATERIAL VARIANCE	1,000	
14		
15		
16		
17		
18 TOTAL DEDUCTIONS	22,832,772	
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		199,414,978

	ENDOWMENT FUND	PLANT FUND
	5	6
1 FUND BALANCE AT BEGINNING OF PERIOD		
2 NET INCOME (LOSS)		
3 TOTAL		
ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)		
4 SHARE OF CHANGE-FOUND. NE		
5 CHANGE IN PENSION LIABILI		
6 FOUNDATION CAPITAL CONTRI		
7 PROCEEDS FROM SALE OF CCI		
8		
9		
10 TOTAL ADDITIONS		
11 SUBTOTAL		
DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)		
12 PY INVEST WRITE-DOWN - BH		
13 IMMATERIAL VARIANCE		
14		
15		
16		
17		
18 TOTAL DEDUCTIONS		
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2008
 I 15-0051 I FROM 1/ 1/2007 I WORKSHEET G-2
 I I TO 12/31/2007 I PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
00 HOSPITAL	51,387,660		51,387,660
2 00 SUBPROVIDER	4,051,554		4,051,554
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	55,439,214		55,439,214
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	6,096,802		6,096,802
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	6,096,802		6,096,802
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	61,536,016		61,536,016
17 00 ANCILLARY SERVICES	198,645,524	1	198,645,525
18 00 OUTPATIENT SERVICES		212,553,252	212,553,252
19 00 HOME HEALTH AGENCY		4,439,671	4,439,671
20 00 AMBULANCE SERVICES		5,333,415	5,333,415
23 00 HOSPICE		3,269,330	3,269,330
24 00 PROMPTCARE CHARGES		5,764,823	5,764,823
24 01 A&P AND PARTIAL PHYSICIAN CHARGES		3,038,983	3,038,983
24 02 THERAPY SERVICES PROVIDED TO CCI		939,978	939,978
24 03 DIETARY REVENUE - OFFSET ON A-8		63,061	63,061
24 04 UNALLOCATED REVENUE -OFFSET ON A-8		121,529	121,529
25 00 TOTAL PATIENT REVENUES	260,181,540	235,524,043	495,705,583

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES		247,314,985	
ADD (SPECIFY)			
27 00 BAD DEBT EXPENSE	17,952,866		
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		17,952,866	
DEDUCT (SPECIFY)			
34 00 NET RELATED PARTY EXPENSES	7,165		
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS		7,165	
40 00 TOTAL OPERATING EXPENSES		265,260,686	

STATEMENT OF REVENUES AND EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2008
 I 15-0051 I FROM 1/ 1/2007 I WORKSHEET G-3
 I TO 12/31/2007 I

DESCRIPTION

	TOTAL PATIENT REVENUES	495,705,583
	LESS: ALLOWANCES AND DISCOUNTS ON	223,921,120
	NET PATIENT REVENUES	271,784,463
4	LESS: TOTAL OPERATING EXPENSES	265,260,686
5	NET INCOME FROM SERVICE TO PATIENT	6,523,777
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUES	496,338
7	INCOME FROM INVESTMENTS	4,052,026
8	REVENUE FROM TELEPHONE AND TELEG	
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	232,361
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	64,210
13	REVENUE FROM LAUNDRY AND LINEN S	523,045
14	REVENUE FROM MEALS SOLD TO EMPLO	1,148,789
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	113,645
19	TUITION (FEES, SALE OF TEXTBOOKS	
20	REVENUE FROM GIFTS, FLOWER, COFFE	
21	RENTAL OF VENDING MACHINES	262,760
22	RENTAL OF HOSPITAL SPACE	821,687
23	GOVERNMENTAL APPROPRIATIONS	1,835,309
24	KIDS CLUB PROGRAM REVENUE	451,816
24.01	ALL OTHER REVENUE	1,177,774
24.02		
25	TOTAL OTHER INCOME	11,179,760
26	TOTAL	17,703,537
	OTHER EXPENSES	
27		
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIO	17,703,537

HHA 1

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANSPORTATION 3	CONTRACTED/ PURCHASED SVCS 4	OTHER COSTS 5	TOTAL 6
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5	154,542		148,905		579,994	883,441
HHA REIMBURSABLE SERVICES						
6	994,567					994,567
7	398,337					398,337
8	104,694					104,694
9	3,425					3,425
10	33,108					33,108
11	339,563					339,563
12						
13	47,069					47,069
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23	1,209,760		13,029			1,222,789
23.50						
24	3,285,065		161,934		579,994	4,026,993

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5	-152,835	730,606	-257	730,349
HHA REIMBURSABLE SERVICES				
6		994,567		994,567
7		398,337		398,337
8		104,694		104,694
9		3,425		3,425
10		33,108		33,108
11		339,563		339,563
12				
13		47,069		47,069
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23		1,222,789		1,222,789
23.50				
24	-152,835	3,874,158	-257	3,873,901

HHA 1

	NET EXPENSES FOR COST ALLOCATION	CAP-REL COST-BLDG & FIX	CAP-REL COST-MOV EQUIP	PLANT OPER & MAINT	TRANSPORTATIO N	SUBTOTAL	ADMINISTRATIV E & GENERAL
	0	1	2	3	4	4A	5
GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
	730,349					730,349	730,349
HHA REIMBURSABLE SERVICES							
6	994,567					994,567	231,070
7	398,337					398,337	92,546
8	104,694					104,694	24,324
9	3,425					3,425	796
10	33,108					33,108	7,692
11	339,563					339,563	78,891
12							
13	47,069					47,069	10,936
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23	1,222,789					1,222,789	284,094
23.50							
24	3,873,901					3,873,901	

TOTAL

6

GENERAL SERVICE COST CENTERS							
1							
2							
3							
4							
5							
HHA REIMBURSABLE SERVICES							
	1,225,637						
	490,883						
8	129,018						
9	4,221						
10	40,800						
11	418,454						
12							
13	58,005						
13.20							
14							
HHA NONREIMBURSABLE SERVICES							
15							
16							
17							
18							
19							
20							
21							
22							
23	1,506,883						
23.50							
24	3,873,901						

HHA 1

	CAP-REL COST-BLDG & FIX (SQUARE FEET)	CAP-REL COST-MOV EQUIP (DOLLAR VALUE)	PLANT OPER & MAINT (SQUARE FEET)	TRANSPORTATIO N (MILEAGE)	RECONCILIATIO N SA	ADMINISTRATIV E & GENERAL (ACCUM. COST)
	1	2	3	4		5
GENERAL SERVICE COST CENTERS						
1	CAP-REL COST-BLDG & FIX					
2	CAP-REL COST-MOV EQUIP					
3	PLANT OPER & MAINT					
4	TRANSPORTATION					
5	ADMINISTRATIVE & GENERAL				-730,349	3,143,552
HHA REIMBURSABLE SERVICES						
6	SKILLED NURSING CARE					994,567
7	PHYSICAL THERAPY					398,337
8	OCCUPATIONAL THERAPY					104,694
9	SPEECH PATHOLOGY					3,425
10	MEDICAL SOCIAL SERVICES					33,108
11	HOME HEALTH AIDE					339,563
12	SUPPLIES					
13	DRUGS					47,069
13.20	COST ADMINISTERING DRUGS					
14	OME					
HHA NONREIMBURSABLE SERVICES						
15	HOME DIALYSIS AIDE SVCS					
16	RESPIRATORY THERAPY					
17	PRIVATE DUTY NURSING					
18	CLINIC					
19	HEALTH PROM ACTIVITIES					
20	DAY CARE PROGRAM					
21	HOME DEL MEALS PROGRAM					
22	HOMEMAKER SERVICE					
23	ALL OTHERS					1,222,789
23.50	TELEMEDICINE					
24	TOTAL (SUM OF LINES 1-23)				-730,349	3,143,552
25	COST TO BE ALLOCATED					730,349
26	UNIT COST MULTIPLIER					.232332

HHA 1

COST CENTER	HHA TRIAL BALANCE (1) 0	OLD CAP REL COSTS-BLDG & 1	OLD CAP REL COSTS-1947 B 1.01	OLD CAP REL COSTS-1965 B 1.02	OLD CAP REL COSTS-1983 B 1.03	OLD CAP REL COSTS-MEDICA 1.04
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE	1,225,637					
3 PHYSICAL THERAPY	490,883					
4 OCCUPATIONAL THERAPY	129,018					
5 SPEECH PATHOLOGY	4,221					
6 MEDICAL SOCIAL SERVICES	40,800					
7 HOME HEALTH AIDE	418,454					
8 SUPPLIES						
9 DRUGS	58,005					
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER	1,506,883					
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	3,873,901					
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.

(2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA COST CENTER	OLD CAP REL COSTS-UTILIT 1.05	OLD CAP REL COSTS-WEGMIL 1.06	OLD CAP REL COSTS-MVBLE 2	NEW CAP REL COSTS-BLDG & 3	NEW CAP REL COSTS-1947 B 3.01	NEW CAP REL COSTS-1965 B 3.02
1 ADMIN & GENERAL			4,543			
2 SKILLED NURSING CARE			756			
3 PHYSICAL THERAPY			38			
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE			138			
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER			3,869			
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)			9,344			
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.

(2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA COST CENTER	NEW CAP REL COSTS-1983 B 3.03	NEW CAP REL COSTS-MEDICA 3.04	NEW CAP REL COSTS-UTILIT 3.05	NEW CAP REL COSTS-CANCER 3.06	NEW CAP REL COSTS-PHNA B 3.07	NEW CAP REL COSTS-MITCHE 3.08
1 ADMIN & GENERAL					34,944	
2 SKILLED NURSING CARE					5,817	
3 PHYSICAL THERAPY					288	
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE					1,058	
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER					29,762	
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)					71,869	
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.

(2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA 1

COST CENTER	NEW CAP REL COSTS-SPENCE 3.09	NEW CAP REL COSTS-PAIN M 3.10	NEW CAP REL COSTS-WEST P 3.11	NEW CAP REL COSTS-MVBLE 4	EMPLOYEE BEN EFITS 5	CHILD CARE C ENTER 5.01
1 ADMIN & GENERAL				136,059	39,387	3,744
2 SKILLED NURSING CARE				22,649	253,478	
3 PHYSICAL THERAPY				1,123	101,521	
4 OCCUPATIONAL THERAPY					26,683	
5 SPEECH PATHOLOGY					873	
6 MEDICAL SOCIAL SERVICES					8,438	
7 HOME HEALTH AIDE				4,118	86,542	
8 SUPPLIES						
9 DRUGS					11,996	
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER				115,882	308,324	
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)				279,831	837,242	3,744
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
 (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA COST CENTER	SUBTOTAL SA.01	ADMINISTRATI VE & GENERAL 6	OPERATION OF PLANT 8	LAUNDRY & LI NEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11
1 ADMIN & GENERAL	218,677	41,906	218,542			
2 SKILLED NURSING CARE	1,508,337	289,052	36,378			
3 PHYSICAL THERAPY	593,853	113,804	1,804			
4 OCCUPATIONAL THERAPY	155,701	29,838				
5 SPEECH PATHOLOGY	5,094	976				
6 MEDICAL SOCIAL SERVICES	49,238	9,436				
7 HOME HEALTH AIDE	510,310	97,794	6,614			
8 SUPPLIES						
9 DRUGS	70,001	13,415				
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER	1,964,720	376,510	186,131			
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	5,075,931	972,731	449,469			
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
 (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA COST CENTER	CAFETERIA 12	NURSING ADMI NISTRATION 14	CENTRAL SERV ICES & SUPPL 15	CENTRAL STER ILIZATION 15.01	PHARMACY 16	MEDICAL RECO RDS & LIBRAR 17
1 ADMIN & GENERAL	2,532	25,037				
2 SKILLED NURSING CARE	9,634	95,250				
3 PHYSICAL THERAPY	2,979	29,453				
4 OCCUPATIONAL THERAPY	822	8,126				
5 SPEECH PATHOLOGY	27	270				
6 MEDICAL SOCIAL SERVICES	419	4,143				
7 HOME HEALTH AIDE	7,312	72,294				
8 SUPPLIES						
9 DRUGS	605	5,986				
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER	14,162	139,994				
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	38,492	380,553				
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
 (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA 1

COST CENTER	PARAMED RGM	ED P	SUBTOTAL	POST DOWN	STEP ADJUST	SUBTOTAL	ALLOCATED HHA A & G	TOTAL HHA COSTS
	24		25		26	27	28	29
1 ADMIN & GENERAL			506,694			506,694		
2 SKILLED NURSING CARE			1,938,651			1,938,651	153,233	2,091,884
3 PHYSICAL THERAPY			741,893			741,893	58,640	800,533
4 OCCUPATIONAL THERAPY			194,487			194,487	15,372	209,859
5 SPEECH PATHOLOGY			6,367			6,367	503	6,870
6 MEDICAL SOCIAL SERVICES			63,236			63,236	4,998	68,234
7 HOME HEALTH AIDE			694,324			694,324	54,880	749,204
8 SUPPLIES								
9 DRUGS			90,007			90,007	7,114	97,121
9.20 COST ADMINISTERING DRUGS								
10 DME								
11 HOME DIALYSIS AIDE SVCS								
12 RESPIRATORY THERAPY								
13 PRIVATE DUTY NURSING								
14 CLINIC								
15 HEALTH PROM ACTIVITIES								
16 DAY CARE PROGRAM								
17 HOME DEL MEALS PROGRAM								
18 HOMEMAKER SERVICE								
19 ALL OTHER			2,681,517			2,681,517	211,954	2,893,471
19.50 TELEMEDICINE								
20 TOTAL (SUM OF 1-19) (2)			6,917,176			6,917,176	506,694	6,917,176
21 UNIT COST MULTIPLIER							0.079041	

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.

(2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA 1

HHA COST CENTER	OLD CAP REL COSTS-BLDG & (SQUARE FEET)	OLD CAP REL COSTS-1947 B (SQUARE FEET)	OLD CAP REL COSTS-1965 B (SQUARE FEET)	OLD CAP REL COSTS-1983 B (SQUARE FEET)	OLD CAP REL COSTS-MEDICA (SQUARE FEET)	OLD CAP REL COSTS-UTILIT (SQUARE FEET)
	1	1.01	1.02	1.03	1.04	1.05
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)						
21 COST TO BE ALLOCATED						
22 UNIT COST MULTIPLIER						

HHA COST CENTER	OLD CAP REL COSTS-WEGMIL (SQUARE FEET)	OLD CAP REL COSTS-MVBLE (SQUARE FEET)	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-1947 B (SQUARE FEET)	NEW CAP REL COSTS-1965 B (SQUARE FEET)	NEW CAP REL COSTS-1983 B (SQUARE FEET)
	1.06	2	3	3.01	3.02	3.03
1 ADMIN & GENERAL		7,269				
2 SKILLED NURSING CARE		1,210				
3 PHYSICAL THERAPY		60				
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE		220				
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER		6,191				
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)		14,950				
21 COST TO BE ALLOCATED		9,344				
22 UNIT COST MULTIPLIER		0.625017				

HHA COST CENTER	NEW CAP REL COSTS-MEDICA (SQUARE FEET)	NEW CAP REL COSTS-UTILIT (SQUARE FEET)	NEW CAP REL COSTS-CANCER (SQUARE FEET)	NEW CAP REL COSTS-PHNA B (SQUARE FEET)	NEW CAP REL COSTS-MITCHE (SQUARE FEET)	NEW CAP REL COSTS-SPENCE (SQUARE FEET)
	3.04	3.05	3.06	3.07	3.08	3.09
1 ADMIN & GENERAL				7,269		
2 SKILLED NURSING CARE				1,210		
3 PHYSICAL THERAPY				60		
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE				220		
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER				6,191		
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)				14,950		
21 COST TO BE ALLOCATED				71,869		
22 UNIT COST MULTIPLIER				4.807291		

HHA 1

HHA COST CENTER	NEW CAP REL COSTS-PAIN M (SQUARE FEET)	NEW CAP REL COSTS-WEST P (SQUARE FEET)	NEW CAP REL COSTS-MVBLE (SQUARE FEET)	EMPLOYEE BEN EFITS (GROSS SALARIES)	CHILD CARE C ENTER (NUMBER OF CHILDREN)	RECONCILIATI ON
	3.10	3.11	4	5	5.01	6A
1 ADMIN & GENERAL			7,269	154,542	1	
2 SKILLED NURSING CARE			1,210	994,567		
3 PHYSICAL THERAPY			60	398,337		
4 OCCUPATIONAL THERAPY				104,694		
5 SPEECH PATHOLOGY				3,425		
6 MEDICAL SOCIAL SERVICES				33,108		
7 HOME HEALTH AIDE			220	339,563		
8 SUPPLIES						
9 DRUGS				47,069		
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER			6,191	1,209,760		
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)			14,950	3,285,065	1	
21 COST TO BE ALLOCATED			279,831	837,242	3,744	
22 UNIT COST MULTIPLIER			18.717793	0.254863	3744.000000	

HHA COST CENTER	ADMINISTRATI VE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LI NEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MANHOURS)
	6	8	9	10	11	12
1 ADMIN & GENERAL	218,677	7,269				9,265
2 SKILLED NURSING CARE	1,508,337	1,210				35,247
3 PHYSICAL THERAPY	593,853	60				10,899
4 OCCUPATIONAL THERAPY	155,701					3,007
5 SPEECH PATHOLOGY	5,094					100
6 MEDICAL SOCIAL SERVICES	49,238					1,533
7 HOME HEALTH AIDE	510,310	220				26,752
8 SUPPLIES						
9 DRUGS	70,001					2,215
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER	1,964,720	6,191				51,804
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	5,075,931	14,950				140,822
21 COST TO BE ALLOCATED	972,731	449,469				38,492
22 UNIT COST MULTIPLIER	0.191636	30.064816				0.273338

HHA COST CENTER	NURSING ADMINI STRATION (DIRECT NRSING HRS)	CENTRAL SERV ICES & SUPPL (COSTED REQUIS.)	CENTRAL STER ILIZATION (TIME SPENT)	PHARMACY (COSTED REQUIS.)	MEDICAL RECO RDS & LIBRAR (TIME SPENT)	PARAMED ED P RGM (TIME SPENT)
	14	15	15.01	16	17	24
1 ADMIN & GENERAL	9,265					
2 SKILLED NURSING CARE	35,247					
3 PHYSICAL THERAPY	10,899					
4 OCCUPATIONAL THERAPY	3,007					
5 SPEECH PATHOLOGY	100					
6 MEDICAL SOCIAL SERVICES	1,533					
7 HOME HEALTH AIDE	26,752					
8 SUPPLIES						
9 DRUGS	2,215					
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER	51,804					
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	140,822					
21 COST TO BE ALLOCATED	380,553					
22 UNIT COST MULTIPLIER	2.702369					

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2008
 I 15-0051 I FROM 1/ 1/2007 I WORKSHEET H-6
 I HHA NO: I TO 12/31/2007 I PARTS I II & III
 I 15-7011 I HHA I

[] TITLE V [X] TITLE XVIII [] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS:
 COMPUTATION OF THE LESSER OF AGGREGATE MEDICARE COST OR THE AGGREGATE OF THE MEDICARE LIMITATION

COST PER VISIT COMPUTATION		FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I)	SHARED ANCILLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS PART A
1	SKILLED NURSING	2	2,091,884	2	2,091,884	9,314	224.60	2,940
2	PHYSICAL THERAPY	3	800,533		800,533	4,356	183.78	1,992
3	OCCUPATIONAL THERAPY	4	209,859		209,859	1,201	174.74	498
4	SPEECH PATHOLOGY	5	6,870		6,870	60	114.50	23
5	MEDICAL SOCIAL SERVICES	6	68,234		68,234	110	620.31	32
6	HOME HEALTH AIDE SERVICES	7	749,204		749,204	7,638	98.09	735
7	TOTAL		3,926,584		3,926,584	22,679		6,220

		-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST
		-----PART B-----		-----PART B-----		
		NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
		7	8	PART A 9	10	11
1	SKILLED NURSING	1,672		660,324	375,531	1,035,855
2	PHYSICAL THERAPY	1,191		366,090	218,882	584,972
3	OCCUPATIONAL THERAPY	307		87,021	53,645	140,666
4	SPEECH PATHOLOGY	8		2,634	916	3,550
5	MEDICAL SOCIAL SERVICES	21		19,850	13,027	32,877
6	HOME HEALTH AIDE SERVICES	658		72,096	64,543	136,639
7	TOTAL	3,857		1,208,015	726,544	1,934,559

LIMITATION COST COMPUTATION						PROGRAM COST LIMITS	PROGRAM VISITS PART A
PATIENT SERVICES		1	2	3	4	5	6
8	SKILLED NURSING	9915					
8.01	SKILLED NURSING	1020					
8.02	SKILLED NURSING	3480					
9	PHYSICAL THERAPY	9915					
9.01	PHYSICAL THERAPY	1020					
9.02	PHYSICAL THERAPY	3480					
10	OCCUPATIONAL THERAPY	9915					
10.01	OCCUPATIONAL THERAPY	1020					
10.02	OCCUPATIONAL THERAPY	3480					
11	SPEECH PATHOLOGY	9915					
11.01	SPEECH PATHOLOGY	1020					
11.02	SPEECH PATHOLOGY	3480					
12	MEDICAL SOCIAL SERVICES	9915					
12.01	MEDICAL SOCIAL SERVICES	1020					
12.02	MEDICAL SOCIAL SERVICES	3480					
13	HOME HEALTH AIDE SERVICES	9915					
13.01	HOME HEALTH AIDE SERVICES	1020					
13.02	HOME HEALTH AIDE SERVICES	3480					
14	TOTAL						

		-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST
		-----PART B-----		-----PART B-----		
		NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
		7	8	PART A 9	10	11
8	SKILLED NURSING					12
8.01	SKILLED NURSING					
8.02	SKILLED NURSING					
9	PHYSICAL THERAPY					
9.01	PHYSICAL THERAPY					
9.02	PHYSICAL THERAPY					
10	OCCUPATIONAL THERAPY					
10.01	OCCUPATIONAL THERAPY					
10.02	OCCUPATIONAL THERAPY					
11	SPEECH PATHOLOGY					
11.01	SPEECH PATHOLOGY					
11.02	SPEECH PATHOLOGY					
12	MEDICAL SOCIAL SERVICES					
12.01	MEDICAL SOCIAL SERVICES					
12.02	MEDICAL SOCIAL SERVICES					
13	HOME HEALTH AIDE SERVICES					
13.01	HOME HEALTH AIDE SERVICES					
13.02	HOME HEALTH AIDE SERVICES					
14	TOTAL					

[] TITLE V [X] TITLE XVIII [] TITLE XIX

ART I - APPORTIONMENT OF HHA COST CENTERS:
 COMPUTATION OF THE LESSER OF AGGREGATE MEDICARE COST OR THE AGGREGATE OF THE MEDICARE LIMITATION

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I) 1	SHARED ANCILLARY COSTS (FROM PART II) 2	TOTAL HHA COSTS 3	TOTAL CHARGES 4	RATIO 5	PROGRAM COVERED CHARGES PART A 6
15 COST OF MEDICAL SUPPLIES	8		7,977	7,977	23,207	.343732	5,273
16 COST OF DRUGS	9	97,121		97,121			
16.20 COST OF DRUGS	9						

	PROGRAM COVERED CHARGES -----PART B-----		-----COST OF SERVICES----- -----PART B-----	
	NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	NOT SUBJECT TO DEDUCT & COINSUR 9	SUBJECT TO DEDUCT & COINSUR 11
15 COST OF MEDICAL SUPPLIES	5,038		1,812	1,732
16 COST OF DRUGS				
16.20 COST OF DRUGS				

PER BENEFICIARY COST LIMITATION:	MSA NUMBER 1	AMOUNT 2
162 PROGRAM UNDUP CENSUS FROM WRKST S-4	9915	
16.01 PROGRAM UNDUP CENSUS FROM WRKST S-4	1020	
16.02 PROGRAM UNDUP CENSUS FROM WRKST S-4	3480	
17 PER BENE COST LIMITATION (FRM FI)	9915	
17.01 PER BENE COST LIMITATION (FRM FI)	1020	
17.02 PER BENE COST LIMITATION (FRM FI)	3480	
18 PER BENE COST LIMITATION (LN 17*18)		

PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO 1	TOTAL HHA CHARGES 2	HHA SHARED ANCILLARY COSTS 3	TRANSFER TO PART I AS INDICATED 4
1 PHYSICAL THERAPY	50	.678583			COL 2, LN 2
2 OCCUPATIONAL THERAPY	51				COL 2, LN 3
3 SPEECH PATHOLOGY	52				COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.343719	23,207	7,977	COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.379939			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5 1	COST PER VISIT 2	----- PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE -----		PROGRAM VISITS ON OR AFTER 5
			PROGRAM VISITS PRIOR 1/1/1998 3	PROGRAM COSTS PRIOR 1/1/1998 4	
1 PHYSICAL THERAPY	2	183.78			
2 OCCUPATIONAL THERAPY	3	174.74			
3 SPEECH PATHOLOGY	4	114.50			
4 TOTAL (SUM OF LINES 1-3)					

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT

TITLE XVIII HHA 1

PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES

	PART A	PART B NOT SUBJECT TO DED & COINS	PART B SUBJECT TO DED & COINS
	1	2	3
1 REASONABLE COST OF SERVICES			
2 TOTAL CHARGES			
3 CUSTOMARY CHARGES			
4 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
5 AMOUNT 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(B)			
6 RATIO OF LINE 3 TO 4 (NOT TO EXCEED 1.000000)			
7 TOTAL CUSTOMARY CHARGES			
8 EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST			
9 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
10 PRIMARY PAYOR AMOUNTS			

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

	PART A SERVICES	PART B SERVICES
	1	2
10 TOTAL REASONABLE COST		
10.01 TOTAL PPS REIMBURSEMENT-FULL EPISODES WITHOUT OUTLIERS	791,868	461,098
10.02 TOTAL PPS REIMBURSEMENT-FULL EPISODES WITH OUTLIERS	16,610	10,565
10.03 TOTAL PPS REIMBURSEMENT-LUPA EPISODES	15,658	13,701
10.04 TOTAL PPS REIMBURSEMENT-PEP EPISODES	7,789	2,560
10.05 TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.06 TOTAL PPS REIMBURSEMENT-SCIC EPISODES	33,297	24,058
10.07 TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPISODES WITH OUTLIERS	11,640	6,129
10.08 TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPISODES		
10.09 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.10 TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPISODES	1,125	2,215
10.11 TOTAL OTHER PAYMENTS		
10.12 DME PAYMENTS		
10.13 OXYGEN PAYMENTS		
10.14 PROSTHETIC AND ORTHOTIC PAYMENTS		
11 PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)		
12 SUBTOTAL	877,987	520,326
13 EXCESS REASONABLE COST		
14 SUBTOTAL	877,987	520,326
15 COINSURANCE BILLED TO PROGRAM PATIENTS		
16 NET COST	877,987	520,326
17 REIMBURSABLE BAD DEBTS		
17.01 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18 TOTAL COSTS - CURRENT COST REPORTING PERIOD	877,987	520,326
19 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
20 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR DECREASE IN MEDICARE UTILIZATION		
21 OTHER ADJUSTMENTS (SPECIFY)		
22 SUBTOTAL	877,987	520,326
23 SEQUESTRATION ADJUSTMENT		
24 SUBTOTAL	877,987	520,326
25 INTERIM PAYMENTS	877,987	520,326
25.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26 BALANCE DUE PROVIDER/PROGRAM		
27 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II SECTION 115.2		

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAS FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES

I PROVIDER NO: 15-0051
 I HHA NO: 15-7011

I PERIOD: FROM 1/1/2007 TO 12/31/2007

TITLE XVIII HHA 1

DESCRIPTION	P A R T A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		877,987		520,326
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		
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		
ADJUSTMENTS TO PROGRAM		.99		
SUBTOTAL		NONE		NONE
4 TOTAL INTERIM PAYMENTS		877,987		520,326
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		
TENTATIVE TO PROGRAM		.99		
SUBTOTAL		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: 00000

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.

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2008
I 15-0051 I FROM 1/ 1/2007 I WORKSHEET K
I HOSPICE NO: I TO 12/31/2007 I
I 15-1509 I

HOSPICE 1

	SALARIES (FROM K-1) 1	EMPLOYEE BENEFITS (FROM K-2) 2	TRANSPORTATION (SEE INST.) 3	CONTRACTED SERVICES (FROM K-3) 4
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
4 PLANT OPERATION AND MAINTENANCE				
5 TRANSPORTATION - STAFF				
6 VOLUNTEER SERVICE COORDINATION				
7 ADMINISTRATIVE AND GENERAL	172,369		105,474	670,003
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE				
10 INPATIENT - RESPITE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES				
13 NURSING CARE	1,055,004			
14.20 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY	1,720			
16 OCCUPATIONAL THERAPY	697			
17 SPEECH/LANGUAGE PATHOLOGY	8			
18 MEDICAL SOCIAL SERVICES	421,668			
19 SPIRITUAL COUNSELING	64,264			
20 DIETARY COUNSELING	231			
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOMEMAKER	88,179			
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER				
26 DRUGS BIOLOGICAL AND INFUSION THERAPY				
27.30 ANALGESICS				
28.31 SEDATIVES / HYPNOTICS				
29.32 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN				
31 PATIENT TRANSPORTATION				
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS				
34 MEDICAL SUPPLIES				
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER				
39 BEREAVEMENT PROGRAM COSTS				
40 VOLUNTEER PROGRAM COSTS				
41 FUNDRAISING				
42 OTHER PROGRAM COSTS				
43 TOTAL (SUM OF LINES 1 THRU 33)	1,804,140		105,474	670,003

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2008
 I 15-0051 I FROM 1/ 1/2007 I WORKSHEET K
 I HOSPICE NO: I TO 12/31/2007 I
 I 15-1509 I

RECLASSIFICATION AND ADJUSTMENT
 OF TRIAL BALANCE EXPENSES

HOSPICE 1

	OTHER 5	TOTAL (COLS. 1-5) 6	RECLASSIFICATIONS 7	SUBTOTAL (COL. 6 + COL. 7) 8
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
4 PLANT OPERATION AND MAINTENANCE				
5 TRANSPORTATION - STAFF				
6 VOLUNTEER SERVICE COORDINATION				
7 ADMINISTRATIVE AND GENERAL	469,662	1,417,508	-171,325	1,246,183
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE				
10 INPATIENT - RESPITE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES				
13 NURSING CARE		1,055,004		1,055,004
14 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY		1,720		1,720
16 OCCUPATIONAL THERAPY		697		697
17 SPEECH/LANGUAGE PATHOLOGY		8		8
18 MEDICAL SOCIAL SERVICES		421,668		421,668
19 SPIRITUAL COUNSELING		64,264		64,264
20 DIETARY COUNSELING		231		231
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOMEMAKER		88,179		88,179
23 HH AIDE & HOMEMAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER				
26 DRUGS BIOLOGICAL AND INFUSION THERAPY				
27 ANALGESICS				
28 SEDATIVES / HYPNOTICS				
29 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN				
31 PATIENT TRANSPORTATION				
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS				
34 MEDICAL SUPPLIES				
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER				
39 BEREAVEMENT PROGRAM COSTS				
40 VOLUNTEER PROGRAM COSTS				
41 FUNDRAISING				
42 OTHER PROGRAM COSTS				
43 TOTAL (SUM OF LINES 1 THRU 33)	469,662	3,049,279	-171,325	2,877,954

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2008
 I 15-0051 I FROM 1/ 1/2007 I WORKSHEET K
 I HOSPICE NO: I TO 12/31/2007 I
 I 15-1509 I

RECLASSIFICATION AND ADJUSTMENT
 OF TRIAL BALANCE EXPENSES

HOSPICE 1

	ADJUSTMENTS 9	TOTAL (COL. 8 + COL. 9) 10
1 GENERAL SERVICE COST CENTERS		
2 CAPITAL RELATED COSTS-BLDG AND FIXT.		
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.		
4 PLANT OPERATION AND MAINTENANCE		
5 TRANSPORTATION - STAFF		
6 VOLUNTEER SERVICE COORDINATION		
7 ADMINISTRATIVE AND GENERAL	-25,558	1,220,625
8 INPATIENT CARE SERVICE		
9 INPATIENT - GENERAL CARE		
10 INPATIENT - RESPITE CARE		
11 VISITING SERVICES		
12 PHYSICIAN SERVICES		
13 NURSING CARE		1,055,004
14.20 NURSING CARE-CONTINUOUS HOME CARE		
15 PHYSICAL THERAPY		1,720
16 OCCUPATIONAL THERAPY		697
17 SPEECH/LANGUAGE PATHOLOGY		8
18 MEDICAL SOCIAL SERVICES		421,668
19 SPIRITUAL COUNSELING		64,264
20 DIETARY COUNSELING		231
21 COUNSELING - OTHER		
22 HOME HEALTH AIDE AND HOMEMAKER		88,179
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE		
24 OTHER HOSPICE SERVICE COSTS		
25 OTHER		
26 DRUGS BIOLOGICAL AND INFUSION THERAPY		
27.30 ANALGESICS		
28.31 SEDATIVES / HYPNOTICS		
29.32 OTHER - SPECIFY		
30 DURABLE MEDICAL EQUIPMENT/OXYGEN		
31 PATIENT TRANSPORTATION		
32 IMAGING SERVICES		
33 LABS AND DIAGNOSTICS		
34 MEDICAL SUPPLIES		
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)		
36 RADIATION THERAPY		
37 CHEMOTHERAPY		
38 OTHER		
39 BEREAVEMENT PROGRAM COSTS		
40 VOLUNTEER PROGRAM COSTS		
41 FUNDRAISING		
42 OTHER PROGRAM COSTS		
43 TOTAL (SUM OF LINES 1 THRU 33)	-25,558	2,852,396

COMPENSATION ANALYSIS
SALARIES AND WAGES

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2008
I 15-0051 I FROM 1/ 1/2007 I WORKSHEET K-1
I HOSPICE NO: I TO 12/31/2007 I
I 15-1509 I

HOSPICE 1

	ADMINISTRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPERVISORS 4
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
4 PLANT OPERATION AND MAINTENANCE				
5 TRANSPORTATION - STAFF				
6 VOLUNTEER SERVICE COORDINATION				
7 ADMINISTRATIVE AND GENERAL		95,145		
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE				
10 INPATIENT - RESPITE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES				151,438
13 NURSING CARE				
14 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY				
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES		64,264		
19 SPIRITUAL COUNSELING				
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOMEMAKER				
23 HH AIDE & HOMEMAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER				
26 DRUGS BIOLOGICAL AND INFUSION THERAPY				
27 ANALGESICS				
28 SEDATIVES / HYPNOTICS				
29 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN				
31 PATIENT TRANSPORTATION				
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS				
34 MEDICAL SUPPLIES				
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER				
39 BEREAVEMENT PROGRAM COSTS				
40 VOLUNTEER PROGRAM COSTS				
41 FUNDRAISING				
42 OTHER PROGRAM COSTS				
43 TOTAL (SUM OF LINES 1 THRU 33)		159,409		151,438

COMPENSATION ANALYSIS
SALARIES AND WAGES

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2008
I 15-0051 I FROM 1/ 1/2007 I WORKSHEET K-1
I HOSPICE NO: I TO 12/31/2007 I
I 15-1509 I

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
4 PLANT OPERATION AND MAINTENANCE				
5 TRANSPORTATION - STAFF				
6 VOLUNTEER SERVICE COORDINATION				
7 ADMINISTRATIVE AND GENERAL				77,224
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE				
10 INPATIENT - RESPITE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES				
13 NURSING CARE	903,566			
14.20 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY		1,720		
16 OCCUPATIONAL THERAPY		697		
17 SPEECH/LANGUAGE PATHOLOGY		8		
18 MEDICAL SOCIAL SERVICES				421,668
19 SPIRITUAL COUNSELING				
20 DIETARY COUNSELING				231
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOMEMAKER			88,179	
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER				
26 DRUGS BIOLOGICAL AND INFUSION THERAPY				
27.30 ANALGESICS				
28.31 SEDATIVES / HYPNOTICS				
29.32 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN				
31 PATIENT TRANSPORTATION				
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS				
34 MEDICAL SUPPLIES				
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER				
39 BEREAVEMENT PROGRAM COSTS				
40 VOLUNTEER PROGRAM COSTS				
41 FUNDRAISING				
42 OTHER PROGRAM COSTS				
43 TOTAL (SUM OF LINES 1 THRU 33)	903,566	2,425	88,179	499,123

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2008
 I 15-0051 I FROM 1/ 1/2007 I WORKSHEET K-1
 I HOSPICE NO: I TO 12/31/2007 I
 I 15-1509 I

COMPENSATION ANALYSIS
 SALARIES AND WAGES

HOSPICE 1

TOTAL (1)
 9

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	172,369
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	
10	INPATIENT - RESPITE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	
13	NURSING CARE	1,055,004
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	1,720
16	OCCUPATIONAL THERAPY	697
17	SPEECH/LANGUAGE PATHOLOGY	8
18	MEDICAL SOCIAL SERVICES	421,668
19	SPIRITUAL COUNSELING	64,264
20	DIETARY COUNSELING	231
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOMEMAKER	88,179
23	HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	
27	ANALGESICS	
28	SEDATIVES / HYPNOTICS	
29	OTHER - SPECIFY	
30	DURABLE MEDICAL EQUIPMENT/OXYGEN	
31	PATIENT TRANSPORTATION	
32	IMAGING SERVICES	
33	LABS AND DIAGNOSTICS	
34	MEDICAL SUPPLIES	
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
36	RADIATION THERAPY	
37	CHEMOTHERAPY	
38	OTHER	
39	BEREAVEMENT PROGRAM COSTS	
40	VOLUNTEER PROGRAM COSTS	
41	FUNDRAISING	
42	OTHER PROGRAM COSTS	
43	TOTAL (SUM OF LINES 1 THRU 33)	1,804,140

(1) TRANSFER THE AMOUNT IN COLUMN 9 TO WKST K, COLUMN 1

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 5/29/2008
I	15-0051	I	FROM 1/ 1/2007	I	WORKSHEET K-2
I	HOSPICE NO:	I	TO 12/31/2007	I	
I	15-1509	I		I	

COMPENSATION ANALYSIS
SALARIES AND WAGES

HOSPICE 1

ADMINISTRATOR	DIRECTOR	SOCIAL SERVICES	SUPERVISORS
1	2	3	4

- 1 GENERAL SERVICE COST CENTERS
- 2 CAPITAL RELATED COSTS-BLDG AND FIXT.
- 3 CAPITAL RELATED COSTS-MOVABLE EQUIP.
- 4 PLANT OPERATION AND MAINTENANCE
- 5 TRANSPORTATION - STAFF
- 6 VOLUNTEER SERVICE COORDINATION
- 7 ADMINISTRATIVE AND GENERAL
- 8 INPATIENT CARE SERVICE
- 9 INPATIENT - GENERAL CARE
- 10 INPATIENT - RESPITE CARE
- 11 VISITING SERVICES
- 12 PHYSICIAN SERVICES
- 13 NURSING CARE
- 14.20 NURSING CARE-CONTINUOUS HOME CARE
- 15 PHYSICAL THERAPY
- 16 OCCUPATIONAL THERAPY
- 17 SPEECH/LANGUAGE PATHOLOGY
- 18 MEDICAL SOCIAL SERVICES
- 19 SPIRITUAL COUNSELING
- 20 DIETARY COUNSELING
- 21 COUNSELING - OTHER
- 22 HOME HEALTH AIDE AND HOMEMAKER
- 23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE
- 24 OTHER HOSPICE SERVICE COSTS
- 25 OTHER
- 26 DRUGS BIOLOGICAL AND INFUSION THERAPY
- 27.30 ANALGESICS
- 28.31 SEDATIVES / HYPNOTICS
- 29.32 OTHER - SPECIFY
- 30 DURABLE MEDICAL EQUIPMENT/OXYGEN
- 31 PATIENT TRANSPORTATION
- 32 IMAGING SERVICES
- 33 LABS AND DIAGNOSTICS
- 34 MEDICAL SUPPLIES
- 35 OUTPATIENT SERVICES (INCL. E/R DEPT.)
- 36 RADIATION THERAPY
- 37 CHEMOTHERAPY
- 38 OTHER
- 39 BEREAVEMENT PROGRAM COSTS
- 40 VOLUNTEER PROGRAM COSTS
- 41 FUNDRAISING
- 42 OTHER PROGRAM COSTS
- 43 TOTAL (SUM OF LINES 1 THRU 33)

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2008
 I 15-0051 I FROM 1/ 1/2007 I WORKSHEET K-2
 I HOSPICE NO: I TO 12/31/2007 I
 I 15-1509 I

COMPENSATION ANALYSIS
 SALARIES AND WAGES

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
10.20				
11				
12				
13				
14				
15				
16				
17				
18				
18.20				
19				
20				
20.30				
20.31				
20.32				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				

COMPENSATION ANALYSIS
SALARIES AND WAGES

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2008
I 15-0051 I FROM 1/ 1/2007 I WORKSHEET K-2
I HOSPICE NO: I TO 12/31/2007 I
I 15-1509 I

HOSPICE 1

TOTAL (1)
9

- 1 GENERAL SERVICE COST CENTERS
- 2 CAPITAL RELATED COSTS-BLDG AND FIXT.
- 3 CAPITAL RELATED COSTS-MOVABLE EQUIP.
- 4 PLANT OPERATION AND MAINTENANCE
- 5 TRANSPORTATION - STAFF
- 6 VOLUNTEER SERVICE COORDINATION
- 7 ADMINISTRATIVE AND GENERAL
- 8 INPATIENT CARE SERVICE
- 9 INPATIENT - GENERAL CARE
- 10 INPATIENT - RESPITE CARE
- 11 VISITING SERVICES
- 12 PHYSICIAN SERVICES
- 13 NURSING CARE
- 14.20 NURSING CARE-CONTINUOUS HOME CARE
- 15 PHYSICAL THERAPY
- 16 OCCUPATIONAL THERAPY
- 17 SPEECH/LANGUAGE PATHOLOGY
- 18 MEDICAL SOCIAL SERVICES
- 19 SPIRITUAL COUNSELING
- 20 DIETARY COUNSELING
- 21 COUNSELING - OTHER
- 22 HOME HEALTH AIDE AND HOMEMAKER
- 23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE
- 24 OTHER HOSPICE SERVICE COSTS
- 25 OTHER
- 26 DRUGS BIOLOGICAL AND INFUSION THERAPY
- 27.30 ANALGESICS
- 28.31 SEDATIVES / HYPNOTICS
- 29.32 OTHER - SPECIFY
- 30 DURABLE MEDICAL EQUIPMENT/OXYGEN
- 31 PATIENT TRANSPORTATION
- 32 IMAGING SERVICES
- 33 LABS AND DIAGNOSTICS
- 34 MEDICAL SUPPLIES
- 35 OUTPATIENT SERVICES (INCL. E/R DEPT.)
- 36 RADIATION THERAPY
- 37 CHEMOTHERAPY
- 38 OTHER
- 39 BEREAVEMENT PROGRAM COSTS
- 40 VOLUNTEER PROGRAM COSTS
- 41 FUNDRAISING
- 42 OTHER PROGRAM COSTS
- 43 TOTAL (SUM OF LINES 1 THRU 33)

(1) TRANSFER THE AMOUNT IN COLUMN 9 TO WKST K, COLUMN 2

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2008
 I 15-0051 I FROM 1/ 1/2007 I WORKSHEET K-3
 I HOSPICE NO: I TO 12/31/2007 I
 I 15-1509 I

COMPENSATION ANALYSIS
 SALARIES AND WAGES

HOSPICE 1

ADMINISTRATOR 1 DIRECTOR 2 SOCIAL SERVICES 3 SUPERVISORS 4

- 1 GENERAL SERVICE COST CENTERS
- 2 CAPITAL RELATED COSTS-BLDG AND FIXT.
- 3 CAPITAL RELATED COSTS-MOVABLE EQUIP.
- 4 PLANT OPERATION AND MAINTENANCE
- 5 TRANSPORTATION - STAFF
- 6 VOLUNTEER SERVICE COORDINATION
- 7 ADMINISTRATIVE AND GENERAL
- 8 INPATIENT CARE SERVICE
- 9 INPATIENT - GENERAL CARE
- 10 INPATIENT - RESPITE CARE
- 11 VISITING SERVICES
- 12 PHYSICIAN SERVICES
- 13 NURSING CARE
- 14.20 NURSING CARE-CONTINUOUS HOME CARE
- 15 PHYSICAL THERAPY
- 16 OCCUPATIONAL THERAPY
- 17 SPEECH/LANGUAGE PATHOLOGY
- 18 MEDICAL SOCIAL SERVICES
- 19 SPIRITUAL COUNSELING
- 20 DIETARY COUNSELING
- 21 COUNSELING - OTHER
- 22 HOME HEALTH AIDE AND HOMEMAKER
- 23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE
- 24 OTHER HOSPICE SERVICE COSTS
- 25 OTHER
- 26 DRUGS BIOLOGICAL AND INFUSION THERAPY
- 27.30 ANALGESICS
- 28.31 SEDATIVES / HYPNOTICS
- 29.32 OTHER - SPECIFY
- 30 DURABLE MEDICAL EQUIPMENT/OXYGEN
- 31 PATIENT TRANSPORTATION
- 32 IMAGING SERVICES
- 33 LABS AND DIAGNOSTICS
- 34 MEDICAL SUPPLIES
- 35 OUTPATIENT SERVICES (INCL. E/R DEPT.)
- 36 RADIATION THERAPY
- 37 CHEMOTHERAPY
- 38 OTHER
- 39 BEREAVEMENT PROGRAM COSTS
- 40 VOLUNTEER PROGRAM COSTS
- 41 FUNDRAISING
- 42 OTHER PROGRAM COSTS
- 43 TOTAL (SUM OF LINES 1 THRU 33)

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
4 PLANT OPERATION AND MAINTENANCE				
5 TRANSPORTATION - STAFF				
6 VOLUNTEER SERVICE COORDINATION				
7 ADMINISTRATIVE AND GENERAL				670,003
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE				
10 INPATIENT - RESPITE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES				
13 NURSING CARE				
14.20 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY				
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES				
19 SPIRITUAL COUNSELING				
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOMEMAKER				
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER				
26 DRUGS BIOLOGICAL AND INFUSION THERAPY				
27.30 ANALGESICS				
28.31 SEDATIVES / HYPNOTICS				
29.32 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN				
31 PATIENT TRANSPORTATION				
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS				
34 MEDICAL SUPPLIES				
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER				
39 BEREAVEMENT PROGRAM COSTS				
40 VOLUNTEER PROGRAM COSTS				
41 FUNDRAISING				
42 OTHER PROGRAM COSTS				
43 TOTAL (SUM OF LINES 1 THRU 33)				670,003

HOSPICE 1

TOTAL (1)
 9

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	670,003
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	
10	INPATIENT - RESPITE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	
13	NURSING CARE	
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	
16	OCCUPATIONAL THERAPY	
17	SPEECH/LANGUAGE PATHOLOGY	
18	MEDICAL SOCIAL SERVICES	
19	SPIRITUAL COUNSELING	
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOMEMAKER	
23	HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	
27	ANALGESICS	
28	SEDATIVES / HYPNOTICS	
29	OTHER - SPECIFY	
30	DURABLE MEDICAL EQUIPMENT/OXYGEN	
31	PATIENT TRANSPORTATION	
32	IMAGING SERVICES	
33	LABS AND DIAGNOSTICS	
34	MEDICAL SUPPLIES	
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
36	RADIATION THERAPY	
37	CHEMOTHERAPY	
38	OTHER	
39	BEREAVEMENT PROGRAM COSTS	
40	VOLUNTEER PROGRAM COSTS	
41	FUNDRAISING	
42	OTHER PROGRAM COSTS	
43	TOTAL (SUM OF LINES 1 THRU 33)	670,003

(1) TRANSFER THE AMOUNT IN COLUMN 9 TO WKST K, COLUMN 4

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2008
 I 15-0051 I FROM 1/ 1/2007 I WORKSHEET K-4
 I HOSPICE NO: I TO 12/31/2007 I PART I
 I 15-1509 I I

COST ALLOCATION -
 HOSPICE GENERAL SERVICE COST

HOSPICE 1

	NET EXPENSES FOR COST ALLOC. (FROM K, COL. 10)	CAP. REL. COST BUILDINGS & FIXTURES	CAP. REL. COST MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.
	0	1	2	3
GENERAL SERVICE COST CENTERS				
1 CAPITAL RELATED COSTS-BLDG AND FIXT.				
2 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
3 PLANT OPERATION AND MAINTENANCE				
4 TRANSPORTATION - STAFF				
5 VOLUNTEER SERVICE COORDINATION				
6 ADMINISTRATIVE AND GENERAL	1,220,625			
INPATIENT CARE SERVICE				
7 INPATIENT - GENERAL CARE				
8 INPATIENT - RESPITE CARE				
VISITING SERVICES				
9 PHYSICIAN SERVICES				
10 NURSING CARE	1,055,004			
10.20 NURSING CARE-CONTINUOUS HOME CARE				
11 PHYSICAL THERAPY	1,720			
12 OCCUPATIONAL THERAPY	697			
13 SPEECH/LANGUAGE PATHOLOGY	8			
14 MEDICAL SOCIAL SERVICES	421,668			
15 SPIRITUAL COUNSELING	64,264			
16 DIETARY COUNSELING	231			
17 COUNSELING - OTHER				
18 HOME HEALTH AIDE AND HOMEMAKER	88,179			
18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
OTHER HOSPICE SERVICE COSTS				
19 OTHER				
20 DRUGS BIOLOGICAL AND INFUSION THERAPY				
20.30 ANALGESICS				
20.31 SEDATIVES / HYPNOTICS				
20.32 OTHER - SPECIFY				
21 DURABLE MEDICAL EQUIPMENT/OXYGEN				
22 PATIENT TRANSPORTATION				
23 IMAGING SERVICES				
24 LABS AND DIAGNOSTICS				
25 MEDICAL SUPPLIES				
26 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
27 RADIATION THERAPY				
28 CHEMOTHERAPY				
29 OTHER				
BEREAVEMENT PROGRAM COSTS				
VOLUNTEER PROGRAM COSTS				
FUNDRAISING				
33 OTHER PROGRAM COSTS				
34 TOTAL (SUM OF LINES 1 THRU 33)	2,852,396			

COST ALLOCATION -
 HOSPICE GENERAL SERVICE COST

HOSPICE 1

	TRANSPORTATION 4	VOLUNTEER SERVICES COORDINATOR 5	SUBTOTAL (COL. 0-5) 5A	ADMINITRATIVE & GENERAL 6
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
4 PLANT OPERATION AND MAINTENANCE				
5 TRANSPORTATION - STAFF				
6 VOLUNTEER SERVICE COORDINATION			1,220,625	1,220,625
7 ADMINISTRATIVE AND GENERAL				
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE				
10 INPATIENT - RESPITE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES			1,055,004	789,182
13 NURSING CARE				
14.20 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY			1,720	1,287
16 OCCUPATIONAL THERAPY			697	521
17 SPEECH/LANGUAGE PATHOLOGY			8	6
18 MEDICAL SOCIAL SERVICES			421,668	315,423
19 SPIRITUAL COUNSELING			64,264	48,072
20 DIETARY COUNSELING			231	173
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOMEMAKER			88,179	65,961
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER				
26 DRUGS BIOLOGICAL AND INFUSION THERAPY				
27.30 ANALGESICS				
28.31 SEDATIVES / HYPNOTICS				
29.32 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN				
31 PATIENT TRANSPORTATION				
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS				
34 MEDICAL SUPPLIES				
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER				
39 BEREAVEMENT PROGRAM COSTS				
40 VOLUNTEER PROGRAM COSTS				
41 FUNDRAISING				
42 OTHER PROGRAM COSTS				
43 TOTAL (SUM OF LINES 1 THRU 33)			1,631,771	1,220,625

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2008
 I 15-0051 I FROM 1/ 1/2007 I WORKSHEET K-4
 I HOSPICE NO: I TO 12/31/2007 I PART I
 I 15-1509 I I

HOSPICE 1

TOTAL
(COL. 5A
+ COL. 6)

7

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	
10	INPATIENT - RESPITE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	
13	NURSING CARE	1,844,186
14	10.20 NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	3,007
16	OCCUPATIONAL THERAPY	1,218
17	SPEECH/LANGUAGE PATHOLOGY	14
18	MEDICAL SOCIAL SERVICES	737,091
19	SPIRITUAL COUNSELING	112,336
20	DIETARY COUNSELING	404
21	COUNSELING - OTHER	
22	HOME HEALTH AIDE AND HOMEMAKER	154,140
23	18.20 HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	
26	20 DRUGS BIOLOGICAL AND INFUSION THERAPY	
27	20.30 ANALGESICS	
28	20.31 SEDATIVES / HYPNOTICS	
29	20.32 OTHER - SPECIFY	
30	21 DURABLE MEDICAL EQUIPMENT/OXYGEN	
31	22 PATIENT TRANSPORTATION	
32	23 IMAGING SERVICES	
33	24 LABS AND DIAGNOSTICS	
34	25 MEDICAL SUPPLIES	
35	26 OUTPATIENT SERVICES (INCL. E/R DEPT.)	
36	27 RADIATION THERAPY	
37	28 CHEMOTHERAPY	
38	29 OTHER	
39	BEREAVEMENT PROGRAM COSTS	
40	VOLUNTEER PROGRAM COSTS	
41	FUNDRAISING	
42	33 OTHER PROGRAM COSTS	
43	34 TOTAL (SUM OF LINES 1 THRU 33)	2,852,396

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2008
 I 15-0051 I FROM 1/ 1/2007 I WORKSHEET K-4
 I HOSPICE NO: I TO 12/31/2007 I PART II
 I 15-1509 I I

HOSPICE 1

	CAP. REL. COST BUILDINGS & FIXTURES (SQUARE FEET) 1	CAP. REL. COST MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATION & MAINT. (SQUARE FEET) 3	TRANSPORTATION (MILEAGE) 4
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
4 PLANT OPERATION AND MAINTENANCE				
5 TRANSPORTATION - STAFF				
6 VOLUNTEER SERVICE COORDINATION				
7 ADMINISTRATIVE AND GENERAL				
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE				
10 INPATIENT - RESPITE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES				
13 NURSING CARE				
14.20 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY				
16 OCCUPATIONAL THERAPY				
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES				
19 SPIRITUAL COUNSELING				
20 DIETARY COUNSELING				
21 COUNSELING - OTHER				
22 HOME HEALTH AIDE AND HOMEMAKER				
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER : e				
26 DRUGS BIOLOGICAL AND INFUSION THERAPY				
27.30 ANALGESICS				
28.31 SEDATIVES / HYPNOTICS				
29.32 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN				
31 PATIENT TRANSPORTATION				
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS				
34 MEDICAL SUPPLIES				
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER : e				
39 FUNDRAISING				
40 OTHER PROGRAM COSTS				
41 COST TO BE ALLOCATED (PER WKST K-4, PART I)				
42 UNIT COST MULTIPLIER	.000000	.000000	.000000	.000000

COST ALLOCATION -
 HOSPICE STATISTICAL BASIS

HOSPICE 1

	VOLUNTEER SERVICES COORDINATOR (HOURS) 5	RECONCILIATION 6A	ADMINISTRATIVE & GENERAL (ACCUM. COST) 6
1 GENERAL SERVICE COST CENTERS			
2 CAPITAL RELATED COSTS-BLDG AND FIXT.			
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.			
4 PLANT OPERATION AND MAINTENANCE			
5 TRANSPORTATION - STAFF			
6 VOLUNTEER SERVICE COORDINATION			
7 ADMINISTRATIVE AND GENERAL		-1,220,625	1,631,771
8 INPATIENT CARE SERVICE			
9 INPATIENT - GENERAL CARE			
10 INPATIENT - RESPITE CARE			
11 VISITING SERVICES			
12 PHYSICIAN SERVICES			1,055,004
13 NURSING CARE			
14 NURSING CARE-CONTINUOUS HOME CARE			
15 PHYSICAL THERAPY			1,720
16 OCCUPATIONAL THERAPY			697
17 SPEECH/LANGUAGE PATHOLOGY			8
18 MEDICAL SOCIAL SERVICES			421,668
19 SPIRITUAL COUNSELING			64,264
20 DIETARY COUNSELING			231
21 COUNSELING - OTHER			
22 HOME HEALTH AIDE AND HOMEMAKER			88,179
23 HH AIDE & HOMEMAKER-CONT. HOME CARE			
24 OTHER HOSPICE SERVICE COSTS			
25 OTHER	:		e
26 DRUGS BIOLOGICAL AND INFUSION THERAPY			
27 ANALGESICS			
28 SEDATIVES / HYPNOTICS			
29 OTHER - SPECIFY			
30 DURABLE MEDICAL EQUIPMENT/OXYGEN			
31 PATIENT TRANSPORTATION			
32 IMAGING SERVICES			
33 LABS AND DIAGNOSTICS			
34 MEDICAL SUPPLIES			
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)			
36 RADIATION THERAPY			
37 CHEMOTHERAPY			
38 OTHER	:		e
39 FUNDRAISING			
40 OTHER PROGRAM COSTS			
41 COST TO BE ALLOCATED (PER WKST K-4, PART I)			1,220,625
42 UNIT COST MULTIPLIER	.000000		.748037

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2008
 I 15-0051 I FROM 1/ 1/2007 I WORKSHEET K-5
 I HOSPICE NO: I TO 12/31/2007 I PART I
 I 15-1509 I I

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

HOSPICE 1

HOSPICE COST CENTER	FROM K-4, PART I, COLUMN 7, LINE	HOSPICE TRIAL BALANCE (1)	OLD CAP REL COSTS-BLDG & FIXT	OLD CAP REL COSTS-1947 BUILDING	OLD CAP REL COSTS-1965 BUILDING
		0	1	1.01	1.02
1.00 ADMINISTRATIVE AND GENERAL	6				
2.00 INPATIENT - GENERAL CARE	7				
3.00 INPATIENT - RESPITE CARE	8				
4.00 PHYSICIAN SERVICES	9				
5.00 NURSING CARE	10	1,844,186			
5.20 NURSING CARE-CONTINUOUS HOME CARE	10.20				
6.00 PHYSICAL THERAPY	11	3,007			
7.00 OCCUPATIONAL THERAPY	12	1,218			
8.00 SPEECH/LANGUAGE PATHOLOGY	13	14			
9.00 MEDICAL SOCIAL SERVICES	14	737,091			
10.00 SPIRITUAL COUNSELING	15	112,336			
11.00 DIETARY COUNSELING	16	404			
12.00 COUNSELING - OTHER	17				
13.00 HOME HEALTH AIDE AND HOMEMAKER	18	154,140			
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE	18.20				
14.00 OTHER	19				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	20				
15.30 ANALGESICS	20.30				
15.31 SEDATIVES / HYPNOTICS	20.31				
15.32 OTHER -- SPECIFY	20.32				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN	21				
17.00 PATIENT TRANSPORTATION	22				
18.00 IMAGING SERVICES	23				
19.00 LABS AND DIAGNOSTICS	24				
20.00 MEDICAL SUPPLIES	25				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)	26				
22.00 RADIATION THERAPY	27				
23.00 CHEMOTHERAPY	28				
24.00 OTHER	29				
25.00 BEREAVEMENT PROGRAM COSTS	30				
26.00 VOLUNTEER PROGRAM COSTS	31				
27.00 FUNDRAISING	32				
28.00 OTHER PROGRAM COSTS	33				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		2,852,396			
30.00 UNIT COST MULTIPLIER					

HOSPICE COST CENTER	OLD CAP REL COSTS-1983 BUILDING	OLD CAP REL COSTS-MEDICAL ARTS	OLD CAP REL COSTS-UTILITIES	OLD CAP REL COSTS-WEGMILLER
	1.03	1.04	1.05	1.06

1.00 ADMINISTRATIVE AND GENERAL		1,817		
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00 OTHER				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER -- SPECIFY				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00 OTHER				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		1,817		
30.00 UNIT COST MULTIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2008
 I 15-0051 I FROM 1/1/2007 I WORKSHEET K-5
 I HOSPICE NO: I TO 12/31/2007 I PART I
 I 15-1509 I I

HOSPICE 1

HOSPICE COST CENTER	OLD CAP REL COSTS-MVBLE EQUIP	NEW CAP REL COSTS-BLDG & FIXT	NEW CAP REL COSTS-1947 BUILDING	NEW CAP REL COSTS-1965 BUILDING
	2	3	3.01	3.02
1.00 ADMINISTRATIVE AND GENERAL	3,691			
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00 OTHER				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER -- SPECIFY				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00 OTHER				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	3,691			
30.00 UNIT COST MULTIPLIER				

HOSPICE COST CENTER	NEW CAP REL COSTS-1983 BUILDING	NEW CAP REL COSTS-MEDICAL ARTS	NEW CAP REL COSTS-UTILITIES	NEW CAP REL COSTS-CANCER
	3.03	3.04	3.05	3.06
1.00 ADMINISTRATIVE AND GENERAL		8,006		
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00 OTHER				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER -- SPECIFY				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00 OTHER				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		8,006		
30.00 UNIT COST MULTIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2008
 I 15-0051 I FROM 1/ 1/2007 I WORKSHEET K-5
 I HOSPICE NO: I TO 12/31/2007 I PART I
 I 15-1509 I I I

HOSPICE 1

HOSPICE COST CENTER	NEW CAP REL COSTS-PHNA BUILDING	NEW CAP REL COSTS-MITCHELL FACILITY	NEW CAP REL COSTS-SPENCER BUILDING	NEW CAP REL COSTS-PAIN MANAGEMENT
HOSPICE COST CENTER	3.07	3.08	3.09	3.10
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00 OTHER				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER -- SPECIFY				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00 OTHER				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)				
30.00 UNIT COST MULTIPLIER				

HOSPICE COST CENTER	NEW CAP REL COSTS-WEST PROMPTCARE	NEW CAP REL COSTS-MVBLE EQUIP	EMPLOYEE BENEFITS	CHILD CARE CENTER
HOSPICE COST CENTER	3.11	4	5	5.01
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE		110,547	43,930	
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE			268,881	
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY			438	
7.00 OCCUPATIONAL THERAPY			178	
8.00 SPEECH/LANGUAGE PATHOLOGY			2	
9.00 MEDICAL SOCIAL SERVICES			107,468	
10.00 SPIRITUAL COUNSELING			16,379	
11.00 DIETARY COUNSELING			59	
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER			22,474	
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00 OTHER				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER -- SPECIFY				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00 OTHER				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		110,547	459,809	
30.00 UNIT COST MULTIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE COST CENTERS

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2008
 I 15-0051 I FROM 1/ 1/2007 I WORKSHEET K-5
 I HOSPICE NO: I TO 12/31/2007 I PART I
 I 15-1509 I I

HOSPICE 1

HOSPICE COST CENTER	SUBTOTAL	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
	5A.01	6	8	9
1.00 ADMINISTRATIVE AND GENERAL	167,991	32,193	177,563	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE	2,113,067	404,939		
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY	3,445	660		
7.00 OCCUPATIONAL THERAPY	1,396	268		
8.00 SPEECH/LANGUAGE PATHOLOGY	16	3		
9.00 MEDICAL SOCIAL SERVICES	844,559	161,848		
10.00 SPIRITUAL COUNSELING	128,715	24,666		
11.00 DIETARY COUNSELING	463	89		
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER	176,614	33,846		
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00 OTHER				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER -- SPECIFY				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00 OTHER				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	3,436,266	658,512	177,563	
30.00 UNIT COST MULTIPLIER				

HOSPICE COST CENTER	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	10	11	12	14
1.00 ADMINISTRATIVE AND GENERAL			2,313	22,867
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE			9,482	93,744
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY			14	138
7.00 OCCUPATIONAL THERAPY			5	54
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES			4,802	47,472
10.00 SPIRITUAL COUNSELING			663	6,553
11.00 DIETARY COUNSELING			4	35
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER			1,961	19,389
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00 OTHER				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER -- SPECIFY				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00 OTHER				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)			19,244	190,252
30.00 UNIT COST MULTIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
 COST CENTERS

HOSPICE 1

HOSPICE COST CENTER	CENTRAL SERVICES & SUPPLY	CENTRAL STERILIZATION	PHARMACY	MEDICAL RECORDS & LIBRARY
	15	15.01	16	17
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00 OTHER				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER -- SPECIFY				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00 OTHER				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)				
30.00 UNIT COST MULTIPLIER				

HOSPICE COST CENTER	PARAMED ED PRGM	SUBTOTAL	INTRN & RSDNT COST & POST STEPDOWN AD	SUBTOTAL
	24	25	26	27
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00 OTHER				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER -- SPECIFY				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00 OTHER				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		4,481,837		4,481,837
30.00 UNIT COST MULTIPLIER				

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
COST CENTERS

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2008
 I 15-0051 I FROM 1/ 1/2007 I WORKSHEET K-5
 I HOSPICE NO: I TO 12/31/2007 I PART I
 I 15-1509 I I

HOSPICE 1

HOSPICE COST CENTER	ALLOCATED HOSPICE A & G 28	TOTAL HOSPICE COSTS 29
1.00 ADMINISTRATIVE AND GENERAL		
2.00 INPATIENT - GENERAL CARE		
3.00 INPATIENT - RESPITE CARE		
4.00 PHYSICIAN SERVICES		
5.00 NURSING CARE	258,933	2,880,165
5.20 NURSING CARE--CONTINUOUS HOME CARE		
6.00 PHYSICAL THERAPY	421	4,678
7.00 OCCUPATIONAL THERAPY	170	1,893
8.00 SPEECH/LANGUAGE PATHOLOGY	2	21
9.00 MEDICAL SOCIAL SERVICES	104,580	1,163,261
10.00 SPIRITUAL COUNSELING	15,864	176,461
11.00 DIETARY COUNSELING	58	649
12.00 COUNSELING - OTHER		
13.00 HOME HEALTH AIDE AND HOMEMAKER	22,899	254,709
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE		
14.00 OTHER		
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY		
15.30 ANALGESICS		
15.31 SEDATIVES / HYPNOTICS		
15.32 OTHER -- SPECIFY		
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN		
17.00 PATIENT TRANSPORTATION		
18.00 IMAGING SERVICES		
19.00 LABS AND DIAGNOSTICS		
20.00 MEDICAL SUPPLIES		
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)		
22.00 RADIATION THERAPY		
23.00 CHEMOTHERAPY		
24.00 OTHER		
25.00 BEREAVEMENT PROGRAM COSTS		
26.00 VOLUNTEER PROGRAM COSTS		
27.00 FUNDRAISING		
28.00 OTHER PROGRAM COSTS		
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		4,481,837
30.00 UNIT COST MULTIPLIER	.098783	

(1) COLUMN 0, LINE 29 MUST AGREE WITH WKST. A, COLUMN 7, LINE 93.

(2) COLUMNS 0 THROUGH 27, LINE 29 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, LINE 93.

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
COST CENTERS - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2008
I 15-0051 I FROM 1/ 1/2007 I WORKSHEET K-5
I HOSPICE NO: I TO 12/31/2007 I PART II
I 15-1509 I I

HOSPICE 1

HOSPICE COST CENTER	OLD CAP REL COSTS-BLDG & FIXT (SQUARE FEET)	OLD CAP REL COSTS-1947 BUILDING (SQUARE FEET)	OLD CAP REL COSTS-1965 BUILDING (SQUARE FEET)	OLD CAP REL COSTS-1983 BUILDING (SQUARE FEET)
	1	1.01	1.02	1.03
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00 OTHER				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER -- SPECIFY				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00 OTHER				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)				
30.00 TOTAL COST TO BE ALLOCATED				
31.00 UNIT COST MULIPLIER	.000000	.000000	.000000	.000000

HOSPICE COST CENTER	OLD CAP REL COSTS-MEDICAL ARTS (SQUARE FEET)	OLD CAP REL COSTS-UTILITIES (SQUARE FEET)	OLD CAP REL COSTS-WEGMILLER (SQUARE FEET)	OLD CAP REL COSTS-MVBLE EQUIP (SQUARE FEET)
	1.04	1.05	1.06	2
1.00 ADMINISTRATIVE AND GENERAL	4,796			5,906
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00 OTHER				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER -- SPECIFY				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00 OTHER				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	4,796			5,906
30.00 TOTAL COST TO BE ALLOCATED	1,817			3,691
31.00 UNIT COST MULIPLIER	.378857	.000000	.000000	.624958

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
COST CENTERS - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2008
I 15-0051 I FROM 1/ 1/2007 I WORKSHEET K-5
I HOSPICE NO: I TO 12/31/2007 I PART II
I 15-1509 I I

HOSPICE 1

HOSPICE COST CENTER	NEW CAP REL COSTS-BLDG & FIXT (SQUARE FEET)	NEW CAP REL COSTS-1947 BUILDING (SQUARE FEET)	NEW CAP REL COSTS-1965 BUILDING (SQUARE FEET)	NEW CAP REL COSTS-1983 BUILDING (SQUARE FEET)
	3	3.01	3.02	3.03
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00 OTHER				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER -- SPECIFY				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00 OTHER				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)				
30.00 TOTAL COST TO BE ALLOCATED				
31.00 UNIT COST MULTIPLIER	.000000	.000000	.000000	.000000

HOSPICE COST CENTER	NEW CAP REL COSTS-MEDICAL ARTS (SQUARE FEET)	NEW CAP REL COSTS-UTILITIES (SQUARE FEET)	NEW CAP REL COSTS-CANCER (SQUARE FEET)	NEW CAP REL COSTS-PHNA BUILDING (SQUARE FEET)
	3.04	3.05	3.06	3.07
1.00 ADMINISTRATIVE AND GENERAL	4,796			
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00 OTHER				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER -- SPECIFY				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00 OTHER				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	4,796			
) TOTAL COST TO BE ALLOCATED	8,006			
) UNIT COST MULTIPLIER	1.669308	.000000	.000000	.000000

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
COST CENTERS - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2008
I 15-0051 I FROM 1/ 1/2007 I WORKSHEET K-5
I HOSPICE NO: I TO 12/31/2007 I PART II
I 15-1509 I I

HOSPICE 1

HOSPICE COST CENTER	NEW CAP REL COSTS-MITCHELL FACILITY (SQUARE FEET)	NEW CAP REL COSTS-SPENCER BUILDING (SQUARE FEET)	NEW CAP REL COSTS-PAIN MANAGEMENT (SQUARE FEET)	NEW CAP REL COSTS-WEST PROMPTCARE (SQUARE FEET)
	3.08	3.09	3.10	3.11
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00 OTHER				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER -- SPECIFY				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00 OTHER				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)				
30.00 TOTAL COST TO BE ALLOCATED				
31.00 UNIT COST MULTIPLIER	.000000	.000000	.000000	.000000

HOSPICE COST CENTER	NEW CAP REL COSTS-MVBLE EQUIP (SQUARE FEET)	EMPLOYEE BENEFITS (GROSS SALARIES)	CHILD CARE CENTER (NUMBER OF CHILDREN)	RECONCILIATION
	4	5	5.01	6A
1.00 ADMINISTRATIVE AND GENERAL	5,906	172,369		
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE		1,055,004		
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY		1,720		
7.00 OCCUPATIONAL THERAPY		697		
8.00 SPEECH/LANGUAGE PATHOLOGY		8		
9.00 MEDICAL SOCIAL SERVICES		421,668		
10.00 SPIRITUAL COUNSELING		64,264		
11.00 DIETARY COUNSELING		231		
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER		88,179		
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00 OTHER				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER -- SPECIFY				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00 OTHER				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	5,906	1,804,140		
) TOTAL COST TO BE ALLOCATED	110,547	459,809		
) UNIT COST MULTIPLIER	18.717745	.254863	.000000	

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
COST CENTERS - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2008
I 15-0051 I FROM 1/ 1/2007 I WORKSHEET K-5
I HOSPICE NO: I TO 12/31/2007 I PART II
I 15-1509 I I

HOSPICE 1

HOSPICE COST CENTER	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
	(ACCUMULATED COST) 6	(SQUARE FEET) 8	(POUNDS OF LAUNDRY) 9	(HOURS OF SERVICE) 10
1.00 ADMINISTRATIVE AND GENERAL	167,991	5,906		
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE	2,113,067			
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY	3,445			
7.00 OCCUPATIONAL THERAPY	1,396			
8.00 SPEECH/LANGUAGE PATHOLOGY	16			
9.00 MEDICAL SOCIAL SERVICES	844,559			
10.00 SPIRITUAL COUNSELING	128,715			
11.00 DIETARY COUNSELING	463			
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER	176,614			
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00 OTHER				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER -- SPECIFY				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00 OTHER				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	3,436,266	5,906		
30.00 TOTAL COST TO BE ALLOCATED	658,512	177,563		
31.00 UNIT COST MULTIPLIER	.191636	30.064849	.000000	.000000

HOSPICE COST CENTER	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	(MEALS SERVED) 11	(MANHOURS) 12	(DIRECT NRSING HRS) 14	(COSTED REQUIS.) 15
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE		8,462	8,462	
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE		34,689	34,689	
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY		51	51	
7.00 OCCUPATIONAL THERAPY		20	20	
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES		17,567	17,567	
10.00 SPIRITUAL COUNSELING		2,425	2,425	
11.00 DIETARY COUNSELING		13	13	
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER		7,175	7,175	
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00 OTHER				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER -- SPECIFY				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00 OTHER				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)		70,402	70,402	
30.00 TOTAL COST TO BE ALLOCATED		19,244	190,252	
31.00 UNIT COST MULTIPLIER	.000000	.273345	2.702366	.000000

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
COST CENTERS - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2008
I 15-0051 I FROM 1/ 1/2007 I WORKSHEET K-5
I HOSPICE NO: I TO 12/31/2007 I PART II
I 15-1509 I I

HOSPICE 1

HOSPICE COST CENTER	CENTRAL STERILIZATION (TIME SPENT)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	PARAMED ED PRGM (TIME SPENT)
	15.01	16	17	24
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00 OTHER				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER -- SPECIFY				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00 OTHER				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)				
30.00 TOTAL COST TO BE ALLOCATED				
31.00 UNIT COST MULTIPLIER	.000000	.000000	.000000	.000000

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
 COST CENTERS - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2008
 I 15-0051 I FROM 1/ 1/2007 I WORKSHEET K-5
 I HOSPICE NO: I TO 12/31/2007 I PART III
 I 15-1509 I I

HOSPICE 1

	WKSHT C, PART I COLUMN 9 LINE:	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES 2	HOSPICE SHARED ANCILLARY COSTS 3
1	PHYSICAL THERAPY	50	.678583	
2	OCCUPATIONAL THERAPY	51		
3	SPEECH PATHOLOGY	52		
4	DRUGS CHARGED TO PATIENTS	56	.379939	
5	DURABLE MEDICAL EQUIP-SOLD	67		
6	LABORATORY	44	.293835	
7	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	.343719	
8	EMERGENCY	61	.379472	
9	RADIOLOGY-DIAGNOSTIC	41	.239365	
9.01	MRI	41.01	.130485	
10	OTHER ANCILLARY	59		
11	TOTAL (SUM OF LINES 1-10)			

CALCULATION OF PER DIEM COST

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2008
 I 15-0051 I FROM 1/1/2007 I WORKSHEET K-6
 I HOSPICE NO: I TO 12/31/2007 I
 I 15-1509 I

HOSPICE 1

COMPUTATION OF PER DIEM COST

	TITLE XVIII	TITLE XIX	OTHER	TOTAL(1)
	1	2	3	4
1 TOTAL COST (WORKSHEET K-5, PART I, COL. 29, LINE 2 9 LESS COL. 29, LINE 28 PLUS WORKSHEET K-5, PART III, COL. 4, LINE 11) (SEE INSTRUCTIONS)				4,481,837
2 TOTAL UNDUPLICATED DAYS (S-9, LINE 9, COL. 4)				24,326
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				184.24
4 UNDUPLICATED MEDICARE DAYS (S-9, LINE 9, COL. 1)	21,536			
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	3,967,793			
6 UNDUPLICATED MEDICAID DAYS		1,211		
7 AGGREGATE MEDICAID COST		223,115		
8 UNDUPLICATED SNF DAYS (S-9, LINE 9, COL. 2)	57			
9 AGGREGATE SNF COST (LINE 3 TIMES LINE 8)	10,502			
10 UNDUPLICATED NF DAYS		3		
11 AGGREGATE NF COST		553		
12 OTHER UNDUPLICATED DAYS (S-9, LINE 9, COL. 3)			1,579	
13 AGGREGATE COST FOR OTHER DAYS (LN 3 TIMES LN 12)			290,915	

NOTE: THE DATA FOR THE SNF AND NF LINES 8 THROUGH 11 ARE INCLUDED IN THE MEDICARE AND MEDICAID LINES 4 THROUGH 7.

I PROVIDER NO: I PERIOD: I PREPARED 5/29/2008
 I 15-0051 I FROM 1/1/2007 I WORKSHEET L
 I COMPONENT NO: I TO 12/31/2007 I PARTS I-IV
 I 15-0051 I
 FULLY PROSPECTIVE METHOD

CALCULATION OF CAPITAL PAYMENT

TITLE XVIII, PART A HOSPITAL

PART I - FULLY PROSPECTIVE METHOD	
CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER 3,248,042
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997 169,775
INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS 149.88
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 4.77
MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL 19.52
DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01 24.29
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE 5.04
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT 163,701
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS 3,581,518
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
	CAPITAL COST FOR COMPARISON TO PAYMENTS
	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES .00
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)