

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

FORM APPROVED
OMB NO. 0938-0050

HOSPITAL AND HOSPITAL HEALTH
CARE COMPLEX
COST REPORT CERTIFICATION
AND SETTLEMENT SUMMARY

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PROVIDER NO:
15-0011

PERIOD
FROM 7/ 1/2006
TO 6/30/2007

INTERMEDIARY USE ONLY
--AUDITED --DESK REVIEW
--INITIAL --REOPENED
--FINAL 1-MCR CODE
00 - # OF REOPENINGS

WORKSHEET 5
PARTS I & II
DATE RECEIVED:
/ /
INTERMEDIARY NO:

ELECTRONICALLY FILED COST REPORT

DATE: 11/27/2007 TIME 15:13

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:
MARION GENERAL HOSPITAL 15-0011
FOR THE COST REPORTING PERIOD BEGINNING 7/ 1/2006 AND ENDING 6/30/2007 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.

Paul L. Urby
OFFICER OR ADMINISTRATOR OF PROVIDER(S)
CFO
TITLE
11/28/07
DATE

ECR ENCRYPTION INFORMATION
DATE: 11/27/2007 TIME 15:13

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PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX
	1	2		3	4
1	HOSPITAL	0	358,628	55,393	2,457,907
2	SUBPROVIDER	0	21,560	0	0
100	TOTAL	0	380,188	55,393	2,457,907

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS
 1 STREET: 441 WABASH AVENUE P.O. BOX:
 1.01 CITY: MARION STATE: IN ZIP CODE: 46952- COUNTY: GRANT

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P,T,O OR N)		
0	1	2	2.01	3	V	XVIII	XIX
02.00 HOSPITAL	MARION GENERAL HOSPITAL	15-0011		7/ 1/1966	N	P	O
03.00 SUBPROVIDER	MARION GENERAL HOSPITAL REHAB	15-T011		7/ 1/2005	N	P	O

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 7/ 1/2006 TO: 6/30/2007

18 TYPE OF CONTROL 1 2

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 1
 20 SUBPROVIDER 5

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. 2 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 2
- 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 2
- 21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER "Y" FOR YES, AND "N" FOR NO. N
- 22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N
- 23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N
- 23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. / /
- 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) N N
- 25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(c)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS) N N
- 26 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 2
- 26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: 7/ 1/2006 ENDING: 12/31/2006
- 26.02 ENTER THE APPLICABLE SCH DATES: BEGINNING: 1/ 1/2007 ENDING: 6/30/2007
- 27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. N / /

		1	2	3	4
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)	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	0	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).		N		
31.05	IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).		N		
MISCELLANEOUS COST REPORT INFORMATION					
32	IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2.		N		
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2		N		
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA?		N		
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?		N		
35.01	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?		N		
35.02	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?		N		
35.03	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?		N		
35.04	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?		N		
PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL					
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)		V	XVIII	XIX
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS)		1	2	3
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)		N	Y	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

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

PROVIDER NO: 15-0011 I PERIOD: 7/ 1/2006 I PREPARED 11/27/2007
I FROM 6/30/2007 I WORKSHEET 5-3
I TO 6/30/2007 I 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	127	46,355	2.01	3	7,691	4.01	1,376
2 HMO							2,745
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	127	46,355			7,691		1,376
6 INTENSIVE CARE UNIT	19	6,935			1,918		
12 TOTAL	146	53,290			9,609		1,376
13 RPCH VISITS							
14 SUBPROVIDER	18	6,570			2,691		
25 TOTAL	164						
26 OBSERVATION BED DAYS							2,566
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS						1,421	
27 01 AMBULANCE TRIPS							
27 02 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX OBSERVATION BEDS ADMITTED	I/P DAYS / NOT ADMITTED	O/P VISITS / TOTAL ALL PATS	/ TRIPS / TOTAL OBSERVATION BEDS ADMITTED	DISCHARGES / TITLE XVIII NOT ADMITTED	-- INTERNS & RES. FTES -- TOTAL	LESS I&R REPL NON-PHYS ANES
1 ADULTS & PEDIATRICS	5.01	5.02	16,496	6.01	6.02	7	8
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			16,496				
6 INTENSIVE CARE UNIT			2,846				
12 TOTAL			19,342				
13 RPCH VISITS							
14 SUBPROVIDER			3,191				
25 TOTAL							
26 OBSERVATION BED DAYS	448	2,118	8,479	2,124	6,355		
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
27 01 AMBULANCE TRIPS							
27 02 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					2,511	1,257	6,075
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							
12 TOTAL		838.66			2,511	1,257	6,075
13 RPCH VISITS							
14 SUBPROVIDER		16.43			250	6	288
25 TOTAL		855.09					
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
27 AMBULANCE TRIPS							
27 01 AMBULANCE TRIPS							
27 02 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

HOSPITAL WAGE INDEX INFORMATION

I PROVIDER NO: I PERIOD: I PREPARED 11/27/2007
 I 15-0011 I FROM 7/ 1/2006 I WORKSHEET S-3
 I I TO 6/30/2007 I PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
1 SALARIES						
2 TOTAL SALARY	37,916,479	5,824	37,922,303	1,765,628.00	21.48	
3 NON-PHYSICIAN ANESTHETIST PART A						
4 NON-PHYSICIAN ANESTHETIST PART B						
4.01 PHYSICIAN - PART A	271,694		271,694	3,035.00	89.52	
5 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5.01 PHYSICIAN - PART B						
6 NON-PHYSICIAN - PART B						
6.01 INTERNS & RESIDENTS (APPRVD)						
7 CONTRACT SERVICES, I&R						
8 HOME OFFICE PERSONNEL						
8.01 SNF						
8.01 EXCLUDED AREA SALARIES	3,902,600	256,122	4,158,722	245,263.00	16.96	
9 OTHER WAGES & RELATED COSTS						
9.01 CONTRACT LABOR:	804,178		804,178	13,247.00	60.71	
9.02 PHARMACY SERVICES UNDER CONTRACT						
9.03 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A						
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS						
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
13 WAGE RELATED COSTS						
14 WAGE-RELATED COSTS (CORE)	10,214,520		10,214,520			CMS 339
15 WAGE-RELATED COSTS (OTHER)						CMS 339
16 EXCLUDED AREAS	1,512,018		1,512,018			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						CMS 339
20 WAGE-RELATD COSTS (RHC/FQHC)						CMS 339
21 INTERNS & RESIDENTS (APPRVD)						CMS 339
22 OVERHEAD COSTS - DIRECT SALARIES						
22.01 EMPLOYEE BENEFITS	783,288	-2,806	780,482	39,407.00	19.81	
23 ADMINISTRATIVE & GENERAL	6,251,919	-201,201	6,050,718	262,054.00	23.09	
24 A & G UNDER CONTRACT						
25 MAINTENANCE & REPAIRS						
26 OPERATION OF PLANT	1,110,350		1,110,350	63,348.00	17.53	
27 LAUNDRY & LINEN SERVICE	-752	752				
28 HOUSEKEEPING	-4,873	4,873				
28.01 HOUSEKEEPING UNDER CONTRACT	965,329		965,329	84,404.00	11.44	
29 DIETARY	-199	199				
29.01 DIETARY UNDER CONTRACT	1,348,002		1,348,002	85,110.00	15.84	
30 CAFETERIA						
31 MAINTENANCE OF PERSONNEL						
32 NURSING ADMINISTRATION	983,864	-418,432	565,432	18,312.00	30.88	
33 CENTRAL SERVICE AND SUPPLY	259,823	14,087	273,910	17,771.00	15.41	
34 PHARMACY	1,247,203		1,247,203	43,646.00	28.58	
35 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY						
36 SOCIAL SERVICE						
37 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	37,916,479	5,824	37,922,303	1,765,628.00	21.48	
2 EXCLUDED AREA SALARIES	3,902,600	256,122	4,158,722	245,263.00	16.96	
3 SUBTOTAL SALARIES	34,013,879	-250,298	33,763,581	1,520,365.00	22.21	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	804,178		804,178	13,247.00	60.71	
5 SUBTOTAL WAGE-RELATED COSTS	10,214,520		10,214,520		30.25	
6 TOTAL	45,032,577	-250,298	44,782,279	1,533,612.00	29.20	
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	12,943,954	-602,528	12,341,426	614,052.00	20.10	

DESCRIPTION

- UNCOMPENSATED CARE INFORMATION
- 1 DO YOU HAVE A WRITTEN CHARITY CARE POLICY?
 - 2 ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04
 - 2.01 IS IT AT THE TIME OF ADMISSION?
 - 2.02 IS IT AT THE TIME OF FIRST BILLING?
 - 2.03 IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?
 - 2.04
 - 3 ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?
 - 4 ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?
 - 5 ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?
 - 6 ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?
 - 7 ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?
 - 8 DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01
 - 8.01 DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?
 - 9 IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04
 - 9.01 IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?
 - 9.02 IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?
 - 9.03 IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?
 - 9.04 IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?
 - 10 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?
 - 11 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04
 - 11.01 IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?
 - 11.02 IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?
 - 11.03 IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?
 - 11.04 IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?
 - 12 ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?
 - 13 IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?
 - 14 IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02
 - 14.01 DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?
 - 14.02 WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?
 - 15 DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?
 - 16 ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?
- UNCOMPENSATED CARE REVENUES
- 17 REVENUE FROM UNCOMPENSATED CARE
 - 17.01 GROSS MEDICAID REVENUES
 - 18 REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS
 - 19 REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)
 - 20 RESTRICTED GRANTS
 - 21 NON-RESTRICTED GRANTS
 - 22 TOTAL GROSS UNCOMPENSATED CARE REVENUES
- UNCOMPENSATED CARE COST
- 23 TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS
 - 24 COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103) .374263
 - 25 TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)
 - 26 TOTAL SCHIP CHARGES FROM YOUR RECORDS
 - 27 TOTAL SCHIP COST, (LINE 24 * LINE 26)
 - 28 TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS
 - 29 TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)
 - 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)

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
1	0100 GENERAL SERVICE COST CNTR					
3	0300 OLD CAP REL COSTS-BLDG & FIXT		12,020,760	12,020,760	1,940,832	13,961,592
5	0500 NEW CAP REL COSTS-BLDG & FIXT					
6	0600 EMPLOYEE BENEFITS	783,288	12,330,013	13,113,301	-2,806	13,110,495
7	0700 ADMINISTRATIVE & GENERAL	6,251,919	9,714,028	15,965,947	-274,911	15,691,036
7.01	0701 MAINTENANCE & REPAIRS					
7.02	0701 CAFETERIA				972,854	972,854
8	0800 CAFETERIA					
9	0800 OPERATION OF PLANT	1,110,350	2,451,236	3,561,586	198,702	3,760,288
10	0900 LAUNDRY & LINEN SERVICE	-752	319,460	318,708		318,708
11	1000 HOUSEKEEPING	-4,873	1,811,978	1,807,105	3,556	1,810,661
14	1100 DIETARY	-199	1,727,361	1,727,162	-1,011,769	715,393
15	1400 NURSING ADMINISTRATION	983,864	47,092	1,030,956	-418,432	612,524
16	1500 CENTRAL SERVICES & SUPPLY	259,823	248,061	507,884	14,087	521,971
25	1600 PHARMACY	1,247,203	10,422,214	11,669,417	-10,048,351	1,621,066
26	2500 INPAT ROUTINE SRVC CNTRS					
31	2500 ADULTS & PEDIATRICS	7,880,788	772,186	8,652,974	133,992	8,786,966
37	2600 INTENSIVE CARE UNIT	1,909,543	169,285	2,078,828	29,989	2,108,817
41	3100 SUBPROVIDER	671,845	559,975	1,231,820	15,076	1,246,896
44	3700 ANCILLARY SRVC COST CNTRS					
44.01	3700 OPERATING ROOM	1,833,769	3,832,874	5,666,643	65,975	5,732,618
44.02	4100 RADIOLOGY-DIAGNOSTIC	2,783,504	2,917,328	5,700,832	96,179	5,797,011
49	4400 LABORATORY	2,503,283	2,745,545	5,248,828	8,341	5,257,169
50	4401 ONCOLOGY	730,876	353,162	1,084,038		1,084,038
53	4402 RADIATION ONCOLOGY					
53.01	4900 RESPIRATORY THERAPY	901,792	751,395	1,653,187	66,364	1,719,551
53.03	5000 PHYSICAL THERAPY	1,163,001	225,533	1,388,534	45,578	1,434,112
55	5300 ELECTROCARDIOLOGY	531,103	115,153	646,256	67,228	713,484
56	5301 CARDIAC REHAB	83,558	7,615	91,173	22,529	113,702
60	5303 CARDIAC CATH	262,379	1,247,744	1,510,123	37,236	1,547,359
61	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS					
62	5600 DRUGS CHARGED TO PATIENTS				10,048,351	10,048,351
65	6000 OUTPAT SERVICE COST CNTRS					
66	6000 CLINIC	172,150	54,112	226,262	28,561	254,823
67	6100 EMERGENCY	2,627,510	414,135	3,041,645	-51,393	2,990,252
68	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
69	6500 OTHER REIMBURS COST CNTRS					
70	6500 AMBULANCE SERVICES	724,978	132,194	857,172	42,049	899,221
71	8800 SPEC PURPOSE COST CENTERS					
72	8800 INTEREST EXPENSE		2,539,229	2,539,229	-2,539,229	
73	95 AMBULANCE SERVICES (07/01/2003 LIMIT)	35,410,702	67,929,668	103,340,370	-509,412	102,830,958
74	9600 NONREIMBURS COST CENTERS					
75	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN	32,404	28,743	61,147	6,177	67,324
76	9601 PHYSICIAN OFFICES	2,016,050	4,888,222	6,904,272	255,053	7,159,325
77	9602 VISITOR MEALS					
78	9603 GREAT BEGINNINGS/MATERNAL	121,990	3,550	125,540	10,294	135,834
79	9604 LIFELINE	69,401	90,887	160,288	3,194	163,482
80	9605 LEASED PROPERTIES		951,585	951,585	-132,430	819,155
81	9606 OCCUPATIONAL HEALTH	78,710	78,282	156,992	34,695	191,687
82	9607 PROFESSIONAL ARTS PHARMACY	164,625		164,625	6,523	171,148
83	9608 PARISH NURSING	20,345	15,664	36,009	6,037	42,046
84	9609 BIOTERRORISM GRANT	2,252	5,806	8,058		8,058
85	9610 BREAST PUMPS		4,021	4,021	908	4,929
86	9611 MEALS ON WHEELS					
87	9612 MENTAL HEALTH MEALS					
88	9613 ADVERTISING				318,961	318,961
89	9614 TOBACCO CESSATION GRANT					
90	101 TOTAL	37,916,479	73,996,428	111,912,907	-0-	111,912,907

RECLASSIFICATION AND ADJUSTMENT OF
 TRIAL BALANCE OF EXPENSES

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS-BLDG & FIXT	-1,703,614	12,257,978
3	0300 NEW CAP REL COSTS-BLDG & FIXT		
5	0500 EMPLOYEE BENEFITS	-197,377	12,913,118
6	0600 ADMINISTRATIVE & GENERAL	-2,399,836	13,291,200
7	0700 MAINTENANCE & REPAIRS		
7.01	0701 CAFETERIA		972,854
7.02	0702 CAFETERIA		
8	0800 OPERATION OF PLANT	-85,365	3,674,923
9	0900 LAUNDRY & LINEN SERVICE	-9,319	309,389
10	1000 HOUSEKEEPING	-4,676	1,805,985
11	1100 DIETARY	-51,613	663,780
14	1400 NURSING ADMINISTRATION	-26	612,498
15	1500 CENTRAL SERVICES & SUPPLY	-11,056	510,915
16	1600 PHARMACY	-491,920	1,129,146
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-44,398	8,742,568
26	2600 INTENSIVE CARE UNIT	-1,981	2,106,836
31	3100 SUBPROVIDER	-60,000	1,186,896
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-63,248	5,669,370
41	4100 RADIOLOGY-DIAGNOSTIC	-358,153	5,438,858
44	4400 LABORATORY	-42,958	5,214,211
44.01	4401 ONCOLOGY	-621	1,083,417
44.02	4402 RADIATION ONCOLOGY		
49	4900 RESPIRATORY THERAPY	-1,594	1,717,957
50	5000 PHYSICAL THERAPY	-4,527	1,429,585
53	5300 ELECTROCARDIOLOGY	-96	713,388
53.01	5301 CARDIAC REHAB	-15	113,687
53.03	5303 CARDIAC CATH	-24,605	1,522,754
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		
56	5600 DRUGS CHARGED TO PATIENTS		10,048,351
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC	-204	254,619
61	6100 EMERGENCY	-2,352	2,987,900
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
65	6500 AMBULANCE SERVICES	-69,780	829,441
	SPEC PURPOSE COST CENTERS		
88	8800 INTEREST EXPENSE		-0-
95	9500 AMBULANCE SERVICES (07/01/2003 LIMIT)	-5,629,334	97,201,624
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		67,324
96.01	9601 PHYSICIAN OFFICES	-14	7,159,311
96.02	9602 VISITOR MEALS		
96.03	9603 GREAT BEGINNINGS/MATERNAL		135,834
96.04	9604 LIFELINE		163,482
96.05	9605 LEASED PROPERTIES		819,155
96.06	9606 OCCUPATIONAL HEALTH		191,687
96.07	9607 PROFESSIONAL ARTS PHARMACY		171,148
96.08	9608 PARISH NURSING		42,046
96.09	9609 BIOTERRORISM GRANT		8,058
96.10	9610 BREAST PUMPS		4,929
96.11	9611 MEALS ON WHEELS		
96.12	9612 MENTAL HEALTH MEALS		
96.13	9613 ADVERTISING		318,961
96.14	9614 TOBACCO CESSATION GRANT		
101	TOTAL	-5,629,348	106,283,559

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 11/27/2007
 I 15-0011 I FROM 7/ 1/2006 I NOT A CMS WORKSHEET
 I I TO 6/30/2007 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
7.01	CAFETERIA	0701	MAINTENANCE & REPAIRS
7.02	CAFETERIA	0702	MAINTENANCE & REPAIRS
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
31	SUBPROVIDER	3100	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
44.01	ONCOLOGY	4401	LABORATORY
44.02	RADIATION ONCOLOGY	4402	LABORATORY
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
53	ELECTROCARDIOLOGY	5300	
53.01	CARDIAC REHAB	5301	ELECTROCARDIOLOGY
53.03	CARDIAC CATH	5303	ELECTROCARDIOLOGY
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
95	AMBULANCE SERVICES (07/01/2003 LIMIT	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
96.01	PHYSICIAN OFFICES	9601	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.02	VISITOR MEALS	9602	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.03	GREAT BEGINNINGS/MATERNAL	9603	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.04	LIFELINE	9604	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.05	LEASED PROPERTIES	9605	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.06	OCCUPATIONAL HEALTH	9606	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.07	PROFESSIONAL ARTS PHARMACY	9607	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.08	PARISH NURSING	9608	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.09	BIOTERRORISM GRANT	9609	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.10	BREAST PUMPS	9610	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.11	MEALS ON WHEELS	9611	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.12	MENTAL HEALTH MEALS	9612	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.13	ADVERTISING	9613	GIFT, FLOWER, COFFEE SHOP & CANTEEN
96.14	TOBACCO CESSATION GRANT	9614	GIFT, FLOWER, COFFEE SHOP & CANTEEN
101	TOTAL	0000	

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	INCREASE		
			LINE NO	SALARY	OTHER
	1	2	3	4	5
1 DIAGNOSTIC SATELITE OFFICES	A	RADIOLOGY-DIAGNOSTIC	41	4,579	10,710
2		ELECTROCARDIOLOGY	53	731	410
3 CAFETERIA	B	CAFETERIA	7.01		972,854
4		ADMINISTRATIVE & GENERAL	6		44,077
5 ADMINISTRATIVE DIRECTOR	C	ADMINISTRATIVE & GENERAL	6	13,895	
6		CENTRAL SERVICES & SUPPLY	15	14,087	
7		ADULTS & PEDIATRICS	25	133,992	
8		INTENSIVE CARE UNIT	26	29,989	
9		SUBPROVIDER	31	15,076	
10		OPERATING ROOM	37	65,975	
11		RESPIRATORY THERAPY	49	66,364	
12		ELECTROCARDIOLOGY	53	48,175	
13		CARDIAC REHAB	53.01	12,412	
14		CARDIAC CATH	53.03	37,236	
15		CLINIC	60	9,480	
16		AMBULANCE SERVICES	65	42,049	
17		GIFT, FLOWER, COFFEE SHOP & CANTEEN	96	6,177	
18		GREAT BEGINNINGS/MATERNAL	96.03	8,169	
19		LIFELINE	96.04	3,194	
20		OCCUPATIONAL HEALTH	96.06	18,826	
21		PARISH NURSING	96.08	3,369	
22		BREAST PUMPS	96.10	908	
23 ADVERTISING	D	ADVERTISING	96.13	172,249	146,712
24 LEASED PROPERTY	E	ADMINISTRATIVE & GENERAL	6		28,925
25		OPERATION OF PLANT	8		198,702
26		HOUSEKEEPING	10		3,556
27		DIETARY	11		5,162
28		RADIOLOGY-DIAGNOSTIC	41		80,890
29		LABORATORY	44		24,771
30		PHYSICAL THERAPY	50		45,578
31		ELECTROCARDIOLOGY	53		17,912
32		CARDIAC REHAB	53.01		10,117
33		CLINIC	60		19,081
34		PHYSICIAN OFFICES	96.01		255,053
35		GREAT BEGINNINGS/MATERNAL	96.03		2,125
1 LEASED PROPERTY	E	OCCUPATIONAL HEALTH	96.06		29,764
2		PROFESSIONAL ARTS PHARMACY	96.07		6,523
3		PARISH NURSING	96.08		2,668
4 INTEREST	F	OLD CAP REL COSTS-BLDG & FIXT	1		2,539,229
5 PHARMACY	G	DRUGS CHARGED TO PATIENTS	56		10,048,351
6 LAUNDRY, HK & DIETARY WAGES	H	LAUNDRY & LINEN SERVICE	9	752	
7		HOUSEKEEPING	10	4,873	
8		DIETARY	11	199	
36 TOTAL RECLASSIFICATIONS				712,756	14,493,170

(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.

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF
			LINE NO	7			
1 DIAGNOSTIC SATELITE OFFICES	A	LABORATORY	44		5,310	11,120	
2							
3 CAFETERIA	B	DIETARY	11			1,016,931	
4							
5 ADMINISTRATIVE DIRECTOR	C	OCCUPATIONAL HEALTH	96.06		13,895		
6		NURSING ADMINISTRATION	14		418,432		
7		EMPLOYEE BENEFITS	5		2,806		
8		ADMINISTRATIVE & GENERAL	6		42,847		
9		EMERGENCY	61		51,393		
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23 ADVERTISING	D	ADMINISTRATIVE & GENERAL	6		172,249	146,712	
24 LEASED PROPERTY	E	OLD CAP REL COSTS-BLDG & FIXT	1			598,397	10
25		LEASED PROPERTIES	96.05			132,430	
26							
27							
28							
29							
30							
31							
32							
33							
34							
35							
1 LEASED PROPERTY	E						
2							
3							
4 INTEREST	F	INTEREST EXPENSE	88			2,539,229	11
5 PHARMACY	G	PHARMACY	16			10,048,351	
6 LAUNDRY, HK & DIETARY WAGES	H	LAUNDRY & LINEN SERVICE	9			752	
7		HOUSEKEEPING	10			4,873	
8		DIETARY	11			199	
36 TOTAL RECLASSIFICATIONS					706,932	14,498,994	

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

RECLASS CODE: A
 EXPLANATION : DIAGNOSTIC SATELITE OFFICES

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RADIOLOGY-DIAGNOSTIC	41	15,289	LABORATORY	44	16,430	
2.00	ELECTROCARDIOLOGY	53	1,141			0	
TOTAL RECLASSIFICATIONS FOR CODE A			16,430			16,430	

RECLASS CODE: B
 EXPLANATION : CAFETERIA

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	7.01	972,854	DIETARY	11	1,016,931	
2.00	ADMINISTRATIVE & GENERAL	6	44,077			0	
TOTAL RECLASSIFICATIONS FOR CODE B			1,016,931			1,016,931	

RECLASS CODE: C
 EXPLANATION : ADMINISTRATIVE DIRECTOR

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	13,895	OCCUPATIONAL HEALTH	96.06	13,895	
2.00	CENTRAL SERVICES & SUPPLY	15	14,087	NURSING ADMINISTRATION	14	418,432	
3.00	ADULTS & PEDIATRICS	25	133,992	EMPLOYEE BENEFITS	5	2,806	
4.00	INTENSIVE CARE UNIT	26	29,989	ADMINISTRATIVE & GENERAL	6	42,847	
5.00	SUBPROVIDER	31	15,076	EMERGENCY	61	51,393	
6.00	OPERATING ROOM	37	65,975			0	
7.00	RESPIRATORY THERAPY	49	66,364			0	
8.00	ELECTROCARDIOLOGY	53	48,175			0	
9.00	CARDIAC REHAB	53.01	12,412			0	
10.00	CARDIAC CATH	53.03	37,236			0	
11.00	CLINIC	60	9,480			0	
12.00	AMBULANCE SERVICES	65	42,049			0	
13.00	GIFT, FLOWER, COFFEE SHOP & CA	96	6,177			0	
14.00	GREAT BEGINNINGS/MATERNAL	96.03	8,169			0	
15.00	LIFELINE	96.04	3,194			0	
16.00	OCCUPATIONAL HEALTH	96.06	18,826			0	
17.00	PARISH NURSING	96.08	3,369			0	
18.00	BREAST PUMPS	96.10	908			0	
TOTAL RECLASSIFICATIONS FOR CODE C			529,373			529,373	

RECLASS CODE: D
 EXPLANATION : ADVERTISING

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADVERTISING	96.13	318,961	ADMINISTRATIVE & GENERAL	6	318,961	
TOTAL RECLASSIFICATIONS FOR CODE D			318,961			318,961	

RECLASS CODE: E
 EXPLANATION : LEASED PROPERTY

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	28,925	OLD CAP REL COSTS-BLDG & FIXT	1	598,397	
2.00	OPERATION OF PLANT	8	198,702	LEASED PROPERTIES	96.05	132,430	
3.00	HOUSEKEEPING	10	3,556			0	
4.00	DIETARY	11	5,162			0	
5.00	RADIOLOGY-DIAGNOSTIC	41	80,890			0	
6.00	LABORATORY	44	24,771			0	
7.00	PHYSICAL THERAPY	50	45,578			0	
8.00	ELECTROCARDIOLOGY	53	17,912			0	
9.00	CARDIAC REHAB	53.01	10,117			0	
10.00	CLINIC	60	19,081			0	
11.00	PHYSICIAN OFFICES	96.01	255,053			0	
12.00	GREAT BEGINNINGS/MATERNAL	96.03	2,125			0	
13.00	OCCUPATIONAL HEALTH	96.06	29,764			0	
14.00	PROFESSIONAL ARTS PHARMACY	96.07	6,523			0	
15.00	PARISH NURSING	96.08	2,668			0	
TOTAL RECLASSIFICATIONS FOR CODE E			730,827			730,827	

RECLASS CODE: F
 EXPLANATION : INTEREST

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	2,539,229	INTEREST EXPENSE	88	2,539,229	
TOTAL RECLASSIFICATIONS FOR CODE F			2,539,229			2,539,229	

RECLASS CODE: G
 EXPLANATION : PHARMACY

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	10,048,351	PHARMACY	16	10,048,351	
TOTAL RECLASSIFICATIONS FOR CODE G			10,048,351			10,048,351	

RECLASS CODE: H
 EXPLANATION : LAUNDRY, HK & DIETARY WAGES

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	LAUNDRY & LINEN SERVICE	9	752	LAUNDRY & LINEN SERVICE	9	752	
2.00	HOUSEKEEPING	10	4,873	HOUSEKEEPING	10	4,873	
3.00	DIETARY	11	199	DIETARY	11	199	
TOTAL RECLASSIFICATIONS FOR CODE H			5,824				5,824

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING	PURCHASES	ACQUISITIONS	TOTAL	DISPOSALS	ENDING	FULLY
		BALANCES		DONATION		AND		
		1	2	3	4	5	6	7
1	LAND	2,707,011	208,115		208,115		2,915,126	
2	LAND IMPROVEMENTS	1,568,103				212,793	1,355,310	
3	BUILDINGS & FIXTURE	97,054,760				10,129,818	86,924,942	
4	BUILDING IMPROVEMEN	72,827	71,361		71,361		144,188	
5	FIXED EQUIPMENT	3,380,907				1,668,056	1,712,851	
6	MOVABLE EQUIPMENT	57,612,387				4,684,960	52,927,427	
7	SUBTOTAL	162,395,995	279,476		279,476	16,695,627	145,979,844	
8	RECONCILING ITEMS							
9	TOTAL	162,395,995	279,476		279,476	16,695,627	145,979,844	

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

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

PART III - RECONCILIATION OF CAPITAL COST CENTERS

*	DESCRIPTION	COMPUTATION OF RATIOS			RATIO	ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS	CAPITIALIZED LEASES	GROSS ASSETS FOR RATIO		INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
		1	2	3	4	5	6	7	8
1	OLD CAP REL COSTS-BL								
3	NEW CAP REL COSTS-BL								
5	TOTAL				1.000000				

*	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	9,906,890	-598,397	2,756,961	192,524			12,257,978
3	NEW CAP REL COSTS-BL							
5	TOTAL	9,906,890	-598,397	2,756,961	192,524			12,257,978

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	9,903,877		1,924,359	192,524			12,020,760
3	NEW CAP REL COSTS-BL							
5	TOTAL	9,903,877		1,924,359	192,524			12,020,760

* All lines numbers except line 5 are to be consistent with workhseet 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

I PROVIDER NO: I
I 15-0011 I
I I

I PERIOD: I PREPARED 11/27/2007
I FROM 7/ 1/2006 I WORKSHEET A-8
I TO 6/30/2007 I

1	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			
1	INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &		1	
2	INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**		2	
3	INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &		3	
4	INVESTMENT INCOME-NEW MOVABLE EQUIP			**COST CENTER DELETED**		4	
5	INVESTMENT INCOME-OTHER						
6	TRADE, QUANTITY AND TIME DISCOUNTS						
7	REFUNDS AND REBATES OF EXPENSES						
8	RENTAL OF PROVIDER SPACE BY SUPPLIERS						
9	TELEPHONE SERVICES						
10	TELEVISION AND RADIO SERVICE						
11	PARKING LOT						
12	PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-331,545				
13	SALE OF SCRAP, WASTE, ETC.						
14	RELATED ORGANIZATION TRANSACTIONS	A-8-1					
15	LAUNDRY AND LINEN SERVICE						
16	CAFETERIA--EMPLOYEES AND GUESTS						
17	RENTAL OF QTRS TO EMPLOYEE AND OTHRS						
18	SALE OF MED AND SURG SUPPLIES						
19	SALE OF DRUGS TO OTHER THAN PATIENTS						
20	SALE OF MEDICAL RECORDS & ABSTRACTS						
21	NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)						
22	VENDING MACHINES						
23	INCOME FROM IMPOSITION OF INTEREST						
24	INTRST EXP ON MEDICARE OVERPAYMENTS						
25	ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY		49	
26	ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY		50	
27	ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3					
28	UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**		89	
29	DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &		1	
30	DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**		2	
31	DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &		3	
32	DEPRECIATION-NEW MOVABLE EQUIP			**COST CENTER DELETED**		4	
33	NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**		20	
34	PHYSICIANS' ASSISTANT						
35	ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**		51	
36	ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**		52	
37	PAGER RENTAL	B	-8,680	ADMINISTRATIVE & GENERAL		6	
38	TELEVISION AND RADIO SERVICE	A	-14,315	OPERATION OF PLANT		8	
39							
40							
41	PHYS DINING OTH PHYSICIAN D	B	-25,696	DIETARY		11	
42	PHYS DISC OTH PHYSICIAN DIN	B	3,785	DIETARY		11	
43	VENDING MACHINES	B	-19,591	DIETARY		11	
44	SALE OF MEDICAL RECORDS & ABSTRACTS	A	-27,236	ADMINISTRATIVE & GENERAL		6	
45	RENTAL OF PROVIDER SPCE BY SUPPLIERS	B	-1,200	ADMINISTRATIVE & GENERAL		6	
46	SALE OF SCRAP, WASTE, ETC.	B	-2,917	ADMINISTRATIVE & GENERAL		6	
47	HEALTH SCREENING FEES - LAB	B	-6,458	LABORATORY		44	
48	HEALTH SCREENING FEES - RAD	B	-1,814	RADIOLOGY-DIAGNOSTIC		41	
49	HEALTH SCREENING FEES - RES CARE	B	-130	RESPIRATORY THERAPY		49	
49.01	TELEPHONE SERVICE	A	-14,790	ADMINISTRATIVE & GENERAL		6	
49.02	TELEPHONE SERVICE	A	-67,787	OPERATION OF PLANT		8	
49.03	SALE OF RAGS	B	-772	HOUSEKEEPING		10	
49.04	ITEMIZED BILL FEES	B	-234	ADMINISTRATIVE & GENERAL		6	
49.05	SANITARY NAPKIN SALES	B	-217	HOUSEKEEPING		10	
49.06	X-RAY FILE SALES	B	-11	RADIOLOGY-DIAGNOSTIC		41	
49.07	EDUCATIONAL WORKSHOP	B	-1,510	ADMINISTRATIVE & GENERAL		6	
49.08	MISC REV	B	-77	ADMINISTRATIVE & GENERAL		6	
49.09	PHYSICIAN PRIV APPLIC	B	-8,425	ADMINISTRATIVE & GENERAL		6	
49.10	RIVER VIEW RADIOLOGY	B	-20,320	RADIOLOGY-DIAGNOSTIC		41	
49.11	RIVER VIEW TRANSCRIPT	B	-38,664	ADMINISTRATIVE & GENERAL		6	
49.12	RIVER VIEW CLIN ENG	B	-3,070	OPERATION OF PLANT		8	
49.13	RIVER VIEW STERILIZATION	B	-10,363	CENTRAL SERVICES & SUPPLY		15	
49.14	RIVER VIEW INSTATRAK LEASE	B	-31,360	OPERATING ROOM		37	
49.15	RIVER VIEW CONSLT RHIA CONSUL	B	-850	ADMINISTRATIVE & GENERAL		6	
49.16	EMERGENCY DRUG SALES	B	-14,908	PHARMACY		16	
49.17	EMPL UNIFORMS	B	-38	ADMINISTRATIVE & GENERAL		6	
49.18	ENTERTAINMENT EXP	A	-1,221	EMPLOYEE BENEFITS		5	
49.19	ENTERTAINMENT EXP	A	-628	ADMINISTRATIVE & GENERAL		6	
49.20	ENTERTAINMENT EXP	A	-7	LABORATORY		44	
49.21	ENTERTAINMENT EXP	A	-11	ONCOLOGY		44.01	
49.22	ENTERTAINMENT EXP	A	-45	EMERGENCY		61	
49.23	ENTERTAINMENT EXP	A	-14	PHYSICIAN OFFICES		96.01	
49.24	EMPLOYEE USE OF AUTO	A	-7,747	ADMINISTRATIVE & GENERAL		6	
49.25	DONATIONS	A	-115,203	ADMINISTRATIVE & GENERAL		6	
49.26	VHA OPPORTUNITY	A	-50	EMPLOYEE BENEFITS		5	
49.27	VHA OPPORTUNITY	A	-4,749	ADMINISTRATIVE & GENERAL		6	
49.28	VHA OPPORTUNITY	A	-163	OPERATION OF PLANT		8	
49.29	VHA OPPORTUNITY	A	-892	LAUNDRY & LINEN SERVICE		9	
49.30	VHA OPPORTUNITY	A	-3,687	HOUSEKEEPING		10	
49.31	VHA OPPORTUNITY	A	-10,111	DIETARY		11	
49.32	VHA OPPORTUNITY	A	-6	NURSING ADMINISTRATION		14	
49.33	VHA OPPORTUNITY	A	-693	CENTRAL SERVICES & SUPPLY		15	
49.34	VHA OPPORTUNITY	A	-461,566	PHARMACY		16	
49.35	VHA OPPORTUNITY	A	-30,689	ADULTS & PEDIATRICS		25	
49.36	VHA OPPORTUNITY	A	-1,981	INTENSIVE CARE UNIT		26	
49.37	VHA OPPORTUNITY	A	-31,888	OPERATING ROOM		37	
49.40	VHA OPPORTUNITY	A	-15,763	RADIOLOGY-DIAGNOSTIC		41	
49.41	VHA OPPORTUNITY	A	-25,146	LABORATORY		44	
49.42	VHA OPPORTUNITY	A	-600	ONCOLOGY		44.01	
49.43	VHA OPPORTUNITY	A	-1,431	RESPIRATORY THERAPY		49	
49.44	VHA OPPORTUNITY	A	-203	PHYSICAL THERAPY		50	
49.45	VHA OPPORTUNITY	A	-96	ELECTROCARDIOLOGY		53	
49.46	VHA OPPORTUNITY	A	-15	CARDIAC REHAB		53.01	

ADJUSTMENTS TO EXPENSES

I PROVIDER NO: I
I 15-0011 I
I I

I PERIOD: I
I FROM 7/ 1/2006 I PREPARED 11/27/2007
I TO 6/30/2007 I WORKSHEET A-8

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
49.47 VHA OPPORTUNITY	A	-24,605	CARDIAC CATH	53.03	
49.48 VHA OPPORTUNITY	A	-204	CLINIC	60	
49.49 VHA OPPORTUNITY	A	-2,307	EMERGENCY	61	
49.50 VHA OPPORTUNITY	A	-313	AMBULANCE SERVICES	65	
49.51 OPT HEALTH LINEN SEV	B	-3,819	LAUNDRY & LINEN SERVICE	9	
49.53 LOSS ON DISPOSAL	A	-329,954	ADMINISTRATIVE & GENERAL	6	
49.54 FINANCE BANK SERVICE CHARGES	A	-43,107	ADMINISTRATIVE & GENERAL	6	
49.55 FINANCE DISCOUNT PAYMENTS	A	9,219	ADMINISTRATIVE & GENERAL	6	
49.56 SICK CHILD CARE PROGRAM	B	-608	ADULTS & PEDIATRICS	25	
49.57 RETURNED CHECK FEE	B	-2,267	ADMINISTRATIVE & GENERAL	6	
49.58 MEDICAL STAFF CME	B	-11,150	EMPLOYEE BENEFITS	5	
49.59 FLU SHOT HEALTH SCREENS	B	-48,500	ADMINISTRATIVE & GENERAL	6	
49.60 AMBULANCE SVC - ASSISTS	B	-66,000	AMBULANCE SERVICES	65	
49.61 AMBULANCE SVC - CORONER SVC	B	-3,467	AMBULANCE SERVICES	65	
49.62 AMBULANCE SVC - LINEN SERVICES	B	-4,608	LAUNDRY & LINEN SERVICE	9	
49.63 MED STAFF LOST GARAGE OPENER	B	-30	OPERATION OF PLANT	8	
49.64 CONTRACT SVC - SPEECH THERAPY	B	-4,254	PHYSICAL THERAPY	50	
49.65 PHYSICIAN RECRUITMENT	A	-1,735,120	ADMINISTRATIVE & GENERAL	6	
49.66 NON-ALLOW 1992 & 1995 BONDS	A	-932,759	OLD CAP REL COSTS-BLDG &	1	11
49.67 INTERIOR PARTITIONS DEPREC	A	-1,567	OLD CAP REL COSTS-BLDG &	1	9
49.68 1991 ADDITIONS	A	3,948	OLD CAP REL COSTS-BLDG &	1	9
49.69 BLDG COSTS	A	789	OLD CAP REL COSTS-BLDG &	1	9
49.70 1992 ASSETS	A	-157	OLD CAP REL COSTS-BLDG &	1	9
49.71 LOBBYING COSTS	A	-9,529	ADMINISTRATIVE & GENERAL	6	
49.72 LOBBYING COSTS	A	-20	NURSING ADMINISTRATION	14	
49.73 LOBBYING COSTS	A	-354	PHARMACY	16	
49.74 LOBBYING COSTS	A	-47	LABORATORY	44	
49.75 LOBBYING COSTS	A	-10	ONCOLOGY	44.01	
49.76 LOBBYING COSTS	A	-33	RESPIRATORY THERAPY	49	
49.77 LOBBYING COSTS	A	-70	PHYSICAL THERAPY	50	
49.78 OPERATING INTEREST INCOME	B	-773,868	OLD CAP REL COSTS-BLDG &	1	11
49.79 AUDIT ADJ - FINANCIAL AUDIT-PENSION	A	-184,956	EMPLOYEE BENEFITS	5	
49.80 HS-MEDSTAFF OTH SCREEN-MED	B	748	ADULTS & PEDIATRICS	25	
49.81 MISC JV BOD FEE JOINT VENTU	B	-1,200	ADMINISTRATIVE & GENERAL	6	
49.82 PHARM EMER OTH EMERGENCY SA	B	-14,908	PHARMACY	16	
49.83 RIVER VIEW PHARMACY	B	-184	PHARMACY	16	
49.84 RIVER VIEW NAME BADGES	B	-430	ADMINISTRATIVE & GENERAL	6	
49.85 CONTRCT SVC OTH STAFF ASSIS	B	-13,849	ADULTS & PEDIATRICS	25	
49.86 CONTRCT ARU OTH ARU MEDICAL	B	-60,000	SUBPROVIDER	31	
49.87 SCHOOL PHYS OTH SCHOOL PHYS	B	-6,000	ADMINISTRATIVE & GENERAL	6	
50 TOTAL (SUM OF LINES 1 THRU 49)		-5,629,348			

(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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I PERIOD: I PREPARED 11/27/2007
 I 15-0011 I FROM 7/ 1/2006 I WORKSHEET A-8-2
 I I TO 6/30/2007 I GROUP 1

1	2	3	4	5	6	7	8	9
WKSHT A	COST CENTER/	TOTAL	PROFES-	PROVIDER	RCE	PHYSICIAN/	UNADJUSTED	5 PERCENT OF
LINE NO.	PHYSICIAN	REMUN-	SIONAL	COMPONENT	AMOUNT	PROVIDER	RCE LIMIT	UNADJUSTED
1	IDENTIFIER	ERATION	COMPONENT	5	6	COMPONENT	8	RCE LIMIT
2	2	3	4			HOURS		9
1	41	320,245	320,245		217,600			
2	44	11,300	11,300		208,000			
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	331,545	331,545					

1	2	3	4	5	6	7	8	9
WKSHT A	COST CENTER/	COST OF	PROVIDER	PHYSICIAN	PROVIDER	ADJUSTED	RCE	ADJUSTMENT
LINE NO.	PHYSICIAN	MEMBERSHIPS	COMPONENT	COST OF	COMPONENT	RCE	OIS-	
10	IDENTIFIER	& CONTINUING	SHARE OF	MALPRACTICE	SHARE OF	LIMIT	ALLOWANCE	
11	11	EDUCATION	COL 12	INSURANCE	COL 14	16	17	18
1	41							320,245
2	44							11,300
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL							331,545

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS	SALARIES	NOT ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM.	COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	6	SQUARE	FEET	NOT ENTERED
7.01	CAFETERIA	71	MEALS	SERVED	ENTERED
7.02	CAFETERIA	72	HOURS	WORKED	ENTERED
8	OPERATION OF PLANT	1	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	9	HOURS OF	SERVICE	ENTERED
11	DIETARY	10	MEALS	SERVED	ENTERED
14	NURSING ADMINISTRATION	13	DIRECT	NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED	REQUIS.	ENTERED
16	PHARMACY	15	COSTED	REQUIS.	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/27/2007
 I 15-0011 I FROM 7/ 1/2006 I WORKSHEET B
 I I TO 6/30/2007 I PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-BLDG &	EMPLOYEE BENE FITS	SUBTOTAL	ADMINISTRATIV E & GENERAL	MAINTENANCE & REPAIRS
	0	1	3	5	5a.00	6	7
001 GENERAL SERVICE COST CNTR							
003 OLD CAP REL COSTS-BLDG & NEW CAP REL COSTS-BLDG &	12,257,978	12,257,978					
005 EMPLOYEE BENEFITS	12,913,118	421,151		13,334,269			
006 ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS	13,291,200	1,943,812		2,172,268	17,407,280	17,407,280	
007 01 CAFETERIA	972,854	181,215			1,154,069	226,036	
007 02 CAFETERIA							
008 OPERATION OF PLANT	3,674,923	2,744,795		398,627	6,818,345	1,335,441	
009 LAUNDRY & LINEN SERVICE	309,389	79,118			388,507	76,093	
010 HOUSEKEEPING	1,805,985	130,877			1,936,862	379,354	
011 DIETARY	663,780	203,109			866,889	169,789	
014 NURSING ADMINISTRATION	612,498	26,198		202,996	841,692	164,854	
015 CENTRAL SERVICES & SUPPLY	510,915	89,223		98,336	698,474	136,803	
016 PHARMACY	1,129,146	114,335		447,758	1,691,239	331,246	
025 INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	8,742,568	1,672,925		2,877,371	13,292,864	2,603,511	
026 INTENSIVE CARE UNIT	2,106,836	374,631		696,311	3,177,778	622,400	
031 SUBPROVIDER	1,186,896	352,437		246,612	1,785,945	349,795	
037 ANCILLARY SRVC COST CNTRS OPERATING ROOM	5,669,370	727,704		682,027	7,079,101	1,386,513	
041 RADIOLOGY-DIAGNOSTIC	5,438,858	1,258,624		1,000,950	7,698,432	1,507,815	
044 LABORATORY	5,214,211	406,405		896,797	6,517,413	1,276,501	
044 01 ONCOLOGY	1,083,417			262,392	1,345,809	263,590	
044 02 RADIATION ONCOLOGY							
049 RESPIRATORY THERAPY	1,717,957	169,800		347,578	2,235,335	437,813	
050 PHYSICAL THERAPY	1,429,585	415,574		417,529	2,262,688	443,170	
053 ELECTROCARDIOLOGY	713,388	157,487		208,229	1,079,104	211,353	
053 01 CARDIAC REHAB	113,687	48,541		34,454	196,682	38,522	
053 03 CARDIAC CATH	1,522,754	28,967		107,565	1,659,286	324,988	
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS	10,048,351				10,048,351	1,968,070	
060 OUTPAT SERVICE COST CNTRS CLINIC	254,619	91,581		65,207	411,407	80,578	
061 EMERGENCY	2,987,900	411,195		924,852	4,323,947	846,888	
062 OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS)							
065 AMBULANCE SERVICES	829,441	155,429		275,370	1,260,240	246,831	
095 SPEC PURPOSE COST CENTERS AMBULANCE SERVICES (07/01 NONREIMBURS COST CENTERS)	97,201,624	12,205,133		12,363,229	96,177,739	15,427,954	
096 GIFT, FLOWER, COFFEE SHOP	67,324	52,620		13,851	133,795	26,205	
096 01 PHYSICIAN OFFICES	7,159,311			723,782	7,883,093	1,543,983	
096 02 VISITOR MEALS							
096 03 GREAT BEGINNINGS/MATERNAL	135,834			46,728	182,562	35,757	
096 04 LIFELINE	163,482			26,062	189,544	37,124	
096 05 LEASED PROPERTIES	819,155				819,155	160,440	
096 06 OCCUPATIONAL HEALTH	191,687			30,028	221,715	43,425	
096 07 PROFESSIONAL ARTS PHARMAC	171,148			59,102	230,250	45,097	
096 08 PARISH NURSING	42,046			8,514	50,560	9,903	
096 09 BIOTERRORISM GRANT	8,058			808	8,866	1,736	
096 10 BREAST PUMPS	4,929	225		326	5,480	1,073	
096 11 MEALS ON WHEELS							
096 12 MENTAL HEALTH MEALS							
096 13 ADVERTISING	318,961			61,839	380,800	74,583	
096 14 TOBACCO CESSATION GRANT							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	106,283,559	12,257,978		13,334,269	106,283,559	17,407,280	

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/27/2007
 I 15-0011 I FROM 7/ 1/2006 I WORKSHEET B
 I I TO 6/30/2007 I PART I

COST CENTER DESCRIPTION	CAFETERIA 7.01	CAFETERIA 7.02	OPERATION OF PLANT 8	LAUNDRY & LIN EN SERVICE 9	HOUSEKEEPING 10	DIETARY 11	NURSING ADMIN ISTRATION 14
001 GENERAL SERVICE COST CNTR							
003 OLD CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-BLDG &							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
007 01 CAFETERIA	1,380,105						
007 02 CAFETERIA	1,014,880	1,014,880					
008 OPERATION OF PLANT		46,906	8,200,692				
009 LAUNDRY & LINEN SERVICE			93,128	557,728			
010 HOUSEKEEPING			154,053		2,470,269		
011 DIETARY			239,075	40,880	34,191	1,350,824	
014 NURSING ADMINISTRATION		13,559	30,837				1,068,037
015 CENTRAL SERVICES & SUPPLY		13,159	105,022	8,937	51,286		
016 PHARMACY		32,318	134,581		51,286		
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS		280,277	1,969,161	210,174	591,007	917,378	460,893
031 INTENSIVE CARE UNIT		56,822	440,968	29,983	156,300	71,334	93,439
031 SUBPROVIDER		25,307	414,845	19,176	112,340	89,062	41,616
037 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM		60,928	856,563	50,389	280,851		100,191
044 RADIOLOGY-DIAGNOSTIC		95,282	1,481,495	49,188	139,204		
044 LABORATORY		98,569	478,369	46	136,762		
044 01 ONCOLOGY				7,004			37,720
044 02 RADIATION ONCOLOGY							
049 RESPIRATORY THERAPY		32,802	199,868	2,079	185,606		53,941
050 PHYSICAL THERAPY		28,647	489,162	20,257	48,844		
053 ELECTROCARDIOLOGY		21,053	185,374	3,769	73,266		34,621
053 01 CARDIAC REHAB		3,294	57,136	6	61,055		5,417
053 03 CARDIAC CATH		9,325	34,097	2,668	73,266		15,334
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC		5,691	107,797	1,995			9,359
061 EMERGENCY		89,996	484,008	72,931	410,287	8,314	147,993
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES		33,324	182,951	26,306	17,095		54,799
095 SPEC PURPOSE COST CENTERS							
095 AMBULANCE SERVICES (07/01	1,014,880	947,259	8,138,490	545,788	2,439,741	1,086,088	1,055,323
095 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		1,762	61,938		9,769		
096 01 PHYSICIAN OFFICES		51,462		2,484			
096 02 VISITOR MEALS	365,225						
096 03 GREAT BEGINNINGS/MATERNAL							6,939
096 04 LIFELINE		2,581			8,548		4,245
096 05 LEASED PROPERTIES				9,456			
096 06 OCCUPATIONAL HEALTH		3,161					
096 07 PROFESSIONAL ARTS PHARMAC		3,805			12,211		
096 08 PARISH NURSING							1,251
096 09 BIOTERRORISM GRANT							
096 10 BREAST PUMPS		16	264				26
096 11 MEALS ON WHEELS						154,724	
096 12 MENTAL HEALTH MEALS						110,012	
096 13 ADVERTISING		4,834					
096 14 TOBACCO CESSATION GRANT							253
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	1,380,105	1,014,880	8,200,692	557,728	2,470,269	1,350,824	1,068,037

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	CENTRAL SERVI PHARMACY CES & SUPPLY		SUBTOTAL	I&R COST POST STEP-DOWN ADJ 26	TOTAL
	15	16			
001 GENERAL SERVICE COST CNTR					
003 OLD CAP REL COSTS-BLDG &					
005 NEW CAP REL COSTS-BLDG &					
006 EMPLOYEE BENEFITS					
007 ADMINISTRATIVE & GENERAL					
007 MAINTENANCE & REPAIRS					
007 01 CAFETERIA					
007 02 CAFETERIA					
008 OPERATION OF PLANT					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
011 DIETARY					
014 NURSING ADMINISTRATION					
015 CENTRAL SERVICES & SUPPLY	1,013,681				
016 PHARMACY		2,240,670			
025 INPAT ROUTINE SRVC CNTRS					
026 ADULTS & PEDIATRICS	157,752		20,483,017		20,483,017
031 INTENSIVE CARE UNIT	50,888		4,699,912		4,699,912
031 SUBPROVIDER	2,036		2,840,122		2,840,122
037 ANCILLARY SRVC COST CNTRS					
041 OPERATING ROOM	605,559		10,420,095		10,420,095
044 RADIOLOGY-DIAGNOSTIC	10,178		10,981,594		10,981,594
044 LABORATORY	30,533		8,538,193		8,538,193
044 01 ONCOLOGY	5,089		1,659,212		1,659,212
044 02 RADIATION ONCOLOGY					
049 RESPIRATORY THERAPY	9,160		3,156,604		3,156,604
050 PHYSICAL THERAPY			3,292,768		3,292,768
053 ELECTROCARDIOLOGY			1,608,540		1,608,540
053 01 CARDIAC REHAB			362,112		362,112
053 03 CARDIAC CATH			2,118,964		2,118,964
055 MEDICAL SUPPLIES CHARGED					
056 DRUGS CHARGED TO PATIENTS		2,240,670	14,257,091		14,257,091
060 OUTPAT SERVICE COST CNTRS					
061 CLINIC			616,827		616,827
061 EMERGENCY	55,976		6,440,340		6,440,340
062 OBSERVATION BEDS (NON-DIS					
062 OTHER REIMBURS COST CNTRS					
065 AMBULANCE SERVICES	2,036		1,823,582		1,823,582
065 SPEC PURPOSE COST CENTERS					
095 AMBULANCE SERVICES (07/01	929,207	2,240,670	93,298,973		93,298,973
095 NONREIMBURS COST CENTERS					
096 GIFT, FLOWER, COFFEE SHOP			233,469		233,469
096 01 PHYSICIAN OFFICES	38,675		9,519,697		9,519,697
096 02 VISITOR MEALS			365,225		365,225
096 03 GREAT BEGINNINGS/MATERNAL			225,258		225,258
096 04 LIFELINE			242,042		242,042
096 05 LEASED PROPERTIES	40,710		1,029,761		1,029,761
096 06 OCCUPATIONAL HEALTH	5,089		273,390		273,390
096 07 PROFESSIONAL ARTS PHARMAC			291,363		291,363
096 08 PARISH NURSING			61,714		61,714
096 09 BIOTERROISM GRANT			10,602		10,602
096 10 BREAST PUMPS			6,859		6,859
096 11 MEALS ON WHEELS			154,724		154,724
096 12 MENTAL HEALTH MEALS			110,012		110,012
096 13 ADVERTISING			460,217		460,217
096 14 TOBACCO CESSATION GRANT			253		253
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 TOTAL	1,013,681	2,240,670	106,283,559		106,283,559

ALLOCATION OF OLD CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/27/2007
 I 15-0011 I FROM 7/ 1/2006 I WORKSHEET B
 I I TO 6/30/2007 I PART II

COST CENTER DESCRIPTION	DIR ASSGND OLD CAPITAL REL COSTS 0	OLD CAP REL COSTS-BLDG & 1	NEW CAP REL COSTS-BLDG & 3	SUBTOTAL 4a	EMPLOYEE BENE FITS 5	ADMINISTRATIVE & GENERAL 6	MAINTENANCE & REPAIRS 7
001 GENERAL SERVICE COST CNTR							
003 OLD CAP REL COSTS-BLDG & NEW CAP REL COSTS-BLDG &							
005 EMPLOYEE BENEFITS		421,151		421,151	421,151		
006 ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS		1,943,812		1,943,812	68,609	2,012,421	
007 01 CAFETERIA		181,215		181,215		26,132	
007 02 CAFETERIA							
008 OPERATION OF PLANT		2,744,795		2,744,795	12,590	154,388	
009 LAUNDRY & LINEN SERVICE		79,118		79,118		8,797	
010 HOUSEKEEPING		130,877		130,877		43,856	
011 DIETARY		203,109		203,109		19,629	
014 NURSING ADMINISTRATION		26,198		26,198	6,411	19,058	
015 CENTRAL SERVICES & SUPPLY		89,223		89,223	3,106	15,816	
016 PHARMACY		114,335		114,335	14,142	38,295	
025 INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		1,672,925		1,672,925	90,881	300,985	
026 INTENSIVE CARE UNIT		374,631		374,631	21,992	71,954	
031 SUBPROVIDER		352,437		352,437	7,789	40,439	
037 ANCILLARY SRVC COST CNTRS OPERATING ROOM		727,704		727,704	21,541	160,292	
041 RADIOLOGY-DIAGNOSTIC		1,258,624		1,258,624	31,614	174,316	
044 LABORATORY		406,405		406,405	28,325	147,574	
044 01 ONCOLOGY					8,287	30,473	
044 02 RADIATION ONCOLOGY							
049 RESPIRATORY THERAPY		169,800		169,800	10,978	50,615	
050 PHYSICAL THERAPY		415,574		415,574	13,187	51,234	
053 ELECTROCARDIOLOGY		157,487		157,487	6,577	24,434	
053 01 CARDIAC REHAB		48,541		48,541	1,088	4,453	
053 03 CARDIAC CATH		28,967		28,967	3,397	37,571	
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS						227,525	
060 OUTPAT SERVICE COST CNTRS CLINIC		91,581		91,581	2,060	9,315	
061 EMERGENCY		411,195		411,195	29,211	97,907	
062 OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS)							
065 AMBULANCE SERVICES		155,429		155,429	8,697	28,536	
095 SPEC PURPOSE COST CENTERS AMBULANCE SERVICES (07/01 NONREIMBURS COST CENTERS)		12,205,133		12,205,133	390,482	1,783,594	
096 GIFT, FLOWER, COFFEE SHOP		52,620		52,620	437	3,030	
096 01 PHYSICIAN OFFICES					22,860	178,497	
096 02 VISITOR MEALS							
096 03 GREAT BEGINNINGS/MATERNAL					1,476	4,134	
096 04 LIFELINE					823	4,292	
096 05 LEASED PROPERTIES						18,548	
096 06 OCCUPATIONAL HEALTH					948	5,020	
096 07 PROFESSIONAL ARTS PHARMAC					1,867	5,214	
096 08 PARISH NURSING					269	1,145	
096 09 BIOTERRORISM GRANT					26	201	
096 10 BREAST PUMPS		225		225	10	124	
096 11 MEALS ON WHEELS							
096 12 MENTAL HEALTH MEALS							
096 13 ADVERTISING					1,953	8,622	
096 14 TOBACCO CESSATION GRANT							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		12,257,978		12,257,978	421,151	2,012,421	

ALLOCATION OF OLD CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/27/2007
 I 15-0011 I FROM 7/ 1/2006 I WORKSHEET B
 I I TO 6/30/2007 I PART II

COST CENTER DESCRIPTION	CAFETERIA 7.01	CAFETERIA 7.02	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSEKEEPING 10	DIETARY 11	NURSING ADMINISTRATION 14
001 GENERAL SERVICE COST CNTR							
003 OLD CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-BLDG &							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
007 01 CAFETERIA	207,347						
007 02 CAFETERIA	152,476	152,476					
008 OPERATION OF PLANT		7,047	2,918,820				
009 LAUNDRY & LINEN SERVICE			33,146	121,061			
010 HOUSEKEEPING			54,831		229,564		
011 DIETARY			85,092	8,873	3,177	319,880	
014 NURSING ADMINISTRATION		2,037	10,976				66,269
015 CENTRAL SERVICES & SUPPLY		1,977	37,380	1,940	4,766		
016 PHARMACY		4,855	47,901		4,766		
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS		42,109	700,870	45,623	54,922	217,239	28,596
031 INTENSIVE CARE UNIT		8,537	156,951	6,508	14,525	16,892	5,798
031 SUBPROVIDER		3,802	147,653	4,162	10,440	21,090	2,582
037 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM		9,154	304,871	10,937	26,100		6,217
044 RADIOLOGY-DIAGNOSTIC		14,315	527,299	10,677	12,936		
044 LABORATORY		14,809	170,263	10	12,709		
044 01 ONCOLOGY				1,520			2,340
044 02 RADIATION ONCOLOGY							
049 RESPIRATORY THERAPY		4,928	71,138	451	17,249		3,347
050 PHYSICAL THERAPY		4,304	174,104	4,397	4,539		
053 ELECTROCARDIOLOGY		3,163	65,979	818	6,809		2,148
053 01 CARDIAC REHAB		495	20,336	1	5,674		336
053 03 CARDIAC CATH		1,401	12,136	579	6,809		951
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC		855	38,368	433			581
061 EMERGENCY		13,521	172,270	15,830	38,128	1,969	9,183
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES		5,007	65,117	5,710	1,589		3,400
065 SPEC PURPOSE COST CENTERS							
095 AMBULANCE SERVICES (07/01	152,476	142,316	2,896,681	118,469	226,727	257,190	65,479
095 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		265	22,045		908		
096 01 PHYSICIAN OFFICES		7,732		539			
096 02 VISITOR MEALS	54,871						
096 03 GREAT BEGINNINGS/MATERNAL							431
096 04 LIFELINE		388			794		263
096 05 LEASED PROPERTIES				2,053			
096 06 OCCUPATIONAL HEALTH		475					
096 07 PROFESSIONAL ARTS PHARMAC		572			1,135		
096 08 PARISH NURSING							78
096 09 BIOTERRORISM GRANT							
096 10 BREAST PUMPS		2	94				2
096 11 MEALS ON WHEELS						36,639	
096 12 MENTAL HEALTH MEALS						26,051	
096 13 ADVERTISING		726					
096 14 TOBACCO CESSATION GRANT							16
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	207,347	152,476	2,918,820	121,061	229,564	319,880	66,269

ALLOCATION OF OLD CAPITAL RELATED COSTS

	COST CENTER DESCRIPTION	CENTRAL SERVI PHARMACY		SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
		CES & SUPPLY				
		15	16	25	26	27
001	GENERAL SERVICE COST CNTR					
003	OLD CAP REL COSTS-BLDG &					
005	NEW CAP REL COSTS-BLDG &					
006	EMPLOYEE BENEFITS					
007	ADMINISTRATIVE & GENERAL					
007	01 MAINTENANCE & REPAIRS					
007	02 CAFETERIA					
008	OPERATION OF PLANT					
009	LAUNDRY & LINEN SERVICE					
010	HOUSEKEEPING					
011	DIETARY					
014	NURSING ADMINISTRATION					
015	CENTRAL SERVICES & SUPPLY	154,208				
016	PHARMACY		224,294			
025	INPAT ROUTINE SRVC CNTRS					
025	ADULTS & PEDIATRICS	23,998		3,178,148		3,178,148
026	INTENSIVE CARE UNIT	7,741		685,529		685,529
031	SUBPROVIDER	310		590,704		590,704
037	ANCILLARY SRVC COST CNTRS					
037	OPERATING ROOM	92,123		1,358,939		1,358,939
041	RADIOLOGY-DIAGNOSTIC	1,548		2,031,329		2,031,329
044	LABORATORY	4,645		784,740		784,740
044	01 ONCOLOGY	774		43,394		43,394
044	02 RADIATION ONCOLOGY					
049	RESPIRATORY THERAPY	1,393		329,899		329,899
050	PHYSICAL THERAPY			667,339		667,339
053	ELECTROCARDIOLOGY			267,415		267,415
053	01 CARDIAC REHAB			80,924		80,924
053	03 CARDIAC CATH			91,811		91,811
055	MEDICAL SUPPLIES CHARGED					
056	DRUGS CHARGED TO PATIENTS		224,294	451,819		451,819
056	OUTPAT SERVICE COST CNTRS					
060	CLINIC			143,193		143,193
061	EMERGENCY	8,516		797,730		797,730
062	OBSERVATION BEDS (NON-DIS					
062	OTHER REIMBURS COST CNTRS					
065	AMBULANCE SERVICES	310		273,795		273,795
065	SPEC PURPOSE COST CENTERS					
095	AMBULANCE SERVICES (07/01	141,358	224,294	11,776,708		11,776,708
095	NONREIMBURS COST CENTERS					
096	GIFT, FLOWER, COFFEE SHOP			79,305		79,305
096	01 PHYSICIAN OFFICES	5,883		215,511		215,511
096	02 VISITOR MEALS			54,871		54,871
096	03 GREAT BEGINNINGS/MATERNAL			6,041		6,041
096	04 LIFELINE			6,560		6,560
096	05 LEASED PROPERTIES	6,193		26,794		26,794
096	06 OCCUPATIONAL HEALTH	774		7,217		7,217
096	07 PROFESSIONAL ARTS PHARMAC			8,788		8,788
096	08 PARISH NURSING			1,492		1,492
096	09 BIOTERRORISM GRANT			227		227
096	10 BREAST PUMPS			457		457
096	11 MEALS ON WHEELS			36,639		36,639
096	12 MENTAL HEALTH MEALS			26,051		26,051
096	13 ADVERTISING			11,301		11,301
096	14 TOBACCO CESSATION GRANT			16		16
101	CROSS FOOT ADJUSTMENTS					
102	NEGATIVE COST CENTER					
103	TOTAL	154,208	224,294	12,257,978		12,257,978

COST CENTER DESCRIPTION	OLD CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCILIATION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS
	OSTS-BLDG & (SQUARE FEET)	OSTS-BLDG & (SQUARE FEET)	(GROSS SALARIES)		(ACCUM. COST)	(SQUARE FEET)
	1	3	5	6a.00	6	7
001 GENERAL SERVICE COST CNTR						
003 OLD CAP REL COSTS-BLDG &	327,529					
005 NEW CAP REL COSTS-BLDG &		327,529				
006 EMPLOYEE BENEFITS	11,253	11,253	37,141,821			
007 ADMINISTRATIVE & GENERAL	51,938	51,938	6,050,718	-17,407,280	88,876,279	
007 MAINTENANCE & REPAIRS						
007 01 CAFETERIA	4,842	4,842			1,154,069	
007 02 CAFETERIA						
008 OPERATION OF PLANT	73,340	73,340	1,110,350		6,818,345	
009 LAUNDRY & LINEN SERVICE	2,114	2,114			388,507	
010 HOUSEKEEPING	3,497	3,497			1,936,862	
011 DIETARY	5,427	5,427			866,889	
014 NURSING ADMINISTRATION	700	700	565,432		841,692	
015 CENTRAL SERVICES & SUPPLY	2,384	2,384	273,910		698,474	
016 PHARMACY	3,055	3,055	1,247,203		1,691,239	
025 INPAT ROUTINE SRVC CNTRS						
026 ADULTS & PEDIATRICS	44,700	44,700	8,014,780		13,292,864	
031 INTENSIVE CARE UNIT	10,010	10,010	1,939,532		3,177,778	
031 SUBPROVIDER	9,417	9,417	686,921		1,785,945	
037 ANCILLARY SRVC COST CNTRS						
041 OPERATING ROOM	19,444	19,444	1,899,744		7,079,101	
044 RADIOLOGY-DIAGNOSTIC	33,630	33,630	2,788,083		7,698,432	
044 LABORATORY	10,859	10,859	2,497,973		6,517,413	
044 01 ONCOLOGY			730,876		1,345,809	
044 02 RADIATION ONCOLOGY						
049 RESPIRATORY THERAPY	4,537	4,537	968,156		2,235,335	
050 PHYSICAL THERAPY	11,104	11,104	1,163,001		2,262,688	
053 ELECTROCARDIOLOGY	4,208	4,208	580,009		1,079,104	
053 01 CARDIAC REHAB	1,297	1,297	95,970		196,682	
053 03 CARDIAC CATH	774	774	299,615		1,659,286	
055 MEDICAL SUPPLIES CHARGED						
056 DRUGS CHARGED TO PATIENTS					10,048,351	
060 OUTPAT SERVICE COST CNTRS						
061 CLINIC	2,447	2,447	181,630		411,407	
062 EMERGENCY	10,987	10,987	2,576,117		4,323,947	
065 OBSERVATION BEDS (NON-OIS						
065 OTHER REIMBURS COST CNTRS						
065 AMBULANCE SERVICES	4,153	4,153	767,027		1,260,240	
095 SPEC PURPOSE COST CENTERS						
095 AMBULANCE SERVICES (07/01	326,117	326,117	34,437,047	-17,407,280	78,770,459	
095 NONREIMBURS COST CENTERS						
096 GIFT, FLOWER, COFFEE SHOP	1,406	1,406	38,581		133,795	
096 01 PHYSICIAN OFFICES			2,016,050		7,883,093	
096 02 VISITOR MEALS						
096 03 GREAT BEGINNINGS/MATERNAL			130,159		182,562	
096 04 LIFELINE			72,595		189,544	
096 05 LEASED PROPERTIES					819,155	
096 06 OCCUPATIONAL HEALTH			83,641		221,715	
096 07 PROFESSIONAL ARTS PHARMAC			164,625		230,250	
096 08 PARISH NURSING			23,714		50,560	
096 09 BIOTERRORISM GRANT			2,252		8,866	
096 10 BREAST PUMPS		6	908		5,480	
096 11 MEALS ON WHEELS						
096 12 MENTAL HEALTH MEALS						
096 13 ADVERTISING			172,249		380,800	
096 14 TOBACCO CESSATION GRANT						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	12,257,978		13,334,269		17,407,280	
103 (WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	37.425626		.359010		.195860	
104 (WRKSHT B, PT I)						
105 COST TO BE ALLOCATED			421,151		2,012,421	
105 (WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER			.011339		.022643	
106 (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED						
107 (WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER						
108 (WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 11/27/2007
 I 15-0011 I FROM 7/ 1/2006 I WORKSHEET B-1
 I I TO 6/30/2007 I

COST CENTER DESCRIPTION	CAFETERIA	CAFETERIA	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	NURSING ADMINISTRATION
	(MEALS SERVED)	(HOURS WORKED)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	(MEALS SERVED)	(DIRECT NRSNG HRS)
	7.01	7.02	8	9	10	11	14
001 GENERAL SERVICE COST CNTR							
003 OLD CAP REL COSTS-BLDG & NEW CAP REL COSTS-BLDG &							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS							
007 01 CAFETERIA	184,892						
007 02 CAFETERIA	135,963	1,370,617					
008 OPERATION OF PLANT		63,348	186,156				
009 LAUNDRY & LINEN SERVICE			2,114	598,985			
010 HOUSEKEEPING			3,497		52,598		
011 DIETARY			5,427	43,904	728	135,018	
014 NURSING ADMINISTRATION		18,312	700		364		877,146
015 CENTRAL SERVICES & SUPPLY		17,771	2,384	9,598	1,092		
016 PHARMACY		43,646	3,055		1,092		
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS		378,518	44,700	225,721	12,584	91,694	378,518
026 INTENSIVE CARE UNIT		76,739	10,010	32,201	3,328	7,130	76,739
031 SUBPROVIDER		34,178	9,417	20,594	2,392	8,902	34,178
031 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		82,284	19,444	54,116	5,980		82,284
041 RADIOLOGY-DIAGNOSTIC		128,681	33,630	52,827	2,964		
044 LABORATORY		133,119	10,859	49	2,912		
044 01 ONCOLOGY				7,522			30,978
044 02 RADIATION ONCOLOGY							
049 RESPIRATORY THERAPY		44,300	4,537	2,233	3,952		44,300
050 PHYSICAL THERAPY		38,689	11,104	21,756	1,040		
053 ELECTROCARDIOLOGY		28,433	4,208	4,048	1,560		28,433
053 01 CARDIAC REHAB		4,449	1,297	6	1,300		4,449
053 03 CARDIAC CATH		12,593	774	2,865	1,560		12,593
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC		7,686	2,447	2,143			7,686
061 EMERGENCY		121,542	10,987	78,326	8,736	831	121,542
062 OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS)							
065 AMBULANCE SERVICES		45,005	4,153	28,252	364		45,005
065 SPEC PURPOSE COST CENTERS							
095 AMBULANCE SERVICES (07/01 NONREIMBURS COST CENTERS)	135,963	1,279,293	184,744	586,161	51,948	108,557	866,705
096 GIFT, FLOWER, COFFEE SHOP		2,379	1,406		208		
096 01 PHYSICIAN OFFICES		69,501		2,668			
096 02 VISITOR MEALS	48,929						
096 03 GREAT BEGINNINGS/MATERNAL							5,699
096 04 LIFELINE		3,486			182		3,486
096 05 LEASED PROPERTIES				10,156			
096 06 OCCUPATIONAL HEALTH		4,269					
096 07 PROFESSIONAL ARTS PHARMAC		5,139			260		
096 08 PARISH NURSING							1,027
096 09 BIOTERRORISM GRANT							
096 10 BREAST PUMPS			21	6			21
096 11 MEALS ON WHEELS						15,465	
096 12 MENTAL HEALTH MEALS						10,996	
096 13 ADVERTISING		6,529					
096 14 TOBACCO CESSATION GRANT							208
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	1,380,105	1,014,880	8,200,692	557,728	2,470,269	1,350,824	1,068,037
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		.740455		.931122		10.004770	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	7,464,385	152,476	44,052,794	2,918,820	46,965,075	319,880	1,217,627
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)		.111246		.202110		2.369166	
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	1.121449		15.679430		4.364501		.075551
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)							

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 11/27/2007
 I 15-0011 I FROM 7/ 1/2006 I WORKSHEET B-1
 I I TO 6/30/2007 I

COST CENTER DESCRIPTION	CENTRAL SERVI PHARMACY CES & SUPPLY	
	(COSTED REQUIS.)	(COSTED REQUIS.)
	15	16
001 GENERAL SERVICE COST CNTR		
003 OLD CAP REL COSTS-BLDG &		
005 NEW CAP REL COSTS-BLDG &		
006 EMPLOYEE BENEFITS		
007 ADMINISTRATIVE & GENERAL		
007 MAINTENANCE & REPAIRS		
007 01 CAFETERIA		
007 02 CAFETERIA		
008 OPERATION OF PLANT		
009 LAUNDRY & LINEN SERVICE		
010 HOUSEKEEPING		
011 DIETARY		
014 NURSING ADMINISTRATION		
015 CENTRAL SERVICES & SUPPLY	996	
016 PHARMACY		100
025 INPAT ROUTINE SRVC CNTRS		
026 ADULTS & PEDIATRICS	155	
031 INTENSIVE CARE UNIT	50	
031 SUBPROVIDER	2	
037 ANCILLARY SRVC COST CNTRS		
041 OPERATING ROOM	595	
044 RADIOLOGY-DIAGNOSTIC	10	
044 LABORATORY	30	
044 01 ONCOLOGY	5	
044 02 RADIATION ONCOLOGY		
049 RESPIRATORY THERAPY	9	
050 PHYSICAL THERAPY		
053 ELECTROCARDIOLOGY		
053 01 CARDIAC REHAB		
053 03 CARDIAC CATH		
055 MEDICAL SUPPLIES CHARGED		
056 DRUGS CHARGED TO PATIENTS		100
060 OUTPAT SERVICE COST CNTRS		
061 CLINIC		
062 EMERGENCY	55	
062 OBSERVATION BEDS (NON-DIS		
065 OTHER REIMBURS COST CNTRS		
065 AMBULANCE SERVICES	2	
095 SPEC PURPOSE COST CENTERS		
095 AMBULANCE SERVICES (07/01	913	100
095 NONREIMBURS COST CENTERS		
096 GIFT, FLOWER, COFFEE SHOP		
096 01 PHYSICIAN OFFICES	38	
096 02 VISITOR MEALS		
096 03 GREAT BEGINNINGS/MATERNAL		
096 04 LIFELINE		
096 05 LEASED PROPERTIES	40	
096 06 OCCUPATIONAL HEALTH	5	
096 07 PROFESSIONAL ARTS PHARMAC		
096 08 PARISH NURSING		
096 09 BIOTERRORISM GRANT		
096 10 BREAST PUMPS		
096 11 MEALS ON WHEELS		
096 12 MENTAL HEALTH MEALS		
096 13 ADVERTISING		
096 14 TOBACCO CESSATION GRANT		
101 CROSS FOOT ADJUSTMENT		
102 NEGATIVE COST CENTER		
103 COST TO BE ALLOCATED	1,013,681	2,240,670
(PER WRKSHT B, PART I)		
104 UNIT COST MULTIPLIER		22,406.700000
(WRKSHT B, PT I)	1,017.752008	
105 COST TO BE ALLOCATED	154,208	224,294
(PER WRKSHT B, PART II)		
106 UNIT COST MULTIPLIER		2,242.940000
(WRKSHT B, PT II)	154.827309	
107 COST TO BE ALLOCATED		
(PER WRKSHT B, PART III)		
108 UNIT COST MULTIPLIER		
(WRKSHT B, PT III)		

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 11/27/2007
 I 15-0011 I FROM 7/ 1/2006 I WORKSHEET C
 I I TO 6/30/2007 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	20,483,017		20,483,017		20,483,017
26	INTENSIVE CARE UNIT	4,699,912		4,699,912		4,699,912
31	SUBPROVIDER	2,840,122		2,840,122		2,840,122
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	10,420,095		10,420,095		10,420,095
41	RADIOLOGY-DIAGNOSTIC	10,981,594		10,981,594		10,981,594
44	LABORATORY	8,538,193		8,538,193		8,538,193
44 01	ONCOLOGY	1,659,212		1,659,212		1,659,212
44 02	RADIATION ONCOLOGY					
49	RESPIRATORY THERAPY	3,156,604		3,156,604		3,156,604
50	PHYSICAL THERAPY	3,292,768		3,292,768		3,292,768
53	ELECTROCARDIOLOGY	1,608,540		1,608,540		1,608,540
53 01	CARDIAC REHAB	362,112		362,112		362,112
53 03	CARDIAC CATH	2,118,964		2,118,964		2,118,964
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS	14,257,091		14,257,091		14,257,091
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	616,827		616,827		616,827
61	EMERGENCY	6,440,340		6,440,340		6,440,340
62	OBSERVATION BEDS (NON-DIS	6,953,967		6,953,967		6,953,967
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	1,823,582		1,823,582		1,823,582
101	SUBTOTAL	100,252,940		100,252,940		100,252,940
102	LESS OBSERVATION BEDS	6,953,967		6,953,967		6,953,967
103	TOTAL	93,298,973		93,298,973		93,298,973

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 11/27/2007
 I 15-0011 I FROM 7/ 1/2006 I WORKSHEET C
 I I TO 6/30/2007 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	YEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	12,723,865		12,723,865			
26	INTENSIVE CARE UNIT	2,514,168		2,514,168			
31	SUBPROVIDER	2,711,500		2,711,500			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	19,344,948	13,836,102	33,181,050	.314038	.314038	.314038
41	RADIOLOGY-DIAGNOSTIC	4,975,239	48,851,684	53,826,923	.204017	.204017	.204017
44	LABORATORY	7,242,585	25,715,838	32,958,423	.259060	.259060	.259060
44 01	ONCOLOGY	25,384	5,007,479	5,032,863	.329676	.329676	.329676
44 02	RADIATION ONCOLOGY						
49	RESPIRATORY THERAPY	1,047,798	3,398,674	4,446,472	.709912	.709912	.709912
50	PHYSICAL THERAPY	2,536,894	2,918,321	5,455,215	.603600	.603600	.603600
53	ELECTROCARDIOLOGY	2,255,905	4,135,493	6,391,398	.251673	.251673	.251673
53 01	CARDIAC REHAB		379,642	379,642	.953825	.953825	.953825
53 03	CARDIAC CATH	1,161,994	1,650,437	2,812,431	.753428	.753428	.753428
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS	8,318,148	48,319,293	56,637,441	.251726	.251726	.251726
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	2,700	362,993	365,693	1.686735	1.686735	1.686735
61	EMERGENCY	2,102,413	18,116,059	20,218,472	.318537	.318537	.318537
62	OBSERVATION BEDS (NON-DIS		5,984,592	5,984,592	1.161978	1.161978	1.161978
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES		3,647,011	3,647,011	.500021	.500021	.500021
101	SUBTOTAL	66,963,541	182,323,618	249,287,159			
102	LESS OBSERVATION BEDS						
103	TOTAL	66,963,541	182,323,618	249,287,159			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/27/2007
I	15-0011	I	FROM 7/ 1/2006	I	WORKSHEET C
I		I	TO 6/30/2007	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	20,483,017		20,483,017		20,483,017
26	INTENSIVE CARE UNIT	4,699,912		4,699,912		4,699,912
31	SUBPROVIDER	2,840,122		2,840,122		2,840,122
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	10,420,095		10,420,095		10,420,095
41	RADIOLOGY-DIAGNOSTIC	10,981,594		10,981,594		10,981,594
44	LABORATORY	8,538,193		8,538,193		8,538,193
44	01 ONCOLOGY	1,659,212		1,659,212		1,659,212
44	02 RADIATION ONCOLOGY					
49	RESPIRATORY THERAPY	3,156,604		3,156,604		3,156,604
50	PHYSICAL THERAPY	3,292,768		3,292,768		3,292,768
53	ELECTROCARDIOLOGY	1,608,540		1,608,540		1,608,540
53	01 CARDIAC REHAB	362,112		362,112		362,112
53	03 CARDIAC CATH	2,118,964		2,118,964		2,118,964
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS	14,257,091		14,257,091		14,257,091
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	616,827		616,827		616,827
61	EMERGENCY	6,440,340		6,440,340		6,440,340
62	OBSERVATION BEDS (NON-DIS	6,953,967		6,953,967		6,953,967
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	1,823,582		1,823,582		1,823,582
101	SUBTOTAL	100,252,940		100,252,940		100,252,940
102	LESS OBSERVATION BEDS	6,953,967		6,953,967		6,953,967
103	TOTAL	93,298,973		93,298,973		93,298,973

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: I PERIOD: I PREPARED 11/27/2007
I 15-0011 I FROM 7/ 1/2006 I WORKSHEET C
I I TO 6/30/2007 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	12,723,865		12,723,865			
26	INTENSIVE CARE UNIT	2,514,168		2,514,168			
31	SUBPROVIDER	2,711,500		2,711,500			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	19,344,948	13,836,102	33,181,050	.314038	.314038	.314038
41	RADIOLOGY-DIAGNOSTIC	4,975,239	48,851,684	53,826,923	.204017	.204017	.204017
44	LABORATORY	7,242,585	25,715,838	32,958,423	.259060	.259060	.259060
44 01	ONCOLOGY	25,384	5,007,479	5,032,863	.329676	.329676	.329676
44 02	RADIATION ONCOLOGY						
49	RESPIRATORY THERAPY	1,047,798	3,398,674	4,446,472	.709912	.709912	.709912
50	PHYSICAL THERAPY	2,536,894	2,918,321	5,455,215	.603600	.603600	.603600
53	ELECTROCARDIOLOGY	2,255,905	4,135,493	6,391,398	.251673	.251673	.251673
53 01	CARDIAC REHAB		379,642	379,642	.953825	.953825	.953825
53 03	CARDIAC CATH	1,161,994	1,650,437	2,812,431	.753428	.753428	.753428
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS OUTPAT SERVICE COST CNTRS	8,318,148	48,319,293	56,637,441	.251726	.251726	.251726
60	CLINIC	2,700	362,993	365,693	1.686735	1.686735	1.686735
61	EMERGENCY	2,102,413	18,116,059	20,218,472	.318537	.318537	.318537
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		5,984,592	5,984,592	1.161978	1.161978	1.161978
65	AMBULANCE SERVICES		3,647,011	3,647,011	.500021	.500021	.500021
101	SUBTOTAL	66,963,541	182,323,618	249,287,159			
102	LESS OBSERVATION BEDS						
103	TOTAL	66,963,541	182,323,618	249,287,159			

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	10,420,095	1,358,939	9,061,156			10,420,095
41	RADIOLOGY-DIAGNOSTIC	10,981,594	2,031,329	8,950,265			10,981,594
44	LABORATORY	8,538,193	784,740	7,753,453			8,538,193
44	01 ONCOLOGY	1,659,212	43,394	1,615,818			1,659,212
44	02 RADIATION ONCOLOGY						
49	RESPIRATORY THERAPY	3,156,604	329,899	2,826,705			3,156,604
50	PHYSICAL THERAPY	3,292,768	667,339	2,625,429			3,292,768
53	ELECTROCARDIOLOGY	1,608,540	267,415	1,341,125			1,608,540
53	01 CARDIAC REHAB	362,112	80,924	281,188			362,112
53	03 CARDIAC CATH	2,118,964	91,811	2,027,153			2,118,964
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS	14,257,091	451,819	13,805,272			14,257,091
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	616,827	143,193	473,634			616,827
61	EMERGENCY	6,440,340	797,730	5,642,610			6,440,340
62	OBSERVATION BEDS (NON-DIS	6,953,967	1,078,978	5,874,989			6,953,967
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	1,823,582	273,795	1,549,787			1,823,582
101	SUBTOTAL	72,229,889	8,401,305	63,828,584			72,229,889
102	LESS OBSERVATION BEDS	6,953,967	1,078,978	5,874,989			6,953,967
103	TOTAL	65,275,922	7,322,327	57,953,595			65,275,922

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR MARION GENERAL HOSPITAL
 CALCULATION OF OUTPATIENT SERVICE COST TO
 CHARGE RATIOS NET OF REDUCTIONS

I PROVIDER NO: I PERIOD: I PREPARED 11/27/2007
 I 15-0011 I FROM 7/ 1/2006 I WORKSHEET C
 I I TO 6/30/2007 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	33,181,050	.314038	.314038
41	RADIOLOGY-DIAGNOSTIC	53,826,923	.204017	.204017
44	LABORATORY	32,958,423	.259060	.259060
44 01	ONCOLOGY	5,032,863	.329676	.329676
44 02	RADIATION ONCOLOGY			
49	RESPIRATORY THERAPY	4,446,472	.709912	.709912
50	PHYSICAL THERAPY	5,455,215	.603600	.603600
53	ELECTROCARDIOLOGY	6,391,398	.251673	.251673
53 01	CARDIAC REHAB	379,642	.953825	.953825
53 03	CARDIAC CATH	2,812,431	.753428	.753428
55	MEDICAL SUPPLIES CHARGED			
56	DRUGS CHARGED TO PATIENTS	56,637,441	.251726	.251726
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	365,693	1.686735	1.686735
61	EMERGENCY	20,218,472	.318537	.318537
62	OBSERVATION BEDS (NON-DIS	5,984,592	1.161978	1.161978
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	3,647,011	.500021	.500021
101	SUBTOTAL	231,337,626		
102	LESS OBSERVATION BEDS	5,984,592		
103	TOTAL	225,353,034		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	10,420,095	1,358,939	9,061,156			10,420,095
41	RADIOLOGY-DIAGNOSTIC	10,981,594	2,031,329	8,950,265			10,981,594
44	LABORATORY	8,538,193	784,740	7,753,453			8,538,193
44	01 ONCOLOGY	1,659,212	43,394	1,615,818			1,659,212
44	02 RADIATION ONCOLOGY						
49	RESPIRATORY THERAPY	3,156,604	329,899	2,826,705			3,156,604
50	PHYSICAL THERAPY	3,292,768	667,339	2,625,429			3,292,768
53	ELECTROCARDIOLOGY	1,608,540	267,415	1,341,125			1,608,540
53	01 CARDIAC REHAB	362,112	80,924	281,188			362,112
53	03 CARDIAC CATH	2,118,964	91,811	2,027,153			2,118,964
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS	14,257,091	451,819	13,805,272			14,257,091
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	616,827	143,193	473,634			616,827
61	EMERGENCY	6,440,340	797,730	5,642,610			6,440,340
62	OBSERVATION BEDS (NON-DIS	6,953,967	1,078,978	5,874,989			6,953,967
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES	1,823,582	273,795	1,549,787			1,823,582
101	SUBTOTAL	72,229,889	8,401,305	63,828,584			72,229,889
102	LESS OBSERVATION BEDS	6,953,967	1,078,978	5,874,989			6,953,967
103	TOTAL	65,275,922	7,322,327	57,953,595			65,275,922

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	33,181,050	.314038	.314038
41	RADIOLOGY-DIAGNOSTIC	53,826,923	.204017	.204017
44	LABORATORY	32,958,423	.259060	.259060
44 01	ONCOLOGY	5,032,863	.329676	.329676
44 02	RADIATION ONCOLOGY			
49	RESPIRATORY THERAPY	4,446,472	.709912	.709912
50	PHYSICAL THERAPY	5,455,215	.603600	.603600
53	ELECTROCARDIOLOGY	6,391,398	.251673	.251673
53 01	CARDIAC REHAB	379,642	.953825	.953825
53 03	CARDIAC CATH	2,812,431	.753428	.753428
55	MEDICAL SUPPLIES CHARGED			
56	DRUGS CHARGED TO PATIENTS	56,637,441	.251726	.251726
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	365,693	1.686735	1.686735
61	EMERGENCY	20,218,472	.318537	.318537
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	5,984,592	1.161978	1.161978
65	AMBULANCE SERVICES	3,647,011	.500021	.500021
101	SUBTOTAL	231,337,626		
102	LESS OBSERVATION BEDS	5,984,592		
103	TOTAL	225,353,034		

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						
26	ADULTS & PEDIATRICS	3,178,148		3,178,148			
31	INTENSIVE CARE UNIT	685,529		685,529			
101	SUBPROVIDER	590,704		590,704			
	TOTAL	4,454,381		4,454,381			

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	24,975	7,691	127.25	978,680		
26	ADULTS & PEDIATRICS	2,846	1,918	240.87	461,989		
31	INTENSIVE CARE UNIT	3,191	2,691	185.12	498,158		
101	SUBPROVIDER						
	TOTAL	31,012	12,300		1,938,827		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/27/2007
 I 15-0011 I FROM 7/ 1/2006 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2007 I PART II
 I 15-0011 I I

TITLE XVIII, PART A

HOSPITAL

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	CST/CHRG RATIO 5	OLD CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	1,358,939		33,181,050	9,802,757	.040955	401,472
41	RADIOLOGY-DIAGNOSTIC	2,031,329		53,826,923	3,598,978	.037738	135,818
44	LABORATORY	784,740		32,958,423	5,170,958	.023810	123,121
44 01	ONCOLOGY	43,394		5,032,863	21,102	.008622	182
44 02	RADIATION ONCOLOGY						
49	RESPIRATORY THERAPY	329,899		4,446,472	714,192	.074193	52,988
50	PHYSICAL THERAPY	667,339		5,455,215	679,733	.122330	83,152
53	ELECTROCARDIOLOGY	267,415		6,391,398	1,936,724	.041840	81,033
53 01	CARDIAC REHAB	80,924		379,642		.213159	
53 03	CARDIAC CATH	91,811		2,812,431	867,428	.032645	28,317
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS	451,819		56,637,441	5,359,463	.007977	42,752
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	143,193		365,693	2,641	.391566	1,034
61	EMERGENCY	797,730		20,218,472	1,724,881	.039456	68,057
62	OBSERVATION BEDS (NON-DIS	1,078,978		5,984,592		.180293	
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL	8,127,510		227,690,615	29,878,857		1,017,926

TITLE XVIII, PART A HOSPITAL

WKST A	COST CENTER DESCRIPTION	NEW CAPITAL	
LINE NO.		CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM		
41	RADIOLOGY-DIAGNOSTIC		
44	LABORATORY		
44 01	ONCOLOGY		
44 02	RADIATION ONCOLOGY		
49	RESPIRATORY THERAPY		
50	PHYSICAL THERAPY		
53	ELECTROCARDIOLOGY		
53 01	CARDIAC REHAB		
53 03	CARDIAC CATH		
55	MEDICAL SUPPLIES CHARGED		
56	DRUGS CHARGED TO PATIENTS		
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
61	EMERGENCY		
62	OBSERVATION BEDS (NON-DIS		
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
101	TOTAL		

PPS

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR MARION GENERAL HOSPITAL IN LIEU OF FORM CMS-2552-96(11/1998)

APPORTIONMENT OF INPATIENT ROUTINE I PROVIDER NO: I PERIOD: I PREPARED 11/27/2007
 SERVICE OTHER PASS THROUGH COSTS I 15-0011 I FROM 7/ 1/2006 I WORKSHEET D
 TITLE XVIII, PART A I I TO 6/30/2007 I PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					24,975	
26	INTENSIVE CARE UNIT					2,846	
31	SUBPROVIDER					3,191	
101	TOTAL					31,012	

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

I PROVIDER NO: I PERIOD: I PREPARED 11/27/2007
 I 15-0011 I FROM 7/ 1/2006 I WORKSHEET D
 I I TO 6/30/2007 I PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	7,691	
26	INTENSIVE CARE UNIT	1,918	
31	SUBPROVIDER	2,691	
101	TOTAL	12,300	

TITLE XVIII, PART A HOSPITAL

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
		1	1.01	2		2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM							
41	RADIOLOGY-DIAGNOSTIC							
44	LABORATORY							
44	01 ONCOLOGY							
44	02 RADIATION ONCOLOGY							
49	RESPIRATORY THERAPY							
50	PHYSICAL THERAPY							
53	ELECTROCARDIOLOGY							
53	01 CARDIAC REHAB							
53	03 CARDIAC CATH							
55	MEDICAL SUPPLIES CHARGED							
56	DRUGS CHARGED TO PATIENTS							
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
61	EMERGENCY							
62	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL							

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			33,181,050			9,802,757	
41	RADIOLOGY-DIAGNOSTIC			53,826,923			3,598,978	
44	LABORATORY			32,958,423			5,170,958	
44 01	ONCOLOGY			5,032,863			21,102	
44 02	RADIATION ONCOLOGY							
49	RESPIRATORY THERAPY			4,446,472			714,192	
50	PHYSICAL THERAPY			5,455,215			679,733	
53	ELECTROCARDIOLOGY			6,391,398			1,936,724	
53 01	CARDIAC REHAB			379,642				
53 03	CARDIAC CATH			2,812,431			867,428	
55	MEDICAL SUPPLIES CHARGED							
56	DRUGS CHARGED TO PATIENTS			56,637,441			5,359,463	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			365,693			2,641	
61	EMERGENCY			20,218,472			1,724,881	
62	OBSERVATION BEDS (NON-DIS			5,984,592				
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL			227,690,615			29,878,857	

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	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	4,254,230					
41	RADIOLOGY-DIAGNOSTIC	14,418,294					
44	LABORATORY	1,124,475					
44 01	ONCOLOGY	2,869,079					
44 02	RADIATION ONCOLOGY						
49	RESPIRATORY THERAPY	716,316					
50	PHYSICAL THERAPY	1,742					
53	ELECTROCARDIOLOGY	1,871,088					
53 01	CARDIAC REHAB	203,700					
53 03	CARDIAC CATH	1,033,560					
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS	26,612,653					
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	223,804					
61	EMERGENCY	3,592,573					
62	OBSERVATION BEDS (NON-OIS)	2,524,787					
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL	59,446,301					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 15-0011
 PERIOD: FROM 7/ 1/2006 TO 6/30/2007
 COMPONENT NO: 15-0011
 PREPARED 11/27/2007
 WORKSHEET D
 PART V

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	.314038	.314038			
41 RADIOLOGY-DIAGNOSTIC	.204017	.204017			
44 LABORATORY	.259060	.259060			
44 01 ONCOLOGY	.329676	.329676			
44 02 RADIATION ONCOLOGY					
49 RESPIRATORY THERAPY	.709912	.709912			
50 PHYSICAL THERAPY	.603600	.603600			
53 ELECTROCARDIOLOGY	.251673	.251673			
53 01 CARDIAC REHAB	.953825	.953825			
53 03 CARDIAC CATH	.753428	.753428			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS	.251726	.251726			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC	1.686735	1.686735			
61 EMERGENCY	.318537	.318537			
62 OBSERVATION BEDS (NON-DISTINCT PART)	1.161978	1.161978			
62 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES	.500021	.500021			
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

(A) WORKSHEET A LINE NUMBERS

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 15-0011
 PERIOD: FROM 7/1/2006 TO 6/30/2007
 COMPONENT NO: 15-0011
 PREPARED 11/27/2007
 WORKSHEET D
 PART V

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		4,254,230			
41 RADIOLOGY-DIAGNOSTIC		14,418,294			
44 LABORATORY		1,124,475			
44 01 ONCOLOGY		2,869,079			
44 02 RADIATION ONCOLOGY					
49 RESPIRATORY THERAPY		716,316			
50 PHYSICAL THERAPY		1,742			
53 ELECTROCARDIOLOGY		1,871,088			
53 01 CARDIAC REHAB		203,700			
53 03 CARDIAC CATH		1,033,560			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS		26,612,653			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC		223,804			
61 EMERGENCY		3,592,573			
62 OBSERVATION BEDS (NON-DISTINCT PART)		2,524,787	2,975		
65 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
101 SUBTOTAL		59,446,301	2,975		
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
103 PROGRAM ONLY CHARGES					
104 NET CHARGES		59,446,301	2,975		

(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				1,335,990	
41 RADIOLOGY-DIAGNOSTIC				2,941,577	
44 LABORATORY				291,306	
44 01 ONCOLOGY				945,866	
44 02 RADIATION ONCOLOGY					
49 RESPIRATORY THERAPY				508,521	
50 PHYSICAL THERAPY				1,051	
53 ELECTROCARDIOLOGY				470,902	
53 01 CARDIAC REHAB				194,294	
53 03 CARDIAC CATH				778,713	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS				6,699,097	
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC				377,498	
61 EMERGENCY				1,144,367	
62 OBSERVATION BEDS (NON-DISTINCT PART)				2,933,747	3,457
62 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
101 SUBTOTAL				18,622,929	3,457
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES				18,622,929	3,457

(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			
41 RADIOLOGY-DIAGNOSTIC			
44 LABORATORY			
44 01 ONCOLOGY			
44 02 RADIATION ONCOLOGY			
49 RESPIRATORY THERAPY			
50 PHYSICAL THERAPY			
53 ELECTROCARDIOLOGY			
53 01 CARDIAC REHAB			
53 03 CARDIAC CATH			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS			
56 DRUGS CHARGED TO PATIENTS			
60 OUTPAT SERVICE COST CNTRS			
61 CLINIC			
61 EMERGENCY			
62 OBSERVATION BEDS (NON-DISTINCT PART)			
62 OTHER REIMBURS COST CNTRS			
65 AMBULANCE SERVICES			
101 SUBTOTAL			
102 CRNA CHARGES			
103 LESS PBP CLINIC LAB SVCS-			
104 PROGRAM ONLY CHARGES			
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

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1
2	PROGRAM VACCINE CHARGES	.251726
3	PROGRAM COSTS	23,522
		5,921

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: 15-0011 I PERIOD: 7/ 1/2006 I PREPARED 11/27/2007
 I COMPONENT NO: 15-T011 I TO 6/30/2007 I WORKSHEET D
 I I I PART II

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	CST/CHRG RATIO 5	OLD CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
41	OPERATING ROOM	1,358,939		33,181,050	19,450	.040955	797
44	RADIOLOGY-DIAGNOSTIC	2,031,329		53,826,923	160,732	.037738	6,066
44	LABORATORY	784,740		32,958,423	274,956	.023810	6,547
44	01 ONCOLOGY	43,394		5,032,863	87	.008622	1
44	02 RADIATION ONCOLOGY						
49	RESPIRATORY THERAPY	329,899		4,446,472	43,233	.074193	3,208
50	PHYSICAL THERAPY	667,339		5,455,215	1,421,201	.122330	173,856
53	ELECTROCARDIOLOGY	267,415		6,391,398	29,264	.041840	1,224
53	01 CARDIAC REHAB	80,924		379,642		.213159	
53	03 CARDIAC CATH	91,811		2,812,431	644	.032645	21
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS	451,819		56,637,441	350,254	.007977	2,794
60	OUTPAT SERVICE COST CNTRS						
61	CLINIC	143,193		365,693		.391566	
61	EMERGENCY	797,730		20,218,472	18,908	.039456	746
62	OBSERVATION BEDS (NON-DIS	1,078,978		5,984,592		.180293	
65	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL	8,127,510		227,690,615	2,318,729		195,260

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/27/2007
 I 15-0011 I FROM 7/ 1/2006 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2007 I PART II
 I 15-T011 I

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A	COST CENTER DESCRIPTION	NEW CAPITAL	
LINE NO.		CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM		
41	RADIOLOGY-DIAGNOSTIC		
44	LABORATORY		
44 01	ONCOLOGY		
44 02	RADIATION ONCOLOGY		
49	RESPIRATORY THERAPY		
50	PHYSICAL THERAPY		
53	ELECTROCARDIOLOGY		
53 01	CARDIAC REHAB		
53 03	CARDIAC CATH		
55	MEDICAL SUPPLIES CHARGED		
56	DRUGS CHARGED TO PATIENTS		
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
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	NONPHYSICIAN ANESTHETIST		MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
44	01 ONCOLOGY						
44	02 RADIATION ONCOLOGY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
53	01 CARDIAC REHAB						
53	03 CARDIAC CATH						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

I PROVIDER NO: I PERIOD: I PREPARED 11/27/2007
 I 15-0011 I FROM 7/ 1/2006 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2007 I PART IV
 I 15-T011 I

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 CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			33,181,050			19,450	
41	RADIOLOGY-DIAGNOSTIC			53,826,923			160,732	
44	LABORATORY			32,958,423			274,956	
44 01	ONCOLOGY			5,032,863			87	
44 02	RADIATION ONCOLOGY							
49	RESPIRATORY THERAPY			4,446,472			43,233	
50	PHYSICAL THERAPY			5,455,215			1,421,201	
53	ELECTROCARDIOLOGY			6,391,398			29,264	
53 01	CARDIAC REHAB			379,642				
53 03	CARDIAC CATH			2,812,431			644	
55	MEDICAL SUPPLIES CHARGED							
56	DRUGS CHARGED TO PATIENTS			56,637,441			350,254	
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			365,693				
61	EMERGENCY			20,218,472			18,908	
62	OBSERVATION BEDS (NON-DIS			5,984,592				
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL			227,690,615			2,318,729	

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						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
44	01 ONCOLOGY						
44	02 RADIATION ONCOLOGY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
53	01 CARDIAC REHAB						
53	03 CARDIAC CATH						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 15-0011
 PERIOD: FROM 7/1/2006 TO 6/30/2007
 COMPONENT NO: 15-0011
 PREPARED 11/27/2007
 WORKSHEET D
 PART V

TITLE XIX - O/P

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic	All Other (1)
	1	2	3	4	5
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.314038				
41 RADIOLOGY-DIAGNOSTIC	.204017				921,443
44 LABORATORY	.259060				2,304,740
44 01 ONCOLOGY	.329676				2,089,923
44 02 RADIATION ONCOLOGY					296,261
49 RESPIRATORY THERAPY	.709912				244,500
50 PHYSICAL THERAPY	.603600				170,827
53 ELECTROCARDIOLOGY	.251673				275,123
53 01 CARDIAC REHAB	.953825				4,249
53 03 CARDIAC CATH	.753428				82,435
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS	.251726				2,233,512
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC	1.686735				19,319
61 EMERGENCY	.318537				2,464,838
62 OBSERVATION BEDS (NON-DISTINCT PART)	1.161978				981,610
OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES	.500021				
101 SUBTOTAL					12,088,780
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					12,088,780

(A) WORKSHEET A LINE NUMBERS

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS I PROVIDER NO: I PERIOD: I PREPARED 11/27/2007
 I 15-0011 I FROM 7/ 1/2006 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2007 I PART V
 I 15-0011 I I

TITLE XIX - O/P

HOSPITAL

	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology
Cost Center Description	5.01	5.02	5.03	6	7
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					
41 RADIOLOGY-DIAGNOSTIC					
44 LABORATORY					
44 01 ONCOLOGY					
44 02 RADIATION ONCOLOGY					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
53 ELECTROCARDIOLOGY					
53 01 CARDIAC REHAB					
53 03 CARDIAC CATH					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS					
OUTPAT SERVICE COST CNTRS					
60 CLINIC					
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					

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: 15-0011 I PERIOD: FROM 7/ 1/2006 I TO 6/30/2007 I
 I COMPONENT NO: 15-0011 I

PREPARED 11/27/2007
 WORKSHEET D
 PART V

TITLE XIX - O/P

HOSPITAL

Cost Center Description	Other outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE
(A)	8	9	9.01	9.02	9.03
37 OPERATING ROOM		289,368			
41 RADIOLOGY-DIAGNOSTIC		470,206			
44 LABORATORY		541,415			
44 01 ONCOLOGY		97,670			
44 02 RADIATION ONCOLOGY					
49 RESPIRATORY THERAPY		173,573			
50 PHYSICAL THERAPY		103,111			
53 ELECTROCARDIOLOGY		69,241			
53 01 CARDIAC REHAB		4,053			
53 03 CARDIAC CATH		62,109			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS		562,233			
60 CLINIC		32,586			
61 EMERGENCY		785,142			
62 OBSERVATION BEDS (NON-DISTINCT PART)		1,140,609			
65 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
101 SUBTOTAL		4,331,316			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		4,331,316			

(A) WORKSHEET A LINE NUMBERS

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

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 11/27/2007
 I 15-0011 I FROM 7/ 1/2006 I WORKSHEET D-1
 I COMPONENT NO: I TO 6/30/2007 I PART I
 I 15-0011 I

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)	24,975
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	24,975
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	24,975
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)	7,691
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	20,483,017
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	20,483,017

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	15,238,033
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	15,238,033
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.344203
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	610.13
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	20,483,017

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					820.14
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					6,307,697
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					6,307,697

	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	4,699,912	2,846	1,651.41	1,918	3,167,404
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
9,120,511
18,595,612

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	1,440,669
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	1,017,926
52	TOTAL PROGRAM EXCLUDABLE COST	2,458,595
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	16,137,017

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	8,479
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	820.14
85	OBSERVATION BED COST	6,953,967

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST	
	1	2	3	4	5	
86	OLD CAPITAL-RELATED COST	3,178,148	20,483,017	.155160	6,953,967	1,078,978
87	NEW CAPITAL-RELATED COST		20,483,017		6,953,967	
88	NON PHYSICIAN ANESTHETIST		20,483,017		6,953,967	
89	MEDICAL EDUCATION		20,483,017		6,953,967	
89.01	MEDICAL EDUCATION - ALLIED HEA					
89.02	MEDICAL EDUCATION - ALL OTHER					

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)	3,191
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	3,191
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	3,191
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)	2,691
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	2,840,122
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	2,840,122

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	2,711,500
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2,711,500
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.047436
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	849.73
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	2,840,122

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					890.04
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					2,395,098
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					2,395,098

	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				
					1,100,729
					3,495,827

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	498,158
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	195,260
52	TOTAL PROGRAM EXCLUDABLE COST	693,418
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	2,802,409

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 11/27/2007
 I 15-0011 I FROM 7/ 1/2006 I WORKSHEET D-1
 I COMPONENT NO: I TO 6/30/2007 I PART III
 I 15-T011 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	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	890.04
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	590,704	2,840,122	.207985	
87	NEW CAPITAL-RELATED COST		2,840,122		
88	NON PHYSICIAN ANESTHETIST		2,840,122		
89	MEDICAL EDUCATION		2,840,122		
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

COMPUTATION OF INPATIENT OPERATING COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/27/2007
I	15-0011	I	FROM 7/ 1/2006	I	WORKSHEET D-1
I	COMPONENT NO:	I	TO 6/30/2007	I	PART I
I	15-0011	I		I	

TITLE XIX - I/P

HOSPITAL

OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	24,975
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	24,975
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	24,975
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)	1,376
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	20,483,017
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	20,483,017

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	15,238,033
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	15,238,033
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.344203
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	610.13
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	20,483,017

TITLE XIX - I/P HOSPITAL OTHER

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	8,479
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	820.14
85	OBSERVATION BED COST	6,953,967

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 11/27/2007
 I 15-0011 I FROM 7/ 1/2006 I WORKSHEET D-4
 I COMPONENT NO: I TO 6/30/2007 I
 I 15-0011 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 ADULTS & PEDIATRICS		5,414,055	
26	INTENSIVE CARE UNIT		1,789,598	
31	SUBPROVIDER		36,550	
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.314038	9,802,757	3,078,438
41	RADIOLOGY-DIAGNOSTIC	.204017	3,598,978	734,253
44	LABORATORY	.259060	5,170,958	1,339,588
44 01	ONCOLOGY	.329676	21,102	6,957
44 02	RADIATION ONCOLOGY			
49	RESPIRATORY THERAPY	.709912	714,192	507,013
50	PHYSICAL THERAPY	.603600	679,733	410,287
53	ELECTROCARDIOLOGY	.251673	1,936,724	487,421
53 01	CARDIAC REHAB	.953825		
53 03	CARDIAC CATH	.753428	867,428	653,545
55	MEDICAL SUPPLIES CHARGED TO PATIENTS			
56	DRUGS CHARGED TO PATIENTS	.251726	5,359,463	1,349,116
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1.686735	2,641	4,455
61	EMERGENCY	.318537	1,724,881	549,438
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.161978		
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		29,878,857	9,120,511
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		29,878,857	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 11/27/2007
 I 15-0011 I FROM 7/ 1/2006 I WORKSHEET D-4
 I COMPONENT NO: I TO 6/30/2007 I
 I 15-T011 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			
	ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
31	SUBPROVIDER		2,314,672	
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM			
41	RADIOLOGY-DIAGNOSTIC	.314038	19,450	6,108
44	LABORATORY	.204017	160,732	32,792
44 01	ONCOLOGY	.259060	274,956	71,230
44 02	RADIATION ONCOLOGY	.329676	87	29
49	RESPIRATORY THERAPY	.709912	43,233	30,692
50	PHYSICAL THERAPY	.603600	1,421,201	857,837
53	ELECTROCARDIOLOGY	.251673	29,264	7,365
53 01	CARDIAC REHAB	.953825		
53 03	CARDIAC CATH	.753428	644	485
55	MEDICAL SUPPLIES CHARGED TO PATIENTS			
56	DRUGS CHARGED TO PATIENTS	.251726	350,254	88,168
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1.686735		
61	EMERGENCY	.318537	18,908	6,023
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.161978		
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		2,318,729	1,100,729
102	LESS PBP CLINIC LABORATORY SERVICES -			
	PROGRAM ONLY CHARGES			
103	NET CHARGES		2,318,729	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 11/27/2007
 I 15-0011 I FROM 7/ 1/2006 I WORKSHEET D-4
 I COMPONENT NO: I TO 6/30/2007 I
 I 15-0011 I

TITLE XIX

HOSPITAL

OTHER

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		1,421,843	
31	INTENSIVE CARE UNIT		81,317	
	SUBPROVIDER			
37	ANCILLARY SRVC COST CNTRS			
41	OPERATING ROOM	.314038	980,661	307,965
44	RADIOLOGY-DIAGNOSTIC	.204017	151,484	30,905
44	LABORATORY	.259060	322,416	83,525
44	01 ONCOLOGY	.329676	1,006	332
44	02 RADIATION ONCOLOGY			
49	RESPIRATORY THERAPY	.709912	45,240	32,116
50	PHYSICAL THERAPY	.603600	8,889	5,365
53	ELECTROCARDIOLOGY	.251673	59,454	14,963
53	01 CARDIAC REHAB	.953825		
53	03 CARDIAC CATH	.753428	32,278	24,319
55	MEDICAL SUPPLIES CHARGED TO PATIENTS			
56	DRUGS CHARGED TO PATIENTS	.251726	367,703	92,560
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	1.686735		
61	EMERGENCY	.318537	68,630	21,861
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.161978		
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		2,037,761	613,911
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		2,037,761	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 11/27/2007
 I 15-0011 I FROM 7/ 1/2006 I WORKSHEET E
 I COMPONENT NO: I TO 6/30/2007 I PART A
 I 15-0011 I I

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1		
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1		
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	15,031,213	
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)	167,698	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	128.59	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST 5-3, 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)	4.32	
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET 5-3, PART I	21.28	
4.02 SUM OF LINES 4 AND 4.01	25.60	
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)	10.34	
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	1,554,227	
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST 5-3, 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	335.00
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	16,753,138	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)	15,036,892	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 11/27/2007
 I 15-0011 I FROM 7/ 1/2006 I WORKSHEET E
 I COMPONENT NO: I TO 6/30/2007 I PART A
 I 15-0011 I I

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS) FY BEG. 10/1/2000		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	16,753,138	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	1,350,550	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT		
11.01 NURSING AND ALLIED HEALTH MANAGED CARE		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16 TOTAL	18,103,688	
17 PRIMARY PAYER PAYMENTS	58,064	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	18,045,624	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	1,729,556	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	28,472	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	311,694	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	218,186	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	228,238	
22 SUBTOTAL	16,505,782	
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	16,505,782	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	16,147,154	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	358,628	
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 11/27/2007
I	15-0011	I	FROM 7/ 1/2006	I	WORKSHEET E
I	COMPONENT NO:	I	TO 6/30/2007	I	PART B
I	15-0011	I		I	

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	9,378
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	18,622,929
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	12,825,582
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	9,378
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	26,497
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	26,497
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)	26,497
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	17,119
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	9,378
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	12,825,582
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	465
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	3,257,765
19	SUBTOTAL (SEE INSTRUCTIONS)	9,576,730
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	9,576,730
24	PRIMARY PAYER PAYMENTS	684
25	SUBTOTAL	9,576,046
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	495,328
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	346,730
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	308,061
28	SUBTOTAL	9,922,776
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	9,922,776
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	9,867,383
34	INTERIM PAYMENTS	
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	55,393
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 11/27/2007
 I 15-0011 I FROM 7/ 1/2006 I WORKSHEET E-1
 I COMPONENT NO: I TO 6/30/2007 I
 I 15-0011 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				
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.		15,853,036		9,576,714
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)		NONE		NONE
ADJUSTMENTS TO PROVIDER .01	6/30/2007	280,038	6/30/2007	257,623
ADJUSTMENTS TO PROVIDER .02	1/29/2007	14,080	1/29/2007	33,046
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				
4 TOTAL INTERIM PAYMENTS		294,118		290,669
		16,147,154		9,867,383
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 .59				
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		NONE		NONE
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 11/27/2007
 I 15-0011 I FROM 7/ 1/2006 I WORKSHEET E-1
 I COMPONENT NO: I TO 6/30/2007 I
 I 15-T011 I

TITLE XVIII SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER	1	2	3	4
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		3,352,034		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		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS		NONE		NONE
		3,352,034		
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)			NONE	NONE
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 11/27/2007
I	15-0011	I	FROM 7/ 1/2006	I	WORKSHEET E-3
I	COMPONENT NO:	I	TO 6/30/2007	I	PART I
I	15-T011	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	3,337,049
1.03	MEDICAID SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	.0418
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	86,216
1.05	OUTLIER PAYMENTS	19,855
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	3,443,120
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 $\{(1 + (\text{LINE } 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1\}$.	
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)	
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)	8.742466
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)	3,443,120
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	3,443,120
7	DEDUCTIBLES	37,768
8	SUBTOTAL	3,405,352
9	COINSURANCE	31,758
10	SUBTOTAL	3,373,594
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
12	SUBTOTAL	3,373,594
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	
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)	3,373,594
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	3,352,034
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	21,560
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	IN LIEU OF FORM CMS-2552-96-E-3 (05/2007)
	I	15-0011	I	FROM 7/ 1/2006	I	PREPARED 11/27/2007
	I	COMPONENT NO:	I	TO 6/30/2007	I	WORKSHEET E-3
	I	15-T011	I		I	PART I

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

- FI ONLY -----
- 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 IN LIEU OF FORM CMS-2552-96-E-3 (5/2004)
 I PROVIDER NO: I PERIOD: I PREPARED 11/27/2007
 I 15-0011 I FROM 7/ 1/2006 I WORKSHEET E-3
 I COMPONENT NO: I TO 6/30/2007 I PART III
 I - I I

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

	TITLE XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2
1	COMPUTATION OF NET COST OF COVERED SERVICE			
2	INPATIENT HOSPITAL/SNF/NF SERVICES			
3	MEDICAL AND OTHER SERVICES			
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
7	SUBTOTAL			
8	6,073,740			
9	INPATIENT PRIMARY PAYER PAYMENTS			
10	OUTPATIENT PRIMARY PAYER PAYMENTS			
11	SUBTOTAL			
12	6,073,740			
13	COMPUTATION OF LESSER OF COST OR CHARGES			
14	REASONABLE CHARGES			
15	ROUTINE SERVICE CHARGES			
16	ANCILLARY SERVICE CHARGES			
17	1,503,160			
18	INTERNS AND RESIDENTS SERVICE CHARGES			
19	14,126,541			
20	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
21	TEACHING PHYSICIANS			
22	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
23	TOTAL REASONABLE CHARGES			
24	15,629,701			
25	CUSTOMARY CHARGES			
26	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
27	PAYMENT FOR SERVICES ON A CHARGE BASIS			
28	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
29	FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT			
30	BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
31	RATIO OF LINE 17 TO LINE 18			
32	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
33	15,629,701			
34	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
35	9,555,961			
36	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
37	6,073,740			
38	COST OF COVERED SERVICES			
39	PROSPECTIVE PAYMENT AMOUNT			
40	OTHER THAN OUTLIER PAYMENTS			
41	OUTLIER PAYMENTS			
42	PROGRAM CAPITAL PAYMENTS			
43	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
44	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
45	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
46	SUBTOTAL			
47	6,073,740			
48	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
49	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE			
50	XVIII ENTER AMOUNT FROM LINE 30			
51	6,073,740			
52	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
53	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
54	EXCESS OF REASONABLE COST			
55	SUBTOTAL			
56	6,073,740			
57	COINSURANCE			
58	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
59	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
60	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING			
61	BEFORE 10/01/05 (SEE INSTRUCTIONS)			
62	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
63	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING			
64	ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
65	UTILIZATION REVIEW			
66	SUBTOTAL (SEE INSTRUCTIONS)			
67	6,073,740			
68	INPATIENT ROUTINE SERVICE COST			
69	MEDICARE INPATIENT ROUTINE CHARGES			
70	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
71	PAYMENT FOR SERVICES ON A CHARGE BASIS			
72	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
73	FOR PAYMENT OF PART A SERVICES			
74	RATIO OF LINE 43 TO 44			
75	TOTAL CUSTOMARY CHARGES			
76	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
77	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
78	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER			
79	TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
80	OTHER ADJUSTMENTS (SPECIFY)			
81	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS			
82	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
83	SUBTOTAL			
84	6,073,740			
85	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
86	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
87	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
88	6,073,740			
89	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
90	INTERIM PAYMENTS			
91	3,615,833			
92	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
93	BALANCE DUE PROVIDER/PROGRAM			
94	2,457,907			
95	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			
96	IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.			

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	13,111,229			
2	TEMPORARY INVESTMENTS	844,313			
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	33,218,153			
5	OTHER RECEIVABLES	1,107,817			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-15,151,408			
7	INVENTORY	162,140			
8	PREPAID EXPENSES	1,071,849			
9	OTHER CURRENT ASSETS	739,241			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	35,103,334			
FIXED ASSETS					
12	LAND	2,915,126			
12.01					
13	LAND IMPROVEMENTS	1,355,310			
13.01	LESS ACCUMULATED DEPRECIATION	-885,677			
14	BUILDINGS	86,924,942			
14.01	LESS ACCUMULATED DEPRECIATION	-36,622,532			
15	LEASEHOLD IMPROVEMENTS	144,188			
15.01	LESS ACCUMULATED DEPRECIATION	-10,924			
16	FIXED EQUIPMENT	1,712,851			
16.01	LESS ACCUMULATED DEPRECIATION	-1,469,293			
17	AUTOMOBILES AND TRUCKS	685,996			
17.01	LESS ACCUMULATED DEPRECIATION	-506,551			
18	MAJOR MOVABLE EQUIPMENT	49,841,019			
18.01	LESS ACCUMULATED DEPRECIATION	-33,648,468			
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE	2,400,412			
21	TOTAL FIXED ASSETS	72,836,399			
OTHER ASSETS					
22	INVESTMENTS	96,298,292	34,339		
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	18,258,686			
26	TOTAL OTHER ASSETS	114,556,978	34,339		
27	TOTAL ASSETS	222,496,711	34,339		

BALANCE SHEET

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	11/27/2007
I	15-0011	I	FROM 7/ 1/2006	I		
I		I	TO 6/30/2007	I	WORKSHEET	G

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
LIABILITIES AND FUND BALANCE				
CURRENT LIABILITIES				
28	ACCOUNTS PAYABLE			
	4,348,937			
29	SALARIES, WAGES & FEES PAYABLE			
	4,327,775			
30	PAYROLL TAXES PAYABLE			
31	NOTES AND LOANS PAYABLE (SHORT TERM)			
32	DEFERRED INCOME			
33	ACCELERATED PAYMENTS			
34	DUE TO OTHER FUNDS			
	24,184			
35	OTHER CURRENT LIABILITIES			
	1,623,399			
36	TOTAL CURRENT LIABILITIES			
	10,324,295			
LONG TERM LIABILITIES				
37	MORTGAGE PAYABLE			
38	NOTES PAYABLE			
39	UNSECURED LOANS			
40.01	LOANS PRIOR TO 7/1/66			
40.02	ON OR AFTER 7/1/66			
41	OTHER LONG TERM LIABILITIES			
	59,119,567			
42	TOTAL LONG-TERM LIABILITIES			
	59,119,567			
43	TOTAL LIABILITIES			
	69,443,862			
CAPITAL ACCOUNTS				
44	GENERAL FUND BALANCE			
	153,052,849			
45	SPECIFIC PURPOSE FUND			
		34,339		
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			
	153,052,849	34,339		
52	TOTAL LIABILITIES AND FUND BALANCES			
	222,496,711	34,339		

STATEMENT OF CHANGES IN FUND BALANCES

I PROVIDER NO: I PERIOD: I PREPARED 11/27/2007
 I 15-0011 I FROM 7/ 1/2006 I WORKSHEET G-1
 I I TO 6/30/2007 I

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		136,472,450		36,853
2 NET INCOME (LOSS)		16,580,400		
3 TOTAL		153,052,850		36,853
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5				
6				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL		153,052,850		36,853
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13			2,514	
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				2,514
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		153,052,849		34,339

	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				
6				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL				
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

I PROVIDER NO: 15-0011
 I PERIOD: FROM 7/1/2006 TO 6/30/2007
 I PREPARED 11/27/2007
 I WORKSHEET G-2
 I PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
1 00 GENERAL INPATIENT ROUTINE CARE SERVICES			
2 00 HOSPITAL	65,990,995		65,990,995
4 00 SUBPROVIDER			
5 00 SWING BED - SNF			
9 00 SWING BED - NF			
10 00 TOTAL GENERAL INPATIENT ROUTINE CARE	65,990,995		65,990,995
15 00 INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
16 00 INTENSIVE CARE UNIT			
17 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	65,990,995		65,990,995
18 00 ANCILLARY SERVICES			
20 00 OUTPATIENT SERVICES		183,490,097	183,490,097
24 00 AMBULANCE SERVICES		7,541,831	7,541,831
25 00 PHYSICIAN PRACTICE			
25 00 TOTAL PATIENT REVENUES	65,990,995	191,031,928	257,022,923

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES		111,912,907	
ADD (SPECIFY)			
27 00			
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS			
DEDUCT (SPECIFY)			
34 00			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		111,912,907	

STATEMENT OF REVENUES AND EXPENSES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/27/2007
I	15-0011	I	FROM 7/ 1/2006	I	WORKSHEET G-3
I		I	TO 6/30/2007	I	

DESCRIPTION		
1	TOTAL PATIENT REVENUES	257,022,923
2	LESS: ALLOWANCES AND DISCOUNTS ON	138,758,120
3	NET PATIENT REVENUES	118,264,803
4	LESS: TOTAL OPERATING EXPENSES	111,912,907
5	NET INCOME FROM SERVICE TO PATIENT	6,351,896
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUES	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEG	
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN S	
14	REVENUE FROM MEALS SOLD TO EMPLO	
15	REVENUE FROM RENTAL OF LIVING QU	
16	REVENUE FROM SALE OF MEDICAL & S	
	TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OT	
18	REVENUE FROM SALE OF MEDICAL REC	
19	TUITION (FEES, SALE OF TEXTBOOKS	
20	REVENUE FROM GIFTS, FLOWER, COFFE	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	3,456,178
24	INVESTMENT INCOME REALIZED	6,468,075
24.01	INVESTMENT INCOME - UNREALIZED	6,478,230
25	TOTAL OTHER INCOME	16,402,483
26	TOTAL	22,754,379
	OTHER EXPENSES	
27	BAD DEBT EXPENSE	6,358,938
28	PENSION ADJ SEE A-8	-184,959
29		
30	TOTAL OTHER EXPENSES	6,173,979
31	NET INCOME (OR LOSS) FOR THE PERIO	16,580,400

CALCULATION OF CAPITAL PAYMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/27/2007
I	15-0011	I	FROM 7/1/2006	I	WORKSHEET L
I	COMPONENT NO:	I	TO 6/30/2007	I	PARTS I-IV
I	15-0011	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	1,318,252
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	32,298
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	52.99
	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	.00
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	.00
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	.00
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	1,350,550
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)	

