

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 S
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION	I	15-0112	I	FROM 1/ 1/2007	I	--AUDITED --DESK REVIEW	I	/ /
AND SETTLEMENT SUMMARY	I		I	TO 12/31/2007	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
						--FINAL 1-MCR CODE	I	
						00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 5/30/2008 TIME 10:26

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:

COLUMBUS REGIONAL HOSPITAL 15-0112
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: 5/30/2008 TIME 10:26

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v01G10xtPzn0unsxAbJPf9Sp12MDMr
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PI ENCRYPTION INFORMATION
DATE: 5/30/2008 TIME 10:26

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Manhe A. Blenthus

OFFICER OR ADMINISTRATOR OF PROVIDER(S)
Vice President & CFO

TITLE
May 30, 2008

DATE

PART II - SETTLEMENT SUMMARY

	TITLE V		TITLE XVIII		TITLE XIX
	1	A 2	B 3	4	
1 HOSPITAL	0	268,332	39,899	0	
2 SUBPROVIDER	0	-60,519	0	0	
2 .01 SUBPROVIDER II	0	54,544	0	0	
100 TOTAL	0	262,357	39,899	0	

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

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

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 THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS
 (42 USC 1395g).

FORM APPROVED
 OMB NO. 0938-0050

WORKSHEET 5
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION	I	15-0112	I	FROM 1/ 1/2007	I	--AUDITED --DESK REVIEW	I	/ /
AND SETTLEMENT SUMMARY	I		I	TO 12/31/2007	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
						--FINAL 1-MCR CODE	I	
						00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 5/30/2008 TIME 10:09

PART I - CERTIFICATION

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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: COLUMBUS REGIONAL HOSPITAL 15-0112 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.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
	1	2		3	4	
1	HOSPITAL	0	268,332	39,899	0	
2	SUBPROVIDER	0	-60,519	0	0	
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100	TOTAL	0	262,357	39,899	0	

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

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS
 1 STREET: 2400 EAST 17TH STREET P.O. BOX:
 1.01 CITY: COLUMBUS STATE: IN ZIP CODE: 47201- COUNTY: BARTHOLOMEW

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P,T,O OR N)
02.00	HOSPITAL	15-0112	2.01	7/ 1/1966	N P O
03.00	SUBPROVIDER	15-T112		1/ 1/1984	N P N
03.01	SUBPROVIDER 2	15-S112		1/ 1/1987	N T N

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 1/ 1/2007 TO: 12/31/2007
 18 TYPE OF CONTROL 8 2

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
 20 SUBPROVIDER 5
 20.01 SUBPROVIDER II 4

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 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? N
 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. N
 25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N
 25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(b)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)
 25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR 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)
 26 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH),ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
 26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /
 26.02 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /
 27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. N / /

28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02				
28.01	IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS)	1	2	3	4
		-----	-----	-----	-----
		0	0.0000	0.0000	
28.02	ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY	0.00	0		
A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)					
28.03	STAFFING	%	Y/N		
28.04	RECRUITMENT	0.00%			
28.05	RETENTION	0.00%			
28.06	TRAINING	0.00%			
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	N			
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff)	N			
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70				
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS)	N			
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT 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).	N			
30.04	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	N			
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
31.01	IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
31.02	IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
31.03	IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
31.04	IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).				
31.05	IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).				
MISCELLANEOUS COST REPORT INFORMATION					
32	IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2.	N			
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2	N			
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA?	N			
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N			
35.01	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N			
35.02	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?				
35.03	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?				
35.04	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?				
PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL					
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)	N	Y	N	
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS)	N	Y	N	
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)	N	N	N	
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE?	N	N	N	

TITLE XIX INPATIENT SERVICES

- 38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? N
 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
 38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N
 40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-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
 40.01 NAME: FI/CONTRACTOR NAME FI/CONTRACTOR #
 40.02 STREET: P.O. BOX:
 40.03 CITY: STATE: ZIP CODE: -
 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? Y
 45 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.
 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
 46 IF YOU ARE PARTICIPATING IN THE NHC/MQ 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
47.00 HOSPITAL	N	N	N	N	N
48.00 SUBPROVIDER	N	N	N	N	N
48.01 SUBPROVIDER 2	N	N	N	N	N

- 52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N
 52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N
 53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
 53.01 MDH PERIOD: BEGINNING: / / ENDING: / /
 54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
 PREMIUMS: 466,711
 PAID LOSSES: 145,091
 AND/OR SELF INSURANCE: 0
 54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N
 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N
 56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.
 56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE.
 56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0
 56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0
 57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? Y
 58 ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. Y
 58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). N 0
 59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
 60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) Y N
 60.01 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)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). N 0

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

PROVIDER NO: 15-0112
PERIOD: 1/1/2007 TO 12/31/2007
PREPARED 5/30/2008
WORKSHEET S-3
PART I

COMPONENT	NO. OF BEDS	BED DAYS AVAILABLE	CAH N/A	TITLE V	I/P DAYS / TITLE XVIII	O/P VISITS / NOT LTCH N/A	TRIPS	TOTAL TITLE XIX
1 ADULTS & PEDIATRICS	1	159	2.01	3	4	4.01	5	3,402
2 HMO								
2 01 HMO - (IRF PPS SUBPROVIDER)								
3 ADULTS & PED-SB SNF								
4 ADULTS & PED-SB NF								
5 TOTAL ADULTS AND PEDS	159	57,931			14,481			3,402
6 INTENSIVE CARE UNIT	11	4,015			1,044			242
7 CORONARY CARE UNIT	8	2,920			567			102
8 BURN INTENSIVE CARE UNIT								
9 SURGICAL INTENSIVE CARE UNIT								
11 NURSERY								2,058
12 TOTAL	178	64,866			16,092			5,804
13 RPCH VISITS								
14 SUBPROVIDER	18	6,570			3,437			164
14 01 SUBPROVIDER II	17	6,205			1,556			1,845
15 SKILLED NURSING FACILITY								
18 HOME HEALTH AGENCY								
25 TOTAL	213							
26 OBSERVATION BED DAYS								690
26 01 OBSERVATION BED DAYS-SUB I								
26 02 OBSERVATION BED DAYS-SUB II								
27 AMBULANCE TRIPS					2,103			
28 EMPLOYEE DISCOUNT DAYS								
28 01 EMP DISCOUNT DAYS -IRF								

COMPONENT	TITLE XIX ADMITTED	I/P DAYS / OBSERVATION NOT ADMITTED	O/P VISITS / ALL PATS	TRIPS / TOTAL ADMITTED	OBSERVATION NOT ADMITTED	BEDS	INTERNS & RES. FTES --	LESS I&R REPL NON-PHYS ANES
1 ADULTS & PEDIATRICS	5.01	5.02	6	6.01	6.02	7	8	8
2 HMO			26,006					
2 01 HMO - (IRF PPS SUBPROVIDER)								
3 ADULTS & PED-SB SNF								
4 ADULTS & PED-SB NF								
5 TOTAL ADULTS AND PEDS			26,006					
6 INTENSIVE CARE UNIT			1,779					
7 CORONARY CARE UNIT			1,594					
8 BURN INTENSIVE CARE UNIT								
9 SURGICAL INTENSIVE CARE UNIT								
11 NURSERY			3,501					
12 TOTAL			32,880					
13 RPCH VISITS								
14 SUBPROVIDER			4,565					
14 01 SUBPROVIDER II			4,907					
15 SKILLED NURSING FACILITY								
18 HOME HEALTH AGENCY								
25 TOTAL								
26 OBSERVATION BED DAYS		122	568	4,473	748	3,725		
26 01 OBSERVATION BED DAYS-SUB I								
26 02 OBSERVATION BED DAYS-SUB II								
27 AMBULANCE TRIPS								
28 EMPLOYEE DISCOUNT DAYS								
28 01 EMP DISCOUNT DAYS -IRF								

COMPONENT	I & R FTES NET	--- FULL TIME EMPLOYEES ON PAYROLL	EQUIV NONPAID WORKERS	TITLE V	DISCHARGES TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS
1 ADULTS & PEDIATRICS	9	10	11	12	13	14	15
2 HMO					3,797	1,257	8,181
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL		1,392.00			3,797	1,257	8,181
13 RPCH VISITS							
14 SUBPROVIDER		29.00			303	13	408
14 01 SUBPROVIDER II		29.00			153	208	608
15 SKILLED NURSING FACILITY							
18 HOME HEALTH AGENCY							
25 TOTAL		1,450.00					
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
26 02 OBSERVATION BED DAYS-SUB II							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

HOSPITAL WAGE INDEX INFORMATION

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	70,208,123		70,208,123	2,999,929.00	23.40	
3 NON-PHYSICIAN ANESTHETIST PART A						
4 NON-PHYSICIAN ANESTHETIST PART B						
4.01 PHYSICIAN - PART A						
5 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5.01 PHYSICIAN - PART B	167,702		167,702	4,160.00	40.31	
6 NON-PHYSICIAN - PART B						
6.01 INTERNS & RESIDENTS (APPRVD)						
7 CONTRACT SERVICES, I&R						
8 HOME OFFICE PERSONNEL						
8.01 SNF						
9 EXCLUDED AREA SALARIES	5,319,875	366,921	5,686,796	286,027.00	19.88	
9 OTHER WAGES & RELATED COSTS						
9.01 CONTRACT LABOR:	1,105,139		1,105,139	16,664.00	66.32	
9.02 PHARMACY SERVICES UNDER CONTRACT						
9.03 LABORATORY SERVICES UNDER CONTRACT						
10 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10.01 CONTRACT LABOR: PHYS PART A	1,050,964		1,050,964	8,682.00	121.05	
11 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
12 HOME OFFICE SALARIES & WAGE RELATED COSTS	2,365,440		2,365,440	17,094.00	138.38	
12.01 HOME OFFICE: PHYS PART A						
13 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
14 WAGE RELATED COSTS						
14 WAGE-RELATED COSTS (CORE)	18,502,403		18,502,403			CMS 339
15 WAGE-RELATED COSTS (OTHER)						CMS 339
16 EXCLUDED AREAS	1,634,954		1,634,954			CMS 339
17 NON-PHYS ANESTHETIST PART A						CMS 339
18 NON-PHYS ANESTHETIST PART B						CMS 339
18.01 PHYSICIAN PART A						CMS 339
19 PART A TEACHING PHYSICIANS						CMS 339
19.01 PHYSICIAN PART B	48,214		48,214			CMS 339
20 WAGE-RELATD COSTS (RHC/FQHC)						CMS 339
21 INTERNS & RESIDENTS (APPRVD)						CMS 339
22 OVERHEAD COSTS - DIRECT SALARIES						
22 EMPLOYEE BENEFITS	2,219,865	-200,847	2,019,018	38,409.00	52.57	
22.01 ADMINISTRATIVE & GENERAL	7,741,854	156,871	7,898,725	409,896.00	19.27	
23 A & G UNDER CONTRACT						
24 MAINTENANCE & REPAIRS						
25 OPERATION OF PLANT	1,946,505		1,946,505	83,840.00	23.22	
26 LAUNDRY & LINEN SERVICE	108,415		108,415	8,898.00	12.18	
26.01 HOUSEKEEPING	1,603,122		1,603,122	132,399.00	12.11	
27 HOUSEKEEPING UNDER CONTRACT						
27.01 DIETARY	1,601,746	-828,904	772,842	62,408.00	12.38	
28 DIETARY UNDER CONTRACT						
29 CAFETERIA		828,904	828,904	66,935.00	12.38	
30 MAINTENANCE OF PERSONNEL						
31 NURSING ADMINISTRATION	2,557,046		2,557,046	77,920.00	32.82	
32 CENTRAL SERVICE AND SUPPLY	387,572		387,572	29,236.00	13.26	
33 PHARMACY	2,856,551		2,856,551	92,444.00	30.90	
34 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,423,618	-369,583	1,054,035	62,152.00	16.96	
35 SOCIAL SERVICE	464,580	-44,300	420,280	16,040.00	26.20	
OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	70,040,421		70,040,421	2,995,769.00	23.38	
2 EXCLUDED AREA SALARIES	5,319,875	366,921	5,686,796	286,027.00	19.88	
3 SUBTOTAL SALARIES	64,720,546	-366,921	64,353,625	2,709,742.00	23.75	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	4,521,543		4,521,543	42,440.00	106.54	
5 SUBTOTAL WAGE-RELATED COSTS	18,502,403		18,502,403		28.75	
6 TOTAL	87,744,492	-366,921	87,377,571	2,752,182.00	31.75	
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	22,910,874	-457,859	22,453,015	1,080,577.00	20.78	

HOSPITAL UNCOMPENSATED CARE DATA

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 5/30/2008
I	15-0112	I	FROM 1/1/2007	I	WORKSHEET S-10
I		I	TO 12/31/2007	I	
I		I		I	

DESCRIPTION

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04		
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
UNCOMPENSATED CARE REVENUES		
17	REVENUE FROM UNCOMPENSATED CARE	
17.01	GROSS MEDICAID REVENUES	12,947,844
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	4,289,599
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	17,237,443
UNCOMPENSATED CARE COST		
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	18,938,269
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)	.470572
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	8,911,819
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	35,210,231
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	16,568,949
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	25,480,768

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
1	0100 GENERAL SERVICE COST CNTR					
2	0200 OLD CAP REL COSTS-BLDG & FIXT		16,983,956	16,983,956	-12,010,915	4,973,041
3	0300 OLD CAP REL COSTS-MVBLE EQUIP				168,751	168,751
4	0400 NEW CAP REL COSTS-BLDG & FIXT				3,429,460	3,429,460
5	0500 NEW CAP REL COSTS-MVBLE EQUIP				11,891,203	11,891,203
6.01	0610 EMPLOYEE BENEFITS	2,219,865	21,034,313	23,254,178	-2,941,160	20,313,018
6.02	0620 NONPATIENT TELEPHONES	221,752	329,931	551,683		551,683
6.03	0630 DATA PROCESSING	1,857,258	4,067,915	5,925,173		5,925,173
6.04	0640 PURCHASING RECEIVING AND STORES	811,493	283,167	1,094,660	-120,404	974,256
6.05	0650 ADMITTING	701,790	59,611	761,401		761,401
6.06	0660 CASHIERING/ACCOUNTS RECEIVABLE	1,072,902	642,628	1,715,530	392,333	2,107,863
8	0800 OTHER ADMINISTRATIVE AND GENERAL	3,076,659	15,069,098	18,145,757	-154,799	17,990,958
9	0900 OPERATION OF PLANT	1,946,505	4,953,290	6,899,795	-1,580,026	5,319,769
10	1000 LAUNDRY & LINEN SERVICE	108,415	692,457	800,872		800,872
11	1100 HOUSEKEEPING	1,603,122	327,951	1,931,073		1,931,073
12	1200 DIETARY	1,601,746	1,340,570	2,942,316	-1,522,649	1,419,667
14	1400 CAFETERIA				1,522,649	1,522,649
15	1500 NURSING ADMINISTRATION	2,557,046	290,280	2,847,326		2,847,326
16	1600 CENTRAL SERVICES & SUPPLY	387,572	185,742	573,314	-6,431	566,883
17	1700 PHARMACY	2,856,551	678,594	3,535,145		3,535,145
18	1800 MEDICAL RECORDS & LIBRARY	1,423,618	546,723	1,970,341	-392,333	1,578,008
24	2400 SOCIAL SERVICE	464,580	5,073	469,653	-44,300	425,353
24.01	2401 PARAMED ED PRGM-(SPECIFY)	51,817	16,230	68,047	4,227	72,274
	2401 XRAY EDUCATION	123,215	4,550	127,765		127,765
25	2500 INPAT ROUTINE SRVC CNTRS					
26	2600 ADULTS & PEDIATRICS	12,256,748	1,331,444	13,588,192	-284,153	13,304,039
27	2700 INTENSIVE CARE UNIT	1,338,238	146,001	1,484,239	-4,753	1,479,486
28	2800 CORONARY CARE UNIT	1,333,166	227,118	1,560,284	-64,649	1,495,635
29	2900 BURN INTENSIVE CARE UNIT					
31	3100 SURGICAL INTENSIVE CARE UNIT					
31.01	3101 SUBPROVIDER	1,303,456	98,404	1,401,860	222,607	1,624,467
33	3300 SUBPROVIDER II	1,444,235	124,038	1,568,273	61,640	1,629,913
34	3400 NURSERY	579,955	26,990	606,945	-4,283	602,662
37	3700 SKILLED NURSING FACILITY					
38	3800 ANCILLARY SRVC CNTRS					
39	3900 OPERATING ROOM	5,367,494	12,005,553	17,373,047	-9,205,806	8,167,241
40	4000 RECOVERY ROOM	672,954	149,432	822,386	-32,671	789,715
41	4100 DELIVERY ROOM & LABOR ROOM					
41.01	4101 ANESTHESIOLOGY	34,917	313,493	348,410	-19,377	329,033
41.02	4102 RADIOLOGY-DIAGNOSTIC	1,791,752	437,880	2,229,632	-71,795	2,157,837
41.03	4103 CAT SCAN	516,257	209,340	725,597	132,015	857,612
41.04	4104 NUCLEAR MEDICINE-DIAGNOSTIC	327,552	767,595	1,095,147	4,267	1,099,414
41.05	4105 MAGNETIC RESONANCE IMAGING(MRI)	223,684	99,286	322,970	64,143	387,113
42	4200 ULTRA SOUND	482,019	17,562	499,581	58,973	558,554
44	4400 MAMMOGRAPHY	598,627	237,247	835,874	46,140	882,014
44.01	4401 RADIOLOGY-THERAPEUTIC	914,130	88,364	1,002,494	434,266	1,436,760
46	4600 LABORATORY	2,917,131	2,438,726	5,355,857	66,527	5,422,384
49	4900 LABORATORY-PATHOLOGICAL	276,507	183,678	460,185	150,000	610,185
50	5000 WHOLE BLOOD & PACKED RED BLOOD CELLS	290,922	952,818	1,243,740		1,243,740
51	5100 RESPIRATORY THERAPY	1,584,964	238,254	1,823,218	76,042	1,899,260
52	5200 PHYSICAL THERAPY	2,925,221	609,414	3,534,635	76,337	3,610,972
53	5300 OCCUPATIONAL THERAPY	561,333	18,760	580,093	8,085	588,178
54	5400 SPEECH PATHOLOGY	460,065	173,045	633,110	-138,456	494,654
55	5500 ELECTROCARDIOLOGY	546,353	206,398	752,751	90,515	843,266
56	5600 ELECTROENCEPHALOGRAPHY	530,178	114,943	645,121	16,142	661,263
57	5700 MEDICAL SUPPLIES CHARGED TO PATIENTS				15,208,227	15,208,227
59	5900 DRUGS CHARGED TO PATIENTS		9,340,932	9,340,932		9,340,932
60	6000 RENAL DIALYSIS		492,404	492,404		492,404
60.01	6001 CARDIAC CATHETERIZATION LABORATORY	980,553	4,055,932	5,036,485	-3,616,006	1,420,479
60.02	6002 OUTPAT SERVICE COST CNTRS					
61	6100 CLINIC	359,310	53,692	413,002	149,679	562,681
62	6200 DIABETES CENTER	100,559	70,134	170,693	-2,683	168,010
65	6500 NEUROPSYCH	226,599	14,571	241,170	1,065	242,235
71	7100 EMERGENCY	3,780,186	700,516	4,480,702	-186,243	4,294,459
71.01	7101 OBSERVATION BEDS (NON-DISTINCT PART)					
71.02	7102 OTHER REIMBURS COST CNTRS					
88	8800 AMBULANCE SERVICES	2,221,421	364,295	2,585,716	42,686	2,628,402
90	9000 HOME HEALTH AGENCY					
95	9500 SPEC PURPOSE COST CENTERS					
100	10000 INTEREST EXPENSE		3,362,341	3,362,341	-3,362,341	
100.01	10001 OTHER CAPITAL RELATED COSTS					
100.02	10002 SUBTOTALS	70,032,392	107,182,679	177,215,071	-1,448,254	175,766,817
100.03	10003 NONREIMBURS COST CENTERS					
100.04	10004 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
100.05	10005 WELLNESS COMMUNITY				271,200	271,200
100.06	10006 BUILDING RENTALS		145,407	145,407		145,407
100.07	10007 HOSPICE		67,767	67,767		67,767
101	10100 OUTREACH CLINICS	80,993	89,019	170,012		170,012
	10101 SPEECH - HEARING AIDS				151,854	151,854
	10102 NONALLOWABLE MARKETING				1,025,200	1,025,200
	10103 CRH FOUNDATION					
	10104 HEALTHY COMMUNITIES	94,738	21,789	116,527		116,527
	10105 TOTAL	70,208,123	107,506,661	177,714,784	-0-	177,714,784

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I
I 15-0112 I
I I

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

I PREPARED 5/30/2008 I
I WORKSHEET A I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
1	0100 GENERAL SERVICE COST CNTR		
2	0200 OLD CAP REL COSTS-BLDG & FIXT	-1,053,433	3,919,608
3	0300 OLD CAP REL COSTS-MVBLE EQUIP	-71,759	96,992
4	0400 NEW CAP REL COSTS-BLDG & FIXT	-736,030	2,693,430
5	0500 NEW CAP REL COSTS-MVBLE EQUIP	-1,597,383	10,293,820
6	0610 EMPLOYEE BENEFITS	-77,237	20,235,781
6.01	0610 NONPATIENT TELEPHONES	-109,211	442,472
6.02	0620 DATA PROCESSING	-27,156	5,898,017
6.03	0630 PURCHASING RECEIVING AND STORES	-2,734	971,522
6.04	0640 ADMITTING	-2,370	759,031
6.05	0650 CASHIERING/ACCOUNTS RECEIVABLE	2,208	2,110,071
6.06	0660 OTHER ADMINISTRATIVE AND GENERAL	-1,117,472	16,873,486
8	0800 OPERATION OF PLANT	-20,249	5,299,520
9	0900 LAUNDRY & LINEN SERVICE		800,872
10	1000 HOUSEKEEPING	-471	1,930,602
11	1100 DIETARY	-151,055	1,268,612
12	1200 CAFETERIA	-1,271,279	251,370
14	1400 NURSING ADMINISTRATION	-46,344	2,800,982
15	1500 CENTRAL SERVICES & SUPPLY		566,883
16	1600 PHARMACY	-35,042	3,500,103
17	1700 MEDICAL RECORDS & LIBRARY	-9,058	1,568,950
18	1800 SOCIAL SERVICE	-1,075	424,278
24	2400 PARAMED ED PRGM-(SPECIFY)	-8,594	63,680
24.01	2401 XRAY EDUCATION	-30,711	97,054
25	2500 INPAT ROUTINE SRVC CNTRS		
26	2600 ADULTS & PEDIATRICS	-9,312	13,294,727
27	2700 INTENSIVE CARE UNIT	-8,781	1,470,705
28	2800 CORONARY CARE UNIT		1,495,635
29	2900 BURN INTENSIVE CARE UNIT		
31	3100 SURGICAL INTENSIVE CARE UNIT		
31.01	3101 SUBPROVIDER	-21,626	1,602,841
33	3300 SUBPROVIDER II	-36,585	1,593,328
34	3400 NURSERY		602,662
37	3700 SKILLED NURSING FACILITY		
38	3800 ANCILLARY SRVC COST CNTRS		
39	3900 OPERATING ROOM	-390,746	7,776,495
40	4000 RECOVERY ROOM		789,715
41	4100 DELIVERY ROOM & LABOR ROOM		
41.01	4100 ANESTHESIOLOGY	-8,362	320,671
41.02	4100 RADIOLOGY-DIAGNOSTIC	-18,439	2,139,398
41.03	4100 CAT SCAN		857,612
41.04	4100 NUCLEAR MEDICINE-DIAGNOSTIC		1,099,414
41.05	4100 MAGNETIC RESONANCE IMAGING(MRI)		387,113
42	4200 ULTRA SOUND		558,554
44	4400 MAMMOGRAPHY		882,014
44.01	4400 RADIOLOGY-THERAPEUTIC		1,436,760
46	4600 LABORATORY	-1,890	5,420,494
49	4900 LABORATORY-PATHOLOGICAL	-31,896	578,289
50	5000 WHOLE BLOOD & PACKED RED BLOOD CELLS		1,243,740
51	5100 RESPIRATORY THERAPY	-51,298	1,847,962
52	5200 PHYSICAL THERAPY	-38,883	3,572,089
53	5300 OCCUPATIONAL THERAPY		588,178
54	5400 SPEECH PATHOLOGY	-1,875	492,779
55	5500 ELECTROCARDIOLOGY	-799	842,467
56	5600 ELECTROENCEPHALOGRAPHY	-1,815	659,448
57	5700 MEDICAL SUPPLIES CHARGED TO PATIENTS		15,208,227
59	5900 DRUGS CHARGED TO PATIENTS		9,340,932
60	6000 RENAL DIALYSIS		492,404
60.01	6000 CARDIAC CATHETERIZATION LABORATORY	-13,439	1,407,040
60.02	6000 OUTPUT SERVICE COST CNTRS		
61	6100 CLINIC	-86,627	476,054
62	6200 DIABETES CENTER		168,010
65	6500 NEUROPSYCH	-167,702	74,533
71	7100 EMERGENCY	-28,360	4,266,099
88	8800 OBSERVATION BEDS (NON-DISTINCT PART)		
90	9000 OTHER REIMBURS COST CNTRS		
95	9500 AMBULANCE SERVICES	-1,207,802	1,420,600
100	10000 HOME HEALTH AGENCY		
100.01	10000 SPEC PURPOSE COST CENTERS		
100.02	10000 INTEREST EXPENSE		-0-
100.03	10000 OTHER CAPITAL RELATED COSTS		-0-
100.04	10000 SUBTOTALS	-8,492,692	167,274,125
100.05	10000 NONREIMBURS COST CENTERS		
100.06	10000 GIFT, FLOWER, COFFEE SHOP & CANTEEN		271,200
100.07	10000 WELLNESS COMMUNITY		271,200
101	10100 BUILDING RENTALS		145,407
101.01	10100 HOSPICE		67,767
101.02	10100 OUTREACH CLINICS		170,012
101.03	10100 SPEECH - HEARING AIDS		151,854
101.04	10100 NONALLOWABLE MARKETING		1,025,200
101.05	10100 CRH FOUNDATION		
101.06	10100 HEALTHY COMMUNITIES		116,527
101.07	10100 TOTAL	-8,492,692	169,222,092

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	NONPATIENT TELEPHONES	0610	NONPATIENT TELEPHONES
6.02	DATA PROCESSING	0620	DATA PROCESSING
6.03	PURCHASING RECEIVING AND STORES	0630	PURCHASING, RECEIVING AND STORES
6.04	ADMITTING	0640	ADMITTING
6.05	CASHIERING/ACCOUNTS RECEIVABLE	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.06	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
24	PARAMED ED PRGM-(SPECIFY)	2400	
24.01	XRAY EDUCATION	2401	PARAMED ED PRGM
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
31	SUBPROVIDER	3100	
31.01	SUBPROVIDER II	3101	SUBPROVIDER #####
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	CAT SCAN	3230	CAT SCAN
41.02	NUCLEAR MEDICINE-DIAGNOSTIC	3450	NUCLEAR MEDICINE-DIAGNOSTIC
41.03	MAGNETIC RESONANCE IMAGING(MRI)	3430	MAGNETIC RESONANCE IMAGING (MRI)
41.04	ULTRA SOUND	3630	ULTRA SOUND
41.05	MAMMOGRAPHY	3440	MAMMOGRAPHY
42	RADIOLOGY-THERAPEUTIC	4200	
44	LABORATORY	4400	
44.01	LABORATORY-PATHOLOGICAL	3420	LABORATORY-PATHOLOGICAL
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
59	CARDIAC CATHETERIZATION LABORATORY	3120	CARDIAC CATHETERIZATION LABORATORY
	OUTPAT SERVICE COST		
60	CLINIC	6000	
60.01	DIABETES CENTER	6001	CLINIC
60.02	NEUROPSYCH	6002	CLINIC
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	
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
100	WELLNESS COMMUNITY	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	BUILDING RENTALS	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	HOSPICE	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	OUTREACH CLINICS	7953	OTHER NONREIMBURSABLE COST CENTERS
100.04	SPEECH - HEARING AIDS	7954	OTHER NONREIMBURSABLE COST CENTERS
100.05	NONALLOWABLE MARKETING	7955	OTHER NONREIMBURSABLE COST CENTERS
100.06	CRH FOUNDATION	7956	OTHER NONREIMBURSABLE COST CENTERS
100.07	HEALTHY COMMUNITIES	7957	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:
150112

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

PREPARED 5/30/2008
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	INCREASE		SALARY	OTHER
			LINE NO			
	1	2	3		4	5
1 RECLASS AMORTIZATION	A	PHYSICAL THERAPY	50			38,883
2		NEW CAP REL COSTS-BLDG & FIXT	3			140,784
3 RECLASS INTEREST EXP TO BLDG DEPR	B	OLD CAP REL COSTS-BLDG & FIXT	1			1,983,654
4		OLD CAP REL COSTS-MVBLE EQUIP	2			164,661
5		NEW CAP REL COSTS-BLDG & FIXT	3			321,014
6		NEW CAP REL COSTS-MVBLE EQUIP	4			893,012
7 RECLASS INSURANCE	C	OCCUPATIONAL THERAPY	51			1,989
8		OTHER CAPITAL RELATED COSTS	90			155,041
9		AMBULANCE SERVICES	65			12,356
10 RECLASS BILLING COST	D	CASHIERING/ACCOUNTS RECEIVABLE	6.05		369,583	22,750
11 RECLASS CAFETERIA EXPENSE	F	CAFETERIA	12		828,904	693,745
12 RECLASS WELLNESS	G	WELLNESS COMMUNITY	100		200,847	70,353
13 RECLASS PHYSICIAN FEES	H	ADULTS & PEDIATRICS	25			18,075
14		INTENSIVE CARE UNIT	26			50,725
15		SUBPROVIDER	31			122,900
16		SUBPROVIDER II	31.01			47,100
17		OPERATING ROOM	37			421,950
18		ANESTHESIOLOGY	40			75,000
19		RADIOLOGY-THERAPEUTIC	42			150,000
20		LABORATORY-PATHOLOGICAL	44.01			150,000
21		RESPIRATORY THERAPY	49			101,317
22		ELECTROCARDIOLOGY	53			4,425
23		ELECTROENCEPHALOGRAPHY	54			10,550
24		CARDIAC CATHERIZATION LABORATORY	59			29,425
25		CLINIC	60			155,084
26		EMERGENCY	61			73,600
27		AMBULANCE SERVICES	65			15,000
28 RECLASS REHAB SERVICES	I	NEUROPSYCH	60.02		1,065	
29		SOCIAL SERVICE	18		1,366	
30		ADULTS & PEDIATRICS	25		16,758	
31		SUBPROVIDER	31		50,565	
32		SUBPROVIDER	31		66,123	
33		SUBPROVIDER II	31.01		14,540	
34		PHYSICAL THERAPY	50		26,375	
35		OCCUPATIONAL THERAPY	51		6,096	
1 RECLASS REHAB SERVICES	I	SPEECH PATHOLOGY	52		16,542	
2		ELECTROENCEPHALOGRAPHY	54		5,592	
3 RECLASS PENSION EXPENSE	K	OTHER ADMINISTRATIVE AND GENERAL	6.06			2,669,960
4 RECLASS DEPRECIATION	M	OLD CAP REL COSTS-MVBLE EQUIP	2			223
5		NEW CAP REL COSTS-BLDG & FIXT	3			2,867,727
6		NEW CAP REL COSTS-MVBLE EQUIP	4			10,932,263
7 RECLASS SERVICE AGREEMENTS	N	OPERATING ROOM	37			111,995
8		ANESTHESIOLOGY	40			5,347
9		RADIOLOGY-DIAGNOSTIC	41			220,229
10		CAT SCAN	41.01			264,742
11		NUCLEAR MEDICINE-DIAGNOSTIC	41.02			88,338
12		MAGNETIC RESONANCE IMAGING(MRI)	41.03			149,498
13		ULTRA SOUND	41.04			58,973
14		MAMMOGRAPHY	41.05			46,140
15		RADIOLOGY-THERAPEUTIC	42			288,649
16		LABORATORY	44			66,527
17		RESPIRATORY THERAPY	49			15,118
18		ELECTROCARDIOLOGY	53			86,090
19		CARDIAC CATHERIZATION LABORATORY	59			178,380
20 RECLASS BLDG DEPR	P	NEW CAP REL COSTS-BLDG & FIXT	3			67,673
21 RECLASS SOCIAL SERVICES	R	PHYSICAL THERAPY	50		45,666	
22 RECLASS NONALLOWABLE MARKETING	S	NONALLOWABLE MARKETING	100.05		7,690	1,017,510
23 RECLASS EQUIPMENT RENTALS	T	MEDICAL SUPPLIES CHARGED TO PATIENTS	55			120,404
24		MEDICAL SUPPLIES CHARGED TO PATIENTS	55			975
25		MEDICAL SUPPLIES CHARGED TO PATIENTS	55			29,058
26		MEDICAL SUPPLIES CHARGED TO PATIENTS	55			3,380
27		MEDICAL SUPPLIES CHARGED TO PATIENTS	55			1,932
28		MEDICAL SUPPLIES CHARGED TO PATIENTS	55			7,438
29		MEDICAL SUPPLIES CHARGED TO PATIENTS	55			22,651
30 RECLASS CHAREABLE SUPPLY COSTS	U	MEDICAL SUPPLIES CHARGED TO PATIENTS	55			5,456
31		MEDICAL SUPPLIES CHARGED TO PATIENTS	55			289,928
32		MEDICAL SUPPLIES CHARGED TO PATIENTS	55			52,098
33		MEDICAL SUPPLIES CHARGED TO PATIENTS	55			62,717
34		MEDICAL SUPPLIES CHARGED TO PATIENTS	55			9,543
35		MEDICAL SUPPLIES CHARGED TO PATIENTS	55			4,283
1 RECLASS CHAREABLE SUPPLY COSTS	U	MEDICAL SUPPLIES CHARGED TO PATIENTS	55			9,739,751
2		MEDICAL SUPPLIES CHARGED TO PATIENTS	55			32,671
3		MEDICAL SUPPLIES CHARGED TO PATIENTS	55			99,724
4		MEDICAL SUPPLIES CHARGED TO PATIENTS	55			292,024
5		MEDICAL SUPPLIES CHARGED TO PATIENTS	55			132,727
6		MEDICAL SUPPLIES CHARGED TO PATIENTS	55			84,071
7		MEDICAL SUPPLIES CHARGED TO PATIENTS	55			85,355
8		MEDICAL SUPPLIES CHARGED TO PATIENTS	55			4,383
9		MEDICAL SUPPLIES CHARGED TO PATIENTS	55			37,044
10		MEDICAL SUPPLIES CHARGED TO PATIENTS	55			34,587
11		MEDICAL SUPPLIES CHARGED TO PATIENTS	55			3,144
12		MEDICAL SUPPLIES CHARGED TO PATIENTS	55			3,823,811
13		MEDICAL SUPPLIES CHARGED TO PATIENTS	55			5,405

RECLASSIFICATIONS

PROVIDER NO:
150112PERIOD:
FROM 1/ 1/2007
TO 12/31/2007PREPARED 5/30/2008
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1) 1	COST CENTER 2	INCREASE		SALARY 4	OTHER 5
			LINE NO 3			
14						
15						2,683
16						213,385
17						7,599
18 RECLASS EMERG ADMIN	V				4,227	151,854
19					19,302	
20					22,929	
36 TOTAL RECLASSIFICATIONS					1,704,170	40,418,856

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

RECLASSIFICATIONS

PROVIDER NO:
150112

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

PREPARED 5/30/2008
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF
			LINE NO	7			
1 RECLASS AMORTIZATION	A	OLD CAP REL COSTS-BLDG & FIXT	1			38,883	9
2		OLD CAP REL COSTS-BLDG & FIXT	1			140,784	9
3 RECLASS INTEREST EXP TO BLDG DEPR	B	INTEREST EXPENSE	88			1,983,654	11
4		INTEREST EXPENSE	88			164,661	11
5		INTEREST EXPENSE	88			321,014	11
6		INTEREST EXPENSE	88			893,012	11
7 RECLASS INSURANCE	C	OTHER ADMINISTRATIVE AND GENERAL	6.06			1,989	
8		OTHER ADMINISTRATIVE AND GENERAL	6.06			155,041	12
9		OTHER ADMINISTRATIVE AND GENERAL	6.06			12,356	
10 RECLASS BILLING COST	D	MEDICAL RECORDS & LIBRARY	17		369,583	22,750	
11 RECLASS CAFETERIA EXPENSE	F	DIETARY	11		828,904	693,745	
12 RECLASS WELLNESS	G	EMPLOYEE BENEFITS	5		200,847	70,353	
13 RECLASS PHYSICIAN FEES	H	OTHER ADMINISTRATIVE AND GENERAL	6.06			18,075	
14		OTHER ADMINISTRATIVE AND GENERAL	6.06			50,725	
15		OTHER ADMINISTRATIVE AND GENERAL	6.06			122,900	
16		OTHER ADMINISTRATIVE AND GENERAL	6.06			47,100	
17		OTHER ADMINISTRATIVE AND GENERAL	6.06			421,950	
18		OTHER ADMINISTRATIVE AND GENERAL	6.06			75,000	
19		OTHER ADMINISTRATIVE AND GENERAL	6.06			150,000	
20		OTHER ADMINISTRATIVE AND GENERAL	6.06			150,000	
21		OTHER ADMINISTRATIVE AND GENERAL	6.06			101,317	
22		OTHER ADMINISTRATIVE AND GENERAL	6.06			4,425	
23		OTHER ADMINISTRATIVE AND GENERAL	6.06			10,550	
24		OTHER ADMINISTRATIVE AND GENERAL	6.06			29,425	
25		OTHER ADMINISTRATIVE AND GENERAL	6.06			155,084	
26		OTHER ADMINISTRATIVE AND GENERAL	6.06			73,600	
27		OTHER ADMINISTRATIVE AND GENERAL	6.06			15,000	
28 RECLASS REHAB SERVICES	I	OTHER ADMINISTRATIVE AND GENERAL	6.06		1,065		
29		OTHER ADMINISTRATIVE AND GENERAL	6.06		1,366		
30		OTHER ADMINISTRATIVE AND GENERAL	6.06		16,758		
31		OTHER ADMINISTRATIVE AND GENERAL	6.06		50,565		
32		OTHER ADMINISTRATIVE AND GENERAL	6.06		66,123		
33		OTHER ADMINISTRATIVE AND GENERAL	6.06		14,540		
34		OTHER ADMINISTRATIVE AND GENERAL	6.06		26,375		
35		OTHER ADMINISTRATIVE AND GENERAL	6.06		6,096		
1 RECLASS REHAB SERVICES	I	OTHER ADMINISTRATIVE AND GENERAL	6.06		16,542		
2		OTHER ADMINISTRATIVE AND GENERAL	6.06		5,592		
3 RECLASS PENSION EXPENSE	K	EMPLOYEE BENEFITS	5			2,669,960	
4 RECLASS DEPRECIATION	M	OLD CAP REL COSTS-BLDG & FIXT	1			223	9
5		OLD CAP REL COSTS-BLDG & FIXT	1			2,867,727	9
6		OLD CAP REL COSTS-BLDG & FIXT	1			10,932,263	9
7 RECLASS SERVICE AGREEMENTS	N	OPERATION OF PLANT	8			111,995	
8		OPERATION OF PLANT	8			5,347	
9		OPERATION OF PLANT	8			220,229	
10		OPERATION OF PLANT	8			264,742	
11		OPERATION OF PLANT	8			88,338	
12		OPERATION OF PLANT	8			149,498	
13		OPERATION OF PLANT	8			58,973	
14		OPERATION OF PLANT	8			46,140	
15		OPERATION OF PLANT	8			288,649	
16		OPERATION OF PLANT	8			66,527	
17		OPERATION OF PLANT	8			15,118	
18		OPERATION OF PLANT	8			86,090	
19		OPERATION OF PLANT	8			178,380	
20 RECLASS BLDG DEPR	P	OLD CAP REL COSTS-BLDG & FIXT	1			67,673	9
21 RECLASS SOCIAL SERVICES	R	SOCIAL SERVICE	18		45,666		
22 RECLASS NONALLOWABLE MARKETING	S	OTHER ADMINISTRATIVE AND GENERAL	6.06		7,690	1,017,510	
23 RECLASS EQUIPMENT RENTALS	T	PURCHASING RECEIVING AND STORES	6.03			120,404	
24		CENTRAL SERVICES & SUPPLY	15			975	
25		ADULTS & PEDIATRICS	25			29,058	
26		INTENSIVE CARE UNIT	26			3,380	
27		CORONARY CARE UNIT	27			1,932	
28		SUBPROVIDER	31			7,438	
29		RESPIRATORY THERAPY	49			22,651	
30 RECLASS CHAREABLE SUPPLY COSTS	U	CENTRAL SERVICES & SUPPLY	15			5,456	
31		ADULTS & PEDIATRICS	25			289,928	
32		INTENSIVE CARE UNIT	26			52,098	
33		CORONARY CARE UNIT	27			62,717	
34		SUBPROVIDER	31			9,543	
35		NURSERY	33			4,283	
1 RECLASS CHAREABLE SUPPLY COSTS	U	OPERATING ROOM	37			9,739,751	
2		RECOVERY ROOM	38			32,671	
3		ANESTHESIOLOGY	40			99,724	
4		RADIOLOGY-DIAGNOSTIC	41			292,024	
5		CAT SCAN	41.01			132,727	
6		NUCLEAR MEDICINE-DIAGNOSTIC	41.02			84,071	
7		MAGNETIC RESONANCE IMAGING(MRI)	41.03			85,355	
8		RADIOLOGY-THERAPEUTIC	42			4,383	
9		RESPIRATORY THERAPY	49			37,044	
10		PHYSICAL THERAPY	50			34,587	
11		SPEECH PATHOLOGY	52			3,144	
12		CARDIAC CATHERIZATION LABORATORY	59			3,823,811	
13		CLINIC	60			5,405	

RECLASSIFICATIONS

PROVIDER NO: 150112	PERIOD: FROM 1/ 1/2007 TO 12/31/2007	PREPARED 5/30/2008 WORKSHEET A-6 CONTD
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EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF 10
			LINE NO				
	1	6	7		8	9	
14		DIABETES CENTER	60.01			2,683	
15		EMERGENCY	61			213,385	
16		AMBULANCE SERVICES	65			7,599	
17		SPEECH PATHOLOGY	52			151,854	
18 RECLASS EMERG ADMIN	V	EMERGENCY	61		4,227		
19		EMERGENCY	61		19,302		
20		EMERGENCY	61		22,929		
36 TOTAL RECLASSIFICATIONS					1,704,170	40,418,856	

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

RECLASSIFICATIONS

PROVIDER NO: 150112
 PERIOD: FROM 1/1/2007 TO 12/31/2007
 PREPARED 5/30/2008
 WORKSHEET A-6
 NOT A CMS WORKSHEET

RECLASS CODE: A
 EXPLANATION : RECLASS AMORTIZATION

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	PHYSICAL THERAPY	50	38,883
2.00	NEW CAP REL COSTS-BLDG & FIXT	3	140,784
TOTAL RECLASSIFICATIONS FOR CODE A			179,667

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OLD CAP REL COSTS-BLDG & FIXT	1	38,883	
OLD CAP REL COSTS-BLDG & FIXT	1	140,784	
		179,667	

RECLASS CODE: B
 EXPLANATION : RECLASS INTEREST EXP TO BLDG DEPR

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	1,983,654
2.00	OLD CAP REL COSTS-MVBLE EQUIP	2	164,661
3.00	NEW CAP REL COSTS-BLDG & FIXT	3	321,014
4.00	NEW CAP REL COSTS-MVBLE EQUIP	4	893,012
TOTAL RECLASSIFICATIONS FOR CODE B			3,362,341

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
INTEREST EXPENSE	88	1,983,654	
INTEREST EXPENSE	88	164,661	
INTEREST EXPENSE	88	321,014	
INTEREST EXPENSE	88	893,012	
		3,362,341	

RECLASS CODE: C
 EXPLANATION : RECLASS INSURANCE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OCCUPATIONAL THERAPY	51	1,989
2.00	OTHER CAPITAL RELATED COSTS	90	155,041
3.00	AMBULANCE SERVICES	65	12,356
TOTAL RECLASSIFICATIONS FOR CODE C			169,386

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.06	1,989	
OTHER ADMINISTRATIVE AND GENER	6.06	155,041	
OTHER ADMINISTRATIVE AND GENER	6.06	12,356	
		169,386	

RECLASS CODE: D
 EXPLANATION : RECLASS BILLING COST

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CASHIERING/ACCOUNTS RECEIVABLE	6.05	392,333
TOTAL RECLASSIFICATIONS FOR CODE D			392,333

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
MEDICAL RECORDS & LIBRARY	17	392,333	
		392,333	

RECLASS CODE: F
 EXPLANATION : RECLASS CAFETERIA EXPENSE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	1,522,649
TOTAL RECLASSIFICATIONS FOR CODE F			1,522,649

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DIETARY	11	1,522,649	
		1,522,649	

RECLASS CODE: G
 EXPLANATION : RECLASS WELLNESS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	WELLNESS COMMUNITY	100	271,200
TOTAL RECLASSIFICATIONS FOR CODE G			271,200

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
EMPLOYEE BENEFITS	5	271,200	
		271,200	

RECLASS CODE: H
 EXPLANATION : RECLASS PHYSICIAN FEES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADULTS & PEDIATRICS	25	18,075
2.00	INTENSIVE CARE UNIT	26	50,725
3.00	SUBPROVIDER	31	122,900
4.00	SUBPROVIDER II	31.01	47,100
5.00	OPERATING ROOM	37	421,950
6.00	ANESTHESIOLOGY	40	75,000
7.00	RADIOLOGY-THERAPEUTIC	42	150,000
8.00	LABORATORY-PATHOLOGICAL	44.01	150,000
9.00	RESPIRATORY THERAPY	49	101,317
10.00	ELECTROCARDIOLOGY	53	4,425
11.00	ELECTROENCEPHALOGRAPHY	54	10,550
12.00	CARDIAC CATHETERIZATION LABORATO	59	29,425
13.00	CLINIC	60	155,084
14.00	EMERGENCY	61	73,600
15.00	AMBULANCE SERVICES	65	15,000
TOTAL RECLASSIFICATIONS FOR CODE H			1,425,151

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.06	18,075	
OTHER ADMINISTRATIVE AND GENER	6.06	50,725	
OTHER ADMINISTRATIVE AND GENER	6.06	122,900	
OTHER ADMINISTRATIVE AND GENER	6.06	47,100	
OTHER ADMINISTRATIVE AND GENER	6.06	421,950	
OTHER ADMINISTRATIVE AND GENER	6.06	75,000	
OTHER ADMINISTRATIVE AND GENER	6.06	150,000	
OTHER ADMINISTRATIVE AND GENER	6.06	150,000	
OTHER ADMINISTRATIVE AND GENER	6.06	101,317	
OTHER ADMINISTRATIVE AND GENER	6.06	4,425	
OTHER ADMINISTRATIVE AND GENER	6.06	10,550	
OTHER ADMINISTRATIVE AND GENER	6.06	29,425	
OTHER ADMINISTRATIVE AND GENER	6.06	155,084	
OTHER ADMINISTRATIVE AND GENER	6.06	73,600	
OTHER ADMINISTRATIVE AND GENER	6.06	15,000	
		1,425,151	

RECLASS CODE: I
 EXPLANATION : RECLASS REHAB SERVICES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEUROPSYCH	60.02	1,065
2.00	SOCIAL SERVICE	18	1,366

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.06	1,065	
OTHER ADMINISTRATIVE AND GENER	6.06	1,366	

RECLASSIFICATIONS

PROVIDER NO: 150112	PERIOD: FROM 1/1/2007 TO 12/31/2007	PREPARED 5/30/2008 WORKSHEET A-6 NOT A CMS WORKSHEET
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RECLASS CODE: I
EXPLANATION : RECLASS REHAB SERVICES

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
3.00	ADULTS & PEDIATRICS	25	16,758	OTHER ADMINISTRATIVE AND GENER	6.06	16,758	
4.00	SUBPROVIDER	31	50,565	OTHER ADMINISTRATIVE AND GENER	6.06	50,565	
5.00	SUBPROVIDER	31	66,123	OTHER ADMINISTRATIVE AND GENER	6.06	66,123	
6.00	SUBPROVIDER II	31.01	14,540	OTHER ADMINISTRATIVE AND GENER	6.06	14,540	
7.00	PHYSICAL THERAPY	50	26,375	OTHER ADMINISTRATIVE AND GENER	6.06	26,375	
8.00	OCCUPATIONAL THERAPY	51	6,096	OTHER ADMINISTRATIVE AND GENER	6.06	6,096	
9.00	SPEECH PATHOLOGY	52	16,542	OTHER ADMINISTRATIVE AND GENER	6.06	16,542	
10.00	ELECTROENCEPHALOGRAPHY	54	5,592	OTHER ADMINISTRATIVE AND GENER	6.06	5,592	
TOTAL RECLASSIFICATIONS FOR CODE I			205,022				205,022

RECLASS CODE: K
EXPLANATION : RECLASS PENSION EXPENSE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
1.00	OTHER ADMINISTRATIVE AND GENER	6.06	2,669,960	EMPLOYEE BENEFITS	5	2,669,960	
TOTAL RECLASSIFICATIONS FOR CODE K			2,669,960				2,669,960

RECLASS CODE: M
EXPLANATION : RECLASS DEPRECIATION

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
1.00	OLD CAP REL COSTS-MVBLE EQUIP	2	223	OLD CAP REL COSTS-BLDG & FIXT	1	223	
2.00	NEW CAP REL COSTS-BLDG & FIXT	3	2,867,727	OLD CAP REL COSTS-BLDG & FIXT	1	2,867,727	
3.00	NEW CAP REL COSTS-MVBLE EQUIP	4	10,932,263	OLD CAP REL COSTS-BLDG & FIXT	1	10,932,263	
TOTAL RECLASSIFICATIONS FOR CODE M			13,800,213				13,800,213

RECLASS CODE: N
EXPLANATION : RECLASS SERVICE AGREEMENTS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
1.00	OPERATING ROOM	37	111,995	OPERATION OF PLANT	8	111,995	
2.00	ANESTHESIOLOGY	40	5,347	OPERATION OF PLANT	8	5,347	
3.00	RADIOLOGY-DIAGNOSTIC	41	220,229	OPERATION OF PLANT	8	220,229	
4.00	CAT SCAN	41.01	264,742	OPERATION OF PLANT	8	264,742	
5.00	NUCLEAR MEDICINE-DIAGNOSTIC	41.02	88,338	OPERATION OF PLANT	8	88,338	
6.00	MAGNETIC RESONANCE IMAGING(MRI)	41.03	149,498	OPERATION OF PLANT	8	149,498	
7.00	ULTRA SOUND	41.04	58,973	OPERATION OF PLANT	8	58,973	
8.00	MAMMOGRAPHY	41.05	46,140	OPERATION OF PLANT	8	46,140	
9.00	RADIOLOGY-THERAPEUTIC	42	288,649	OPERATION OF PLANT	8	288,649	
10.00	LABORATORY	44	66,527	OPERATION OF PLANT	8	66,527	
11.00	RESPIRATORY THERAPY	49	15,118	OPERATION OF PLANT	8	15,118	
12.00	ELECTROCARDIOLOGY	53	86,090	OPERATION OF PLANT	8	86,090	
13.00	CARDIAC CATHERIZATION LABORATO	59	178,380	OPERATION OF PLANT	8	178,380	
TOTAL RECLASSIFICATIONS FOR CODE N			1,580,026				1,580,026

RECLASS CODE: P
EXPLANATION : RECLASS BLDG DEPR

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	67,673	OLD CAP REL COSTS-BLDG & FIXT	1	67,673	
TOTAL RECLASSIFICATIONS FOR CODE P			67,673				67,673

RECLASS CODE: R
EXPLANATION : RECLASS SOCIAL SERVICES

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
1.00	PHYSICAL THERAPY	50	45,666	SOCIAL SERVICE	18	45,666	
TOTAL RECLASSIFICATIONS FOR CODE R			45,666				45,666

RECLASS CODE: S
EXPLANATION : RECLASS NONALLOWABLE MARKETING

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
1.00	NONALLOWABLE MARKETING	100.05	1,025,200	OTHER ADMINISTRATIVE AND GENER	6.06	1,025,200	
TOTAL RECLASSIFICATIONS FOR CODE S			1,025,200				1,025,200

RECLASS CODE: T
EXPLANATION : RECLASS EQUIPMENT RENTALS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	120,404	PURCHASING RECEIVING AND STORE	6.03	120,404	

RECLASSIFICATIONS

PROVIDER NO: 150112	PERIOD: FROM 1/ 1/2007 TO 12/31/2007	PREPARED 5/30/2008 WORKSHEET A-6 NOT A CMS WORKSHEET
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RECLASS CODE: T
EXPLANATION : RECLASS EQUIPMENT RENTALS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
2.00	MEDICAL SUPPLIES CHARGED TO PA	55	975	CENTRAL SERVICES & SUPPLY	15	975	
3.00	MEDICAL SUPPLIES CHARGED TO PA	55	29,058	ADULTS & PEDIATRICS	25	29,058	
4.00	MEDICAL SUPPLIES CHARGED TO PA	55	3,380	INTENSIVE CARE UNIT	26	3,380	
5.00	MEDICAL SUPPLIES CHARGED TO PA	55	1,932	CORONARY CARE UNIT	27	1,932	
6.00	MEDICAL SUPPLIES CHARGED TO PA	55	7,438	SUBPROVIDER	31	7,438	
7.00	MEDICAL SUPPLIES CHARGED TO PA	55	22,651	RESPIRATORY THERAPY	49	22,651	
TOTAL RECLASSIFICATIONS FOR CODE T			185,838				185,838

RECLASS CODE: U
EXPLANATION : RECLASS CHAREABLE SUPPLY COSTS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	5,456	CENTRAL SERVICES & SUPPLY	15	5,456	
2.00	MEDICAL SUPPLIES CHARGED TO PA	55	289,928	ADULTS & PEDIATRICS	25	289,928	
3.00	MEDICAL SUPPLIES CHARGED TO PA	55	52,098	INTENSIVE CARE UNIT	26	52,098	
4.00	MEDICAL SUPPLIES CHARGED TO PA	55	62,717	CORONARY CARE UNIT	27	62,717	
5.00	MEDICAL SUPPLIES CHARGED TO PA	55	9,543	SUBPROVIDER	31	9,543	
6.00	MEDICAL SUPPLIES CHARGED TO PA	55	4,283	NURSERY	33	4,283	
7.00	MEDICAL SUPPLIES CHARGED TO PA	55	9,739,751	OPERATING ROOM	37	9,739,751	
8.00	MEDICAL SUPPLIES CHARGED TO PA	55	32,671	RECOVERY ROOM	38	32,671	
9.00	MEDICAL SUPPLIES CHARGED TO PA	55	99,724	ANESTHESIOLOGY	40	99,724	
10.00	MEDICAL SUPPLIES CHARGED TO PA	55	292,024	RADIOLOGY-DIAGNOSTIC	41	292,024	
11.00	MEDICAL SUPPLIES CHARGED TO PA	55	132,727	CAT SCAN	41.01	132,727	
12.00	MEDICAL SUPPLIES CHARGED TO PA	55	84,071	NUCLEAR MEDICINE-DIAGNOSTIC	41.02	84,071	
13.00	MEDICAL SUPPLIES CHARGED TO PA	55	85,355	MAGNETIC RESONANCE IMAGING(MRI	41.03	85,355	
15.00	MEDICAL SUPPLIES CHARGED TO PA	55	4,383	RADIOLOGY-THERAPEUTIC	42	4,383	
16.00	MEDICAL SUPPLIES CHARGED TO PA	55	37,044	RESPIRATORY THERAPY	49	37,044	
17.00	MEDICAL SUPPLIES CHARGED TO PA	55	34,587	PHYSICAL THERAPY	50	34,587	
18.00	MEDICAL SUPPLIES CHARGED TO PA	55	3,144	SPEECH PATHOLOGY	52	3,144	
21.00	MEDICAL SUPPLIES CHARGED TO PA	55	3,823,811	CARDIAC CATHETERIZATION LABORATO	59	3,823,811	
22.00	MEDICAL SUPPLIES CHARGED TO PA	55	5,405	CLINIC	60	5,405	
23.00	MEDICAL SUPPLIES CHARGED TO PA	55	2,683	DIABETES CENTER	60.01	2,683	
24.00	MEDICAL SUPPLIES CHARGED TO PA	55	213,385	EMERGENCY	61	213,385	
25.00	MEDICAL SUPPLIES CHARGED TO PA	55	7,599	AMBULANCE SERVICES	65	7,599	
26.00	SPEECH - HEARING AIDS	100.04	151,854	SPEECH PATHOLOGY	52	151,854	
TOTAL RECLASSIFICATIONS FOR CODE U			15,174,243				15,174,243

RECLASS CODE: V
EXPLANATION : RECLASS EMERG ADMIN

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PARAMED ED PRGM-(SPECIFY)	24	4,227	EMERGENCY	61	4,227	
2.00	RESPIRATORY THERAPY	49	19,302	EMERGENCY	61	19,302	
3.00	AMBULANCE SERVICES	65	22,929	EMERGENCY	61	22,929	
TOTAL RECLASSIFICATIONS FOR CODE V			46,458				46,458

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	400,435					400,435	
2 LAND IMPROVEMENTS	8,112,580				9,230	8,103,350	
3 BUILDINGS & FIXTURE	35,131,219				209,464	34,921,755	
4 BUILDING IMPROVEMEN	38,765,554				5,430	38,760,124	
5 FIXED EQUIPMENT	1,093,383				473	1,092,910	
6 MOVABLE EQUIPMENT	6,141,727				62,939	6,078,788	
7 SUBTOTAL	89,644,898				287,536	89,357,362	
8 RECONCILING ITEMS							
9 TOTAL	89,644,898				287,536	89,357,362	

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	1,003,600	150,200		150,200		1,153,800	
2 LAND IMPROVEMENTS	1,586,802	22,017		22,017		1,608,819	
3 BUILDINGS & FIXTURE	12,489,071	1,309,357		1,309,357	193,229	13,605,199	
4 BUILDING IMPROVEMEN	25,285,851	8,357,412		8,357,412	48,536	33,594,727	
5 FIXED EQUIPMENT	1,596,110	548,939		548,939	31,827	2,113,222	
6 MOVABLE EQUIPMENT	99,015,101	9,886,151		9,886,151	4,168,409	104,732,843	
7 SUBTOTAL	140,976,535	20,274,076		20,274,076	4,442,001	156,808,610	
8 RECONCILING ITEMS							
9 TOTAL	140,976,535	20,274,076		20,274,076	4,442,001	156,808,610	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

*	DESCRIPTION	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL	
		GROSS ASSETS	CAPITIALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES		OTHER CAPITAL RELATED COSTS
		1	2	3	4	5	6	7	8
1	OLD CAP REL COSTS-BL	83,278,574		83,278,574	.341743	52,984			52,984
2	OLD CAP REL COSTS-MV	6,078,788		6,078,788	.024945	3,867			3,867
3	NEW CAP REL COSTS-BL	50,707,768		50,707,768	.208085	32,262			32,262
4	NEW CAP REL COSTS-MV	103,622,491		103,622,491	.425227	65,928			65,928
5	TOTAL	243,687,621		243,687,621	1.000000	155,041			155,041

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						TOTAL (1)
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL	2,747,007		1,119,617	52,984			3,919,608
2	OLD CAP REL COSTS-MV	223		92,902	3,867			96,992
3	NEW CAP REL COSTS-BL	2,480,011		181,157	32,262			2,693,430
4	NEW CAP REL COSTS-MV	10,291,684		-63,792	65,928			10,293,820
5	TOTAL	15,518,925		1,329,884	155,041			17,003,850

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

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						TOTAL (1)
		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	
		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL	16,983,956						16,983,956
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV							
5	TOTAL	16,983,956						16,983,956

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

ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	(2)		EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			WKST. A-7 REF. 5
	BASIS/CODE	AMOUNT	COST CENTER	LINE NO		
1	B	-864,037	OLD CAP REL COSTS-BLDG &	1		11
2	B	-71,759	OLD CAP REL COSTS-MVBLE E	2		11
3	B	-139,857	NEW CAP REL COSTS-BLDG &	3		11
4	B	-388,963	NEW CAP REL COSTS-MVBLE E	4		11
5						
6	B	-25,543	OTHER ADMINISTRATIVE AND	6.06		
7	B	-2,734	PURCHASING RECEIVING AND	6.03		
8						
9	A	-102,592	NONPATIENT TELEPHONES	6.01		
10	A	-5,758	OPERATION OF PLANT	8		
11	B	-335	OPERATION OF PLANT	8		
12	A-8-2	-1,454,491				
13						
14	A-8-1	-283,277				
15						
16	B	-815,008	CAFETERIA	12		
17						
18						
19						
20	B	-3,253	MEDICAL RECORDS & LIBRARY	17		
21						
22	B	-471	HOUSEKEEPING	10		
23						
24						
25	A-8-3/A-8-4		RESPIRATORY THERAPY	49		
26	A-8-3/A-8-4		PHYSICAL THERAPY	50		
27	A-8-3					
28			**COST CENTER DELETED**	89		
29			OLD CAP REL COSTS-BLDG &	1		
30			OLD CAP REL COSTS-MVBLE E	2		
31			NEW CAP REL COSTS-BLDG &	3		
32			NEW CAP REL COSTS-MVBLE E	4		
33			**COST CENTER DELETED**	20		
34						
35	A-8-4		OCCUPATIONAL THERAPY	51		
36	A-8-4		SPEECH PATHOLOGY	52		
37	B	-6,619	NONPATIENT TELEPHONES	6.01		
38	A	-12,059	NEW CAP REL COSTS-MVBLE E	4		9
39	A	-14,884	NEW CAP REL COSTS-MVBLE E	4		9
40	A	-456,271	CAFETERIA	12		
41	A	-151,055	DIETARY	11		
42	B	-46,344	NURSING ADMINISTRATION	14		
43	B	-1,075	SOCIAL SERVICE	18		
44	B	-1,875	SPEECH PATHOLOGY	52		
45	B	-10,366	EMPLOYEE BENEFITS	5		
46	B	-58,007	EMPLOYEE BENEFITS	5		
47	B	-1,205,492	AMBULANCE SERVICES	65		
48	B	-8,594	PARAMED ED PRGM-(SPECIFY)	24		
49	B	-2,000	OTHER ADMINISTRATIVE AND	6.06		
49.01	B	-2,370	ADMITTING	6.04		
49.02	B	-616	LABORATORY-PATHOLOGICAL	44.01		
49.03	B	-1,890	LABORATORY	44		
49.04	B	-103	CLINIC	60		
49.05	B	-21,753	SUBPROVIDER II	31.01		
49.06	B	-30,711	XRAY EDUCATION	24.01		
49.07	B	-66,596	OTHER ADMINISTRATIVE AND	6.06		
49.08	B	-18,439	RADIOLOGY-DIAGNOSTIC	41		
49.09	B	-500	MEDICAL RECORDS & LIBRARY	17		
49.10	B	-5,305	MEDICAL RECORDS & LIBRARY	17		
49.11	B	-871	ADULTS & PEDIATRICS	25		
49.12	B	-3,250	OTHER ADMINISTRATIVE AND	6.06		
49.13	B	-27,156	DATA PROCESSING	6.02		
49.14	B	2,208	CASHIERING/ACCOUNTS RECEI	6.05		
49.15	B	-16,179	OPERATION OF PLANT	8		
49.16	B	-35,042	PHARMACY	16		
49.17	B	-8,864	EMPLOYEE BENEFITS	5		
49.18	B	-6,105	ADULTS & PEDIATRICS	25		
49.19	B	2,023	OPERATION OF PLANT	8		
49.20	A	-111,235	NEW CAP REL COSTS-BLDG &	3		9
49.21	A	-1,147	NEW CAP REL COSTS-MVBLE E	4		9
49.22	A	81,948	OTHER ADMINISTRATIVE AND	6.06		
49.23	A	133,546	OLD CAP REL COSTS-BLDG &	1		9
49.24	A	10,921	OLD CAP REL COSTS-BLDG &	1		9
49.25	A	-187,057	OTHER ADMINISTRATIVE AND	6.06		
49.26	A	-38,883	PHYSICAL THERAPY	50		
49.27	A	-22,962	NEW CAP REL COSTS-BLDG &	3		9
49.28	A	-367,037	OLD CAP REL COSTS-BLDG &	1		9
49.29	A	-462,356	NEW CAP REL COSTS-BLDG &	3		9
49.30	A	-606,578	NEW CAP REL COSTS-MVBLE E	4		9
49.31	A	33,174	OLD CAP REL COSTS-BLDG &	1		9
49.32	A	380	NEW CAP REL COSTS-BLDG &	3		9
49.33	A	-5,911	NEW CAP REL COSTS-MVBLE E	4		9
49.34	A	-250,423	NEW CAP REL COSTS-MVBLE E	4		11
49.35	A	-317,418	NEW CAP REL COSTS-MVBLE E	4		11
49.36	A	-7,416	OTHER ADMINISTRATIVE AND	6.06		
49.37						
49.38						
49.39						
50		-8,492,692				

ADJUSTMENTS TO EXPENSES

I PROVIDER NO:
I 15-0112
I

I PERIOD:
I FROM 1/ 1/2007 I PREPARED 5/30/2008
I TO 12/31/2007 I WORKSHEET A-8

DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO 4	WKST. A-7 REF. 5
			COST CENTER 3			
50 TOTAL (SUM OF LINES 1 THRU 49)		-8,492,692				

(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:

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	6	6 OTHER ADMINISTRATIVE AND MANAGEMENT FEE	3,954,991	4,238,268	-283,277	
2						
3						
4						
5		TOTALS	3,954,991	4,238,268	-283,277	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
1	E	J BICKEL	0.00	SI HEALTH MANAGEMENT	0.00	MANAGEMENT COMPANY
2	E	J NASH	0.00	SI HEALTH MANAGEMENT	0.00	MANAGEMENT COMPANY
3	E	T LENTZ	0.00	SI HEALTH MANAGEMENT	0.00	MANAGEMENT COMPANY
4	E	G BRUEGGEMANN	0.00	SI HEALTH MANAGEMENT	0.00	MANAGEMENT COMPANY
5	E	H SCHUMAKER	0.00	SI HEALTH MANAGEMENT	0.00	MANAGEMENT COMPANY
5.01	E	T SOUZA	0.00	SI HEALTH MANAGEMENT	0.00	MANAGEMENT COMPANY
5.02	E	R STEWART	0.00	SI HEALTH MANAGEMENT	0.00	MANAGEMENT COMPANY

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 6	6 OTHER ADMINISTRATIVE AND	778,376	577,563	200,813	171,400	1,870	154,095	7,705
2 25	ADULTS & PEDIATRICS	18,075		18,075	171,400	191	15,739	787
3 26	INTENSIVE CARE UNIT	50,725		50,725	171,400	509	41,944	2,097
4 31	SUBPROVIDER	122,900		122,900	171,400	1,229	101,274	5,064
5 31	1 SUBPROVIDER II	47,100		47,100	142,500	471	32,268	1,613
6 37	OPERATING ROOM	421,950	390,000	31,950	204,100	318	31,204	1,560
7 40	ANESTHESIOLOGY	75,000		75,000	200,300	692	66,638	3,332
8 42	RADIOLOGY-THERAPEUTIC	150,000		150,000	231,100	1,645	182,769	9,138
9 44	1 LABORATORY-PATHOLOGICAL	150,000		150,000	219,500	1,125	118,720	5,936
10 49	RESPIRATORY THERAPY	101,317		101,317	171,400	607	50,019	2,501
11 53	ELECTROCARDIOLOGY	4,425		4,425	171,400	44	3,626	181
12 54	ELECTROENCEPHALOGRAPHY	10,550		10,550	171,400	106	8,735	437
13 59	CARDIAC CATHERIZATION LAB	29,425		29,425	171,400	194	15,986	799
14 60	CLINIC	155,084		155,084	171,400	832	68,560	3,428
15 60	2 NEUROPSYCH	167,702	167,702					
16 61	EMERGENCY	73,600		73,600	171,400	549	45,240	2,262
17 65	AMBULANCE SERVICES	15,000		15,000	171,400	154	12,690	635
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	2,371,229	1,135,265	1,235,964		10,536	949,507	47,475

LINE NO.	WKSHT A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
	10	11	12	13	14	15	16	17	18
1	6	OTHER ADMINISTRATIVE AND					154,095	46,718	624,281
2	25	ADULTS & PEDIATRICS					15,739	2,336	2,336
3	26	INTENSIVE CARE UNIT					41,944	8,781	8,781
4	31	SUBPROVIDER					101,274	21,626	21,626
5	31	1 SUBPROVIDER II					32,268	14,832	14,832
6	37	OPERATING ROOM					31,204	746	390,746
7	40	ANESTHESIOLOGY					66,638	8,362	8,362
8	42	RADIOLOGY-THERAPEUTIC					182,769		
9	44	1 LABORATORY-PATHOLOGICAL					118,720	31,280	31,280
10	49	RESPIRATORY THERAPY					50,019	51,298	51,298
11	53	ELECTROCARDIOLOGY					3,626	799	799
12	54	ELECTROENCEPHALOGRAPHY					8,735	1,815	1,815
13	59	CARDIAC CATHETERIZATION LAB					15,986	13,439	13,439
14	60	CLINIC					68,560	86,524	86,524
15	60	2 NEUROPSYCH							167,702
16	61	EMERGENCY					45,240	28,360	28,360
17	65	AMBULANCE SERVICES					12,690	2,310	2,310
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
101		TOTAL					949,507	319,226	1,454,491

COST ALLOCATION STATISTICS

I PROVIDER NO:
I 15-0112
II PERIOD:
I FROM 1/ 1/2007
I TO 12/31/2007 II PREPARED 5/30/2008
I NOT A CMS WORKSHEET
I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQ FEET	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DEPR OLD	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQ FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	3	DEPR NEW	ENTERED
5	EMPLOYEE BENEFITS	4	GROSS SAL	ENTERED
6.01	NONPATIENT TELEPHONES	6	PHONES	ENTERED
6.02	DATA PROCESSING	7	DP COST	ENTERED
6.03	PURCHASING RECEIVING AND STORES	8	SUP COST	ENTERED
6.04	ADMITTING	9	REVENUE	ENTERED
6.05	CASHIERING/ACCOUNTS RECEIVABLE	9	REVENUE	ENTERED
6.06	OTHER ADMINISTRATIVE AND GENERAL	-10	ACCUM. COST	NOT ENTERED
8	OPERATION OF PLANT	12	SQ FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	13	LDRY LBS	ENTERED
10	HOUSEKEEPING	14	TIME SPT	ENTERED
11	DIETARY	15	MEALS	ENTERED
12	CAFETERIA	16	FTES	ENTERED
14	NURSING ADMINISTRATION	18	NURS HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	19	STER SUP	ENTERED
16	PHARMACY	20	DRG COST	ENTERED
17	MEDICAL RECORDS & LIBRARY	21	TIME SPT	ENTERED
18	SOCIAL SERVICE	22	TIME SPT	ENTERED
24	PARAMED ED PRGM-(SPECIFY)	28	PERCENT	ENTERED
24.01	XRAY EDUCATION	29	PERCENT	ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	NONPATIENT TELEPHONES
	0	1	2	3	4	5	6.01
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &	3,919,608	3,919,608					
003 OLD CAP REL COSTS-MVBLE E	96,992		96,992				
004 NEW CAP REL COSTS-BLDG &	2,693,430			2,693,430			
005 NEW CAP REL COSTS-MVBLE E	10,293,820				10,293,820		
006 EMPLOYEE BENEFITS	20,235,781	75,528	3,914	51,900	91,432	20,458,555	
01 NONPATIENT TELEPHONES	442,472	3,243		2,229	102,021	66,695	616,660
02 DATA PROCESSING	5,898,017	78,520		53,957	530,165	558,600	72,110
03 PURCHASING RECEIVING AND	971,522	65,438		44,967	254,945	244,070	9,524
04 ADMITTING	759,031	11,512	8,699	7,911	84,471	211,075	10,884
05 CASHIERING/ACCOUNTS RECEI	2,110,071	16,461		11,311	122,916	433,850	16,326
06 OTHER ADMINISTRATIVE AND	16,873,486	103,153		70,884	360,929	861,378	56,802
08 OPERATION OF PLANT	5,299,520	1,886,345		1,296,236	436,449	585,443	26,190
09 LAUNDRY & LINEN SERVICE	800,872	20,135		13,836	29,327	32,608	1,361
10 HOUSEKEEPING	1,930,602	27,156		18,661	40,095	482,165	1,701
11 DIETARY	1,268,612	45,451	10,874	31,232	30,236	232,445	4,082
12 CAFETERIA	251,370	38,559		26,496	32,429	249,306	4,422
14 NURSING ADMINISTRATION	2,800,982	10,856		7,460	102,716	769,072	8,163
15 CENTRAL SERVICES & SUPPLY	566,883	41,068		28,221	78,906	116,568	5,102
16 PHARMACY	3,500,103	21,377		14,690	126,025	859,153	11,565
17 MEDICAL RECORDS & LIBRARY	1,568,950	26,873		18,466	151,826	317,018	39,115
18 SOCIAL SERVICE	424,278	6,229		4,280	22,989	126,406	4,762
024 PARAMED ED PRGM-(SPECIFY)	63,680	3,295		2,264	3,948	16,856	340
01 XRAY EDUCATION	97,054	3,443		2,366	8,448	37,059	680
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	13,294,727	380,509		261,474	1,374,348	3,691,481	64,625
027 INTENSIVE CARE UNIT	1,470,705	38,868		26,709	152,910	402,496	6,122
028 CORONARY CARE UNIT	1,495,635	31,886		21,911	148,536	400,971	5,782
029 BURN INTENSIVE CARE UNIT							
031 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	1,602,841	71,191	2,610	48,920	207,803	427,131	9,864
01 SUBPROVIDER II	1,593,328	66,442		45,657	111,892	438,750	11,565
033 NURSERY	602,662	3,752		2,578	11,464	174,431	680
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	7,776,495	208,347		143,169	1,583,161	1,614,360	47,959
039 RECOVERY ROOM	789,715	20,920		14,376	84,834	202,402	5,102
040 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	320,671	766		526	98,705	10,502	4,082
041 RADIOLOGY-DIAGNOSTIC	2,139,398	100,000		68,717	225,557	538,898	22,449
041 01 CAT SCAN	857,612	6,538		4,493	279,943	155,273	2,721
041 02 NUCLEAR MEDICINE-DIAGNOST	1,099,414	13,295		9,136	148,117	98,517	2,721
041 03 MAGNETIC RESONANCE IMAGIN	387,113	10,367		7,124	142,388	67,277	1,020
041 04 ULTRA SOUND	558,554	9,569		6,575	9,328	144,975	3,061
041 05 MAMMOGRAPHY	882,014	3,835		2,635	153,821	180,047	8,163
042 RADIOLOGY-THERAPEUTIC	1,436,760	50,560		34,743	396,725	274,939	5,782
044 LABORATORY	5,420,494	71,905		49,411	994,526	877,374	31,292
044 01 LABORATORY-PATHOLOGICAL	578,289	8,288		5,695	35,596	83,164	3,741
046 WHOLE BLOOD & PACKED RED	1,243,740	3,263		2,242	11,394	87,499	2,381
049 RESPIRATORY THERAPY	1,847,962	25,541		17,551	159,821	482,509	7,483
050 PHYSICAL THERAPY	3,572,089	35,592		24,458	79,451	901,475	8,843
051 OCCUPATIONAL THERAPY	588,178	32,091		22,052	26,768	170,663	7,823
052 SPEECH PATHOLOGY	492,779	12,902		8,866	45,738	143,347	5,102
053 ELECTROCARDIOLOGY	842,467	18,610		12,788	80,424	164,324	8,503
054 ELECTROENCEPHALOGRAPHY	659,448	30,341		20,849	115,389	161,141	5,782
055 MEDICAL SUPPLIES CHARGED	15,208,227						
056 DRUGS CHARGED TO PATIENTS	9,340,932						
057 RENAL DIALYSIS	492,404	5,347		3,675			
059 CARDIAC CATHERIZATION LAB	1,407,040	22,780		15,654	345,440	294,917	10,204
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	476,054	28,173		19,359	69,536	108,068	11,905
01 DIABETES CENTER	168,010	4,807		3,303	10,986	30,245	1,701
060 02 NEUROPSYCH	74,533	3,070		2,109	11,397	18,035	680
061 EMERGENCY	4,266,099	67,928		46,678	207,273	1,122,978	24,149
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	1,420,600	25,450	70,895	17,489	268,759	675,024	3,061
071 HOME HEALTH AGENCY							
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	167,274,125	3,897,575	96,992	2,678,289	10,202,303	20,342,980	607,477
NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP		4,556		3,131			680
100 WELLNESS COMMUNITY	271,200	9,305		6,394	18,356	60,408	3,061
100 01 BUILDING RENTALS	145,407				3,275		
100 02 HOSPICE	67,767						680
100 03 OUTREACH CLINICS	170,012	1,010		694	38,882	24,360	340
100 04 SPEECH - HEARING AIDS	151,854						
100 05 NONALLOWABLE MARKETING	1,025,200						
100 06 CRH FOUNDATION		4,221		2,901	15,701	2,313	
100 07 HEALTHY COMMUNITIES	116,527	2,941		2,021	15,303	28,494	3,061
101 CROSS FOOT ADJUSTMENT							1,361
102 NEGATIVE COST CENTER							
103 TOTAL	169,222,092	3,919,608	96,992	2,693,430	10,293,820	20,458,555	616,660

COST ALLOCATION - GENERAL SERVICE COSTS

 PROVIDER NO: I PERIOD: I PREPARED 5/30/2008
 15-0112 I FROM 1/1/2007 I WORKSHEET B
 I TO 12/31/2007 I PART I

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING RECEIVING AND	RE ADMITTING	CASHIERING/AC COUNTS RECEI	SUBTOTAL	OTHER ADMINIS TRATIVE AND	OPERATION OF PLANT
	6.02	6.03	6.04	6.05	6a.05	6.06	8
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING	7,191,369						
006 03 PURCHASING RECEIVING AND	71,914	1,662,380					
006 04 ADMITTING		9,269	1,102,852				
006 05 CASHIERING/ACCOUNTS RECEI	719,137	5,714		3,435,786			
006 06 OTHER ADMINISTRATIVE AND	215,741	30,898			18,573,271	18,573,271	
008 OPERATION OF PLANT		840			9,531,023	1,175,070	10,706,093
009 LAUNDRY & LINEN SERVICE		115			898,254	110,745	128,360
010 HOUSEKEEPING		34,466			2,534,846	312,519	173,116
011 DIETARY		2,411			1,625,343	200,387	289,744
012 CAFETERIA		2,585			605,167	74,610	245,809
014 NURSING ADMINISTRATION	3,308,029	1,546			7,008,824	864,111	69,205
015 CENTRAL SERVICES & SUPPLY		11,975			848,723	104,638	261,808
016 PHARMACY	431,482	32,584			4,996,979	616,073	136,278
017 MEDICAL RECORDS & LIBRARY	719,137	5,858			2,847,243	351,034	171,311
018 SOCIAL SERVICE					588,944	72,610	39,710
024 PARAMED ED PRGM-(SPECIFY)					90,392	11,144	21,004
024 01 XRAY EDUCATION		14			149,064	18,378	21,947
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS		265,184	108,832	339,087	19,780,267	2,438,618	2,425,718
026 INTENSIVE CARE UNIT		26,803	10,488	32,677	2,167,778	267,263	247,778
027 CORONARY CARE UNIT		24,057	11,362	35,402	2,175,542	268,220	203,268
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER		20,314	11,776	36,689	2,439,139	300,719	453,835
031 01 SUBPROVIDER II		8,399	14,984	46,687	2,337,704	288,213	423,561
033 NURSERY		48	5,309	16,541	817,465	100,784	23,916
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM		140,624	128,408	400,078	12,042,601	1,484,720	1,328,196
038 RECOVERY ROOM		8,056	10,920	34,023	1,170,348	144,291	133,365
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY		9,905	9,757	30,400	485,314	59,834	4,882
041 RADIOLOGY-DIAGNOSTIC		12,461	32,411	100,984	3,240,875	399,564	637,495
041 01 CAT SCAN		5,168	48,573	151,338	1,511,659	186,371	41,679
041 02 NUCLEAR MEDICINE-DIAGNOST		2,323	14,833	46,216	1,434,572	176,867	84,753
041 03 MAGNETIC RESONANCE IMAGIN		324	27,265	84,948	727,826	89,733	66,088
041 04 ULTRA SOUND		1,475	11,007	34,293	778,837	96,022	61,001
041 05 MAMMOGRAPHY		2,978	7,342	22,876	1,263,711	155,802	24,450
042 RADIOLOGY-THERAPEUTIC		1,239	22,447	69,936	2,293,131	282,718	322,316
044 LABORATORY	1,725,929	128,289	125,117	389,826	9,814,163	1,209,978	458,389
044 01 LABORATORY-PATHOLOGICAL		7,642	9,011	28,076	759,502	93,638	52,837
046 WHOLE BLOOD & PACKED RED		1,190	8,006	24,944	1,384,659	170,713	20,799
049 RESPIRATORY THERAPY		10,087	25,136	78,317	2,654,407	327,259	162,820
050 PHYSICAL THERAPY		20,802	35,560	110,792	4,789,062	590,439	226,897
051 OCCUPATIONAL THERAPY		144	7,683	23,936	879,338	108,413	204,581
052 SPEECH PATHOLOGY		610	4,570	14,239	728,153	89,773	82,251
053 ELECTROCARDIOLOGY		7,124	20,010	62,346	1,216,596	149,993	118,638
054 ELECTROENCEPHALOGRAPHY		2,477	15,879	49,474	1,060,780	130,783	193,423
055 MEDICAL SUPPLIES CHARGED		488,675	118,825	370,222	16,185,949	1,995,549	
056 DRUGS CHARGED TO PATIENTS		190,092	131,925	410,689	10,073,638	1,241,969	
057 RENAL DIALYSIS		163	1,940	6,044	509,573	62,825	34,090
059 CARDIAC CATHERIZATION LAB		8,902	41,019	127,801	2,273,757	280,329	145,221
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC		8,848	4,763	14,839	741,545	91,424	179,598
060 01 DIABETES CENTER		411	568	1,768	221,799	27,345	30,644
060 02 NEUROPSYCH			482	1,501	111,807	13,785	19,568
061 EMERGENCY		94,514	64,134	199,821	6,093,574	751,271	433,037
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS		4,520	11,386	35,474	2,532,658	312,249	162,245
071 AMBULANCE SERVICES							
071 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	7,191,369	1,642,132	1,101,728	3,432,284	166,995,802	18,298,793	10,565,631
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP					8,367	1,032	29,044
100 WELLNESS COMMUNITY		627			369,351	45,537	59,319
100 01 BUILDING RENTALS					148,682	18,331	
100 02 HOSPICE		19,470			87,917	10,839	
100 03 OUTREACH CLINICS			233	725	236,256	29,128	6,441
100 04 SPEECH - HEARING AIDS			891	2,777	155,522	19,174	
100 05 NONALLOWABLE MARKETING					1,027,513	126,681	
100 06 CRH FOUNDATION		144			26,028	3,209	26,911
100 07 HEALTHY COMMUNITIES		7			166,654	20,547	18,747
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	7,191,369	1,662,380	1,102,852	3,435,786	169,222,092	18,573,271	10,706,093

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO:
I 15-0112
II PERIOD:
I FROM 1/ 1/2007
I TO 12/31/2007I PREPARED 5/30/2008
I WORKSHEET B
I PART I

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	9	10	11	12	14	15	16
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING RECEIVING AND							
006 04 ADMITTING							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE	1,137,359						
010 HOUSEKEEPING	50,372	3,070,853					
011 DIETARY	123	6,586	2,122,183				
012 CAFETERIA	133	6,998		932,717			
014 NURSING ADMINISTRATION		9,468		31,895	7,983,503		
015 CENTRAL SERVICES & SUPPLY		20,582		12,068	137,665	1,385,484	
016 PHARMACY		19,347		37,929			5,806,606
017 MEDICAL RECORDS & LIBRARY		20,994		34,481			
018 SOCIAL SERVICE		8,644		6,896	79,837		
024 PARAMED ED PRGM-(SPECIFY)		4,116		862	13,750		
024 01 XRAY EDUCATION		5,351		1,724			
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	531,786	1,219,288	1,421,234	217,238	2,466,509	32,379	10,325
026 INTENSIVE CARE UNIT	19,561	111,967	95,140	20,689	235,607	2,299	3,313
027 CORONARY CARE UNIT	17,528	42,399	85,166	18,103	208,060		305
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	82,102	174,536	244,067	24,999	283,537		462
031 01 SUBPROVIDER II	20,081	133,372	262,355	24,137	279,035		2,007
033 NURSERY	6,584	2,470		7,758	83,919	1,455	30
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	205,262	311,613	7,716	88,789	1,011,584	1,316,315	40,565
038 RECOVERY ROOM	33,221	88,503		10,344	121,603	1,267	1,083
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY				862	9,987		61,523
041 RADIOLOGY-DIAGNOSTIC	65,642	151,484	1,012	29,309		1,502	3,892
041 01 CAT SCAN		9,468		6,896			330
041 02 NUCLEAR MEDICINE-DIAGNOST		18,936		4,310			1,682
041 03 MAGNETIC RESONANCE IMAGIN		14,819		2,586			127
041 04 ULTRA SOUND		13,584		5,172			98
041 05 MAMMOGRAPHY	5,112	38,694		10,344	114,559	845	333
042 RADIOLOGY-THERAPEUTIC	8,845	56,395	849	12,068	139,153		31
044 LABORATORY	407	93,854		62,066		610	63
044 01 LABORATORY-PATHOLOGICAL		10,703		6,034			18
046 WHOLE BLOOD & PACKED RED		4,116		4,310			
049 RESPIRATORY THERAPY		24,287		24,999	290,101	985	1,314
050 PHYSICAL THERAPY	13,785	47,339		42,239	475,625	9,854	3,277
051 OCCUPATIONAL THERAPY		45,692		9,482	107,642		
052 SPEECH PATHOLOGY		13,173		6,034	66,907		
053 ELECTROCARDIOLOGY		22,229		8,620	95,809		4,654
054 ELECTROENCEPHALOGRAPHY		48,985	389	8,620	99,858		12
055 MEDICAL SUPPLIES CHARGED						3,989	252,648
056 DRUGS CHARGED TO PATIENTS							5,398,705
057 RENAL DIALYSIS						235	
059 CARDIAC CATHORIZATION LAB	4,256	30,050	2,412	12,930	146,814	9,620	5,027
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	18,629	46,516	1,843	6,034	72,100	328	659
060 01 DIABETES CENTER				1,724	15,308		
060 02 NEUROPSYCH		1,647		3,448	36,813		
061 EMERGENCY	53,930	188,532		65,514	744,942	3,801	4,885
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
071 AMBULANCE SERVICES				56,894	646,779		9,128
071 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	1,137,359	3,066,737	2,122,183	928,407	7,983,503	1,385,484	5,806,496
096 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP		823		862			
100 WELLNESS COMMUNITY							
100 01 BUILDING RENTALS							
100 02 HOSPICE							110
100 03 OUTREACH CLINICS				862			
100 04 SPEECH - HEARING AIDS							
100 05 NONALLOWABLE MARKETING							
100 06 CRH FOUNDATION		3,293					
100 07 HEALTHY COMMUNITIES				2,586			
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	1,137,359	3,070,853	2,122,183	932,717	7,983,503	1,385,484	5,806,606

COST CENTER DESCRIPTION	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	PARAMED ED GM-(SPECIFY)	PR XRAY N	EDUCATIO	SUBTOTAL	I&R COST POST STEP-DOWN	TOTAL
	17	18	24		24.01	25	26	27
001 GENERAL SERVICE COST CNTR								
002 OLD CAP REL COSTS-BLDG &								
003 OLD CAP REL COSTS-MVBLE E								
004 NEW CAP REL COSTS-BLDG &								
005 NEW CAP REL COSTS-MVBLE E								
006 EMPLOYEE BENEFITS								
006 01 NONPATIENT TELEPHONES								
006 02 DATA PROCESSING								
006 03 PURCHASING RECEIVING AND								
006 04 ADMITTING								
006 05 CASHIERING/ACCOUNTS RECEI								
006 06 OTHER ADMINISTRATIVE AND								
008 OPERATION OF PLANT								
009 LAUNDRY & LINEN SERVICE								
010 HOUSEKEEPING								
011 DIETARY								
012 CAFETERIA								
014 NURSING ADMINISTRATION								
015 CENTRAL SERVICES & SUPPLY								
016 PHARMACY								
017 MEDICAL RECORDS & LIBRARY	3,425,063							
018 SOCIAL SERVICE		796,641						
024 01 PARAMED ED PRGM-(SPECIFY)			141,268					
024 01 XRAY EDUCATION					196,464			
025 INPAT ROUTINE SRVC CNTRS								
025 ADULTS & PEDIATRICS	625,353	292,367				31,461,082		31,461,082
026 INTENSIVE CARE UNIT	31,546	55,765				3,258,706		3,258,706
027 CORONARY CARE UNIT	273,647	11,950				3,304,188		3,304,188
028 BURN INTENSIVE CARE UNIT								
029 SURGICAL INTENSIVE CARE U								
031 SUBPROVIDER	116,355	270,858				4,390,609		4,390,609
031 01 SUBPROVIDER II	204,538	25,493				4,000,496		4,000,496
033 NURSERY						1,044,381		1,044,381
034 SKILLED NURSING FACILITY								
037 ANCILLARY SRVC COST CNTRS								
037 OPERATING ROOM	549,495					18,386,856		18,386,856
038 RECOVERY ROOM						1,704,025		1,704,025
039 DELIVERY ROOM & LABOR ROO								
040 ANESTHESIOLOGY		440				622,842		622,842
041 RADIOLOGY-DIAGNOSTIC	652,940				196,464	5,380,179		5,380,179
041 01 CAT SCAN						1,756,403		1,756,403
041 02 NUCLEAR MEDICINE-DIAGNOST						1,721,120		1,721,120
041 03 MAGNETIC RESONANCE IMAGIN						901,179		901,179
041 04 ULTRA SOUND						954,714		954,714
041 05 MAMMOGRAPHY						1,613,850		1,613,850
042 RADIOLOGY-THERAPEUTIC	11,591	43,815				3,170,912		3,170,912
044 LABORATORY						11,639,530		11,639,530
044 01 LABORATORY-PATHOLOGICAL	157,585					1,080,317		1,080,317
046 WHOLE BLOOD & PACKED RED						1,584,597		1,584,597
049 RESPIRATORY THERAPY						3,486,172		3,486,172
050 PHYSICAL THERAPY	331,751					6,530,268		6,530,268
051 OCCUPATIONAL THERAPY	45,339					1,400,487		1,400,487
052 SPEECH PATHOLOGY	42,258					1,028,549		1,028,549
053 ELECTROCARDIOLOGY						1,616,539		1,616,539
054 ELECTROENCEPHALOGRAPHY	282,597					1,825,447		1,825,447
055 MEDICAL SUPPLIES CHARGED						18,438,135		18,438,135
056 DRUGS CHARGED TO PATIENTS						16,714,312		16,714,312
057 RENAL DIALYSIS						606,723		606,723
059 CARDIAC CATHERIZATION LAB						2,910,416		2,910,416
060 CLINIC	95,520	52,578				1,306,774		1,306,774
060 01 DIABETES CENTER						296,820		296,820
060 02 NEUROPSYCH		39,832				226,900		226,900
061 EMERGENCY	4,108	3,983	141,268			8,488,845		8,488,845
062 OBSERVATION BEDS (NON-DIS								
065 OTHER REIMBURS COST CNTRS								
071 AMBULANCE SERVICES						3,719,953		3,719,953
095 HOME HEALTH AGENCY								
095 SPEC PURPOSE COST CENTERS								
095 SUBTOTALS	3,425,063	796,641	141,268		196,464	166,572,326		166,572,326
096 NONREIMBURS COST CENTERS								
100 GIFT, FLOWER, COFFEE SHOP						38,443		38,443
100 WELLNESS COMMUNITY						475,892		475,892
100 01 BUILDING RENTALS						167,013		167,013
100 02 HOSPICE						98,866		98,866
100 03 OUTREACH CLINICS						272,687		272,687
100 04 SPEECH - HEARING AIDS						174,696		174,696
100 05 NONALLOWABLE MARKETING						1,154,194		1,154,194
100 06 CRH FOUNDATION						59,441		59,441
100 07 HEALTHY COMMUNITIES						208,534		208,534
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	3,425,063	796,641	141,268		196,464	169,222,092		169,222,092

COST CENTER DESCRIPTION	DIR ASSIGNED OLD CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENE FITS
	0	1	2	3	4	4a	5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS	4,200	75,528	3,914			83,642	83,642
006 01 NONPATIENT TELEPHONES		3,243				3,243	273
006 02 DATA PROCESSING		78,520				78,520	2,284
006 03 PURCHASING RECEIVING AND		65,438				65,438	998
006 04 ADMITTING		11,512	8,699			20,211	863
006 05 CASHIERING/ACCOUNTS RECEI		16,461				16,461	1,774
006 06 OTHER ADMINISTRATIVE AND		103,153				103,153	3,523
008 OPERATION OF PLANT		1,886,345				1,886,345	2,394
009 LAUNDRY & LINEN SERVICE		20,135				20,135	133
010 HOUSEKEEPING		27,156				27,156	1,972
011 DIETARY		45,451	10,874			56,325	951
012 CAFETERIA		38,559				38,559	1,020
014 NURSING ADMINISTRATION		10,856				10,856	3,145
015 CENTRAL SERVICES & SUPPLY		41,068				41,068	477
016 PHARMACY		21,377				21,377	3,514
017 MEDICAL RECORDS & LIBRARY		26,873				26,873	1,296
018 SOCIAL SERVICE		6,229				6,229	517
024 PARAMED ED PRGM-(SPECIFY)		3,295				3,295	69
024 01 XRAY EDUCATION		3,443				3,443	152
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS		380,509				380,509	15,071
027 INTENSIVE CARE UNIT		38,868				38,868	1,646
028 CORONARY CARE UNIT		31,886				31,886	1,640
029 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER		71,191	2,610			73,801	1,747
031 01 SUBPROVIDER II		66,442				66,442	1,794
033 NURSERY		3,752				3,752	713
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		208,347				208,347	6,602
038 RECOVERY ROOM		20,920				20,920	828
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY		766				766	43
041 RADIOLOGY-DIAGNOSTIC		100,000				100,000	2,204
041 01 CAT SCAN		6,538				6,538	635
041 02 NUCLEAR MEDICINE-DIAGNOST		13,295				13,295	403
041 03 MAGNETIC RESONANCE IMAGIN		10,367				10,367	275
041 04 ULTRA SOUND		9,569				9,569	593
041 05 MAMMOGRAPHY		3,835				3,835	736
042 RADIOLOGY-THERAPEUTIC		50,560				50,560	1,124
044 LABORATORY		71,905				71,905	3,588
044 01 LABORATORY-PATHOLOGICAL		8,288				8,288	340
046 WHOLE BLOOD & PACKED RED		3,263				3,263	358
049 RESPIRATORY THERAPY		25,541				25,541	1,973
050 PHYSICAL THERAPY		35,592				35,592	3,687
051 OCCUPATIONAL THERAPY		32,091				32,091	698
052 SPEECH PATHOLOGY		12,902				12,902	586
053 ELECTROCARDIOLOGY		18,610				18,610	672
054 ELECTROENCEPHALOGRAPHY		30,341				30,341	659
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS		5,347				5,347	
059 CARDIAC CATHERIZATION LAB		22,780				22,780	1,206
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC		28,173				28,173	442
060 01 DIABETES CENTER		4,807				4,807	124
060 02 NEUROPSYCH		3,070				3,070	74
061 EMERGENCY		67,928				67,928	4,592
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES		25,450	70,895			96,345	2,761
071 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	4,200	3,897,575	96,992			3,998,767	83,169
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		4,556				4,556	
100 WELLNESS COMMUNITY		9,305				9,305	247
100 01 BUILDING RENTALS							
100 02 HOSPICE							
100 03 OUTREACH CLINICS		1,010				1,010	100
100 04 SPEECH - HEARING AIDS							
100 05 NONALLOWABLE MARKETING							9
100 06 CRH FOUNDATION		4,221				4,221	
100 07 HEALTHY COMMUNITIES		2,941				2,941	117
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	4,200	3,919,608	96,992			4,020,800	83,642

COST CENTER DESCRIPTION	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND	OPERATION OF PLANT
	6.01	6.02	6.03	6.04	6.05	6.06	8
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES	3,516						
006 02 DATA PROCESSING	412	81,216					
006 03 PURCHASING RECEIVING AND	54	812	67,302				
006 04 ADMITTING	62		375	21,511			
006 05 CASHIERING/ACCOUNTS RECEI	93	8,122	231		26,681		
006 06 OTHER ADMINISTRATIVE AND	324	2,436	1,251			110,687	
008 OPERATION OF PLANT	149		34			7,005	1,895,927
009 LAUNDRY & LINEN SERVICE	8		5			660	22,731
010 HOUSEKEEPING	10		1,395			1,863	30,657
011 DIETARY	23		98			1,195	51,310
012 CAFETERIA	25		105			445	43,530
014 NURSING ADMINISTRATION	47	37,359	63			5,151	12,256
015 CENTRAL SERVICES & SUPPLY	29		485			624	46,363
016 PHARMACY	66	4,873	1,319			3,673	24,133
017 MEDICAL RECORDS & LIBRARY	223	8,122	237			2,093	30,337
018 SOCIAL SERVICE	27					433	7,032
024 PARAMED ED PRGM-(SPECIFY)	2					66	3,720
024 01 XRAY EDUCATION	4		1			110	3,887
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	368		10,736	2,133	2,623	14,501	429,567
026 INTENSIVE CARE UNIT	35		1,085	206	253	1,593	43,879
027 CORONARY CARE UNIT	33		974	223	274	1,599	35,996
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	56		822	231	284	1,793	80,369
031 01 SUBPROVIDER II	66		340	294	361	1,718	75,008
033 NURSERY	4		2	104	128	601	4,235
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	273		5,693	2,517	3,095	8,851	235,208
038 RECOVERY ROOM	29		326	214	263	860	23,617
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	23		401	191	235	357	864
041 RADIOLOGY-DIAGNOSTIC	128		504	635	781	2,382	112,893
041 01 CAT SCAN	16		209	952	1,171	1,111	7,381
041 02 NUCLEAR MEDICINE-DIAGNOST	16		94	291	357	1,054	15,009
041 03 MAGNETIC RESONANCE IMAGIN	6		13	534	657	535	11,703
041 04 ULTRA SOUND	17		60	216	265	572	10,803
041 05 MAMMOGRAPHY	47		121	144	177	929	4,330
042 RADIOLOGY-THERAPEUTIC	33		50	440	541	1,685	57,079
044 LABORATORY	178	19,492	5,194	2,452	3,015	7,213	81,175
044 01 LABORATORY-PATHOLOGICAL	21		309	177	217	558	9,357
046 WHOLE BLOOD & PACKED RED	14		48	157	193	1,018	3,683
049 RESPIRATORY THERAPY	43		408	493	606	1,951	28,833
050 PHYSICAL THERAPY	50		842	697	857	3,520	40,181
051 OCCUPATIONAL THERAPY	45		6	151	185	646	36,229
052 SPEECH PATHOLOGY	29		25	90	110	535	14,566
053 ELECTROCARDIOLOGY	48		288	392	482	894	21,009
054 ELECTROENCEPHALOGRAPHY	33		100	311	383	780	34,253
055 MEDICAL SUPPLIES CHARGED			19,787	2,329	2,864	11,897	
056 DRUGS CHARGED TO PATIENTS			7,696	2,480	3,280	7,404	
057 RENAL DIALYSIS			7	38	47	375	6,037
059 CARDIAC CATHERIZATION LAB	58		360	804	989	1,671	25,717
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	68		358	93	115	545	31,805
060 01 DIABETES CENTER	10		17	11	14	163	5,427
060 02 NEUROPSYCH	4			9	12	82	3,465
061 EMERGENCY	138		3,826	1,257	1,546	4,479	76,686
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	17		183	223	274	1,862	28,732
071 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	3,464	81,216	66,483	21,489	26,654	109,052	1,871,052
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	4					6	5,143
100 WELLNESS COMMUNITY	17		25			271	10,505
100 01 BUILDING RENTALS						109	
100 02 HOSPICE	4		788			65	
100 03 OUTREACH CLINICS	2					174	1,141
100 04 SPEECH - HEARING AIDS				5	6	114	
100 05 NONALLOWABLE MARKETING				17	21	755	
100 06 CRH FOUNDATION	17		6			19	4,766
100 07 HEALTHY COMMUNITIES	8					122	3,320
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	3,516	81,216	67,302	21,511	26,681	110,687	1,895,927

ALLOCATION OF OLD CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2008
 I 15-0112 I FROM 1/ 1/2007 I WORKSHEET B
 I I TO 12/31/2007 I PART II

COST CENTER DESCRIPTION	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY
	9	10	11	12	14	15	16
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING RECEIVING AND							
006 04 ADMITTING							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE	43,672						
010 HOUSEKEEPING	1,934	64,987					
011 DIETARY	5	139	110,046				
012 CAFETERIA	5	148		83,837			
014 NURSING ADMINISTRATION		200		2,867	71,944		
015 CENTRAL SERVICES & SUPPLY		436		1,085	1,241	91,808	
016 PHARMACY		409		3,409			62,773
017 MEDICAL RECORDS & LIBRARY		444		3,099			
018 SOCIAL SERVICE		183		620	719		
024 PARAMED ED PRGM-(SPECIFY)		87		77	124		
024 01 XRAY EDUCATION		113		155			
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	20,418	25,806	73,699	19,529	22,228	2,146	112
026 INTENSIVE CARE UNIT	751	2,369	4,934	1,860	2,123	152	36
027 CORONARY CARE UNIT	673	897	4,416	1,627	1,875		3
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	3,153	3,694	12,656	2,247	2,555		5
031 01 SUBPROVIDER II	771	2,822	13,604	2,170	2,515		22
033 NURSERY	253	52		697	756	96	
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	7,882	6,595	400	7,981	9,116	87,225	439
038 RECOVERY ROOM	1,276	1,873		930	1,096	84	12
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	2,521	3,206	52	77	90		665
041 01 CAT SCAN		200		2,634		100	42
041 02 NUCLEAR MEDICINE-DIAGNOST		401		620			4
041 03 MAGNETIC RESONANCE IMAGIN		314		387			18
041 04 ULTRA SOUND		287		232			1
041 05 MAMMOGRAPHY	196	819		465			1
042 RADIOLOGY-THERAPEUTIC	340	1,193	44	930	1,032	56	4
044 LABORATORY	16	1,986		1,085	1,254		
044 01 LABORATORY-PATHOLOGICAL		226		5,579		40	1
046 WHOLE BLOOD & PACKED RED		87		542			
049 RESPIRATORY THERAPY		514		387			
050 PHYSICAL THERAPY	529	1,002		2,247	2,614	65	14
051 OCCUPATIONAL THERAPY		967		3,797	4,286	653	35
052 SPEECH PATHOLOGY		279		852	970		
053 ELECTROCARDIOLOGY		470		542	603		
054 ELECTROENCEPHALOGRAPHY		1,037	20	775	863		50
055 MEDICAL SUPPLIES CHARGED				775	900		
056 DRUGS CHARGED TO PATIENTS						264	2,731
057 RENAL DIALYSIS						16	58,364
059 CARDIAC CATHERIZATION LAB	163	636	125	1,162	1,323	637	54
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	715	984	96	542	650	22	7
060 01 DIABETES CENTER				155	138		
060 02 NEUROPSYCH		35		310	332		
061 EMERGENCY	2,071	3,990		5,889	6,713	252	53
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
071 AMBULANCE SERVICES				5,114	5,828		99
071 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	43,672	64,900	110,046	83,451	71,944	91,808	62,772
096 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP							
100 WELLNESS COMMUNITY		17		77			
100 01 BUILDING RENTALS							
100 02 HOSPICE							1
100 03 OUTREACH CLINICS				77			
100 04 SPEECH - HEARING AIDS							
100 05 NONALLOWABLE MARKETING							
100 06 CRH FOUNDATION		70					
100 07 HEALTHY COMMUNITIES				232			
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	43,672	64,987	110,046	83,837	71,944	91,808	62,773

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: I 15-0112 I
 I PERIOD: I FROM 1/ 1/2007 I TO 12/31/2007 I
 PREPARED 5/30/2008 WORKSHEET B PART II

COST CENTER DESCRIPTION	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE		SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	17	18		25	26	27
GENERAL SERVICE COST CNTR						
001 OLD CAP REL COSTS-BLDG &						
002 OLD CAP REL COSTS-MVBLE E						
003 NEW CAP REL COSTS-BLDG &						
004 NEW CAP REL COSTS-MVBLE E						
005 EMPLOYEE BENEFITS						
006 01 NONPATIENT TELEPHONES						
006 02 DATA PROCESSING						
006 03 PURCHASING RECEIVING AND						
006 04 ADMITTING						
006 05 CASHIERING/ACCOUNTS RECEI						
006 06 OTHER ADMINISTRATIVE AND						
008 OPERATION OF PLANT						
009 LAUNDRY & LINEN SERVICE						
010 HOUSEKEEPING						
011 DIETARY						
012 CAFETERIA						
014 NURSING ADMINISTRATION						
015 CENTRAL SERVICES & SUPPLY						
016 PHARMACY						
017 MEDICAL RECORDS & LIBRARY	72,724					
018 SOCIAL SERVICE		15,760				
024 PARAMED ED PRGM-(SPECIFY)			7,440			
024 01 XRAY EDUCATION				7,865		
INPAT ROUTINE SRVC CNTRS						
025 ADULTS & PEDIATRICS	13,278	5,785		1,038,509		1,038,509
026 INTENSIVE CARE UNIT	670	1,103		101,563		101,563
027 CORONARY CARE UNIT	5,810	236		88,162		88,162
028 BURN INTENSIVE CARE UNIT						
029 SURGICAL INTENSIVE CARE U						
031 SUBPROVIDER	2,471	5,358		191,242		191,242
031 01 SUBPROVIDER II	4,343	504		172,774		172,774
033 NURSERY				11,393		11,393
034 SKILLED NURSING FACILITY						
ANCILLARY SRVC COST CNTRS						
037 OPERATING ROOM	11,667			601,891		601,891
038 RECOVERY ROOM				52,328		52,328
039 DELIVERY ROOM & LABOR ROO						
040 ANESTHESIOLOGY		9		3,721		3,721
041 RADIOLOGY-DIAGNOSTIC	13,865			241,947		241,947
041 01 CAT SCAN				18,837		18,837
041 02 NUCLEAR MEDICINE-DIAGNOST				31,325		31,325
041 03 MAGNETIC RESONANCE IMAGIN				24,637		24,637
041 04 ULTRA SOUND				22,848		22,848
041 05 MAMMOGRAPHY				13,356		13,356
042 RADIOLOGY-THERAPEUTIC	246	867		116,541		116,541
044 LABORATORY				201,834		201,834
044 01 LABORATORY-PATHOLOGICAL	3,346			23,381		23,381
046 WHOLE BLOOD & PACKED RED				9,208		9,208
049 RESPIRATORY THERAPY				65,302		65,302
050 PHYSICAL THERAPY	7,044			102,772		102,772
051 OCCUPATIONAL THERAPY	963			73,803		73,803
052 SPEECH PATHOLOGY	897			31,164		31,164
053 ELECTROCARDIOLOGY				44,553		44,553
054 ELECTROENCEPHALOGRAPHY	6,000			75,592		75,592
055 MEDICAL SUPPLIES CHARGED				39,872		39,872
056 DRUGS CHARGED TO PATIENTS				79,224		79,224
057 RENAL DIALYSIS				11,867		11,867
059 CARDIAC CATHERIZATION LAB				57,685		57,685
OUTPAT SERVICE COST CNTRS						
060 CLINIC	2,028	1,040		67,683		67,683
060 01 DIABETES CENTER				10,866		10,866
060 02 NEUROPSYCH		788		8,181		8,181
061 EMERGENCY	87	79		179,586		179,586
062 OBSERVATION BEDS (NON-DIS						
OTHER REIMBURS COST CNTRS						
065 AMBULANCE SERVICES				141,438		141,438
071 HOME HEALTH AGENCY						
SPEC PURPOSE COST CENTERS						
095 SUBTOTALS	72,724	15,760		3,955,085		3,955,085
NONREIMBURS COST CENTERS						
096 GIFT, FLOWER, COFFEE SHOP				9,709		9,709
100 WELLNESS COMMUNITY				20,464		20,464
100 01 BUILDING RENTALS				109		109
100 02 HOSPICE				858		858
100 03 OUTREACH CLINICS				2,515		2,515
100 04 SPEECH - HEARING AIDS				152		152
100 05 NONALLOWABLE MARKETING				764		764
100 06 CRH FOUNDATION				9,099		9,099
100 07 HEALTHY COMMUNITIES				6,740		6,740
101 CROSS FOOT ADJUSTMENTS			7,440	7,865		15,305
102 NEGATIVE COST CENTER						
103 TOTAL	72,724	15,760	7,440	7,865	4,020,800	4,020,800

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2008
 I 15-0112 I FROM 1/ 1/2007 I WORKSHEET B
 I I TO 12/31/2007 I PART III

COST CENTER DESCRIPTION	DIR ASSGNED NEW CAPITAL REL COSTS	OLD CAP REL OSTS-BLDG &	OLD CAP REL OSTS-MVBLE E	NEW CAP REL OSTS-BLDG &	NEW CAP REL OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENE FITS
	0	1	2	3	4	4a	5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS	31,089			51,900	91,432	174,421	174,421
006 01 NONPATIENT TELEPHONES	2,920			2,229	102,021	107,170	569
006 02 DATA PROCESSING	131,265			53,957	530,165	715,387	4,762
006 03 PURCHASING RECEIVING AND	123,718			44,967	254,945	423,630	2,081
006 04 ADMITTING	43			7,911	84,471	92,425	1,799
006 05 CASHIERING/ACCOUNTS RECEI	6,264			11,311	122,916	140,491	3,699
006 06 OTHER ADMINISTRATIVE AND	169,212			70,884	360,929	601,025	7,343
008 OPERATION OF PLANT	13,160			1,296,236	436,449	1,745,845	4,991
009 LAUNDRY & LINEN SERVICE	300			13,836	29,327	43,463	278
010 HOUSEKEEPING	3,278			18,661	40,095	62,034	4,110
011 DIETARY	1,001			31,232	30,236	62,469	1,982
012 CAFETERIA	1,074			26,496	32,429	59,999	2,125
014 NURSING ADMINISTRATION	2,084			7,460	102,716	112,260	6,556
015 CENTRAL SERVICES & SUPPLY	1,752			28,221	78,906	108,879	994
016 PHARMACY	2,651			14,690	126,025	143,366	7,324
017 MEDICAL RECORDS & LIBRARY	1,190			18,466	151,826	171,482	2,703
018 SOCIAL SERVICE	754			4,280	22,989	28,023	1,078
024 PARAMED ED PRGM-(SPECIFY)	1,473			2,264	3,948	7,685	144
024 01 XRAY EDUCATION	695			2,366	8,448	11,509	316
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	46,549			261,474	1,374,348	1,682,371	31,480
026 INTENSIVE CARE UNIT	3,950			26,709	152,910	183,569	3,431
027 CORONARY CARE UNIT	2,671			21,911	148,536	173,118	3,418
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	9,945			48,920	207,803	266,668	3,641
031 01 SUBPROVIDER II	6,102			45,657	111,892	163,651	3,740
033 NURSERY	614			2,578	11,464	14,656	1,487
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	93,268			143,169	1,583,161	1,819,598	13,762
038 RECOVERY ROOM	930			14,376	84,834	100,140	1,725
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	78			526	98,705	99,309	90
041 RADIOLOGY-DIAGNOSTIC	3,948			68,717	225,557	298,222	4,594
041 01 CAT SCAN	1,981			4,493	279,943	286,417	1,324
041 02 NUCLEAR MEDICINE-DIAGNOST	204			9,136	148,117	157,457	840
041 03 MAGNETIC RESONANCE IMAGIN	135			7,124	142,388	149,647	574
041 04 ULTRA SOUND	1,253			6,575	9,328	17,156	1,236
041 05 MAMMOGRAPHY	138,993			2,635	153,821	295,449	1,535
042 RADIOLOGY-THERAPEUTIC	39,206			34,743	396,725	470,674	2,344
044 LABORATORY	27,633			49,411	994,526	1,071,570	7,480
044 01 LABORATORY-PATHOLOGICAL	2,822			5,695	35,596	44,113	709
046 WHOLE BLOOD & PACKED RED	43			2,242	11,394	13,679	746
049 RESPIRATORY THERAPY	41,836			17,551	159,821	219,208	4,113
050 PHYSICAL THERAPY	261,894			24,458	79,451	365,803	7,685
051 OCCUPATIONAL THERAPY	1,575			22,052	26,768	50,395	1,455
052 SPEECH PATHOLOGY	559			8,866	45,738	55,163	1,222
053 ELECTROCARDIOLOGY	2,980			12,788	80,424	96,192	1,401
054 ELECTROENCEPHALOGRAPHY	5,422			20,849	115,389	141,660	1,374
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS				3,675		3,675	
059 CARDIAC CATHERIZATION LAB	3,438			15,654	345,440	364,532	2,514
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	109			19,359	69,536	89,004	921
060 01 DIABETES CENTER	86			3,303	10,986	14,375	258
060 02 NEUROPSYCH	121			2,109	11,397	13,627	154
061 EMERGENCY	13,368			46,678	207,273	267,319	9,573
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	91,282			17,489	268,759	377,530	5,755
071 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	1,296,918			2,678,289	10,202,303	14,177,510	173,435
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				3,131		3,131	
100 WELLNESS COMMUNITY	2,184			6,394	18,356	26,934	515
100 01 BUILDING RENTALS	71,473				3,275	74,748	
100 02 HOSPICE	750					750	
100 03 OUTREACH CLINICS	27,102			694	38,882	66,678	208
100 04 SPEECH - HEARING AIDS							
100 05 NONALLOWABLE MARKETING							20
100 06 CRH FOUNDATION	43			2,901	15,701	18,645	
100 07 HEALTHY COMMUNITIES				2,021	15,303	17,324	243
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	1,398,470			2,693,430	10,293,820	14,385,720	174,421

COST CENTER DESCRIPTION	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND	ADMITTING	CASHIERING/AC COUNTS RECEI	OTHER ADMINISTRATIVE AND	OPERATION OF PLANT
	6.01	6.02	6.03	6.04	6.05	6.06	8
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES	107,739						
006 02 DATA PROCESSING	12,601	732,750					
006 03 PURCHASING RECEIVING AND	1,664	7,328	434,703				
006 04 ADMITTING	1,902		2,424	98,550			
006 05 CASHIERING/ACCOUNTS RECEI	2,852	73,275	1,494		221,811		
006 06 OTHER ADMINISTRATIVE AND	9,924	21,983	8,080			648,355	
008 OPERATION OF PLANT	4,576		220			41,022	1,796,654
009 LAUNDRY & LINEN SERVICE	238		30			3,866	21,541
010 HOUSEKEEPING	297		9,013			10,910	29,052
011 DIETARY	713		630			6,995	48,624
012 CAFETERIA	773		676			2,605	41,251
014 NURSING ADMINISTRATION	1,426	337,064	404			30,166	11,614
015 CENTRAL SERVICES & SUPPLY	891		3,131			3,653	43,936
016 PHARMACY	2,020	43,965	8,520			21,507	22,870
017 MEDICAL RECORDS & LIBRARY	6,834	73,275	1,532			12,255	28,749
018 SOCIAL SERVICE	832					2,535	6,664
024 PARAMED ED PRGM-(SPECIFY)	59		2			389	3,525
024 01 XRAY EDUCATION	119		4			642	3,683
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	11,291		69,344	9,722	21,892	85,095	407,071
026 INTENSIVE CARE UNIT	1,070		7,009	937	2,110	9,330	41,581
027 CORONARY CARE UNIT	1,010		6,291	1,015	2,286	9,364	34,112
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	1,723		5,312	1,052	2,369	10,498	76,161
031 01 SUBPROVIDER II	2,020		2,196	1,339	3,014	10,061	71,080
033 NURSERY	119		13	474	1,068	3,518	4,014
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	8,379		36,772	11,471	25,830	51,831	222,893
038 RECOVERY ROOM	891		2,107	976	2,197	5,037	22,381
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	713		2,590	872	1,963	2,089	819
041 RADIOLOGY-DIAGNOSTIC	3,922		3,259	2,895	6,520	13,949	106,982
041 01 CAT SCAN	475		1,351	4,339	9,771	6,506	6,994
041 02 NUCLEAR MEDICINE-DIAGNOST	475		607	1,325	2,984	6,174	14,223
041 03 MAGNETIC RESONANCE IMAGIN	178		85	2,436	5,484	3,133	11,091
041 04 ULTRA SOUND	535		386	983	2,214	3,352	10,237
041 05 MAMMOGRAPHY	1,426		779	656	1,477	5,439	4,103
042 RADIOLOGY-THERAPEUTIC	1,010		324	2,005	4,515	9,870	54,090
044 LABORATORY	5,467	175,860	33,547	11,177	25,168	42,240	76,925
044 01 LABORATORY-PATHOLOGICAL	654		1,998	805	1,813	3,269	8,867
046 WHOLE BLOOD & PACKED RED	416		311	715	1,610	5,960	3,490
049 RESPIRATORY THERAPY	1,307		2,638	2,245	5,056	11,425	27,324
050 PHYSICAL THERAPY	1,545		5,440	3,177	7,153	20,612	38,077
051 OCCUPATIONAL THERAPY	1,367		38	686	1,545	3,785	34,332
052 SPEECH PATHOLOGY	891		160	408	919	3,134	13,803
053 ELECTROCARDIOLOGY	1,486		1,863	1,788	4,025	5,236	19,909
054 ELECTROENCEPHALOGRAPHY	1,010		648	1,418	3,194	4,566	32,459
055 MEDICAL SUPPLIES CHARGED			127,783	10,615	23,903	69,664	
056 DRUGS CHARGED TO PATIENTS			49,708	11,816	26,504	43,357	
057 RENAL DIALYSIS			43	173	390	2,193	5,721
059 CARDIAC CATHERIZATION LAB	1,783		2,328	3,664	8,251	9,786	24,370
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC	2,080		2,314	425	958	3,192	30,139
060 01 DIABETES CENTER	297		107	51	114	955	5,143
060 02 NEUROPSYCH	119			43	97	481	3,284
061 EMERGENCY	4,219		24,715	5,729	12,901	26,227	72,671
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	535		1,182	1,017	2,290	10,901	27,227
071 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	106,134	732,750	429,408	98,449	221,585	638,774	1,773,082
096 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP	119					36	4,874
100 WELLNESS COMMUNITY	535		164			1,590	9,955
100 01 BUILDING RENTALS						640	
100 02 HOSPICE	119		5,091			378	
100 03 OUTREACH CLINICS	59			21	47	1,017	1,081
100 04 SPEECH - HEARING AIDS				80	179	669	
100 05 NONALLOWABLE MARKETING						4,422	
100 06 CRH FOUNDATION	535		38			112	4,516
100 07 HEALTHY COMMUNITIES	238		2			717	3,146
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	107,739	732,750	434,703	98,550	221,811	648,355	1,796,654

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2008
 I 15-0112 I FROM 1/ 1/2007 I WORKSHEET B
 I I TO 12/31/2007 I PART III

COST CENTER DESCRIPTION	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY
	9	10	11	12	14	15	16
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING RECEIVING AND							
006 04 ADMITTING							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE	69,416						
010 HOUSEKEEPING	3,074	118,490					
011 DIETARY	8	254	121,675				
012 CAFETERIA	8	270		107,707			
014 NURSING ADMINISTRATION		365		3,683	503,538		
015 CENTRAL SERVICES & SUPPLY		794		1,394	8,683	172,355	
016 PHARMACY		747		4,380			254,699
017 MEDICAL RECORDS & LIBRARY		810		3,982			
018 SOCIAL SERVICE		334		796	5,035		
024 PARAMED ED PRGM-(SPECIFY)		159		100	867		
024 01 XRAY EDUCATION		206		199			
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	32,454	47,046	81,486	25,082	155,569	4,028	453
026 INTENSIVE CARE UNIT	1,194	4,320	5,455	2,389	14,860	286	145
027 CORONARY CARE UNIT	1,070	1,636	4,883	2,090	13,123		13
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	5,011	6,735	13,994	2,887	17,883		20
031 01 SUBPROVIDER II	1,226	5,146	15,042	2,787	17,599		88
033 NURSERY	402	95		896	5,293	181	1
034 SKILLED NURSING FACILITY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	12,528	12,024	442	10,253	63,803	163,749	1,779
038 RECOVERY ROOM	2,028	3,415		1,195	7,670	158	47
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY				100	630		2,699
041 RADIOLOGY-DIAGNOSTIC	4,006	5,845	58	3,385		187	171
041 01 CAT SCAN		365		796			14
041 02 NUCLEAR MEDICINE-DIAGNOST		731		498			74
041 03 MAGNETIC RESONANCE IMAGIN		572		299			6
041 04 ULTRA SOUND		524		597			4
041 05 MAMMOGRAPHY	312	1,493		1,195	7,225	105	15
042 RADIOLOGY-THERAPEUTIC	540	2,176	49	1,394	8,777		1
044 LABORATORY	25	3,621		7,167		76	3
044 01 LABORATORY-PATHOLOGICAL		413		697			1
046 WHOLE BLOOD & PACKED RED		159		498			
049 RESPIRATORY THERAPY		937		2,887	18,297	123	58
050 PHYSICAL THERAPY	841	1,827		4,878	29,999	1,226	144
051 OCCUPATIONAL THERAPY		1,763		1,095	6,789		
052 SPEECH PATHOLOGY		508		697	4,220		
053 ELECTROCARDIOLOGY		858		995	6,043		204
054 ELECTROENCEPHALOGRAPHY		1,890	22	995	6,298		1
055 MEDICAL SUPPLIES CHARGED						496	11,082
056 DRUGS CHARGED TO PATIENTS							236,808
057 RENAL DIALYSIS						29	
059 CARDIAC CATHERIZATION LAB	260	1,159	138	1,493	9,260	1,197	220
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC	1,137	1,795	106	697	4,548	41	29
060 02 DIABETES CENTER				199	966		
061 NEUROPSYCH		64		398	2,322		
061 EMERGENCY	3,292	7,275		7,565	46,985	473	214
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
071 AMBULANCE SERVICES				6,570	40,794		400
071 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	69,416	118,331	121,675	107,208	503,538	172,355	254,694
096 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP							
100 WELLNESS COMMUNITY		32		100			
100 01 BUILDING RENTALS							
100 02 HOSPICE							5
100 03 OUTREACH CLINICS				100			
100 04 SPEECH - HEARING AIDS							
100 05 NONALLOWABLE MARKETING							
100 06 CRH FOUNDATION		127					
100 07 HEALTHY COMMUNITIES				299			
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	69,416	118,490	121,675	107,707	503,538	172,355	254,699

COST CENTER DESCRIPTION	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	PARAMED ED GM-(SPECIFY)	PR XRAY EDUCATIO N	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	17	18	24	24.01	25	26	27
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING RECEIVING AND							
006 04 ADMITTING							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATIVE AND							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	301,622						
018 SOCIAL SERVICE		45,297					
024 PARAMED ED PRGM-(SPECIFY)			12,930				
024 01 XRAY EDUCATION				16,678			
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	55,071	16,624			2,736,079		2,736,079
026 INTENSIVE CARE UNIT	2,778	3,171			283,635		283,635
027 CORONARY CARE UNIT	24,098	679			278,206		278,206
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER	10,247	15,401			439,602		439,602
031 01 SUBPROVIDER II	18,012	1,450			318,451		318,451
033 NURSERY					32,217		32,217
034 SKILLED NURSING FACILITY							
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	48,390				2,503,504		2,503,504
038 RECOVERY ROOM					149,967		149,967
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY		39			111,913		111,913
041 RADIOLOGY-DIAGNOSTIC	57,500				511,495		511,495
041 01 CAT SCAN					318,352		318,352
041 02 NUCLEAR MEDICINE-DIAGNOST					185,388		185,388
041 03 MAGNETIC RESONANCE IMAGIN					173,505		173,505
041 04 ULTRA SOUND					37,224		37,224
041 05 MAMMOGRAPHY					321,209		321,209
042 RADIOLOGY-THERAPEUTIC	1,021	2,491			561,281		561,281
044 LABORATORY					1,460,326		1,460,326
044 01 LABORATORY-PATHOLOGICAL	13,877				77,216		77,216
046 WHOLE BLOOD & PACKED RED					27,584		27,584
049 RESPIRATORY THERAPY					295,618		295,618
050 PHYSICAL THERAPY	29,215				517,622		517,622
051 OCCUPATIONAL THERAPY	3,993				107,243		107,243
052 SPEECH PATHOLOGY	3,721				84,846		84,846
053 ELECTROCARDIOLOGY					140,000		140,000
054 ELECTROENCEPHALOGRAPHY	24,886				220,421		220,421
055 MEDICAL SUPPLIES CHARGED					243,543		243,543
056 DRUGS CHARGED TO PATIENTS					368,193		368,193
057 RENAL DIALYSIS					12,224		12,224
059 CARDIAC CATHERIZATION LAB					430,955		430,955
OUTPAT SERVICE COST CNTRS							
060 CLINIC	8,412	2,990			148,788		148,788
060 01 DIABETES CENTER					22,465		22,465
060 02 NEUROPSYCH		2,265			22,854		22,854
061 EMERGENCY	362	226			489,746		489,746
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES					474,201		474,201
071 HOME HEALTH AGENCY							
SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	301,622	45,297			14,105,873		14,105,873
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP					8,160		8,160
100 WELLNESS COMMUNITY					39,825		39,825
100 01 BUILDING RENTALS					75,388		75,388
100 02 HOSPICE					6,343		6,343
100 03 OUTREACH CLINICS					69,211		69,211
100 04 SPEECH - HEARING AIDS					928		928
100 05 NONALLOWABLE MARKETING					4,442		4,442
100 06 CRH FOUNDATION					23,973		23,973
100 07 HEALTHY COMMUNITIES					21,969		21,969
101 CROSS FOOT ADJUSTMENTS			12,930	16,678	29,608		29,608
102 NEGATIVE COST CENTER							
103 TOTAL	301,622	45,297	12,930	16,678	14,385,720		14,385,720

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2008
 I 15-0112 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	NEW CAP REL	C	EMPLOYEE BENE	NONPATIENT TE
	OSTS-BLDG &		OSTS-MVBLE		OSTS-BLDG &		OSTS-MVBLE		FITS	LEPHONES
	(SQ FEET)	(DEPR OLD)	(SQ FEET)	(DEPR NEW)	(GROSS SAL	(PHONES
	1		2		3		4		5	6.01
001 GENERAL SERVICE COST										
002 OLD CAP REL COSTS-BLD	609,106									
003 OLD CAP REL COSTS-MVB			223							
004 NEW CAP REL COSTS-BLD					609,106					
005 NEW CAP REL COSTS-MVB							10,932,268			
005 EMPLOYEE BENEFITS	11,737		9		11,737		97,103		68,021,403	
006 01 NONPATIENT TELEPHONES	504				504		108,349		221,752	1,813
006 02 DATA PROCESSING	12,202				12,202		563,047		1,857,258	212
006 03 PURCHASING RECEIVING	10,169				10,169		270,757		811,493	28
006 04 ADMITTING	1,789		20		1,789		89,710		701,790	32
006 05 CASHIERING/ACCOUNTS R	2,558				2,558		130,539		1,442,485	48
006 06 OTHER ADMINISTRATIVE	16,030				16,030		383,315		2,863,947	167
008 OPERATION OF PLANT	293,138				293,138		463,519		1,946,505	77
009 LAUNDRY & LINEN SERVI	3,129				3,129		31,146		108,415	4
010 HOUSEKEEPING	4,220				4,220		42,582		1,603,122	5
011 DIETARY	7,063		25		7,063		32,111		772,842	12
012 CAFETERIA	5,992				5,992		34,440		828,904	13
014 NURSING ADMINISTRATIO	1,687				1,687		109,087		2,557,046	24
015 CENTRAL SERVICES & SU	6,382				6,382		83,800		387,572	15
016 PHARMACY	3,322				3,322		133,841		2,856,551	34
017 MEDICAL RECORDS & LIB	4,176				4,176		161,243		1,054,035	115
018 SOCIAL SERVICE	968				968		24,415		420,280	14
024 PARAMED ED PRGM-(SPEC	512				512		4,193		56,044	1
024 01 XRAY EDUCATION	535				535		8,972		123,215	2
025 INPAT ROUTINE SRVC CN										
025 ADULTS & PEDIATRICS	59,131				59,131		1,459,588		12,273,506	190
026 INTENSIVE CARE UNIT	6,040				6,040		162,394		1,338,238	18
027 CORONARY CARE UNIT	4,955				4,955		157,749		1,333,166	17
028 BURN INTENSIVE CARE U										
029 SURGICAL INTENSIVE CA										
031 SUBPROVIDER	11,063		6		11,063		220,691		1,420,144	29
031 01 SUBPROVIDER II	10,325				10,325		118,832		1,458,775	34
033 NURSERY	583				583		12,175		579,955	2
034 SKILLED NURSING FACIL										
037 ANCILLARY SRVC COST C										
037 OPERATING ROOM	32,377				32,377		1,681,351		5,367,494	141
038 RECOVERY ROOM	3,251				3,251		90,096		672,954	15
039 DELIVERY ROOM & LABOR										
040 ANESTHESIOLOGY	119				119		104,827		34,917	12
041 RADIOLOGY-DIAGNOSTIC	15,540				15,540		239,547		1,791,752	66
041 01 CAT SCAN	1,016				1,016		297,306		516,257	8
041 02 NUCLEAR MEDICINE-DIAG	2,066				2,066		157,303		327,552	8
041 03 MAGNETIC RESONANCE IM	1,611				1,611		151,219		223,684	3
041 04 ULTRA SOUND	1,487				1,487		9,907		482,019	9
041 05 MAMMOGRAPHY	596				596		163,361		598,627	24
042 RADIOLOGY-THERAPEUTIC	7,857				7,857		421,331		914,130	17
044 LABORATORY	11,174				11,174		1,056,209		2,917,131	92
044 01 LABORATORY-PATHOLOGIC	1,288				1,288		37,804		276,507	11
046 WHOLE BLOOD & PACKED	507				507		12,101		290,922	7
049 RESPIRATORY THERAPY	3,969				3,969		169,733		1,604,266	22
050 PHYSICAL THERAPY	5,531				5,531		84,379		2,997,262	26
051 OCCUPATIONAL THERAPY	4,987				4,987		28,428		567,429	23
052 SPEECH PATHOLOGY	2,005				2,005		48,575		476,607	15
053 ELECTROCARDIOLOGY	2,892				2,892		85,412		546,353	25
054 ELECTROENCEPHALOGRAPH	4,715				4,715		122,546		535,770	17
055 MEDICAL SUPPLIES CHAR										
056 DRUGS CHARGED TO PATI										
057 RENAL DIALYSIS	831				831					
059 CARDIAC CATHETERIZATION	3,540				3,540		366,865		980,553	30
060 OUTPAT SERVICE COST C										
060 CLINIC	4,378				4,378		73,849		359,310	35
060 01 DIABETES CENTER	747				747		11,667		100,559	5
060 02 NEUROPSYCH	477				477		12,104		59,962	2
061 EMERGENCY	10,556				10,556		220,129		3,733,728	71
062 OBSERVATION BEDS (NON										
065 OTHER REIMBURS COST C										
065 AMBULANCE SERVICES	3,955		163		3,955		285,428		2,244,350	9
071 HOME HEALTH AGENCY										
095 SPEC PURPOSE COST CEN										
095 SUBTOTALS	605,682		223		605,682		10,835,075		67,637,135	1,786
096 NONREIMBURS COST CENT										
096 GIFT, FLOWER, COFFEE	708				708					2
100 WELLNESS COMMUNITY	1,446				1,446		19,494		200,847	9
100 01 BUILDING RENTALS							3,478			
100 02 HOSPICE										2
100 03 OUTREACH CLINICS	157				157		41,294		80,993	1
100 04 SPEECH - HEARING AIDS										
100 05 NONALLOWABLE MARKETIN									7,690	
100 06 CRH FOUNDATION	656				656		16,675			9
100 07 HEALTHY COMMUNITIES	457				457		16,252		94,738	4
101 CROSS FOOT ADJUSTMENT										
102 NEGATIVE COST CENTER										
103 COST TO BE ALLOCATED	3,919,608		96,992		2,693,430		10,293,820		20,458,555	616,660
(WRKSHT B, PART I)										
104 UNIT COST MULTIPLIER	6.435018				4.421940				.300766	
(WRKSHT B, PT I)										
105 COST TO BE ALLOCATED			434.941704				.941600		83,642	340.132377
(WRKSHT B, PART II)										3,516
106 UNIT COST MULTIPLIER									.001230	
(WRKSHT B, PT II)										
107 COST TO BE ALLOCATED									174,421	1.939327
(WRKSHT B, PART III)										107,739

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2008
 I 15-0112 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	NEW CAP REL C	EMPLOYEE BENE	NONPATIENT TE
	OSTS-BLDG & (SQ FEET	OSTS-MVBLE E (DEPR OLD)	OSTS-BLDG & (SQ FEET)	OSTS-MVBLE E (DEPR NEW)	FITS (GROSS SAL)	LEPHONES (PHONES)
	1	2	3	4	5	6.01
108 NONREIMBURS COST CENT UNIT COST MULTIPLIER (WRKSHT B, PT III)					.002564	59.425814

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2008
 I 15-0112 I FROM 1/1/2007 I WORKSHEET B-1
 I I TO 12/31/2007 I

	COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING RECEIVING AND	ADMITTING	CASHIERING/AC COUNTS RECEI	OTHER ADMINIS TRATIVE AND	OPERATION OF PLANT	
		(DP COST)	(SUP COST)	(REVENUE)	(REVENUE)	RECONCIL- IATION)	(ACCUM. COST)	(SQ FEET)
		6.02	6.03	6.04	6.05	6a.06	6.06	8
001	GENERAL SERVICE COST							
002	OLD CAP REL COSTS-BLD							
003	OLD CAP REL COSTS-MVB							
004	NEW CAP REL COSTS-BLD							
005	NEW CAP REL COSTS-MVB							
006	EMPLOYEE BENEFITS							
006	01 NONPATIENT TELEPHONES							
006	02 DATA PROCESSING	100						
006	03 PURCHASING RECEIVING	1	3,771,375					
006	04 ADMITTING		21,028	354,339,881				
006	05 CASHIERING/ACCOUNTS R	10	12,964		354,339,881			
006	06 OTHER ADMINISTRATIVE	3	70,096			-18,573,271	150,648,821	
008	OPERATION OF PLANT		1,905				9,531,023	260,979
009	LAUNDRY & LINEN SERVI		260				898,254	3,129
010	HOUSEKEEPING		78,192				2,534,846	4,220
011	DIETARY		5,469				1,625,343	7,063
012	CAFETERIA		5,865				605,167	5,992
014	NURSING ADMINISTRATIO	46	3,507				7,008,824	1,687
015	CENTRAL SERVICES & SU		27,167				848,723	6,382
016	PHARMACY	6	73,921				4,996,979	3,322
017	MEDICAL RECORDS & LIB	10	13,289				2,847,243	4,176
018	SOCIAL SERVICE						588,944	968
024	PARAMED ED PRGM-(SPEC		20				90,392	512
024	01 XRAY EDUCATION		32				149,064	535
025	INPAT ROUTINE SRVC CN							
025	ADULTS & PEDIATRICS		601,611	34,971,828	34,971,828		19,780,267	59,131
026	INTENSIVE CARE UNIT		60,808	3,370,129	3,370,129		2,167,778	6,040
027	CORONARY CARE UNIT		54,578	3,651,160	3,651,160		2,175,542	4,955
028	BURN INTENSIVE CARE U							
029	SURGICAL INTENSIVE CA							
031	SUBPROVIDER		46,086	3,783,955	3,783,955		2,439,139	11,063
031	01 SUBPROVIDER II		19,054	4,815,064	4,815,064		2,337,704	10,325
033	NURSERY		110	1,705,981	1,705,981		817,465	583
034	SKILLED NURSING FACIL							
034	ANCILLARY SRVC COST C							
037	OPERATING ROOM		319,027	41,262,148	41,262,148		12,042,601	32,377
038	RECOVERY ROOM		18,277	3,508,996	3,508,996		1,170,348	3,251
039	DELIVERY ROOM & LABOR							
040	ANESTHESIOLOGY		22,471	3,135,265	3,135,265		485,314	119
041	RADIOLOGY-DIAGNOSTIC		28,270	10,414,975	10,414,975		3,240,875	15,540
041	01 CAT SCAN		11,724	15,608,270	15,608,270		1,511,659	1,016
041	02 NUCLEAR MEDICINE-DIAG		5,269	4,766,461	4,766,461		1,434,572	2,066
041	03 MAGNETIC RESONANCE IM		736	8,761,180	8,761,180		727,826	1,611
041	04 ULTRA SOUND		3,346	3,536,828	3,536,828		778,837	1,487
041	05 MAMMOGRAPHY		6,756	2,359,317	2,359,317		1,263,711	596
042	RADIOLOGY-THERAPEUTIC		2,812	7,212,906	7,212,906		2,293,131	7,857
044	LABORATORY	24	291,045	40,204,796	40,204,796		9,814,163	11,174
044	01 LABORATORY-PATHOLOGIC		17,336	2,895,649	2,895,649		759,502	1,288
046	WHOLE BLOOD & PACKED		2,699	2,572,556	2,572,556		1,384,659	507
049	RESPIRATORY THERAPY		22,885	8,077,224	8,077,224		2,654,407	3,969
050	PHYSICAL THERAPY		47,193	11,426,578	11,426,578		4,789,062	5,531
051	OCCUPATIONAL THERAPY		327	2,468,672	2,468,672		879,338	4,987
052	SPEECH PATHOLOGY		1,384	1,468,513	1,468,513		728,153	2,005
053	ELECTROCARDIOLOGY		16,161	6,430,074	6,430,074		1,216,596	2,892
054	ELECTROENCEPHALOGRAPH		5,619	5,102,497	5,102,497		1,060,780	4,715
055	MEDICAL SUPPLIES CHAR		1,108,639	38,182,941	38,182,941		16,185,949	
056	DRUGS CHARGED TO PATI		431,255	42,345,859	42,345,859		10,073,638	
057	RENAL DIALYSIS		370	623,300	623,300		509,573	831
059	CARDIAC CATHERIZATION		20,196	13,180,778	13,180,778		2,273,757	3,540
060	OUTPAT SERVICE COST C							
060	01 CLINIC		20,072	1,530,433	1,530,433		741,545	4,378
060	01 DIABETES CENTER		932	182,393	182,393		221,799	747
060	02 NEUROPSYCH			154,820	154,820		111,807	477
061	EMERGENCY		214,421	20,608,560	20,608,560		6,093,574	10,556
062	OBSERVATION BEDS (NON							
062	OTHER REIMBURS COST C							
065	AMBULANCE SERVICES		10,255	3,658,593	3,658,593		2,532,658	3,955
071	HOME HEALTH AGENCY							
071	SPEC PURPOSE COST CEN							
095	SUBTOTALS	100	3,725,439	353,978,699	353,978,699	-18,573,271	148,422,531	257,555
096	NONREIMBURS COST CENT							
096	GIFT, FLOWER, COFFEE						8,367	708
100	WELLNESS COMMUNITY		1,423				369,351	1,446
100	01 BUILDING RENTALS						148,682	
100	02 HOSPICE		44,170				87,917	
100	03 OUTREACH CLINICS			74,772	74,772		236,256	157
100	04 SPEECH - HEARING AIDS			286,410	286,410		155,522	
100	05 NONALLOWABLE MARKETIN						1,027,513	
100	06 CRH FOUNDATION		326				26,028	656
100	07 HEALTHY COMMUNITIES		17				166,654	457
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED	7,191,369	1,662,380	1,102,852	3,435,786		18,573,271	10,706,093
104	(WRKSHT B, PART I)							
104	UNIT COST MULTIPLIER		.440789		.009696		.123289	
104	(WRKSHT B, PT I)	71,913.690000		.003112				41.022814
105	COST TO BE ALLOCATED	81,216	67,302	21,511	26,681		110,687	1,895,927
105	(WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER		.017845		.000075		.000735	
106	(WRKSHT B, PT II)	812.160000		.000061				7.264673
107	COST TO BE ALLOCATED	732,750	434,703	98,550	221,811		648,355	1,796,654
107	(WRKSHT B, PART III)							

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2008
 I 15-0112 I FROM 1/ 1/2007 I WORKSHEET B-1
 I I TO 12/31/2007 I

COST CENTER DESCRIPTION	DATA PROCESSI	PURCHASING	RE ADMITTING	CASHIERING/AC	RECONCIL-	OTHER ADMINIS	OPERATION OF
	NG	CEIVING AND		COUNTS RECEI		TRATIVE AND	PLANT
	(DP COST	(SUP COST	(REVENUE	(REVENUE	IATION	(ACCUM.	(SQ FEET
)))))	COST)
	6.02	6.03	6.04	6.05	6a.06	6.06	8
108 NONREIMBURS COST CENT UNIT COST MULTIPLIER (WRKSHT B, PT III)	7,327.500000	.115264	.000278	.000626		.004304	6.884286

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2008
 I 15-0112 I FROM 1/ 1/2007 I WORKSHEET B-1
 I I TO 12/31/2007 I

COST CENTER DESCRIPTION	LAUNDRY & LIN HOUSEKEEPING SERVICE		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	(LDRY LBS	(TIME SPT	(MEALS	(FTES	(NURS HRS	(STER SUP	(DRG COST
	9	10	11	12	14	15	16
001 GENERAL SERVICE COST							
002 OLD CAP REL COSTS-BLD							
003 OLD CAP REL COSTS-MVB							
004 NEW CAP REL COSTS-BLD							
005 NEW CAP REL COSTS-MVB							
006 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING RECEIVING							
006 04 ADMITTING							
006 05 CASHIERING/ACCOUNTS R							
006 06 OTHER ADMINISTRATIVE							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVI	1,089,673						
010 HOUSEKEEPING	48,260	7,460					
011 DIETARY	118	16	234,880				
012 CAFETERIA	127	17		1,082			
014 NURSING ADMINISTRATIO		23		37	1,695,464		
015 CENTRAL SERVICES & SU		50		14	29,236	29,525	
016 PHARMACY		47		44			9,574,000
017 MEDICAL RECORDS & LIB		51		40			
018 SOCIAL SERVICE		21		8	16,955		
024 PARAMED ED PRGM-(SPEC		10		1	2,920		
024 01 XRAY EDUCATION		13		2			
025 INPAT ROUTINE SRVC CN							
026 ADULTS & PEDIATRICS	509,489	2,962	157,300	252	523,815	690	17,024
027 INTENSIVE CARE UNIT	18,741	272	10,530	24	50,036	49	5,463
028 CORONARY CARE UNIT	16,793	103	9,426	21	44,186		503
028 BURN INTENSIVE CARE U							
029 SURGICAL INTENSIVE CA							
031 SUBPROVIDER	78,660	424	27,013	29	60,215		762
031 01 SUBPROVIDER II	19,239	324	29,037	28	59,259		3,309
033 NURSERY	6,308	6		9	17,822	31	50
034 SKILLED NURSING FACIL							
037 ANCILLARY SRVC COST C							
038 OPERATING ROOM	196,656	757	854	103	214,831	28,051	66,884
039 RECOVERY ROOM	31,828	215		12	25,825	27	1,785
040 DELIVERY ROOM & LABOR							
041 ANESTHESIOLOGY				1	2,121		101,440
041 01 RADIOLOGY-DIAGNOSTIC	62,890	368	112	34		32	6,418
041 02 CAT SCAN		23		8			544
041 03 NUCLEAR MEDICINE-DIAG		46		5			2,773
041 04 MAGNETIC RESONANCE IM		36		3			210
041 05 ULTRA SOUND		33		6			161
041 06 MAMMOGRAPHY	4,898	94		12	24,329	18	549
042 RADIOLOGY-THERAPEUTIC	8,474	137	94	14	29,552		51
044 LABORATORY	390	228		72		13	104
044 01 LABORATORY-PATHOLOGIC		26		7			29
046 WHOLE BLOOD & PACKED		10		5			
049 RESPIRATORY THERAPY		59		29	61,609	21	2,167
050 PHYSICAL THERAPY	13,207	115		49	101,009	210	5,403
051 OCCUPATIONAL THERAPY		111		11	22,860		
052 SPEECH PATHOLOGY		32		7	14,209		
053 ELECTROCARDIOLOGY		54		10	20,347		7,674
054 ELECTROENCEPHALOGRAPH		119	43	10	21,207		19
055 MEDICAL SUPPLIES CHAR						85	416,569
056 DRUGS CHARGED TO PATI							8,901,448
057 RENAL DIALYSIS						5	
059 CARDIAC CATHERIZATION	4,078	73	267	15	31,179	205	8,288
060 OUTPAT SERVICE COST C							
060 01 CLINIC	17,848	113	204	7	15,312	7	1,087
060 02 DIABETES CENTER				2	3,251		
060 03 NEUROPSYCH		4		4	7,818		
061 EMERGENCY	51,669	458		76	158,204	81	8,054
062 OBSERVATION BEDS (NON							
065 OTHER REIMBURS COST C							
071 AMBULANCE SERVICES				66	137,357		15,050
095 HOME HEALTH AGENCY							
095 SPEC PURPOSE COST CEN							
095 SUBTOTALS	1,089,673	7,450	234,880	1,077	1,695,464	29,525	9,573,818
096 NONREIMBURS COST CENT							
100 GIFT, FLOWER, COFFEE							
100 WELLNESS COMMUNITY		2		1			
100 01 BUILDING RENTALS							
100 02 HOSPICE							182
100 03 OUTREACH CLINICS				1			
100 04 SPEECH - HEARING AIDS							
100 05 NONALLOWABLE MARKETIN							
100 06 CRH FOUNDATION		8					
100 07 HEALTHY COMMUNITIES				3			
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	1,137,359	3,070,853	2,122,183	932,717	7,983,503	1,385,484	5,806,606
104 (WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER	1.043762	411.642493	9.035180	862.030499	4.708742	46.925792	.606497
105 (WRKSHT B, PT I)	43,672	64,987	110,046	83,837	71,944	91,808	62,773
105 COST TO BE ALLOCATED							
106 (WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER	.040078	8.711394	.468520	77.483364	.042433	3.109500	.006557
107 (WRKSHT B, PT II)	69,416	118,490	121,675	107,707	503,538	172,355	254,699
107 COST TO BE ALLOCATED							
107 (WRKSHT B, PART III)							

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2008
 I 15-0112 I FROM 1/ 1/2007 I WORKSHEET B-1
 I I TO 12/31/2007 I

COST CENTER DESCRIPTION	LAUNDRY & LIN EN SERVICE		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY
	(LDRY LBS)	(TIME SPT)	(MEALS)	(FTES)	(NURS HRS)	(STER SUP)	(DRG COST)	
	9	10	11	12	14	15	16	
108 NONREIMBURS COST CENT UNIT COST MULTIPLIER (WRKSHT B, PT III)	.063704	15.883378	.518030	99.544362	.296991	5.837595	.026603	

COST CENTER DESCRIPTION	MEDICAL RECOR DS & LIBRARY (TIME SPT)	SOCIAL SERVIC E (TIME SPT)	PARAMED ED GM-(SPECIFY) (PERCENT)	PR XRAY EDUCATIO N (PERCENT)
GENERAL SERVICE COST	17	18	24	24.01
001 OLD CAP REL COSTS-BLD				
002 OLD CAP REL COSTS-MVB				
003 NEW CAP REL COSTS-BLD				
004 NEW CAP REL COSTS-MVB				
005 EMPLOYEE BENEFITS				
006 01 NONPATIENT TELEPHONES				
006 02 DATA PROCESSING				
006 03 PURCHASING RECEIVING				
006 04 ADMITTING				
006 05 CASHIERING/ACCOUNTS R				
006 06 OTHER ADMINISTRATIVE				
008 OPERATION OF PLANT				
009 LAUNDRY & LINEN SERVI				
010 HOUSEKEEPING				
011 DIETARY				
012 CAFETERIA				
014 NURSING ADMINISTRATIO				
015 CENTRAL SERVICES & SU				
016 PHARMACY				
017 MEDICAL RECORDS & LIB	23,343			
018 SOCIAL SERVICE		1,000		
024 PARAMED ED PRGM-(SPEC			100	
024 01 XRAY EDUCATION				100
025 INPAT ROUTINE SRVC CN				
025 ADULTS & PEDIATRICS	4,262	367		
026 INTENSIVE CARE UNIT	215	70		
027 CORONARY CARE UNIT	1,865	15		
028 BURN INTENSIVE CARE U				
029 SURGICAL INTENSIVE CA				
031 SUBPROVIDER	793	340		
031 01 SUBPROVIDER II	1,394	32		
033 NURSERY				
034 SKILLED NURSING FACIL				
037 ANCILLARY SRVC COST C				
037 OPERATING ROOM	3,745			
038 RECOVERY ROOM				
039 DELIVERY ROOM & LABOR				
040 ANESTHESIOLOGY	3			
041 RADIOLOGY-DIAGNOSTIC	4,450			100
041 01 CAT SCAN				
041 02 NUCLEAR MEDICINE-DIAG				
041 03 MAGNETIC RESONANCE IM				
041 04 ULTRA SOUND				
041 05 MAMMOGRAPHY				
042 RADIOLOGY-THERAPEUTIC	79	55		
044 LABORATORY				
044 01 LABORATORY-PATHOLOGIC	1,074			
046 WHOLE BLOOD & PACKED				
049 RESPIRATORY THERAPY				
050 PHYSICAL THERAPY	2,261			
051 OCCUPATIONAL THERAPY	309			
052 SPEECH PATHOLOGY	288			
053 ELECTROCARDIOLOGY				
054 ELECTROENCEPHALOGRAPH	1,926			
055 MEDICAL SUPPLIES CHAR				
056 DRUGS CHARGED TO PATI				
057 RENAL DIALYSIS				
059 CARDIAC CATHERIZATION				
060 OUTPAT SERVICE COST C				
060 CLINIC	651	66		
060 01 DIABETES CENTER				
060 02 NEUROPSYCH		50		
061 EMERGENCY	28	5	100	
062 OBSERVATION BEDS (NON				
062 OTHER REIMBURS COST C				
065 AMBULANCE SERVICES				
071 HOME HEALTH AGENCY				
071 SPEC PURPOSE COST CEN				
095 SUBTOTALS	23,343	1,000	100	100
096 NONREIMBURS COST CENT				
096 GIFT, FLOWER, COFFEE				
100 WELLNESS COMMUNITY				
100 01 BUILDING RENTALS				
100 02 HOSPICE				
100 03 OUTREACH CLINICS				
100 04 SPEECH - HEARING AIDS				
100 05 NONALLOWABLE MARKETIN				
100 06 CRH FOUNDATION				
100 07 HEALTHY COMMUNITIES				
101 CROSS FOOT ADJUSTMENT				
102 NEGATIVE COST CENTER				
103 COST TO BE ALLOCATED	3,425,063	796,641	141,268	196,464
(PER WRKSHT B, PART				
104 UNIT COST MULTIPLIER		796.641000		1,964.640000
(WRKSHT B, PT I)	146,727627		1,412.680000	
105 COST TO BE ALLOCATED	72,724	15,760	7,440	7,865
(PER WRKSHT B, PART				
106 UNIT COST MULTIPLIER		15.760000		78.650000
(WRKSHT B, PT II)	3.115452		74.400000	
107 COST TO BE ALLOCATED	301,622	45,297	12,930	16,678
(PER WRKSHT B, PART				

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2008
 I 15-0112 I FROM 1/ 1/2007 I WORKSHEET B-1
 I I TO 12/31/2007 I

COST CENTER DESCRIPTION	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVICE	PARAMED ED GM-(SPECIFY)	ED PR XRAY EDUCATIO N
	(TIME SPT)	(TIME SPT)	(PERCENT)	(PERCENT)
108 NONREIMBURS COST CENT UNIT COST MULTIPLIER (WRKSHT B, PT III)	17 12.921304	18 45.297000	24 129.300000	24.01 166.780000

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
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	31,461,082		31,461,082	2,336	31,463,418
26	INTENSIVE CARE UNIT	3,258,706		3,258,706	8,781	3,267,487
27	CORONARY CARE UNIT	3,304,188		3,304,188		3,304,188
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
31	SUBPROVIDER	4,390,609		4,390,609	21,626	4,412,235
31	01 SUBPROVIDER II	4,000,496		4,000,496	14,832	4,015,328
33	NURSERY	1,044,381		1,044,381		1,044,381
34	SKILLED NURSING FACILITY ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	18,386,856		18,386,856	746	18,387,602
38	RECOVERY ROOM	1,704,025		1,704,025		1,704,025
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY	622,842		622,842	8,362	631,204
41	RADIOLOGY-DIAGNOSTIC	5,380,179		5,380,179		5,380,179
41	01 CAT SCAN	1,756,403		1,756,403		1,756,403
41	02 NUCLEAR MEDICINE-DIAGNOST	1,721,120		1,721,120		1,721,120
41	03 MAGNETIC RESONANCE IMAGIN	901,179		901,179		901,179
41	04 ULTRA SOUND	954,714		954,714		954,714
41	05 MAMMOGRAPHY	1,613,850		1,613,850		1,613,850
42	RADIOLOGY-THERAPEUTIC	3,170,912		3,170,912		3,170,912
44	LABORATORY	11,639,530		11,639,530		11,639,530
44	01 LABORATORY-PATHOLOGICAL	1,080,317		1,080,317	31,280	1,111,597
46	WHOLE BLOOD & PACKED RED	1,584,597		1,584,597		1,584,597
49	RESPIRATORY THERAPY	3,486,172		3,486,172	51,298	3,537,470
50	PHYSICAL THERAPY	6,530,268		6,530,268		6,530,268
51	OCCUPATIONAL THERAPY	1,400,487		1,400,487		1,400,487
52	SPEECH PATHOLOGY	1,028,549		1,028,549		1,028,549
53	ELECTROCARDIOLOGY	1,616,539		1,616,539	799	1,617,338
54	ELECTROENCEPHALOGRAPHY	1,825,447		1,825,447	1,815	1,827,262
55	MEDICAL SUPPLIES CHARGED	18,438,135		18,438,135		18,438,135
56	DRUGS CHARGED TO PATIENTS	16,714,312		16,714,312		16,714,312
57	RENAL DIALYSIS	606,723		606,723		606,723
59	CARDIAC CATHERIZATION LAB OUTPAT SERVICE COST CNTRS	2,910,416		2,910,416	13,439	2,923,855
60	CLINIC	1,306,774		1,306,774	86,524	1,393,298
60	01 DIABETES CENTER	296,820		296,820		296,820
60	02 NEUROPSYCH	226,900		226,900		226,900
61	EMERGENCY	8,488,845		8,488,845	28,360	8,517,205
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	4,617,478		4,617,478		4,617,478
65	AMBULANCE SERVICES	3,719,953		3,719,953	2,310	3,722,263
101	SUBTOTAL	171,189,804		171,189,804	272,508	171,462,312
102	LESS OBSERVATION BEDS	4,617,478		4,617,478		4,617,478
103	TOTAL	166,572,326		166,572,326	272,508	166,844,834

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
25	INPAT ROUTINE SRVC CNTRS						
26	ADULTS & PEDIATRICS	29,224,489		29,224,489			
27	INTENSIVE CARE UNIT	3,322,682		3,322,682			
28	CORONARY CARE UNIT	3,396,967		3,396,967			
29	BURN INTENSIVE CARE UNIT						
31	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER	3,783,955		3,783,955			
31	01 SUBPROVIDER II	4,815,064		4,815,064			
33	NURSERY	1,703,097		1,703,097			
34	SKILLED NURSING FACILITY						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	16,821,357	24,440,790	41,262,147	.445611	.445611	.445629
38	RECOVERY ROOM	1,473,826	2,035,170	3,508,996	.485616	.485616	.485616
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	1,630,062	1,505,203	3,135,265	.198657	.198657	.201324
41	RADIOLOGY-DIAGNOSTIC	3,132,443	7,282,532	10,414,975	.516581	.516581	.516581
41	01 CAT SCAN	3,305,963	12,302,307	15,608,270	.112530	.112530	.112530
41	02 NUCLEAR MEDICINE-DIAGNOST	615,095	4,151,366	4,766,461	.361090	.361090	.361090
41	03 MAGNETIC RESONANCE IMAGIN	1,984,092	6,777,088	8,761,180	.102860	.102860	.102860
41	04 ULTRA SOUND	621,877	2,914,951	3,536,828	.269935	.269935	.269935
41	05 MAMMOGRAPHY	3,831	2,355,487	2,359,318	.684032	.684032	.684032
42	RADIOLOGY-THERAPEUTIC	227,462	6,985,444	7,212,906	.439616	.439616	.439616
44	LABORATORY	13,913,706	26,291,090	40,204,796	.289506	.289506	.289506
44	01 LABORATORY-PATHOLOGICAL	380,177	2,515,472	2,895,649	.373083	.373083	.383885
46	WHOLE BLOOD & PACKED RED	1,679,441	893,115	2,572,556	.615962	.615962	.615962
49	RESPIRATORY THERAPY	6,603,711	1,473,513	8,077,224	.431605	.431605	.437956
50	PHYSICAL THERAPY	3,040,486	8,386,092	11,426,578	.571498	.571498	.571498
51	OCCUPATIONAL THERAPY	2,008,016	460,656	2,468,672	.567304	.567304	.567304
52	SPEECH PATHOLOGY	665,441	803,072	1,468,513	.700402	.700402	.700402
53	ELECTROCARDIOLOGY	1,964,590	4,465,484	6,430,074	.251403	.251403	.251527
54	ELECTROENCEPHALOGRAPHY	309,251	4,793,246	5,102,497	.357756	.357756	.358111
55	MEDICAL SUPPLIES CHARGED	24,316,348	13,866,593	38,182,941	.482889	.482889	.482889
56	DRUGS CHARGED TO PATIENTS	23,148,290	19,197,569	42,345,859	.394709	.394709	.394709
57	RENAL DIALYSIS	612,558		612,558	.990474	.990474	.990474
59	CARDIAC CATHERIZATION LAB	6,930,711	6,250,068	13,180,779	.220808	.220808	.221827
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	12,709	1,517,724	1,530,433	.853859	.853859	.910395
60	01 DIABETES CENTER	14,753	167,640	182,393	1.627365	1.627365	1.627365
60	02 NEUROPSYCH	13,980	140,840	154,820	1.465573	1.465573	1.465573
61	EMERGENCY	4,079,330	16,529,230	20,608,560	.411909	.411909	.413285
62	OBSERVATION BEDS (NON-DIS		6,062,604	6,062,604	.761633	.761633	.761633
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	11,423	3,647,170	3,658,593	1.016771	1.016771	1.017403
101	SUBTOTAL	165,767,183	188,211,516	353,978,699			
102	LESS OBSERVATION BEDS						
103	TOTAL	165,767,183	188,211,516	353,978,699			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/30/2008
I	15-0112	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
25	INPAT ROUTINE SRVC CNTRS					
	ADULTS & PEDIATRICS	31,461,082		31,461,082	2,336	31,463,418
26	INTENSIVE CARE UNIT	3,258,706		3,258,706	8,781	3,267,487
27	CORONARY CARE UNIT	3,304,188		3,304,188		3,304,188
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
31	SUBPROVIDER	4,390,609		4,390,609	21,626	4,412,235
31	01 SUBPROVIDER II	4,000,496		4,000,496	14,832	4,015,328
33	NURSERY	1,044,381		1,044,381		1,044,381
34	SKILLED NURSING FACILITY					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	18,386,856		18,386,856	746	18,387,602
38	RECOVERY ROOM	1,704,025		1,704,025		1,704,025
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY	622,842		622,842	8,362	631,204
41	RADIOLOGY-DIAGNOSTIC	5,380,179		5,380,179		5,380,179
41	01 CAT SCAN	1,756,403		1,756,403		1,756,403
41	02 NUCLEAR MEDICINE-DIAGNOST	1,721,120		1,721,120		1,721,120
41	03 MAGNETIC RESONANCE IMAGIN	901,179		901,179		901,179
41	04 ULTRA SOUND	954,714		954,714		954,714
41	05 MAMMOGRAPHY	1,613,850		1,613,850		1,613,850
42	RADIOLOGY-THERAPEUTIC	3,170,912		3,170,912		3,170,912
44	LABORATORY	11,639,530		11,639,530		11,639,530
44	01 LABORATORY-PATHOLOGICAL	1,080,317		1,080,317	31,280	1,111,597
46	WHOLE BLOOD & PACKED RED	1,584,597		1,584,597		1,584,597
49	RESPIRATORY THERAPY	3,486,172		3,486,172	51,298	3,537,470
50	PHYSICAL THERAPY	6,530,268		6,530,268		6,530,268
51	OCCUPATIONAL THERAPY	1,400,487		1,400,487		1,400,487
52	SPEECH PATHOLOGY	1,028,549		1,028,549		1,028,549
53	ELECTROCARDIOLOGY	1,616,539		1,616,539	799	1,617,338
54	ELECTROENCEPHALOGRAPHY	1,825,447		1,825,447	1,815	1,827,262
55	MEDICAL SUPPLIES CHARGED	18,438,135		18,438,135		18,438,135
56	DRUGS CHARGED TO PATIENTS	16,714,312		16,714,312		16,714,312
57	RENAL DIALYSIS	606,723		606,723		606,723
59	CARDIAC CATHERIZATION LAB	2,910,416		2,910,416	13,439	2,923,855
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	1,306,774		1,306,774	86,524	1,393,298
60	01 DIABETES CENTER	296,820		296,820		296,820
60	02 NEUROPSYCH	226,900		226,900		226,900
61	EMERGENCY	8,488,845		8,488,845	28,360	8,517,205
62	OBSERVATION BEDS (NON-DIS	4,617,478		4,617,478		4,617,478
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	3,719,953		3,719,953	2,310	3,722,263
101	SUBTOTAL	171,189,804		171,189,804	272,508	171,462,312
102	LESS OBSERVATION BEDS	4,617,478		4,617,478		4,617,478
103	TOTAL	166,572,326		166,572,326	272,508	166,844,834

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	18,386,856	3,105,395	15,281,461			18,386,856
38	RECOVERY ROOM	1,704,025	202,295	1,501,730			1,704,025
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	622,842	115,634	507,208			622,842
41	RADIOLOGY-DIAGNOSTIC	5,380,179	753,442	4,626,737			5,380,179
41	01 CAT SCAN	1,756,403	337,189	1,419,214			1,756,403
41	02 NUCLEAR MEDICINE-DIAGNOST	1,721,120	216,713	1,504,407			1,721,120
41	03 MAGNETIC RESONANCE IMAGIN	901,179	198,142	703,037			901,179
41	04 ULTRA SOUND	954,714	60,072	894,642			954,714
41	05 MAMMOGRAPHY	1,613,850	334,565	1,279,285			1,613,850
42	RADIOLOGY-THERAPEUTIC	3,170,912	677,822	2,493,090			3,170,912
44	LABORATORY	11,639,530	1,662,160	9,977,370			11,639,530
44	01 LABORATORY-PATHOLOGICAL	1,080,317	100,597	979,720			1,080,317
46	WHOLE BLOOD & PACKED RED	1,584,597	36,792	1,547,805			1,584,597
49	RESPIRATORY THERAPY	3,486,172	360,920	3,125,252			3,486,172
50	PHYSICAL THERAPY	6,530,268	620,394	5,909,874			6,530,268
51	OCCUPATIONAL THERAPY	1,400,487	181,046	1,219,441			1,400,487
52	SPEECH PATHOLOGY	1,028,549	116,010	912,539			1,028,549
53	ELECTROCARDIOLOGY	1,616,539	184,553	1,431,986			1,616,539
54	ELECTROENCEPHALOGRAPHY	1,825,447	296,013	1,529,434			1,825,447
55	MEDICAL SUPPLIES CHARGED	18,438,135	283,415	18,154,720			18,438,135
56	DRUGS CHARGED TO PATIENTS	16,714,312	447,417	16,266,895			16,714,312
57	RENAL DIALYSIS	606,723	24,091	582,632			606,723
59	CARDIAC CATHERIZATION LAB OUTPAT SERVICE COST CNTRS	2,910,416	488,640	2,421,776			2,910,416
60	CLINIC	1,306,774	216,471	1,090,303			1,306,774
60	01 DIABETES CENTER	296,820	33,331	263,489			296,820
60	02 NEUROPSYCH	226,900	31,035	195,865			226,900
61	EMERGENCY	8,488,845	669,332	7,819,513			8,488,845
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	4,617,478	553,950	4,063,528			4,617,478
65	AMBULANCE SERVICES	3,719,953	615,639	3,104,314			3,719,953
101	SUBTOTAL	123,730,342	12,923,075	110,807,267			123,730,342
102	LESS OBSERVATION BEDS	4,617,478	553,950	4,063,528			4,617,478
103	TOTAL	119,112,864	12,369,125	106,743,739			119,112,864

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	41,262,147	.445611	.445611
38	RECOVERY ROOM	3,508,996	.485616	.485616
39	DELIVERY ROOM & LABOR ROO			
40	ANESTHESIOLOGY	3,135,265	.198657	.198657
41	RADIOLOGY-DIAGNOSTIC	10,414,975	.516581	.516581
41	01 CAT SCAN	15,608,270	.112530	.112530
41	02 NUCLEAR MEDICINE-DIAGNOST	4,766,461	.361090	.361090
41	03 MAGNETIC RESONANCE IMAGIN	8,761,180	.102860	.102860
41	04 ULTRA SOUND	3,536,828	.269935	.269935
41	05 MAMMOGRAPHY	2,359,318	.684032	.684032
42	RADIOLOGY-THERAPEUTIC	7,212,906	.439616	.439616
44	LABORATORY	40,204,796	.289506	.289506
44	01 LABORATORY-PATHOLOGICAL	2,895,649	.373083	.373083
46	WHOLE BLOOD & PACKED RED	2,572,556	.615962	.615962
49	RESPIRATORY THERAPY	8,077,224	.431605	.431605
50	PHYSICAL THERAPY	11,426,578	.571498	.571498
51	OCCUPATIONAL THERAPY	2,468,672	.567304	.567304
52	SPEECH PATHOLOGY	1,468,513	.700402	.700402
53	ELECTROCARDIOLOGY	6,430,074	.251403	.251403
54	ELECTROENCEPHALOGRAPHY	5,102,497	.357756	.357756
55	MEDICAL SUPPLIES CHARGED	38,182,941	.482889	.482889
56	DRUGS CHARGED TO PATIENTS	42,345,859	.394709	.394709
57	RENAL DIALYSIS	612,558	.990474	.990474
59	CARDIAC CATHERIZATION LAB	13,180,779	.220808	.220808
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1,530,433	.853859	.853859
60	01 DIABETES CENTER	182,393	1.627365	1.627365
60	02 NEUROPSYCH	154,820	1.465573	1.465573
61	EMERGENCY	20,608,560	.411909	.411909
62	OBSERVATION BEDS (NON-DIS	6,062,604	.761633	.761633
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	3,658,593	1.016771	1.016771
101	SUBTOTAL	307,732,445		
102	LESS OBSERVATION BEDS	6,062,604		
103	TOTAL	301,669,841		

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR COLUMBUS REGIONAL HOSPITAL
 CALCULATION OF OUTPATIENT SERVICE COST TO
 CHARGE RATIOS NET OF REDUCTIONS
 SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2008
 I 15-0112 I FROM 1/ 1/2007 I WORKSHEET C
 I TO 12/31/2007 I PART II

**NOT A CMS WORKSHEET ** (09/2000)

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	18,386,856	3,105,395	15,281,461	310,540	886,325	17,189,991
38	RECOVERY ROOM	1,704,025	202,295	1,501,730	20,230	87,100	1,596,695
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	622,842	115,634	507,208	11,563	29,418	581,861
41	RADIOLOGY-DIAGNOSTIC	5,380,179	753,442	4,626,737	75,344	268,351	5,036,484
41	01 CAT SCAN	1,756,403	337,189	1,419,214	33,719	82,314	1,640,370
41	02 NUCLEAR MEDICINE-DIAGNOST	1,721,120	216,713	1,504,407	21,671	87,256	1,612,193
41	03 MAGNETIC RESONANCE IMAGIN	901,179	198,142	703,037	19,814	40,776	840,589
41	04 ULTRA SOUND	954,714	60,072	894,642	6,007	51,889	896,818
41	05 MAMMOGRAPHY	1,613,850	334,565	1,279,285	33,457	74,199	1,506,194
42	RADIOLOGY-THERAPEUTIC	3,170,912	677,822	2,493,090	67,782	144,599	2,958,531
44	LABORATORY	11,639,530	1,662,160	9,977,370	166,216	578,687	10,894,627
44	01 LABORATORY-PATHOLOGICAL	1,080,317	100,597	979,720	10,060	56,824	1,013,433
46	WHOLE BLOOD & PACKED RED	1,584,597	36,792	1,547,805	3,679	89,773	1,491,145
49	RESPIRATORY THERAPY	3,486,172	360,920	3,125,252	36,092	181,265	3,268,815
50	PHYSICAL THERAPY	6,530,268	620,394	5,909,874	62,039	342,773	6,125,456
51	OCCUPATIONAL THERAPY	1,400,487	181,046	1,219,441	18,105	70,728	1,311,654
52	SPEECH PATHOLOGY	1,028,549	116,010	912,539	11,601	52,927	964,021
53	ELECTROCARDIOLOGY	1,616,539	184,553	1,431,986	18,455	83,055	1,515,029
54	ELECTROENCEPHALOGRAPHY	1,825,447	296,013	1,529,434	29,601	88,707	1,707,139
55	MEDICAL SUPPLIES CHARGED	18,438,135	283,415	18,154,720	28,342	1,052,974	17,356,819
56	DRUGS CHARGED TO PATIENTS	16,714,312	447,417	16,266,895	44,742	943,480	15,726,090
57	RENAL DIALYSIS	606,723	24,091	582,632	2,409	33,793	570,521
59	CARDIAC CATHERIZATION LAB OUTPAT SERVICE COST CNTRS	2,910,416	488,640	2,421,776	48,864	140,463	2,721,089
60	CLINIC	1,306,774	216,471	1,090,303	21,647	63,238	1,221,889
60	01 DIABETES CENTER	296,820	33,331	263,489	3,333	15,282	278,205
60	02 NEUROPSYCH	226,900	31,035	195,865	3,104	11,360	212,436
61	EMERGENCY	8,488,845	669,332	7,819,513	66,933	453,532	7,968,380
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	4,617,478	553,950	4,063,528	55,395	235,685	4,326,398
65	AMBULANCE SERVICES	3,719,953	615,639	3,104,314	61,564	180,050	3,478,339
101	SUBTOTAL	123,730,342	12,923,075	110,807,267	1,292,308	6,426,823	116,011,211
102	LESS OBSERVATION BEDS	4,617,478	553,950	4,063,528	55,395	235,685	4,326,398
103	TOTAL	119,112,864	12,369,125	106,743,739	1,236,913	6,191,138	111,684,813

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR COLUMBUS REGIONAL HOSPITAL
 CALCULATION OF OUTPATIENT SERVICE COST TO I PROVIDER NO:
 CHARGE RATIOS NET OF REDUCTIONS I 15-0112
 SPECIAL TITLE XIX WORKSHEET I

**NOT A CMS WORKSHEET ** (09/2000)
 I PERIOD: I PREPARED 5/30/2008
 I FROM 1/ 1/2007 I WORKSHEET C
 I TO 12/31/2007 I PART II

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	41,262,147	.416604	.438085
38	RECOVERY ROOM	3,508,996	.455029	.479851
39	DELIVERY ROOM & LABOR ROO			
40	ANESTHESIOLOGY	3,135,265	.185586	.194969
41	RADIOLOGY-DIAGNOSTIC	10,414,975	.483581	.509347
41	01 CAT SCAN	15,608,270	.105096	.110370
41	02 NUCLEAR MEDICINE-DIAGNOST	4,766,461	.338237	.356543
41	03 MAGNETIC RESONANCE IMAGIN	8,761,180	.095945	.100599
41	04 ULTRA SOUND	3,536,828	.253566	.268237
41	05 MAMMOGRAPHY	2,359,318	.638402	.669852
42	RADIOLOGY-THERAPEUTIC	7,212,906	.410172	.430219
44	LABORATORY	40,204,796	.270978	.285372
44	01 LABORATORY-PATHOLOGICAL	2,895,649	.349985	.369609
46	WHOLE BLOOD & PACKED RED	2,572,556	.579636	.614532
49	RESPIRATORY THERAPY	8,077,224	.404695	.427137
50	PHYSICAL THERAPY	11,426,578	.536071	.566069
51	OCCUPATIONAL THERAPY	2,468,672	.531320	.559970
52	SPEECH PATHOLOGY	1,468,513	.656461	.692502
53	ELECTROCARDIOLOGY	6,430,074	.235616	.248533
54	ELECTROENCEPHALOGRAPHY	5,102,497	.334569	.351954
55	MEDICAL SUPPLIES CHARGED	38,182,941	.454570	.482147
56	DRUGS CHARGED TO PATIENTS	42,345,859	.371373	.393653
57	RENAL DIALYSIS	612,558	.931375	.986542
59	CARDIAC CATHERIZATION LAB	13,180,779	.206444	.217100
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1,530,433	.798394	.839715
60	01 DIABETES CENTER	182,393	1.525305	1.609091
60	02 NEUROPSYCH	154,820	1.372148	1.445524
61	EMERGENCY	20,608,560	.386654	.408661
62	OBSERVATION BEDS (NON-DIS	6,062,604	.713620	.752496
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	3,658,593	.950731	.999944
101	SUBTOTAL	307,732,445		
102	LESS OBSERVATION BEDS	6,062,604		
103	TOTAL	301,669,841		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2008
 I 15-0112 I FROM 1/ 1/2007 I WORKSHEET D
 I I TO 12/31/2007 I PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	----- CAPITAL REL COST (B, II) 1	OLD CAPITAL SWING BED ADJUSTMENT 2	----- REDUCED CAP RELATED COST 3	----- CAPITAL REL COST (B, III) 4	NEW CAPITAL SWING BED ADJUSTMENT 5	----- REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS						
	ADULTS & PEDIATRICS	1,038,509		1,038,509	2,736,079		2,736,079
26	INTENSIVE CARE UNIT	101,563		101,563	283,635		283,635
27	CORONARY CARE UNIT	88,162		88,162	278,206		278,206
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER	191,242		191,242	439,602		439,602
31	01 SUBPROVIDER II	172,774		172,774	318,451		318,451
33	NURSERY	11,393		11,393	32,217		32,217
101	TOTAL	1,603,643		1,603,643	4,088,190		4,088,190

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2008
 I 15-0112 I FROM 1/ 1/2007 I WORKSHEET D
 I I TO 12/31/2007 I PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS	30,479	14,481	34.07	493,368	89.77	1,299,959
26	ADULTS & PEDIATRICS	1,779	1,044	57.09	59,602	159.44	166,455
27	INTENSIVE CARE UNIT	1,594	567	55.31	31,361	174.53	98,959
28	CORONARY CARE UNIT						
29	BURN INTENSIVE CARE UNIT						
31	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER	4,565	3,437	41.89	143,976	96.30	330,983
31	01 SUBPROVIDER II	4,907	1,556	35.21	54,787	64.90	100,984
33	NURSERY	3,501		3.25		9.20	
101	TOTAL	46,825	21,085		783,094		1,997,340

TITLE XVIII, PART A HOSPITAL

WKST 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
37	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	601,891	2,503,504	41,262,147	7,907,247	.014587	115,343
38	RECOVERY ROOM	52,328	149,967	3,508,996	651,909	.014913	9,722
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	3,721	111,913	3,135,265	740,465	.001187	879
41	RADIOLOGY-DIAGNOSTIC	241,947	511,495	10,414,975	2,527,189	.023231	58,709
41	01 CAT SCAN	18,837	318,352	15,608,270	2,017,179	.001207	2,435
41	02 NUCLEAR MEDICINE-DIAGNOST	31,325	185,388	4,766,461	347,558	.006572	2,284
41	03 MAGNETIC RESONANCE IMAGIN	24,637	173,505	8,761,180	1,120,126	.002812	3,150
41	04 ULTRA SOUND	22,848	37,224	3,536,828	353,331	.006460	2,283
41	05 MAMMOGRAPHY	13,356	321,209	2,359,318	140	.005661	1
42	RADIOLOGY-THERAPEUTIC	116,541	561,281	7,212,906	84,488	.016157	1,365
44	LABORATORY	201,834	1,460,326	40,204,796	8,008,395	.005020	40,202
44	01 LABORATORY-PATHOLOGICAL	23,381	77,216	2,895,649	202,267	.008075	1,633
46	WHOLE BLOOD & PACKED RED	9,208	27,584	2,572,556	1,016,067	.003579	3,637
49	RESPIRATORY THERAPY	65,302	295,618	8,077,224	4,195,191	.008085	33,918
50	PHYSICAL THERAPY	102,772	517,622	11,426,578	1,038,472	.008994	9,340
51	OCCUPATIONAL THERAPY	73,803	107,243	2,468,672	342,191	.029896	10,230
52	SPEECH PATHOLOGY	31,164	84,846	1,468,513	96,103	.021221	2,039
53	ELECTROCARDIOLOGY	44,553	140,000	6,430,074	1,353,056	.006929	9,375
54	ELECTROENCEPHALOGRAPHY	75,592	220,421	5,102,497	136,536	.014815	2,023
55	MEDICAL SUPPLIES CHARGED	39,872	243,543	38,182,941	13,127,702	.001044	13,705
56	DRUGS CHARGED TO PATIENTS	79,224	368,193	42,345,859	12,034,552	.001871	22,517
57	RENAL DIALYSIS	11,867	12,224	612,558	440,990	.019373	8,543
59	CARDIAC CATHERIZATION LAB OUTPAT SERVICE COST CNTRS	57,685	430,955	13,180,779	4,013,029	.004376	17,561
60	CLINIC	67,683	148,788	1,530,433	2,599	.044225	115
60	01 DIABETES CENTER	10,866	22,465	182,393	7,060	.059575	421
60	02 NEUROPSYCH	8,181	22,854	154,820		.052842	
61	EMERGENCY	179,586	489,746	20,608,560	2,410,334	.008714	21,004
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	152,409	401,541	6,062,604		.025139	
65	AMBULANCE SERVICES						
101	TOTAL	2,362,413	9,945,023	304,073,852	64,174,176		392,434

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2008
 I 15-0112 I FROM 1/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2007 I PART II
 I 15-0112 I PPS I

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG 7	RATIO	COSTS 8
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	.060673		479,756
38	RECOVERY ROOM	.042738		27,861
39	DELIVERY ROOM & LABOR ROO			
40	ANESTHESIOLOGY	.035695		26,431
41	RADIOLOGY-DIAGNOSTIC	.049111		124,113
41 01	CAT SCAN	.020396		41,142
41 02	NUCLEAR MEDICINE-DIAGNOST	.038894		13,518
41 03	MAGNETIC RESONANCE IMAGIN	.019804		22,183
41 04	ULTRA SOUND	.010525		3,719
41 05	MAMMOGRAPHY	.136145		19
42	RADIOLOGY-THERAPEUTIC	.077816		6,575
44	LABORATORY	.036322		290,881
44 01	LABORATORY-PATHOLOGICAL	.026666		5,394
46	WHOLE BLOOD & PACKED RED	.010722		10,894
49	RESPIRATORY THERAPY	.036599		153,540
50	PHYSICAL THERAPY	.045300		47,043
51	OCCUPATIONAL THERAPY	.043442		14,865
52	SPEECH PATHOLOGY	.057777		5,553
53	ELECTROCARDIOLOGY	.021773		29,460
54	ELECTROENCEPHALOGRAPHY	.043199		5,898
55	MEDICAL SUPPLIES CHARGED	.006378		83,728
56	DRUGS CHARGED TO PATIENTS	.008695		104,640
57	RENAL DIALYSIS	.019956		8,800
59	CARDIAC CATHERIZATION LAB OUTPAT SERVICE COST CNTRS	.032696		131,210
60	CLINIC	.097220		253
60 01	DIABETES CENTER	.123168		870
60 02	NEUROPSYCH	.147617		
61	EMERGENCY	.023764		57,279
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	.066232		
65	AMBULANCE SERVICES			
101	TOTAL			1,695,625

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

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2008
 I 15-0112 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	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	SWING BED ADJ AMOUNT	TOTAL COSTS
	INPAT ROUTINE SRVC CNTRS	1	2	2.01	2.02	3	4
25	ADULTS & PEDIATRICS						
26	INTENSIVE CARE UNIT						
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
31	01 SUBPROVIDER II						
33	NURSERY						
34	SKILLED NURSING FACILITY						
101	TOTAL						

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

PROVIDER NO: I PERIOD: I PREPARED 5/30/2008
I 15-0112 I FROM 1/ 1/2007 I WORKSHEET D
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
25	ADULTS & PEDIATRICS	30,479		14,481	
26	INTENSIVE CARE UNIT	1,779		1,044	
27	CORONARY CARE UNIT	1,594		567	
28	BURN INTENSIVE CARE UNIT				
29	SURGICAL INTENSIVE CARE U				
31	SUBPROVIDER	4,565		3,437	
31 01	SUBPROVIDER II	4,907		1,556	
33	NURSERY	3,501			
34	SKILLED NURSING FACILITY				
101	TOTAL	46,825		21,085	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED SCHOOL	NRS COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
	ANCILLARY SRVC COST CNTRS	1	1.01	2		2.01	2.02	2.03
37	OPERATING ROOM							
38	RECOVERY ROOM							
39	DELIVERY ROOM & LABOR ROO							
40	ANESTHESIOLOGY							
41	RADIOLOGY-DIAGNOSTIC					196,464		
41 01	CAT SCAN							
41 02	NUCLEAR MEDICINE-DIAGNOST							
41 03	MAGNETIC RESONANCE IMAGIN							
41 04	ULTRA SOUND							
41 05	MAMMOGRAPHY							
42	RADIOLOGY-THERAPEUTIC							
44	LABORATORY							
44 01	LABORATORY-PATHOLOGICAL							
46	WHOLE BLOOD & PACKED RED							
49	RESPIRATORY THERAPY							
50	PHYSICAL THERAPY							
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY							
54	ELECTROENCEPHALOGRAPHY							
55	MEDICAL SUPPLIES CHARGED							
56	DRUGS CHARGED TO PATIENTS							
57	RENAL DIALYSIS							
59	CARDIAC CATHERIZATION LAB OUTPAT SERVICE COST CNTRS							
60	CLINIC							
60 01	DIABETES CENTER							
60 02	NEUROPSYCH							
61	EMERGENCY					141,268		
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL					337,732		

TITLE XVIII, PART A		HOSPITAL			PPS			
WKST A	COST CENTER DESCRIPTION	TOTAL COSTS	O/P PASS THRU COSTS	TOTAL CHARGES	RATIO OF COST TO CHARGES	O/P RATIO OF CST TO CHARGES	INPAT PROG CHARGE	INPAT PROG PASS THRU COST
LINE NO.		3	3.01	4	5	5.01	6	7
37	ANCILLARY SRVC COST CNTRS							
38	OPERATING ROOM			41,262,147			7,907,247	
39	RECOVERY ROOM			3,508,996			651,909	
40	DELIVERY ROOM & LABOR ROO							
41	ANESTHESIOLOGY			3,135,265			740,465	
41	RADIOLOGY-DIAGNOSTIC	196,464	196,464	10,414,975	.018864	.018864	2,527,189	47,673
41	01 CAT SCAN			15,608,270			2,017,179	
41	02 NUCLEAR MEDICINE-DIAGNOST			4,766,461			347,558	
41	03 MAGNETIC RESONANCE IMAGIN			8,761,180			1,120,126	
41	04 ULTRA SOUND			3,536,828			353,331	
41	05 MAMMOGRAPHY			2,359,318			140	
42	RADIOLOGY-THERAPEUTIC			7,212,906			84,488	
44	LABORATORY			40,204,796			8,008,395	
44	01 LABORATORY-PATHOLOGICAL			2,895,649			202,267	
46	WHOLE BLOOD & PACKED RED			2,572,556			1,016,067	
49	RESPIRATORY THERAPY			8,077,224			4,195,191	
50	PHYSICAL THERAPY			11,426,578			1,038,472	
51	OCCUPATIONAL THERAPY			2,468,672			342,191	
52	SPEECH PATHOLOGY			1,468,513			96,103	
53	ELECTROCARDIOLOGY			6,430,074			1,353,056	
54	ELECTROENCEPHALOGRAPHY			5,102,497			136,536	
55	MEDICAL SUPPLIES CHARGED			38,182,941			13,127,702	
56	DRUGS CHARGED TO PATIENTS			42,345,859			12,034,552	
57	RENAL DIALYSIS			612,558			440,990	
59	CARDIAC CATHERIZATION LAB			13,180,779			4,013,029	
60	OUTPAT SERVICE COST CNTRS							
60	01 CLINIC			1,530,433			2,599	
60	01 DIABETES CENTER			182,393			7,060	
60	02 NEUROPSYCH			154,820				
61	EMERGENCY	141,268	141,268	20,608,560	.006855	.006855	2,410,334	16,523
62	OBSERVATION BEDS (NON-DIS			6,062,604				
65	OTHER REIMBURS COST CNTRS							
101	AMBULANCE SERVICES							
	TOTAL	337,732	337,732	304,073,852			64,174,176	64,196

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D,V COL 5.03 8.01	OUTPAT PROG D,V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	6,286,877					
38	RECOVERY ROOM	364,147					
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	267,338					
41	RADIOLOGY-DIAGNOSTIC	2,456,518			46,340		
41 01	CAT SCAN	3,451,011					
41 02	NUCLEAR MEDICINE-DIAGNOST	1,640,413					
41 03	MAGNETIC RESONANCE IMAGIN	1,875,910					
41 04	ULTRA SOUND	1,222,530					
41 05	MAMMOGRAPHY						
42	RADIOLOGY-THERAPEUTIC	3,167,738					
44	LABORATORY	23,954					
44 01	LABORATORY-PATHOLOGICAL	826,782					
46	WHOLE BLOOD & PACKED RED	429,484					
49	RESPIRATORY THERAPY	513,134					
50	PHYSICAL THERAPY	136,787					
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY	89,457					
53	ELECTROCARDIOLOGY	1,586,951					
54	ELECTROENCEPHALOGRAPHY	1,058,642					
55	MEDICAL SUPPLIES CHARGED	4,263,865					
56	DRUGS CHARGED TO PATIENTS	7,205,273					
57	RENAL DIALYSIS						
59	CARDIAC CATHERIZATION LAB	1,964,445					
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	742,579					
60 01	DIABETES CENTER	6,906					
60 02	NEUROPSYCH	70,300					
61	EMERGENCY	2,986,388			20,472		
62	OBSERVATION BEDS (NON-DIS	1,003,000					
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL	43,640,429			66,812		

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 Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.445611	.445611			
38 RECOVERY ROOM	.485616	.485616			
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY	.198657	.198657			
41 RADIOLOGY-DIAGNOSTIC	.516581	.516581			
41 01 CAT SCAN	.112530	.112530			
41 02 NUCLEAR MEDICINE-DIAGNOSTIC	.361090	.361090			
41 03 MAGNETIC RESONANCE IMAGING(MRI)	.102860	.102860			
41 04 ULTRA SOUND	.269935	.269935			
41 05 MAMMOGRAPHY	.684032	.684032			
42 RADIOLOGY-THERAPEUTIC	.439616	.439616			
44 LABORATORY	.289506	.289506			
44 01 LABORATORY-PATHOLOGICAL	.373083	.373083			
46 WHOLE BLOOD & PACKED RED BLOOD CELLS	.615962	.615962			
49 RESPIRATORY THERAPY	.431605	.431605			
50 PHYSICAL THERAPY	.571498	.571498			
51 OCCUPATIONAL THERAPY	.567304	.567304			
52 SPEECH PATHOLOGY	.700402	.700402			
53 ELECTROCARDIOLOGY	.251403	.251403			
54 ELECTROENCEPHALOGRAPHY	.357756	.357756			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.482889	.482889			
56 DRUGS CHARGED TO PATIENTS	.394709	.394709			
57 RENAL DIALYSIS	.990474	.990474			
59 CARDIAC CATHERIZATION LABORATORY	.220808	.220808			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC	.853859	.853859			
60 01 DIABETES CENTER	1.627365	1.627365			
60 02 NEUROPSYCH	1.465573	1.465573			
61 EMERGENCY	.411909	.411909			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.761633	.761633			
65 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES	1.016771	1.016771			
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

	All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
Cost Center Description	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		6,286,877			
38 RECOVERY ROOM		364,147			
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY		267,338			
41 RADIOLOGY-DIAGNOSTIC		2,456,518			
41 01 CAT SCAN		3,451,011			
41 02 NUCLEAR MEDICINE-DIAGNOSTIC		1,640,413			
41 03 MAGNETIC RESONANCE IMAGING(MRI)		1,875,910			
41 04 ULTRA SOUND		1,222,530			
41 05 MAMMOGRAPHY					
42 RADIOLOGY-THERAPEUTIC		3,167,738			
44 LABORATORY		23,954			
44 01 LABORATORY-PATHOLOGICAL		826,782			
46 WHOLE BLOOD & PACKED RED BLOOD CELLS		429,484			
49 RESPIRATORY THERAPY		513,134	957		
50 PHYSICAL THERAPY		136,787			
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY		89,457	134		
53 ELECTROCARDIOLOGY		1,586,951			
54 ELECTROENCEPHALOGRAPHY		1,058,642			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		4,263,865	3,288		
56 DRUGS CHARGED TO PATIENTS		7,205,273	40,347		
57 RENAL DIALYSIS					
59 CARDIAC CATHERIZATION LABORATORY		1,964,445			
OUTPAT SERVICE COST CNTRS					
60 CLINIC		742,579			
60 01 DIABETES CENTER		6,906			
60 02 NEUROPSYCH		70,300			
61 EMERGENCY		2,986,388			
62 OBSERVATION BEDS (NON-DISTINCT PART)		1,003,000			
OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
101 SUBTOTAL		43,640,429	44,726		
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES		43,640,429	44,726		

(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	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				2,801,502	
38 RECOVERY ROOM				176,836	
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY				53,109	
41 RADIOLOGY-DIAGNOSTIC				1,268,991	
41 01 CAT SCAN				388,342	
41 02 NUCLEAR MEDICINE-DIAGNOSTIC				592,337	
41 03 MAGNETIC RESONANCE IMAGING(MRI)				192,956	
41 04 ULTRA SOUND				330,004	
41 05 MAMMOGRAPHY					
42 RADIOLOGY-THERAPEUTIC				1,392,588	
44 LABORATORY				6,935	
44 01 LABORATORY-PATHOLOGICAL				308,458	
46 WHOLE BLOOD & PACKED RED BLOOD CELLS				264,546	
49 RESPIRATORY THERAPY				221,471	413
50 PHYSICAL THERAPY				78,173	
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY				62,656	94
53 ELECTROCARDIOLOGY				398,964	
54 ELECTROENCEPHALOGRAPHY				378,736	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				2,058,974	1,588
56 DRUGS CHARGED TO PATIENTS				2,843,986	15,925
57 RENAL DIALYSIS					
59 CARDIAC CATHERIZATION LABORATORY				433,765	
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC				634,058	
60 01 DIABETES CENTER				11,239	
60 02 NEUROPSYCH				103,030	
61 EMERGENCY				1,230,120	
62 OBSERVATION BEDS (NON-DISTINCT PART)				763,918	
65 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
101 SUBTOTAL				16,995,694	18,020
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES				16,995,694	18,020

(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

PPS Services
1/1 to FYE

Hospital I/P
Part B Charges

Hospital I/P
Part B Costs

Cost Center Description

9.03

10

11

- (A) ANCILLARY SRVC COST CNTRS
- 37 OPERATING ROOM
- 38 RECOVERY ROOM
- 39 DELIVERY ROOM & LABOR ROOM
- 40 ANESTHESIOLOGY
- 41 RADIOLOGY-DIAGNOSTIC
- 41 01 CAT SCAN
- 41 02 NUCLEAR MEDICINE-DIAGNOSTIC
- 41 03 MAGNETIC RESONANCE IMAGING(MRI)
- 41 04 ULTRA SOUND
- 41 05 MAMMOGRAPHY
- 42 RADIOLOGY-THERAPEUTIC
- 44 LABORATORY
- 44 01 LABORATORY-PATHOLOGICAL
- 46 WHOLE BLOOD & PACKED RED BLOOD CELLS
- 49 RESPIRATORY THERAPY
- 50 PHYSICAL THERAPY
- 51 OCCUPATIONAL THERAPY
- 52 SPEECH PATHOLOGY
- 53 ELECTROCARDIOLOGY
- 54 ELECTROENCEPHALOGRAPHY
- 55 MEDICAL SUPPLIES CHARGED TO PATIENTS
- 56 DRUGS CHARGED TO PATIENTS
- 57 RENAL DIALYSIS
- 59 CARDIAC CATHERIZATION LABORATORY
- OUTPAT SERVICE COST CNTRS
- 60 CLINIC
- 60 01 DIABETES CENTER
- 60 02 NEUROPSYCH
- 61 EMERGENCY
- 62 OBSERVATION BEDS (NON-DISTINCT PART)
- 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 INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2008
 I 15-0112 I FROM 1/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2007 I PART II
 I 15-T112 I I

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST 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
37	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	601,891	2,503,504	41,262,147	48,681	.014587	710
38	RECOVERY ROOM	52,328	149,967	3,508,996	4,204	.014913	63
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	3,721	111,913	3,135,265	2,358	.001187	3
41	RADIOLOGY-DIAGNOSTIC	241,947	511,495	10,414,975	28,075	.023231	652
41	01 CAT SCAN	18,837	318,352	15,608,270	32,172	.001207	39
41	02 NUCLEAR MEDICINE-DIAGNOST	31,325	185,388	4,766,461	11,323	.006572	74
41	03 MAGNETIC RESONANCE IMAGIN	24,637	173,505	8,761,180	20,708	.002812	58
41	04 ULTRA SOUND	22,848	37,224	3,536,828	23,562	.006460	152
41	05 MAMMOGRAPHY	13,356	321,209	2,359,318		.005661	
42	RADIOLOGY-THERAPEUTIC	116,541	561,281	7,212,906	9,477	.016157	153
44	LABORATORY	201,834	1,460,326	40,204,796	418,476	.005020	2,101
44	01 LABORATORY-PATHOLOGICAL	23,381	77,216	2,895,649	590	.008075	5
46	WHOLE BLOOD & PACKED RED	9,208	27,584	2,572,556	15,335	.003579	55
49	RESPIRATORY THERAPY	65,302	295,618	8,077,224	175,931	.008085	1,422
50	PHYSICAL THERAPY	102,772	517,622	11,426,578	1,121,198	.008994	10,084
51	OCCUPATIONAL THERAPY	73,803	107,243	2,468,672	1,102,014	.029896	32,946
52	SPEECH PATHOLOGY	31,164	84,846	1,468,513	366,458	.021221	7,777
53	ELECTROCARDIOLOGY	44,553	140,000	6,430,074	11,331	.006929	79
54	ELECTROENCEPHALOGRAPHY	75,592	220,421	5,102,497	5,375	.014815	80
55	MEDICAL SUPPLIES CHARGED	39,872	243,543	38,182,941	144,271	.001044	151
56	DRUGS CHARGED TO PATIENTS	79,224	368,193	42,345,859	775,523	.001871	1,451
57	RENAL DIALYSIS	11,867	12,224	612,558	26,216	.019373	508
59	CARDIAC CATHERIZATION LAB OUTPAT SERVICE COST CNTRS	57,685	430,955	13,180,779		.004376	
60	CLINIC	67,683	148,788	1,530,433		.044225	
60	01 DIABETES CENTER	10,866	22,465	182,393	1,449	.059575	86
60	02 NEUROPSYCH	8,181	22,854	154,820	180	.052842	10
61	EMERGENCY	179,586	489,746	20,608,560	1,800	.008714	16
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	152,409	401,541	6,062,604		.025139	
65	AMBULANCE SERVICES						
101	TOTAL	2,362,413	9,945,023	304,073,852	4,346,707		58,675

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2008
 I 15-0112 I FROM 1/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2007 I PART II
 I 15-T112 I

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL	
		CST/CHRG 7	RATIO COSTS 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.060673	2,954
38	RECOVERY ROOM	.042738	180
39	DELIVERY ROOM & LABOR ROO		
40	ANESTHESIOLOGY	.035695	84
41	RADIOLOGY-DIAGNOSTIC	.049111	1,379
41 01	CAT SCAN	.020396	656
41 02	NUCLEAR MEDICINE-DIAGNOST	.038894	440
41 03	MAGNETIC RESONANCE IMAGIN	.019804	410
41 04	ULTRA SOUND	.010525	248
41 05	MAMMOGRAPHY	.136145	
42	RADIOLOGY-THERAPEUTIC	.077816	737
44	LABORATORY	.036322	15,200
44 01	LABORATORY-PATHOLOGICAL	.026666	16
46	WHOLE BLOOD & PACKED RED	.010722	164
49	RESPIRATORY THERAPY	.036599	6,439
50	PHYSICAL THERAPY	.045300	50,790
51	OCCUPATIONAL THERAPY	.043442	47,874
52	SPEECH PATHOLOGY	.057777	21,173
53	ELECTROCARDIOLOGY	.021773	247
54	ELECTROENCEPHALOGRAPHY	.043199	232
55	MEDICAL SUPPLIES CHARGED	.006378	920
56	DRUGS CHARGED TO PATIENTS	.008695	6,743
57	RENAL DIALYSIS	.019956	523
59	CARDIAC CATHERIZATION LAB	.032696	
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.097220	
60 01	DIABETES CENTER	.123168	178
60 02	NEUROPSYCH	.147617	27
61	EMERGENCY	.023764	43
62	OBSERVATION BEDS (NON-DIS	.066232	
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
101	TOTAL		157,657

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

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
	ANCILLARY SRVC COST CNTRS											
37	OPERATING ROOM											
38	RECOVERY ROOM											
39	DELIVERY ROOM & LABOR ROO											
40	ANESTHESIOLOGY											
41	RADIOLOGY-DIAGNOSTIC											
41 01	CAT SCAN											
41 02	NUCLEAR MEDICINE-DIAGNOST											
41 03	MAGNETIC RESONANCE IMAGIN											
41 04	ULTRA SOUND											
41 05	MAMMOGRAPHY											
42	RADIOLOGY-THERAPEUTIC											
44	LABORATORY											
44 01	LABORATORY-PATHOLOGICAL											
46	WHOLE BLOOD & PACKED RED											
49	RESPIRATORY THERAPY											
50	PHYSICAL THERAPY											
51	OCCUPATIONAL THERAPY											
52	SPEECH PATHOLOGY											
53	ELECTROCARDIOLOGY											
54	ELECTROENCEPHALOGRAPHY											
55	MEDICAL SUPPLIES CHARGED											
56	DRUGS CHARGED TO PATIENTS											
57	RENAL DIALYSIS											
59	CARDIAC CATHERIZATION LAB											
	OUTPAT SERVICE COST CNTRS											
60	CLINIC											
60 01	DIABETES CENTER											
60 02	NEUROPSYCH											
61	EMERGENCY											
62	OBSERVATION BEDS (NON-DIS											
	OTHER REIMBURS COST CNTRS											
65	AMBULANCE SERVICES											
101	TOTAL											

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF COST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			41,262,147			48,681	
38	OPERATING ROOM			3,508,996			4,204	
39	RECOVERY ROOM							
40	DELIVERY ROOM & LABOR ROO			3,135,265			2,358	
41	ANESTHESIOLOGY			10,414,975	.018864	.018864	28,075	530
41	RADIOLOGY-DIAGNOSTIC	196,464	196,464	15,608,270			32,172	
41	01 CAT SCAN			4,766,461			11,323	
41	02 NUCLEAR MEDICINE-DIAGNOST			8,761,180			20,708	
41	03 MAGNETIC RESONANCE IMAGIN			3,536,828			23,562	
41	04 ULTRA SOUND			2,359,318				
41	05 MAMMOGRAPHY			7,212,906			9,477	
42	RADIOLOGY-THERAPEUTIC			40,204,796			418,476	
44	LABORATORY			2,895,649			590	
44	01 LABORATORY-PATHOLOGICAL			2,572,556			15,335	
46	WHOLE BLOOD & PACKED RED			8,077,224			175,931	
49	RESPIRATORY THERAPY			11,426,578			1,121,198	
50	PHYSICAL THERAPY			2,468,672			1,102,014	
51	OCCUPATIONAL THERAPY			1,468,513			366,458	
52	SPEECH PATHOLOGY			6,430,074			11,331	
53	ELECTROCARDIOLOGY			5,102,497			5,375	
54	ELECTROENCEPHALOGRAPHY			38,182,941			144,271	
55	MEDICAL SUPPLIES CHARGED			42,345,859			775,523	
56	DRUGS CHARGED TO PATIENTS			612,558			26,216	
57	RENAL DIALYSIS			13,180,779				
59	CARDIAC CATHERIZATION LAB							
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			1,530,433				
60	01 DIABETES CENTER			182,393			1,449	
60	02 NEUROPSYCH			154,820			180	
61	EMERGENCY	141,268	141,268	20,608,560	.006855	.006855	1,800	12
62	OBSERVATION BEDS (NON-DIS			6,062,604				
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL	337,732	337,732	304,073,852			4,346,707	542

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST 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 5	COL 8.02 * COL 5
		8	8.01	8.02	9	9.01	9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	CAT SCAN						
41 02	NUCLEAR MEDICINE-DIAGNOST						
41 03	MAGNETIC RESONANCE IMAGIN						
41 04	ULTRA SOUND						
41 05	MAMMOGRAPHY						
42	RADIOLOGY-THERAPEUTIC						
44	LABORATORY						
44 01	LABORATORY-PATHOLOGICAL						
46	WHOLE BLOOD & PACKED RED						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	CARDIAC CATHERIZATION LAB						
	OUTPUT SERVICE COST CNTRS						
60	CLINIC						
60 01	DIABETES CENTER						
60 02	NEUROPSYCH						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2008
 I 15-0112 I FROM 1/ 1/2007 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2007 I PART II
 I 15-S112 I

TITLE XVIII, PART A SUBPROVIDER 2

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO 7	COSTS 8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.060673	
38	RECOVERY ROOM	.042738	
39	DELIVERY ROOM & LABOR ROO		
40	ANESTHESIOLOGY	.035695	
41	RADIOLOGY-DIAGNOSTIC	.049111	336
41 01	CAT SCAN	.020396	142
41 02	NUCLEAR MEDICINE-DIAGNOST	.038894	178
41 03	MAGNETIC RESONANCE IMAGIN	.019804	238
41 04	ULTRA SOUND	.010525	36
41 05	MAMMOGRAPHY	.136145	
42	RADIOLOGY-THERAPEUTIC	.077816	
44	LABORATORY	.036322	5,526
44 01	LABORATORY-PATHOLOGICAL	.026666	
46	WHOLE BLOOD & PACKED RED	.010722	
49	RESPIRATORY THERAPY	.036599	423
50	PHYSICAL THERAPY	.045300	386
51	OCCUPATIONAL THERAPY	.043442	15
52	SPEECH PATHOLOGY	.057777	9
53	ELECTROCARDIOLOGY	.021773	146
54	ELECTROENCEPHALOGRAPHY	.043199	74
55	MEDICAL SUPPLIES CHARGED	.006378	10
56	DRUGS CHARGED TO PATIENTS	.008695	2,105
57	RENAL DIALYSIS	.019956	
59	CARDIAC CATHERIZATION LAB OUTPAT SERVICE COST CNTRS	.032696	
60	CLINIC	.097220	
60 01	DIABETES CENTER	.123168	9
60 02	NEUROPSYCH	.147617	
61	EMERGENCY	.023764	1,460
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	.066232	
65	AMBULANCE SERVICES		
101	TOTAL		11,093

TEFRA

TITLE XVIII, PART A

SUBPROVIDER 2

TEFRA

WKST 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
	ANCILLARY SRVC COST CNTRS	1	1.01								
37	OPERATING ROOM										
38	RECOVERY ROOM										
39	DELIVERY ROOM & LABOR ROO										
40	ANESTHESIOLOGY										
41	RADIOLOGY-DIAGNOSTIC						196,464				
41 01	CAT SCAN										
41 02	NUCLEAR MEDICINE-DIAGNOST										
41 03	MAGNETIC RESONANCE IMAGIN										
41 04	ULTRA SOUND										
41 05	MAMMOGRAPHY										
42	RADIOLOGY-THERAPEUTIC										
44	LABORATORY										
44 01	LABORATORY-PATHOLOGICAL										
46	WHOLE BLOOD & PACKED RED										
49	RESPIRATORY THERAPY										
50	PHYSICAL THERAPY										
51	OCCUPATIONAL THERAPY										
52	SPEECH PATHOLOGY										
53	ELECTROCARDIOLOGY										
54	ELECTROENCEPHALOGRAPHY										
55	MEDICAL SUPPLIES CHARGED										
56	DRUGS CHARGED TO PATIENTS										
57	RENAL DIALYSIS										
59	CARDIAC CATHERIZATION LAB OUTPAT SERVICE COST CNTRS										
60	CLINIC										
60 01	DIABETES CENTER										
60 02	NEUROPSYCH										
61	EMERGENCY						141,268				
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS										
65	AMBULANCE SERVICES										
101	TOTAL						337,732				

TITLE XVIII, PART A

SUBPROVIDER 2

TEFRA

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 CHARGE 6	INPAT PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			41,262,147				
38	RECOVERY ROOM			3,508,996				
39	DELIVERY ROOM & LABOR ROO							
40	ANESTHESIOLOGY			3,135,265				
41	RADIOLOGY-DIAGNOSTIC	196,464	196,464	10,414,975	.018864	.018864	6,848	129
41 01	CAT SCAN			15,608,270			6,943	
41 02	NUCLEAR MEDICINE-DIAGNOST			4,766,461			4,574	
41 03	MAGNETIC RESONANCE IMAGIN			8,761,180			12,021	
41 04	ULTRA SOUND			3,536,828			3,406	
41 05	MAMMOGRAPHY			2,359,318				
42	RADIOLOGY-THERAPEUTIC			7,212,906				
44	LABORATORY			40,204,796			152,146	
44 01	LABORATORY-PATHOLOGICAL			2,895,649				
46	WHOLE BLOOD & PACKED RED			2,572,556				
49	RESPIRATORY THERAPY			8,077,224			11,549	
50	PHYSICAL THERAPY			11,426,578			8,517	
51	OCCUPATIONAL THERAPY			2,468,672			334	
52	SPEECH PATHOLOGY			1,468,513			148	
53	ELECTROCARDIOLOGY			6,430,074			6,711	
54	ELECTROENCEPHALOGRAPHY			5,102,497			1,704	
55	MEDICAL SUPPLIES CHARGED			38,182,941			1,551	
56	DRUGS CHARGED TO PATIENTS			42,345,859			242,119	
57	RENAL DIALYSIS			612,558				
59	CARDIAC CATHERIZATION LAB OUTPAT SERVICE COST CNTRS			13,180,779				
60	CLINIC			1,530,433				
60 01	DIABETES CENTER			182,393			72	
60 02	NEUROPSYCH			154,820				
61	EMERGENCY	141,268	141,268	20,608,560	.006855	.006855	61,427	421
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			6,062,604				
65	AMBULANCE SERVICES							
101	TOTAL	337,732	337,732	304,073,852			520,070	550

TITLE XVIII, PART A

SUBPROVIDER 2

TEFRA

WKST 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 5	COL 8.02 * COL 5
	ANCILLARY SRVC COST CNTRS	8	8.01	8.02	9	9.01	9.02
37	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41	01 CAT SCAN						
41	02 NUCLEAR MEDICINE-DIAGNOST						
41	03 MAGNETIC RESONANCE IMAGIN						
41	04 ULTRA SOUND						
41	05 MAMMOGRAPHY						
42	RADIOLOGY-THERAPEUTIC						
44	LABORATORY						
44	01 LABORATORY-PATHOLOGICAL						
46	WHOLE BLOOD & PACKED RED						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	CARDIAC CATHERIZATION LAB						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 DIABETES CENTER						
60	02 NEUROPSYCH						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
62	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

TITLE XVIII PART A HOSPITAL PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	30,479
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	30,479
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	2,469
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	28,010
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)	14,481
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	31,463,418
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	31,463,418

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	17,617,597
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	1,929,432
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	15,688,165
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.785909
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	781.46
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	560.09
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	221.37
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	395.35
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	976,119
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	30,487,299

TITLE XVIII PART A HOSPITAL PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM					1,032.30
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					14,948,736
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					14,948,736

	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	3,267,487	1,779	1,836.70	1,044	1,917,515
44	3,304,188	1,594	2,072.89	567	1,175,329
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				
49	TOTAL PROGRAM INPATIENT COSTS				

1

25,424,976
43,466,556

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES					2,149,704
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES					2,152,255
52	TOTAL PROGRAM EXCLUDABLE COST					4,301,959
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS					39,164,597

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2008
 I 15-0112 I FROM 1/ 1/2007 I WORKSHEET D-1
 I COMPONENT NO: I TO 12/31/2007 I PART III
 I 15-0112 I I

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	4,473
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,032.30
85	OBSERVATION BED COST	4,617,478

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	OLD CAPITAL-RELATED COST	1,038,509		4,617,478	152,409
87	NEW CAPITAL-RELATED COST	2,736,079	.033007	4,617,478	401,541
88	NON PHYSICIAN ANESTHETIST		.086961	4,617,478	
89	MEDICAL EDUCATION			4,617,478	
89.01	MEDICAL EDUCATION - ALLIED HEA			4,617,478	
89.02	MEDICAL EDUCATION - ALL OTHER			4,617,478	

TITLE XVIII PART A SUBPROVIDER I PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	4,565
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	4,565
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	4,565
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)	3,437
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	4,412,235
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	4,412,235

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	3,707,592
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	3,707,592
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.190054
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	812.18
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	4,412,235

TITLE XVIII PART A SUBPROVIDER I PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM				966.54
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST				3,321,998
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM				
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST				3,321,998

	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				
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				
49	TOTAL PROGRAM INPATIENT COSTS				

1

2,199,439
 5,521,437

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES				474,959
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES				216,874
52	TOTAL PROGRAM EXCLUDABLE COST				691,833
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS				4,829,604

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2008
 I 15-0112 I FROM 1/ 1/2007 I WORKSHEET D-1
 I COMPONENT NO: I TO 12/31/2007 I PART III
 I 15-T112 I I

TITLE XVIII PART A

SUBPROVIDER I

PPS

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

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

1

PART IV - COMPUTATION OF OBSERVATION BED COST

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

966.54

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 OLD CAPITAL-RELATED COST	191,242	4,412,235	.043344		
87 NEW CAPITAL-RELATED COST	439,602	4,412,235	.099632		
88 NON PHYSICIAN ANESTHETIST		4,412,235			
89 MEDICAL EDUCATION		4,412,235			
89.01 MEDICAL EDUCATION - ALLIED HEA		4,412,235			
89.02 MEDICAL EDUCATION - ALL OTHER		4,412,235			

TITLE XVIII PART A SUBPROVIDER II TEFRA

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	4,907
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	4,907
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	4,907
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)	1,556
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	4,000,496
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	4,000,496

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	4,815,064
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	4,815,064
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.830829
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	981.26
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	4,000,496

TITLE XVIII PART A SUBPROVIDER II TEFRA

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 815.26
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 1,268,545
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 1,268,545

	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					186,350
49 TOTAL PROGRAM INPATIENT COSTS					1,454,895

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 155,771
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 13,909
 52 TOTAL PROGRAM EXCLUDABLE COST 169,680
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 1,285,215

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES 153
 55 TARGET AMOUNT PER DISCHARGE 10,633.75
 56 TARGET AMOUNT 1,626,964
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT 341,749
 58 BONUS PAYMENT 32,539
 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED
 AND COMPOUNDED BY THE MARKET BASKET 8,461.16
 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET
 BASKET 8,740.92
 58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE
 LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN
 EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56)
 OTHERWISE ENTER ZERO. 16,270
 58.04 RELIEF PAYMENT
 59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT 1,503,704
 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 SUBPROVIDER II TEFRA

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	815.26
85	OBSERVATION BED COST	

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	OLD CAPITAL-RELATED COST	172,774	4,000,496	.043188	
87	NEW CAPITAL-RELATED COST	318,451	4,000,496	.079603	
88	NON PHYSICIAN ANESTHETIST		4,000,496		
89	MEDICAL EDUCATION		4,000,496		
89.01	MEDICAL EDUCATION - ALLIED HEA		4,000,496		
89.02	MEDICAL EDUCATION - ALL OTHER		4,000,496		

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2008
 I 15-0112 I FROM 1/ 1/2007 I WORKSHEET D-4
 I COMPONENT NO: I TO 12/31/2007 I
 I 15-0112 I

TITLE XVIII, PART A HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS			
26	ADULTS & PEDIATRICS		13,268,176	
27	INTENSIVE CARE UNIT		1,923,469	
28	CORONARY CARE UNIT		1,394,359	
29	BURN INTENSIVE CARE UNIT			
31	SURGICAL INTENSIVE CARE UNIT			
31	SUBPROVIDER			
31	01 SUBPROVIDER II			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.445629	7,907,247	3,523,699
38	RECOVERY ROOM	.485616	651,909	316,577
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY	.201324	740,465	149,073
41	RADIOLOGY-DIAGNOSTIC	.516581	2,527,189	1,305,498
41	01 CAT SCAN	.112530	2,017,179	226,993
41	02 NUCLEAR MEDICINE-DIAGNOSTIC	.361090	347,558	125,500
41	03 MAGNETIC RESONANCE IMAGING(MRI)	.102860	1,120,126	115,216
41	04 ULTRA SOUND	.269935	353,331	95,376
41	05 MAMMOGRAPHY	.684032	140	96
42	RADIOLOGY-THERAPEUTIC	.439616	84,488	37,142
44	LABORATORY	.289506	8,008,395	2,318,478
44	01 LABORATORY-PATHOLOGICAL	.383885	202,267	77,647
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.615962	1,016,067	625,859
49	RESPIRATORY THERAPY	.437956	4,195,191	1,837,309
50	PHYSICAL THERAPY	.571498	1,038,472	593,485
51	OCCUPATIONAL THERAPY	.567304	342,191	194,126
52	SPEECH PATHOLOGY	.700402	96,103	67,311
53	ELECTROCARDIOLOGY	.251527	1,353,056	340,330
54	ELECTROENCEPHALOGRAPHY	.358111	136,536	48,895
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.482889	13,127,702	6,339,223
56	DRUGS CHARGED TO PATIENTS	.394709	12,034,552	4,750,146
57	RENAL DIALYSIS	.990474	440,990	436,789
59	CARDIAC CATHERIZATION LABORATORY	.221827	4,013,029	890,198
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.910395	2,599	2,366
60	01 DIABETES CENTER	1.627365	7,060	11,489
60	02 NEUROPSYCH	1.465573		
61	EMERGENCY	.413285	2,410,334	996,155
62	OBSERVATION BEDS (NON-DISTINCT PART)	.761633		
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		64,174,176	25,424,976
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		64,174,176	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2008
 I 15-0112 I FROM 1/ 1/2007 I WORKSHEET D-4
 I COMPONENT NO: I TO 12/31/2007 I
 I 15-T112 I

TITLE XVIII, PART A SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS			
26	ADULTS & PEDIATRICS			
27	INTENSIVE CARE UNIT			
28	CORONARY CARE UNIT			
29	BURN INTENSIVE CARE UNIT			
31	SURGICAL INTENSIVE CARE UNIT			
31	SUBPROVIDER		2,882,817	
31	01 SUBPROVIDER II			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.445629	48,681	21,694
38	RECOVERY ROOM	.485616	4,204	2,042
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY	.201324	2,358	475
41	RADIOLOGY-DIAGNOSTIC	.516581	28,075	14,503
41	01 CAT SCAN	.112530	32,172	3,620
41	02 NUCLEAR MEDICINE-DIAGNOSTIC	.361090	11,323	4,089
41	03 MAGNETIC RESONANCE IMAGING(MRI)	.102860	20,708	2,130
41	04 ULTRA SOUND	.269935	23,562	6,360
41	05 MAMMOGRAPHY	.684032		
42	RADIOLOGY-THERAPEUTIC	.439616	9,477	4,166
44	LABORATORY	.289506	418,476	121,151
44	01 LABORATORY-PATHOLOGICAL	.383885	590	226
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.615962	15,335	9,446
49	RESPIRATORY THERAPY	.437956	175,931	77,050
50	PHYSICAL THERAPY	.571498	1,121,198	640,762
51	OCCUPATIONAL THERAPY	.567304	1,102,014	625,177
52	SPEECH PATHOLOGY	.700402	366,458	256,668
53	ELECTROCARDIOLOGY	.251527	11,331	2,850
54	ELECTROENCEPHALOGRAPHY	.358111	5,375	1,925
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.482889	144,271	69,667
56	DRUGS CHARGED TO PATIENTS	.394709	775,523	306,106
57	RENAL DIALYSIS	.990474	26,216	25,966
59	CARDIAC CATHERIZATION LABORATORY	.221827		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.910395		
60	01 DIABETES CENTER	1.627365	1,449	2,358
60	02 NEUROPSYCH	1.465573	180	264
61	EMERGENCY	.413285	1,800	744
62	OBSERVATION BEDS (NON-DISTINCT PART)	.761633		
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		4,346,707	2,199,439
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		4,346,707	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2008
 I 15-0112 I FROM 1/ 1/2007 I WORKSHEET D-4
 I COMPONENT NO: I TO 12/31/2007 I
 I 15-S112 I

TITLE XVIII, PART A

SUBPROVIDER 2

TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
31	SUBPROVIDER			
31	01 SUBPROVIDER II		1,535,685	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.445611		
38	RECOVERY ROOM	.485616		
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY	.198657		
41	RADIOLOGY-DIAGNOSTIC	.516581	6,848	3,538
41	01 CAT SCAN	.112530	6,943	781
41	02 NUCLEAR MEDICINE-DIAGNOSTIC	.361090	4,574	1,652
41	03 MAGNETIC RESONANCE IMAGING(MRI)	.102860	12,021	1,236
41	04 ULTRA SOUND	.269935	3,406	919
41	05 MAMMOGRAPHY	.684032		
42	RADIOLOGY-THERAPEUTIC	.439616		
44	LABORATORY	.289506	152,146	44,047
44	01 LABORATORY-PATHOLOGICAL	.373083		
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	.615962		
49	RESPIRATORY THERAPY	.431605	11,549	4,985
50	PHYSICAL THERAPY	.571498	8,517	4,867
51	OCCUPATIONAL THERAPY	.567304	334	189
52	SPEECH PATHOLOGY	.700402	148	104
53	ELECTROCARDIOLOGY	.251403	6,711	1,687
54	ELECTROENCEPHALOGRAPHY	.357756	1,704	610
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.482889	1,551	749
56	DRUGS CHARGED TO PATIENTS	.394709	242,119	95,567
57	RENAL DIALYSIS	.990474		
59	CARDIAC CATHERIZATION LABORATORY OUTPAT SERVICE COST CNTRS	.220808		
60	CLINIC	.853859		
60	01 DIABETES CENTER	1.627365	72	117
60	02 NEUROPSYCH	1.465573		
61	EMERGENCY	.411909	61,427	25,302
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.761633		
65	AMBULANCE SERVICES			
101	TOTAL		520,070	186,350
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		520,070	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2008
 I 15-0112 I FROM 1/ 1/2007 I WORKSHEET E
 I COMPONENT NO: I TO 12/31/2007 I PART A
 I 15-0112 I I

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

DESCRIPTION

1 1.01

1	DRG AMOUNT		
1.01	OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1 AND BEFORE JANUARY 1	19,643,784	
1.02	OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	7,043,343	
	MANAGED CARE PATIENTS		
1.03	PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST		
1.04	PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1		
1.05	PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1		
1.06	ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07	PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08	SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2	OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01	OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	1,295,861	
3	BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	167.51	
	INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01	NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02	INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.		
3.05	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06	ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
			FOR CR PERIODS ENDING ON OR AFTER 7/1/2005
			E-3 PT 6 LN 15 PLUS LN 3.06
3.07	SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)		
3.08	FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		
3.09	FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10	FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11	FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12	FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13	FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14	CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		
3.15	TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.16	TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.17	SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		
3.18	CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		
3.19	PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		
3.20	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19		
3.21	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 3.21 - 3.23	PLUS E-3, PT VI, LINE 23
3.24	SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		
	DISPROPORTIONATE SHARE ADJUSTMENT		
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	4.16	
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I	17.62	
4.02	SUM OF LINES 4 AND 4.01	21.78	
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)	7.18	
4.04	DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	1,916,136	
	ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5	TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, AND 317.		
5.01	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316 & 317		
5.02	DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316, AND 317.		
5.04	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)	335.00	
5.06	TOTAL ADDITIONAL PAYMENT		
6	SUBTOTAL (SEE INSTRUCTIONS)	29,899,124	
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

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 5/30/2008
I	15-0112	I	FROM 1/ 1/2007	I	WORKSHEET E
I	COMPONENT NO:	I	TO 12/31/2007	I	PART A
I	15-0112	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)	29,899,124	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	2,753,316	
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	2,670	
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS	64,196	
16 TOTAL	32,719,306	
17 PRIMARY PAYER PAYMENTS	121,759	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	32,597,547	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	2,817,704	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	25,544	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	458,810	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	321,167	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	350,143	
22 SUBTOTAL	30,075,466	
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	30,075,466	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	29,807,134	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	268,332	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.		
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/30/2008
I	15-0112	I	FROM 1/ 1/2007	I	WORKSHEET E	
I	COMPONENT NO:	I	TO 12/31/2007	I	PART B	
I	15-0112	I		I		

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	18,020
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	16,928,882
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	13,028,846
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.	66,812
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	18,020
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	44,726
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	44,726
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)	44,726
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	26,706
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	18,020
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	13,095,658
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	876
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	3,449,987
19	SUBTOTAL (SEE INSTRUCTIONS)	9,662,815
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	9,662,815
24	PRIMARY PAYER PAYMENTS	3,433
25	SUBTOTAL	9,659,382
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	416,142
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	291,299
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	293,926
28	SUBTOTAL	9,950,681
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	9,950,681
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	9,910,782
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	39,899
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2008
 I 15-0112 I FROM 1/ 1/2007 I WORKSHEET E-1
 I COMPONENT NO: I TO 12/31/2007 I
 I 15-0112 I I

TITLE XVIII HOSPITAL

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		29,773,057		9,886,658
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	8/20/2007	34,077	8/20/2007	24,124
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		34,077		24,124
4 TOTAL INTERIM PAYMENTS		29,807,134		9,910,782
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		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.

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2008
 I 15-0112 I FROM 1/ 1/2007 I WORKSHEET E-1
 I COMPONENT NO: I TO 12/31/2007 I
 I 15-T112 I I

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		4,680,952		
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		.59		
SUBTOTAL		NONE		NONE
4 TOTAL INTERIM PAYMENTS		4,680,952		
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.

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2008
 I 15-0112 I FROM 1/ 1/2007 I WORKSHEET E-1
 I COMPONENT NO: I TO 12/31/2007 I
 I 15-S112 I I

TITLE XVIII SUBPROVIDER 2

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		1,056,133		
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	8/20/2007	10,246		
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
ADJUSTMENTS TO PROGRAM .55				
ADJUSTMENTS TO PROGRAM .56				
ADJUSTMENTS TO PROGRAM .57				
ADJUSTMENTS TO PROGRAM .58				
ADJUSTMENTS TO PROGRAM .59				
ADJUSTMENTS TO PROGRAM .99				
SUBTOTAL		-10,246		NONE
4 TOTAL INTERIM PAYMENTS		1,045,887		
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 .53				
TENTATIVE TO PROGRAM .54				
TENTATIVE TO PROGRAM .55				
TENTATIVE TO PROGRAM .56				
TENTATIVE TO PROGRAM .57				
TENTATIVE TO PROGRAM .58				
TENTATIVE TO PROGRAM .59				
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.

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/30/2008
 I 15-0112 I FROM 1/ 1/2007 I WORKSHEET E-3
 I COMPONENT NO: I TO 12/31/2007 I PART I
 I 15-T112 I I

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	4,081,167
1.03	MEDICAID SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	.0210
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	143,200
1.05	OUTLIER PAYMENTS	444,261
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	4,668,628
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-)	
1.23	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)	12.506849
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)	4,668,628
5	PRIMARY PAYER PAYMENTS	16,307
6	SUBTOTAL	4,652,321
7	DEDUCTIBLES	31,744
8	SUBTOTAL	4,620,577
9	COINSURANCE	4,960
10	SUBTOTAL	4,615,617
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	6,106
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	4,274
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	3,968
12	SUBTOTAL	4,619,891
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	542
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	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	4,620,433
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	4,680,952
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	-60,519
21	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	5/30/2008
I	15-0112	I	FROM 1/ 1/2007	I	WORKSHEET	E-3
I	COMPONENT NO:	I	TO 12/31/2007	I	PART	I
I	15-T112	I		I		

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

- 50 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.

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/30/2008
I	15-0112	I	FROM 1/ 1/2007	I	WORKSHEET	E-3
I	COMPONENT NO:	I	TO 12/31/2007	I	PART	I
I	15-S112	I		I		

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
SUBPROVIDER 2

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	1,503,704
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	375,926
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	
1.03	MEDICAID SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	
1.05	OUTLIER PAYMENTS	
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	
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)	722,684
1.09	NET IPF PPS OUTLIER PAYMENTS	41,469
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)	13.443836
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (\text{LINE } 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1\}$.	
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)	764,153
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	1,052,593
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	789,445
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-)	25,292
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	1,165,371
	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)	
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (\text{LINE } 1.39/1.40)) \text{ RAISED TO THE POWER OF } .9012 - 1\}$.	
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)	1,165,371
5	PRIMARY PAYER PAYMENTS	10,892
6	SUBTOTAL	1,154,479
7	DEDUCTIBLES	99,952
8	SUBTOTAL	1,054,527
9	COINSURANCE	6,944
10	SUBTOTAL	1,047,583
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	74,907
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	52,435
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	68,139
12	SUBTOTAL	1,100,018
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	413
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	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	1,100,431
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	1,045,887
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	54,544
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

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CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 5/30/2008
I	15-0112	I	FROM 1/ 1/2007	I	WORKSHEET E-3
I	COMPONENT NO:	I	TO 12/31/2007	I	PART I
I	15-S112	I		I	

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
SUBPROVIDER 2

- 50 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.

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	15,373,077	266,329		
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	42,183,714			
5	OTHER RECEIVABLES				
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-16,589,691			
7	INVENTORY	3,214,809			
8	PREPAID EXPENSES	3,223,937			
9	OTHER CURRENT ASSETS	10,783,449			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	58,189,295	266,329		
FIXED ASSETS					
12	LAND	1,554,235			
12.01	LAND IMPROVEMENTS	9,712,169			
13	LESS ACCUMULATED DEPRECIATION	-9,104,478			
14	BUILDINGS	121,992,157			
14.01	LESS ACCUMULATED DEPRECIATION	-73,093,872			
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT	3,206,132			
16.01	LESS ACCUMULATED DEPRECIATION	-2,029,904			
17	AUTOMOBILES AND TRUCKS	1,371,428			
17.01	LESS ACCUMULATED DEPRECIATION	-1,068,123			
18	MAJOR MOVABLE EQUIPMENT	108,329,850			
18.01	LESS ACCUMULATED DEPRECIATION	-76,207,711			
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	84,661,883			
OTHER ASSETS					
22	INVESTMENTS	13,139,109			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	108,841,278			
26	TOTAL OTHER ASSETS	121,980,387			
27	TOTAL ASSETS	264,831,565	266,329		

BALANCE SHEET

PROVIDER NO: 15-0112
 PERIOD: FROM 1/ 1/2007 TO 12/31/2007
 PREPARED 5/30/2008
 WORKSHEET G

	GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4
LIABILITIES AND FUND BALANCE				
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	5,476,953			
29 SALARIES, WAGES & FEES PAYABLE	2,375,942			
30 PAYROLL TAXES PAYABLE	767,393			
31 NOTES AND LOANS PAYABLE (SHORT TERM)	3,350,000			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	8,301,950			
36 TOTAL CURRENT LIABILITIES	20,272,238			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	70,193,882			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	1,105,201			
42 TOTAL LONG-TERM LIABILITIES	71,299,083			
43 TOTAL LIABILITIES	91,571,321			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	173,260,244			
45 SPECIFIC PURPOSE FUND		266,329		
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	173,260,244	266,329		
52 TOTAL LIABILITIES AND FUND BALANCES	264,831,565	266,329		

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		153,761,253		240,049
2 NET INCOME (LOSS)		22,217,613		
3 TOTAL		175,978,866		240,049
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 CONTRIBUTIONS	20,816		83,570	
6				
7				
8				
9				
10 TOTAL ADDITIONS		20,816		83,570
11 SUBTOTAL		175,999,682		323,619
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 TRANSFER TO RELATED COMPA	2,739,438			
14 DISBURSEMENTS			20,816	
15 TRANSFER TO UNRESTRICTED			36,474	
16				
17				
18 TOTAL DEDUCTIONS		2,739,438		57,290
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		173,260,244		266,329

	ENDOWMENT FUND		PLANT FUND	
	5	6	7	8
1 FUND BALANCE AT BEGINNING OF PERIOD				
2 NET INCOME (LOSS)				
3 TOTAL				
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 CONTRIBUTIONS				
6				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL				
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 TRANSFER TO RELATED COMPA				
14 DISBURSEMENTS				
15 TRANSFER TO UNRESTRICTED				
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
I	15-0112	I	FROM 1/ 1/2007	I	5/30/2008
I		I	TO 12/31/2007	I	WORKSHEET G-2
				I	PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	29,889,668		29,889,668
2 00 SUBPROVIDER	3,830,321		3,830,321
2 01 SUBPROVIDER II	4,815,535		4,815,535
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	38,535,524		38,535,524
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	3,516,852		3,516,852
11 00 CORONARY CARE UNIT	3,517,765		3,517,765
12 00 BURN INTENSIVE CARE UNIT			
13 00 SURGICAL INTENSIVE CARE UNIT			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	7,034,617		7,034,617
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	45,570,141		45,570,141
17 00 ANCILLARY SERVICES	116,160,422	168,507,698	284,668,120
18 00 OUTPATIENT SERVICES	4,191,950	16,864,497	21,056,447
19 00 HOME HEALTH AGENCY			
20 00 AMBULANCE SERVICES	11,423	3,650,672	3,662,095
24 00			
25 00 TOTAL PATIENT REVENUES	165,933,936	189,022,867	354,956,803

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES		177,714,784	
ADD (SPECIFY)			
27 00 PROVISION FOR BAD DEBT	8,214,795		
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		8,214,795	
DEDUCT (SPECIFY)			
34 00			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		185,929,579	

STATEMENT OF REVENUES AND EXPENSES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/30/2008
I	15-0112	I	FROM 1/ 1/2007	I	WORKSHEET	G-3
I		I	TO 12/31/2007	I		

DESCRIPTION		
1	TOTAL PATIENT REVENUES	354,956,803
2	LESS: ALLOWANCES AND DISCOUNTS ON	159,015,216
3	NET PATIENT REVENUES	195,941,587
4	LESS: TOTAL OPERATING EXPENSES	185,929,579
5	NET INCOME FROM SERVICE TO PATIENT	10,012,008
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUES	61,534
7	INCOME FROM INVESTMENTS	8,994,278
8	REVENUE FROM TELEPHONE AND TELEG	6,619
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	25,543
11	REBATES AND REFUNDS OF EXPENSES	2,734
12	PARKING LOT RECEIPTS	335
13	REVENUE FROM LAUNDRY AND LINEN S	
14	REVENUE FROM MEALS SOLD TO EMPLO	1,124,635
15	REVENUE FROM RENTAL OF LIVING QU	
16	REVENUE FROM SALE OF MEDICAL & S	35,042
	TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OT	
18	REVENUE FROM SALE OF MEDICAL REC	3,253
19	TUITION (FEES, SALE OF TEXTBOOKS	48,169
20	REVENUE FROM GIFTS, FLOWER, COFFE	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	223,708
23	GOVERNMENTAL APPROPRIATIONS	1,203,662
24	JOINT VENTURE INCOME	444,745
24.01	EAP REVENUE	58,007
24.02	WELLNESS REVENUE	338,265
24.03	OTHER INCOME	315,579
25	TOTAL OTHER INCOME	12,886,108
26	TOTAL	22,898,116
	OTHER EXPENSES	
27	LOSS ON DISPOSAL OF FIXED ASSETS	74,707
28	OTHER EXPENSE	25,255
29	PHYSICIAN INSURANCE	580,541
30	TOTAL OTHER EXPENSES	680,503
31	NET INCOME (OR LOSS) FOR THE PERIO	22,217,613

CALCULATION OF CAPITAL PAYMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/30/2008
I	15-0112	I	FROM 1/ 1/2007	I	WORKSHEET L	
I	COMPONENT NO:	I	TO 12/31/2007	I	PARTS I-IV	
I	15-0112	I		I		

TITLE XVIII, PART A

HOSPITAL

FULLY PROSPECTIVE METHOD

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS		
	CAPITAL FEDERAL AMOUNT		
2	CAPITAL DRG OTHER THAN OUTLIER	2,414,714	
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997		
3	.01 CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	229,698	
	INDIRECT MEDICAL EDUCATION ADJUSTMENT		
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	80.49	
	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 RECIPIENT PATIENT DAYS TO	4.16	
	MEDICARE PART A PATIENT DAYS		
5	.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	17.62	
	DAYS REPORTED ON S-3, PART I		
5	.02 SUM OF 5 AND 5.01	21.78	
5	.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	4.51	
5	.04 DISPROPORTIONATE SHARE ADJUSTMENT	108,904	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	2,753,316	

PART II - HOLD HARMLESS METHOD

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

PART III - PAYMENT UNDER REASONABLE COST

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

PART IV - COMPUTATION OF EXCEPTION PAYMENTS

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