

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

FORM APPROVED
 OMB NO. 0938-0050

WORKSHEET 5
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	I	15-0100	I	FROM 7/ 1/2006	I	--AUDITED --DESK REVIEW	I	/ /
	I		I	TO 6/30/2007	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I		I	--FINAL 1-MCR CODE	I	
						00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 11/29/2007 TIME 14:29

PART I - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY: ST. MARY'S MEDICAL CENTER 15-0100 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.

Michael P. Brown
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)
 SVP - CFO

 ECR ENCRYPTION INFORMATION
 DATE: 11/29/2007 TIME 14:29

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 PI ENCRYPTION INFORMATION
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TITLE 11/30/2007
 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V		TITLE XVIII		TITLE XIX
	1	A 2	B 3	4	
1 HOSPITAL	0	478,422	464,245	-28,798	
2 SUBPROVIDER	0	-129,820	0	0	
2 .01 SUBPROVIDER II	0	30,658	0	0	
100 TOTAL	0	379,260	464,245	-28,798	

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: 3700 WASHINGTON AVENUE
 1.01 CITY: EVANSVILLE P.O. BOX: STATE: IN ZIP CODE: 47750- COUNTY: VANDERBURGH

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P,T,O OR N)		
					V	XVIII	XIX
02.00 HOSPITAL	ST. MARY'S MEDICAL CENTER	15-0100	2.01	7/ 1/1966	N	P	O
03.00 SUBPROVIDER	ST. MARY'S STRESS CENTER	15-S100		7/ 1/1987	N	T	O
03.01 SUBPROVIDER 2	ST. MARY'S REHAB UNIT	15-T100		7/ 1/1999	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 4
 20.01 SUBPROVIDER II 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. I N N

21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1

21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1

21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER "Y" FOR YES, AND "N" FOR NO. N

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? 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? Y

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

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. Y

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) Y Y

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. 0

26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: // ENDING: //

26.02 ENTER THE APPLICABLE SCH DATES: BEGINNING: // ENDING: //

27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. N //

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

TITLE XIX INPATIENT SERVICES

38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? N
 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
 38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N
 40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10? Y
 IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COL 2 THE HOME OFFICE PROVIDER NUMBER. 15H056
 IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION ENTER THE NAME AND ADDRESS OF THE HOME OFFICE Y
 40.01 NAME: FI/CONTRACTOR NAME FI/CONTRACTOR #
 40.02 STREET: P.O. BOX:
 40.03 CITY: STATE: ZIP CODE: -
 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? Y
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000
 SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.
 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
 46 IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	1	2	3	4	5
47.00 HOSPITAL	N	N	N	N	N
48.00 SUBPROVIDER	N	N	N	N	N
48.01 SUBPROVIDER 2	N	N	N	N	N

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N
 52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N
 53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
 53.01 MDH PERIOD: BEGINNING: / / ENDING: / /
 54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
 PREMIUMS: 773,724
 PAID LOSSES: 0
 AND/OR SELF INSURANCE: 0
 54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N
 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULE AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002. DATE Y OR N LIMIT Y OR N FEES
 0 1 2 3 4
 7/ 1/2006 Y 0.00 N 0
 56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULE AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE. 0.00 0
 56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0
 56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0

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

COMPONENT	NO. OF BEDS	BED DAYS AVAILABLE	CAH N/A	I/P DAYS / O/P VISITS /		TRIPS TOTAL
				TITLE V	TITLE XVIII	
1 ADULTS & PEDIATRICS	297	108,405	2.01	3	4	5
2 HMO					23,523	8,482
2 01 HMO - (IRF PPS SUBPROVIDER)						
3 ADULTS & PED-SB SNF						
4 ADULTS & PED-SB NF						
5 TOTAL ADULTS AND PEDS	297	108,405			23,523	5,899
6 INTENSIVE CARE UNIT	45	16,425			6,874	
6 01 PEDIATRIC ICU						
6 02 NEONATAL ICU	32	11,680			10	
7 CORONARY CARE UNIT	9	3,285				
11 NURSERY						
12 TOTAL	383	139,795			30,407	5,899
13 RPCH VISITS						
14 SUBPROVIDER	14	5,110			764	203
14 01 SUBPROVIDER 2	50	18,250			6,576	342
15 SKILLED NURSING FACILITY						
16 NURSING FACILITY						
16 01 ICF/MR						
20 AMBULATORY SURGICAL CENTER (
25 TOTAL	447					1,028
26 OBSERVATION BED DAYS						
26 01 OBSERVATION BED DAYS-SUB I						
26 02 OBSERVATION BED DAYS-SUB II						
27 AMBULANCE TRIPS						
27 01 AMBULANCE TRIPS						
27 02 AMBULANCE TRIPS						
28 EMPLOYEE DISCOUNT DAYS						
28 01 EMP DISCOUNT DAYS -IRF						

COMPONENT	I/P DAYS /		O/P VISITS /	TRIPS		INTERNS & RES. FTES	
	TITLE XIX ADMITTED	OBSERVATION BEDS NOT ADMITTED		TOTAL ADMITTED	OBSERVATION BEDS NOT ADMITTED	TOTAL	LESS I&R REPL NON-PHYS ANES
1 ADULTS & PEDIATRICS	5.01	5.02	6	6.01	6.02	7	8
2 HMO			47,734				
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			47,734				
6 INTENSIVE CARE UNIT			10,917				
6 01 PEDIATRIC ICU							
6 02 NEONATAL ICU			9,697				
7 CORONARY CARE UNIT			1,299				
11 NURSERY			2,853				
12 TOTAL			72,500			6.00	
13 RPCH VISITS							
14 SUBPROVIDER			2,253				
14 01 SUBPROVIDER 2			8,815				
15 SKILLED NURSING FACILITY							
16 NURSING FACILITY							
16 01 ICF/MR							
20 AMBULATORY SURGICAL CENTER (
25 TOTAL						6.00	
26 OBSERVATION BED DAYS	21	1,007	7,682	285	7,397		
26 01 OBSERVATION BED DAYS-SUB I							
26 02 OBSERVATION BED DAYS-SUB II							
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 EQUIV		DISCHARGES		TOTAL ALL PATIENTS
		EMPLOYEES ON PAYROLL	NONPAID WORKERS	TITLE V	TITLE XVIII	
1 ADULTS & PEDIATRICS	9	10	11	12	13	15
2 HMO					5,877	13,948
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						
6 01 PEDIATRIC ICU						
6 02 NEONATAL ICU						
7 CORONARY CARE UNIT						
11 NURSERY						
12 TOTAL	6.00	1,979.10			5,877	13,948
13 RPCH VISITS						
14 SUBPROVIDER		17.60			102	398
14 01 SUBPROVIDER 2		43.30			486	650
15 SKILLED NURSING FACILITY						
16 NURSING FACILITY						
16 01 ICF/MR						
20 AMBULATORY SURGICAL CENTER (
25 TOTAL	6.00	2,040.00				
26 OBSERVATION BED DAYS						
26 01 OBSERVATION BED DAYS-SUB I						
26 02 OBSERVATION BED DAYS-SUB II						
27 AMBULANCE TRIPS						

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR ST. MARY'S MEDICAL CENTER
 HOSPITAL AND HOSPITAL HEALTH CARE
 COMPLEX STATISTICAL DATA

IN LIEU OF FORM CMS-2552-96 (04/2005) CONTD
 PROVIDER NO: 15-0100
 PERIOD: FROM 7/1/2006 TO 6/30/2007
 PREPARED 11/29/2007
 WORKSHEET S-3
 PART I

COMPONENT	I & R FTES		--- FULL TIME EQUIV ---		DISCHARGES	TOTAL ALL PATIENTS
	NET		EMPLOYEES ON PAYROLL	NONPAID WORKERS		
27 01 AMBULANCE TRIPS	9		10	11	13	15
27 02 AMBULANCE TRIPS					14	
28 EMPLOYEE DISCOUNT DAYS						
28 01 EMP DISCOUNT DAYS -IRF						

HOSPITAL WAGE INDEX INFORMATION

 PROVIDER NO: I PERIOD: I PREPARED 11/29/2007
 I 15-0100 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	102,064,389		102,064,389	4,242,287.00	24.06	
3 NON-PHYSICIAN ANESTHETIST PART A						
4 NON-PHYSICIAN ANESTHETIST PART B						
4.01 PHYSICIAN - PART A	900,129		900,129	2,359.00	381.57	
5 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5.01 PHYSICIAN - PART B	1,526,716	429,963	1,956,679	27,792.00	70.40	
6 NON-PHYSICIAN - PART B						
6.01 INTERNS & RESIDENTS (APPRVD)	938,896	-429,963	508,933	31,458.00	16.18	
7 CONTRACT SERVICES, I&R						
8 HOME OFFICE PERSONNEL SNF	4,019,510		4,019,510	168,417.00	23.87	HO COSTS BEING REMOVED F
8.01 EXCLUDED AREA SALARIES	13,203,403	-239,502	12,963,901	330,882.00	39.18	
9 OTHER WAGES & RELATED COSTS						
9.01 CONTRACT LABOR: PHARMACY SERVICES UNDER CONTRACT	639,169		639,169	15,051.00	42.47	
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	537,042		537,042	2,169.41	247.55	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	10,941,727		10,941,727	299,018.00	36.59	ST. MARYS HEALTH & ASCEN
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
13 WAGE RELATED COSTS						
14 WAGE-RELATED COSTS (CORE)	24,372,460		24,372,460			CMS 339
15 WAGE-RELATED COSTS (OTHER)						CMS 339
16 EXCLUDED AREAS	3,685,345		3,685,345			CMS 339
17 NON-PHYS ANESTHETIST PART A						CMS 339
18 NON-PHYS ANESTHETIST PART B						CMS 339
18.01 PHYSICIAN PART A	255,886		255,886			CMS 339
19 PART A TEACHING PHYSICIANS						CMS 339
19.01 PHYSICIAN PART B	556,240		556,240			CMS 339
20 WAGE-RELATED COSTS (RHC/FQHC) INTERNS & RESIDENTS (APPRVD)	144,678		144,678			CMS 339
21 OVERHEAD COSTS - DIRECT SALARIES						
22 EMPLOYEE BENEFITS	754,265	123,720	877,985	42,217.00	20.80	
22.01 ADMINISTRATIVE & GENERAL A & G UNDER CONTRACT	12,388,227		12,388,227	521,807.00	23.74	
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	3,114,642		3,114,642	147,126.00	21.17	
25 LAUNDRY & LINEN SERVICE	608,002		608,002	51,088.00	11.90	
26 HOUSEKEEPING	2,148,676		2,148,676	203,053.00	10.58	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	1,621,420	-612,822	1,008,598	87,917.00	11.47	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA	1	612,822	612,823	55,176.00	11.11	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	1,763,106		1,763,106	78,794.00	22.38	
31 CENTRAL SERVICE AND SUPPLY		1,312,127	1,312,127	81,231.00	16.15	
32 PHARMACY						
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	2,603,858		2,603,858	146,954.00	17.72	
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	95,579,267		95,579,267	4,014,620.00	23.81	
2 EXCLUDED AREA SALARIES	13,203,403	-239,502	12,963,901	330,882.00	39.18	
3 SUBTOTAL SALARIES	82,375,864	239,502	82,615,366	3,683,738.00	22.43	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	12,117,938		12,117,938	316,238.41	38.32	
5 SUBTOTAL WAGE-RELATED COSTS	24,628,346		24,628,346		29.81	
6 TOTAL	119,122,148	239,502	119,361,650	3,999,976.41	29.84	
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	25,002,197	1,435,847	26,438,044	1,415,363.00	18.68	

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO: 15-0100
 PERIOD: FROM 7/1/2006 TO 6/30/2007
 PREPARED 11/29/2007
 WORKSHEET 5-10

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	9,559,742
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	9,559,742
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)	.430981
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	49,346,399
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	21,267,360
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	21,267,360
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	17,045,608
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	7,346,333
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	21,267,360
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	21,267,360

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASSIFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
1	0100 GENERAL SERVICE COST CNTR					
1.01	0101 OLD CAP REL COSTS-BLDG & FIXT				2,957,560	2,957,560
2	0200 OLD CAP REL COSTS-BLDG & FIX REGINA				414,175	414,175
3	0300 NEW CAP REL COSTS-BLDG & FIXT				131,513	131,513
3.01	0301 NEW CAP REL COSTS-BLDG & FIXT SETON				9,440,387	9,440,387
3.02	0302 NEW CAP REL COSTS-BLDG & FIXT WELBOR				89,400	89,400
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				11,806,430	11,806,430
4.01	0401 NEW CAP REL COSTS-MVBLE EQUIP					
4.02	0402 NEW CAP REL COSTS-MVBLE EQUIP WELBOR					
5	0500 EMPLOYEE BENEFITS		30,299,574	31,053,839	109,017	31,162,856
6.01	0610 NONPATIENT TELEPHONES	754,265	189,084	363,314	-13,217	350,097
6.03	0631 PURCHASING, RECEIVING AND STORES	503,392	-5,493	497,899		497,899
6.05	0640 ADMITTING	1,503,253	812,102	2,315,355	-2,393	2,312,962
6.06	0650 CASHIERING/ACCOUNTS RECEIVABLE	1,149,462	1,693,802	2,843,264	-488	2,842,776
6.07	1140 MANAGEMENT SERVICES-MULBERRY	618,438	-262,881	355,557	-1,820	353,737
6.08	0660 OTHER ADMINISTRATIVE AND GENERAL	8,439,452	47,659,167	56,098,619	-24,291,387	31,807,232
8	0800 OPERATION OF PLANT	3,114,642	5,412,860	8,527,502	-959,841	7,567,661
8.02	0802 OPERATION OF PLANT				631,386	631,386
9	0900 LAUNDRY & LINEN SERVICE	608,002	458,512	1,066,514	-498	1,066,016
10	1000 HOUSEKEEPING	2,148,676	446,952	2,595,628	-3,649	2,591,979
10.02	1002 HOUSEKEEPING				1,762	1,762
11	1100 DIETARY	1,621,420	463,534	2,084,954	-1,229,328	855,626
12	1200 CAFETERIA	1	326	327	1,228,884	1,229,211
14	1400 NURSING ADMINISTRATION	1,763,106	112,237	1,875,343	-1,738	1,873,605
15	1500 CENTRAL SERVICES & SUPPLY				2,619,044	2,619,044
17	1700 MEDICAL RECORDS & LIBRARY	2,603,858	2,554,288	5,158,146	-2,410	5,155,736
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD	938,896	215,735	1,154,631	-436,262	718,369
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD				429,963	429,963
24	2400 PARAMED ED PRGM				70,283	70,283
25	2500 ADULTS & PEDIATRICS				18,678	18,678
26	2600 INTENSIVE CARE UNIT	13,178,257	1,318,342	14,496,599	-19,274	14,515,277
26.01	2601 PEDIATRIC ICU	5,290,010	247,888	5,537,898		5,518,624
26.02	2602 NEONATAL ICU	3,634,024	240,991	3,875,015	-10,641	3,864,374
27	2700 CORONARY CARE UNIT	857,562	93,321	950,883	-3,813	947,070
31	3100 SUBPROVIDER	1,527,460	51,940	1,579,400	-534,639	1,044,761
31.01	3101 SUBPROVIDER 2	2,340,888	142,212	2,483,100	-1,919	2,481,181
33	3300 NURSERY				391,005	391,005
34	3400 SKILLED NURSING FACILITY					
35	3500 NURSING FACILITY					
35.01	3510 ICF/MR					
37	3700 ANCILLARY SRVC COST CNTRS					
38	3800 OPERATING ROOM	4,279,945	21,899,993	26,179,938	-2,085,430	24,094,508
39	3900 RECOVERY ROOM	2,280,014	150,175	2,430,189	-3,487	2,426,702
40	4000 DELIVERY ROOM & LABOR ROOM	1,849,966	530,211	2,380,177	-25,453	2,354,724
41	4100 ANESTHESIOLOGY	23,565	3,783,183	3,806,748	-271,798	3,534,950
41.01	4101 RADIOLOGY-DIAGNOSTIC	2,403,695	3,366,852	5,770,547	-173,553	5,596,994
41.02	4102 CAT SCAN	610,330	707,235	1,317,565	5,934	1,323,499
41.03	4103 DIAGNOSTIC ULTRASOUND	445,666	72,340	518,006	-1,848	516,158
42	4200 NUCLEAR MEDICINE	421,053	984,648	1,405,701	-1,328	1,404,373
43	4300 RADIOLOGY-THERAPEUTIC	7,249	1,832,552	1,839,801	-461	1,839,340
44	4400 RADIOISOTOPE					
45	4500 LABORATORY	4,102,464	3,222,761	7,325,225	-19,516	7,305,709
47	4700 PBP CLINICAL LAB SERVICES-PRGM ONLY					
48	4800 BLOOD STORING, PROCESSING & TRANS.	278,041	2,109,505	2,387,546	-450	2,387,096
49	4900 INTRAVENOUS THERAPY	412,180	935,392	1,347,572	222,982	1,570,554
50	5000 RESPIRATORY THERAPY	2,251,156	564,823	2,815,979	-103,624	2,712,355
51	5100 PHYSICAL THERAPY	3,193,639	528,972	3,722,611	-5,952	3,716,659
52	5200 OCCUPATIONAL THERAPY					
53	5300 SPEECH PATHOLOGY	479,657	232,199	711,856	-2,871	708,985
53.01	5301 ELECTROCARDIOLOGY	1,668,300	7,886,286	9,554,586	-5,844,193	3,710,393
53.02	5302 CARDIAC CATHETERIZATION LABORATORY	443,233	194,512	637,745	-1,321	636,424
53.03	5303 CARDIOPULMONARY	332,073	188,510	520,583	72,117	592,700
54	5400 ELECTROCONVULSIVE THERAPY	436,620	386,283	822,903	-2,080	820,823
55	5500 ELECTROENCEPHALOGRAPHY	1,312,129	1,320,032	2,632,161	23,043,885	25,676,046
56	5600 MEDICAL SUPPLIES CHARGED TO PATIENTS	3,085,667	11,025,800	14,111,467	4,003,053	18,114,520
57	5700 DRUGS CHARGED TO PATIENTS	1,244,919	416,323	1,661,242	-7,036	1,654,206
58	5800 RENAL DIALYSIS					
59	5900 ASC (NON-DISTINCT PART)					
59.01	5901 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	494,800	123,452	618,252	-4,736	613,516
59.02	5902 OUTREACH CLINIC					
60	6000 ACUPUNCTURE					
60.01	6001 OUTPAT SERVICE COST CNTRS					
60.02	6002 CLINIC	813,961	270,072	1,084,033	-19,651	1,064,382
60.03	6003 SENIOR HEALTH/FAMILY PRACTICE	140		140	-140	
60.04	6004 OB-PEDS CLINIC					
60.05	6005 ORTHOPEDIC SVC	401,476	200,586	602,062	-278	601,784
61	6100 BARIATRICS	934	100	1,034		1,034
61.01	6101 CHILD HEALTH CTR	4,959,493	3,442,662	8,402,155	-48,246	8,353,909
62	6200 EMERGENCY	1,727,675	686,407	2,414,082	-104,543	2,309,539
64	6400 DIAGNOSTIC TREATMENT CENTER					
65	6500 OBSERVATION BEDS (NON-DISTINCT PART)					
66	6600 OTHER REIMBURS COST CNTRS					
67	6700 HOME PROGRAM DIALYSIS	759,746	1,263,937	2,023,683	-8,650	2,015,033
88	8800 AMBULANCE SERVICES					
89	8900 DURABLE MEDICAL EQUIP-RENTED					
90	9000 DURABLE MEDICAL EQUIP-SOLD					
91	9100 SPEC PURPOSE COST CENTERS					
92	9200 INTEREST EXPENSE					
93	9300 UTILIZATION REVIEW-SNF					
94	9400 OTHER CAPITAL RELATED COSTS					
95	9500 AMBULATORY SURGICAL CENTER (D.P.)	93,489,080	160,470,296	253,959,376	21,437,496	275,396,872
96	9600 SUBTOTALS					
97	9700 NONREIMBURS COST CENTERS					
98	9800 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
99	9900 RESEARCH					

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
98	9800 NONREIMBURS COST CENTERS					
99	9900 PHYSICIANS' PRIVATE OFFICES	3,751,445	1,140,091	4,891,536	2,790	4,894,326
100	9900 NONPAID WORKERS					
100	7950 FITNESS CENTER/DAYCARE	206,206	35,772	241,978	-142,988	98,990
100.01	7951 ST. MARY'S APOTHECARY	466,052	3,683,175	4,149,227	-3,598,732	550,495
100.02	7952 OCCUPATIONAL MEDICINE					
100.03	7953 CANCER CTR/PHYS RECRUITMENT	152,058	42,465	194,523		194,523
100.04	7954 MARKETING	1,162,732	850,292	2,013,024	-99,700	1,913,324
100.05	7955 WIRTH HOSPITAL MGMT	23,969	6,931	30,900	-111	30,789
100.06	7956 MOB		728,782	728,782	-203,170	525,612
100.07	7957 SENIOR PARTNERS	37,044	11,202	48,246		48,246
100.08	7958 PSYCH FREESTANDING CLINICS	77,412	150,931	228,343		228,343
100.09	7959 WELBORN PROFESSIONAL SVC	2,302,699	762,125	3,064,824	-79,074	2,985,750
100.10	7960 JOSHUA CITY SCHOOL					
100.11	7961 ST. ELIZABETH					
100.12	7962 REGINA CLOSE OUT					
100.13	7963 TR SUP/DR T					
100.14	7964 FREE STANDING CATH LAB				362,778	362,778
100.15	7965 FAMILY PRACTICE				2,322	2,322
100.16	7966 OB/PEDS	6,361	18,102,576	18,108,937	-18,108,937	
100.17	7967 IDLE AND EXCESS SPACE	389,331	-174,032	215,299	427,326	642,625
100.18	7968 SMHS EMPLOYEES IN SMMC					
100.19	7969 SMMC DEPTS TO SMHS					
100.20	7970 STOREROOM / DISTRIBUTION					
100.21	7971 PRINT SHOP					
100.22	7972 MAIL ROOM-SMHS HO COST					
100.23	7973 ACCOUNTING-SMHS HO COST					
100.24	7974 IS APPLICATIONS-SMHS HO COST					
100.25	7975 PRIMARY SOURCE VERIFICATION-SMHS HO					
100.26	7976 CMO-DR. GALLAGHER-SMHS HO COST					
100.27	7977 INFECTION DISEASE-SMHS HO COST					
100.28	7978 SMHS WARRICK					
100.29	7979 COMPANY IO AND OTHER					
100.30	7980 STARS PROGRAM					
100.31	7981 EMPLOYEE HEALTH					
100.32	7982 MAT MGMT PURCHASING					
100.33	7983 DECISION SUPPORT					
100.34	7984 PLANETREE					
100.35	7985 EDUCATION					
100.36	7986 QUALITY					
100.37	7987 EMS SECURITY					
100.38	7988 MOTOR SERVICE					
100.39	7989 MEDICAL LIBRARY					
100.40	7990 MGMT PATIENT RELATIONS					
100.41	7991 SUBSIDIARY SUPPORT					
100.42	7992 MISSION SERVICE					
101	TOTAL	102,064,389	185,810,606	287,874,995	-0-	287,874,995

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	NONREIMBURS COST CENTERS		
98	9800 PHYSICIANS' PRIVATE OFFICES		4,894,326
99	9900 NONPAID WORKERS		
100	7950 FITNESS CENTER/DAYCARE		98,990
100.01	7951 ST. MARY'S APOTHECARY		550,495
100.02	7952 OCCUPATIONAL MEDICINE		
100.03	7953 CANCER CTR/PHYS RECRUITMENT		194,523
100.04	7954 MARKETING		1,913,324
100.05	7955 WIRTH HOSPITAL MGMT		30,789
100.06	7956 MOB		525,612
100.07	7957 SENIOR PARTNERS		48,246
100.08	7958 PSYCH FREESTANDING CLINICS		228,343
100.09	7959 WELBORN PROFESSIONAL SVC		2,985,750
100.10	7960 JOSHUA CITY SCHOOL		
100.11	7961 ST. ELIZABETH		
100.12	7962 REGINA CLOSE OUT		
100.13	7963 TR SUP/DR T		
100.14	7964 FREE STANDING CATH LAB		362,778
100.15	7965 FAMILY PRACTICE		2,322
100.16	7966 OB/PEDS		
100.17	7967 IDLE AND EXCESS SPACE		642,625
100.18	7968 SMHS EMPLOYEES IN SMMC		
100.19	7969 SMMC DEPTS TO SMHS		
100.20	7970 STOREROOM / DISTRIBUTION		
100.21	7971 PRINT SHOP		
100.22	7972 MAIL ROOM-SMHS HO COST		
100.23	7973 ACCOUNTING-SMHS HO COST		
100.24	7974 IS APPLICATIONS-SMHS HO COST		
100.25	7975 PRIMARY SOURCE VERIFICATION-SMHS HO		
100.26	7976 CMO-DR. GALLAGHER-SMHS HO COST		
100.27	7977 INFECTION DISEASE-SMHS HO COST		
100.28	7978 SMHS WARRICK		
100.29	7979 COMPANY 10 AND OTHER		
100.30	7980 STARS PROGRAM		
100.31	7981 EMPLOYEE HEALTH		
100.32	7982 MAT MGMT PURCHASING		
100.33	7983 DECISION SUPPORT		
100.34	7984 PLANETREE		
100.35	7985 EDUCATION		
100.36	7986 QUALITY		
100.37	7987 EMS SECURITY		
100.38	7988 MOTOR SERVICE		
100.39	7989 MEDICAL LIBRARY		
100.40	7990 MGMT PATIENT RELATIONS		
100.41	7991 SUBSIDARY SUPPORT		
100.42	7992 MISSION SERVICE		
101	TOTAL	-32,739,791	255,135,204

COST CENTERS USED IN COST REPORT

 I PROVIDER NO: I PERIOD: I PREPARED 11/29/2007
 I 15-0100 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	
1.01	OLD CAP REL COSTS-BLDG & FIX REGINA	0101	OLD CAP REL COSTS-BLDG & FIXT
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
3.01	NEW CAP REL COSTS-BLDG & FIXT SETON	0301	NEW CAP REL COSTS-BLDG & FIXT
3.02	NEW CAP REL COSTS-BLDG & FIXT WELBOR	0302	NEW CAP REL COSTS-BLDG & FIXT
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
4.01	NEW CAP REL COSTS-MVBLE EQUIP	0401	NEW CAP REL COSTS-MVBLE EQUIP
4.02	NEW CAP REL COSTS-MVBLE EQUIP WELBOR	0402	NEW CAP REL COSTS-MVBLE EQUIP
5	EMPLOYEE BENEFITS	0500	
6.01	NONPATIENT TELEPHONES	0610	NONPATIENT TELEPHONES
6.03	PURCHASING, RECEIVING AND STORES	0631	PURCHASING, RECEIVING AND STORES
6.05	ADMITTING	0640	ADMITTING
6.06	CASHIERING/ACCOUNTS RECEIVABLE	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.07	MANAGEMENT SERVICES-MULBERRY	1140	MANAGEMENT SERVICES
6.08	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
8	OPERATION OF PLANT	0800	
8.02	OPERATION OF PLANT	0802	OPERATION OF PLANT
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
10.02	HOUSEKEEPING	1002	HOUSEKEEPING
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
17	MEDICAL RECORDS & LIBRARY	1700	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED ED PRGM	2400	
INPAT ROUTINE SRVC C			
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
26.01	PEDIATRIC ICU	2601	INTENSIVE CARE UNIT
26.02	NEONATAL ICU	2602	INTENSIVE CARE UNIT
27	CORONARY CARE UNIT	2700	
31	SUBPROVIDER	3100	
31.01	SUBPROVIDER 2	3101	SUBPROVIDER #####
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
35	NURSING FACILITY	3500	
35.01	ICF/MR	3510	
ANCILLARY SRVC COST			
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	CAT SCAN	3230	CAT SCAN
41.02	DIAGNOSTIC ULTRASOUND	3630	ULTRA SOUND
41.03	NUCLEAR MEDICINE	3450	NUCLEAR MEDICINE-DIAGNOSTIC
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
45	PBP CLINICAL LAB SERVICES-PRGM ONLY	4500	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
53.01	CARDIAC CATHETERIZATION LABORATORY	3120	CARDIAC CATHETERIZATION LABORATORY
53.02	CARDIOPULMONARY	3160	CARDIOPULMONARY
53.03	ELECTROCONVULSIVE THERAPY	5301	ELECTROCARDIOLOGY
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
58	ASC (NON-DISTINCT PART)	5800	
59	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES
59.01	OUTREACH CLINIC	3020	ACUPUNCTURE
59.02	ACUPUNCTURE	3021	ACUPUNCTURE
OUTPAT SERVICE COST			
60	CLINIC	6000	
60.01	SENIOR HEALTH/FAMILY PRACTICE	4040	FAMILY PRACTICE
60.02	OB-PEDS CLINIC	6001	CLINIC
60.03	ORTHOPEDIC SVC	6002	CLINIC
60.04	BARIIATRICS	6003	CLINIC
60.05	CHILD HEALTH CTR	6004	CLINIC
61	EMERGENCY	6100	
61.01	DIAGNOSTIC TREATMENT CENTER	4950	OTHER OUTPATIENT SERVICE COST CENTER
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
OTHER REIMBURS COST			
64	HOME PROGRAM DIALYSIS	6400	
65	AMBULANCE SERVICES	6500	
66	DURABLE MEDICAL EQUIP-RENTED	6600	
67	DURABLE MEDICAL EQUIP-SOLD	6700	
SPEC PURPOSE COST CE			
88	INTEREST EXPENSE	8800	
89	UTILIZATION REVIEW-SNF	8900	
90	OTHER CAPITAL RELATED COSTS	9000	
92	AMBULATORY SURGICAL CENTER (O.P.)	9200	
95	SUBTOTALS	0000	
NONREIMBURS COST CEN			
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	NONREIMBURS COST CEN		
99	NONPAID WORKERS	9900	
100	FITNESS CENTER/DAYCARE	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	ST. MARY'S APOTHECARY	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	OCCUPATIONAL MEDICINE	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	CANCER CTR/PHYS RECRUITMENT	7953	OTHER NONREIMBURSABLE COST CENTERS
100.04	MARKETING	7954	OTHER NONREIMBURSABLE COST CENTERS
100.05	WIRTH HOSPITAL MGMT	7955	OTHER NONREIMBURSABLE COST CENTERS
100.06	MOB	7956	OTHER NONREIMBURSABLE COST CENTERS
100.07	SENIOR PARTNERS	7957	OTHER NONREIMBURSABLE COST CENTERS
100.08	PSYCH FREESTANDING CLINICS	7958	OTHER NONREIMBURSABLE COST CENTERS
100.09	WELBORN PROFESSIONAL SVC	7959	OTHER NONREIMBURSABLE COST CENTERS
100.10	JOSHUA CITY SCHOOL	7960	OTHER NONREIMBURSABLE COST CENTERS
100.11	ST. ELIZABETH	7961	OTHER NONREIMBURSABLE COST CENTERS
100.12	REGINA CLOSE OUT	7962	OTHER NONREIMBURSABLE COST CENTERS
100.13	TR SUP/DR T	7963	OTHER NONREIMBURSABLE COST CENTERS
100.14	FREE STANDING CATH LAB	7964	OTHER NONREIMBURSABLE COST CENTERS
100.15	FAMILY PRACTICE	7965	OTHER NONREIMBURSABLE COST CENTERS
100.16	OB/PEDS	7966	OTHER NONREIMBURSABLE COST CENTERS
100.17	IDLE AND EXCESS SPACE	7967	OTHER NONREIMBURSABLE COST CENTERS
100.18	SMHS EMPLOYEES IN SMHC	7968	OTHER NONREIMBURSABLE COST CENTERS
100.19	SMHC DEPTS TO SMHS	7969	OTHER NONREIMBURSABLE COST CENTERS
100.20	STOREROOM / DISTRIBUTION	7970	OTHER NONREIMBURSABLE COST CENTERS
100.21	PRINT SHOP	7971	OTHER NONREIMBURSABLE COST CENTERS
100.22	MAIL ROOM-SMHS HO COST	7972	OTHER NONREIMBURSABLE COST CENTERS
100.23	ACCOUNTING-SMHS HO COST	7973	OTHER NONREIMBURSABLE COST CENTERS
100.24	IS APPLICATIONS-SMHS HO COST	7974	OTHER NONREIMBURSABLE COST CENTERS
100.25	PRIMARY SOURCE VERIFICATION-SMHS HO	7975	OTHER NONREIMBURSABLE COST CENTERS
100.26	CMO-DR. GALLAGHER-SMHS HO COST	7976	OTHER NONREIMBURSABLE COST CENTERS
100.27	INFECTION DISEASE-SMHS HO COST	7977	OTHER NONREIMBURSABLE COST CENTERS
100.28	SMHS WARRICK	7978	OTHER NONREIMBURSABLE COST CENTERS
100.29	COMPANY 10 AND OTHER	7979	OTHER NONREIMBURSABLE COST CENTERS
100.30	STARS PROGRAM	7980	OTHER NONREIMBURSABLE COST CENTERS
100.31	EMPLOYEE HEALTH	7981	OTHER NONREIMBURSABLE COST CENTERS
100.32	MAT MGMT PURCHASING	7982	OTHER NONREIMBURSABLE COST CENTERS
100.33	DECISION SUPPORT	7983	OTHER NONREIMBURSABLE COST CENTERS
100.34	PLANETREE	7984	OTHER NONREIMBURSABLE COST CENTERS
100.35	EDUCATION	7985	OTHER NONREIMBURSABLE COST CENTERS
100.36	QUALITY	7986	OTHER NONREIMBURSABLE COST CENTERS
100.37	EMS SECURITY	7987	OTHER NONREIMBURSABLE COST CENTERS
100.38	MOTOR SERVICE	7988	OTHER NONREIMBURSABLE COST CENTERS
100.39	MEDICAL LIBRARY	7989	OTHER NONREIMBURSABLE COST CENTERS
100.40	MGMT PATIENT RELATIONS	7990	OTHER NONREIMBURSABLE COST CENTERS
100.41	SUBSIDIARY SUPPORT	7991	OTHER NONREIMBURSABLE COST CENTERS
100.42	MISSION SERVICE	7992	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:
150100

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	INCREASE		SALARY	OTHER
			LINE NO			
	1	2	3		4	5
1 RECLASS MINOR EQUIPMENT	A	NEW CAP REL COSTS-MVBLE EQUIP	4			595,682
2		SUBPROVIDER	31			184
3		PHYSICIANS' PRIVATE OFFICES	98			2,794
4						
5						
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1 RECLASS MINOR EQUIPMENT	A					
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4						
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15						
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17						
18 RECLASS CHARGEABLE MEDICAL SUPPLIES	B	MEDICAL SUPPLIES CHARGED TO PATIENTS	55			25,676,042
19		CAT SCAN	41.01			9,002
20		LABORATORY	44			32
21						
22						
23						
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32						
33						
34						
35						
1 RECLASS CHARGEABLE MEDICAL SUPPLIES	B					
2						
3						
4						
5						
6						
7						
8						
9						
10 RECLASS UNASSIGNED COST-CAPITAL INS	C	NEW CAP REL COSTS-BLDG & FIXT	3			450,918
11						
12 RECLASS SETON MANOR EXPENSE	D	NEW CAP REL COSTS-BLDG & FIXT SETON	3.01			89,400
13		OPERATION OF PLANT	8			113,770

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE		SALARY 4	OTHER 5
			LINE NO 3			
14 RECLASS CS PROCESSING & DISTR TO OH	E	CENTRAL SERVICES & SUPPLY	15		1,312,127	1,320,030
15 RECLASS DEPRECIATION	F	OLD CAP REL COSTS-BLDG & FIXT	1			3,371,735
16		OLD CAP REL COSTS-MVBLE EQUIP	2			131,513
17		NEW CAP REL COSTS-BLDG & FIXT	3			2,797,778
18		NEW CAP REL COSTS-MVBLE EQUIP	4			11,184,830
19 RECLASS REGINA DEPRECIATION	G	OLD CAP REL COSTS-BLDG & FIX REGINA	1.01			414,175
20 RECLASS PERSONAL USE OF AUTOS	H	EMPLOYEE BENEFITS	5			10,250
21 RECLASS CHARGEABLE DRUGS	I	DRUGS CHARGED TO PATIENTS	56			4,188,903
22						
23						
24						
25						
26						
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1 RECLASS CHARGEABLE DRUGS	I					
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25						
26 RECLASS DIETARY COST TO CAFETERIA	J	CAFETERIA	12		612,822	616,062
27 RECLASS NURSERY AND L&D	K	NURSERY	33		374,060	16,945
28 RECLASS X-RAY SCHOOL	L	PARAMED ED PRGM	24		70,283	
29 RECLASS FITNESS CENTER BENEFITS	M	EMPLOYEE BENEFITS	5		123,720	16,357
30 RECLASS OP OF PLANT & HOUSEKEEPING	P	OPERATION OF PLANT	8.02		92,557	538,829
31		HOUSEKEEPING	10.02		1,762	
32 RECLASS INTEREST EXPENSE	Q	NEW CAP REL COSTS-BLDG & FIXT	3			5,502,960
33 RECLASS ECT	R	ELECTROCONVULSIVE THERAPY	53.03		67,675	5,321
34 RECLASS FAMILY PRACTICE	S	FAMILY PRACTICE	100.15			2,403
35		SENIOR HEALTH/FAMILY PRACTICE	60.01		81	
1 RECLASS OB/PEDS CLINIC	T	OPERATING ROOM	37		140	
2 RECLASS HOSPITALISTS (DEPT 6147)	U	ADULTS & PEDIATRICS	25		447,174	14,196
3 RECLASS TEACHING PHYSICIANS & OTHERS	W	I&R SERVICES-OTHER PRGM COSTS APPRVD	23		429,963	
4 RECLASS CAPITAL RELATED INSURANCE	X	NEW CAP REL COSTS-MVBLE EQUIP	4			6,485
5		NEW CAP REL COSTS-MVBLE EQUIP	4			19,433
6		NEW CAP REL COSTS-BLDG & FIXT	3			424,731
7 RECLASS C.R. REAL ESTATE TAX	Y	NEW CAP REL COSTS-BLDG & FIXT	3			264,000
8 TRISTATE RGNL HEART INST/DISEASE MGT	Z	FREE STANDING CATH LAB	100.14		335,226	27,552
9 IV SOLUTION	AA	INTRAVENOUS THERAPY	48			231,530
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RECLASSIFICATIONS

PROVIDER NO:
150100

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

PREPARED 11/29/2007
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	INCREASE		SALARY	OTHER
			LINE NO			
	1	2	3		4	5
27						
28						
29						
30						
31						
32						
33 CAM BUILDING RENT UNASSIGNED SPACE	AB	IDLE AND EXCESS SPACE	100.17			429,689
34 RECLASS SURGICARE DEPTS TO OR	AD	OPERATING ROOM	37			7,270,153
35		OPERATING ROOM	37		6,361	10,832,423
36 TOTAL RECLASSIFICATIONS					3,873,951	76,576,107

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

RECLASSIFICATIONS

PROVIDER NO:
150100

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

PREPARED 11/29/2007
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			LINE NO 7				
1 RECLASS MINOR EQUIPMENT	A		5			3,543	10
2			6.08			192	
3			6.01			13,217	
4			6.08			80	
5			6.05			2,393	
6			6.06			488	
7			6.07			1,820	
8			6.08			126,740	
9			8			12,446	
10			9			498	
11			10			1,887	
12			11			444	
13			14			1,693	
14			15			4,045	
15			17			2,410	
16			22			3,038	
17			25			22,925	
18			26			6,993	
19			26.02			2,762	
20			27			1,367	
21			31.01			1,919	
22			37			244,936	
23			38			2,376	
24			39			2,828	
25			41			5,235	
26			41.01			1,453	
27			41.02			282	
28			41.03			114	
29			42			376	
30			44			18,677	
31			47			415	
32			48			4,081	
33			40			36,177	
34			50			4,335	
35			53			187	
1 RECLASS MINOR EQUIPMENT	A		53.01			4,944	
2			53.02			174	
3			53.03			820	
4			54			1,592	
5			56			2,840	
6			57			2,133	
7			59.01			4,642	
8			60.01			3,727	
9			61			19,733	
10			61.01			6,399	
11			65			5,488	
12			100			526	
13			100.01			2,059	
14			100.04			3,218	
15			100.05			111	
16			100.09			5,519	
17			100.17			2,363	
18 RECLASS CHARGEABLE MEDICAL SUPPLIES	B		22			2,475	
19			25			4,441	
20			26			3,200	
21			26.02			750	
22			27			158	
23			31			82	
24			37			19,896,039	
25			38			239	
26			39			19,898	
27			40			4,315	
28			41			81,672	
29			41.02			675	
30			48			2,668	
31			49			97,954	
32			50			677	
33			53.01			5,474,255	
34			53.02			654	
35			53.03			13	
1 RECLASS CHARGEABLE MEDICAL SUPPLIES	B		54			488	
2			56			180	
3			57			217	
4			60.01			61	
5			61			7,164	
6			61.01			84,422	
7			65			723	
8			100.04			82	
9			100.09			1,574	
10 RECLASS UNASSIGNED COST-CAPITAL INS	C		6.08			450,649	12
11			37			269	
12 RECLASS SETON MANOR EXPENSE	D		100.06			203,170	9
13							

RECLASSIFICATIONS

PROVIDER NO:
150100

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

PREPARED 11/29/2007
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE		SALARY 8	OTHER 9	A-7 REF 10
			LINE NO 7				
14 RECLASS CS PROCESSING & DISTR TO OH	E	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		1,312,127	1,320,030	
15 RECLASS DEPRECIATION	F	OTHER ADMINISTRATIVE AND GENERAL	6.08			17,485,856	
16							9
17							9
18							9
19 RECLASS REGINA DEPRECIATION	G	OLD CAP REL COSTS-BLDG & FIXT	1			414,175	
20 RECLASS PERSONAL USE OF AUTOS	H	OTHER ADMINISTRATIVE AND GENERAL	6.08			10,250	
21 RECLASS CHARGEABLE DRUGS	I	EMPLOYEE BENEFITS	5			37,766	
22		OTHER ADMINISTRATIVE AND GENERAL	6.08				
23		OPERATION OF PLANT	8			9	
24		NURSING ADMINISTRATION	14			4	
25		CENTRAL SERVICES & SUPPLY	15			816	
26		I&R SERVICES-SALARY & FRINGES APPRVD	22			784	
27		ADULTS & PEDIATRICS	25			24,144	
28		INTENSIVE CARE UNIT	26			9,081	
29		NEONATAL ICU	26.02			7,050	
30		CORONARY CARE UNIT	27			2,288	
31		SUBPROVIDER	31			201	
32		SUBPROVIDER	31			174	
33		OPERATING ROOM	37			26,562	
34		RECOVERY ROOM	38			639	
35		DELIVERY ROOM & LABOR ROOM	39			1,880	
1 RECLASS CHARGEABLE DRUGS	I	ANESTHESIOLOGY	40			231,306	
2		RADIOLOGY-DIAGNOSTIC	41			14,998	
3		CAT SCAN	41.01			1,549	
4		DIAGNOSTIC ULTRASOUND	41.02			891	
5		NUCLEAR MEDICINE	41.03			1,201	
6		RADIOLOGY-THERAPEUTIC	42			85	
7		LABORATORY	44			498	
8		INTRAVENOUS THERAPY	48			1,799	
9		RESPIRATORY THERAPY	49			5,316	
10		PHYSICAL THERAPY	50			939	
11		ELECTROCARDIOLOGY	53			2,684	
12		CARDIAC CATHETERIZATION LABORATORY	53.01			1,406	
13		CARDIOPULMONARY	53.02			493	
14		ELECTROCONVULSIVE THERAPY	53.03			46	
15		RENAL DIALYSIS	57			1,820	
16		OUTREACH CLINIC	59.01			94	
17		SENIOR HEALTH/FAMILY PRACTICE	60.01			13,532	
18		BIARIATRICS	60.04			278	
19		EMERGENCY	61			21,348	
20		DIAGNOSTIC TREATMENT CENTER	61.01			13,722	
21		AMBULANCE SERVICES	65			2,439	
22		FITNESS CENTER/DAYCARE	100			2,385	
23		ST. MARY'S APOTHECARY	100.01			3,590,380	
24		MARKETING	100.04			96,400	
25		WELBORN PROFESSIONAL SVC	100.09			71,765	
26 RECLASS DIETARY COST TO CAFETERIA	J	DIETARY	11		612,822	616,062	
27 RECLASS NURSERY AND L&D	K	ADULTS & PEDIATRICS	25		374,060	16,945	
28 RECLASS X-RAY SCHOOL	L	RADIOLOGY-DIAGNOSTIC	41		70,283		
29 RECLASS FITNESS CENTER BENEFITS	M	FITNESS CENTER/DAYCARE	100		123,720	16,357	
30 RECLASS OP OF PLANT & HOUSEKEEPING	P	OPERATION OF PLANT	8		92,557	538,829	
31		HOUSEKEEPING	10		1,762		
32 RECLASS INTEREST EXPENSE	Q	OTHER ADMINISTRATIVE AND GENERAL	6.08			5,502,960	11
33 RECLASS ECT	R	SUBPROVIDER	31		67,675	5,321	
34 RECLASS FAMILY PRACTICE	S	SENIOR HEALTH/FAMILY PRACTICE	60.01			2,403	
35		FAMILY PRACTICE	100.15		81		
1 RECLASS OB/PEDS CLINIC	T	OB-PEDS CLINIC	60.02		140		
2 RECLASS HOSPITALISTS (DEPT 6147)	U	SUBPROVIDER	31		447,174	14,196	
3 RECLASS TEACHING PHYSICIANS & OTHERS	W	I&R SERVICES-SALARY & FRINGES APPRVD	22		429,963		
4 RECLASS CAPITAL RELATED INSURANCE	X	OTHER ADMINISTRATIVE AND GENERAL	6.08			450,649	12
5							12
6							12
7 RECLASS C.R. REAL ESTATE TAX	Y	OTHER ADMINISTRATIVE AND GENERAL	6.08			264,000	13
8 TRISTATE RGNL HEART INST/DISEASE MGT	Z	CARDIAC CATHETERIZATION LABORATORY	53.01		335,226	27,552	
9 IV SOLUTION	AA	EMPLOYEE BENEFITS	5			1	
10		OTHER ADMINISTRATIVE AND GENERAL	6.08			2	
11		CENTRAL SERVICES & SUPPLY	15			8,252	
12		I&R SERVICES-SALARY & FRINGES APPRVD	22			2	
13		ADULTS & PEDIATRICS	25			177	
14		NEONATAL ICU	26.02			79	
15		OPERATING ROOM	37			26,701	
16		RECOVERY ROOM	38			233	
17		DELIVERY ROOM & LABOR ROOM	39			847	
18		RADIOLOGY-DIAGNOSTIC	41			1,365	
19		CAT SCAN	41.01			66	
20		NUCLEAR MEDICINE	41.03			13	
21		LABORATORY	44			373	
22		BLOOD STORING, PROCESSING & TRANS.	47			35	
23		RESPIRATORY THERAPY	49			354	
24		PHYSICAL THERAPY	50			1	
25		CARDIAC CATHETERIZATION LABORATORY	53.01			810	
26		DRUGS CHARGED TO PATIENTS	56			182,830	

RECLASSIFICATIONS

PROVIDER NO:
150100

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF 10
			LINE NO				
	1	6	7		8	9	
27		RENAL DIALYSIS	57			2,866	
28		SENIOR HEALTH/FAMILY PRACTICE	60.01			9	
29		EMERGENCY	61			1	
30		PHYSICIANS' PRIVATE OFFICES	98			4	
31		ST. MARY'S APOTHECARY	100.01			6,293	
32		WELBORN PROFESSIONAL SVC	100.09			216	
33	AB	CAM BUILDING RENT UNASSIGNED SPACE OPERATION OF PLANT	8			429,689	
34	AD	RECLASS SURGICARE DEPTS TO OB/PEDS	100.16			7,270,153	
35		OB/PEDS	100.16		6,361	10,832,423	
36		TOTAL RECLASSIFICATIONS			3,873,951	76,576,107	

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

RECLASSIFICATIONS

RECLASS CODE: A
 EXPLANATION : RECLASS MINOR EQUIPMENT

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL	4	595,682	EMPLOYEE BENEFITS	5	3,543	
2.00	SUBPROVIDER	31	184	OTHER ADMINISTRATIVE AND GENER	6.08	192	
3.00	PHYSICIANS' PRIVATE OFFICES	98	2,794	NONPATIENT TELEPHONES	6.01	13,217	
4.00			0	OTHER ADMINISTRATIVE AND GENER	6.08	80	
5.00			0	ADMITTING	6.05	2,393	
6.00			0	CASHIERING/ACCOUNTS RECEIVABLE	6.06	488	
7.00			0	MANAGEMENT SERVICES-MULBERRY	6.07	1,820	
8.00			0	OTHER ADMINISTRATIVE AND GENER	6.08	126,740	
9.00			0	OPERATION OF PLANT	8	12,446	
10.00			0	LAUNDRY & LINEN SERVICE	9	498	
11.00			0	HOUSEKEEPING	10	1,887	
12.00			0	DIETARY	11	444	
13.00			0	NURSING ADMINISTRATION	14	1,693	
14.00			0	CENTRAL SERVICES & SUPPLY	15	4,045	
15.00			0	MEDICAL RECORDS & LIBRARY	17	2,410	
16.00			0	I&R SERVICES-SALARY & FRINGES	22	3,038	
17.00			0	ADULTS & PEDIATRICS	25	22,925	
18.00			0	INTENSIVE CARE UNIT	26	6,993	
19.00			0	NEONATAL ICU	26.02	2,762	
20.00			0	CORONARY CARE UNIT	27	1,367	
21.00			0	SUBPROVIDER 2	31.01	1,919	
22.00			0	OPERATING ROOM	37	244,936	
23.00			0	RECOVERY ROOM	38	2,376	
24.00			0	DELIVERY ROOM & LABOR ROOM	39	2,828	
25.00			0	RADIOLOGY-DIAGNOSTIC	41	5,235	
26.00			0	CAT SCAN	41.01	1,453	
27.00			0	DIAGNOSTIC ULTRASOUND	41.02	282	
28.00			0	NUCLEAR MEDICINE	41.03	114	
29.00			0	RADIOLOGY-THERAPEUTIC	42	376	
30.00			0	LABORATORY	44	18,677	
31.00			0	BLOOD STORING, PROCESSING & TR	47	415	
32.00			0	INTRAVENOUS THERAPY	48	4,081	
33.00			0	ANESTHESIOLOGY	40	36,177	
34.00			0	PHYSICAL THERAPY	50	4,335	
35.00			0	ELECTROCARDIOLOGY	53	187	
36.00			0	CARDIAC CATHETERIZATION LABORA	53.01	4,944	
37.00			0	CARDIOPULMONARY	53.02	174	
38.00			0	ELECTROCONVULSIVE THERAPY	53.03	820	
39.00			0	ELECTROENCEPHALOGRAPHY	54	1,592	
40.00			0	DRUGS CHARGED TO PATIENTS	56	2,840	
41.00			0	RENAL DIALYSIS	57	2,133	
42.00			0	OUTREACH CLINIC	59.01	4,642	
43.00			0	SENIOR HEALTH/FAMILY PRACTICE	60.01	3,727	
44.00			0	EMERGENCY	61	19,733	
45.00			0	DIAGNOSTIC TREATMENT CENTER	61.01	6,399	
46.00			0	AMBULANCE SERVICES	65	5,488	
47.00			0	FITNESS CENTER/DAYCARE	100	526	
48.00			0	ST. MARY'S APOTHECARY	100.01	2,059	
49.00			0	MARKETING	100.04	3,218	
50.00			0	WIRTH HOSPITAL MGMT	100.05	111	
51.00			0	WELBORN PROFESSIONAL SVC	100.09	5,519	
52.00			0	IDLE AND EXCESS SPACE	100.17	2,363	
TOTAL RECLASSIFICATIONS FOR CODE A			598,660				598,660

RECLASS CODE: B
 EXPLANATION : RECLASS CHARGEABLE MEDICAL SUPPLIES

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	25,676,042	I&R SERVICES-SALARY & FRINGES	22	2,475	
2.00	CAT SCAN	41.01	9,002	ADULTS & PEDIATRICS	25	4,441	
3.00	LABORATORY	44	32	INTENSIVE CARE UNIT	26	3,200	
4.00			0	NEONATAL ICU	26.02	750	
5.00			0	CORONARY CARE UNIT	27	158	
6.00			0	SUBPROVIDER	31	82	
7.00			0	OPERATING ROOM	37	19,896,039	
8.00			0	RECOVERY ROOM	38	239	
9.00			0	DELIVERY ROOM & LABOR ROOM	39	19,898	
10.00			0	ANESTHESIOLOGY	40	4,315	
11.00			0	RADIOLOGY-DIAGNOSTIC	41	81,672	
12.00			0	DIAGNOSTIC ULTRASOUND	41.02	675	
13.00			0	INTRAVENOUS THERAPY	48	2,668	
14.00			0	RESPIRATORY THERAPY	49	97,954	
15.00			0	PHYSICAL THERAPY	50	677	
16.00			0	CARDIAC CATHETERIZATION LABORA	53.01	5,474,255	
17.00			0	CARDIOPULMONARY	53.02	654	
18.00			0	ELECTROCONVULSIVE THERAPY	53.03	13	
19.00			0	ELECTROENCEPHALOGRAPHY	54	488	
20.00			0	DRUGS CHARGED TO PATIENTS	56	180	
21.00			0	RENAL DIALYSIS	57	217	
22.00			0	SENIOR HEALTH/FAMILY PRACTICE	60.01	61	
23.00			0	EMERGENCY	61	7,164	
24.00			0	DIAGNOSTIC TREATMENT CENTER	61.01	84,422	
25.00			0	AMBULANCE SERVICES	65	723	

RECLASSIFICATIONS

PROVIDER NO:
150100

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

PREPARED 11/29/2007
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: B
EXPLANATION : RECLASS CHARGEABLE MEDICAL SUPPLIES

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
26.00			0
27.00			0
TOTAL RECLASSIFICATIONS FOR CODE B			25,685,076

DECREASE			
COST CENTER	LINE	AMOUNT	
MARKETING	100.04	82	
WELBORN PROFESSIONAL SVC	100.09	1,574	
		25,685,076	

RECLASS CODE: C
EXPLANATION : RECLASS UNASSIGNED COST-CAPITAL INS

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	450,918
2.00	OPERATION OF PLANT		0
TOTAL RECLASSIFICATIONS FOR CODE C			450,918

DECREASE			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.08	450,649	
OPERATING ROOM	37	269	
		450,918	

RECLASS CODE: D
EXPLANATION : RECLASS SETON MANOR EXPENSE

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3.01	89,400
2.00	OPERATION OF PLANT	8	113,770
TOTAL RECLASSIFICATIONS FOR CODE D			203,170

DECREASE			
COST CENTER	LINE	AMOUNT	
MOB	100.06	203,170	
		0	
		203,170	

RECLASS CODE: E
EXPLANATION : RECLASS CS PROCESSING & DISTR TO OH

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	CENTRAL SERVICES & SUPPLY	15	2,632,157
TOTAL RECLASSIFICATIONS FOR CODE E			2,632,157

DECREASE			
COST CENTER	LINE	AMOUNT	
MEDICAL SUPPLIES CHARGED TO PA	55	2,632,157	
		2,632,157	

RECLASS CODE: F
EXPLANATION : RECLASS DEPRECIATION

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	3,371,735
2.00	OLD CAP REL COSTS-MVBLE EQUIP	2	131,513
3.00	NEW CAP REL COSTS-BLDG & FIXT	3	2,797,778
4.00	NEW CAP REL COSTS-MVBLE EQUIP	4	11,184,830
TOTAL RECLASSIFICATIONS FOR CODE F			17,485,856

DECREASE			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.08	17,485,856	
		0	
		0	
		0	
		17,485,856	

RECLASS CODE: G
EXPLANATION : RECLASS REGINA DEPRECIATION

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	OLD CAP REL COSTS-BLDG & FIX R	1.01	414,175
TOTAL RECLASSIFICATIONS FOR CODE G			414,175

DECREASE			
COST CENTER	LINE	AMOUNT	
OLD CAP REL COSTS-BLDG & FIXT	1	414,175	
		414,175	

RECLASS CODE: H
EXPLANATION : RECLASS PERSONAL USE OF AUTOS

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	5	10,250
TOTAL RECLASSIFICATIONS FOR CODE H			10,250

DECREASE			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.08	10,250	
		10,250	

RECLASS CODE: I
EXPLANATION : RECLASS CHARGEABLE DRUGS

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	4,188,903
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0
13.00			0
14.00			0
15.00			0
16.00			0

DECREASE			
COST CENTER	LINE	AMOUNT	
EMPLOYEE BENEFITS	5	37,766	
OTHER ADMINISTRATIVE AND GENER	6.08	9	
OPERATION OF PLANT	8	90	
NURSING ADMINISTRATION	14	45	
CENTRAL SERVICES & SUPPLY	15	816	
I&R SERVICES-SALARY & FRINGES	22	784	
ADULTS & PEDIATRICS	25	24,144	
INTENSIVE CARE UNIT	26	9,081	
NEONATAL ICU	26.02	7,050	
CORONARY CARE UNIT	27	2,288	
SUBPROVIDER	31	201	
SUBPROVIDER	31	174	
OPERATING ROOM	37	26,562	
RECOVERY ROOM	38	639	
DELIVERY ROOM & LABOR ROOM	39	1,880	
ANESTHESIOLOGY	40	231,306	

RECLASSIFICATIONS

PROVIDER NO:
150100

RECLASS CODE: I
 EXPLANATION : RECLASS CHARGEABLE DRUGS

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
17.00			0
18.00			0
19.00			0
20.00			0
21.00			0
22.00			0
23.00			0
24.00			0
25.00			0
26.00			0
27.00			0
28.00			0
29.00			0
30.00			0
31.00			0
32.00			0
33.00			0
34.00			0
35.00			0
36.00			0
37.00			0
38.00			0
39.00			0
40.00			0
TOTAL RECLASSIFICATIONS FOR CODE I			4,188,903

DECREASE			
COST CENTER	LINE	AMOUNT	
RADIOLOGY-DIAGNOSTIC	41	14,998	
CAT SCAN	41.01	1,549	
DIAGNOSTIC ULTRASOUND	41.02	891	
NUCLEAR MEDICINE	41.03	1,201	
RADIOLOGY-THERAPEUTIC	42	85	
LABORATORY	44	498	
INTRAVENOUS THERAPY	48	1,799	
RESPIRATORY THERAPY	49	5,316	
PHYSICAL THERAPY	50	939	
ELECTROCARDIOLOGY	53	2,684	
CARDIAC CATHETERIZATION LABORA	53.01	1,406	
CARDIOPULMONARY	53.02	493	
ELECTROCONVULSIVE THERAPY	53.03	46	
RENAL DIALYSIS	57	1,820	
OUTREACH CLINIC	59.01	94	
SENIOR HEALTH/FAMILY PRACTICE	60.01	13,532	
BAIATRICS	60.04	278	
EMERGENCY	61	21,348	
DIAGNOSTIC TREATMENT CENTER	61.01	13,722	
AMBULANCE SERVICES	65	2,439	
FITNESS CENTER/DAYCARE	100	2,385	
ST. MARY'S APOTHECARY	100.01	3,590,380	
MARKETING	100.04	96,400	
WELBORN PROFESSIONAL SVC	100.09	71,765	
TOTAL RECLASSIFICATIONS FOR CODE I			4,188,903

RECLASS CODE: J
 EXPLANATION : RECLASS DIETARY COST TO CAFETERIA

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	1,228,884
TOTAL RECLASSIFICATIONS FOR CODE J			1,228,884

DECREASE			
COST CENTER	LINE	AMOUNT	
DIETARY	11	1,228,884	
TOTAL RECLASSIFICATIONS FOR CODE J			1,228,884

RECLASS CODE: K
 EXPLANATION : RECLASS NURSERY AND L&D

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	NURSERY	33	391,005
TOTAL RECLASSIFICATIONS FOR CODE K			391,005

DECREASE			
COST CENTER	LINE	AMOUNT	
ADULTS & PEDIATRICS	25	391,005	
TOTAL RECLASSIFICATIONS FOR CODE K			391,005

RECLASS CODE: L
 EXPLANATION : RECLASS X-RAY SCHOOL

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	PARAMED ED PRGM	24	70,283
TOTAL RECLASSIFICATIONS FOR CODE L			70,283

DECREASE			
COST CENTER	LINE	AMOUNT	
RADIOLOGY-DIAGNOSTIC	41	70,283	
TOTAL RECLASSIFICATIONS FOR CODE L			70,283

RECLASS CODE: M
 EXPLANATION : RECLASS FITNESS CENTER BENEFITS

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	5	140,077
TOTAL RECLASSIFICATIONS FOR CODE M			140,077

DECREASE			
COST CENTER	LINE	AMOUNT	
FITNESS CENTER/DAYCARE	100	140,077	
TOTAL RECLASSIFICATIONS FOR CODE M			140,077

RECLASS CODE: P
 EXPLANATION : RECLASS OP OF PLANT & HOUSEKEEPING

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	OPERATION OF PLANT	8.02	631,386
2.00	HOUSEKEEPING	10.02	1,762
TOTAL RECLASSIFICATIONS FOR CODE P			633,148

DECREASE			
COST CENTER	LINE	AMOUNT	
OPERATION OF PLANT	8	631,386	
HOUSEKEEPING	10	1,762	
TOTAL RECLASSIFICATIONS FOR CODE P			633,148

RECLASS CODE: Q
 EXPLANATION : RECLASS INTEREST EXPENSE

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	5,502,960
TOTAL RECLASSIFICATIONS FOR CODE Q			5,502,960

DECREASE			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.08	5,502,960	
TOTAL RECLASSIFICATIONS FOR CODE Q			5,502,960

RECLASS CODE: R
 EXPLANATION : RECLASS ECT

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	ELECTROCONVULSIVE THERAPY	53.03	72,996
TOTAL RECLASSIFICATIONS FOR CODE R			72,996

DECREASE			
COST CENTER	LINE	AMOUNT	
SUBPROVIDER	31	72,996	
TOTAL RECLASSIFICATIONS FOR CODE R			72,996

RECLASSIFICATIONS

RECLASS CODE: S
 EXPLANATION : RECLASS FAMILY PRACTICE

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	FAMILY PRACTICE	100.15	2,403
2.00	SENIOR HEALTH/FAMILY PRACTICE	60.01	81
TOTAL RECLASSIFICATIONS FOR CODE S			2,484

DECREASE			
COST CENTER	LINE	AMOUNT	
SENIOR HEALTH/FAMILY PRACTICE	60.01	2,403	
FAMILY PRACTICE	100.15	81	
		2,484	

RECLASS CODE: T
 EXPLANATION : RECLASS OB/PEDS CLINIC

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	OPERATING ROOM	37	140
TOTAL RECLASSIFICATIONS FOR CODE T			140

DECREASE			
COST CENTER	LINE	AMOUNT	
OB-PEDS CLINIC	60.02	140	
		140	

RECLASS CODE: U
 EXPLANATION : RECLASS HOSPITALISTS (DEPT 6147)

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADULTS & PEDIATRICS	25	461,370
TOTAL RECLASSIFICATIONS FOR CODE U			461,370

DECREASE			
COST CENTER	LINE	AMOUNT	
SUBPROVIDER	31	461,370	
		461,370	

RECLASS CODE: W
 EXPLANATION : RECLASS TEACHING PHYSICIANS & OTHERS

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	I&R SERVICES-OTHER PRGM COSTS	23	429,963
TOTAL RECLASSIFICATIONS FOR CODE W			429,963

DECREASE			
COST CENTER	LINE	AMOUNT	
I&R SERVICES-SALARY & FRINGES	22	429,963	
		429,963	

RECLASS CODE: X
 EXPLANATION : RECLASS CAPITAL RELATED INSURANCE

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	6,485
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	19,433
3.00	NEW CAP REL COSTS-BLDG & FIXT	3	424,731
TOTAL RECLASSIFICATIONS FOR CODE X			450,649

DECREASE			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.08	450,649	
		0	
		0	
		450,649	

RECLASS CODE: Y
 EXPLANATION : RECLASS C.R. REAL ESTATE TAX

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	264,000
TOTAL RECLASSIFICATIONS FOR CODE Y			264,000

DECREASE			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.08	264,000	
		264,000	

RECLASS CODE: Z
 EXPLANATION : TRISTATE RGNL HEART INST/DISEASE MGT

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	FREE STANDING CATH LAB	100.14	362,778
TOTAL RECLASSIFICATIONS FOR CODE Z			362,778

DECREASE			
COST CENTER	LINE	AMOUNT	
CARDIAC CATHETERIZATION LABORA	53.01	362,778	
		362,778	

RECLASS CODE: AA
 EXPLANATION : IV SOLUTION

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	INTRAVENOUS THERAPY	48	231,530
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0
13.00			0
14.00			0
15.00			0
16.00			0
17.00			0
18.00			0
19.00			0

DECREASE			
COST CENTER	LINE	AMOUNT	
EMPLOYEE BENEFITS	5	1	
OTHER ADMINISTRATIVE AND GENER	6.08	2	
CENTRAL SERVICES & SUPPLY	15	8,252	
I&R SERVICES-SALARY & FRINGES	22	2	
ADULTS & PEDIATRICS	25	177	
NEONATAL ICU	26.02	79	
OPERATING ROOM	37	26,701	
RECOVERY ROOM	38	233	
DELIVERY ROOM & LABOR ROOM	39	847	
RADIOLOGY-DIAGNOSTIC	41	1,365	
CAT SCAN	41.01	66	
NUCLEAR MEDICINE	41.03	13	
LABORATORY	44	373	
BLOOD STORING, PROCESSING & TR	47	35	
RESPIRATORY THERAPY	49	354	
PHYSICAL THERAPY	50	1	
CARDIAC CATHETERIZATION LABORA	53.01	810	
DRUGS CHARGED TO PATIENTS	56	182,830	
RENAL DIALYSIS	57	2,866	

RECLASS CODE: AA
 EXPLANATION : IV SOLUTION

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
20.00		0		SENIOR HEALTH/FAMILY PRACTICE	9
21.00		0		EMERGENCY	1
22.00		0		PHYSICIANS' PRIVATE OFFICES	4
23.00		0		ST. MARY'S APOTHECARY	6,293
24.00		0		WELBORN PROFESSIONAL SVC	216
TOTAL RECLASSIFICATIONS FOR CODE AA		231,530			231,530

RECLASS CODE: AB
 EXPLANATION : CAM BUILDING RENT UNASSIGNED SPACE

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	IDLE AND EXCESS SPACE	429,689		OPERATION OF PLANT	429,689
TOTAL RECLASSIFICATIONS FOR CODE AB		429,689			429,689

RECLASS CODE: AD
 EXPLANATION : RECLASS SURGICARE DEPTS TO OR

INCREASE			DECREASE		
LINE	COST CENTER	AMOUNT	LINE	COST CENTER	AMOUNT
1.00	OPERATING ROOM	7,270,153		OB/PEDS	7,270,153
2.00	OPERATING ROOM	10,838,784		OB/PEDS	10,838,784
TOTAL RECLASSIFICATIONS FOR CODE AD		18,108,937			18,108,937

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	10,218,996					10,218,996	
2 LAND IMPROVEMENTS	8,942,907					8,942,907	
3 BUILDINGS & FIXTURE	148,700,830					148,700,830	
4 BUILDING IMPROVEMEN							
5 FIXED EQUIPMENT							
6 MOVABLE EQUIPMENT	172,465,165					172,465,165	
7 SUBTOTAL	340,327,898					340,327,898	
8 RECONCILING ITEMS							
9 TOTAL	340,327,898					340,327,898	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

*	DESCRIPTION	GROSS ASSETS 1	COMPUTATION OF RATIOS		RATIO 4	ALLOCATION OF OTHER CAPITAL			TOTAL 8
			CAPITIALIZED LEASES 2	GROSS ASSETS FOR RATIO 3		INSURANCE 5	TAXES 6	OTHER CAPITAL RELATED COSTS 7	
1	OLD CAP REL COSTS-BL								
1 01	OLD CAP REL COSTS-BL								
2	OLD CAP REL COSTS-MV								
3	NEW CAP REL COSTS-BL	167,862,733		167,862,733	.493238				
3 01	NEW CAP REL COSTS-BL								
3 02	NEW CAP REL COSTS-BL								
4	NEW CAP REL COSTS-MV	172,465,185		172,465,185	.506762				
4 01	NEW CAP REL COSTS-MV								
4 02	NEW CAP REL COSTS-MV								
5	TOTAL	340,327,918		340,327,918	1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL	TOTAL (1)
		9	10	11	12	13	RELATED COST 14	15
1	OLD CAP REL COSTS-BL	2,980,869						2,980,869
1 01	OLD CAP REL COSTS-BL	414,175						414,175
2	OLD CAP REL COSTS-MV	131,513						131,513
3	NEW CAP REL COSTS-BL	4,040,065		1,225,655	875,649	264,000		6,405,369
3 01	NEW CAP REL COSTS-BL	89,400						89,400
3 02	NEW CAP REL COSTS-BL	214,688						214,688
4	NEW CAP REL COSTS-MV	11,821,683	595,682	61,652	25,918			12,504,935
4 01	NEW CAP REL COSTS-MV							
4 02	NEW CAP REL COSTS-MV	26,867						26,867
5	TOTAL	19,719,260	595,682	1,287,307	901,567	264,000		22,767,816

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

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL	TOTAL (1)
		9	10	11	12	13	RELATED COST 14	15
1	OLD CAP REL COSTS-BL							
1 01	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL							
3 01	NEW CAP REL COSTS-BL							
3 02	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV							
4 01	NEW CAP REL COSTS-MV							
4 02	NEW CAP REL COSTS-MV							
5	TOTAL							

* 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).

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO	WKST. A-7 REF. 5
			COST CENTER 3	4		
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1		
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2		
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3		
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4		
5 INVESTMENT INCOME-OTHER						
6 TRADE, QUANTITY AND TIME DISCOUNTS						
7 REFUNDS AND REBATES OF EXPENSES						
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS						
9 TELEPHONE SERVICES						
10 TELEVISION AND RADIO SERVICE						
11 PARKING LOT						
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-8,390,277				
13 SALE OF SCRAP, WASTE, ETC.						
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-2,324,795				
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			UTILIZATION REVIEW-SNF	89		
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1		
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2		
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3		
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4		
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20		
34 PHYSICIANS' ASSISTANT						
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51		
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52		
37 INVESTMENT INCOME	B	-5,566,193	NEW CAP REL COSTS-BLDG &	3		11
37.01 INVESTMENT INCOME	B	-437,663	OTHER ADMINISTRATIVE AND	6.08		
37.02 INCOME FROM UNCONSOLIDATED ENTITIES	B	-65,481	NEW CAP REL COSTS-MVBLE E	4		11
37.03 INCOME FROM UNCONSOLIDATED ENTITIES	B	132,711	NEW CAP REL COSTS-BLDG &	4		11
37.04 INCOME FROM UNCONSOLIDATED ENTITIES	B	-5,578	NEW CAP REL COSTS-MVBLE E	4		11
37.05 EXPENSE RECOVERY	B	-6,687	EMPLOYEE BENEFITS	5		
37.06 EXPENSE RECOVERY	B	-72,902	NONPATIENT TELEPHONES	6.01		
37.07 EXPENSE RECOVERY	B	-237,058	OTHER ADMINISTRATIVE AND	6.08		
37.08 EXPENSE RECOVERY	B	-57,304	OPERATION OF PLANT	8		
37.09 EXPENSE RECOVERY	B	-191	HOUSEKEEPING	10		
37.10 EXPENSE RECOVERY	B	-127,078	DIETARY	11		
37.11 EXPENSE RECOVERY	B	-121	NURSING ADMINISTRATION	14		
37.12 EXPENSE RECOVERY	B	-74,659	MEDICAL RECORDS & LIBRARY	17		
37.13 TRANSFERS FOR EDUCATION	B	-641,106	I&R SERVICES-SALARY & FRI	22		
37.14 EXPENSE RECOVERY	B	-11,380	ADULTS & PEDIATRICS	25		
37.15 EXPENSE RECOVERY	B	-69	SUBPROVIDER	31		
37.16 EXPENSE RECOVERY	B	-2,014	OPERATING ROOM	37		
37.17 EXPENSE RECOVERY	B	-341	RECOVERY ROOM	38		
37.18 EXPENSE RECOVERY	B	-3,480	RADIOLOGY-DIAGNOSTIC	41		
37.19 EXPENSE RECOVERY	B	-253	RADIOLOGY-THERAPEUTIC	42		
37.20 EXPENSE RECOVERY	B	-298,667	LABORATORY	44		
37.21 EXPENSE RECOVERY	B	-26,250	INTRAVENOUS THERAPY	48		
37.22 EXPENSE RECOVERY	B	-79	RESPIRATORY THERAPY	49		
37.23 EXPENSE RECOVERY	B	-361	PHYSICAL THERAPY	50		
37.24 EXPENSE RECOVERY	B	-84,121	CARDIAC CATHETERIZATION L	53.01		
37.25 EXPENSE RECOVERY	B	-112,235	CARDIOPULMONARY	53.02		
37.26 EXPENSE RECOVERY	B	-16	ELECTROCONVULSIVE THERAPY	53.03		
37.27 EXPENSE RECOVERY	B	-1,240	ELECTROENCEPHALOGRAPHY	54		
37.28 EXPENSE RECOVERY	B	-4,876	MEDICAL SUPPLIES CHARGED	55		
37.29 EXPENSE RECOVERY	B	-144,854	DRUGS CHARGED TO PATIENTS	56		
37.30 EXPENSE RECOVERY						
37.31 EXPENSE RECOVERY	B	-45	OUTREACH CLINIC	59.01		
37.33 EXPENSE RECOVERY	B	-51,623	SENIOR HEALTH/FAMILY PRAC	60.01		
37.34 EXPENSE RECOVERY						
37.35 EXPENSE RECOVERY	B	-20	EMERGENCY	61		
37.36 EXPENSE RECOVERY						
37.37 NET ASSETS RELEASED (FOUNDATION)	B	-75	EMPLOYEE BENEFITS	5		
37.38 NET ASSETS RELEASED (FOUNDATION)	B	-12,987	OTHER ADMINISTRATIVE AND	6.08		
37.39 NET ASSETS RELEASED (FOUNDATION)	B	-46,874	OPERATION OF PLANT	8		
37.40 NET ASSETS RELEASED (FOUNDATION)	B	-156,220	NURSING ADMINISTRATION	14		
37.41 NET ASSETS RELEASED (FOUNDATION)						
37.42 NET ASSETS RELEASED (FOUNDATION)	B	-562	I&R SERVICES-SALARY & FRI	22		
37.43 NET ASSETS RELEASED (FOUNDATION)	B	-26,722	ADULTS & PEDIATRICS	25		
37.44 NET ASSETS RELEASED (FOUNDATION)						
37.45 NET ASSETS RELEASED (FOUNDATION)	B	-14,484	SUBPROVIDER	31		
37.46 NET ASSETS RELEASED (FOUNDATION)	B	-1,057	RADIOLOGY-THERAPEUTIC	42		
37.47 NET ASSETS RELEASED (FOUNDATION)	B	-2,249	INTRAVENOUS THERAPY	48		
37.48 NET ASSETS RELEASED (FOUNDATION)	B	-54	PHYSICAL THERAPY	50		
37.49 NET ASSETS RELEASED (FOUNDATION)						
37.50 NET ASSETS RELEASED (FOUNDATION)						
37.51 NET ASSETS RELEASED (FOUNDATION)	B	-1,797	DRUGS CHARGED TO PATIENTS	56		
37.52 NET ASSETS RELEASED (FOUNDATION)						
37.53 NET ASSETS RELEASED (FOUNDATION)	B	-53,236	OUTREACH CLINIC	59.01		
37.54 NET ASSETS RELEASED (FOUNDATION)	B	-120	ADULTS & PEDIATRICS	25		
37.55 NET ASSETS RELEASED (FOUNDATION)						
37.56 NET ASSETS RELEASED (FOUNDATION)						
37.57 NET ASSETS RELEASED (FOUNDATION)	B	-13,433	EMERGENCY	61		
37.58 NET ASSETS RELEASED (FOUNDATION)						
37.59 AHA DUES	A	-2,787	OTHER ADMINISTRATIVE AND	6.08		

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON	LINE NO	WKST. A-7 REF. 5
			WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER		
37.60	CHA DUES	-1,908	OTHER ADMINISTRATIVE AND	6.08	
37.61	ENTERTAINMENT	-29	OTHER ADMINISTRATIVE AND	6.08	
37.62	ENTERTAINMENT	-23,613	OTHER ADMINISTRATIVE AND	6.08	
37.63	ENTERTAINMENT	-9,427	EMPLOYEE BENEFITS	5	
37.64	ENTERTAINMENT	-37	NURSING ADMINISTRATION	14	
37.65	ENTERTAINMENT	-127	ADULTS & PEDIATRICS	25	
37.66	ENTERTAINMENT	-237	CARDIAC CATHETERIZATION L	53.01	
37.67	ENTERTAINMENT	-100	BARIATRICS	60.04	
37.68	COMMUNITY PROJECTS	-34,337	OTHER ADMINISTRATIVE AND	6.08	
37.69	COMMUNITY PROJECTS	-35	OPERATING ROOM	37	
37.70	COMMUNITY PROJECTS	-887	OUTREACH CLINIC	59.01	
37.71	COMMUNITY PROJECTS	-820	EMERGENCY	61	
37.72	NONALLOWABLE ADVERTISING	-500	OTHER ADMINISTRATIVE AND	6.08	
37.73	NONALLOWABLE ADVERTISING	-155	ADULTS & PEDIATRICS	25	
37.74	NONALLOWABLE ADVERTISING	-839	SUBPROVIDER 2	31.01	
37.75	NONALLOWABLE ADVERTISING	-2,453	OPERATING ROOM	37	
37.76	NONALLOWABLE ADVERTISING	-1,531	PHYSICAL THERAPY	50	
37.77	NONALLOWABLE ADVERTISING	-1,000	ELECTROENCEPHALOGRAPHY	54	
37.78	NONALLOWABLE ADVERTISING	-997	BARIATRICS	60.04	
37.79	DEPRECIATION ROLLFORWARD - 1985	-10,898	NEW CAP REL COSTS-MVBLE E	4	9
37.80	DEPRECIATION ROLLFORWARD - 1991	19,168	NEW CAP REL COSTS-BLDG &	3	9
37.81	DEPRECIATION ROLLFORWARD - 1991	12,476	NEW CAP REL COSTS-MVBLE E	4	9
37.82	NONALLOWABLE ADVERTISING	-409	EMPLOYEE BENEFITS	5	
37.83	PHYSICIAN BILLING ADJUSTMENT	-80,141	NEONATAL ICU	26.02	
37.84	PHYSICIAN BILLING ADJUSTMENT	-9,727	SUBPROVIDER	31	
37.85	PHYSICIAN BILLING ADJUSTMENT	-2,713	SUBPROVIDER 2	31.01	
37.86	PHYSICIAN BILLING ADJUSTMENT	-2,826	ELECTROCONVULSIVE THERAPY	53.03	
37.87	PHYSICIAN BILLING ADJUSTMENT	-7,751	OUTREACH CLINIC	59.01	
37.88	PHYSICIAN BILLING ADJUSTMENT	-4,934	SENIOR HEALTH/FAMILY PRAC	60.01	
38	PHYSICIAN BILLING ADJUSTMENT	-2,467	BARIATRICS	60.04	
39	PHYSICIAN BILLING ADJUSTMENT	-6,215	EMERGENCY	61	
40	BENEFITS RELATED TO PHYSICIAN BILLIN	-19,846	EMPLOYEE BENEFITS	5	
40.01	SMHS EMPLOYEES OH REMOVED	-69,629	NEW CAP REL COSTS-BLDG &	3	9
40.02	SMHS EMPLOYEES OH REMOVED	-100,053	OPERATION OF PLANT	8	
40.03	NONALLOWABLE BENEFITS EXPENSE	-69,954	EMPLOYEE BENEFITS	5	
40.04					
40.05	NON ALLOW ACQUIS AND DEVELOPMENT COS	-42,100	OTHER ADMINISTRATIVE AND	6.08	
40.06	NON ALLOW EB FOR ACQUIS AND DEVELOP	-10,525	EMPLOYEE BENEFITS	5	
40.07	CAPITALIZE MINOR EQUIPMENT	-595,683	NEW CAP REL COSTS-MVBLE E	4	9
40.08	FY2007 DEPR ON MINOR EQUIP	198,561	NEW CAP REL COSTS-MVBLE E	4	9
40.09	FY2006 DEPR ON MINOR EQUIP	252,631	NEW CAP REL COSTS-MVBLE E	4	9
41	FY2005 DEPR ON MINOR EQUIP	215,063	NEW CAP REL COSTS-MVBLE E	4	9
41.01	TV RADIO SERVICE	-10,175	OPERATION OF PLANT	8	
41.02	SELF INSURANCE PREMIUMS	-12,607,812	EMPLOYEE BENEFITS	5	
41.03					
41.04	PHYSICIAN LIABILITY INSURANCE - PT.	-374,620	OTHER ADMINISTRATIVE AND	6.08	
41.05	ADJUST CATH LAB EXP TO REMOVE REL PA	-382,907	CARDIAC CATHETERIZATION L	53.01	
41.06	ADJUST CATH LAB EXP TO REMOVE REL PA	-50,635	EMPLOYEE BENEFITS	5	
41.07	NONALLOWABLE CHILDCARE HOUSEKEEPING	-22,153	HOUSEKEEPING	10	
41.08	NONALLOWABLE CHILDCARE HOUSEKEEPING-	-6,740	EMPLOYEE BENEFITS	5	
41.09					
41.10	ADJUST PV LAB EXP TO REMOVE REL PA	-137,785	CAT SCAN	41.01	
41.11	ADJUST PV LAB EXP TO REMOVE REL PA	-13,282	EMPLOYEE BENEFITS	5	
41.12	ENTERTAINMENT	-46	SUBPROVIDER	31	
41.13	ENTERTAINMENT	-445	SUBPROVIDER 2	31.01	
41.14					
41.15	LOAN FORGIVENESS	-4,154	DRUGS CHARGED TO PATIENTS	56	
41.16	GIFTS	-1,825	OTHER ADMINISTRATIVE AND	6.08	
41.17	SHARE	-2,625	OTHER ADMINISTRATIVE AND	6.08	
41.18	SERVICE RECOVERY	-175	OTHER ADMINISTRATIVE AND	6.08	
41.19	WELBORN DEPRECIATION-ADJ TO PRIOR OW	26,867	NEW CAP REL COSTS-MVBLE E	4.02	9
41.20	WELBORN DEPRECIATION-ADJ TO PRIOR OW	214,688	NEW CAP REL COSTS-BLDG &	3.02	9
42					
43					
44					
45					
46					
47					
48					
49					
49.01	TO ADJUST NEGATIVE COST CENTER BALAN				
50	TOTAL (SUM OF LINES 1 THRU 49)	-32,739,791			

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	6 8	OTHER ADMINISTRATIVE AND		4,334,313	-4,334,313	
2	6 8	OTHER ADMINISTRATIVE AND		8,832,639	-8,832,639	
3	1	OLD CAP REL COSTS-BLDG &	23,309		23,309	9
4	3	NEW CAP REL COSTS-BLDG &	1,292,748		1,292,748	9
4.01	6 8	OTHER ADMINISTRATIVE AND	2,846,784		2,846,784	
4.02	5	EMPLOYEE BENEFITS	657,835		657,835	
4.03	6 8	OTHER ADMINISTRATIVE AND	796,608		796,608	
4.04	6 8	OTHER ADMINISTRATIVE AND	7,576,677		7,576,677	
4.05						
4.06	3	NEW CAP REL COSTS-BLDG &	5,566,193	5,502,960	63,233	11
4.07	6 8	OTHER ADMINISTRATIVE AND	437,663	720,980	-283,317	
4.08	3	NEW CAP REL COSTS-BLDG &	1,225,655		1,225,655	11
4.09	6 8	OTHER ADMINISTRATIVE AND		4,677,904	-4,677,904	
4.10	5	EMPLOYEE BENEFITS		12,095,390	-12,095,390	
4.11	6 8	OTHER ADMINISTRATIVE AND	1,105,611		1,105,611	9
4.12	6 8	OTHER ADMINISTRATIVE AND				
4.13	5	EMPLOYEE BENEFITS				
4.14	6 8	OTHER ADMINISTRATIVE AND		252,048	-252,048	
4.15	6 8	OTHER ADMINISTRATIVE AND		116,972	-116,972	
4.16	6 8	OTHER ADMINISTRATIVE AND		404,983	-404,983	
4.17	6 8	OTHER ADMINISTRATIVE AND		1,300,274	-1,300,274	
4.18	6 8	OTHER ADMINISTRATIVE AND		12,249,819	-12,249,819	
4.19	6 8	OTHER ADMINISTRATIVE AND		347,724	-347,724	
4.20	6 8	OTHER ADMINISTRATIVE AND		29,943	-29,943	
4.21	6 8	OTHER ADMINISTRATIVE AND		211,080	-211,080	
4.22	6 8	OTHER ADMINISTRATIVE AND		42,509	-42,509	
4.23	5	EMPLOYEE BENEFITS		79,095	-79,095	
4.24	5	EMPLOYEE BENEFITS		230,096	-230,096	
4.25	6 8	OTHER ADMINISTRATIVE AND		514,178	-514,178	
4.26	6 8	OTHER ADMINISTRATIVE AND		958,102	-958,102	
4.27	6 8	OTHER ADMINISTRATIVE AND		300,702	-300,702	9
4.28	6 8	OTHER ADMINISTRATIVE AND		1,682,060	-1,682,060	
4.29	6 8	OTHER ADMINISTRATIVE AND		700,652	-700,652	
4.30	8	OPERATION OF PLANT		175,836	-175,836	
4.31	8	OPERATION OF PLANT		30,382	-30,382	
4.32	17	MEDICAL RECORDS & LIBRARY		423,418	-423,418	
4.33	17	MEDICAL RECORDS & LIBRARY		237,822	-237,822	
4.34	6 8	OTHER ADMINISTRATIVE AND		15,951	-15,951	
4.35	6 8	OTHER ADMINISTRATIVE AND		519,420	-519,420	
4.36	6 8	OTHER ADMINISTRATIVE AND	3,151,817		3,151,817	
4.37	6 8	OTHER ADMINISTRATIVE AND	1,783,869		1,783,869	
4.38	4	NEW CAP REL COSTS-MVBLE E	564,703		564,703	9
4.39	6 8	OTHER ADMINISTRATIVE AND	2,437,181		2,437,181	
4.40	5	EMPLOYEE BENEFITS	10,965,102		10,965,102	
4.41	6 8	OTHER ADMINISTRATIVE AND	14,230,702		14,230,702	
5		TOTALS	54,662,457	56,987,252	-2,324,795	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	A	ASCENSION HEALTH		0.00	HOME OFFICE
2	A	ST MARYS HEALTH MISSION H		0.00	SYSTEM MGMT COSTS
3				0.00	
4				0.00	
5				0.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2007
 I 15-0100 I FROM 7/ 1/2006 I WORKSHEET A-8-2
 I I TO 6/30/2007 I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1	6 8 OTHER ADMINISTRATIVE AND	198,512	153,710	44,802	171,400	416	34,280	1,714
2	22 I&R SERVICES-SALARY & FRI	55,329	55,329					
3	23 I&R SERVICES-OTHER PRGM C	429,963	429,963					
4	26 INTENSIVE CARE UNIT	195,906		195,906	171,400	207	17,058	853
5	27 CORONARY CARE UNIT	56,000		56,000	171,400	224	18,458	923
6	25 ADULTS & PEDIATRICS	423,064	58,717	364,347	171,400	419	34,527	1,726
7	31 1 SUBPROVIDER 2	276,082		276,082	171,400	1,197	98,637	4,932
8	37 OPERATING ROOM	995,637	995,637					
9	39 DELIVERY ROOM & LABOR ROO	266,900	266,900					
10	40 ANESTHESIOLOGY	3,518,491	3,507,241	11,250	200,300	56	5,393	270
11	41 RADIOLOGY-DIAGNOSTIC	11,942	11,942					
12	41 3 NUCLEAR MEDICINE	198,540	198,540					
13	42 RADIOLOGY-THERAPEUTIC	35,250	35,250					
14	44 LABORATORY	345,215	345,215					
15	53 ELECTROCARDIOLOGY	192,060	140,560	51,500	171,400	206	16,975	849
16	53 1 CARDIAC CATHETERIZATION L	45,215	45,215					
17	53 2 CARDIOPULMONARY	45,750		45,750	171,400	183	15,080	754
18	54 ELECTROENCEPHALOGRAPHY	136,119	136,119					
19	56 DRUGS CHARGED TO PATIENTS	2,675	2,675					
20	57 RENAL DIALYSIS	47,970		47,970	171,400	246	20,271	1,014
21	60 1 SENIOR HEALTH/FAMILY PRAC	307,196	307,196					
22	60 4 BARIATRICS	160,504	98,990	61,514	171,400	333	27,440	1,372
23	61 EMERGENCY	798,535	521,735	276,800	171,400	1,007	82,981	4,149
24	65 AMBULANCE SERVICES	41,101		41,101	171,400	274	22,579	1,129
25								
26								
27								
28								
29								
30								
101	TOTAL	8,783,956	7,310,934	1,473,022		4,768	393,679	19,685

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1	6 8 OTHER ADMINISTRATIVE AND					34,280	10,522	164,232
2	22 I&R SERVICES-SALARY & FRI							55,329
3	23 I&R SERVICES-OTHER PRGM C							429,963
4	26 INTENSIVE CARE UNIT					17,058	178,848	178,848
5	27 CORONARY CARE UNIT					18,458	37,542	37,542
6	25 ADULTS & PEDIATRICS					34,527	329,820	388,537
7	31 1 SUBPROVIDER 2					98,637	177,445	177,445
8	37 OPERATING ROOM							995,637
9	39 DELIVERY ROOM & LABOR ROO							266,900
10	40 ANESTHESIOLOGY					5,393	5,857	3,513,098
11	41 RADIOLOGY-DIAGNOSTIC							11,942
12	41 3 NUCLEAR MEDICINE							198,540
13	42 RADIOLOGY-THERAPEUTIC							35,250
14	44 LABORATORY							345,215
15	53 ELECTROCARDIOLOGY					16,975	34,525	175,085
16	53 1 CARDIAC CATHETERIZATION L							45,215
17	53 2 CARDIOPULMONARY					15,080	30,670	30,670
18	54 ELECTROENCEPHALOGRAPHY							136,119
19	56 DRUGS CHARGED TO PATIENTS							2,675
20	57 RENAL DIALYSIS					20,271	27,699	27,699
21	60 1 SENIOR HEALTH/FAMILY PRAC							307,196
22	60 4 BARIATRICS					27,440	34,074	133,064
23	61 EMERGENCY					82,981	193,819	715,554
24	65 AMBULANCE SERVICES					22,579	18,522	18,522
25								
26								
27								
28								
29								
30								
101	TOTAL					393,679	1,079,343	8,390,277

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
1.01	OLD CAP REL COSTS-BLDG & FIX REGINA	2	REGINA SQ FEET	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	3	DOLLAR VALUE	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
3.01	NEW CAP REL COSTS-BLDG & FIXT SETON	4	SETON SQ FEET	ENTERED
3.02	NEW CAP REL COSTS-BLDG & FIXT WELBOR	5	WELBORN SQ FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	6	DOLLAR VALUE	ENTERED
4.01	NEW CAP REL COSTS-MVBLE EQUIP	4	SETON SQ FEET	ENTERED
4.02	NEW CAP REL COSTS-MVBLE EQUIP WELBOR	7	WELBORN VALUE	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS SALARIES	ENTERED
6.01	NONPATIENT TELEPHONES	10	NONPATIENT T TELEPHO	ENTERED
6.03	PURCHASING, RECEIVING AND STORES	11	SUPPLIES EXPENSE	ENTERED
6.05	ADMITTING	8	GROSS CHARGES	ENTERED
6.06	CASHIERING/ACCOUNTS RECEIVABLE	13	GROSS CHARGES	ENTERED
6.07	MANAGEMENT SERVICES-MULBERRY	14	MULBERRY GROSS REVS	ENTERED
6.08	OTHER ADMINISTRATIVE AND GENERAL	-15	ACCUM. COST	NOT ENTERED
8	OPERATION OF PLANT	17	SQUARE FEET	ENTERED
8.02	OPERATION OF PLANT	19	WELBORN SQ FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	20	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	17	SQUARE FEET	ENTERED
10.02	HOUSEKEEPING	23	WELBORN SQ FEET	ENTERED
11	DIETARY	24	MEALS SERVED	ENTERED
12	CAFETERIA	25	MAN HOURS	ENTERED
14	NURSING ADMINISTRATION	27	DIRECT NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	28	SUPPLIES EXPENSE	ENTERED
17	MEDICAL RECORDS & LIBRARY	13	GROSS CHARGES	ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	34	ASSIGNED TIME	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	34	ASSIGNED TIME	ENTERED
24	PARAMED ED PRGM	35	ASSIGNED TIME	ENTERED

COST CENTER DESCRIPTION		NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-BLDG & 1.01	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-BLDG & 3.01	NEW CAP REL C OSTS-BLDG & 3.02
001	GENERAL SERVICE COST CNTR							
001	01 OLD CAP REL COSTS-BLDG &	2,980,869	2,980,869					
002	02 OLD CAP REL COSTS-MVBLE E	414,175		414,175				
003	03 OLD CAP REL COSTS-MVBLE E	131,513			131,513			
003	01 NEW CAP REL COSTS-BLDG &	6,405,369				6,405,369		
003	02 NEW CAP REL COSTS-BLDG &	89,400					89,400	
004	02 NEW CAP REL COSTS-MVBLE E	214,688						214,688
004	01 NEW CAP REL COSTS-MVBLE E	12,504,935						
004	02 NEW CAP REL COSTS-MVBLE E	26,867						
005	EMPLOYEE BENEFITS	17,585,820			498	4,633	6,241	
006	01 NONPATIENT TELEPHONES	277,195	2,156			11,186		
006	03 PURCHASING, RECEIVING AND	497,899	5,206		2,620	93,284		
006	05 ADMITTING	2,312,962	43,412		1,593	147,749		
006	06 CASHIERING/ACCOUNTS RECEI	2,842,776	68,758	4,813	344			
006	07 MANAGEMENT SERVICES-MULBE	353,737		25,061		7,263		
006	08 OTHER ADMINISTRATIVE AND	26,625,432	46,398	27,066	65,442	99,701	7,205	14,923
008	02 OPERATION OF PLANT	7,147,037	460,458	7,849	8,775	989,444	4,292	27,741
008	02 OPERATION OF PLANT	631,386						
009	02 LAUNDRY & LINEN SERVICE	1,066,016	47,876	1,006	47,309	102,877		
010	02 HOUSEKEEPING	2,569,635	49,613	22,577		106,609		2,470
010	02 HOUSEKEEPING	1,762						
011	DIETARY	728,548	62,629		3,699	134,579	2,163	
012	CAFETERIA	1,229,211	36,372			78,157		
014	NURSING ADMINISTRATION	1,717,227	7,302		288	15,691		
015	CENTRAL SERVICES & SUPPLY	2,619,044						
017	MEDICAL RECORDS & LIBRARY	4,419,837	25,346		945	54,465		1,503
022	I&R SERVICES-SALARY & FRI	21,372	11,568			24,857		
023	I&R SERVICES-OTHER PRGM C							
024	PARAMED ED PRGM	70,283						
025	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	14,088,236	533,793			1,147,027		
026	INTENSIVE CARE UNIT	5,339,776	156,886			337,120		
026	01 PEDIATRIC ICU							
026	02 NEONATAL ICU	3,784,233	66,636			143,189		
027	CORONARY CARE UNIT	909,528	23,906			51,370		
031	SUBPROVIDER	1,020,435	822	28,434		1,766		
031	01 SUBPROVIDER 2	2,299,739		111,011				
033	NURSERY	391,005						
034	SKILLED NURSING FACILITY							
035	NURSING FACILITY							
035	01 ICF/MR							
037	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	23,094,369	135,991			292,221		
038	RECOVERY ROOM	2,426,361	67,860			145,819		
039	DELIVERY ROOM & LABOR ROO	2,087,824	254,773			547,462		
040	ANESTHESIOLOGY	21,852						
041	RADIOLOGY-DIAGNOSTIC	5,581,572	83,964			180,424		
041	01 CAT SCAN	1,185,714	11,038			23,719		
041	02 DIAGNOSTIC ULTRASOUND	516,158	3,003			6,453		
041	03 NUCLEAR MEDICINE	1,205,833	12,567			27,005		
042	RADIOLOGY-THERAPEUTIC	1,802,780						
043	RADIOISOTOPE							
044	LABORATORY	6,661,827	53,556	547		115,083		
045	PBP CLINICAL LAB SERVICES							
047	BLOOD STORING, PROCESSING	2,387,096	2,626			5,643		
048	INTRAVENOUS THERAPY	1,542,055	2,160			4,642		
049	RESPIRATORY THERAPY	2,712,276	10,839			23,291		
050	PHYSICAL THERAPY	3,714,713	53,971			115,975		
051	OCCUPATIONAL THERAPY							
052	SPEECH PATHOLOGY							
053	ELECTROCARDIOLOGY	533,900	17,866			38,391		
053	01 CARDIAC CATHETERIZATION L	3,197,913	54,488			117,085		
053	02 CARDIOPULMONARY	493,519	775			1,666		
053	03 ELECTROCONVULSIVE THERAPY	589,858						
054	ELECTROENCEPHALOGRAPHY	682,464	1,427	20,169		3,067		
055	MEDICAL SUPPLIES CHARGED	25,671,170	72,718			156,259		
056	DRUGS CHARGED TO PATIENTS	17,961,040	26,566			57,086		
057	RENAL DIALYSIS	1,626,507	1,241			2,667		
058	ASC (NON-DISTINCT PART)							
059	PSYCHIATRIC/PSYCHOLOGICAL							
059	01 OUTREACH CLINIC	551,597						
059	02 ACUPUNCTURE							
060	OUTPAT SERVICE COST CNTRS							
060	01 SENIOR HEALTH/FAMILY PRAC	700,629	34,432	41,712		73,988		
060	02 OB-PEDS CLINIC			24,187				
060	03 ORTHOPEDIC SVC							
060	04 BARIATRICS	465,156						
060	05 CHILD HEALTH CTR	1,034						
061	EMERGENCY	7,617,867	186,218			400,150		
061	01 DIAGNOSTIC TREATMENT CENT	2,309,539	50,036			107,519		
062	OBSERVATION BEDS (NON-DIS							
064	OTHER REIMBURS COST CNTRS							
064	HOME PROGRAM DIALYSIS							
065	AMBULANCE SERVICES	1,996,511					6,001	
066	DURABLE MEDICAL EQUIP-REN							
067	DURABLE MEDICAL EQUIP-SOL							
092	SPEC PURPOSE COST CENTERS							
092	AMBULATORY SURGICAL CENTE							
095	SUBTOTALS	242,657,081	2,790,632	314,432	131,513	5,996,582	26,092	46,637
096	NONREIMBURS COST CENTERS							
097	GIFT, FLOWER, COFFEE SHOP							
097	RESEARCH							
098	PHYSICIANS' PRIVATE OFFIC	4,894,326	65,221	37,006		140,149		
099	NONPAID WORKERS							

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2007
 I 15-0100 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	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C
		OSTS-BLDG & 1	OSTS-BLDG & 1.01	OSTS-MVBLE E 2	OSTS-BLDG & 3	OSTS-BLDG & 3.01	OSTS-BLDG & 3.02
NONREIMBURS COST CENTERS							
100 FITNESS CENTER/DAYCARE	98,990		30,339			13,849	
100 01 ST. MARY'S APOTHECARY	550,495	771			1,657		
100 02 OCCUPATIONAL MEDICINE						49,459	
100 03 CANCER CTR/PHYS RECRUITME	194,523						
100 04 MARKETING	1,913,324	3,287			7,063		647
100 05 WIRTH HOSPITAL MGMT	30,789						
100 06 MOB	525,612						
100 07 SENIOR PARTNERS	48,246						
100 08 PSYCH FREESTANDING CLINIC	228,343						
100 09 WELBORN PROFESSIONAL SVC	2,985,750						
100 10 JOSHUA CITY SCHOOL							
100 11 ST. ELIZABETH		6,574			14,126		
100 12 REGINA CLOSE OUT							
100 13 TR SUP/DR T							
100 14 FREE STANDING CATH LAB	362,778	4,388			9,429		
100 15 FAMILY PRACTICE	2,322	61,989	2,270		133,204		
100 16 OB/PEDS							
100 17 IDLE AND EXCESS SPACE	642,625	48,007	30,128		103,159		167,404
100 18 SMHS EMPLOYEES IN SMMC							
100 19 SMMC DEPTS TO SMHS							
100 20 STOREROOM / DISTRIBUTION							
100 21 PRINT SHOP							
100 22 MAIL ROOM-SMHS HO COST							
100 23 ACCOUNTING-SMHS HO COST							
100 24 IS APPLICATIONS-SMHS HO C							
100 25 PRIMARY SOURCE VERIFICATI							
100 26 CMO-DR. GALLAGHER-SMHS HO							
100 27 INFECTION DISEASE-SMHS HO							
100 28 SMHS WARRICK							
100 29 COMPANY 10 AND OTHER							
100 30 STARS PROGRAM							
100 31 EMPLOYEE HEALTH							
100 32 MAT MGMT PURCHASING							
100 33 DECISION SUPPORT							
100 34 PLANETREE							
100 35 EDUCATION							
100 36 QUALITY							
100 37 EMS SECURITY							
100 38 MOTOR SERVICE							
100 39 MEDICAL LIBRARY							
100 40 MGMT PATIENT RELATIONS							
100 41 SUBSIDIARY SUPPORT							
100 42 MISSION SERVICE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	255,135,204	2,980,869	414,175	131,513	6,405,369	89,400	214,688

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-MVBLE E 4	NEW CAP REL C OSTS-MVBLE E 4.01	NEW CAP REL C OSTS-MVBLE E 4.02	EMPLOYEE BENE FITS 5	NONPATIENT TELEPHONES 6.01	PURCHASING, RECEIVING AND 6.03	ADMITTING 6.05
NONREIMBURS COST CENTERS							
100 FITNESS CENTER/DAYCARE	10,632			14,350	2,350	246	
100 01 ST. MARY'S APOTHECARY	9,282			81,081	1,762	47,838	
100 02 OCCUPATIONAL MEDICINE	130		23,746				
100 03 CANCER CTR/PHYS RECRUITME	356			26,454	734	95	
100 04 MARKETING	4,347			202,285	3,671	2,287	
100 05 WIRTH HOSPITAL MGMT				4,170		10	
100 06 MOB	185,639						
100 07 SENIOR PARTNERS	3,847			6,445	441	14	
100 08 PSYCH FREESTANDING CLINIC	56			13,468			
100 09 WELBORN PROFESSIONAL SVC	9,192			400,610	2,350	2,856	
100 10 JOSHUA CITY SCHOOL							
100 11 ST. ELIZABETH							
100 12 REGINA CLOSE OUT							
100 13 TR SUP/DR T							
100 14 FREE STANDING CATH LAB	142			58,321	1,175	52	
100 15 FAMILY PRACTICE							
100 16 OB/PEDS							
100 17 IDLE AND EXCESS SPACE				67,733		121	
100 18 SMHS EMPLOYEES IN SMMC							
100 19 SMMC DEPTS TO SMHS							
100 20 STOREROOM / DISTRIBUTION							
100 21 PRINT SHOP							
100 22 MAIL ROOM-SMHS HO COST							
100 23 ACCOUNTING-SMHS HO COST							
100 24 IS APPLICATIONS-SMHS HO C							
100 25 PRIMARY SOURCE VERIFICATI							
100 26 CMO-DR. GALLAGHER-SMHS HO							
100 27 INFECTION DISEASE-SMHS HO							
100 28 SMHS WARRICK							
100 29 COMPANY 10 AND OTHER							
100 30 STARS PROGRAM							
100 31 EMPLOYEE HEALTH							
100 32 MAT MGMT PURCHASING							
100 33 DECISION SUPPORT							
100 34 PLANETREE							
100 35 EDUCATION							
100 36 QUALITY							
100 37 EMS SECURITY							
100 38 MOTOR SERVICE							
100 39 MEDICAL LIBRARY							
100 40 MGMT PATIENT RELATIONS							
100 41 SUBSIDIARY SUPPORT							
100 42 MISSION SERVICE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	12,504,935		26,867	17,603,791	410,767	755,300	2,808,444

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	CASHIERING/AC COUNTS RECEI 6.06	MANAGEMENT SE RVICES-MULBE 6.07	SUBTOTAL 6a.07	OTHER ADMINIS TRATIVE AND 6.08	OPERATION OF PLANT 8	OPERATION OF PLANT 8.02	LAUNDRY & LIN EN SERVICE 9
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
004 01 NEW CAP REL COSTS-MVBLE E							
004 02 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 03 PURCHASING, RECEIVING AND							
006 05 ADMITTING							
006 06 CASHIERING/ACCOUNTS RECEI	3,098,342						
006 07 MANAGEMENT SERVICES-MULBE		476,398					
006 08 OTHER ADMINISTRATIVE AND			30,958,767	30,958,767			
008 OPERATION OF PLANT			9,263,452	1,279,283	10,542,735		
008 02 OPERATION OF PLANT			647,497	89,419		736,916	
009 LAUNDRY & LINEN SERVICE			1,386,513	191,477	157,783		1,735,773
010 HOUSEKEEPING			3,241,811	447,694	256,501	10,583	
010 02 HOUSEKEEPING			2,072	286			
011 DIETARY			1,111,359	153,479	200,721		
012 CAFETERIA			1,613,499	222,824	116,569		
014 NURSING ADMINISTRATION			2,053,374	283,571	23,403		
015 CENTRAL SERVICES & SUPPLY			2,847,320	393,215			
017 MEDICAL RECORDS & LIBRARY			5,009,752	691,847	81,233	6,437	
022 I&R SERVICES-SALARY & FRI			150,215	20,745	37,073		46,008
023 I&R SERVICES-OTHER PRGM C			74,802	10,330			
024 PARAMED ED PRGM			82,510	11,395			
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	129,698		19,107,931	2,638,805	1,710,756		599,813
026 INTENSIVE CARE UNIT	70,934		7,107,447	981,538	502,806		166,021
026 01 PEDIATRIC ICU							
026 02 NEONATAL ICU	59,932		4,922,215	679,758	213,563		47,165
027 CORONARY CARE UNIT	10,016		1,203,546	166,210	76,618		22,254
031 SUBPROVIDER	11,847		1,268,925	175,239	125,420		4,011
031 01 SUBPROVIDER 2	27,985		2,915,306	402,604	479,389		76,291
033 NURSERY	3,900		466,254	64,390			
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	430,142		27,121,443	3,745,471	435,840		121,690
038 RECOVERY ROOM	80,836		3,164,035	436,953	217,486		78,247
039 DELIVERY ROOM & LABOR ROO	19,188		3,298,813	455,566	816,526		66,930
040 ANESTHESIOLOGY	25,157		100,893	13,933			
041 RADIOLOGY-DIAGNOSTIC	136,339		7,487,748	1,034,058	374,739		111,804
041 01 CAT SCAN	151,566		2,653,640	366,468	70,441		22,790
041 02 DIAGNOSTIC ULTRASOUND	15,225		782,401	108,050	25,277		
041 03 NUCLEAR MEDICINE	68,203		1,802,643	248,945	95,473		4,051
042 RADIOLOGY-THERAPEUTIC	42,562		2,465,995	340,554			12,717
043 RADIOISOTOPE							
044 LABORATORY	191,109		8,253,939	1,139,869	195,535		
045 PBP CLINICAL LAB SERVICES							
047 BLOOD STORING, PROCESSING	26,344		2,607,414	360,084	8,417		
048 INTRAVENOUS THERAPY	39,573		1,729,483	238,842	6,923		
049 RESPIRATORY THERAPY	74,009		3,508,620	484,540	34,739		
050 PHYSICAL THERAPY	69,616		4,660,871	643,666	172,973		23,440
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	11,684		842,156	116,302	61,902		7,901
053 01 CARDIAC CATHETERIZATION L	169,111		5,491,238	758,340	254,912		24,632
053 02 CARDIOPULMONARY	1,339		583,951	80,644	103,998		4,665
053 03 ELECTROCONVULSIVE THERAPY			664,455	91,761	62,920		
054 ELECTROENCEPHALOGRAPHY	14,251		858,390	118,544	91,672		5,187
055 MEDICAL SUPPLIES CHARGED	636,059		27,395,147	3,783,270	233,056		
056 DRUGS CHARGED TO PATIENTS	334,621		19,558,357	2,701,009	85,143		
057 RENAL DIALYSIS	168		1,874,478	258,865	3,977		
058 ASC (NON-DISTINCT PART)							
059 PSYCHIATRIC/PSYCHOLOGICAL			1,181	163			
059 01 OUTREACH CLINIC	5,957		652,537	90,115			
059 02 ACUPUNCTURE							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 SENIOR HEALTH/FAMILY PRAC	152		1,034,316	142,839	290,479		6,079
060 02 OB-PEDS CLINIC	5		31,682	4,375	104,446		1,261
060 03 ORTHOPEDIC SVC							
060 04 BARIATRICS			554,911	76,633			
060 05 CHILD HEALTH CTR			1,196	165			
061 EMERGENCY	183,009		9,486,248	1,310,051	596,813		202,444
061 01 DIAGNOSTIC TREATMENT CENT	39,993		3,111,937	429,758	160,362		49,959
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES	17,812		2,180,117	301,074			
066 DURABLE MEDICAL EQUIP-REN			6,772	935			
067 DURABLE MEDICAL EQUIP-SOL							
067 SPEC PURPOSE COST CENTERS							
092 AMBULATORY SURGICAL CENTE							
095 SUBTOTALS	3,098,342		239,401,574	28,785,951	8,485,884	17,020	1,705,360
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC			5,797,397	800,621	415,478		
099 NONPAID WORKERS							

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	CASHIERING/AC COUNTS RECEI	MANAGEMENT SE RVICES-MULBE	SUBTOTAL	OTHER ADMINIS TRATIVE AND	OPERATION OF PLANT	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE
	6.06	6.07	6a.07	6.08	8	8.02	9
NONREIMBURS COST CENTERS							
100 FITNESS CENTER/DAYCARE			170,756	23,581	131,013		6,176
100 01 ST. MARY'S APOTHECARY			692,886	95,688	2,471		
100 02 OCCUPATIONAL MEDICINE			73,335	10,128			19,146
100 03 CANCER CTR/PHYS RECRUITME			222,162	30,681			
100 04 MARKETING			2,136,911	295,107	47,119	2,770	
100 05 WIRTH HOSPITAL MGMT			34,969	4,829			
100 06 MOB			711,251	98,224			
100 07 SENIOR PARTNERS			58,993	8,147			
100 08 PSYCH FREESTANDING CLINIC			241,867	33,402			
100 09 WELBORN PROFESSIONAL SVC			3,400,758	469,645			1,584
100 10 JOSHUA CITY SCHOOL							
100 11 ST. ELIZABETH			20,700	2,859	21,068		
100 12 REGINA CLOSE OUT							
100 13 TR SUP/DR T							
100 14 FREE STANDING CATH LAB			436,285	60,251	14,064		
100 15 FAMILY PRACTICE			199,785	27,590	779,058		
100 16 OB/PEDS							
100 17 IDLE AND EXCESS SPACE		476,398	1,535,575	212,063	646,580	717,126	3,507
100 18 SMHS EMPLOYEES IN SMMC							
100 19 SMMC DEPTS TO SMHS							
100 20 STOREROOM / DISTRIBUTION							
100 21 PRINT SHOP							
100 22 MAIL ROOM-SMHS HO COST							
100 23 ACCOUNTING-SMHS HO COST							
100 24 IS APPLICATIONS-SMHS HO C							
100 25 PRIMARY SOURCE VERIFICATI							
100 26 CMO-DR. GALLAGHER-SMHS HO							
100 27 INFECTION DISEASE-SMHS HO							
100 28 SMHS WARRICK							
100 29 COMPANY IO AND OTHER							
100 30 STARS PROGRAM							
100 31 EMPLOYEE HEALTH							
100 32 MAT MGMT PURCHASING							
100 33 DECISION SUPPORT							
100 34 PLANETREE							
100 35 EDUCATION							
100 36 QUALITY							
100 37 EMS SECURITY							
100 38 MOTOR SERVICE							
100 39 MEDICAL LIBRARY							
100 40 MGMT PATIENT RELATIONS							
100 41 SUBSIDARY SUPPORT							
100 42 MISSION SERVICE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	3,098,342	476,398	255,135,204	30,958,767	10,542,735	736,916	1,735,773

COST CENTER DESCRIPTION	HOUSEKEEPING 10	HOUSEKEEPING 10.02	DIETARY 11	CAFETERIA 12	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	MEDICAL RECORDS & LIBRARY 17
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
002 01 OLD CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-BLDG &							
004 01 NEW CAP REL COSTS-MVBLE E							
004 02 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 03 PURCHASING, RECEIVING AND							
006 05 ADMITTING							
006 06 CASHIERING/ACCOUNTS RECEI							
006 07 MANAGEMENT SERVICES-MULBE							
006 08 OTHER ADMINISTRATIVE AND							
008 OPERATION OF PLANT							
008 02 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	3,956,589						
010 02 HOUSEKEEPING		2,358					
011 DIETARY			1,543,969				
012 CAFETERIA				1,998,429			
014 NURSING ADMINISTRATION					2,421,032		
015 CENTRAL SERVICES & SUPPLY						3,293,672	
017 MEDICAL RECORDS & LIBRARY							5,912,633
022 I&R SERVICES-SALARY & FRI		21					
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	668,291		941,120	381,297	919,571	40,347	247,488
026 INTENSIVE CARE UNIT	196,417		163,849	135,142	379,928	13,117	135,356
026 01 PEDIATRIC ICU							
026 02 NEONATAL ICU	83,426			81,176	260,987	7,399	114,361
027 CORONARY CARE UNIT	29,930		16,040	21,477	61,575	2,065	19,112
031 SUBPROVIDER	48,994		45,735	23,982		1,175	22,607
031 01 SUBPROVIDER 2	187,269		166,716	58,996	168,133	4,496	53,400
033 NURSERY				11,084	26,855		7,443
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	170,257			108,461	307,384	63,091	820,792
038 RECOVERY ROOM	84,959		2,058	58,365	163,739	3,126	154,250
039 DELIVERY ROOM & LABOR ROO	318,968			48,554	132,860	12,594	36,614
040 ANESTHESIOLOGY				1,011		13,649	48,004
041 RADIOLOGY-DIAGNOSTIC	146,389			65,826		126,752	260,160
041 01 CAT SCAN	27,517			15,539		20,948	289,216
041 02 DIAGNOSTIC ULTRASOUND	9,874			9,908		2,407	29,053
041 03 NUCLEAR MEDICINE	37,296			9,566		36,158	130,144
042 RADIOLOGY-THERAPEUTIC				197		5,288	81,216
043 RADIOISOTOPE							
044 LABORATORY	76,384			122,949		114,278	364,673
045 PBP CLINICAL LAB SERVICES							
047 BLOOD STORING, PROCESSING	3,288			6,457		123,989	50,268
048 INTRAVENOUS THERAPY	2,705			9,316		54,256	75,512
049 RESPIRATORY THERAPY	13,570			56,873		20,271	141,223
050 PHYSICAL THERAPY	67,570			79,429		4,752	132,840
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	24,182			15,611		2,360	22,296
053 01 CARDIAC CATHETERIZATION L	99,579		109			84,890	322,695
053 02 CARDIOPULMONARY	40,626			11,970		779	2,555
053 03 ELECTROCONVULSIVE THERAPY	24,579			10,313		260	
054 ELECTROENCEPHALOGRAPHY	35,811		33	10,626		1,512	27,194
055 MEDICAL SUPPLIES CHARGED	91,041					1,577,698	1,214,133
056 DRUGS CHARGED TO PATIENTS	33,260			65,941		631,676	638,521
057 RENAL DIALYSIS	1,554			27,073		19,668	321
058 ASC (NON-DISTINCT PART)							
059 PSYCHIATRIC/PSYCHOLOGICAL							
059 01 OUTREACH CLINIC				10,090		2,543	11,366
059 02 ACUPUNCTURE							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 SENIOR HEALTH/FAMILY PRAC	113,473			17,034		1,946	290
060 02 OB-PEDS CLINIC	40,801						10
060 03 ORTHOPEDIC SVC							
060 04 BARIATRICS				8,940		1,206	
060 05 CHILD HEALTH CTR							
061 EMERGENCY	233,140		4,733	125,601		19,044	349,216
061 01 DIAGNOSTIC TREATMENT CENT	62,644		25,091	41,492		30,515	76,315
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES				14,538		5,475	33,989
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
092 SPEC PURPOSE COST CENTERS							
095 AMBULATORY SURGICAL CENTE							
095 SUBTOTALS	3,153,098	21	1,365,484	1,884,000	2,421,032	3,054,004	5,912,633
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC	162,303			18,432		176	
099 NONPAID WORKERS							

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 15-0100
 I PERIOD: FROM 7/1/2006 TO 6/30/2007
 I PREPARED 11/29/2007
 I WORKSHEET B
 I PART I

COST CENTER DESCRIPTION	HOUSEKEEPING 10	HOUSEKEEPING 10.02	DIETARY 11	CAFETERIA 12	NURSING ADMIN ISTRATION 14	CENTRAL SERVI CES & SUPPLY 15	MEDICAL RECOR DS & LIBRARY 17
NONREIMBURS COST CENTERS							
100 FITNESS CENTER/DAYCARE	51,179					1,103	
100 01 ST. MARY'S APOTHECARY	965			10,399		214,139	
100 02 OCCUPATIONAL MEDICINE							
100 03 CANCER CTR/PHYS RECRUITME				4,154		427	
100 04 MARKETING	18,407		9	22,070		10,233	
100 05 WIRTH HOSPITAL MGMT				1,049		44	
100 06 MOB							
100 07 SENIOR PARTNERS				1,332		64	
100 08 PSYCH FREESTANDING CLINIC						15	
100 09 WELBORN PROFESSIONAL SVC				47,758		12,692	
100 10 JOSHUA CITY SCHOOL							
100 11 ST. ELIZABETH	8,230						
100 12 REGINA CLOSE OUT							
100 13 TR SUP/DR T							
100 14 FREE STANDING CATH LAB	5,494					233	
100 15 FAMILY PRACTICE	304,332						
100 16 OB/PEDS							
100 17 IDLE AND EXCESS SPACE	252,581	2,328	178,485	9,235		542	
100 18 SMHS EMPLOYEES IN SMMC							
100 19 SMMC DEPTS TO SMHS							
100 20 STOREROOM / DISTRIBUTION							
100 21 PRINT SHOP							
100 22 MAIL ROOM-SMHS HO COST							
100 23 ACCOUNTING-SMHS HO COST							
100 24 IS APPLICATIONS-SMHS HO C							
100 25 PRIMARY SOURCE VERIFICATI							
100 26 CMO-DR. GALLAGHER-SMHS HO							
100 27 INFECTION DISEASE-SMHS HO							
100 28 SMHS WARRICK							
100 29 COMPANY 10 AND OTHER							
100 30 STARS PROGRAM							
100 31 EMPLOYEE HEALTH							
100 32 MAT MGMT PURCHASING							
100 33 DECISION SUPPORT							
100 34 PLANETREE							
100 35 EDUCATION							
100 36 QUALITY							
100 37 EMS SECURITY							
100 38 MOTOR SERVICE							
100 39 MEDICAL LIBRARY							
100 40 MGMT PATIENT RELATIONS							
100 41 SUBSIDIARY SUPPORT							
100 42 MISSION SERVICE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	3,956,589	2,358	1,543,969	1,998,429	2,421,032	3,293,672	5,912,633

COST CENTER DESCRIPTION	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	22	23	24	25	26	27
001 GENERAL SERVICE COST CNTR						
001 01 OLD CAP REL COSTS-BLDG &						
002 OLD CAP REL COSTS-MVBLE E						
003 NEW CAP REL COSTS-BLDG &						
003 01 NEW CAP REL COSTS-BLDG &						
003 02 NEW CAP REL COSTS-BLDG &						
004 NEW CAP REL COSTS-MVBLE E						
004 01 NEW CAP REL COSTS-MVBLE E						
004 02 NEW CAP REL COSTS-MVBLE E						
005 EMPLOYEE BENEFITS						
006 01 NONPATIENT TELEPHONES						
006 03 PURCHASING, RECEIVING AND						
006 05 ADMITTING						
006 06 CASHIERING/ACCOUNTS RECEI						
006 07 MANAGEMENT SERVICES-MULBE						
006 08 OTHER ADMINISTRATIVE AND						
008 OPERATION OF PLANT						
008 02 OPERATION OF PLANT						
009 LAUNDRY & LINEN SERVICE						
010 HOUSEKEEPING						
010 02 HOUSEKEEPING						
011 DIETARY						
012 CAFETERIA						
014 NURSING ADMINISTRATION						
015 CENTRAL SERVICES & SUPPLY						
017 MEDICAL RECORDS & LIBRARY						
022 I&R SERVICES-SALARY & FRI	290,664					
023 I&R SERVICES-OTHER PRGM C		88,781				
024 PARAMED ED PRGM			95,266			
025 INPAT ROUTINE SRVC CNTRS						
025 ADULTS & PEDIATRICS	290,664	88,781		27,634,864	-379,445	27,255,419
026 INTENSIVE CARE UNIT				9,781,621		9,781,621
026 01 PEDIATRIC ICU						
026 02 NEONATAL ICU				6,410,050		6,410,050
027 CORONARY CARE UNIT				1,618,827		1,618,827
031 SUBPROVIDER				1,716,088		1,716,088
031 01 SUBPROVIDER 2				4,512,600		4,512,600
033 NURSERY				576,026		576,026
034 SKILLED NURSING FACILITY						
035 NURSING FACILITY						
035 01 ICF/MR						
037 ANCILLARY SRVC COST CNTRS						
037 OPERATING ROOM				32,894,429		32,894,429
038 RECOVERY ROOM				4,363,218		4,363,218
039 DELIVERY ROOM & LABOR ROO				5,187,425		5,187,425
040 ANESTHESIOLOGY				177,490		177,490
041 RADIOLOGY-DIAGNOSTIC			95,266	9,702,742		9,702,742
041 01 CAT SCAN				3,466,559		3,466,559
041 02 DIAGNOSTIC ULTRASOUND				966,970		966,970
041 03 NUCLEAR MEDICINE				2,364,276		2,364,276
042 RADIOLOGY-THERAPEUTIC				2,905,967		2,905,967
043 RADIOISOTOPE						
044 LABORATORY				10,267,627		10,267,627
045 PBP CLINICAL LAB SERVICES						
047 BLOOD STORING, PROCESSING				3,159,917		3,159,917
048 INTRAVENOUS THERAPY				2,117,037		2,117,037
049 RESPIRATORY THERAPY				4,259,836		4,259,836
050 PHYSICAL THERAPY				5,785,541		5,785,541
051 OCCUPATIONAL THERAPY						
052 SPEECH PATHOLOGY						
053 ELECTROCARDIOLOGY				1,092,710		1,092,710
053 01 CARDIAC CATHETERIZATION L				7,036,395		7,036,395
053 02 CARDIOPULMONARY				829,188		829,188
053 03 ELECTROCONVULSIVE THERAPY				854,288		854,288
054 ELECTROENCEPHALOGRAPHY				1,148,969		1,148,969
055 MEDICAL SUPPLIES CHARGED				34,294,345		34,294,345
056 DRUGS CHARGED TO PATIENTS				23,713,907		23,713,907
057 RENAL DIALYSIS				2,185,936		2,185,936
058 ASC (NON-DISTINCT PART)						
059 PSYCHIATRIC/PSYCHOLOGICAL				1,344		1,344
059 01 OUTREACH CLINIC				766,651		766,651
059 02 ACUPUNCTURE						
060 OUTPAT SERVICE COST CNTRS						
060 CLINIC						
060 01 SENIOR HEALTH/FAMILY PRAC				1,606,456		1,606,456
060 02 OB-PEDS CLINIC				182,575		182,575
060 03 ORTHOPEDIC SVC						
060 04 BARIATRICS				641,690		641,690
060 05 CHILD HEALTH CTR				1,361		1,361
061 EMERGENCY				12,327,290		12,327,290
061 01 DIAGNOSTIC TREATMENT CENT				3,988,073		3,988,073
062 OBSERVATION BEDS (NON-DIS						
062 OTHER REIMBURS COST CNTRS						
064 HOME PROGRAM DIALYSIS						
065 AMBULANCE SERVICES				2,535,193		2,535,193
066 DURABLE MEDICAL EQUIP-REN				7,707		7,707
067 DURABLE MEDICAL EQUIP-SOL						
067 SPEC PURPOSE COST CENTERS						
092 AMBULATORY SURGICAL CENTE						
095 SUBTOTALS	290,664	88,781	95,266	233,083,188	-379,445	232,703,743
096 NONREIMBURS COST CENTERS						
096 GIFT, FLOWER, COFFEE SHOP						
097 RESEARCH						
098 PHYSICIANS' PRIVATE OFFIC				7,194,407		7,194,407
099 NONPAID WORKERS						

COST CENTER DESCRIPTION	I&R SERVICES-			PARAMED PR	ED PR	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	SALARY & FRI	I&R SERVICES- OTHER PRGM C	GM					
	22	23	24	25	26	27		
NONREIMBURS COST CENTERS								
100 FITNESS CENTER/DAYCARE				383,808				383,808
100 01 ST. MARY'S APOTHECARY				1,016,548				1,016,548
100 02 OCCUPATIONAL MEDICINE				102,609				102,609
100 03 CANCER CTR/PHYS RECRUITME				257,424				257,424
100 04 MARKETING				2,532,626				2,532,626
100 05 WIRTH HOSPITAL MGMT				40,891				40,891
100 06 MOB				809,475				809,475
100 07 SENIOR PARTNERS				68,536				68,536
100 08 PSYCH FREESTANDING CLINIC				275,284				275,284
100 09 WELBORN PROFESSIONAL SVC				3,932,437				3,932,437
100 10 JOSHUA CITY SCHOOL								
100 11 ST. ELIZABETH				52,857				52,857
100 12 REGINA CLOSE OUT								
100 13 TR SUP/DR T								
100 14 FREE STANDING CATH LAB				516,327				516,327
100 15 FAMILY PRACTICE				1,310,765				1,310,765
100 16 OB/PEDS								
100 17 IDLE AND EXCESS SPACE				3,558,022				3,558,022
100 18 SMHS EMPLOYEES IN SMMC								
100 19 SMMC DEPTS TO SMHS								
100 20 STOREROOM / DISTRIBUTION								
100 21 PRINT SHOP								
100 22 MAIL ROOM-SMHS HO COST								
100 23 ACCOUNTING-SMHS HO COST								
100 24 IS APPLICATIONS-SMHS HO C								
100 25 PRIMARY SOURCE VERIFICATI								
100 26 CMO-DR. GALLAGHER-SMHS HO								
100 27 INFECTION DISEASE-SMHS HO								
100 28 SMHS WARRICK								
100 29 COMPANY 10 AND OTHER								
100 30 STARS PROGRAM								
100 31 EMPLOYEE HEALTH								
100 32 MAT MGMT PURCHASING								
100 33 DECISION SUPPORT								
100 34 PLANETREE								
100 35 EDUCATION								
100 36 QUALITY								
100 37 EMS SECURITY								
100 38 MOTOR SERVICE								
100 39 MEDICAL LIBRARY								
100 40 MGMT PATIENT RELATIONS								
100 41 SUBSIDIARY SUPPORT								
100 42 MISSION SERVICE								
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	290,664	88,781	95,266	255,135,204	-379,445	254,755,759		

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 15-0100 I PERIOD: FROM 7/1/2006 TO 6/30/2007 I PREPARED 11/29/2007 I WORKSHEET B PART II

COST CENTER DESCRIPTION	DIR ASSIGNED OLD CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-BLDG &
	0	1	1.01	2	3	3.01	3.02
001 01 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
002 01 OLD CAP REL COSTS-BLDG &							
003 01 OLD CAP REL COSTS-MVBLE E							
003 02 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-BLDG &							
004 01 NEW CAP REL COSTS-MVBLE E							
004 02 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		2,156		498			
006 01 NONPATIENT TELEPHONES		5,206					
006 03 PURCHASING, RECEIVING AND		43,412		2,620			
006 05 ADMITTING		68,758		1,593			
006 06 CASHIERING/ACCOUNTS RECEI			4,813	344			
006 07 MANAGEMENT SERVICES-MULBE		3,380					
006 08 OTHER ADMINISTRATIVE AND		46,398		65,442			
008 02 OPERATION OF PLANT		460,458	7,849	8,775			
008 02 OPERATION OF PLANT							
009 02 LAUNDRY & LINEN SERVICE		47,876	1,006	47,309			
010 02 HOUSEKEEPING		49,613	22,577				
011 02 HOUSEKEEPING							
011 DIETARY		62,629		3,699			
012 CAFETERIA		36,372					
014 NURSING ADMINISTRATION		7,302		288			
015 CENTRAL SERVICES & SUPPLY							
017 MEDICAL RECORDS & LIBRARY		25,346		945			
022 I&R SERVICES-SALARY & FRI		11,568					
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INFAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS		533,793					
026 INTENSIVE CARE UNIT		156,886					
026 01 PEDIATRIC ICU							
026 02 NEONATAL ICU		66,636					
027 CORONARY CARE UNIT		23,906					
031 SUBPROVIDER		822		28,434			
031 01 SUBPROVIDER 2				111,011			
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM		135,991					
038 RECOVERY ROOM		67,860					
039 DELIVERY ROOM & LABOR ROO		254,773					
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC		83,964					
041 01 CAT SCAN		11,038					
041 02 DIAGNOSTIC ULTRASOUND		3,003					
041 03 NUCLEAR MEDICINE		12,567					
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY		53,556	547				
045 PBP CLINICAL LAB SERVICES							
047 BLOOD STORING, PROCESSING		2,626					
048 INTRAVENOUS THERAPY		2,160					
049 RESPIRATORY THERAPY		10,839					
050 PHYSICAL THERAPY		53,971					
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY		17,866					
053 01 CARDIAC CATHETERIZATION L		54,488					
053 02 CARDIOPULMONARY		775					
053 03 ELECTROCONVULSIVE THERAPY							
054 ELECTROENCEPHALOGRAPHY		1,427	20,169				
055 MEDICAL SUPPLIES CHARGED		72,718					
056 DRUGS CHARGED TO PATIENTS		26,566					
057 RENAL DIALYSIS		1,241					
058 ASC (NON-DISTINCT PART)							
059 PSYCHIATRIC/PSYCHOLOGICAL							
059 01 OUTREACH CLINIC							
059 02 ACUPUNCTURE							
060 OUTPAT SERVICE COST CNTRS							
060 01 CLINIC							
060 01 SENIOR HEALTH/FAMILY PRAC		34,432	41,712				
060 02 OB-PEDS CLINIC			24,187				
060 03 ORTHOPEDIC SVC							
060 04 BARIATRICS							
060 05 CHILD HEALTH CTR							
061 EMERGENCY		186,218					
061 01 DIAGNOSTIC TREATMENT CENT		50,036					
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
065 HOME PROGRAM DIALYSIS							
066 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
092 SPEC PURPOSE COST CENTERS							
095 AMBULATORY SURGICAL CENTE							
095 SUBTOTALS		2,790,632	314,432	131,513			
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC		65,221	37,006				
099 NONPAID WORKERS							

ALLOCATION OF OLD CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2007
 I 15-0100 I FROM 7/ 1/2006 I WORKSHEET B
 I I TO 6/30/2007 I PART II

	COST CENTER DESCRIPTION	DIR ASSIGNED OLD CAPITAL REL COSTS	OLD CAP REL C	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C
			OSTS-BLDG &	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-BLDG &	OSTS-BLDG &
	NONREIMBURS COST CENTERS	0	1	1.01	2	3	3.01	3.02
100	FITNESS CENTER/DAYCARE			30,339				
100	01 ST. MARY'S APOTHECARY		771					
100	02 OCCUPATIONAL MEDICINE							
100	03 CANCER CTR/PHYS RECRUITME							
100	04 MARKETING		3,287					
100	05 WIRTH HOSPITAL MGMT							
100	06 MOB							
100	07 SENIOR PARTNERS							
100	08 PSYCH FREESTANDING CLINIC							
100	09 WELBORN PROFESSIONAL SVC							
100	10 JOSHUA CITY SCHOOL							
100	11 ST. ELIZABETH		6,574					
100	12 REGINA CLOSE OUT							
100	13 TR SUP/DR T							
100	14 FREE STANDING CATH LAB		4,388					
100	15 FAMILY PRACTICE		61,989	2,270				
100	16 OB/PEDS							
100	17 IDLE AND EXCESS SPACE		48,007	30,128				
100	18 SMHS EMPLOYEES IN SMMC							
100	19 SMMC DEPTS TO SMHS							
100	20 STOREROOM / DISTRIBUTION							
100	21 PRINT SHOP							
100	22 MAIL ROOM-SMHS HO COST							
100	23 ACCOUNTING-SMHS HO COST							
100	24 IS APPLICATIONS-SMHS HO C							
100	25 PRIMARY SOURCE VERIFICATI							
100	26 CMO-DR. GALLAGHER-SMHS HO							
100	27 INFECTION DISEASE-SMHS HO							
100	28 SMHS WARRICK							
100	29 COMPANY 10 AND OTHER							
100	30 STARS PROGRAM							
100	31 EMPLOYEE HEALTH							
100	32 MAT MGMT PURCHASING							
100	33 DECISION SUPPORT							
100	34 PLANETREE							
100	35 EDUCATION							
100	36 QUALITY							
100	37 EMS SECURITY							
100	38 MOTOR SERVICE							
100	39 MEDICAL LIBRARY							
100	40 MGMT PATIENT RELATIONS							
100	41 SUBSIDIARY SUPPORT							
100	42 MISSION SERVICE							
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL		2,980,869	414,175	131,513			

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: 15-0100
 I PERIOD: FROM 7/1/2006 TO 6/30/2007
 I PREPARED 11/29/2007
 I WORKSHEET B
 I PART II

COST CENTER DESCRIPTION	NEW CAP REL COSTS-MVBLE E	NEW CAP REL COSTS-MVBLE E	NEW CAP REL COSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	TELEPHONES	PURCHASING, RECEIVING AND
	4	4.01	4.02	4a	5		6.01	6.03
GENERAL SERVICE COST CNTR								
001 01 OLD CAP REL COSTS-BLDG &								
002 02 OLD CAP REL COSTS-MVBLE E								
003 01 NEW CAP REL COSTS-BLDG &								
003 02 NEW CAP REL COSTS-BLDG &								
004 01 NEW CAP REL COSTS-MVBLE E								
004 02 NEW CAP REL COSTS-MVBLE E								
005 EMPLOYEE BENEFITS				2,654	2,654			
006 01 NONPATIENT TELEPHONES				5,206	5		5,211	
006 03 PURCHASING, RECEIVING AND				46,032	13			46,045
006 05 ADMITTING				75,164	39		95	56
006 06 CASHIERING/ACCOUNTS RECEI				25,405	30		209	23
006 07 MANAGEMENT SERVICES-MULBE				3,380	16		43	7
006 08 OTHER ADMINISTRATIVE AND				138,906	219		527	295
008 02 OPERATION OF PLANT				477,082	79		156	336
008 02 OPERATION OF PLANT					2			
009 LAUNDRY & LINEN SERVICE				96,191	16		4	297
010 HOUSEKEEPING				72,190	56		24	180
010 02 HOUSEKEEPING								
011 DIETARY				66,328	26		52	
012 CAFETERIA				36,372	16			
014 NURSING ADMINISTRATION				7,590	46		52	11
015 CENTRAL SERVICES & SUPPLY					34			
017 MEDICAL RECORDS & LIBRARY				26,291	68		306	37
022 I&R SERVICES-SALARY & FRI				11,568	13		39	23
023 I&R SERVICES-OTHER PRGM C					11			
024 PARAMED ED PRGM					2			
025 INPAT ROUTINE SRVC CNTRS				533,793				553
026 ADULTS & PEDIATRICS				156,886	367		987	181
026 01 PEDIATRIC ICU					138		171	
026 02 NEONATAL ICU				66,636	94		75	101
027 CORONARY CARE UNIT				23,906	22		34	28
031 SUBPROVIDER				29,256	26		60	16
031 01 SUBPROVIDER 2				111,011	61		194	61
033 NURSERY					10			
034 SKILLED NURSING FACILITY								
035 NURSING FACILITY								
035 01 ICF/MR								
037 ANCILLARY SRVC COST CNTRS				135,991	111		145	16,837
038 OPERATING ROOM				67,860	59		95	43
039 RECOVERY ROOM				254,773	48		73	188
040 DELIVERY ROOM & LABOR ROO					1		7	189
041 ANESTHESIOLOGY				83,964	61		186	1,788
041 01 RADIOLOGY-DIAGNOSTIC				11,038	16		11	262
041 02 CAT SCAN				3,003	12		7	33
041 03 DIAGNOSTIC ULTRASOUND				12,567	11		17	493
041 03 NUCLEAR MEDICINE							48	72
042 RADIOLOGY-THERAPEUTIC								
043 RADIOISOTOPE				54,103	107		166	1,557
044 LABORATORY								
045 PBP CLINICAL LAB SERVICES				2,626	7			1,689
047 BLOOD STORING, PROCESSING				2,160	11		4	746
048 INTRAVENOUS THERAPY				10,839	59		19	355
049 RESPIRATORY THERAPY				53,971	83		61	65
050 PHYSICAL THERAPY								
051 OCCUPATIONAL THERAPY				17,866	12		78	32
052 SPEECH PATHOLOGY				54,488	35		95	5,558
053 01 ELECTROCARDIOLOGY				775	12		37	11
053 02 CARDIOPULMONARY					10		63	4
053 03 ELECTROCONVULSIVE THERAPY				21,596	11		13	21
054 ELECTROENCEPHALOGRAPHY				72,718			24	853
055 MEDICAL SUPPLIES CHARGED				26,566	80		101	8,607
056 DRUGS CHARGED TO PATIENTS				1,241	32		7	268
057 RENAL DIALYSIS								
058 ASC (NON-DISTINCT PART)								
059 PSYCHIATRIC/PSYCHOLOGICAL								
059 01 OUTREACH CLINIC					13		75	35
059 02 ACUPUNCTURE								
060 OUTPAT SERVICE COST CNTRS								
060 01 CLINIC				76,144	21		194	27
060 02 SENIOR HEALTH/FAMILY PRAC				24,187			95	
060 03 OB-PEDS CLINIC								
060 04 ORTHOPEDIC SVC					10		56	16
060 05 BARIATRICS								
061 CHILD HEALTH CTR				186,218	129		177	265
061 01 EMERGENCY				50,036	45		91	484
062 DIAGNOSTIC TREATMENT CENT								
062 OBSERVATION BEDS (NON-DIS								
064 OTHER REIMBURS COST CNTRS								
065 HOME PROGRAM DIALYSIS								
066 AMBULANCE SERVICES					20		15	75
067 DURABLE MEDICAL EQUIP-REN							4	
067 DURABLE MEDICAL EQUIP-SOL								
092 SPEC PURPOSE COST CENTERS								
095 AMBULATORY SURGICAL CENTE				3,236,577	2,425		4,992	42,778
095 SUBTOTALS								
096 NONREIMBURS COST CENTERS								
096 GIFT, FLOWER, COFFEE SHOP				102,227	98		60	2
097 RESEARCH								
098 PHYSICIANS' PRIVATE OFFIC								
099 NONPAID WORKERS								

ALLOCATION OF OLD CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2007
 I 15-0100 I FROM 7/ 1/2006 I WORKSHEET B
 I I TO 6/30/2007 I PART II

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE FITS	BENE LEPHONES	NONPATIENT TE	PURCHASING, R ECEIVING AND
NONREIMBURS COST CENTERS	4	4.01	4.02	4a	5		6.01	6.03
100 FITNESS CENTER/DAYCARE				30,339		2	30	15
100 01 ST. MARY'S APOTHECARY				771		12	22	2,918
100 02 OCCUPATIONAL MEDICINE								
100 03 CANCER CTR/PHYS RECRUITME						4	9	6
100 04 MARKETING				3,287		30	47	140
100 05 WIRTH HOSPITAL MGMT						1		1
100 06 MOB								
100 07 SENIOR PARTNERS						1	6	1
100 08 PSYCH FREESTANDING CLINIC						2		
100 09 WELBORN PROFESSIONAL SVC						60	30	174
100 10 JOSHUA CITY SCHOOL								
100 11 ST. ELIZABETH				6,574				
100 12 REGINA CLOSE OUT								
100 13 TR SUP/DR T								
100 14 FREE STANDING CATH LAB				4,388		9	15	3
100 15 FAMILY PRACTICE				64,259				
100 16 OB/PEDS								
100 17 IDLE AND EXCESS SPACE				78,135		10		7
100 18 SMHS EMPLOYEES IN SMMC								
100 19 SMMC DEPTS TO SMHS								
100 20 STOREROOM / DISTRIBUTION								
100 21 PRINT SHOP								
100 22 MAIL ROOM-SMHS HO COST								
100 23 ACCOUNTING-SMHS HO COST								
100 24 IS APPLICATIONS-SMHS HO C								
100 25 PRIMARY SOURCE VERIFICATI								
100 26 CMO-DR. GALLAGHER-SMHS HO								
100 27 INFECTION DISEASE-SMHS HO								
100 28 SMHS WARRICK								
100 29 COMPANY 10 AND OTHER								
100 30 STARS PROGRAM								
100 31 EMPLOYEE HEALTH								
100 32 MAT MGMT PURCHASING								
100 33 DECISION SUPPORT								
100 34 PLANETREE								
100 35 EDUCATION								
100 36 QUALITY								
100 37 EMS SECURITY								
100 38 MOTOR SERVICE								
100 39 MEDICAL LIBRARY								
100 40 MGMT PATIENT RELATIONS								
100 41 SUBSIDIARY SUPPORT								
100 42 MISSION SERVICE								
101 CROSS FOOT ADJUSTMENTS								
102 NEGATIVE COST CENTER								
103 TOTAL				3,526,557		2,654	5,211	46,045

COST CENTER DESCRIPTION	ADMITTING	CASHIERING/AC COUNTS RECEI	MANAGEMENT SE RVICES-MULBE	OTHER ADMINIS TRATIVE AND	OPERATION OF PLANT	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE
	6.05	6.06	6.07	6.08	8	8.02	9
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
004 01 NEW CAP REL COSTS-MVBLE E							
004 02 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 03 PURCHASING, RECEIVING AND							
006 05 ADMITTING	75,354						
006 06 CASHIERING/ACCOUNTS RECEI		25,667					
006 07 MANAGEMENT SERVICES-MULBE			3,446				
006 08 OTHER ADMINISTRATIVE AND				139,947			
008 OPERATION OF PLANT				5,780	483,433		
008 02 OPERATION OF PLANT				404		406	
009 LAUNDRY & LINEN SERVICE				865	7,235		104,608
010 HOUSEKEEPING				2,023	11,762	6	
010 02 HOUSEKEEPING				1			
011 DIETARY				693	9,204		
012 CAFETERIA				1,007	5,345		
014 NURSING ADMINISTRATION				1,281	1,073		
015 CENTRAL SERVICES & SUPPLY				1,777			
017 MEDICAL RECORDS & LIBRARY				3,126	3,725	4	
022 I&R SERVICES-SALARY & FRI				94	1,700		2,773
023 I&R SERVICES-OTHER PRGM C				47			
024 PARAMED ED PRGM				51			
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	5,597	1,072		11,923	78,445		36,150
026 INTENSIVE CARE UNIT	3,061	586		4,435	23,056		10,005
026 01 PEDIATRIC ICU							
026 02 NEONATAL ICU	2,586	495		3,071	9,793		2,842
027 CORONARY CARE UNIT	432	83		751	3,513		1,341
031 SUBPROVIDER	511	98		792	5,751		242
031 01 SUBPROVIDER 2	1,208	231		1,819	21,982		4,598
033 NURSERY	168	32		291			
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	8,202	3,554		16,924	19,985		7,334
038 RECOVERY ROOM	774	668		1,974	9,973		4,716
039 DELIVERY ROOM & LABOR ROO	747	159		2,058	37,441		4,034
040 ANESTHESIOLOGY	542	208		63			
041 RADIOLOGY-DIAGNOSTIC	1,530	1,127		4,672	17,184		6,738
041 01 CAT SCAN	2,131	1,252		1,656	3,230		1,373
041 02 DIAGNOSTIC ULTRASOUND	188	126		488	1,159		
041 03 NUCLEAR MEDICINE	784	564		1,125	4,378		244
042 RADIOLOGY-THERAPEUTIC	37	352		1,539			766
043 RADIOISOTOPE							
044 LABORATORY	4,343	1,579		5,150	8,966		
045 PBP CLINICAL LAB SERVICES							
047 BLOOD STORING, PROCESSING	846	218		1,627	386		
048 INTRAVENOUS THERAPY	753	327		1,079	317		
049 RESPIRATORY THERAPY	2,939	612		2,189	1,593		
050 PHYSICAL THERAPY	2,322	575		2,908	7,932		1,413
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	249	97		526	2,839		476
053 01 CARDIAC CATHETERIZATION L	4,382	1,397		3,427	11,689		1,484
053 02 CARDIOPULMONARY		11		364	4,769		281
053 03 ELECTROCONVULSIVE THERAPY				415	2,885		
054 ELECTROENCEPHALOGRAPHY	106	118		536	4,204		313
055 MEDICAL SUPPLIES CHARGED	18,541	5,321		17,158	10,687		
056 DRUGS CHARGED TO PATIENTS	9,479	2,765		12,204	3,904		
057 RENAL DIALYSIS	7	1		1,170	182		
058 ASC (NON-DISTINCT PART)							
059 PSYCHIATRIC/PSYCHOLOGICAL				1			
059 01 OUTREACH CLINIC	66			407			
059 02 ACUPUNCTURE		49					
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 SENIOR HEALTH/FAMILY PRAC		1		645	13,320		366
060 02 OB-PEDS CLINIC				20	4,789		76
060 03 ORTHOPEDIC SVC							
060 04 BARIATRICS				346			
060 05 CHILD HEALTH CTR				1			
061 EMERGENCY	2,285	1,512		5,919	27,367		12,200
061 01 DIAGNOSTIC TREATMENT CENT	535	330		1,942	7,353		3,011
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES	3	147		1,360			
066 DURABLE MEDICAL EQUIP-REN				4			
067 DURABLE MEDICAL EQUIP-SOL							
SPEC PURPOSE COST CENTERS							
092 AMBULATORY SURGICAL CENTE							
095 SUBTOTALS	75,354	25,667		130,128	389,116	10	102,776
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC				3,618	19,052		
099 NONPAID WORKERS							

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	ADMITTING	CASHIERING/AC COUNTS RECEI	MANAGEMENT SE RVICES-MULBE	OTHER ADMINIS TRATIVE AND	OPERATION OF PLANT	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE
	6.05	6.06	6.07	6.08	8	8.02	9
NONREIMBURS COST CENTERS							
100 FITNESS CENTER/DAYCARE				107	6,008		372
100 01 ST. MARY'S APOTHECARY				432	113		
100 02 OCCUPATIONAL MEDICINE				46			1,154
100 03 CANCER CTR/PHYS RECRUITME				139			
100 04 MARKETING				1,333	2,161	2	
100 05 WIRTH HOSPITAL MGMT				22			
100 06 MOB				444			
100 07 SENIOR PARTNERS				37			
100 08 PSYCH FREESTANDING CLINIC				151			
100 09 WELBORN PROFESSIONAL SVC				2,122			95
100 10 JOSHUA CITY SCHOOL							
100 11 ST. ELIZABETH				13	966		
100 12 REGINA CLOSE OUT							
100 13 TR SUP/DR T							
100 14 FREE STANDING CATH LAB				272	645		
100 15 FAMILY PRACTICE				125	35,723		
100 16 OB/PEDS							
100 17 IDLE AND EXCESS SPACE			3,446	958	29,649	394	211
100 18 SMHS EMPLOYEES IN SMHC							
100 19 SMHC DEPTS TO SMHS							
100 20 STOREROOM / DISTRIBUTION							
100 21 PRINT SHOP							
100 22 MAIL ROOM-SMHS HO COST							
100 23 ACCOUNTING-SMHS HO COST							
100 24 IS APPLICATIONS-SMHS HO C							
100 25 PRIMARY SOURCE VERIFICATI							
100 26 CMO-DR. GALLAGHER-SMHS HO							
100 27 INFECTION DISEASE-SMHS HO							
100 28 SMHS WARRICK							
100 29 COMPANY 10 AND OTHER							
100 30 STARS PROGRAM							
100 31 EMPLOYEE HEALTH							
100 32 MAT MGMT PURCHASING							
100 33 DECISION SUPPORT							
100 34 PLANETREE							
100 35 EDUCATION							
100 36 QUALITY							
100 37 EMS SECURITY							
100 38 MOTOR SERVICE							
100 39 MEDICAL LIBRARY							
100 40 MGMT PATIENT RELATIONS							
100 41 SUBSIDIARY SUPPORT							
100 42 MISSION SERVICE							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	75,354	25,667	3,446	139,947	483,433	406	104,608

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	HOUSEKEEPING 10	HOUSEKEEPING 10.02	DIETARY 11	CAFETERIA 12	NURSING ADMIN ISTRATION 14	CENTRAL SERVI CES & SUPPLY 15	MEDICAL RECOR DS & LIBRARY 17
GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
002 02 OLD CAP REL COSTS-MVBLE E							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-BLDG &							
004 01 NEW CAP REL COSTS-MVBLE E							
004 02 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 03 PURCHASING, RECEIVING AND							
006 05 ADMITTING							
006 06 CASHIERING/ACCOUNTS RECEI							
006 07 MANAGEMENT SERVICES-MULBE							
006 08 OTHER ADMINISTRATIVE AND							
008 02 OPERATION OF PLANT							
009 02 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	86,241						
011 HOUSEKEEPING		1					
011 DIETARY	1,709		78,012				
012 CAFETERIA	993			43,733			
014 NURSING ADMINISTRATION	199			1,128	11,380		
015 CENTRAL SERVICES & SUPPLY				1,163		2,974	
017 MEDICAL RECORDS & LIBRARY	692			1,945		2	36,196
022 I&R SERVICES-SALARY & FRI	316			450		1	
023 I&R SERVICES-OTHER PRGM C				80			
024 PARAMED ED PRGM				30			
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	14,565		47,551	8,342	4,322	36	1,524
026 INTENSIVE CARE UNIT	4,281		8,279	2,957	1,786	12	834
026 01 PEDIATRIC ICU							
026 02 NEONATAL ICU	1,818			1,776	1,227	7	704
027 CORONARY CARE UNIT	652		810	470	289	2	118
031 SUBPROVIDER	1,068		2,311	525		1	139
031 01 SUBPROVIDER 2	4,082		8,424	1,291	790	4	329
033 NURSERY				243	126		46
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	3,711			2,374	1,445	57	5,055
038 RECOVERY ROOM	1,852		104	1,277	770	3	950
039 DELIVERY ROOM & LABOR ROO	6,953			1,063	625	11	225
040 ANESTHESIOLOGY				22		12	296
041 RADIOLOGY-DIAGNOSTIC	3,191			1,441		114	1,602
041 01 CAT SCAN	600			340		19	1,781
041 02 DIAGNOSTIC ULTRASOUND	215			217		2	179
041 03 NUCLEAR MEDICINE	813			209		32	802
042 RADIOLOGY-THERAPEUTIC				4		5	500
043 RADIOISOTOPE							
044 LABORATORY	1,665			2,691		103	2,246
045 PBP CLINICAL LAB SERVICES							
047 BLOOD STORING, PROCESSING	72			141		111	310
048 INTRAVENOUS THERAPY	59			204		49	465
049 RESPIRATORY THERAPY	296			1,245		18	870
050 PHYSICAL THERAPY	1,473			1,738		4	818
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	527			342		2	137
053 01 CARDIAC CATHETERIZATION L	2,171		6			76	1,987
053 02 CARDIOPULMONARY	886			262		1	16
053 03 ELECTROCONVULSIVE THERAPY	536			226			
054 ELECTROENCEPHALOGRAPHY	781		2	233		1	167
055 MEDICAL SUPPLIES CHARGED	1,984					1,437	7,260
056 DRUGS CHARGED TO PATIENTS	725			1,443		567	3,932
057 RENAL DIALYSIS	34			592		18	2
058 ASC (NON-DISTINCT PART)							
059 PSYCHIATRIC/PSYCHOLOGICAL							
059 01 OUTREACH CLINIC				221		2	70
059 02 ACUPUNCTURE							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 SENIOR HEALTH/FAMILY PRAC	2,473			373		2	2
060 02 OB-PEDS CLINIC	889						
060 03 ORTHOPEDIC SVC							
060 04 BARIATRICS				196		1	
060 05 CHILD HEALTH CTR							
061 EMERGENCY	5,082		239	2,749		17	2,151
061 01 DIAGNOSTIC TREATMENT CENT	1,365		1,268	908		27	470
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES				318		5	209
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
092 SPEC PURPOSE COST CENTERS							
095 AMBULATORY SURGICAL CENTE	68,728		68,994	41,229	11,380	2,761	36,196
095 SUBTOTALS							
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC	3,538			403			
099 NONPAID WORKERS							

ALLOCATION OF OLD CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	HOUSEKEEPING	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	SERVICES	MEDICAL RECORDS & LIBRARY
	10	10.02	11	12	14	15		17
NONREIMBURS COST CENTERS								
100 FITNESS CENTER/DAYCARE	1,116							1
100 01 ST. MARY'S APOTHECARY	21			228				192
100 02 OCCUPATIONAL MEDICINE								
100 03 CANCER CTR/PHYS RECRUITME				91				
100 04 MARKETING	401			483				9
100 05 WIRTH HOSPITAL MGMT				23				
100 06 MOB								
100 07 SENIOR PARTNERS				29				
100 08 PSYCH FREESTANDING CLINIC								
100 09 WELBORN PROFESSIONAL SVC				1,045				11
100 10 JOSHUA CITY SCHOOL								
100 11 ST. ELIZABETH	179							
100 12 REGINA CLOSE OUT								
100 13 TR SUP/DR T								
100 14 FREE STANDING CATH LAB	120							
100 15 FAMILY PRACTICE	6,633							
100 16 OB/PEDS								
100 17 IDLE AND EXCESS SPACE	5,505		1	9,018	202			
100 18 SMHS EMPLOYEES IN SMMC								
100 19 SMMC DEPTS TO SMHS								
100 20 STOREROOM / DISTRIBUTION								
100 21 PRINT SHOP								
100 22 MAIL ROOM-SMHS HO COST								
100 23 ACCOUNTING-SMHS HO COST								
100 24 IS APPLICATIONS-SMHS HO C								
100 25 PRIMARY SOURCE VERIFICATI								
100 26 CMO-DR. GALLAGHER-SMHS HO								
100 27 INFECTION DISEASE-SMHS HO								
100 28 SMHS WARRICK								
100 29 COMPANY 10 AND OTHER								
100 30 STARS PROGRAM								
100 31 EMPLOYEE HEALTH								
100 32 MAT MGMT PURCHASING								
100 33 DECISION SUPPORT								
100 34 PLANETREE								
100 35 EDUCATION								
100 36 QUALITY								
100 37 EMS SECURITY								
100 38 MOTOR SERVICE								
100 39 MEDICAL LIBRARY								
100 40 MGMT PATIENT RELATIONS								
100 41 SUBSIDIARY SUPPORT								
100 42 MISSION SERVICE								
101 CROSS FOOT ADJUSTMENTS								
102 NEGATIVE COST CENTER								
103 TOTAL	86,241		1	78,012	43,733	11,380	2,974	36,196

					SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
					25	26	27
001	01	GENERAL SERVICE COST CNTR					
001		OLD CAP REL COSTS-BLDG &					
002		OLD CAP REL COSTS-MVBLE E					
003		NEW CAP REL COSTS-BLDG &					
003	01	NEW CAP REL COSTS-BLDG &					
003	02	NEW CAP REL COSTS-BLDG &					
004		NEW CAP REL COSTS-MVBLE E					
004	01	NEW CAP REL COSTS-MVBLE E					
004	02	NEW CAP REL COSTS-MVBLE E					
005		EMPLOYEE BENEFITS					
006	01	NONPATIENT TELEPHONES					
006	03	PURCHASING, RECEIVING AND					
006	05	ADMITTING					
006	06	CASHIERING/ACCOUNTS RECEI					
006	07	MANAGEMENT SERVICES-MULBE					
006	08	OTHER ADMINISTRATIVE AND					
008		OPERATION OF PLANT					
008	02	OPERATION OF PLANT					
009		LAUNDRY & LINEN SERVICE					
010		HOUSEKEEPING					
010	02	HOUSEKEEPING					
011		DIETARY					
012		CAFETERIA					
014		NURSING ADMINISTRATION					
015		CENTRAL SERVICES & SUPPLY					
017		MEDICAL RECORDS & LIBRARY					
022		I&R SERVICES-SALARY & FRI	16,977				
023		I&R SERVICES-OTHER PRGM C		138			
024		PARAMED ED PRGM			83		
025		INPAT ROUTINE SRVC CNTRS			745,227		745,227
026		ADULTS & PEDIATRICS			216,668		216,668
026	01	INTENSIVE CARE UNIT					
026	02	PEDIATRIC ICU			91,225		91,225
027		NEONATAL ICU			32,451		32,451
031		CORONARY CARE UNIT			40,796		40,796
031	01	SUBPROVIDER 2			156,085		156,085
033		NURSERY			916		916
034		SKILLED NURSING FACILITY					
035		NURSING FACILITY					
035	01	ICF/MR					
037		ANCILLARY SRVC COST CNTRS					
037		OPERATING ROOM			221,725		221,725
038		RECOVERY ROOM			91,118		91,118
039		DELIVERY ROOM & LABOR ROO			308,398		308,398
040		ANESTHESIOLOGY			1,340		1,340
041		RADIOLOGY-DIAGNOSTIC			123,598		123,598
041	01	CAT SCAN			23,709		23,709
041	02	DIAGNOSTIC ULTRASOUND			5,629		5,629
041	03	NUCLEAR MEDICINE			22,039		22,039
042		RADIOLOGY-THERAPEUTIC			3,323		3,323
043		RADIOISOTOPE					
044		LABORATORY			82,676		82,676
045		PBP CLINICAL LAB SERVICES					
047		BLOOD STORING, PROCESSING			8,033		8,033
048		INTRAVENOUS THERAPY			6,174		6,174
049		RESPIRATORY THERAPY			21,034		21,034
050		PHYSICAL THERAPY			73,363		73,363
051		OCCUPATIONAL THERAPY					
052		SPEECH PATHOLOGY					
053		ELECTROCARDIOLOGY			23,183		23,183
053	01	CARDIAC CATHETERIZATION L			86,795		86,795
053	02	CARDIOPULMONARY			7,425		7,425
053	03	ELECTROCONVULSIVE THERAPY			4,139		4,139
054		ELECTROENCEPHALOGRAPHY			28,102		28,102
055		MEDICAL SUPPLIES CHARGED			135,983		135,983
056		DRUGS CHARGED TO PATIENTS			70,373		70,373
057		RENAL DIALYSIS			3,554		3,554
058		ASC (NON-DISTINCT PART)					
059		PSYCHIATRIC/PSYCHOLOGICAL			1		1
059	01	OUTREACH CLINIC			938		938
059	02	ACUPUNCTURE					
060		OUTPAT SERVICE COST CNTRS					
060		CLINIC					
060	01	SENIOR HEALTH/FAMILY PRAC			93,568		93,568
060	02	OB-PEDS CLINIC			30,056		30,056
060	03	ORTHOPEDIC SVC					
060	04	BARIATRICS			625		625
060	05	CHILD HEALTH CTR			1		1
061		EMERGENCY			246,310		246,310
061	01	DIAGNOSTIC TREATMENT CENT			67,865		67,865
062		OBSERVATION BEDS (NON-DIS					
064		OTHER REIMBURS COST CNTRS					
065		HOME PROGRAM DIALYSIS					
066		AMBULANCE SERVICES			2,152		2,152
067		DURABLE MEDICAL EQUIP-REN			8		8
067		DURABLE MEDICAL EQUIP-SOL					
092		SPEC PURPOSE COST CENTERS					
092		AMBULATORY SURGICAL CENTE					
095		SUBTOTALS			3,076,605		3,076,605
096		NONREIMBURS COST CENTERS					
096		GIFT, FLOWER, COFFEE SHOP					
097		RESEARCH					
098		PHYSICIANS' PRIVATE OFFIC			128,998		128,998
099		NONPAID WORKERS					

ALLOCATION OF OLD CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2007
 I 15-0100 I FROM 7/ 1/2006 I WORKSHEET B
 I I TO 6/30/2007 I PART II

	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
NONREIMBURS COST CENTERS	25	26	27
100 FITNESS CENTER/DAYCARE	37,990		37,990
100 01 ST. MARY'S APOTHECARY	4,709		4,709
100 02 OCCUPATIONAL MEDICINE	1,200		1,200
100 03 CANCER CTR/PHYS RECRUITME	249		249
100 04 MARKETING	7,893		7,893
100 05 WIRTH HOSPITAL MGMT	47		47
100 06 MOB	444		444
100 07 SENIOR PARTNERS	74		74
100 08 PSYCH FREESTANDING CLINIC	153		153
100 09 WELBORN PROFESSIONAL SVC	3,537		3,537
100 10 JOSHUA CITY SCHOOL			
100 11 ST. ELIZABETH	7,732		7,732
100 12 REGINA CLOSE OUT			
100 13 TR SUP/DR T			
100 14 FREE STANDING CATH LAB	5,452		5,452
100 15 FAMILY PRACTICE	106,740		106,740
100 16 OB/PEDS			
100 17 IDLE AND EXCESS SPACE	127,536		127,536
100 18 SMHS EMPLOYEES IN SMMC			
100 19 SMMC DEPTS TO SMHS			
100 20 STOREROOM / DISTRIBUTION			
100 21 PRINT SHOP			
100 22 MAIL ROOM-SMHS HO COST			
100 23 ACCOUNTING-SMHS HO COST			
100 24 IS APPLICATIONS-SMHS HO C			
100 25 PRIMARY SOURCE VERIFICATI			
100 26 CMO-DR. GALLAGHER-SMHS HO			
100 27 INFECTION DISEASE-SMHS HO			
100 28 SMHS WARRICK			
100 29 COMPANY 10 AND OTHER			
100 30 STARS PROGRAM			
100 31 EMPLOYEE HEALTH			
100 32 MAT MGMT PURCHASING			
100 33 DECISION SUPPORT			
100 34 PLANETREE			
100 35 EDUCATION			
100 36 QUALITY			
100 37 EMS SECURITY			
100 38 MOTOR SERVICE			
100 39 MEDICAL LIBRARY			
100 40 MGMT PATIENT RELATIONS			
100 41 SUBSIDIARY SUPPORT			
100 42 MISSION SERVICE			
101 CROSS FOOT ADJUSTMENTS	16,977	138	17,198
102 NEGATIVE COST CENTER			
103 TOTAL	16,977	138	3,526,557

ALLOCATION OF OLD CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2007
 I 15-0100 I FROM 7/ 1/2006 I WORKSHEET B
 I I TO 6/30/2007 I PART II

COST CENTER
DESCRIPTION

001 GENERAL SERVICE COST CNTR
 001 01 OLD CAP REL COSTS-BLDG &
 002 OLD CAP REL COSTS-MVBLE E
 003 NEW CAP REL COSTS-BLDG &
 003 01 NEW CAP REL COSTS-BLDG &
 003 02 NEW CAP REL COSTS-BLDG &
 004 NEW CAP REL COSTS-MVBLE E
 004 01 NEW CAP REL COSTS-MVBLE E
 004 02 NEW CAP REL COSTS-MVBLE E
 005 EMPLOYEE BENEFITS
 006 01 NONPATIENT TELEPHONES
 006 03 PURCHASING, RECEIVING AND
 006 05 ADMITTING
 006 06 CASHIERING/ACCOUNTS RECEI
 006 07 MANAGEMENT SERVICES-MULBE
 006 08 OTHER ADMINISTRATIVE AND
 008 OPERATION OF PLANT
 008 02 OPERATION OF PLANT
 009 LAUNDRY & LINEN SERVICE
 010 HOUSEKEEPING
 010 02 HOUSEKEEPING
 011 DIETARY
 012 CAFETERIA
 014 NURSING ADMINISTRATION
 015 CENTRAL SERVICES & SUPPLY
 017 MEDICAL RECORDS & LIBRARY
 022 I&R SERVICES-SALARY & FRI
 023 I&R SERVICES-OTHER PRGM C
 024 PARAMED ED PRGM
 025 INPAT ROUTINE SRVC CNTRS
 026 ADULTS & PEDIATRICS
 026 01 PEDIATRIC ICU
 026 02 NEONATAL ICU
 027 CORONARY CARE UNIT
 031 SUBPROVIDER
 031 01 SUBPROVIDER 2
 033 NURSERY
 034 SKILLED NURSING FACILITY
 035 NURSING FACILITY
 035 01 ICF/MR
 037 ANCILLARY SRVC COST CNTRS
 038 OPERATING ROOM
 039 RECOVERY ROOM
 039 DELIVERY ROOM & LABOR ROO
 040 ANESTHESIOLOGY
 041 RADIOLOGY-DIAGNOSTIC
 041 01 CAT SCAN
 041 02 DIAGNOSTIC ULTRASOUND
 041 03 NUCLEAR MEDICINE
 042 RADIOLOGY-THERAPEUTIC
 043 RADIOISOTOPE
 044 LABORATORY
 045 PBP CLINICAL LAB SERVICES
 047 BLOOD STORING, PROCESSING
 048 INTRAVENOUS THERAPY
 049 RESPIRATORY THERAPY
 050 PHYSICAL THERAPY
 051 OCCUPATIONAL THERAPY
 052 SPEECH PATHOLOGY
 053 ELECTROCARDIOLOGY
 053 01 CARDIAC CATHETERIZATION L
 053 02 CARDIOPULMONARY
 053 03 ELECTROCONVULSIVE THERAPY
 054 ELECTROENCEPHALOGRAPHY
 055 MEDICAL SUPPLIES CHARGED
 056 DRUGS CHARGED TO PATIENTS
 057 RENAL DIALYSIS
 058 ASC (NON-DISTINCT PART)
 059 PSYCHIATRIC/PSYCHOLOGICAL
 059 01 OUTREACH CLINIC
 059 02 ACUPUNCTURE
 060 OUTPAT SERVICE COST CNTRS
 060 CLINIC
 060 01 SENIOR HEALTH/FAMILY PRAC
 060 02 OB-PEDS CLINIC
 060 03 ORTHOPEDIC SVC
 060 04 BARIATRICS
 060 05 CHILD HEALTH CTR
 061 EMERGENCY
 061 01 DIAGNOSTIC TREATMENT CENT
 062 OBSERVATION BEDS (NON-DIS
 OTHER REIMBURS COST CNTRS
 064 HOME PROGRAM DIALYSIS
 065 AMBULANCE SERVICES
 066 DURABLE MEDICAL EQUIP-REN
 067 DURABLE MEDICAL EQUIP-SOL
 SPEC PURPOSE COST CENTERS
 092 AMBULATORY SURGICAL CENTE
 095 SUBTOTALS
 NONREIMBURS COST CENTERS
 096 GIFT, FLOWER, COFFEE SHOP
 097 RESEARCH
 098 PHYSICIANS' PRIVATE OFFIC
 099 NONPAID WORKERS

COST CENTER
DESCRIPTION

NONREIMBURS COST CENTERS
100 FITNESS CENTER/DAYCARE
100 01 ST. MARY'S APOTHECARY
100 02 OCCUPATIONAL MEDICINE
100 03 CANCER CTR/PHYS RECRUITME
100 04 MARKETING
100 05 WIRTH HOSPITAL MGMT
100 06 MOB
100 07 SENIOR PARTNERS
100 08 PSYCH FREESTANDING CLINIC
100 09 WELBORN PROFESSIONAL SVC
100 10 JOSHUA CITY SCHOOL
100 11 ST. ELIZABETH
100 12 REGINA CLOSE OUT
100 13 TR SUP/DR T
100 14 FREE STANDING CATH LAB
100 15 FAMILY PRACTICE
100 16 OB/PEDS
100 17 IDLE AND EXCESS SPACE
100 18 SMHS EMPLOYEES IN SMMC
100 19 SMMC DEPTS TO SMHS
100 20 STOREROOM / DISTRIBUTION
100 21 PRINT SHOP
100 22 MAIL ROOM-SMHS HO COST
100 23 ACCOUNTING-SMHS HO COST
100 24 IS APPLICATIONS-SMHS HO C
100 25 PRIMARY SOURCE VERIFICATI
100 26 CMO-DR. GALLAGHER-SMHS HO
100 27 INFECTION DISEASE-SMHS HO
100 28 SMHS WARRICK
100 29 COMPANY 10 AND OTHER
100 30 STARS PROGRAM
100 31 EMPLOYEE HEALTH
100 32 MAT MGMT PURCHASING
100 33 DECISION SUPPORT
100 34 PLANETREE
100 35 EDUCATION
100 36 QUALITY
100 37 EMS SECURITY
100 38 MOTOR SERVICE
100 39 MEDICAL LIBRARY
100 40 MGMT PATIENT RELATIONS
100 41 SUBSIDIARY SUPPORT
100 42 MISSION SERVICE
101 CROSS FOOT ADJUSTMENTS
102 NEGATIVE COST CENTER
103 TOTAL

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO:
15-0100

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

PREPARED 11/29/2007
WORKSHEET B
PART III

	COST CENTER DESCRIPTION	DIR ASSIGNED NEW CAPITAL REL COSTS	OLD CAP REL COSTS-BLDG & OSTS	OLD CAP REL COSTS-BLDG & OSTS	OLD CAP REL COSTS-MVBLE E	NEW CAP REL COSTS-BLDG & OSTS	NEW CAP REL COSTS-BLDG & OSTS	NEW CAP REL COSTS-BLDG & OSTS
		0	1	1.01	2	3	3.01	3.02
	GENERAL SERVICE COST CNTR							
001	01 OLD CAP REL COSTS-BLDG & OSTS							
002	02 OLD CAP REL COSTS-MVBLE E							
003	01 NEW CAP REL COSTS-BLDG & OSTS							
003	02 NEW CAP REL COSTS-BLDG & OSTS							
004	01 NEW CAP REL COSTS-MVBLE E							
004	02 NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS					4,633	6,241	
006	01 NONPATIENT TELEPHONES					11,186		
006	03 PURCHASING, RECEIVING AND ADMITTING					93,284		
006	05					147,749		
006	06 CASHIERING/ACCOUNTS RECEI					7,263		
006	07 MANAGEMENT SERVICES-MULBE					99,701	7,205	14,923
006	08 OTHER ADMINISTRATIVE AND OPERATION OF PLANT					989,444	4,292	27,741
008	02 OPERATION OF PLANT							
009	01 LAUNDRY & LINEN SERVICE					102,877		
010	02 HOUSEKEEPING					106,609	190	2,470
011	DIETARY					134,579	2,163	
012	CAFETERIA					78,157		
014	NURSING ADMINISTRATION					15,691		
015	CENTRAL SERVICES & SUPPLY							
017	MEDICAL RECORDS & LIBRARY					54,465		1,503
022	I&R SERVICES-SALARY & FRI					24,857		
023	I&R SERVICES-OTHER PRGM C							
024	PARAMED ED PRGM							
025	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS					1,147,027		
026	01 INTENSIVE CARE UNIT					337,120		
026	02 PEDIATRIC ICU							
026	03 NEONATAL ICU					143,189		
027	04 CORONARY CARE UNIT					51,370		
031	05 SUBPROVIDER					1,766		
031	06 SUBPROVIDER 2							
033	07 NURSERY							
034	08 SKILLED NURSING FACILITY							
035	09 NURSING FACILITY							
035	10 ICF/MR							
037	11 ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM					292,221		
038	RECOVERY ROOM					145,819		
039	DELIVERY ROOM & LABOR ROO					547,462		
040	ANESTHESIOLOGY							
041	01 RADIOLOGY-DIAGNOSTIC					180,424		
041	02 CAT SCAN					23,719		
041	03 DIAGNOSTIC ULTRASOUND					6,453		
041	04 NUCLEAR MEDICINE					27,005		
042	05 RADIOLOGY-THERAPEUTIC							
043	06 RADIOISOTOPE							
044	07 LABORATORY					115,083		
045	08 PBP CLINICAL LAB SERVICES							
047	09 BLOOD STORING, PROCESSING					5,643		
048	10 INTRAVENOUS THERAPY					4,642		
049	11 RESPIRATORY THERAPY					23,291		
050	12 PHYSICAL THERAPY					115,975		
051	13 OCCUPATIONAL THERAPY							
052	14 SPEECH PATHOLOGY							
053	15 ELECTROCARDIOLOGY					38,391		
053	01 CARDIAC CATHETERIZATION L					117,085		
053	02 CARDIOPULMONARY					1,666		
053	03 ELECTROCONVULSIVE THERAPY							
054	16 ELECTROENCEPHALOGRAPHY					3,067		
055	17 MEDICAL SUPPLIES CHARGED					156,259		
056	18 DRUGS CHARGED TO PATIENTS					57,086		
057	19 RENAL DIALYSIS					2,667		
058	20 ASC (NON-DISTINCT PART)							
059	21 PSYCHIATRIC/PSYCHOLOGICAL							
059	01 OUTREACH CLINIC							
059	02 ACUPUNCTURE							
060	22 OUTPAT SERVICE COST CNTRS							
060	CLINIC							
060	01 SENIOR HEALTH/FAMILY PRAC					73,988		
060	02 OB-PEDS CLINIC							
060	03 ORTHOPEDIC SVC							
060	04 BARIATRICS							
060	05 CHILD HEALTH CTR							
061	23 EMERGENCY					400,150		
061	01 DIAGNOSTIC TREATMENT CENT					107,519		
062	24 OBSERVATION BEDS (NON-DIS							
064	25 OTHER REIMBURS COST CNTRS							
065	26 HOME PROGRAM DIALYSIS							
066	27 AMBULANCE SERVICES						6,001	
066	DURABLE MEDICAL EQUIP-REN							
067	DURABLE MEDICAL EQUIP-SOL							
092	28 SPEC PURPOSE COST CENTERS							
092	AMBULATORY SURGICAL CENTE							
095	29 SUBTOTALS					5,996,582	26,092	46,637
096	30 NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP							
097	31 RESEARCH							
098	32 PHYSICIANS' PRIVATE OFFIC					140,149		
099	33 NONPAID WORKERS							

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2007
 I 15-0100 I FROM 7/ 1/2006 I WORKSHEET B
 I I TO 6/30/2007 I PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-BLDG &
	0	1	1.01	2	3	3.01	3.02
NONREIMBURS COST CENTERS							
100 FITNESS CENTER/DAYCARE						13,849	
100 01 ST. MARY'S APOTHECARY					1,657		
100 02 OCCUPATIONAL MEDICINE						49,459	
100 03 CANCER CTR/PHYS RECRUITME							
100 04 MARKETING					7,063		647
100 05 WIRTH HOSPITAL MGMT							
100 06 MOB							
100 07 SENIOR PARTNERS							
100 08 PSYCH FREESTANDING CLINIC							
100 09 WELBORN PROFESSIONAL SVC							
100 10 JOSHUA CITY SCHOOL							
100 11 ST. ELIZABETH					14,126		
100 12 REGINA CLOSE OUT							
100 13 TR SUP/DR T							
100 14 FREE STANDING CATH LAB					9,429		
100 15 FAMILY PRACTICE					133,204		
100 16 OB/PEDS							
100 17 IDLE AND EXCESS SPACE							
100 18 SMHS EMPLOYEES IN SMMC					103,159		167,404
100 19 SMMC DEPTS TO SMHS							
100 20 STOREROOM / DISTRIBUTION							
100 21 PRINT SHOP							
100 22 MAIL ROOM-SMHS HO COST							
100 23 ACCOUNTING-SMHS HO COST							
100 24 IS APPLICATIONS-SMHS HO C							
100 25 PRIMARY SOURCE VERIFICATI							
100 26 CMO-DR. GALLAGHER-SMHS HO							
100 27 INFECTION DISEASE-SMHS HO							
100 28 SMHS WARRICK							
100 29 COMPANY 10 AND OTHER							
100 30 STARS PROGRAM							
100 31 EMPLOYEE HEALTH							
100 32 MAT MGMT PURCHASING							
100 33 DECISION SUPPORT							
100 34 PLANETREE							
100 35 EDUCATION							
100 36 QUALITY							
100 37 EMS SECURITY							
100 38 MOTOR SERVICE							
100 39 MEDICAL LIBRARY							
100 40 MGMT PATIENT RELATIONS							
100 41 SUBSIDIARY SUPPORT							
100 42 MISSION SERVICE							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL					6,405,369	89,400	214,688

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	NEW CAP REL C OST-S-MVBLE E	NEW CAP REL C OST-S-MVBLE E	NEW CAP REL C OST-S-MVBLE E	SUBTOTAL	EMPLOYEE BENE FITS	NONPATIENT TELEPHONES	PURCHASING, RECEIVING AND
	4	4.01	4.02	4a	5	6.01	6.03
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
002 01 OLD CAP REL COSTS-MVBLE E							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-BLDG &							
004 01 NEW CAP REL COSTS-MVBLE E							
004 02 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	4,443			15,317	15,317		
006 01 NONPATIENT TELEPHONES	85,453		1,416	98,055	26	98,081	
006 03 PURCHASING, RECEIVING AND	30,508			123,792	76		123,868
006 05 ADMITTING	2,626			150,375	227	1,788	152
006 06 CASHIERING/ACCOUNTS RECEI	13,364			13,364	174	3,927	61
006 07 MANAGEMENT SERVICES-MULBE	925			8,188	93	807	20
006 08 OTHER ADMINISTRATIVE AND	2,556,318		1,646	2,679,793	1,274	9,924	792
008 01 OPERATION OF PLANT	74,245			1,095,722	456	2,946	904
008 02 OPERATION OF PLANT			8	8	14		
009 01 LAUNDRY & LINEN SERVICE	10,460		34	113,371	92	70	798
010 01 HOUSEKEEPING	112,349			221,618	324	456	484
010 02 HOUSEKEEPING			3	3			
011 01 DIETARY	145		14	136,901	152	982	
012 01 CAFETERIA	163,144			241,301	93		
014 01 NURSING ADMINISTRATION	1,842			17,533	266	982	29
015 01 CENTRAL SERVICES & SUPPLY					198		
017 01 MEDICAL RECORDS & LIBRARY	29,961			85,929	393	5,751	99
022 01 I&R SERVICES-SALARY & FRI	411			25,268	77	736	63
023 01 I&R SERVICES-OTHER PRGM C					65		
024 01 PARAMED ED PRGM					11		
025 01 INPAT ROUTINE SRVC CNTRS							
025 01 ADULTS & PEDIATRICS	608,327			1,755,354	2,041	18,586	1,488
026 01 INTENSIVE CARE UNIT	151,850			488,970	799	3,226	488
026 01 01 PEDIATRIC ICU					549	1,403	273
026 02 02 NEONATAL ICU	132,083			275,272	129	631	76
027 01 01 CORONARY CARE UNIT	40,320			91,690	153	1,122	43
031 01 01 SUBPROVIDER	5,437			7,203	353	3,647	165
031 01 01 SUBPROVIDER 2	8,036			8,036	56		
033 01 NURSERY							
034 01 SKILLED NURSING FACILITY							
035 01 NURSING FACILITY							
035 01 01 ICF/MR							
037 01 ANCILLARY SRVC COST CNTRS							
037 01 01 OPERATING ROOM	1,829,501			2,121,722	647	2,735	45,321
038 01 01 RECOVERY ROOM	9,441			155,260	344	1,788	115
039 01 01 DELIVERY ROOM & LABOR ROO	31,093			578,555	279	1,368	504
040 01 01 ANESTHESIOLOGY	25,877			25,877	4	140	509
041 01 01 RADIOLOGY-DIAGNOSTIC	998,452			1,178,876	352	3,507	4,809
041 01 01 01 CAT SCAN	1,090,830			1,114,549	92	210	705
041 01 02 02 DIAGNOSTIC ULTRASOUND	155,900			162,353	67	140	90
041 01 03 03 NUCLEAR MEDICINE	377,164			404,169	64	316	1,325
042 01 01 01 RADIOLOGY-THERAPEUTIC	613,012			613,012	1	912	194
043 01 01 01 RADIOISOTOPE							
044 01 01 01 LABORATORY	317,636			432,719	619	3,121	4,187
045 01 01 01 PBP CLINICAL LAB SERVICES							
047 01 01 01 BLOOD STORING, PROCESSING	78,117			83,760	42		4,543
048 01 01 01 INTRAVENOUS THERAPY	28,762			33,404	62	70	2,005
049 01 01 01 RESPIRATORY THERAPY	179,725			203,016	340	351	954
050 01 01 01 PHYSICAL THERAPY	58,536			174,511	482	1,157	176
051 01 01 01 OCCUPATIONAL THERAPY							
052 01 01 01 SPEECH PATHOLOGY							
053 01 01 01 ELECTROCARDIOLOGY	140,889			179,280	72	1,473	86
053 01 01 01 01 CARDIAC CATHETERIZATION L	1,458,803			1,575,888	201	1,788	14,946
053 01 02 02 CARDIOPULMONARY	6,421			8,087	67	701	30
053 01 03 03 ELECTROCONVULSIVE THERAPY					60	1,192	10
054 01 01 01 ELECTROENCEPHALOGRAPHY	55,726			58,793	66	245	56
055 01 01 01 MEDICAL SUPPLIES CHARGED	151,916			308,175		456	2,294
056 01 01 01 DRUGS CHARGED TO PATIENTS	139,913			196,999	466	1,894	23,145
057 01 01 01 RENAL DIALYSIS	22,056			24,723	188	140	721
058 01 01 01 ASC (NON-DISTINCT PART)							
059 01 01 01 PSYCHIATRIC/PSYCHOLOGICAL	1,181			1,181			
059 01 01 01 OUTREACH CLINIC					75	1,403	93
059 01 02 02 ACUPUNCTURE							
060 01 01 01 OUTPAT SERVICE COST CNTRS							
060 01 01 01 CLINIC							
060 01 01 01 01 SENIOR HEALTH/FAMILY PRAC	26,073			100,061	123	3,647	71
060 01 01 02 02 OB-PEDS CLINIC						1,788	
060 01 01 03 03 ORTHOPEDIC SVC							
060 01 01 04 04 BARIATRICS	15,233			15,233	61	1,052	44
060 01 01 05 05 CHILD HEALTH CTR							
061 01 01 01 01 EMERGENCY	132,720			532,870	749	3,331	713
061 01 01 01 01 01 DIAGNOSTIC TREATMENT CENT	269,221			376,740	261	1,718	1,301
062 01 01 01 01 01 OBSERVATION BEDS (NON-DIS							
062 01 01 01 01 01 OTHER REIMBURS COST CNTRS							
064 01 01 01 01 01 HOME PROGRAM DIALYSIS							
065 01 01 01 01 01 AMBULANCE SERVICES	31,088			31,088	115	281	202
066 01 01 01 01 01 DURABLE MEDICAL EQUIP-REN	477			6,478		70	
067 01 01 01 01 01 DURABLE MEDICAL EQUIP-SOL							
092 01 01 01 01 01 SPEC PURPOSE COST CENTERS							
092 01 01 01 01 01 AMBULATORY SURGICAL CENTE							
095 01 01 01 01 01 SUBTOTALS	12,278,010		3,121	18,350,442	13,990	93,978	115,084
096 01 01 01 01 01 NONREIMBURS COST CENTERS							
096 01 01 01 01 01 GIFT, FLOWER, COFFEE SHOP							
097 01 01 01 01 01 RESEARCH							
098 01 01 01 01 01 PHYSICIANS' PRIVATE OFFIC	3,302			143,451	566	1,122	6
099 01 01 01 01 01 NONPAID WORKERS							

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2007
 I 15-0100 I FROM 7/ 1/2006 I WORKSHEET B
 I I TO 6/30/2007 I PART III

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	PURCHASING, RECEIVING AND
NONREIMBURS COST CENTERS	4	4.01	4.02	4a	5	6.01	6.03
100 FITNESS CENTER/DAYCARE	10,632			24,481	12	561	40
100 01 ST. MARY'S APOTHECARY	9,282			10,939	70	421	7,846
100 02 OCCUPATIONAL MEDICINE	130		23,746	73,335			
100 03 CANCER CTR/PHYS RECRUITME	356			356	23	175	16
100 04 MARKETING	4,347			12,057	176	877	375
100 05 WIRTH HOSPITAL MGMT					4		2
100 06 MOB	185,639			185,639			
100 07 SENIOR PARTNERS	3,847			3,847	6	105	2
100 08 PSYCH FREESTANDING CLINIC	56			56	12		
100 09 WELBORN PROFESSIONAL SVC	9,192			9,192	348	561	468
100 10 JOSHUA CITY SCHOOL							
100 11 ST. ELIZABETH				14,126			
100 12 REGINA CLOSE OUT							
100 13 TR SUP/DR T							
100 14 FREE STANDING CATH LAB	142			9,571	51	281	9
100 15 FAMILY PRACTICE				133,204			
100 16 OB/PEDS							
100 17 IDLE AND EXCESS SPACE				270,563	59		20
100 18 SMHS EMPLOYEES IN SMMC							
100 19 SMMC DEPTS TO SMHS							
100 20 STOREROOM / DISTRIBUTION							
100 21 PRINT SHOP							
100 22 MAIL ROOM-SMHS HO COST							
100 23 ACCOUNTING-SMHS HO COST							
100 24 IS APPLICATIONS-SMHS HO C							
100 25 PRIMARY SOURCE VERIFICATI							
100 26 CMO-DR. GALLAGHER-SMHS HO							
100 27 INFECTION DISEASE-SMHS HO							
100 28 SMHS WARRICK							
100 29 COMPANY 10 AND OTHER							
100 30 STARS PROGRAM							
100 31 EMPLOYEE HEALTH							
100 32 MAT MGMT PURCHASING							
100 33 DECISION SUPPORT							
100 34 PLANETREE							
100 35 EDUCATION							
100 36 QUALITY							
100 37 EMS SECURITY							
100 38 MOTOR SERVICE							
100 39 MEDICAL LIBRARY							
100 40 MGMT PATIENT RELATIONS							
100 41 SUBSIDIARY SUPPORT							
100 42 MISSION SERVICE							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	12,504,935		26,867	19,241,259	15,317	98,081	123,868

	COST CENTER DESCRIPTION	ADMITTING	CASHIERING/AC COUNTS RECEI	MANAGEMENT SE RVICES-MULBE	OTHER ADMINIS TRATIVE AND	OPERATION OF PLANT	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE
		6.05	6.06	6.07	6.08	8	8.02	9
001	GENERAL SERVICE COST CNTR							
001	01 OLD CAP REL COSTS-BLDG &							
002	02 OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &							
003	01 NEW CAP REL COSTS-BLDG &							
003	02 NEW CAP REL COSTS-BLDG &							
004	NEW CAP REL COSTS-MVBLE E							
004	01 NEW CAP REL COSTS-MVBLE E							
004	02 NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006	01 NONPATIENT TELEPHONES							
006	03 PURCHASING, RECEIVING AND							
006	05 ADMITTING	152,542						
006	06 CASHIERING/ACCOUNTS RECEI		17,526					
006	07 MANAGEMENT SERVICES-MULBE			9,108				
006	08 OTHER ADMINISTRATIVE AND				2,691,783			
008	OPERATION OF PLANT				111,226	1,211,254		
008	02 OPERATION OF PLANT				7,774		7,796	
009	LAUNDRY & LINEN SERVICE				16,648	18,128		149,107
010	HOUSEKEEPING				38,924	29,469	112	
010	02 HOUSEKEEPING				25			
011	DIETARY				13,344	23,061		
012	CAFETERIA				19,373	13,393		
014	NURSING ADMINISTRATION				24,655	2,689		
015	CENTRAL SERVICES & SUPPLY				34,188			
017	MEDICAL RECORDS & LIBRARY				60,152	9,333	68	
022	I&R SERVICES-SALARY & FRI				1,804	4,259		3,952
023	I&R SERVICES-OTHER PRGM C				898			
024	PARAMED ED PRGM				991			
025	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	11,336	738		229,429	196,548		51,523
026	INTENSIVE CARE UNIT	6,200	404		85,339	57,767		14,262
026	01 PEDIATRIC ICU							
026	02 NEONATAL ICU	5,238	341		59,101	24,536		4,052
027	CORONARY CARE UNIT		875		14,451	8,803		1,912
031	SUBPROVIDER	1,035	67		15,236	14,409		345
031	01 SUBPROVIDER 2	2,446	159		35,004	55,077		6,554
033	NURSERY	341	22		5,598			
034	SKILLED NURSING FACILITY							
035	NURSING FACILITY							
035	01 ICF/MR							
037	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	16,613	2,448		325,647	50,074		10,453
038	RECOVERY ROOM	1,569	460		37,991	24,987		6,722
039	DELIVERY ROOM & LABOR ROO	1,512	109		39,609	93,811		5,749
040	ANESTHESIOLOGY	1,099	143		1,211			
041	RADIOLOGY-DIAGNOSTIC	3,100	776		89,905	43,054		9,604
041	01 CAT SCAN	4,316	863		31,862	8,093		1,958
041	02 DIAGNOSTIC ULTRASOUND		380		9,394	2,904		
041	03 NUCLEAR MEDICINE	1,588	388		21,644	10,969		348
042	RADIOLOGY-THERAPEUTIC		75		29,609			1,092
043	RADIOISOTOPE							
044	LABORATORY	8,797	1,088		99,105	22,465		
045	PBP CLINICAL LAB SERVICES							
047	BLOOD STORING, PROCESSING	1,713	150		31,307	967		
048	INTRAVENOUS THERAPY	1,525	225		20,766	795		
049	RESPIRATORY THERAPY	5,954	421		42,128	3,991		
050	PHYSICAL THERAPY	4,703	396		55,963	19,873		2,014
051	OCCUPATIONAL THERAPY							
052	SPEECH PATHOLOGY							
053	ELECTROCARDIOLOGY	505	67		10,112	7,112		679
053	01 CARDIAC CATHETERIZATION L	8,875	963		65,933	29,287		2,116
053	02 CARDIOPULMONARY		8		7,011	11,948		401
053	03 ELECTROCONVULSIVE THERAPY				7,978	7,229		
054	ELECTROENCEPHALOGRAPHY	215	81		10,307	10,532		446
055	MEDICAL SUPPLIES CHARGED	37,465	3,511		329,035	26,776		
056	DRUGS CHARGED TO PATIENTS	19,200	1,905		234,837	9,782		
057	RENAL DIALYSIS	15	1		22,507	457		
058	ASC (NON-DISTINCT PART)							
059	PSYCHIATRIC/PSYCHOLOGICAL				14			
059	01 OUTREACH CLINIC	134	34		7,835			
059	02 ACUPUNCTURE							
060	OUTPUT SERVICE COST CNTRS							
060	CLINIC							
060	01 SENIOR HEALTH/FAMILY PRAC		1		12,419	33,373		522
060	02 OB-PEDS CLINIC				380	12,000		108
060	03 ORTHOPEDIC SVC							
060	04 BARIATRICS				6,663			
060	05 CHILD HEALTH CTR				14			
061	EMERGENCY	4,628	1,042		113,901	68,568		17,390
061	01 DIAGNOSTIC TREATMENT CENT	1,083	228		37,365	18,424		4,292
062	OBSERVATION BEDS (NON-DIS							
062	OTHER REIMBURS COST CNTRS							
064	HOME PROGRAM DIALYSIS							
065	AMBULANCE SERVICES	7	101		26,177			
066	DURABLE MEDICAL EQUIP-REN				81			
067	DURABLE MEDICAL EQUIP-SOL							
092	SPEC PURPOSE COST CENTERS							
092	AMBULATORY SURGICAL CENTE							
095	SUBTOTALS	152,542	17,526		2,502,870	974,943	180	146,494
096	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP							
097	RESEARCH							
098	PHYSICIANS' PRIVATE OFFIC				69,609	47,734		
099	NONPAID WORKERS							

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	ADMITTING	CASHIERING/AC COUNTS RECEI	MANAGEMENT SE RVICES-MULBE	OTHER ADMINIS TRATIVE AND	OPERATION OF PLANT	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE
NONREIMBURS COST CENTERS	6.05	6.06	6.07	6.08	8	8.02	9
100 FITNESS CENTER/DAYCARE				2,050	15,052		531
100 01 ST. MARY'S APOTHECARY				8,319	284		
100 02 OCCUPATIONAL MEDICINE				881			1,645
100 03 CANCER CTR/PHYS RECRUITME				2,667			
100 04 MARKETING				25,658	5,413	29	
100 05 WIRTH HOSPITAL MGMT				420			
100 06 MOB				8,540			
100 07 SENIOR PARTNERS				708			
100 08 PSYCH FREESTANDING CLINIC				2,904			
100 09 WELBORN PROFESSIONAL SVC				40,833			136
100 10 JOSHUA CITY SCHOOL							
100 11 ST. ELIZABETH				249	2,421		
100 12 REGINA CLOSE OUT							
100 13 TR SUP/DR T							
100 14 FREE STANDING CATH LAB				5,238	1,616		
100 15 FAMILY PRACTICE				2,399	89,506		
100 16 OB/PEDS							
100 17 IDLE AND EXCESS SPACE			9,108	18,438	74,285	7,587	301
100 18 SMHS EMPLOYEES IN SMMC							
100 19 SMMC DEPTS TO SMHS							
100 20 STOREROOM / DISTRIBUTION							
100 21 PRINT SHOP							
100 22 MAIL ROOM-SMHS HO COST							
100 23 ACCOUNTING-SMHS HO COST							
100 24 IS APPLICATIONS-SMHS HO C							
100 25 PRIMARY SOURCE VERIFICATI							
100 26 CMO-DR. GALLAGHER-SMHS HO							
100 27 INFECTION DISEASE-SMHS HO							
100 28 SMHS WARRICK							
100 29 COMPANY 10 AND OTHER							
100 30 STARS PROGRAM							
100 31 EMPLOYEE HEALTH							
100 32 MAT MGMT PURCHASING							
100 33 DECISION SUPPORT							
100 34 PLANETREE							
100 35 EDUCATION							
100 36 QUALITY							
100 37 EMS SECURITY							
100 38 MOTOR SERVICE							
100 39 MEDICAL LIBRARY							
100 40 MGMT PATIENT RELATIONS							
100 41 SUBSIDIARY SUPPORT							
100 42 MISSION SERVICE							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	152,542	17,526	9,108	2,691,783	1,211,254	7,796	149,107

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0100
 I PERIOD: FROM 7/ 1/2006 TO 6/30/2007
 I PREPARED 11/29/2007
 I WORKSHEET B
 I PART III

COST CENTER DESCRIPTION	HOUSEKEEPING 10	HOUSEKEEPING 10.02	DIETARY 11	CAFETERIA 12	NURSING ADMIN ISTRATION 14	CENTRAL SERVI CES & SUPPLY 15	MEDICAL RECOR DS & LIBRARY 17
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
004 01 NEW CAP REL COSTS-MVBLE E							
004 02 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 03 PURCHASING, RECEIVING AND							
006 05 ADMITTING							
006 06 CASHIERING/ACCOUNTS RECEI							
006 07 MANAGEMENT SERVICES-MULBE							
006 08 OTHER ADMINISTRATIVE AND							
008 OPERATION OF PLANT							
008 02 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	291,387						
010 02 HOUSEKEEPING		28					
011 DIETARY	5,775		180,215				
012 CAFETERIA	3,354			277,514			
014 NURSING ADMINISTRATION	673			7,157	53,984		
015 CENTRAL SERVICES & SUPPLY				7,379		41,765	
017 MEDICAL RECORDS & LIBRARY	2,337			12,345		34	176,441
022 I&R SERVICES-SALARY & FRI	1,067			2,858		20	
023 I&R SERVICES-OTHER PRGM C				507			
024 PARAMED ED PRGM				189			
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	49,216		109,850	52,948	20,505	511	7,383
026 INTENSIVE CARE UNIT	14,465		19,125	18,767	8,472	166	4,038
026 01 PEDIATRIC ICU							
026 02 NEONATAL ICU	6,144			11,273	5,819	94	3,411
027 CORONARY CARE UNIT	2,204		1,872	2,982	1,373	26	570
031 SUBPROVIDER	3,608		5,338	3,330		15	674
031 01 SUBPROVIDER 2	13,792		19,459	8,193	3,749	57	1,593
033 NURSERY				1,539	599		222
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	12,539			15,062	6,854	800	24,485
039 RECOVERY ROOM	6,257		240	8,105	3,651	40	4,601
040 DELIVERY ROOM & LABOR ROO	23,491			6,742	2,962	160	1,092
041 ANESTHESIOLOGY				140		173	1,432
041 RADIOLOGY-DIAGNOSTIC	10,781			9,141		1,607	7,761
041 01 CAT SCAN	2,027			2,158		266	8,628
041 02 DIAGNOSTIC ULTRASOUND	727			1,376		31	867
041 03 NUCLEAR MEDICINE	2,747			1,328		458	3,882
042 RADIOLOGY-THERAPEUTIC				27		67	2,423
043 RADIOISOTOPE							
044 LABORATORY	5,625			17,073		1,449	10,878
045 PBP CLINICAL LAB SERVICES							
047 BLOOD STORING, PROCESSING	242			897		1,572	1,500
048 INTRAVENOUS THERAPY	199			1,294		688	2,253
049 RESPIRATORY THERAPY	999			7,898		257	4,213
050 PHYSICAL THERAPY	4,976			11,030		60	3,963
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	1,781			2,168		30	665
053 01 CARDIAC CATHETERIZATION L	7,334		13			1,076	9,626
053 02 CARDIOPULMONARY	2,992			1,662		10	76
053 03 ELECTROCONVULSIVE THERAPY	1,810			1,432		3	
054 ELECTROENCEPHALOGRAPHY	2,637		4	1,476		19	811
055 MEDICAL SUPPLIES CHARGED	6,705					20,012	36,281
056 DRUGS CHARGED TO PATIENTS	2,449			9,157		8,007	19,047
057 RENAL DIALYSIS	114			3,760		249	10
058 ASC (NON-DISTINCT PART)							
059 PSYCHIATRIC/PSYCHOLOGICAL							
059 01 OUTREACH CLINIC				1,401		32	339
059 02 ACUPUNCTURE							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 SENIOR HEALTH/FAMILY PRAC	8,357			2,365		25	9
060 02 OB-PEDS CLINIC	3,005						
060 03 ORTHOPEDIC SVC							
060 04 BARIATRICS				1,241		15	
060 05 CHILD HEALTH CTR							
061 EMERGENCY	17,170		552	17,442		241	10,417
061 01 DIAGNOSTIC TREATMENT CENT	4,613		2,929	5,762		387	2,277
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES				2,019		69	1,014
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
SPEC PURPOSE COST CENTERS							
092 AMBULATORY SURGICAL CENTE							
095 SUBTOTALS	232,212		159,382	261,623	53,984	38,726	176,441
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC	11,953			2,560		2	
099 NONPAID WORKERS							

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0100
 I PERIOD: 7/ 1/2006
 I FROM 7/ 1/2006
 I TO 6/30/2007
 I PREPARED 11/29/2007
 I WORKSHEET B
 I PART III

COST CENTER DESCRIPTION		HOUSEKEEPING	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	MEDICAL RECOR DS & LIBRARY
		10	10.02	11	12	14	15	17
NONREIMBURS COST CENTERS								
100	FITNESS CENTER/DAYCARE	3,769						14
100	01 ST. MARY'S APOTHECARY	71			1,444		2,715	
100	02 OCCUPATIONAL MEDICINE							
100	03 CANCER CTR/PHYS RECRUITME				577			5
100	04 MARKETING	1,356			3,065			130
100	05 WIRTH HOSPITAL MGMT				146			1
100	06 MOB							
100	07 SENIOR PARTNERS				185			1
100	08 PSYCH FREESTANDING CLINIC							
100	09 WELBORN PROFESSIONAL SVC				6,632			161
100	10 JOSHUA CITY SCHOOL							
100	11 ST. ELIZABETH	606						
100	12 REGINA CLOSE OUT							
100	13 TR SUP/DR T							
100	14 FREE STANDING CATH LAB	405						3
100	15 FAMILY PRACTICE	22,413						
100	16 OB/PEDS							
100	17 IDLE AND EXCESS SPACE	18,602	28	20,833	1,282			7
100	18 SMHS EMPLOYEES IN SMMC							
100	19 SMMC DEPTS TO SMHS							
100	20 STOREROOM / DISTRIBUTION							
100	21 PRINT SHOP							
100	22 MAIL ROOM-SMHS HO COST							
100	23 ACCOUNTING-SMHS HO COST							
100	24 IS APPLICATIONS-SMHS HO C							
100	25 PRIMARY SOURCE VERIFICATI							
100	26 CMO-DR. GALLAGHER-SMHS HO							
100	27 INFECTION DISEASE-SMHS HO							
100	28 SMHS WARRICK							
100	29 COMPANY 10 AND OTHER							
100	30 STARS PROGRAM							
100	31 EMPLOYEE HEALTH							
100	32 MAT MGMT PURCHASING							
100	33 DECISION SUPPORT							
100	34 PLANETREE							
100	35 EDUCATION							
100	36 QUALITY							
100	37 EMS SECURITY							
100	38 MOTOR SERVICE							
100	39 MEDICAL LIBRARY							
100	40 MGMT PATIENT RELATIONS							
100	41 SUBSIDIARY SUPPORT							
100	42 MISSION SERVICE							
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	291,387	28	180,215	277,514	53,984	41,765	176,441

	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	22	23	24	25	26	27
001	GENERAL SERVICE COST CNTR					
001	01 OLD CAP REL COSTS-BLDG &					
002	02 OLD CAP REL COSTS-MVBLE E					
003	NEW CAP REL COSTS-BLDG &					
003	01 NEW CAP REL COSTS-BLDG &					
003	02 NEW CAP REL COSTS-BLDG &					
004	NEW CAP REL COSTS-MVBLE E					
004	01 NEW CAP REL COSTS-MVBLE E					
004	02 NEW CAP REL COSTS-MVBLE E					
005	EMPLOYEE BENEFITS					
006	01 NONPATIENT TELEPHONES					
006	03 PURCHASING, RECEIVING AND					
006	05 ADMITTING					
006	06 CASHIERING/ACCOUNTS RECEI					
006	07 MANAGEMENT SERVICES-MULBE					
006	08 OTHER ADMINISTRATIVE AND					
008	OPERATION OF PLANT					
008	02 OPERATION OF PLANT					
009	LAUNDRY & LINEN SERVICE					
010	HOUSEKEEPING					
010	02 HOUSEKEEPING					
011	DIETARY					
012	CAFETERIA					
014	NURSING ADMINISTRATION					
015	CENTRAL SERVICES & SUPPLY					
017	MEDICAL RECORDS & LIBRARY					
022	I&R SERVICES-SALARY & FRI	40,104				
023	I&R SERVICES-OTHER PRGM C		1,470			
024	PARAMED ED PRGM			1,191		
025	INPAT ROUTINE SRVC CNTRS			2,507,456		2,507,456
026	ADULTS & PEDIATRICS			722,488		722,488
026	01 PEDIATRIC ICU					
026	02 NEONATAL ICU			397,506		397,506
027	CORONARY CARE UNIT			127,651		127,651
031	SUBPROVIDER			52,578		52,578
031	01 SUBPROVIDER 2			158,284		158,284
033	NURSERY			8,377		8,377
034	SKILLED NURSING FACILITY					
035	NURSING FACILITY					
035	01 ICF/MR					
037	ANCILLARY SRVC COST CNTRS			2,635,400		2,635,400
038	OPERATING ROOM			252,130		252,130
039	RECOVERY ROOM			755,943		755,943
040	DELIVERY ROOM & LABOR ROO			30,728		30,728
040	ANESTHESIOLOGY			1,363,273		1,363,273
041	RADIOLOGY-DIAGNOSTIC			1,175,727		1,175,727
041	01 CAT SCAN					
041	02 DIAGNOSTIC ULTRASOUND			178,416		178,416
041	03 NUCLEAR MEDICINE			449,226		449,226
042	RADIOLOGY-THERAPEUTIC			647,654		647,654
043	RADIOISOTOPE					
044	LABORATORY			607,126		607,126
045	PBP CLINICAL LAB SERVICES					
047	BLOOD STORING, PROCESSING			126,693		126,693
048	INTRAVENOUS THERAPY			63,286		63,286
049	RESPIRATORY THERAPY			270,522		270,522
050	PHYSICAL THERAPY			279,304		279,304
051	OCCUPATIONAL THERAPY					
052	SPEECH PATHOLOGY					
053	ELECTROCARDIOLOGY			204,030		204,030
053	01 CARDIAC CATHETERIZATION L			1,718,046		1,718,046
053	02 CARDIOPULMONARY			32,993		32,993
053	03 ELECTROCONVULSIVE THERAPY			19,714		19,714
054	ELECTROENCEPHALOGRAPHY			85,688		85,688
055	MEDICAL SUPPLIES CHARGED			770,710		770,710
056	DRUGS CHARGED TO PATIENTS			526,888		526,888
057	RENAL DIALYSIS			52,885		52,885
058	ASC (NON-DISTINCT PART)					
059	PSYCHIATRIC/PSYCHOLOGICAL			1,195		1,195
059	01 OUTREACH CLINIC			11,346		11,346
059	02 ACUPUNCTURE					
060	OUTPAT SERVICE COST CNTRS					
060	CLINIC					
060	01 SENIOR HEALTH/FAMILY PRAC			160,973		160,973
060	02 OB-PEDS CLINIC			17,281		17,281
060	03 ORTHOPEDIC SVC					
060	04 BARIATRICS			24,309		24,309
060	05 CHILD HEALTH CTR			14		14
061	EMERGENCY			789,014		789,014
061	01 DIAGNOSTIC TREATMENT CENT			457,380		457,380
062	OBSERVATION BEDS (NON-DIS					
064	OTHER REIMBURS COST CNTRS					
064	HOME PROGRAM DIALYSIS					
065	AMBULANCE SERVICES			61,073		61,073
066	DURABLE MEDICAL EQUIP-REN			6,629		6,629
067	DURABLE MEDICAL EQUIP-SOL					
092	SPEC PURPOSE COST CENTERS					
095	AMBULATORY SURGICAL CENTE					
095	SUBTOTALS			17,749,936		17,749,936
096	NONREIMBURS COST CENTERS					
097	GIFT, FLOWER, COFFEE SHOP					
098	RESEARCH					
098	PHYSICIANS' PRIVATE OFFIC			277,003		277,003
099	NONPAID WORKERS					

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-0100
 I PERIOD: 7/ 1/2006
 I FROM 7/ 1/2006
 I TO 6/30/2007
 I PREPARED 11/29/2007
 I WORKSHEET B
 I PART III

COST CENTER
 DESCRIPTION

- 001 GENERAL SERVICE COST CNTR
- 001 01 OLD CAP REL COSTS-BLDG &
- 002 OLD CAP REL COSTS-MVBLE E
- 003 NEW CAP REL COSTS-BLDG &
- 003 01 NEW CAP REL COSTS-BLDG &
- 003 02 NEW CAP REL COSTS-BLDG &
- 004 NEW CAP REL COSTS-MVBLE E
- 004 01 NEW CAP REL COSTS-MVBLE E
- 004 02 NEW CAP REL COSTS-MVBLE E
- 005 EMPLOYEE BENEFITS
- 006 01 NONPATIENT TELEPHONES
- 006 03 PURCHASING, RECEIVING AND
- 006 05 ADMITTING
- 006 06 CASHIERING/ACCOUNTS RECEI
- 006 07 MANAGEMENT SERVICES-MULBE
- 006 08 OTHER ADMINISTRATIVE AND
- 008 OPERATION OF PLANT
- 008 02 OPERATION OF PLANT
- 009 LAUNDRY & LINEN SERVICE
- 010 HOUSEKEEPING
- 010 02 HOUSEKEEPING
- 011 DIETARY
- 012 CAFETERIA
- 014 NURSING ADMINISTRATION
- 015 CENTRAL SERVICES & SUPPLY
- 017 MEDICAL RECORDS & LIBRARY
- 022 I&R SERVICES-SALARY & FRI
- 023 I&R SERVICES-OTHER PRGM C
- 024 PARAMED ED PRGM
- 025 INPAT ROUTINE SRVC CNTRS
- 025 ADULTS & PEDIATRICS
- 026 INTENSIVE CARE UNIT
- 026 01 PEDIATRIC ICU
- 026 02 NEONATAL ICU
- 027 CORONARY CARE UNIT
- 031 SUBPROVIDER
- 031 01 SUBPROVIDER 2
- 033 NURSERY
- 034 SKILLED NURSING FACILITY
- 035 NURSING FACILITY
- 035 01 ICF/MR
- 037 ANCILLARY SRVC COST CNTRS
- 037 OPERATING ROOM
- 038 RECOVERY ROOM
- 039 DELIVERY ROOM & LABOR ROO
- 040 ANESTHESIOLOGY
- 041 RADIOLOGY-DIAGNOSTIC
- 041 01 CAT SCAN
- 041 02 DIAGNOSTIC ULTRASOUND
- 041 03 NUCLEAR MEDICINE
- 042 RADIOLOGY-THERAPEUTIC
- 043 RADIOISOTOPE
- 044 LABORATORY
- 045 PBP CLINICAL LAB SERVICES
- 047 BLOOD STORING, PROCESSING
- 048 INTRAVENOUS THERAPY
- 049 RESPIRATORY THERAPY
- 050 PHYSICAL THERAPY
- 051 OCCUPATIONAL THERAPY
- 052 SPEECH PATHOLOGY
- 053 ELECTROCARDIOLOGY
- 053 01 CARDIAC CATHETERIZATION L
- 053 02 CARDIOPULMONARY
- 053 03 ELECTROCONVULSIVE THERAPY
- 054 ELECTROENCEPHALOGRAPHY
- 055 MEDICAL SUPPLIES CHARGED
- 056 DRUGS CHARGED TO PATIENTS
- 057 RENAL DIALYSIS
- 058 ASC (NON-DISTINCT PART)
- 059 PSYCHIATRIC/PSYCHOLOGICAL
- 059 01 OUTREACH CLINIC
- 059 02 ACUPUNCTURE
- 060 OUTPAT SERVICE COST CNTRS
- 060 CLINIC
- 060 01 SENIOR HEALTH/FAMILY PRAC
- 060 02 OB-PEDS CLINIC
- 060 03 ORTHOPEDIC SVC
- 060 04 BARIATRICS
- 060 05 CHILD HEALTH CTR
- 061 EMERGENCY
- 061 01 DIAGNOSTIC TREATMENT CENT
- 062 OBSERVATION BEDS (NON-DIS
- 062 OTHER REIMBURS COST CNTRS
- 064 HOME PROGRAM DIALYSIS
- 065 AMBULANCE SERVICES
- 066 DURABLE MEDICAL EQUIP-REN
- 067 DURABLE MEDICAL EQUIP-SOL
- 067 SPEC PURPOSE COST CENTERS
- 092 AMBULATORY SURGICAL CENTE
- 095 SUBTOTALS
- 096 NONREIMBURS COST CENTERS
- 096 GIFT, FLOWER, COFFEE SHOP
- 097 RESEARCH
- 098 PHYSICIANS' PRIVATE OFFIC
- 099 NONPAID WORKERS

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER
DESCRIPTION

NONREIMBURS COST CENTERS
 100 FITNESS CENTER/DAYCARE
 100 01 ST. MARY'S APOTHECARY
 100 02 OCCUPATIONAL MEDICINE
 100 03 CANCER CTR/PHYS RECRUITME
 100 04 MARKETING
 100 05 WIRTH HOSPITAL MGMT
 100 06 MOB
 100 07 SENIOR PARTNERS
 100 08 PSYCH FREESTANDING CLINIC
 100 09 WELBORN PROFESSIONAL SVC
 100 10 JOSHUA CITY SCHOOL
 100 11 ST. ELIZABETH
 100 12 REGINA CLOSE OUT
 100 13 TR SUP/DR T
 100 14 FREE STANDING CATH LAB
 100 15 FAMILY PRACTICE
 100 16 OB/PEDS
 100 17 IDLE AND EXCESS SPACE
 100 18 SMHS EMPLOYEES IN SMMC
 100 19 SMMC DEPTS TO SMHS
 100 20 STOREROOM / DISTRIBUTION
 100 21 PRINT SHOP
 100 22 MAIL ROOM-SMHS HO COST
 100 23 ACCOUNTING-SMHS HO COST
 100 24 IS APPLICATIONS-SMHS HO C
 100 25 PRIMARY SOURCE VERIFICATI
 100 26 CMO-DR. GALLAGHER-SMHS HO
 100 27 INFECTION DISEASE-SMHS HO
 100 28 SMHS WARRICK
 100 29 COMPANY IO AND OTHER
 100 30 STARS PROGRAM
 100 31 EMPLOYEE HEALTH
 100 32 MAT MGMT PURCHASING
 100 33 DECISION SUPPORT
 100 34 PLANETREE
 100 35 EDUCATION
 100 36 QUALITY
 100 37 EMS SECURITY
 100 38 MOTOR SERVICE
 100 39 MEDICAL LIBRARY
 100 40 MGMT PATIENT RELATIONS
 100 41 SUBSIDIARY SUPPORT
 100 42 MISSION SERVICE
 101 CROSS FOOT ADJUSTMENTS
 102 NEGATIVE COST CENTER
 103 TOTAL

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2007
 I 15-0100 I FROM 7/ 1/2006 I WORKSHEET B-1
 I I TO 6/30/2007 I

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C
	OSTS-BLDG & (SQUARE FEET)	OSTS-BLDG & (REGINA)SQ FEET	OSTS-MVBLE E (DOLLAR)VALUE	OSTS-BLDG & (SQUARE)FEET	OSTS-BLDG & (SETON SQ)FEET	OSTS-BLDG & (WELBORN)SQ FEET
	1	1.01	2	3	3.01	3.02
GENERAL SERVICE COST CNTR						
001 OLD CAP REL COSTS-BLDG &	703,750					
001 01 OLD CAP REL COSTS-BLDG &		131,753				
002 OLD CAP REL COSTS-MVBLE E			25,597			
003 NEW CAP REL COSTS-BLDG &				703,750		
003 01 NEW CAP REL COSTS-BLDG &					71,422	
003 02 NEW CAP REL COSTS-BLDG &						402,357
004 NEW CAP REL COSTS-MVBLE E						
004 01 NEW CAP REL COSTS-MVBLE E						
004 02 NEW CAP REL COSTS-MVBLE E						
005 EMPLOYEE BENEFITS	509		97		509	4,986
006 01 NONPATIENT TELEPHONES	1,229				1,229	
006 03 PURCHASING, RECEIVING AND	10,249		510		10,249	
006 05 ADMITTING	16,233	1,531	310		16,233	
006 06 CASHIERING/ACCOUNTS RECEI		7,972	67			
006 07 MANAGEMENT SERVICES-MULBE	798				798	
006 08 OTHER ADMINISTRATIVE AND	10,954	8,610	12,737		10,954	5,756
008 OPERATION OF PLANT	108,709	2,497	1,708		108,709	3,429
008 02 OPERATION OF PLANT						
009 LAUNDRY & LINEN SERVICE	11,303	320	9,208		11,303	
010 HOUSEKEEPING	11,713	7,182			11,713	152
010 02 HOUSEKEEPING						4,630
011 DIETARY	14,786		720		14,786	1,728
012 CAFETERIA	8,587				8,587	
014 NURSING ADMINISTRATION	1,724		56		1,724	
015 CENTRAL SERVICES & SUPPLY						
017 MEDICAL RECORDS & LIBRARY	5,984		184		5,984	2,816
022 I&R SERVICES-SALARY & FRI	2,731				2,731	
023 I&R SERVICES-OTHER PRGM C						
024 PARAMED ED PRGM						
025 INPAT ROUTINE SRVC CNTRS						
025 ADULTS & PEDIATRICS	126,022				126,022	
026 INTENSIVE CARE UNIT	37,039				37,039	
026 01 PEDIATRIC ICU						
026 02 NEONATAL ICU	15,732				15,732	
027 CORONARY CARE UNIT	5,644				5,644	
031 SUBPROVIDER	194	9,045			194	
031 01 SUBPROVIDER 2		35,314				
033 NURSERY						
034 SKILLED NURSING FACILITY						
035 NURSING FACILITY						
035 01 ICF/MR						
037 ANCILLARY SRVC COST CNTRS						
037 OPERATING ROOM	32,106				32,106	
038 RECOVERY ROOM	16,021				16,021	
039 DELIVERY ROOM & LABOR ROO	60,149				60,149	
040 ANESTHESIOLOGY						
041 RADIOLOGY-DIAGNOSTIC	19,823				19,823	
041 01 CAT SCAN	2,606				2,606	
041 02 DIAGNOSTIC ULTRASOUND	709				709	
041 03 NUCLEAR MEDICINE	2,967				2,967	
042 RADIOLOGY-THERAPEUTIC						
043 RADIOISOTOPE						
044 LABORATORY	12,644	174			12,644	
045 PBP CLINICAL LAB SERVICES						
047 BLOOD STORING, PROCESSING	620				620	
048 INTRAVENOUS THERAPY	510				510	
049 RESPIRATORY THERAPY	2,559				2,559	
050 PHYSICAL THERAPY	12,742				12,742	
051 OCCUPATIONAL THERAPY						
052 SPEECH PATHOLOGY						
053 ELECTROCARDIOLOGY	4,218				4,218	
053 01 CARDIAC CATHETERIZATION L	12,864				12,864	
053 02 CARDIOPULMONARY	183				183	
053 03 ELECTROCONVULSIVE THERAPY						
054 ELECTROENCEPHALOGRAPHY	337	6,416			337	
055 MEDICAL SUPPLIES CHARGED	17,168				17,168	
056 DRUGS CHARGED TO PATIENTS	6,272				6,272	
057 RENAL DIALYSIS	293				293	
058 ASC (NON-DISTINCT PART)						
059 PSYCHIATRIC/PSYCHOLOGICAL						
059 01 OUTREACH CLINIC						
059 02 ACUPUNCTURE						
060 OUTPAT SERVICE COST CNTRS						
060 CLINIC						
060 01 SENIOR HEALTH/FAMILY PRAC	8,129	13,269			8,129	
060 02 OB-PEDS CLINIC		7,694				
060 03 ORTHOPEDIC SVC						
060 04 BARIATRICS						
060 05 CHILD HEALTH CTR						
061 EMERGENCY	43,964				43,964	
061 01 DIAGNOSTIC TREATMENT CENT	11,813				11,813	
062 OBSERVATION BEDS (NON-DIS						
OTHER REIMBURS COST CNTRS						
064 HOME PROGRAM DIALYSIS						
065 AMBULANCE SERVICES						
066 DURABLE MEDICAL EQUIP-REN						4,794
067 DURABLE MEDICAL EQUIP-SOL						
SPEC PURPOSE COST CENTERS						
092 AMBULATORY SURGICAL CENTE						
095 SUBTOTALS	658,837	100,024	25,597	658,837	20,845	87,403
NONREIMBURS COST CENTERS						
096 GIFT, FLOWER, COFFEE SHOP						

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C
	OSTS-BLDG & (SQUARE FEET)	OSTS-BLDG & (REGINA)SQ FEET	OSTS-MVBLE E (DOLLAR)VALUE	OSTS-BLDG & (SQUARE)FEET	OSTS-BLDG & (SETON SQ)FEET	OSTS-BLDG & (WELBORN)SQ FEET
	1	1.01	2	3	3.01	3.02
NONREIMBURS COST CENTERS						
097 RESEARCH						
098 PHYSICIANS' PRIVATE OFFIC	15,398	11,772		15,398		
099 NONPAID WORKERS						
100 FITNESS CENTER/DAYCARE		9,651			11,064	
100 01 ST. MARY'S APOTHECARY	182			182		
100 02 OCCUPATIONAL MEDICINE					39,513	
100 03 CANCER CTR/PHYS RECRUITME						
100 04 MARKETING	776			776		1,212
100 05 WIRTH HOSPITAL MGMT						
100 06 MOB						
100 07 SENIOR PARTNERS						
100 08 PSYCH FREESTANDING CLINIC						
100 09 WELBORN PROFESSIONAL SVC						
100 10 JOSHUA CITY SCHOOL						
100 11 ST. ELIZABETH	1,552			1,552		
100 12 REGINA CLOSE OUT						
100 13 TR SUP/DR T						
100 14 FREE STANDING CATH LAB	1,036			1,036		
100 15 FAMILY PRACTICE	14,635	722		14,635		
100 16 OB/PEDS						
100 17 IDLE AND EXCESS SPACE	11,334	9,584		11,334		313,742
100 18 SMHS EMPLOYEES IN SMMC						
100 19 SMMC DEPTS TO SMHS						
100 20 STOREROOM / DISTRIBUTION						
100 21 PRINT SHOP						
100 22 MAIL ROOM-SMHS HO COST						
100 23 ACCOUNTING-SMHS HO COST						
100 24 IS APPLICATIONS-SMHS HO C						
100 25 PRIMARY SOURCE VERIFICATI						
100 26 CMO-DR. GALLAGHER-SMHS HO						
100 27 INFECTION DISEASE-SMHS HO						
100 28 SMHS WARRICK						
100 29 COMPANY 10 AND OTHER						
100 30 STARS PROGRAM						
100 31 EMPLOYEE HEALTH						
100 32 MAT MGMT PURCHASING						
100 33 DECISION SUPPORT						
100 34 PLANETREE						
100 35 EDUCATION						
100 36 QUALITY						
100 37 EMS SECURITY						
100 38 MOTOR SERVICE						
100 39 MEDICAL LIBRARY						
100 40 MGMT PATIENT RELATIONS						
100 41 SUBSIDIARY SUPPORT						
100 42 MISSION SERVICE						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	2,980,869	414,175	131,513	6,405,369	89,400	214,688
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	4.235693	3.143572	5.137829	9.101768	1.251715	.533576
105 COST TO BE ALLOCATED (WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED (WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2007
I 15-0100 I FROM 7/ 1/2006 I WORKSHEET 8-1
I TO 6/30/2007 I

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	NONPATIENT TELEPHONES	PURCHASING, RECEIVING AND	ADMITTING CHARGES
(DOLLAR VALUE)	(SETON SQ FEET)	(WELBORN VALUE)	(GROSS SALARIES)	(NONPATIENT TELEPHO T)	(SUPPLIES EXPENSE)	(GROSS CHARGES)	
4	4.01	4.02	5	6.01	6.03	6.05	
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E	9,585,548						
004 01 NEW CAP REL COSTS-MVBLE E		71,422					
004 02 NEW CAP REL COSTS-MVBLE E			338,154				
005 EMPLOYEE BENEFITS	3,406	4,986		101,186,485			
006 01 NONPATIENT TELEPHONES	65,503		17,827	174,230	2,797		
006 03 PURCHASING, RECEIVING AND	23,386			503,392		57,296,423	
006 05 ADMITTING	2,013			1,503,253	51	70,243	320,686,472
006 06 CASHIERING/ACCOUNTS RECEI	10,244			1,149,462	112	28,225	
006 07 MANAGEMENT SERVICES-MULBE	709			618,438	23	9,293	
006 08 OTHER ADMINISTRATIVE AND	1,959,521	5,756	20,721	8,439,452	283	366,383	
008 OPERATION OF PLANT	56,912	3,429		3,022,085	84	418,050	
008 02 OPERATION OF PLANT			102	92,557			
009 LAUNDRY & LINEN SERVICE	8,018		423	608,002	2	368,982	
010 HOUSEKEEPING	86,120	152		2,146,914	13	223,950	
010 02 HOUSEKEEPING			37	1,762			
011 DIETARY	111	1,728	175	1,008,598	28		
012 CAFETERIA	125,057			612,823			
014 NURSING ADMINISTRATION	1,412			1,763,106	28	13,403	
015 CENTRAL SERVICES & SUPPLY				1,312,127			
017 MEDICAL RECORDS & LIBRARY	22,966			2,603,858	164	45,945	
022 I&R SERVICES-SALARY & FRI	315			508,933	21	28,963	
023 I&R SERVICES-OTHER PRGM C				429,963			
024 PARAMED ED PRGM				70,283			
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	466,308			13,251,371	530	688,201	23,815,289
026 INTENSIVE CARE UNIT	116,399			5,290,010	92	225,502	13,025,050
026 01 PEDIATRIC ICU							
026 02 NEONATAL ICU	101,247			3,634,024	40	126,140	11,004,720
027 CORONARY CARE UNIT	30,907			857,562	18	35,147	1,839,127
031 SUBPROVIDER	4,168			1,012,611	32	20,002	2,175,384
031 01 SUBPROVIDER 2	6,160			2,340,888	104	76,193	5,138,609
033 NURSERY				374,060			716,191
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	1,402,388			4,286,446	78	20,965,244	34,900,252
038 RECOVERY ROOM	7,237			2,280,014	51	53,224	3,295,579
039 DELIVERY ROOM & LABOR ROO	23,834			1,849,966	39	233,328	3,176,836
040 ANESTHESIOLOGY	19,836			23,565	4	235,624	2,308,094
041 RADIOLOGY-DIAGNOSTIC	765,355			2,333,412	100	2,224,438	6,512,322
041 01 CAT SCAN	836,166			610,330	6	326,014	9,067,389
041 02 DIAGNOSTIC ULTRASOUND	119,504			445,666	4	41,468	798,640
041 03 NUCLEAR MEDICINE	289,112			421,053	9	612,772	3,336,279
042 RADIOLOGY-THERAPEUTIC	469,899			7,249	26	89,616	157,712
043 RADIOISOTOPE							
044 LABORATORY	243,481			4,102,464	89	1,936,654	18,481,254
045 PBP CLINICAL LAB SERVICES							
047 BLOOD STORING, PROCESSING	59,880			278,041		2,101,258	3,598,597
048 INTRAVENOUS THERAPY	22,047			412,180	2	927,476	3,204,113
049 RESPIRATORY THERAPY	137,767			2,251,156	10	441,485	12,508,339
050 PHYSICAL THERAPY	44,870			3,193,639	33	81,206	9,880,512
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	107,997			479,657	42	39,999	1,059,906
053 01 CARDIAC CATHETERIZATION L	1,118,233			1,333,074	51	6,912,891	18,645,984
053 02 CARDIOPULMONARY	4,922			443,233	20	13,851	
053 03 ELECTROCONVULSIVE THERAPY				399,748	34	4,423	
054 ELECTROENCEPHALOGRAPHY	42,716			436,620	7	26,110	451,306
055 MEDICAL SUPPLIES CHARGED	116,450			2	13	1,061,259	78,928,414
056 DRUGS CHARGED TO PATIENTS	107,249			3,085,667	54	10,705,280	40,335,466
057 RENAL DIALYSIS	16,907			1,244,919	4	333,533	30,903
058 ASC (NON-DISTINCT PART)							
059 PSYCHIATRIC/PSYCHOLOGICAL	905						
059 01 OUTREACH CLINIC				494,800	40	43,090	280,787
059 02 ACUPUNCTURE							
060 OUTPAT SERVICE COST CNTRS							
060 01 SENIOR HEALTH/FAMILY PRAC	19,986			814,042	104	33,032	
060 02 OB-PEDS CLINIC					51		
060 03 ORTHOPEDIC SVC							
060 04 BARIATRICS	11,677			401,476	30	20,446	
060 05 CHILD HEALTH CTR				934			
061 EMERGENCY	101,735			4,959,493	95	329,898	9,723,647
061 01 DIAGNOSTIC TREATMENT CENT	206,369			1,727,675	49	601,559	2,275,892
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES	23,830			759,746	8	93,501	13,879
066 DURABLE MEDICAL EQUIP-REN	366	4,794			2		
067 DURABLE MEDICAL EQUIP-SOL							
067 SPEC PURPOSE COST CENTERS							
092 AMBULATORY SURGICAL CENTE							
095 SUBTOTALS	9,411,600	20,845	39,285	92,406,031	2,680	53,233,301	320,686,472
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2007
 I 15-0100 I FROM 7/ 1/2006 I WORKSHEET B-1
 I I TO 6/30/2007 I

COST CENTER DESCRIPTION	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	NONPATIENT TELEPHONES	PURCHASING, RECEIVING AND	ADMITTING
	OSTS-MVBLE E	OSTS-MVBLE E	OSTS-MVBLE E	FITS			
	(DOLLAR VALUE	(SETON SQ FEET	(WELBORN)VALUE	(GROSS) SALARIES	(NONPATIENT)T TELEPHO	(SUPPLIES)EXPENSE	(GROSS) CHARGES
	4	4.01	4.02	5	6.01	6.03	6.05
NONREIMBURS COST CENTERS							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC	2,531			3,751,445		32	2,976
099 NONPAID WORKERS							
100 FITNESS CENTER/DAYCARE	8,150	11,064		82,486		16	18,691
100 01 ST. MARY'S APOTHECARY	7,115			466,052		12	3,629,042
100 02 OCCUPATIONAL MEDICINE	100	39,513	298,869				
100 03 CANCER CTR/PHYS RECRUITME	273			152,058		5	7,237
100 04 MARKETING	3,332			1,162,732		25	173,510
100 05 WIRTH HOSPITAL MGMT				23,969			743
100 06 MOB	142,300						
100 07 SENIOR PARTNERS	2,949			37,044		3	1,093
100 08 PSYCH FREESTANDING CLINIC	43			77,412			24
100 09 WELBORN PROFESSIONAL SVC	7,046			2,302,699		16	216,663
100 10 JOSHUA CITY SCHOOL							
100 11 ST. ELIZABETH							
100 12 REGINA CLOSE OUT							
100 13 TR SUP/DR T							
100 14 FREE STANDING CATH LAB	109			335,226		8	3,955
100 15 FAMILY PRACTICE							
100 16 OB/PEDS							
100 17 IDLE AND EXCESS SPACE				389,331			9,188
100 18 SMHS EMPLOYEES IN SMHC							
100 19 SMHC DEPTS TO SMHS							
100 20 STOREROOM / DISTRIBUTION							
100 21 PRINT SHOP							
100 22 MAIL ROOM-SMHS HO COST							
100 23 ACCOUNTING-SMHS HO COST							
100 24 IS APPLICATIONS-SMHS HO C							
100 25 PRIMARY SOURCE VERIFICATI							
100 26 CMO-DR. GALLAGHER-SMHS HO							
100 27 INFECTION DISEASE-SMHS HO							
100 28 SMHS WARRICK							
100 29 COMPANY 10 AND OTHER							
100 30 STARS PROGRAM							
100 31 EMPLOYEE HEALTH							
100 32 MAT MGMT PURCHASING							
100 33 DECISION SUPPORT							
100 34 PLANETREE							
100 35 EDUCATION							
100 36 QUALITY							
100 37 EMS SECURITY							
100 38 MOTOR SERVICE							
100 39 MEDICAL LIBRARY							
100 40 MGMT PATIENT RELATIONS							
100 41 SUBSIDIARY SUPPORT							
100 42 MISSION SERVICE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	12,504,935		26,867	17,603,791	410,767	755,300	2,808,444
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER				.173974		.013182	
(WRKSHT B, PT I)	1.304561		.079452		146.859850		.008758
105 COST TO BE ALLOCATED				2,654	5,211	46,045	75,354
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER				.000026		.000804	
(WRKSHT B, PT II)					1.863068		.000235
107 COST TO BE ALLOCATED				15,317	98,081	123,868	152,542
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER				.000151		.002162	
(WRKSHT B, PT III)					35.066500		.000476

COST CENTER DESCRIPTION	CASHIERING/AC MANAGEMENT SE COUNTS RECEI RVICES-MULBE		RECONCIL-IATION	OTHER ADMINIS TRATIVE AND	OPERATION OF PLANT	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE
	(GROSS CHARGES	(MULBERRY)GROSS REVS		(ACCUM. COST	(SQUARE)FEET	(WELBORN)SQ FEET	(POUNDS OF)LAUNDRY
	6.06	6.07	6a.08	6.08	8	8.02	9
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
002 01 OLD CAP REL COSTS-MVBLE E							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-BLDG &							
004 01 NEW CAP REL COSTS-MVBLE E							
004 02 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 03 PURCHASING, RECEIVING AND							
006 05 ADMITTING							
006 06 CASHIERING/ACCOUNTS RECEI	568,933,346						
006 07 MANAGEMENT SERVICES-MULBE		306,684					
006 08 OTHER ADMINISTRATIVE AND			-30,958,767	224,176,437			
008 02 OPERATION OF PLANT				9,263,452	776,626		
008 02 OPERATION OF PLANT				647,497		322,400	
009 02 LAUNDRY & LINEN SERVICE				1,386,513	11,623		3,691,389
010 02 HOUSEKEEPING				3,241,811	18,895	4,630	
011 02 HOUSEKEEPING				2,072			
012 02 DIETARY				1,111,359	14,786		
012 02 CAFETERIA				1,613,499	8,587		
014 02 NURSING ADMINISTRATION				2,053,374	1,724		
015 02 CENTRAL SERVICES & SUPPLY				2,847,320			
017 02 MEDICAL RECORDS & LIBRARY				5,009,752	5,984	2,816	
022 02 I&R SERVICES-SALARY & FRI				150,215	2,731		97,844
023 02 I&R SERVICES-OTHER PRGM C				74,802			
024 02 PARAMED ED PRGM				82,510			
025 02 INPAT ROUTINE SRVC CNTRS	23,815,289			19,107,931	126,022		1,275,597
026 02 ADULTS & PEDIATRICS	13,025,050			7,107,447	37,039		353,069
026 01 01 PEDIATRIC ICU							
026 02 02 NEONATAL ICU	11,004,720			4,922,215	15,732		100,304
027 02 CORONARY CARE UNIT	1,839,127			1,203,546	5,644		47,326
031 02 SUBPROVIDER	2,175,384			1,268,925	9,239		8,529
031 01 01 SUBPROVIDER 2	5,138,610			2,915,306	35,314		162,245
033 02 NURSERY	716,191			466,254			
034 02 SKILLED NURSING FACILITY							
035 01 01 NURSING FACILITY							
035 01 01 ICF/MR							
037 02 ANCILLARY SRVC COST CNTRS							
038 02 OPERATING ROOM	78,983,018			27,121,443	32,106		258,792
038 02 RECOVERY ROOM	14,843,180			3,164,035	16,021		166,404
039 02 DELIVERY ROOM & LABOR ROO	3,523,255			3,298,813	60,149		142,336
040 02 ANESTHESIOLOGY	4,619,343			100,893			
041 02 RADIOLOGY-DIAGNOSTIC	25,034,622			7,487,748	27,605		237,769
041 01 01 CAT SCAN	27,830,681			2,653,640	5,189		48,467
041 02 02 DIAGNOSTIC ULTRASOUND	2,795,687			782,401	1,862		
041 03 03 NUCLEAR MEDICINE	12,523,511			1,802,643	7,033		8,616
042 02 RADIOLOGY-THERAPEUTIC	7,815,260			2,465,995			27,044
043 02 RADIOISOTOPE							
044 02 LABORATORY	35,091,677			8,253,939	14,404		
045 02 PBP CLINICAL LAB SERVICES							
047 02 BLOOD STORING, PROCESSING	4,837,222			2,607,414	620		
048 02 INTRAVENOUS THERAPY	7,266,373			1,729,483	510		
049 02 RESPIRATORY THERAPY	13,589,624			3,508,620	2,559		
050 02 PHYSICAL THERAPY	12,782,873			4,660,871	12,742		49,848
051 02 OCCUPATIONAL THERAPY							
052 02 SPEECH PATHOLOGY							
053 02 ELECTROCARDIOLOGY	2,145,474			842,156	4,560		16,803
053 01 01 CARDIAC CATHETERIZATION L	31,052,257			5,491,238	18,778		52,383
053 02 02 CARDIOPULMONARY	245,848			583,951	7,661		9,921
053 03 03 ELECTROCONVULSIVE THERAPY				664,455	4,635		
054 02 ELECTROENCEPHALOGRAPHY	2,616,781			858,390	6,753		11,030
055 02 MEDICAL SUPPLIES CHARGED	116,806,679			27,395,147	17,168		
056 02 DRUGS CHARGED TO PATIENTS	61,443,516			19,558,357	6,272		
057 02 RENAL DIALYSIS	30,903			1,874,478	293		
058 02 ASC (NON-DISTINCT PART)							
059 02 PSYCHIATRIC/PSYCHOLOGICAL				1,181			
059 01 01 OUTREACH CLINIC	1,093,741			652,537			
059 02 02 ACUPUNCTURE							
060 02 OUTPAT SERVICE COST CNTRS							
060 01 01 SENIOR HEALTH/FAMILY PRAC	27,872			1,034,316	21,398		12,927
060 02 02 OB-PEDS CLINIC	990			31,682	7,694		2,682
060 03 03 ORTHOPEDIC SVC							
060 04 04 BARIATRICS				554,911			
060 05 05 CHILD HEALTH CTR				1,196			
061 01 01 EMERGENCY	33,604,273			9,486,248	43,964		430,529
061 01 01 DIAGNOSTIC TREATMENT CENT	7,343,604			3,111,937	11,813		106,246
062 01 01 OBSERVATION BEDS (NON-DIS							
064 02 OTHER REIMBURS COST CNTRS							
064 02 HOME PROGRAM DIALYSIS							
065 02 AMBULANCE SERVICES	3,270,711			2,180,117			
066 02 DURABLE MEDICAL EQUIP-REN				6,772			
067 02 DURABLE MEDICAL EQUIP-SOL							
067 02 SPEC PURPOSE COST CENTERS							
092 02 AMBULATORY SURGICAL CENTE							
095 02 SUBTOTALS	568,933,346		-30,958,767	208,442,807	625,109	7,446	3,626,711
096 02 NONREIMBURS COST CENTERS							
096 02 GIFT, FLOWER, COFFEE SHOP							

COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	CASHIERING/AC	MANAGEMENT SE	RECONCIL-	OTHER ADMINIS	OPERATION OF	OPERATION OF	LAUNDRY & LIN
		COUNTS RECEI	RVICES-MULBE		TRATIVE AND	PLANT	PLANT	EN SERVICE
		(GROSS CHARGES	(MULBERRY)GROSS REVS	IATION	(ACCUM. COST	(SQUARE)FEET	(WELBORN)SQ FEET	(POUNDS OF)LAUNDRY
		6.06	6.07	6a.08	6.08	8	8.02	9
097	NONREIMBURS COST CENTERS							
098	RESEARCH							
099	PHYSICIANS' PRIVATE OFFIC				5,797,397	30,606		
100	NONPAID WORKERS							
100	FITNESS CENTER/DAYCARE				170,756	9,651		13,134
100	01 ST. MARY'S APOTHECARY				692,886	182		
100	02 OCCUPATIONAL MEDICINE				73,335			40,717
100	03 CANCER CTR/PHYS RECRUITME				222,162			
100	04 MARKETING				2,136,911	3,471	1,212	
100	05 WIRTH HOSPITAL MGMT				34,969			
100	06 MOB				711,251			
100	07 SENIOR PARTNERS				58,993			
100	08 PSYCH FREESTANDING CLINIC				241,867			
100	09 WELBORN PROFESSIONAL SVC				3,400,758			3,368
100	10 JOSHUA CITY SCHOOL							
100	11 ST. ELIZABETH				20,700	1,552		
100	12 REGINA CLOSE OUT							
100	13 TR SUP/DR T							
100	14 FREE STANDING CATH LAB				436,285	1,036		
100	15 FAMILY PRACTICE				199,785	57,389		
100	16 OB/PEDS							
100	17 IDLE AND EXCESS SPACE		306,684		1,535,575	47,630	313,742	7,459
100	18 SMHS EMPLOYEES IN SMMC							
100	19 SMMC DEPTS TO SMHS							
100	20 STOREROOM / DISTRIBUTION							
100	21 PRINT SHOP							
100	22 MAIL ROOM-SMHS HO COST							
100	23 ACCOUNTING-SMHS HO COST							
100	24 IS APPLICATIONS-SMHS HO C							
100	25 PRIMARY SOURCE VERIFICATI							
100	26 CMO-DR. GALLAGHER-SMHS HO							
100	27 INFECTION DISEASE-SMHS HO							
100	28 SMHS WARRICK							
100	29 COMPANY 10 AND OTHER							
100	30 STARS PROGRAM							
100	31 EMPLOYEE HEALTH							
100	32 MAT MGMT PURCHASING							
100	33 DECISION SUPPORT							
100	34 PLANETREE							
100	35 EDUCATION							
100	36 QUALITY							
100	37 EMS SECURITY							
100	38 MOTOR SERVICE							
100	39 MEDICAL LIBRARY							
100	40 MGMT PATIENT RELATIONS							
100	41 SUBSIDIARY SUPPORT							
100	42 MISSION SERVICE							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED	3,098,342	476,398		30,958,767	10,542,735	736,916	1,735,773
	(WRKSHT B, PART I)							
104	UNIT COST MULTIPLIER		1.553384		.138100	13.575048	2.285720	.470222
	(WRKSHT B, PT I)							
105	COST TO BE ALLOCATED	.005446	3,446		139,947	483,433	406	104,608
	(WRKSHT B, PART II)	25,667						
106	UNIT COST MULTIPLIER		.011236		.000624	.622479	.001259	.028338
	(WRKSHT B, PT II)							
107	COST TO BE ALLOCATED	.000045	9,108		2,691,783	1,211,254	7,796	149,107
	(WRKSHT B, PART III)	17,526						
108	UNIT COST MULTIPLIER		.029698		.012007	1.559636	.024181	.040393
	(WRKSHT B, PT III)	.000031						

COST CENTER DESCRIPTION	HOUSEKEEPING	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN	CENTRAL SERVI	MEDICAL RECOR
	(SQUARE FEET)	(WELBORN)SQ FEET	(MEALS)SERVED	(MAN HOURS)	(DIRECT)NRSNG HRS	(SUPPLIES)EXPENSE	(GROSS)CHARGES
	10	10.02	11	12	14	15	17
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
004 01 NEW CAP REL COSTS-MVBLE E							
004 02 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 03 PURCHASING, RECEIVING AND							
006 05 ADMITTING							
006 06 CASHIERING/ACCOUNTS RECEI							
006 07 MANAGEMENT SERVICES-MULBE							
006 08 OTHER ADMINISTRATIVE AND							
008 OPERATION OF PLANT							
008 02 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING	746,108						
010 02 HOUSEKEEPING		317,770					
011 DIETARY	14,786		467,424				
012 CAFETERIA	8,587			3,055,038			
014 NURSING ADMINISTRATION	1,724			78,794	78,794		
015 CENTRAL SERVICES & SUPPLY				81,231		55,818,117	
017 MEDICAL RECORDS & LIBRARY	5,984	2,816		135,902		45,945	568,933,346
022 I&R SERVICES-SALARY & FRI	2,731			31,458		26,488	
023 I&R SERVICES-OTHER PRGM C				5,578			
024 PARAMED ED PRGM				2,080			
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	126,022		284,916	582,892	29,928	683,758	23,815,289
026 INTENSIVE CARE UNIT	37,039		49,604	206,595	12,365	222,302	13,025,050
026 01 PEDIATRIC ICU							
026 02 NEONATAL ICU	15,732			124,095	8,494	125,390	11,004,720
027 CORONARY CARE UNIT	5,644		4,856	32,832	2,004	34,989	1,839,127
031 SUBPROVIDER	9,239		13,846	36,662		19,920	2,175,384
031 01 SUBPROVIDER 2	35,314		50,472	90,189	5,472	76,193	5,138,610
033 NURSERY				16,945	874		716,191
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	32,106			165,807	10,004	1,069,205	78,983,018
038 RECOVERY ROOM	16,021		623	89,224	5,329	52,985	14,843,180
039 DELIVERY ROOM & LABOR ROO	60,149			74,225	4,324	213,430	3,523,255
040 ANESTHESIOLOGY				1,545		231,309	4,619,343
041 RADIOLOGY-DIAGNOSTIC	27,605			100,629		2,148,092	25,034,622
041 01 CAT SCAN	5,189			23,755		355,016	27,830,681
041 02 DIAGNOSTIC ULTRASOUND	1,862			15,147		40,793	2,795,687
041 03 NUCLEAR MEDICINE	7,033			14,623		612,772	12,523,511
042 RADIOLOGY-THERAPEUTIC				301		89,616	7,815,260
043 RADIOISOTOPE							
044 LABORATORY	14,404			187,954		1,936,686	35,091,677
045 PBP CLINICAL LAB SERVICES							
047 BLOOD STORING, PROCESSING	620			9,871		2,101,258	4,837,222
048 INTRAVENOUS THERAPY	510			14,242		919,482	7,266,373
049 RESPIRATORY THERAPY	2,559			86,943		343,531	13,589,624
050 PHYSICAL THERAPY	12,742			121,425		80,529	12,782,873
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	4,560			23,865		39,999	2,145,474
053 01 CARDIAC CATHETERIZATION L	18,778		33			1,438,636	31,052,257
053 02 CARDIOPULMONARY	7,661			18,299		13,197	245,848
053 03 ELECTROCONVULSIVE THERAPY	4,635			15,766		4,410	
054 ELECTROENCEPHALOGRAPHY	6,753		10	16,244		25,622	2,616,781
055 MEDICAL SUPPLIES CHARGED	17,168					26,737,303	116,806,679
056 DRUGS CHARGED TO PATIENTS	6,272			100,806		10,705,100	61,443,516
057 RENAL DIALYSIS	293			41,387		333,316	30,903
058 ASC (NON-DISTINCT PART)							
059 PSYCHIATRIC/PSYCHOLOGICAL							
059 01 OUTREACH CLINIC				15,425		43,090	1,093,741
059 02 ACUPUNCTURE							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
060 01 SENIOR HEALTH/FAMILY PRAC	21,398			26,040		32,971	27,872
060 02 OB-PEDS CLINIC	7,694						990
060 03 ORTHOPEDIC SVC							
060 04 BARIATRICS				13,666		20,446	
060 05 CHILD HEALTH CTR							
061 EMERGENCY	43,964		1,433	192,009		322,734	33,604,273
061 01 DIAGNOSTIC TREATMENT CENT	11,813		7,596	63,430		517,137	7,343,604
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES				22,225		92,778	3,270,711
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
SPEC PURPOSE COST CENTERS							
092 AMBULATORY SURGICAL CENTE							
095 SUBTOTALS	594,591	2,816	413,389	2,880,106	78,794	\$1,756,428	568,933,346
096 NONREIMBURS COST CENTERS							
GIFT, FLOWER, COFFEE SHOP							

COST CENTER DESCRIPTION	HOUSEKEEPING	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN	CENTRAL SERVI	MEDICAL RECOR
	(SQUARE FEET	(WELBORN)SQ FEET	(MEALS)SERVED	(MAN HOURS)	(DIRECT)NRSING HRS	(SUPPLIES)EXPENSE	(GROSS)CHARGES
	10	10.02	11	12	14	15	17
097 NONREIMBURS COST CENTERS							
098 RESEARCH							
099 PHYSICIANS' PRIVATE OFFIC	30,606			28,177		2,976	
100 NONPAID WORKERS							
100 FITNESS CENTER/DAYCARE	9,651					18,691	
100 01 ST. MARY'S APOTHECARY	182			15,897		3,629,042	
100 02 OCCUPATIONAL MEDICINE							
100 03 CANCER CTR/PHYS RECRUITME				6,351		7,237	
100 04 MARKETING	3,471	1,212		33,739		173,428	
100 05 WIRTH HOSPITAL MGMT				1,604		743	
100 06 MOB							
100 07 SENIOR PARTNERS				2,037		1,093	
100 08 PSYCH FREESTANDING CLINIC						247	
100 09 WELBORN PROFESSIONAL SVC				73,009		215,089	
100 10 JOSHUA CITY SCHOOL							
100 11 ST. ELIZABETH	1,552						
100 12 REGINA CLOSE OUT							
100 13 TR SUP/DR T							
100 14 FREE STANDING CATH LAB	1,036					3,955	
100 15 FAMILY PRACTICE	57,389						
100 16 OB/PEDS							
100 17 IDLE AND EXCESS SPACE	47,630	313,742	54,035	14,118		9,188	
100 18 SMHS EMPLOYEES IN SMMC							
100 19 SMMC DEPTS TO SMHS							
100 20 STOREROOM / DISTRIBUTION							
100 21 PRINT SHOP							
100 22 MAIL ROOM-SMHS HO COST							
100 23 ACCOUNTING-SMHS HO COST							
100 24 IS APPLICATIONS-SMHS HO C							
100 25 PRIMARY SOURCE VERIFICATI							
100 26 CMO-DR. GALLAGHER-SMHS HO							
100 27 INFECTION DISEASE-SMHS HO							
100 28 SMHS WARRICK							
100 29 COMPANY 10 AND OTHER							
100 30 STARS PROGRAM							
100 31 EMPLOYEE HEALTH							
100 32 MAT MGMT PURCHASING							
100 33 DECISION SUPPORT							
100 34 PLANETREE							
100 35 EDUCATION							
100 36 QUALITY							
100 37 EMS SECURITY							
100 38 MOTOR SERVICE							
100 39 MEDICAL LIBRARY							
100 40 MGMT PATIENT RELATIONS							
100 41 SUBSIDIARY SUPPORT							
100 42 MISSION SERVICE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	3,956,589	2,358	1,543,969	1,998,429	2,421,032	3,293,672	5,912,633
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		.007420		.654142		.059007	
(WRKSHT B, PT I)	5.302971		3.303144	30.726096			.010392
105 COST TO BE ALLOCATED	86,241	1	78,012	43,733	11,380	2,974	36,196
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER		.000003		.014315		.000053	
(WRKSHT B, PT II)	.115588		.166898		.144427		.000064
107 COST TO BE ALLOCATED	291,387	28	180,215	277,514	53,984	41,765	176,441
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		.000088		.090838		.000748	
(WRKSHT B, PT III)	.390543		.385549		.685128		.000310

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2007
 I 15-0100 I FROM 7/ 1/2006 I WORKSHEET B-1
 I I TO 6/30/2007 I

COST CENTER DESCRIPTION	I&R SERVICES- SALARY & FRI		I&R SERVICES- OTHER PRGM C		PARAMED ED PR GM	
	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
	22		23		24	
001 GENERAL SERVICE COST CNTR						
001 01 OLD CAP REL COSTS-BLDG &						
002 02 OLD CAP REL COSTS-MVBLE E						
003 03 NEW CAP REL COSTS-BLDG &						
003 01 NEW CAP REL COSTS-BLDG &						
003 02 NEW CAP REL COSTS-BLDG &						
004 01 NEW CAP REL COSTS-MVBLE E						
004 02 NEW CAP REL COSTS-MVBLE E						
005 EMPLOYEE BENEFITS						
006 01 NONPATIENT TELEPHONES						
006 03 PURCHASING, RECEIVING AND						
006 05 ADMITTING						
006 06 CASHIERING/ACCOUNTS RECEI						
006 07 MANAGEMENT SERVICES-MULBE						
006 08 OTHER ADMINISTRATIVE AND						
008 02 OPERATION OF PLANT						
009 02 OPERATION OF PLANT						
010 LAUNDRY & LINEN SERVICE						
010 02 HOUSEKEEPING						
011 02 HOUSEKEEPING						
012 DIETARY						
012 CAFETERIA						
014 NURSING ADMINISTRATION						
015 CENTRAL SERVICES & SUPPLY						
017 MEDICAL RECORDS & LIBRARY						
022 I&R SERVICES-SALARY & FRI		100				
023 I&R SERVICES-OTHER PRGM C			100			
024 PARAMED ED PRGM				100		
025 INPAT ROUTINE SRVC CNTRS						
025 01 ADULTS & PEDIATRICS		100		100		
026 02 INTENSIVE CARE UNIT						
026 01 PEDIATRIC ICU						
026 02 NEONATAL ICU						
027 01 CORONARY CARE UNIT						
031 01 SUBPROVIDER						
031 01 SUBPROVIDER 2						
033 01 NURSERY						
034 01 SKILLED NURSING FACILITY						
035 01 NURSING FACILITY						
035 01 ICF/MR						
037 01 ANCILLARY SRVC COST CNTRS						
038 01 OPERATING ROOM						
039 01 RECOVERY ROOM						
040 01 DELIVERY ROOM & LABOR ROO						
041 01 ANESTHESIOLOGY						
041 01 RADIOLOGY-DIAGNOSTIC					100	
041 01 CAT SCAN						
041 02 DIAGNOSTIC ULTRASOUND						
041 03 NUCLEAR MEDICINE						
042 01 RADIOLOGY-THERAPEUTIC						
043 01 RADIOISOTOPE						
044 01 LABORATORY						
045 01 PBP CLINICAL LAB SERVICES						
047 01 BLOOD STORING, PROCESSING						
048 01 INTRAVENOUS THERAPY						
049 01 RESPIRATORY THERAPY						
050 01 PHYSICAL THERAPY						
051 01 OCCUPATIONAL THERAPY						
052 01 SPEECH PATHOLOGY						
053 01 ELECTROCARDIOLOGY						
053 01 CARDIAC CATHETERIZATION L						
053 02 CARDIOPULMONARY						
053 03 ELECTROCONVULSIVE THERAPY						
054 01 ELECTROENCEPHALOGRAPHY						
055 01 MEDICAL SUPPLIES CHARGED						
056 01 DRUGS CHARGED TO PATIENTS						
057 01 RENAL DIALYSIS						
058 01 ASC (NON-DISTINCT PART)						
059 01 PSYCHIATRIC/PSYCHOLOGICAL						
059 01 OUTREACH CLINIC						
059 02 ACUPUNCTURE						
060 01 OUTPAT SERVICE COST CNTRS						
060 01 CLINIC						
060 01 SENIOR HEALTH/FAMILY PRAC						
060 02 OB-PEDS CLINIC						
060 03 ORTHOPEDIC SVC						
060 04 BARIATRICS						
060 05 CHILD HEALTH CTR						
061 01 EMERGENCY						
061 01 DIAGNOSTIC TREATMENT CENT						
062 01 OBSERVATION BEDS (NON-DIS						
064 01 OTHER REIMBURS COST CNTRS						
065 01 HOME PROGRAM DIALYSIS						
066 01 AMBULANCE SERVICES						
067 01 DURABLE MEDICAL EQUIP-REN						
067 01 DURABLE MEDICAL EQUIP-SOL						
092 01 SPEC PURPOSE COST CENTERS						
095 01 AMBULATORY SURGICAL CENTE		100		100		100
095 01 SUBTOTALS						
096 01 NONREIMBURS COST CENTERS						
096 01 GIFT, FLOWER, COFFEE SHOP						

COST ALLOCATION - STATISTICAL BASIS

I
I
I

PROVIDER NO:
15-0100

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

I PREPARED 11/29/2007
I WORKSHEET B-1

COST CENTER DESCRIPTION	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM
	(ASSIGNED TIME	(ASSIGNED)TIME	(ASSIGNED)TIME)
	22	23	24
NONREIMBURS COST CENTERS			
097 RESEARCH			
098 PHYSICIANS' PRIVATE OFFIC			
099 NONPAID WORKERS			
100 FITNESS CENTER/DAYCARE			
100 01 ST. MARY'S APOTHECARY			
100 02 OCCUPATIONAL MEDICINE			
100 03 CANCER CTR/PHYS RECRUITME			
100 04 MARKETING			
100 05 WIRTH HOSPITAL MGMT			
100 06 MOB			
100 07 SENIOR PARTNERS			
100 08 PSYCH FREESTANDING CLINIC			
100 09 WELBORN PROFESSIONAL SVC			
100 10 JOSHUA CITY SCHOOL			
100 11 ST. ELIZABETH			
100 12 REGINA CLOSE OUT			
100 13 TR SUP/DR T			
100 14 FREE STANDING CATH LAB			
100 15 FAMILY PRACTICE			
100 16 OB/PEDS			
100 17 IDLE AND EXCESS SPACE			
100 18 SMHS EMPLOYEES IN SMMC			
100 19 SMMC DEPTS TO SMHS			
100 20 STOREROOM / DISTRIBUTION			
100 21 PRINT SHOP			
100 22 MAIL ROOM-SMHS HO COST			
100 23 ACCOUNTING-SMHS HO COST			
100 24 IS APPLICATIONS-SMHS HO C			
100 25 PRIMARY SOURCE VERIFICATI			
100 26 CMO-DR. GALLAGHER-SMHS HO			
100 27 INFECTION DISEASE-SMHS HO			
100 28 SMHS WARRICK			
100 29 COMPANY 10 AND OTHER			
100 30 STARS PROGRAM			
100 31 EMPLOYEE HEALTH			
100 32 MAT MGMT PURCHASING			
100 33 DECISION SUPPORT			
100 34 PLANETREE			
100 35 EDUCATION			
100 36 QUALITY			
100 37 EMS SECURITY			
100 38 MOTOR SERVICE			
100 39 MEDICAL LIBRARY			
100 40 MGMT PATIENT RELATIONS			
100 41 SUBSIDIARY SUPPORT			
100 42 MISSION SERVICE			
101 CROSS FOOT ADJUSTMENT			
102 NEGATIVE COST CENTER			
103 COST TO BE ALLOCATED	290,664	88,781	95,266
(PER WRKSHT B, PART I)			
104 UNIT COST MULTIPLIER		887.810000	
(WRKSHT B, PT I)	2,906.640000		952.660000
105 COST TO BE ALLOCATED	16,977	138	83
(PER WRKSHT B, PART II)			
106 UNIT COST MULTIPLIER		1.380000	
(WRKSHT B, PT II)	169.770000		.830000
107 COST TO BE ALLOCATED	40,104	1,470	1,191
(PER WRKSHT B, PART III)			
108 UNIT COST MULTIPLIER		14.700000	
(WRKSHT B, PT III)	401.040000		11.910000

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO: 15-0100
 PERIOD: FROM 7/1/2006 TO 6/30/2007
 PREPARED 11/29/2007
 WORKSHEET C
 PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	27,255,419		27,255,419		27,585,239
26	INTENSIVE CARE UNIT	9,781,621		9,781,621	178,848	9,960,469
26	01 PEDIATRIC ICU					
26	02 NEONATAL ICU	6,410,050		6,410,050		6,410,050
27	CORONARY CARE UNIT	1,618,827		1,618,827	37,542	1,656,369
31	SUBPROVIDER	1,716,088		1,716,088		1,716,088
31	01 SUBPROVIDER 2	4,512,600		4,512,600	177,445	4,690,045
33	NURSERY	576,026		576,026		576,026
34	SKILLED NURSING FACILITY					
35	NURSING FACILITY					
35	01 ICF/MR					
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	32,894,429		32,894,429		32,894,429
38	RECOVERY ROOM	4,363,218		4,363,218		4,363,218
39	DELIVERY ROOM & LABOR ROO	5,187,425		5,187,425		5,187,425
40	ANESTHESIOLOGY	177,490		177,490	5,857	183,347
41	RADIOLOGY-DIAGNOSTIC	9,702,742		9,702,742		9,702,742
41	01 CAT SCAN	3,466,559		3,466,559		3,466,559
41	02 DIAGNOSTIC ULTRASOUND	966,970		966,970		966,970
41	03 NUCLEAR MEDICINE	2,364,276		2,364,276		2,364,276
42	RADIOLOGY-THERAPEUTIC	2,905,967		2,905,967		2,905,967
43	RADIOISOTOPE					
44	LABORATORY	10,267,627		10,267,627		10,267,627
45	PBP CLINICAL LAB SERVICES					
47	BLOOD STORING, PROCESSING	3,159,917		3,159,917		3,159,917
48	INTRAVENOUS THERAPY	2,117,037		2,117,037		2,117,037
49	RESPIRATORY THERAPY	4,259,836		4,259,836		4,259,836
50	PHYSICAL THERAPY	5,785,541		5,785,541		5,785,541
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY	1,092,710		1,092,710	34,525	1,127,235
53	01 CARDIAC CATHETERIZATION L	7,036,395		7,036,395		7,036,395
53	02 CARDIOPULMONARY	829,188		829,188	30,670	859,858
53	03 ELECTROCONVULSIVE THERAPY	854,288		854,288		854,288
54	ELECTROENCEPHALOGRAPHY	1,148,969		1,148,969		1,148,969
55	MEDICAL SUPPLIES CHARGED	34,294,345		34,294,345		34,294,345
56	DRUGS CHARGED TO PATIENTS	23,713,907		23,713,907		23,713,907
57	RENAL DIALYSIS	2,185,936		2,185,936	27,699	2,213,635
58	ASC (NON-DISTINCT PART)					
59	PSYCHIATRIC/PSYCHOLOGICAL	1,344		1,344		1,344
59	01 OUTREACH CLINIC	766,651		766,651		766,651
59	02 ACUPUNCTURE					
60	OUTPAT SERVICE COST CNTRS CLINIC					
60	01 SENIOR HEALTH/FAMILY PRAC	1,606,456		1,606,456		1,606,456
60	02 OB-PEDS CLINIC	182,575		182,575		182,575
60	03 ORTHOPEDIC SVC					
60	04 BARIATRICS	641,690		641,690	34,074	675,764
60	05 CHILD HEALTH CTR	1,361		1,361		1,361
61	EMERGENCY	12,327,290		12,327,290	193,819	12,521,109
61	01 DIAGNOSTIC TREATMENT CENT	3,988,073		3,988,073		3,988,073
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	3,823,946		3,823,946		3,823,946
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES	2,535,193		2,535,193	18,522	2,553,715
66	DURABLE MEDICAL EQUIP-REN	7,707		7,707		7,707
67	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	236,527,689		236,527,689	1,068,821	237,596,510
102	LESS OBSERVATION BEDS	3,823,946		3,823,946		3,823,946
103	TOTAL	232,703,743		232,703,743	1,068,821	233,772,564

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS						
26	ADULTS & PEDIATRICS	24,068,715		24,068,715			
26	INTENSIVE CARE UNIT	11,895,064		11,895,064			
26	01 PEDIATRIC ICU						
26	02 NEONATAL ICU	11,004,720		11,004,720			
27	CORONARY CARE UNIT	1,922,391		1,922,391			
31	SUBPROVIDER	2,304,490		2,304,490			
31	01 SUBPROVIDER 2	5,138,609		5,138,609			
33	NURSERY	716,191		716,191			
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35	01 ICF/MR						
37	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	35,074,001	21,021,561	56,095,562	.586400	.586400	.586400
38	RECOVERY ROOM	3,278,034	5,962,837	9,240,871	.472165	.472165	.472165
39	DELIVERY ROOM & LABOR ROO	4,742,101	713,282	5,455,383	.950882	.950882	.950882
40	ANESTHESIOLOGY	2,305,621	1,697,679	4,003,300	.044336	.044336	.045799
41	RADIOLOGY-DIAGNOSTIC	6,364,337	17,336,005	23,700,342	.409392	.409392	.409392
41	01 CAT SCAN	9,067,389	18,756,030	27,823,419	.124591	.124591	.124591
41	02 DIAGNOSTIC ULTRASOUND	798,641	1,982,831	2,781,472	.347647	.347647	.347647
41	03 NUCLEAR MEDICINE	3,179,916	7,298,836	10,478,752	.225626	.225626	.225626
42	RADIOLOGY-THERAPEUTIC	161,703	7,850,903	8,012,606	.362674	.362674	.362674
43	RADIOISOTOPE						
44	LABORATORY	18,481,254	16,610,423	35,091,677	.292594	.292594	.292594
45	PBP CLINICAL LAB SERVICES						
47	BLOOD STORING, PROCESSING	3,598,597	1,238,625	4,837,222	.653250	.653250	.653250
48	INTRAVENOUS THERAPY	3,203,838	3,911,431	7,115,269	.297534	.297534	.297534
49	RESPIRATORY THERAPY	9,695,966	577,516	10,273,482	.414644	.414644	.414644
50	PHYSICAL THERAPY	9,879,539	2,872,423	12,751,962	.453698	.453698	.453698
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	10,797,266	5,690,174	16,487,440	.066275	.066275	.068369
53	01 CARDIAC CATHETERIZATION L	9,065,490	7,571,104	16,636,594	.422947	.422947	.422947
53	02 CARDIOPULMONARY	2,812,372	868,693	3,681,065	.225258	.225258	.233589
53	03 ELECTROCONVULSIVE THERAPY		242,010	242,010	3.529970	3.529970	3.529970
54	ELECTROENCEPHALOGRAPHY	451,398	2,254,735	2,706,133	.424580	.424580	.424580
55	MEDICAL SUPPLIES CHARGED	79,029,847	33,288,938	112,318,785	.305330	.305330	.305330
56	DRUGS CHARGED TO PATIENTS	40,330,151	19,144,313	59,474,464	.398724	.398724	.398724
57	RENAL DIALYSIS	1,186,541	1,905,718	3,092,259	.706906	.706906	.715863
58	ASC (NON-DISTINCT PART)						
59	PSYCHIATRIC/PSYCHOLOGICAL						
59	01 OUTREACH CLINIC						
59	02 ACUPUNCTURE						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 SENIOR HEALTH/FAMILY PRAC		1,260,481	1,260,481	1.274479	1.274479	1.274479
60	02 OB-PEDS CLINIC		990	990	184.419192	184.419192	184.419192
60	03 ORTHOPEDIC SVC						
60	04 BARIATRICS						
60	05 CHILD HEALTH CTR						
61	EMERGENCY	9,723,647	23,880,626	33,604,273	.366837	.366837	.372605
61	01 DIAGNOSTIC TREATMENT CENT	2,275,893	5,053,412	7,329,305	.544127	.544127	.544127
62	OBSERVATION BEDS (NON-DIS	194,884	4,929,198	5,124,082	.746269	.746269	.746269
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES	13,879	3,256,832	3,270,711	.775120	.775120	.780783
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	322,762,485	217,177,606	539,940,091			
102	LESS OBSERVATION BEDS						
103	TOTAL	322,762,485	217,177,606	539,940,091			

COMPUTATION OF RATIO OF COSTS TO CHARGES
 SPECIAL TITLE XIX WORKSHEET

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	27,634,864		27,634,864	329,820	27,964,684
26	INTENSIVE CARE UNIT	9,781,621		9,781,621	178,848	9,960,469
26 01	PEDIATRIC ICU					
26 02	NEONATAL ICU	6,410,050		6,410,050		6,410,050
27	CORONARY CARE UNIT	1,618,827		1,618,827	37,542	1,656,369
31	SUBPROVIDER	1,716,088		1,716,088		1,716,088
31 01	SUBPROVIDER 2	4,512,600		4,512,600	177,445	4,690,045
33	NURSERY	576,026		576,026		576,026
34	SKILLED NURSING FACILITY					
35	NURSING FACILITY					
35 01	ICF/MR					
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	32,894,429		32,894,429		32,894,429
38	RECOVERY ROOM	4,363,218		4,363,218		4,363,218
39	DELIVERY ROOM & LABOR ROO	5,187,425		5,187,425		5,187,425
40	ANESTHESIOLOGY	177,490		177,490	5,857	183,347
41	RADIOLOGY-DIAGNOSTIC	9,702,742		9,702,742		9,702,742
41 01	CAT SCAN	3,466,559		3,466,559		3,466,559
41 02	DIAGNOSTIC ULTRASOUND	966,970		966,970		966,970
41 03	NUCLEAR MEDICINE	2,364,276		2,364,276		2,364,276
42	RADIOLOGY-THERAPEUTIC	2,905,967		2,905,967		2,905,967
43	RADIOISOTOPE					
44	LABORATORY	10,267,627		10,267,627		10,267,627
45	PBP CLINICAL LAB SERVICES					
47	BLOOD STORING, PROCESSING	3,159,917		3,159,917		3,159,917
48	INTRAVENOUS THERAPY	2,117,037		2,117,037		2,117,037
49	RESPIRATORY THERAPY	4,259,836		4,259,836		4,259,836
50	PHYSICAL THERAPY	5,785,541		5,785,541		5,785,541
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY	1,092,710		1,092,710	34,525	1,127,235
53 01	CARDIAC CATHETERIZATION L	7,036,395		7,036,395		7,036,395
53 02	CARDIOPULMONARY	829,188		829,188	30,670	859,858
53 03	ELECTROCONVULSIVE THERAPY	854,288		854,288		854,288
54	ELECTROENCEPHALOGRAPHY	1,148,969		1,148,969		1,148,969
55	MEDICAL SUPPLIES CHARGED	34,294,345		34,294,345		34,294,345
56	DRUGS CHARGED TO PATIENTS	23,713,907		23,713,907		23,713,907
57	RENAL DIALYSIS	2,185,936		2,185,936	27,699	2,213,635
58	ASC (NON-DISTINCT PART)					
59	PSYCHIATRIC/PSYCHOLOGICAL	1,344		1,344		1,344
59 01	OUTREACH CLINIC	766,651		766,651		766,651
59 02	ACUPUNCTURE					
60	OUTPUT SERVICE COST CNTRS CLINIC					
60 01	SENIOR HEALTH/FAMILY PRAC	1,606,456		1,606,456		1,606,456
60 02	OB-PEDS CLINIC	182,575		182,575		182,575
60 03	ORTHOPEDIC SVC					
60 04	BARITRICS	641,690		641,690	34,074	675,764
60 05	CHILD HEALTH CTR	1,361		1,361		1,361
61	EMERGENCY	12,327,290		12,327,290	193,819	12,521,109
61 01	DIAGNOSTIC TREATMENT CENT	3,988,073		3,988,073		3,988,073
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	3,823,946		3,823,946		3,823,946
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES	2,535,193		2,535,193	18,522	2,553,715
66	DURABLE MEDICAL EQUIP-REN	7,707		7,707		7,707
67	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	236,907,134		236,907,134	1,068,821	237,975,955
102	LESS OBSERVATION BEDS	3,823,946		3,823,946		3,823,946
103	TOTAL	233,083,188		233,083,188	1,068,821	234,152,009

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2007
I 15-0100 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
25	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	24,068,715		24,068,715			
26	INTENSIVE CARE UNIT	11,895,064		11,895,064			
26	01 PEDIATRIC ICU						
26	02 NEONATAL ICU	11,004,720		11,004,720			
27	CORONARY CARE UNIT	1,922,391		1,922,391			
31	SUBPROVIDER	2,304,490		2,304,490			
31	01 SUBPROVIDER 2	5,138,609		5,138,609			
33	NURSERY	716,191		716,191			
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35	01 ICF/MR						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	35,074,001	21,021,561	56,095,562	.586400	.586400	.586400
38	RECOVERY ROOM	3,278,034	5,962,837	9,240,871	.472165	.472165	.472165
39	DELIVERY ROOM & LABOR ROO	4,742,101	713,282	5,455,383	.950882	.950882	.950882
40	ANESTHESIOLOGY	2,305,621	1,697,679	4,003,300	.044336	.044336	.045799
41	RADIOLOGY-DIAGNOSTIC	6,364,337	17,336,005	23,700,342	.409392	.409392	.409392
41	01 CAT SCAN	9,067,389	18,756,030	27,823,419	.124591	.124591	.124591
41	02 DIAGNOSTIC ULTRASOUND	798,641	1,982,831	2,781,472	.347647	.347647	.347647
41	03 NUCLEAR MEDICINE	3,179,916	7,298,836	10,478,752	.225626	.225626	.225626
42	RADIOLOGY-THERAPEUTIC	161,703	7,850,903	8,012,606	.362674	.362674	.362674
43	RADIOISOTOPE						
44	LABORATORY	18,481,254	16,610,423	35,091,677	.292594	.292594	.292594
45	PBP CLINICAL LAB SERVICES						
47	BLOOD STORING, PROCESSING	3,598,597	1,238,625	4,837,222	.653250	.653250	.653250
48	INTRAVENOUS THERAPY	3,203,838	3,911,431	7,115,269	.297534	.297534	.297534
49	RESPIRATORY THERAPY	9,695,966	577,516	10,273,482	.414644	.414644	.414644
50	PHYSICAL THERAPY	9,879,539	2,872,423	12,751,962	.453698	.453698	.453698
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	10,797,266	5,690,174	16,487,440	.066275	.066275	.068369
53	01 CARDIAC CATHETERIZATION L	9,065,490	7,571,104	16,636,594	.422947	.422947	.422947
53	02 CARDIOPULMONARY	2,812,372	868,693	3,681,065	.225258	.225258	.233589
53	03 ELECTROCONVULSIVE THERAPY		242,010	242,010	3.529970	3.529970	3.529970
54	ELECTROENCEPHALOGRAPHY	451,398	2,254,735	2,706,133	.424580	.424580	.424580
55	MEDICAL SUPPLIES CHARGED	79,029,847	33,288,938	112,318,785	.305330	.305330	.305330
56	DRUGS CHARGED TO PATIENTS	40,330,151	19,144,313	59,474,464	.398724	.398724	.398724
57	RENAL DIALYSIS	1,186,541	1,905,718	3,092,259	.706906	.706906	.715863
58	ASC (NON-DISTINCT PART)						
59	PSYCHIATRIC/PSYCHOLOGICAL						
59	01 OUTREACH CLINIC						
59	02 ACUPUNCTURE						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 SENIOR HEALTH/FAMILY PRAC		1,260,481	1,260,481	1.274479	1.274479	1.274479
60	02 OB-PEDS CLINIC		990	990	184.419192	184.419192	184.419192
60	03 ORTHOPEDIC SVC						
60	04 BARIATRICS						
60	05 CHILD HEALTH CTR						
61	EMERGENCY	9,723,647	23,880,626	33,604,273	.366837	.366837	.372605
61	01 DIAGNOSTIC TREATMENT CENT	2,275,893	5,053,412	7,329,305	.544127	.544127	.544127
62	OBSERVATION BEDS (NON-DIS	194,884	4,929,198	5,124,082	.746269	.746269	.746269
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES	13,879	3,256,832	3,270,711	.775120	.775120	.780783
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	322,762,485	217,177,606	539,940,091			
102	LESS OBSERVATION BEDS						
103	TOTAL	322,762,485	217,177,606	539,940,091			

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR ST. MARY'S MEDICAL CENTER
 CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS

I PROVIDER NO: 15-0100
 I PERIOD: FROM 7/1/2006 TO 6/30/2007
 I PREPARED 11/29/2007
 I WORKSHEET C
 I PART II

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	32,894,429	2,857,125	30,037,304			32,894,429
38	RECOVERY ROOM	4,363,218	343,248	4,019,970			4,363,218
39	DELIVERY ROOM & LABOR ROO	5,187,425	1,064,341	4,123,084			5,187,425
40	ANESTHESIOLOGY	177,490	32,068	145,422			177,490
41	RADIOLOGY-DIAGNOSTIC	9,702,742	1,486,871	8,215,871			9,702,742
41 01	CAT SCAN	3,466,559	1,199,436	2,267,123			3,466,559
41 02	DIAGNOSTIC ULTRASOUND	966,970	184,045	782,925			966,970
41 03	NUCLEAR MEDICINE	2,364,276	471,265	1,893,011			2,364,276
42	RADIOLOGY-THERAPEUTIC	2,905,967	650,977	2,254,990			2,905,967
43	RADIOISOTOPE						
44	LABORATORY	10,267,627	689,802	9,577,825			10,267,627
45	PBP CLINICAL LAB SERVICES						
47	BLOOD STORING, PROCESSING	3,159,917	134,726	3,025,191			3,159,917
48	INTRAVENOUS THERAPY	2,117,037	69,460	2,047,577			2,117,037
49	RESPIRATORY THERAPY	4,259,836	291,556	3,968,280			4,259,836
50	PHYSICAL THERAPY	5,785,541	352,667	5,432,874			5,785,541
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	1,092,710	227,213	865,497			1,092,710
53 01	CARDIAC CATHETERIZATION L	7,036,395	1,804,841	5,231,554			7,036,395
53 02	CARDIOPULMONARY	829,188	40,418	788,770			829,188
53 03	ELECTROCONVULSIVE THERAPY	854,288	23,853	830,435			854,288
54	ELECTROENCEPHALOGRAPHY	1,148,969	113,790	1,035,179			1,148,969
55	MEDICAL SUPPLIES CHARGED	34,294,345	906,693	33,387,652			34,294,345
56	DRUGS CHARGED TO PATIENTS	23,713,907	597,261	23,116,646			23,713,907
57	RENAL DIALYSIS	2,185,936	56,439	2,129,497			2,185,936
58	ASC (NON-DISTINCT PART)						
59	PSYCHIATRIC/PSYCHOLOGICAL	1,344	1,196	148			1,344
59 01	OUTREACH CLINIC	766,651	12,284	754,367			766,651
59 02	ACUPUNCTURE						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	SENIOR HEALTH/FAMILY PRAC	1,606,456	254,541	1,351,915			1,606,456
60 02	OB-PEDS CLINIC	182,575	47,337	135,238			182,575
60 03	ORTHOPEDIC SVC						
60 04	BARIIATRICS	641,690	24,934	616,756			641,690
60 05	CHILD HEALTH CTR	1,361	15	1,346			1,361
61	EMERGENCY	12,327,290	1,035,324	11,291,966			12,327,290
61 01	DIAGNOSTIC TREATMENT CENT	3,988,073	525,245	3,462,828			3,988,073
62	OBSERVATION BEDS (NON-DIS	3,823,946	450,893	3,373,053			3,823,946
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES	2,535,193	63,225	2,471,968			2,535,193
66	DURABLE MEDICAL EQUIP-REN	7,707	6,637	1,070			7,707
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	184,657,058	16,019,726	168,637,332			184,657,058
102	LESS OBSERVATION BEDS	3,823,946	450,893	3,373,053			3,823,946
103	TOTAL	180,833,112	15,568,833	165,264,279			180,833,112

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	56,095,562	.586400	.586400
38	RECOVERY ROOM	9,240,871	.472165	.472165
39	DELIVERY ROOM & LABOR ROO	5,455,383	.950882	.950882
40	ANESTHESIOLOGY	4,003,300	.044336	.044336
41	RADIOLOGY-DIAGNOSTIC	23,700,342	.409392	.409392
41 01	CAT SCAN	27,823,419	.124591	.124591
41 02	DIAGNOSTIC ULTRASOUND	2,781,472	.347647	.347647
41 03	NUCLEAR MEDICINE	10,478,752	.225626	.225626
42	RADIOLOGY-THERAPEUTIC	8,012,606	.362674	.362674
43	RADIOISOTOPE			
44	LABORATORY	35,091,677	.292594	.292594
45	PBP CLINICAL LAB SERVICES			
47	BLOOD STORING, PROCESSING	4,837,222	.653250	.653250
48	INTRAVENOUS THERAPY	7,115,269	.297534	.297534
49	RESPIRATORY THERAPY	10,273,482	.414644	.414644
50	PHYSICAL THERAPY	12,751,962	.453698	.453698
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	16,487,440	.066275	.066275
53 01	CARDIAC CATHETERIZATION L	16,636,594	.422947	.422947
53 02	CARDIOPULMONARY	3,681,065	.225258	.225258
53 03	ELECTROCONVULSIVE THERAPY	242,010	3.529970	3.529970
54	ELECTROENCEPHALOGRAPHY	2,706,133	.424580	.424580
55	MEDICAL SUPPLIES CHARGED	112,318,785	.305330	.305330
56	DRUGS CHARGED TO PATIENTS	59,474,464	.398724	.398724
57	RENAL DIALYSIS	3,092,259	.706906	.706906
58	ASC (NON-DISTINCT PART)			
59	PSYCHIATRIC/PSYCHOLOGICAL			
59 01	OUTREACH CLINIC			
59 02	ACUPUNCTURE			
60	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60 01	SENIOR HEALTH/FAMILY PRAC	1,260,481	1.274479	1.274479
60 02	OB-PEDS CLINIC	990	184.419192	184.419192
60 03	ORTHOPEDIC SVC			
60 04	BARITRICS			
60 05	CHILD HEALTH CTR			
61	EMERGENCY	33,604,273	.366837	.366837
61 01	DIAGNOSTIC TREATMENT CENT	7,329,305	.544127	.544127
62	OBSERVATION BEDS (NON-DIS	5,124,082	.746269	.746269
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES	3,270,711	.775120	.775120
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	482,889,911		
102	LESS OBSERVATION BEDS	5,124,082		
103	TOTAL	477,765,829		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27	CAPITAL COST WKST B PT II & III, COL. 27	OPERATING COST NET OF CAPITAL COST	CAPITAL REDUCTION	OPERATING COST REDUCTION AMOUNT	COST NET OF CAP AND OPER COST REDUCTION
		1	2	3	4	5	6
37	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	32,894,429	2,857,125	30,037,304	285,713	1,742,164	30,866,552
38	RECOVERY ROOM	4,363,218	343,248	4,019,970	34,325	233,158	4,095,735
39	DELIVERY ROOM & LABOR ROO	5,187,425	1,064,341	4,123,084	106,434	239,139	4,841,852
40	ANESTHESIOLOGY	177,490	32,068	145,422	3,207	8,434	165,849
41	RADIOLOGY-DIAGNOSTIC	9,702,742	1,486,871	8,215,871	148,687	476,521	9,077,534
41 01	CAT SCAN	3,466,559	1,199,436	2,267,123	119,944	131,493	3,215,122
41 02	DIAGNOSTIC ULTRASOUND	966,970	184,045	782,925	18,405	45,410	903,155
41 03	NUCLEAR MEDICINE	2,364,276	471,265	1,893,011	47,127	109,795	2,207,354
42	RADIOLOGY-THERAPEUTIC	2,905,967	650,977	2,254,990	65,098	130,789	2,710,080
43	RADIOISOTOPE						
44	LABORATORY	10,267,627	689,802	9,577,825	68,980	555,514	9,643,133
45	PBP CLINICAL LAB SERVICES						
47	BLOOD STORING, PROCESSING	3,159,917	134,726	3,025,191	13,473	175,461	2,970,983
48	INTRAVENOUS THERAPY	2,117,037	69,460	2,047,577	6,946	118,759	1,991,332
49	RESPIRATORY THERAPY	4,259,836	291,556	3,968,280	29,156	230,160	4,000,520
50	PHYSICAL THERAPY	5,785,541	352,667	5,432,874	35,267	315,107	5,435,167
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	1,092,710	227,213	865,497	22,721	50,199	1,019,790
53 01	CARDIAC CATHETERIZATION L	7,036,395	1,804,841	5,231,554	180,484	303,430	6,552,481
53 02	CARDIOPULMONARY	829,188	40,418	788,770	4,042	45,749	779,397
53 03	ELECTROCONVULSIVE THERAPY	854,288	23,853	830,435	2,385	48,165	803,738
54	ELECTROENCEPHALOGRAPHY	1,148,969	113,790	1,035,179	11,379	60,040	1,077,550
55	MEDICAL SUPPLIES CHARGED	34,294,345	906,693	33,387,652	90,669	1,936,484	32,267,192
56	DRUGS CHARGED TO PATIENTS	23,713,907	597,261	23,116,646	59,726	1,340,765	22,313,416
57	RENAL DIALYSIS	2,185,936	56,439	2,129,497	5,644	123,511	2,056,781
58	ASC (NON-DISTINCT PART)						
59	PSYCHIATRIC/PSYCHOLOGICAL	1,344	1,196	148	120	9	1,215
59 01	OUTREACH CLINIC	766,651	12,284	754,367	1,228	43,753	721,670
59 02	ACUPUNCTURE						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	SENIOR HEALTH/FAMILY PRAC	1,606,456	254,541	1,351,915	25,454	78,411	1,502,591
60 02	OB-PEDS CLINIC	182,575	47,337	135,238	4,734	7,844	169,997
60 03	ORTHOPEDIC SVC						
60 04	BARITRICS	641,690	24,934	616,756	2,493	35,772	603,425
60 05	CHILD HEALTH CTR	1,361	15	1,346	2	78	1,281
61	EMERGENCY	12,327,290	1,035,324	11,291,966	103,532	654,934	11,568,824
61 01	DIAGNOSTIC TREATMENT CENT	3,988,073	525,245	3,462,828	52,525	200,844	3,734,704
62	OBSERVATION BEDS (NON-DIS	3,823,946	450,893	3,373,053	45,089	195,637	3,583,220
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES	2,535,193	63,225	2,471,968	6,323	143,374	2,385,496
66	DURABLE MEDICAL EQUIP-REN	7,707	6,637	1,070	664	62	6,981
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	184,657,058	16,019,726	168,637,332	1,601,976	9,780,965	173,274,117
102	LESS OBSERVATION BEDS	3,823,946	450,893	3,373,053	45,089	195,637	3,583,220
103	TOTAL	180,833,112	15,568,833	165,264,279	1,556,887	9,585,328	169,690,897

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			
37	OPERATING ROOM	56,095,562	.550249	.581307
38	RECOVERY ROOM	9,240,871	.443220	.468451
39	DELIVERY ROOM & LABOR ROO	5,455,383	.887537	.931372
40	ANESTHESIOLOGY	4,003,300	.041428	.043535
41	RADIOLOGY-DIAGNOSTIC	23,700,342	.383013	.403119
41 01	CAT SCAN	27,823,419	.115555	.120281
41 02	DIAGNOSTIC ULTRASOUND	2,781,472	.324704	.341030
41 03	NUCLEAR MEDICINE	10,478,752	.210650	.221128
42	RADIOLOGY-THERAPEUTIC	8,012,606	.338227	.354550
43	RADIOISOTOPE			
44	LABORATORY	35,091,677	.274798	.290629
45	PBP CLINICAL LAB SERVICES			
47	BLOOD STORING, PROCESSING	4,837,222	.614192	.650465
48	INTRAVENOUS THERAPY	7,115,269	.279867	.296558
49	RESPIRATORY THERAPY	10,273,482	.389403	.411806
50	PHYSICAL THERAPY	12,751,962	.426222	.450932
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	16,487,440	.061853	.064897
53 01	CARDIAC CATHETERIZATION L	16,636,594	.393860	.412098
53 02	CARDIOPULMONARY	3,681,065	.211731	.224160
53 03	ELECTROCONVULSIVE THERAPY	242,010	3.321094	3.520115
54	ELECTROENCEPHALOGRAPHY	2,706,133	.398188	.420375
55	MEDICAL SUPPLIES CHARGED	112,318,785	.287282	.304523
56	DRUGS CHARGED TO PATIENTS	59,474,464	.375176	.397720
57	RENAL DIALYSIS	3,092,259	.665139	.705081
58	ASC (NON-DISTINCT PART)			
59	PSYCHIATRIC/PSYCHOLOGICAL			
59 01	OUTREACH CLINIC			
59 02	ACUPUNCTURE			
60	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60 01	SENIOR HEALTH/FAMILY PRAC	1,260,481	1.192077	1.254285
60 02	OB-PEDS CLINIC	990	171.714141	179.637374
60 03	ORTHOPEDIC SVC			
60 04	BARITRICS			
60 05	CHILD HEALTH CTR			
61	EMERGENCY	33,604,273	.344266	.363756
61 01	DIAGNOSTIC TREATMENT CENT	7,329,305	.509558	.536961
62	OBSERVATION BEDS (NON-DIS	5,124,082	.699290	.737470
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES	3,270,711	.729351	.773187
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	482,889,911		
102	LESS OBSERVATION BEDS	5,124,082		
103	TOTAL	477,765,829		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: I PERIOD: I PREPARED 11/29/2007
 15-0100 I FROM 7/ 1/2006 I WORKSHEET D
 I TO 6/30/2007 I PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	----- CAPITAL REL COST (B, II) 1	OLD CAPITAL SWING BED ADJUSTMENT 2	----- REDUCED CAP RELATED COST 3	----- CAPITAL REL COST (B, III) 4	NEW CAPITAL SWING BED ADJUSTMENT 5	----- REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS						
	ADULTS & PEDIATRICS	745,227		745,227	2,507,456		2,507,456
26	INTENSIVE CARE UNIT	216,668		216,668	722,488		722,488
26	01 PEDIATRIC ICU						
26	02 NEONATAL ICU	91,225		91,225	397,506		397,506
27	CORONARY CARE UNIT	32,451		32,451	127,651		127,651
31	SUBPROVIDER	40,796		40,796	52,578		52,578
31	01 SUBPROVIDER 2	156,085		156,085	158,284		158,284
33	NURSERY	916		916	8,377		8,377
101	TOTAL	1,283,368		1,283,368	3,974,340		3,974,340

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2007
 I 15-0100 I FROM 7/ 1/2006 I WORKSHEET D
 I I TO 6/30/2007 I PART I

TITLE XVIII, PART A

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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	55,416	23,523	13.45	316,384	45.25	1,064,416
26	ADULTS & PEDIATRICS	10,917	6,874	19.85	136,449	66.18	454,921
26 01	INTENSIVE CARE UNIT						
26 01	PEDIATRIC ICU	9,697		9.41		40.99	
26 02	NEONATAL ICU	1,299	10	24.98	250	98.27	983
27	CORONARY CARE UNIT	2,253	764	18.11	13,836	23.34	17,832
31	SUBPROVIDER	8,815	6,576	17.71	116,461	17.96	118,105
31 01	SUBPROVIDER 2						
33	NURSERY	2,853		.32		2.94	
101	TOTAL	91,250	37,747		583,380		1,656,257

TITLE XVIII, PART A

HOSPITAL

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WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	221,725	2,635,400	56,095,562	16,825,205	.003953	66,510
38	RECOVERY ROOM	91,118	252,130	9,240,871	1,421,964	.009860	14,021
39	DELIVERY ROOM & LABOR ROO	308,398	755,943	5,455,383	14,374	.056531	813
40	ANESTHESIOLOGY	1,340	30,728	4,003,300	951,384	.000335	319
41	RADIOLOGY-DIAGNOSTIC	123,598	1,363,273	23,700,342	3,242,735	.005215	16,911
41	01 CAT SCAN	23,709	1,175,727	27,823,419	4,910,256	.000852	4,184
41	02 DIAGNOSTIC ULTRASOUND	5,629	178,416	2,781,472	223,718	.002024	453
41	03 NUCLEAR MEDICINE	22,039	449,226	10,478,752	946,771	.002103	1,991
42	RADIOLOGY-THERAPEUTIC	3,323	647,654	8,012,606	66,174	.000415	27
43	RADIOISOTOPE						
44	LABORATORY	82,676	607,126	35,091,677	10,366,731	.002356	24,424
45	PBP CLINICAL LAB SERVICES						
47	BLOOD STORING, PROCESSING	8,033	126,693	4,837,222	1,933,090	.001661	3,211
48	INTRAVENOUS THERAPY	6,174	63,286	7,115,269	1,377,963	.000868	1,196
49	RESPIRATORY THERAPY	21,034	270,522	10,273,482	4,387,906	.002047	8,982
50	PHYSICAL THERAPY	73,363	279,304	12,751,962	2,828,713	.005753	16,274
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	23,183	204,030	16,487,440	5,988,176	.001406	8,419
53	01 CARDIAC CATHETERIZATION L	86,795	1,718,046	16,636,594	4,488,919	.005217	23,419
53	02 CARDIOPULMONARY	7,425	32,993	3,681,065	1,040,183	.002017	2,098
53	03 ELECTROCONVULSIVE THERAPY	4,139	19,714	242,010		.017103	
54	ELECTROENCEPHALOGRAPHY	28,102	85,688	2,706,133	170,711	.010385	1,773
55	MEDICAL SUPPLIES CHARGED	135,983	770,710	112,318,785	35,259,020	.001211	42,699
56	DRUGS CHARGED TO PATIENTS	70,373	526,888	59,474,464	17,822,778	.001183	21,084
57	RENAL DIALYSIS	3,554	52,885	3,092,259	21,126	.001149	24
58	ASC (NON-DISTINCT PART)						
59	PSYCHIATRIC/PSYCHOLOGICAL	1	1,195				
59	01 OUTREACH CLINIC	938	11,346				
59	02 ACUPUNCTURE						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 SENIOR HEALTH/FAMILY PRAC	93,568	160,973	1,260,481		.074232	
60	02 OB-PEDS CLINIC	30,056	17,281	990		30.359596	
60	03 ORTHOPEDIC SVC						
60	04 BARIATRICS	625	24,309				
60	05 CHILD HEALTH CTR	1	14				
61	EMERGENCY	246,310	789,014	33,604,273	4,107,640	.007330	30,109
61	01 DIAGNOSTIC TREATMENT CENT	67,865	457,380	7,329,305	1,422,078	.009259	13,167
62	OBSERVATION BEDS (NON-DIS	103,304	347,589	5,124,082	45,011	.020160	907
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN	8	6,629				
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL	1,894,389	14,062,112	479,619,200	119,862,626		303,015

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2007
 I 15-0100 I FROM 7/ 1/2006 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2007 I PART II
 I 15-0100 I

TITLE XVIII, PART A

HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL	
		CST/CHRG 7	RATIO COSTS 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.046981	790,465
38	RECOVERY ROOM	.027284	38,797
39	DELIVERY ROOM & LABOR ROO	.138568	1,992
40	ANESTHESIOLOGY	.007676	7,303
41	RADIOLOGY-DIAGNOSTIC	.057521	186,525
41 01	CAT SCAN	.042257	207,493
41 02	DIAGNOSTIC ULTRASOUND	.064144	14,350
41 03	NUCLEAR MEDICINE	.042870	40,588
42	RADIOLOGY-THERAPEUTIC	.080829	5,349
43	RADIOISOTOPE		
44	LABORATORY	.017301	179,355
45	PBP CLINICAL LAB SERVICES		
47	BLOOD STORING, PROCESSING	.026191	50,630
48	INTRAVENOUS THERAPY	.008894	12,256
49	RESPIRATORY THERAPY	.026332	115,542
50	PHYSICAL THERAPY	.021903	61,957
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY	.012375	74,104
53 01	CARDIAC CATHETERIZATION L	.103269	463,566
53 02	CARDIOPULMONARY	.008963	9,323
53 03	ELECTROCONVULSIVE THERAPY	.081459	
54	ELECTROENCEPHALOGRAPHY	.031664	5,405
55	MEDICAL SUPPLIES CHARGED	.006862	241,947
56	DRUGS CHARGED TO PATIENTS	.008859	157,892
57	RENAL DIALYSIS	.017102	361
58	ASC (NON-DISTINCT PART)		
59	PSYCHIATRIC/PSYCHOLOGICAL		
59 01	OUTREACH CLINIC		
59 02	ACUPUNCTURE		
60	OUTPAT SERVICE COST CNTRS		
	CLINIC		
60 01	SENIOR HEALTH/FAMILY PRAC	.127708	
60 02	OB-PEDS CLINIC	17.455556	
60 03	ORTHOPEDIC SVC		
60 04	BARIATRICS		
60 05	CHILD HEALTH CTR		
61	EMERGENCY	.023480	96,447
61 01	DIAGNOSTIC TREATMENT CENT	.062404	88,743
62	OBSERVATION BEDS (NON-DIS	.067834	3,053
	OTHER REIMBURS COST CNTRS		
64	HOME PROGRAM DIALYSIS		
65	AMBULANCE SERVICES		
66	DURABLE MEDICAL EQUIP-REN		
67	DURABLE MEDICAL EQUIP-SOL		
101	TOTAL		2,853,443

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	SWING BED ADJ AMOUNT	TOTAL COSTS
	INPUT ROUTINE SRVC CNTRS	1	2	2.01	2.02	3	4
25	ADULTS & PEDIATRICS						
26	INTENSIVE CARE UNIT						
26	01 PEDIATRIC ICU						
26	02 NEONATAL ICU						
27	CORONARY CARE UNIT						
31	SUBPROVIDER						
31	01 SUBPROVIDER 2						
33	NURSERY						
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35	01 ICF/MR						
101	TOTAL						

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

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2007
 I 15-0100 I FROM 7/ 1/2006 I WORKSHEET D
 I I TO 6/30/2007 I PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS	PER DIEM	INPAT PROG DAYS	INPAT PROG PASS THRU COST
		5	6	7	8
25	ADULTS & PEDIATRICS	55,416		23,523	
26	INTENSIVE CARE UNIT	10,917		6,874	
26 01	PEDIATRIC ICU				
26 02	NEONATAL ICU	9,697			
27	CORONARY CARE UNIT	1,299		10	
31	SUBPROVIDER	2,253		764	
31 01	SUBPROVIDER 2	8,815		6,576	
33	NURSERY	2,853			
34	SKILLED NURSING FACILITY				
35	NURSING FACILITY				
35 01	ICF/MR				
101	TOTAL	91,250		37,747	

TITLE XVIII, PART A

HOSPITAL

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WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC				95,266		
41 01	CAT SCAN						
41 02	DIAGNOSTIC ULTRASOUND						
41 03	NUCLEAR MEDICINE						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
45	PBP CLINICAL LAB SERVICES						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53 01	CARDIAC CATHETERIZATION L						
53 02	CARDIOPULMONARY						
53 03	ELECTROCONVULSIVE THERAPY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	PSYCHIATRIC/PSYCHOLOGICAL						
59 01	OUTREACH CLINIC						
59 02	ACUPUNCTURE						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	SENIOR HEALTH/FAMILY PRAC						
60 02	OB-PEDS CLINIC						
60 03	ORTHOPEDIC SVC						
60 04	BARITRICS						
60 05	CHILD HEALTH CTR						
61	EMERGENCY						
61 01	DIAGNOSTIC TREATMENT CENT						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL				95,266		

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 COST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			56,095,562			16,825,205	
38	OPERATING ROOM			9,240,871			1,421,964	
39	RECOVERY ROOM			5,455,383			14,374	
40	DELIVERY ROOM & LABOR ROO			4,003,300			951,384	
41	ANESTHESIOLOGY	95,266	95,266	23,700,342	.004020	.004020	3,242,735	13,036
41	RADIOLOGY-DIAGNOSTIC			27,823,419			4,910,256	
41 01	CAT SCAN			2,781,472			223,718	
41 02	DIAGNOSTIC ULTRASOUND			10,478,752			946,771	
41 03	NUCLEAR MEDICINE			8,012,606			66,174	
42	RADIOLOGY-THERAPEUTIC							
43	RADIOISOTOPE							
44	LABORATORY			35,091,677			10,366,731	
45	PBP CLINICAL LAB SERVICES							
47	BLOOD STORING, PROCESSING			4,837,222			1,933,090	
48	INTRAVENOUS THERAPY			7,115,269			1,377,963	
49	RESPIRATORY THERAPY			10,273,482			4,387,906	
50	PHYSICAL THERAPY			12,751,962			2,828,713	
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY			16,487,440			5,988,176	
53 01	CARDIAC CATHETERIZATION L			16,636,594			4,488,919	
53 02	CARDIOPULMONARY			3,681,065			1,040,183	
53 03	ELECTROCONVULSIVE THERAPY			242,010				
54	ELECTROENCEPHALOGRAPHY			2,706,133			170,711	
55	MEDICAL SUPPLIES CHARGED			112,318,785			35,259,020	
56	DRUGS CHARGED TO PATIENTS			59,474,464			17,822,778	
57	RENAL DIALYSIS			3,092,259			21,126	
58	ASC (NON-DISTINCT PART)							
59	PSYCHIATRIC/PSYCHOLOGICAL							
59 01	OUTREACH CLINIC							
59 02	ACUPUNCTURE							
60	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
60 01	SENIOR HEALTH/FAMILY PRAC			1,260,481				
60 02	OB-PEDS CLINIC			990				
60 03	ORTHOPEDIC SVC							
60 04	BIATRICS							
60 05	CHILD HEALTH CTR							
61	EMERGENCY			33,604,273			4,107,640	
61 01	DIAGNOSTIC TREATMENT CENT			7,329,305			1,422,078	
62	OBSERVATION BEDS (NON-DIS			5,124,082			45,011	
	OTHER REIMBURS COST CNTRS							
64	HOME PROGRAM DIALYSIS							
65	AMBULANCE SERVICES							
66	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL	95,266	95,266	479,619,200			119,862,626	13,036

PPS

TITLE XVIII, PART A

HOSPITAL

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 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS		8	8.01	8.02		
37	OPERATING ROOM	13,813,789					
38	RECOVERY ROOM	3,126,549					
39	DELIVERY ROOM & LABOR ROO	2,455					
40	ANESTHESIOLOGY	585,300					
41	RADIOLOGY-DIAGNOSTIC	5,293,152			21,278		
41 01	CAT SCAN	5,540,981					
41 02	DIAGNOSTIC ULTRASOUND	312,111					
41 03	NUCLEAR MEDICINE	2,718,592					
42	RADIOLOGY-THERAPEUTIC	3,783,561					
43	RADIOISOTOPE						
44	LABORATORY	538,651					
45	PBP CLINICAL LAB SERVICES						
47	BLOOD STORING, PROCESSING	717,739					
48	INTRAVENOUS THERAPY	1,061,969					
49	RESPIRATORY THERAPY	374,587					
50	PHYSICAL THERAPY	14,854					
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	1,535,832					
53 01	CARDIAC CATHETERIZATION L	3,012,020					
53 02	CARDIOPULMONARY						
53 03	ELECTROCONVULSIVE THERAPY						
54	ELECTROENCEPHALOGRAPHY	472,118					
55	MEDICAL SUPPLIES CHARGED	13,204,820					
56	DRUGS CHARGED TO PATIENTS	7,159,452					
57	RENAL DIALYSIS	1,410					
58	ASC (NON-DISTINCT PART)						
59	PSYCHIATRIC/PSYCHOLOGICAL						
59 01	OUTREACH CLINIC						
59 02	ACUPUNCTURE						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	SENIOR HEALTH/FAMILY PRAC	583,288					
60 02	OB-PEDS CLINIC						
60 03	ORTHOPEDIC SVC						
60 04	BARIATRICS						
60 05	CHILD HEALTH CTR						
61	EMERGENCY	3,999,850					
61 01	DIAGNOSTIC TREATMENT CENT	1,717,025					
62	OBSERVATION BEDS (NON-DIS	1,688,078					
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL	71,258,183			21,278		

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	.586400	.586400			
38 RECOVERY ROOM	.472165	.472165			
39 DELIVERY ROOM & LABOR ROOM	.950882	.950882			
40 ANESTHESIOLOGY	.044336	.044336			
41 RADIOLOGY-DIAGNOSTIC	.409392	.409392			
41 01 CAT SCAN	.124591	.124591			
41 02 DIAGNOSTIC ULTRASOUND	.347647	.347647			
41 03 NUCLEAR MEDICINE	.225626	.225626			
42 RADIOLOGY-THERAPEUTIC	.362674	.362674			
43 RADIOISOTOPE LABORATORY	.292594	.292594			
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
47 BLOOD STORING, PROCESSING & TRANS.	.653250	.653250			
48 INTRAVENOUS THERAPY	.297534	.297534			
49 RESPIRATORY THERAPY	.414644	.414644			
50 PHYSICAL THERAPY	.453698	.453698			
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY	.066275	.066275			
53 01 CARDIAC CATHETERIZATION LABORATORY	.422947	.422947			
53 02 CARDIOPULMONARY	.225258	.225258			
53 03 ELECTROCONVULSIVE THERAPY	3.529970	3.529970			
54 ELECTROENCEPHALOGRAPHY	.424580	.424580			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.305330	.305330			
56 DRUGS CHARGED TO PATIENTS	.398724	.398724			
57 RENAL DIALYSIS	.706906	.706906			
58 ASC (NON-DISTINCT PART)					
59 PSYCHIATRIC/PSYCHOLOGICAL SERVICES					
59 01 OUTREACH CLINIC					
59 02 ACUPUNCTURE					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 SENIOR HEALTH/FAMILY PRACTICE	1.274479	1.274479			
60 02 OB-PEDS CLINIC	184.419192	184.419192			
60 03 ORTHOPEDIC SVC					
60 04 BARIATRICS					
60 05 CHILD HEALTH CTR					
61 EMERGENCY	.366837	.366837			
61 01 DIAGNOSTIC TREATMENT CENTER	.544127	.544127			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.746269	.746269			
OTHER REIMBURS COST CNTRS					
64 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES	.775120	.775120			
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

(A) WORKSHEET A LINE NUMBERS

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

TITLE XVIII, PART B

HOSPITAL

	All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
Cost Center Description	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		13,813,789			
38 RECOVERY ROOM		3,126,549			
39 DELIVERY ROOM & LABOR ROOM		2,455			
40 ANESTHESIOLOGY		585,300			
41 RADIOLOGY-DIAGNOSTIC		5,293,152			
41 01 CAT SCAN		5,540,981			
41 02 DIAGNOSTIC ULTRASOUND		312,111			
41 03 NUCLEAR MEDICINE		2,718,592			
42 RADIOLOGY-THERAPEUTIC		3,783,561			
43 RADIOISOTOPE					
44 LABORATORY		538,651			
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
47 BLOOD STORING, PROCESSING & TRANS.		717,739			
48 INTRAVENOUS THERAPY		1,061,969			
49 RESPIRATORY THERAPY		374,587			
50 PHYSICAL THERAPY		14,854			
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY		1,535,832			
53 01 CARDIAC CATHETERIZATION LABORATORY		3,012,020			
53 02 CARDIOPULMONARY					
53 03 ELECTROCONVULSIVE THERAPY					
54 ELECTROENCEPHALOGRAPHY		472,118			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		13,204,820			
56 DRUGS CHARGED TO PATIENTS		7,159,452			
57 RENAL DIALYSIS		1,410			
58 ASC (NON-DISTINCT PART)					
59 PSYCHIATRIC/PSYCHOLOGICAL SERVICES					
59 01 OUTREACH CLINIC					
59 02 ACUPUNCTURE					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 SENIOR HEALTH/FAMILY PRACTICE		583,288			
60 02 OB-PEDS CLINIC					
60 03 ORTHOPEDIC SVC					
60 04 BARIATRICS					
60 05 CHILD HEALTH CTR					
61 EMERGENCY		3,999,850			
61 01 DIAGNOSTIC TREATMENT CENTER		1,717,025			
62 OBSERVATION BEDS (NON-DISTINCT PART)		1,688,078			
63 OTHER REIMBURS COST CNTRS					
64 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
101 SUBTOTAL		71,258,183			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		71,258,183			

(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 11/29/2007
 I 15-0100 I FROM 7/ 1/2006 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2007 I PART V
 I 15-0100 I I

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				8,100,406	
38 RECOVERY ROOM				1,476,247	
39 DELIVERY ROOM & LABOR ROOM				2,334	
40 ANESTHESIOLOGY				25,950	
41 RADIOLOGY-DIAGNOSTIC				2,166,974	
41 01 CAT SCAN				690,356	
41 02 DIAGNOSTIC ULTRASOUND				108,504	
41 03 NUCLEAR MEDICINE				613,385	
42 RADIOLOGY-THERAPEUTIC				1,372,199	
43 RADIOISOTOPE					
44 LABORATORY				157,606	
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
47 BLOOD STORING, PROCESSING & TRANS.				468,863	
48 INTRAVENOUS THERAPY				315,972	
49 RESPIRATORY THERAPY				155,320	
50 PHYSICAL THERAPY				6,739	
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY				101,787	
53 01 CARDIAC CATHETERIZATION LABORATORY				1,273,925	
53 02 CARDIOPULMONARY					
53 03 ELECTROCONVULSIVE THERAPY					
54 ELECTROENCEPHALOGRAPHY				200,452	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				4,031,828	
56 DRUGS CHARGED TO PATIENTS				2,854,645	
57 RENAL DIALYSIS				997	
58 ASC (NON-DISTINCT PART)					
59 PSYCHIATRIC/PSYCHOLOGICAL SERVICES					
59 01 OUTREACH CLINIC					
59 02 ACUPUNCTURE					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 SENIOR HEALTH/FAMILY PRACTICE				743,388	
60 02 OB-PEDS CLINIC					
60 03 ORTHOPEDIC SVC					
60 04 BARIATRICS					
60 05 CHILD HEALTH CTR					
61 EMERGENCY				1,467,293	
61 01 DIAGNOSTIC TREATMENT CENTER				934,280	
62 OBSERVATION BEDS (NON-DISTINCT PART)				1,259,760	
OTHER REIMBURS COST CNTRS					
64 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
101 SUBTOTAL				28,529,210	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				28,529,210	

(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
 TITLE XVIII, PART B HOSPITAL
 PROVIDER NO: 15-0100
 COMPONENT NO: 15-0100
 PERIOD: FROM 7/1/2006 TO 6/30/2007
 PREPARED 11/29/2007
 WORKSHEET D
 PART V

Cost Center Description	PPS Services 1/1 to FYE	Hospital I/P Part B Charges	Hospital I/P Part B Costs
(A) 37 ANCILLARY SRVC COST CNTRS	9.03	10	11
38 OPERATING ROOM			
39 RECOVERY ROOM			
40 DELIVERY ROOM & LABOR ROOM			
41 ANESTHESIOLOGY			
41 01 RADIOLOGY-DIAGNOSTIC			
41 02 CAT SCAN			
41 03 DIAGNOSTIC ULTRASOUND			
42 NUCLEAR MEDICINE			
43 RADIOLOGY-THERAPEUTIC			
44 RADIOISOTOPE			
45 LABORATORY			
47 PBP CLINICAL LAB SERVICES-PRGM ONLY			
48 BLOOD STORING, PROCESSING & TRANS.			
49 INTRAVENOUS THERAPY			
50 RESPIRATORY THERAPY			
51 PHYSICAL THERAPY			
52 OCCUPATIONAL THERAPY			
53 SPEECH PATHOLOGY			
53 ELECTROCARDIOLOGY			
53 01 CARDIAC CATHETERIZATION LABORATORY			
53 02 CARDIOPULMONARY			
53 03 ELECTROCONVULSIVE THERAPY			
54 ELECTROENCEPHALOGRAPHY			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS			
56 DRUGS CHARGED TO PATIENTS			
57 RENAL DIALYSIS			
58 ASC (NON-DISTINCT PART)			
59 PSYCHIATRIC/PSYCHOLOGICAL SERVICES			
59 01 OUTREACH CLINIC			
59 02 ACUPUNCTURE			
60 OUTPAT SERVICE COST CNTRS			
60 CLINIC			
60 01 SENIOR HEALTH/FAMILY PRACTICE			
60 02 OB-PEDS CLINIC			
60 03 ORTHOPEDIC SVC			
60 04 BARIATRICS			
60 05 CHILD HEALTH CTR			
61 EMERGENCY			
61 01 DIAGNOSTIC TREATMENT CENTER			
62 OBSERVATION BEDS (NON-DISTINCT PART)			
64 OTHER REIMBURS COST CNTRS			
65 HOME PROGRAM DIALYSIS			
66 AMBULANCE SERVICES			
67 DURABLE MEDICAL EQUIP-RENTED			
101 DURABLE MEDICAL EQUIP-SOLD			
102 SUBTOTAL			
103 CRNA CHARGES			
104 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES			
NET CHARGES			

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

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2007
 I 15-0100 I FROM 7/ 1/2006 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2007 I PART II
 I 15-S100 I

TITLE XVIII, PART A

SUBPROVIDER 1

TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	221,725	2,635,400	56,095,562	2,461	.003953	10
38	RECOVERY ROOM	91,118	252,130	9,240,871	26,083	.009860	257
39	DELIVERY ROOM & LABOR ROO	308,398	755,943	5,455,383		.056531	
40	ANESTHESIOLOGY	1,340	30,728	4,003,300		.000335	
41	RADIOLOGY-DIAGNOSTIC	123,598	1,363,273	23,700,342	10,195	.005215	53
41 01	CAT SCAN	23,709	1,175,727	27,823,419	20,321	.000852	17
41 02	DIAGNOSTIC ULTRASOUND	5,629	178,416	2,781,472	2,313	.002024	5
41 03	NUCLEAR MEDICINE	22,039	449,226	10,478,752	4,942	.002103	10
42	RADIOLOGY-THERAPEUTIC	3,323	647,654	8,012,606		.000415	
43	RADIOISOTOPE						
44	LABORATORY	82,676	607,126	35,091,677	86,108	.002356	203
45	PBP CLINICAL LAB SERVICES						
47	BLOOD STORING, PROCESSING	8,033	126,693	4,837,222		.001661	
48	INTRAVENOUS THERAPY	6,174	63,286	7,115,269	3,381	.000868	3
49	RESPIRATORY THERAPY	21,034	270,522	10,273,482	9,622	.002047	20
50	PHYSICAL THERAPY	73,363	279,304	12,751,962	21,678	.005753	125
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	23,183	204,030	16,487,440	3,556	.001406	5
53 01	CARDIAC CATHETERIZATION L	86,795	1,718,046	16,636,594	2,827	.005217	15
53 02	CARDIOPULMONARY	7,425	32,993	3,681,065		.002017	
53 03	ELECTROCONVULSIVE THERAPY	4,139	19,714	242,010		.017103	
54	ELECTROENCEPHALOGRAPHY	28,102	85,688	2,706,133	452	.010385	5
55	MEDICAL SUPPLIES CHARGED	135,983	770,710	112,318,785	19,061	.001211	23
56	DRUGS CHARGED TO PATIENTS	70,373	526,888	59,474,464	109,086	.001183	129
57	RENAL DIALYSIS	3,554	52,885	3,092,259		.001149	
58	ASC (NON-DISTINCT PART)						
59	PSYCHIATRIC/PSYCHOLOGICAL	1	1,195				
59 01	OUTREACH CLINIC	938	11,346				
59 02	ACUPUNCTURE						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	SENIOR HEALTH/FAMILY PRAC	93,568	160,973	1,260,481		.074232	
60 02	OB-PEDS CLINIC	30,056	17,281	990		30.359596	
60 03	ORTHOPEDIC SVC						
60 04	BARIIATRICS	625	24,309				
60 05	CHILD HEALTH CTR	1	14				
61	EMERGENCY	246,310	789,014	33,604,273	50,428	.007330	370
61 01	DIAGNOSTIC TREATMENT CENT	67,865	457,380	7,329,305	2,069	.009259	19
62	OBSERVATION BEDS (NON-DIS	103,304	347,589	5,124,082		.020160	
64	OTHER REIMBURS COST CNTRS						
65	HOME PROGRAM DIALYSIS						
66	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN	8	6,629				
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL	1,894,389	14,062,112	479,619,200	374,583		1,269

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2007
 I 15-0100 I FROM 7/ 1/2006 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2007 I PART II
 I 15-S100 I TEFRA I

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	CST/CHRG 7	NEW CAPITAL RATIO	COSTS 8
37	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM		.046981	116
38	RECOVERY ROOM		.027284	712
39	DELIVERY ROOM & LABOR ROO		.138568	
40	ANESTHESIOLOGY		.007676	
41	RADIOLOGY-DIAGNOSTIC		.057521	586
41 01	CAT SCAN		.042257	859
41 02	DIAGNOSTIC ULTRASOUND		.064144	148
41 03	NUCLEAR MEDICINE		.042870	212
42	RADIOLOGY-THERAPEUTIC		.080829	
43	RADIOISOTOPE			
44	LABORATORY		.017301	1,490
45	PRP CLINICAL LAB SERVICES			
47	BLOOD STORING, PROCESSING		.026191	
48	INTRAVENOUS THERAPY		.008894	30
49	RESPIRATORY THERAPY		.026332	253
50	PHYSICAL THERAPY		.021903	475
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY		.012375	44
53 01	CARDIAC CATHETERIZATION L		.103269	292
53 02	CARDIOPULMONARY		.008963	
53 03	ELECTROCONVULSIVE THERAPY		.081459	
54	ELECTROENCEPHALOGRAPHY		.031664	14
55	MEDICAL SUPPLIES CHARGED		.006862	131
56	DRUGS CHARGED TO PATIENTS		.008859	966
57	RENAL DIALYSIS		.017102	
58	ASC (NON-DISTINCT PART)			
59	PSYCHIATRIC/PSYCHOLOGICAL			
59 01	OUTREACH CLINIC			
59 02	ACUPUNCTURE			
60	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60 01	SENIOR HEALTH/FAMILY PRAC		.127708	
60 02	OB-PEDS CLINIC		17.455556	
60 03	ORTHOPEDIC SVC			
60 04	BARIATRICS			
60 05	CHILD HEALTH CTR			
61	EMERGENCY		.023480	1,184
61 01	DIAGNOSTIC TREATMENT CENT		.062404	129
62	OBSERVATION BEDS (NON-DIS		.067834	
64	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
101	TOTAL			7,641

TITLE XVIII, PART A

SUBPROVIDER 1

TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST		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
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM							
38	RECOVERY ROOM							
39	DELIVERY ROOM & LABOR ROO							
40	ANESTHESIOLOGY							
41	RADIOLOGY-DIAGNOSTIC					95,266		
41	01 CAT SCAN							
41	02 DIAGNOSTIC ULTRASOUND							
41	03 NUCLEAR MEDICINE							
42	RADIOLOGY-THERAPEUTIC							
43	RADIOISOTOPE							
44	LABORATORY							
45	PBP CLINICAL LAB SERVICES							
47	BLOOD STORING, PROCESSING							
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY							
50	PHYSICAL THERAPY							
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY							
53	01 CARDIAC CATHETERIZATION L							
53	02 CARDIOPULMONARY							
53	03 ELECTROCONVULSIVE THERAPY							
54	ELECTROENCEPHALOGRAPHY							
55	MEDICAL SUPPLIES CHARGED							
56	DRUGS CHARGED TO PATIENTS							
57	RENAL DIALYSIS							
58	ASC (NON-DISTINCT PART)							
59	PSYCHIATRIC/PSYCHOLOGICAL							
59	01 OUTREACH CLINIC							
59	02 ACUPUNCTURE							
60	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
60	01 SENIOR HEALTH/FAMILY PRAC							
60	02 OB-PEDS CLINIC							
60	03 ORTHOPEDIC SVC							
60	04 BARIATRICS							
60	05 CHILD HEALTH CTR							
61	EMERGENCY							
61	01 DIAGNOSTIC TREATMENT CENT							
62	OBSERVATION BEDS (NON-DIS							
	OTHER REIMBURS COST CNTRS							
64	HOME PROGRAM DIALYSIS							
65	AMBULANCE SERVICES							
66	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL					95,266		

TITLE XVIII, PART A

SUBPROVIDER 1

TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM			56,095,562			2,461	
38	RECOVERY ROOM			9,240,871			26,083	
39	DELIVERY ROOM & LABOR ROO			5,455,383				
40	ANESTHESIOLOGY			4,003,300				
41	RADIOLOGY-DIAGNOSTIC	95,266	95,266	23,700,342	.004020	.004020	10,195	41
41 01	CAT SCAN			27,823,419			20,321	
41 02	DIAGNOSTIC ULTRASOUND			2,781,472			2,313	
41 03	NUCLEAR MEDICINE			10,478,752			4,942	
42	RADIOLOGY-THERAPEUTIC			8,012,606				
43	RADIOISOTOPE							
44	LABORATORY			35,091,677			86,108	
45	PBP CLINICAL LAB SERVICES							
47	BLOOD STORING, PROCESSING			4,837,222				
48	INTRAVENOUS THERAPY			7,115,269			3,381	
49	RESPIRATORY THERAPY			10,273,482			9,622	
50	PHYSICAL THERAPY			12,751,962			21,678	
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY			16,487,440			3,556	
53 01	CARDIAC CATHETERIZATION L			16,636,594			2,827	
53 02	CARDIOPULMONARY			3,681,065				
53 03	ELECTROCONVULSIVE THERAPY			242,010				
54	ELECTROENCEPHALOGRAPHY			2,706,133			452	
55	MEDICAL SUPPLIES CHARGED			112,318,785			19,061	
56	DRUGS CHARGED TO PATIENTS			59,474,464			109,086	
57	RENAL DIALYSIS			3,092,259				
58	ASC (NON-DISTINCT PART)							
59	PSYCHIATRIC/PSYCHOLOGICAL							
59 01	OUTREACH CLINIC							
59 02	ACUPUNCTURE							
60	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
60 01	SENIOR HEALTH/FAMILY PRAC			1,260,481				
60 02	OB-PEDS CLINIC			990				
60 03	ORTHOPEDIC SVC							
60 04	BARIATRICS							
60 05	CHILD HEALTH CTR							
61	EMERGENCY			33,604,273			50,428	
61 01	DIAGNOSTIC TREATMENT CENT			7,329,305			2,069	
62	OBSERVATION BEDS (NON-DIS			5,124,082				
	OTHER REIMBURS COST CNTRS							
64	HOME PROGRAM DIALYSIS							
65	AMBULANCE SERVICES							
66	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL	95,266	95,266	479,619,200			374,583	41

TITLE XVIII, PART A

SUBPROVIDER 1

TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D,V COL 5.03	OUTPAT PROG D,V COL 5.04	OUTPAT PROG PASS THRU COST	COL 8.01 * COL 5	COL 8.02 * COL 5
	ANCILLARY SRVC COST CNTRS	8	8.01	8.02	9	9.01	9.02
37	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41	01 CAT SCAN						
41	02 DIAGNOSTIC ULTRASOUND						
41	03 NUCLEAR MEDICINE						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
45	PBP CLINICAL LAB SERVICES						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53	01 CARDIAC CATHETERIZATION L						
53	02 CARDIOPULMONARY						
53	03 ELECTROCONVULSIVE THERAPY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	PSYCHIATRIC/PSYCHOLOGICAL						
59	01 OUTREACH CLINIC						
59	02 ACUPUNCTURE						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 SENIOR HEALTH/FAMILY PRAC						
60	02 OB-PEDS CLINIC						
60	03 ORTHOPEDIC SVC						
60	04 BARIATRICS						
60	05 CHILD HEALTH CTR						
61	EMERGENCY						
61	01 DIAGNOSTIC TREATMENT CENT						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XVIII, PART A

SUBPROVIDER 2

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	221,725	2,635,400	56,095,562	36,605	.003953	145
38	RECOVERY ROOM	91,118	252,130	9,240,871	3,909	.009860	39
39	DELIVERY ROOM & LABOR ROO	308,398	755,943	5,455,383		.056531	
40	ANESTHESIOLOGY	1,340	30,728	4,003,300	2,039	.000335	1
41	RADIOLOGY-DIAGNOSTIC	123,598	1,363,273	23,700,342	125,546	.005215	655
41 01	CAT SCAN	23,709	1,175,727	27,823,419	106,104	.000852	90
41 02	DIAGNOSTIC ULTRASOUND	5,629	178,416	2,781,472	94,433	.002024	191
41 03	NUCLEAR MEDICINE	22,039	449,226	10,478,752	5,191	.002103	11
42	RADIOLOGY-THERAPEUTIC	3,323	647,654	8,012,606		.000415	
43	RADIOISOTOPE						
44	LABORATORY	82,676	607,126	35,091,677	651,545	.002356	1,535
45	PBP CLINICAL LAB SERVICES						
47	BLOOD STORING, PROCESSING	8,033	126,693	4,837,222	28,549	.001661	47
48	INTRAVENOUS THERAPY	6,174	63,286	7,115,269	14,361	.000868	12
49	RESPIRATORY THERAPY	21,034	270,522	10,273,482	112,378	.002047	230
50	PHYSICAL THERAPY	73,363	279,304	12,751,962	3,641,497	.005753	20,950
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	23,183	204,030	16,487,440	25,758	.001406	36
53 01	CARDIAC CATHETERIZATION L	86,795	1,718,046	16,636,594	12,845	.005217	67
53 02	CARDIOPULMONARY	7,425	32,993	3,681,065	41,338	.002017	83
53 03	ELECTROCONVULSIVE THERAPY	4,139	19,714	242,010		.017103	
54	ELECTROENCEPHALOGRAPHY	28,102	85,688	2,706,133	1,806	.010385	19
55	MEDICAL SUPPLIES CHARGED	135,983	770,710	112,318,785	379,130	.001211	459
56	DRUGS CHARGED TO PATIENTS	70,373	526,888	59,474,464	1,006,535	.001183	1,191
57	RENAL DIALYSIS	3,554	52,885	3,092,259		.001149	
58	ASC (NON-DISTINCT PART)						
59	PSYCHIATRIC/PSYCHOLOGICAL	1	1,195				
59 01	OUTREACH CLINIC	938	11,346				
59 02	ACUPUNCTURE						
60	OUTPAT SERVICE COST CNTRS						
	CLINIC						
60 01	SENIOR HEALTH/FAMILY PRAC	93,568	160,973	1,260,481		.074232	
60 02	OB-PEDS CLINIC	30,056	17,281	990		30.359596	
60 03	ORTHOPEDIC SVC						
60 04	BARITRICS	625	24,309				
60 05	CHILD HEALTH CTR	1	14				
61	EMERGENCY	246,310	789,014	33,604,273	22,426	.007330	164
61 01	DIAGNOSTIC TREATMENT CENT	67,865	457,380	7,329,305	28,884	.009259	267
62	OBSERVATION BEDS (NON-DIS	103,304	347,589	5,124,082		.020160	
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN	8	6,629				
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL	1,894,389	14,062,112	479,619,200	6,340,879		26,192

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2007
 I 15-0100 I FROM 7/ 1/2006 I WORKSHEET 0
 I COMPONENT NO: I TO 6/30/2007 I PART II
 I 15-T100 I

TITLE XVIII, PART A SUBPROVIDER 2

WKST A LINE NO.	COST CENTER DESCRIPTION	CST/CHRG 7	NEW CAPITAL RATIO	COSTS 8
37	ANCILLARY SRVC COST CNTRS			
38	OPERATING ROOM		.046981	1,720
39	RECOVERY ROOM		.027284	107
40	DELIVERY ROOM & LABOR ROO		.138568	
41	ANESTHESIOLOGY		.007676	16
41	RADIOLOGY-DIAGNOSTIC		.057521	7,222
41 01	CAT SCAN		.042257	4,484
41 02	DIAGNOSTIC ULTRASOUND		.064144	6,057
41 03	NUCLEAR MEDICINE		.042870	223
42	RADIOLOGY-THERAPEUTIC		.080829	
43	RADIOISOTOPE			
44	LABORATORY		.017301	11,272
45	PBP CLINICAL LAB SERVICES			
47	BLOOD STORING, PROCESSING		.026191	748
48	INTRAVENOUS THERAPY		.008894	128
49	RESPIRATORY THERAPY		.026332	2,959
50	PHYSICAL THERAPY		.021903	79,760
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY		.012375	319
53 01	CARDIAC CATHETERIZATION L		.103269	1,326
53 02	CARDIOPULMONARY		.008963	371
53 03	ELECTROCONVULSIVE THERAPY		.081459	
54	ELECTROENCEPHALOGRAPHY		.031664	57
55	MEDICAL SUPPLIES CHARGED		.006862	2,602
56	DRUGS CHARGED TO PATIENTS		.008859	8,917
57	RENAL DIALYSIS		.017102	
58	ASC (NON-DISTINCT PART)			
59	PSYCHIATRIC/PSYCHOLOGICAL			
59 01	OUTREACH CLINIC			
59 02	ACUPUNCTURE			
60	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60 01	SENIOR HEALTH/FAMILY PRAC		.127708	
60 02	OB-PEDS CLINIC		17.455556	
60 03	ORTHOPEDIC SVC			
60 04	BARIATRICS			
60 05	CHILD HEALTH CTR			
61	EMERGENCY		.023480	527
61 01	DIAGNOSTIC TREATMENT CENT		.062404	1,802
62	OBSERVATION BEDS (NON-DIS		.067834	
64	OTHER REIMBURS COST CNTRS			
65	HOME PROGRAM DIALYSIS			
66	AMBULANCE SERVICES			
67	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
101	TOTAL			130,617

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED SCHOOL	NRS COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
	ANCILLARY SRVC COST CNTRS	1	1.01	2		2.01	2.02	2.03
37	OPERATING ROOM							
38	RECOVERY ROOM							
39	DELIVERY ROOM & LABOR ROO							
40	ANESTHESIOLOGY							
41	RADIOLOGY-DIAGNOSTIC					95,266		
41	01 CAT SCAN							
41	02 DIAGNOSTIC ULTRASOUND							
41	03 NUCLEAR MEDICINE							
42	RADIOLOGY-THERAPEUTIC							
43	RADIOISOTOPE							
44	LABORATORY							
45	PBP CLINICAL LAB SERVICES							
47	BLOOD STORING, PROCESSING							
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY							
50	PHYSICAL THERAPY							
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY							
53	01 CARDIAC CATHETERIZATION L							
53	02 CARDIOPULMONARY							
53	03 ELECTROCONVULSIVE THERAPY							
54	ELECTROENCEPHALOGRAPHY							
55	MEDICAL SUPPLIES CHARGED							
56	DRUGS CHARGED TO PATIENTS							
57	RENAL DIALYSIS							
58	ASC (NON-DISTINCT PART)							
59	PSYCHIATRIC/PSYCHOLOGICAL							
59	01 OUTREACH CLINIC							
59	02 ACUPUNCTURE							
60	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
60	01 SENIOR HEALTH/FAMILY PRAC							
60	02 OB-PEDS CLINIC							
60	03 ORTHOPEDIC SVC							
60	04 BARIATRICS							
60	05 CHILD HEALTH CTR							
61	EMERGENCY							
61	01 DIAGNOSTIC TREATMENT CENT							
62	OBSERVATION BEDS (NON-DIS							
64	OTHER REIMBURS COST CNTRS							
64	HOME PROGRAM DIALYSIS							
65	AMBULANCE SERVICES							
66	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL					95,266		

TITLE XVIII, PART A

SUBPROVIDER 2

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			56,095,562			36,605	
38	RECOVERY ROOM			9,240,871			3,909	
39	DELIVERY ROOM & LABOR ROO			5,455,383				
40	ANESTHESIOLOGY			4,003,300			2,039	
41	RADIOLOGY-DIAGNOSTIC	95,266	95,266	23,700,342	.004020	.004020	125,546	505
41 01	CAT SCAN			27,823,419			106,104	
41 02	DIAGNOSTIC ULTRASOUND			2,781,472			94,433	
41 03	NUCLEAR MEDICINE			10,478,752			5,191	
42	RADIOLOGY-THERAPEUTIC			8,012,606				
43	RADIOISOTOPE							
44	LABORATORY			35,091,677			651,545	
45	PBP CLINICAL LAB SERVICES							
47	BLOOD STORING, PROCESSING			4,837,222			28,549	
48	INTRAVENOUS THERAPY			7,115,269			14,361	
49	RESPIRATORY THERAPY			10,273,482			112,378	
50	PHYSICAL THERAPY			12,751,962			3,641,497	
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY			16,487,440			25,758	
53 01	CARDIAC CATHETERIZATION L			16,636,594			12,845	
53 02	CARDIOPULMONARY			3,681,065			41,338	
53 03	ELECTROCONVULSIVE THERAPY			242,010				
54	ELECTROENCEPHALOGRAPHY			2,706,133			1,806	
55	MEDICAL SUPPLIES CHARGED			112,318,785			379,130	
56	DRUGS CHARGED TO PATIENTS			59,474,464			1,006,535	
57	RENAL DIALYSIS			3,092,259				
58	ASC (NON-DISTINCT PART)							
59	PSYCHIATRIC/PSYCHOLOGICAL							
59 01	OUTREACH CLINIC							
59 02	ACUPUNCTURE							
	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
60 01	SENIOR HEALTH/FAMILY PRAC			1,260,481				
60 02	OB-PEDS CLINIC			990				
60 03	ORTHOPEDIC SVC							
60 04	BIARIATRICS							
60 05	CHILD HEALTH CTR							
61	EMERGENCY			33,604,273			22,426	
61 01	DIAGNOSTIC TREATMENT CENT			7,329,305			28,884	
62	OBSERVATION BEDS (NON-DIS			5,124,082				
	OTHER REIMBURS COST CNTRS							
64	HOME PROGRAM DIALYSIS							
65	AMBULANCE SERVICES							
66	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL	95,266	95,266	479,619,200			6,340,879	505

TITLE XVIII, PART A

SUBPROVIDER 2

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 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS	8	8.01	8.02	9		
37	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	CAT SCAN						
41 02	DIAGNOSTIC ULTRASOUND						
41 03	NUCLEAR MEDICINE						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
45	PBP CLINICAL LAB SERVICES						
47	BLOOD STDRING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
53 01	CARDIAC CATHETERIZATION L						
53 02	CARDIOPULMONARY						
53 03	ELECTROCONVULSIVE THERAPY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	PSYCHIATRIC/PSYCHOLOGICAL						
59 01	OUTREACH CLINIC						
59 02	ACUPUNCTURE						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	SENIOR HEALTH/FAMILY PRAC						
60 02	OB-PEDS CLINIC						
60 03	ORTHOPEDIC SVC						
60 04	BARIATRICS						
60 05	CHILD HEALTH CTR						
61	EMERGENCY						
61 01	DIAGNOSTIC TREATMENT CENT						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL						

TITLE 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	.550249				1,708,199
38 RECOVERY ROOM	.443220				256,811
39 DELIVERY ROOM & LABOR ROOM	.887537				162,250
40 ANESTHESIOLOGY	.041428				75,119
41 RADIOLOGY-DIAGNOSTIC	.383013				837,894
41 01 CAT SCAN	.115555				1,000,719
41 02 DIAGNOSTIC ULTRASOUND	.324704				239,030
41 03 NUCLEAR MEDICINE	.210650				323,970
42 RADIOLOGY-THERAPEUTIC	.338227				555,436
43 RADIOISOTOPE					
44 LABORATORY	.274798				1,526,857
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
47 BLOOD STORING, PROCESSING & TRANS.	.614192				62,967
48 INTRAVENOUS THERAPY	.279867				167,509
49 RESPIRATORY THERAPY	.389403				94,798
50 PHYSICAL THERAPY	.426222				152,621
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY	.061853				172,329
53 01 CARDIAC CATHETERIZATION LABORATORY	.393860				485,236
53 02 CARDIOPULMONARY	.211731				3,087
53 03 ELECTROCONVULSIVE THERAPY	3.321094				7,717
54 ELECTROENCEPHALOGRAPHY	.398188				118,473
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.287282				528,689
56 DRUGS CHARGED TO PATIENTS	.375176				2,172,707
57 RENAL DIALYSIS	.665139				1,964
58 ASC (NON-DISTINCT PART)					
59 PSYCHIATRIC/PSYCHOLOGICAL SERVICES					
59 01 OUTREACH CLINIC					
59 02 ACUPUNCTURE					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 SENIOR HEALTH/FAMILY PRACTICE	1.192077				376
60 02 OB-PEDS CLINIC	171.714141				
60 03 ORTHOPEDIC SVC					
60 04 BARIATRICS					
60 05 CHILD HEALTH CTR					
61 EMERGENCY	.344266				2,366,052
61 01 DIAGNOSTIC TREATMENT CENTER	.509558				476,722
62 OBSERVATION BEDS (NON-DISTINCT PART)	.699290				340,299
OTHER REIMBURS COST CNTRS					
64 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES	.729351				81,134
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
101 SUBTOTAL					13,918,965
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					13,918,965

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

TITLE XIX - O/P

HOSPITAL

	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology
Cost Center Description	5.01	5.02	5.03	6	7
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC					
41 01 CAT SCAN					
41 02 DIAGNOSTIC ULTRASOUND					
41 03 NUCLEAR MEDICINE					
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE					
44 LABORATORY					
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
47 BLOOD STORING, PROCESSING & TRANS.					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY					
53 01 CARDIAC CATHETERIZATION LABORATORY					
53 02 CARDIOPULMONARY					
53 03 ELECTROCONVULSIVE THERAPY					
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS					
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
59 PSYCHIATRIC/PSYCHOLOGICAL SERVICES					
59 01 OUTREACH CLINIC					
59 02 ACUPUNCTURE					
OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 SENIOR HEALTH/FAMILY PRACTICE					
60 02 OB-PEDS CLINIC					
60 03 ORTHOPEDIC SVC					
60 04 BARIATRICS					
60 05 CHILD HEALTH CTR					
61 EMERGENCY					
61 01 DIAGNOSTIC TREATMENT CENTER					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURS COST CNTRS					
64 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES					

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS
 I PROVIDER NO: I PERIOD: I PREPARED 11/29/2007
 I 15-0100 I FROM 7/ 1/2006 I WORKSHEET D
 I COMPONENT NO: I TO 6/30/2007 I PART V
 I 15-0100 I I

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
	8	9	9.01	9.02	9.03
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		939,935			
38 RECOVERY ROOM		113,824			
39 DELIVERY ROOM & LABOR ROOM		144,003			
40 ANESTHESIOLOGY		3,112			
41 RADIOLOGY-DIAGNOSTIC		320,924			
41 01 CAT SCAN		115,638			
41 02 DIAGNOSTIC ULTRASOUND		77,614			
41 03 NUCLEAR MEDICINE		68,244			
42 RADIOLOGY-THERAPEUTIC		187,863			
43 RADIOISOTOPE					
44 LABORATORY		419,577			
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
47 BLOOD STORING, PROCESSING & TRANS.		38,674			
48 INTRAVENOUS THERAPY		46,880			
49 RESPIRATORY THERAPY		36,915			
50 PHYSICAL THERAPY		65,050			
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY		10,659			
53 01 CARDIAC CATHETERIZATION LABORATORY		191,115			
53 02 CARDIOPULMONARY		654			
53 03 ELECTROCONVULSIVE THERAPY		25,629			
54 ELECTROENCEPHALOGRAPHY		47,175			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		151,883			
56 DRUGS CHARGED TO PATIENTS		815,148			
57 RENAL DIALYSIS		1,306			
58 ASC (NON-DISTINCT PART)					
59 PSYCHIATRIC/PSYCHOLOGICAL SERVICES					
59 01 OUTREACH CLINIC					
59 02 ACUPUNCTURE					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 SENIOR HEALTH/FAMILY PRACTICE		448			
60 02 OB-PEDS CLINIC					
60 03 ORTHOPEDIC SVC					
60 04 BARIATRICS					
60 05 CHILD HEALTH CTR					
61 EMERGENCY		814,551			
61 01 DIAGNOSTIC TREATMENT CENTER		242,918			
62 OBSERVATION BEDS (NON-DISTINCT PART)		237,968			
64 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES		59,175			
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
101 SUBTOTAL		5,176,882			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES		5,176,882			

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

TITLE XVIII PART A HOSPITAL PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	55,416
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	55,416
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	55,416
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	23,523
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	27,585,239
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	27,585,239

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	24,068,715
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	24,068,715
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.146104
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	434.33
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	27,585,239

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					497.78
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					11,709,279
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					11,709,279

	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	9,960,469	10,917	912.38	6,874	6,271,700	
43.01	PEDIATRIC ICU					
43.02	6,410,050	9,697	661.03			
44	1,656,369	1,299	1,275.11	10	12,751	
45	BURN INTENSIVE CARE UNIT					
46	SURGICAL INTENSIVE CARE UNIT					
47	OTHER SPECIAL CARE					
48	PROGRAM INPATIENT ANCILLARY SERVICE COST					43,506,955
49	TOTAL PROGRAM INPATIENT COSTS					61,500,685

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	1,973,403
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	3,169,494
52	TOTAL PROGRAM EXCLUDABLE COST	5,142,897
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	56,357,788

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

PROVIDER NO: 15-0100
 COMPONENT NO: 15-0100
 PERIOD: FROM 7/1/2006 TO 6/30/2007
 PREPARED 11/29/2007
 WORKSHEET D-1
 PART III

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	7,682
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	497.78
85	OBSERVATION BED COST	3,823,946

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	745,227	.027015	3,823,946	103,304
87	NEW CAPITAL-RELATED COST	2,507,456	.090898	3,823,946	347,589
88	NON PHYSICIAN ANESTHETIST			3,823,946	
89	MEDICAL EDUCATION			3,823,946	
89.01	MEDICAL EDUCATION - ALLIED HEA			3,823,946	
89.02	MEDICAL EDUCATION - ALL OTHER			3,823,946	

TITLE XVIII PART A SUBPROVIDER I TEFRA

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	2,253
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	2,253
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	2,253
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	764
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	1,716,088
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	1,716,088

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	2,304,490
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2,304,490
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.744671
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,022.85
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	1,716,088

TITLE XVIII PART A SUBPROVIDER I TEFRA

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 761.69
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 581,931
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 581,931

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
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42	NURSERY (TITLE V & XIX ONLY)				
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS				
43	INTENSIVE CARE UNIT				
43.01	PEDIATRIC ICU				
43.02	NEONATAL ICU				
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
					1
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				132,973
49	TOTAL PROGRAM INPATIENT COSTS				714,904

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 31,668
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 8,951
 52 TOTAL PROGRAM EXCLUDABLE COST 40,619
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 674,285

TARGET AMOUNT AND LIMIT COMPUTATION

54	PROGRAM DISCHARGES				102
55	TARGET AMOUNT PER DISCHARGE				9,250.56
56	TARGET AMOUNT				943,557
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT				269,272
58	BONUS PAYMENT				18,871
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				733,775
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 11/29/2007
 I 15-0100 I FROM 7/ 1/2006 I WORKSHEET D-1
 I COMPONENT NO: I TO 6/30/2007 I PART III
 I 15-S100 I I

TITLE XVIII PART A

SUBPROVIDER I

TEFRA

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	761.69
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	40,796	1,716,088	.023773	
87	NEW CAPITAL-RELATED COST	52,578	1,716,088	.030638	
88	NON PHYSICIAN ANESTHETIST		1,716,088		
89	MEDICAL EDUCATION		1,716,088		
89.01	MEDICAL EDUCATION - ALLIED HEA		1,716,088		
89.02	MEDICAL EDUCATION - ALL OTHER		1,716,088		

TITLE XVIII PART A SUBPROVIDER II 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 532.05
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 3,498,761
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 3,498,761

	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					
43.01 PEDIATRIC ICU					
43.02 NEONATAL ICU					
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					1
49 TOTAL PROGRAM INPATIENT COSTS					2,593,100 6,091,861

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 234,566
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 157,314
 52 TOTAL PROGRAM EXCLUDABLE COST 391,880
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 5,699,981

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: 15-0100 I PERIOD: 7/ 1/2006 I PREPARED 11/29/2007
 I COMPONENT NO: 15-T100 I TO 6/30/2007 I WORKSHEET D-1
 I I I PART III

TITLE XVIII PART A SUBPROVIDER II 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	532.05
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	1 COST	2 ROUTINE COST	3 COLUMN 1 DIVIDED BY COLUMN 2	4 TOTAL OBSERVATION BED COST	5 OBSERVATION BED PASS THROUGH COST
86	156,085	4,690,045	.033280		
87	158,284	4,690,045	.033749		
88		4,690,045			
89		4,690,045			
89.01		4,690,045			
89.02		4,690,045			

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2007
 I 15-0100 I FROM 7/ 1/2006 I WORKSHEET D-4
 I COMPONENT NO: I TO 6/30/2007 I
 I 15-0100 I PPS I

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS			
26	ADULTS & PEDIATRICS		13,442,584	
26	INTENSIVE CARE UNIT		7,978,695	
26	01 PEDIATRIC ICU			
26	02 NEONATAL ICU			
27	CORONARY CARE UNIT			
31	SUBPROVIDER		18,828	
31	01 SUBPROVIDER 2			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.586400	16,825,205	9,866,300
38	RECOVERY ROOM	.472165	1,421,964	671,402
39	DELIVERY ROOM & LABOR ROOM	.950882	14,374	13,668
40	ANESTHESIOLOGY	.045799	951,384	43,572
41	RADIOLOGY-DIAGNOSTIC	.409392	3,242,735	1,327,550
41	01 CAT SCAN	.124591	4,910,256	611,774
41	02 DIAGNOSTIC ULTRASOUND	.347647	223,718	77,775
41	03 NUCLEAR MEDICINE	.225626	946,771	213,616
42	RADIOLOGY-THERAPEUTIC	.362674	66,174	24,000
43	RADIOISOTOPE			
44	LABORATORY	.292594	10,366,731	3,033,243
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
47	BLOOD STORING, PROCESSING & TRANS.	.653250	1,933,090	1,262,791
48	INTRAVENOUS THERAPY	.297534	1,377,963	409,991
49	RESPIRATORY THERAPY	.414644	4,387,906	1,819,419
50	PHYSICAL THERAPY	.453698	2,828,713	1,283,381
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.068369	5,988,176	409,406
53	01 CARDIAC CATHETERIZATION LABORATORY	.422947	4,488,919	1,898,575
53	02 CARDIOPULMONARY	.233589	1,040,183	242,975
53	03 ELECTROCONVULSIVE THERAPY	3.529970		
54	ELECTROENCEPHALOGRAPHY	.424580	170,711	72,480
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.305330	35,259,020	10,765,637
56	DRUGS CHARGED TO PATIENTS	.398724	17,822,778	7,106,369
57	RENAL DIALYSIS	.715863	21,126	15,123
58	ASC (NON-DISTINCT PART)			
59	PSYCHIATRIC/PSYCHOLOGICAL SERVICES			
59	01 OUTREACH CLINIC			
59	02 ACUPUNCTURE			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60	01 SENIOR HEALTH/FAMILY PRACTICE	1.274479		
60	02 OB-PEDS CLINIC	184.419192		
60	03 ORTHOPEDIC SVC			
60	04 BARIATRICS			
60	05 CHILD HEALTH CTR			
61	EMERGENCY	.372605	4,107,640	1,530,527
61	01 DIAGNOSTIC TREATMENT CENTER	.544127	1,422,078	773,791
62	OBSERVATION BEDS (NON-DISTINCT PART)	.746269	45,011	33,590
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		119,862,626	43,506,955
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		119,862,626	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 15-0100
 COMPONENT NO: 15-S100
 PERIOD: FROM 7/1/2006 TO 6/30/2007
 PREPARED 11/29/2007
 WORKSHEET D-4

TITLE XVIII, PART A SUBPROVIDER 1

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WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
26 01	PEDIATRIC ICU			
26 02	NEONATAL ICU			
27	CORONARY CARE UNIT			
31	SUBPROVIDER		837,235	
31 01	SUBPROVIDER 2			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.586400	2,461	1,443
38	RECOVERY ROOM	.472165	26,083	12,315
39	DELIVERY ROOM & LABOR ROOM	.950882		
40	ANESTHESIOLOGY	.044336		
41	RADIOLOGY-DIAGNOSTIC	.409392	10,195	4,174
41 01	CAT SCAN	.124591	20,321	2,532
41 02	DIAGNOSTIC ULTRASOUND	.347647	2,313	804
41 03	NUCLEAR MEDICINE	.225626	4,942	1,115
42	RADIOLOGY-THERAPEUTIC	.362674		
43	RADIOISOTOPE			
44	LABORATORY	.292594	86,108	25,195
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
47	BLOOD STORING, PROCESSING & TRANS.	.653250		
48	INTRAVENOUS THERAPY	.297534	3,381	1,006
49	RESPIRATORY THERAPY	.414644	9,622	3,990
50	PHYSICAL THERAPY	.453698	21,678	9,835
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.066275	3,556	236
53 01	CARDIAC CATHETERIZATION LABORATORY	.422947	2,827	1,196
53 02	CARDIOPULMONARY	.225258		
53 03	ELECTROCONVULSIVE THERAPY	3.529970		
54	ELECTROENCEPHALOGRAPHY	.424580	452	192
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.305330	19,061	5,820
56	DRUGS CHARGED TO PATIENTS	.398724	109,086	43,495
57	RENAL DIALYSIS	.706906		
58	ASC (NON-DISTINCT PART)			
59	PSYCHIATRIC/PSYCHOLOGICAL SERVICES			
59 01	OUTREACH CLINIC			
59 02	ACUPUNCTURE			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60 01	SENIOR HEALTH/FAMILY PRACTICE	1.274479		
60 02	OB-PEDS CLINIC	184.419192		
60 03	ORTHOPEDIC SVC			
60 04	BIARIATRICS			
60 05	CHILD HEALTH CTR			
61	EMERGENCY	.366837	50,428	18,499
61 01	DIAGNOSTIC TREATMENT CENTER	.544127	2,069	1,126
62	OBSERVATION BEDS (NON-DISTINCT PART)	.746269		
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		374,583	132,973
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		374,583	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2007
 I 15-0100 I FROM 7/ 1/2006 I WORKSHEET D-4
 I COMPONENT NO: I TO 6/30/2007 I
 I 15-T100 I

TITLE XVIII, PART A

SUBPROVIDER 2

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			
26 01	PEDIATRIC ICU			
26 02	NEONATAL ICU			
27	CORONARY CARE UNIT			
31	SUBPROVIDER			
31 01	SUBPROVIDER 2		3,911,946	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.586400	36,605	21,465
38	RECOVERY ROOM	.472165	3,909	1,846
39	DELIVERY ROOM & LABOR ROOM	.950882		
40	ANESTHESIOLOGY	.045799	2,039	93
41	RADIOLOGY-DIAGNOSTIC	.409392	125,546	51,398
41 01	CAT SCAN	.124591	106,104	13,220
41 02	DIAGNOSTIC ULTRASOUND	.347647	94,433	32,829
41 03	NUCLEAR MEDICINE	.225626	5,191	1,171
42	RADIOLOGY-THERAPEUTIC	.362674		
43	RADIOISOTOPE			
44	LABORATORY	.292594	651,545	190,638
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
47	BLOOD STORING, PROCESSING & TRANS.	.653250	28,549	18,650
48	INTRAVENOUS THERAPY	.297534	14,361	4,273
49	RESPIRATORY THERAPY	.414644	112,378	46,597
50	PHYSICAL THERAPY	.453698	3,641,497	1,652,140
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.068369	25,758	1,761
53 01	CARDIAC CATHETERIZATION LABORATORY	.422947	12,845	5,433
53 02	CARDIOPULMONARY	.233589	41,338	9,656
53 03	ELECTROCONVULSIVE THERAPY	3.529970		
54	ELECTROENCEPHALOGRAPHY	.424580	1,806	767
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.305330	379,130	115,760
56	DRUGS CHARGED TO PATIENTS	.398724	1,006,535	401,330
57	RENAL DIALYSIS	.715863		
58	ASC (NON-DISTINCT PART)			
59	PSYCHIATRIC/PSYCHOLOGICAL SERVICES			
59 01	OUTREACH CLINIC			
59 02	ACUPUNCTURE			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60 01	SENIOR HEALTH/FAMILY PRACTICE	1.274479		
60 02	OB-PEDS CLINIC	184.419192		
60 03	ORTHOPEDIC SVC			
60 04	BIARIATRICS			
60 05	CHILD HEALTH CTR			
61	EMERGENCY	.372605	22,426	8,356
61 01	DIAGNOSTIC TREATMENT CENTER	.544127	28,884	15,717
62	OBSERVATION BEDS (NON-DISTINCT PART)	.746269		
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		6,340,879	2,593,100
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		6,340,879	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2007
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 I 15-0100 I

TITLE XIX HOSPITAL

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		1,816,931	
26	INTENSIVE CARE UNIT		873,205	
26 01	PEDIATRIC ICU			
26 02	NEONATAL ICU		1,621,821	
27	CORONARY CARE UNIT		60,739	
31	SUBPROVIDER			
31 01	SUBPROVIDER 2			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.586400	966,728	566,889
38	RECOVERY ROOM	.472165	87,678	41,398
39	DELIVERY ROOM & LABOR ROOM	.950882	792,837	753,894
40	ANESTHESIOLOGY	.044336	71,850	3,186
41	RADIOLOGY-DIAGNOSTIC	.409392	383,910	157,170
41 01	CAT SCAN	.124591	439,678	54,780
41 02	DIAGNOSTIC ULTRASOUND	.347647	96,427	33,523
41 03	NUCLEAR MEDICINE	.225626	121,330	27,375
42	RADIOLOGY-THERAPEUTIC	.362674		
43	RADIOISOTOPE			
44	LABORATORY	.292594	1,352,207	395,648
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
47	BLOOD STORING, PROCESSING & TRANS.	.653250	281,348	183,791
48	INTRAVENOUS THERAPY	.297534	340,416	101,285
49	RESPIRATORY THERAPY	.414644	1,373,122	569,357
50	PHYSICAL THERAPY	.453698	372,777	169,128
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.066275	197,156	13,067
53 01	CARDIAC CATHETERIZATION LABORATORY	.422947	683,442	289,060
53 02	CARDIOPULMONARY	.225258		
53 03	ELECTROCONVULSIVE THERAPY	3.529970		
54	ELECTROENCEPHALOGRAPHY	.424580	44,314	18,815
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.305330	1,449,727	442,645
56	DRUGS CHARGED TO PATIENTS	.398724	2,570,683	1,024,993
57	RENAL DIALYSIS	.706906	86,494	61,143
58	ASC (NON-DISTINCT PART)			
59	PSYCHIATRIC/PSYCHOLOGICAL SERVICES			
59 01	OUTREACH CLINIC			
59 02	ACUPUNCTURE			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60 01	SENIOR HEALTH/FAMILY PRACTICE	1.274479		
60 02	OB-PEDS CLINIC	184.419192		
60 03	ORTHOPEDIC SVC			
60 04	BARIATRICS			
60 05	CHILD HEALTH CTR			
61	EMERGENCY	.366837	511,466	187,625
61 01	DIAGNOSTIC TREATMENT CENTER	.544127	146,967	79,969
62	OBSERVATION BEDS (NON-DISTINCT PART)	.746269		
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		12,370,557	5,174,741
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		12,370,557	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2007
 I 15-0100 I FROM 7/ 1/2006 I WORKSHEET D-4
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TITLE XIX

SUBPROVIDER 1

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			
26	INTENSIVE CARE UNIT			
26	01 PEDIATRIC ICU			
26	02 NEONATAL ICU			
27	CORONARY CARE UNIT			
31	SUBPROVIDER		232,959	
31	01 SUBPROVIDER 2			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.586400	33,268	19,508
38	RECOVERY ROOM	.472165	3,017	1,425
39	DELIVERY ROOM & LABOR ROOM	.950882	27,284	25,944
40	ANESTHESIOLOGY	.044336	2,473	110
41	RADIOLOGY-DIAGNOSTIC	.409392	13,211	5,408
41	01 CAT SCAN	.124591	15,130	1,885
41	02 DIAGNOSTIC ULTRASOUND	.347647	3,318	1,153
41	03 NUCLEAR MEDICINE	.225626	4,175	942
42	RADIOLOGY-THERAPEUTIC	.362674		
43	RADIOISOTOPE			
44	LABORATORY	.292594	46,533	13,615
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
47	BLOOD STORING, PROCESSING & TRANS.	.653250	9,682	6,325
48	INTRAVENOUS THERAPY	.297534	11,715	3,486
49	RESPIRATORY THERAPY	.414644	47,253	19,593
50	PHYSICAL THERAPY	.453698	12,828	5,820
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.066275	6,785	450
53	01 CARDIAC CATHETERIZATION LABORATORY	.422947	23,519	9,947
53	02 CARDIOPULMONARY	.225258		
53	03 ELECTROCONVULSIVE THERAPY	3.529970		
54	ELECTROENCEPHALOGRAPHY	.424580	1,525	647
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.305330	49,889	15,233
56	DRUGS CHARGED TO PATIENTS	.398724	88,464	35,273
57	RENAL DIALYSIS	.706906	2,976	2,104
58	ASC (NON-DISTINCT PART)			
59	PSYCHIATRIC/PSYCHOLOGICAL SERVICES			
59	01 OUTREACH CLINIC			
59	02 ACUPUNCTURE			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60	01 SENIOR HEALTH/FAMILY PRACTICE	1.274479		
60	02 OB-PEDS CLINIC	184.419192		
60	03 ORTHOPEDIC SVC			
60	04 BARIATRICS			
60	05 CHILD HEALTH CTR			
61	EMERGENCY	.366837	17,601	6,457
61	01 DIAGNOSTIC TREATMENT CENTER	.544127	5,058	2,752
62	OBSERVATION BEDS (NON-DISTINCT PART)	.746269		
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		425,704	178,077
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		425,704	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2007
 I 15-0100 I FROM 7/ 1/2006 I WORKSHEET D-4
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 I 15-T100 I

TITLE XIX

SUBPROVIDER 2

OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
26	01 PEDIATRIC ICU			
26	02 NEONATAL ICU			
27	CORONARY CARE UNIT			
31	SUBPROVIDER			
31	01 SUBPROVIDER 2		163,659	
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.586400	56,047	32,866
38	RECOVERY ROOM	.472165	5,083	2,400
39	DELIVERY ROOM & LABOR ROOM	.950882	45,965	43,707
40	ANESTHESIOLOGY	.044336	4,166	185
41	RADIOLOGY-DIAGNOSTIC	.409392	22,258	9,112
41	01 CAT SCAN	.124591	25,491	3,176
41	02 DIAGNOSTIC ULTRASOUND	.347647	5,590	1,943
41	03 NUCLEAR MEDICINE	.225626	7,034	1,587
42	RADIOLOGY-THERAPEUTIC	.362674		
43	RADIOISOTOPE			
44	LABORATORY	.292594	78,395	22,938
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
47	BLOOD STORING, PROCESSING & TRANS.	.653250	16,311	10,655
48	INTRAVENOUS THERAPY	.297534	19,736	5,872
49	RESPIRATORY THERAPY	.414644	79,608	33,009
50	PHYSICAL THERAPY	.453698	21,612	9,805
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.066275	11,430	758
53	01 CARDIAC CATHETERIZATION LABORATORY	.422947	39,623	16,758
53	02 CARDIOPULMONARY	.225258		
53	03 ELECTROCONVULSIVE THERAPY	3.529970		
54	ELECTROENCEPHALOGRAPHY	.424580	2,569	1,091
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.305330	84,049	25,663
56	DRUGS CHARGED TO PATIENTS	.398724	149,038	59,425
57	RENAL DIALYSIS	.706906	5,015	3,545
58	ASC (NON-DISTINCT PART)			
59	PSYCHIATRIC/PSYCHOLOGICAL SERVICES			
59	01 OUTREACH CLINIC			
59	02 ACUPUNCTURE			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60	01 SENIOR HEALTH/FAMILY PRACTICE	1.274479		
60	02 OB-PEDS CLINIC	184.419192		
60	03 ORTHOPEDIC SVC			
60	04 BARIATRICS			
60	05 CHILD HEALTH CTR			
61	EMERGENCY	.366837	29,653	10,878
61	01 DIAGNOSTIC TREATMENT CENTER	.544127	8,521	4,637
62	OBSERVATION BEDS (NON-DISTINCT PART)	.746269		
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		717,194	300,010
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		717,194	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	42,113,795	
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		
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	1,273,965	
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)		
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	362.73	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.	18.42	
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
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)	12.42	E-3 PT 6 LN 15 PLUS LN 3.06
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	5.55	
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.	2.17	
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)	7.72	
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE	8.28	
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	13.43	
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).	9.81	
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)	.027045	
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	.023343	
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19	.023343	
3.21 IME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1	541,710	
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).	541,710	541,710
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	6.17	
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I	19.79	
4.02 SUM OF LINES 4 AND 4.01	25.96	
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)	10.25	
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	4,316,664	
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGS 302, 316, AND 317.		
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGS 302, 316 & 317		
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, AND 317.		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)	335.00	
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	48,246,134	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS) FY BEG. 10/1/2000		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

DESCRIPTION	1	1.01
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	48,246,134	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	4,009,982	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	296,637	
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	13,036	
16 TOTAL	52,565,789	
17 PRIMARY PAYER PAYMENTS	43,232	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	52,522,557	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	4,061,048	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	143,458	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	592,785	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	414,950	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
22 SUBTOTAL	48,733,001	
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	48,733,001	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	48,254,579	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	478,422	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	491,850	
----- 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 11/29/2007
I	15-0100	I	FROM 7/ 1/2006	I	WORKSHEET E
I	COMPONENT NO:	I	TO 6/30/2007	I	PART B
I	15-0100	I		I	

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	28,507,932
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	19,473,135
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.800
1.04	LINE 1.01 TIMES LINE 1.03.	22,806,346
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	85.38
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.	21,278
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	
	COMPUTATION OF LESSER OF COST OR CHARGES	
	REASONABLE CHARGES	
6	ANCILLARY SERVICE CHARGES	
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	
	CUSTOMARY CHARGES	
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	19,494,413
	COMPUTATION OF REIMBURSEMENT SETTLEMENT	
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	5,041,426
19	SUBTOTAL (SEE INSTRUCTIONS)	14,452,987
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	123,950
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	14,576,937
24	PRIMARY PAYER PAYMENTS	5,978
25	SUBTOTAL	14,570,959
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	682,538
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	477,777
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	15,048,736
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	15,048,736
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	14,584,491
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	464,245
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 11/29/2007
 I 15-0100 I FROM 7/ 1/2006 I WORKSHEET E-1
 I COMPONENT NO: I TO 6/30/2007 I
 I 15-0100 I I

TITLE XVIII HOSPITAL

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		47,501,948		14,425,731
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01	6/30/2007	842,436	6/30/2007	454,916
ADJUSTMENTS TO PROVIDER .02	2/26/2007	15,559		
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50	2/26/2007	105,364	2/26/2007	296,156
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
ADJUSTMENTS TO PROGRAM .99				
SUBTOTAL		752,631		158,760
4 TOTAL INTERIM PAYMENTS		48,254,579		14,584,491
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
TENTATIVE TO PROGRAM .99				
SUBTOTAL		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER .01				
SETTLEMENT TO PROGRAM .02				
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:
 INTERMEDIARY NO: 00000

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO: 15-0100 I PERIOD: FROM 7/ 1/2006 I PREPARED 11/29/2007
 I COMPONENT NO: I TO 6/30/2007 I WORKSHEET E-1
 I 15-S100 I I

TITLE XVIII SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		661,235		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER	.01	3/ 1/2007	27,042	
ADJUSTMENTS TO PROVIDER	.02			
ADJUSTMENTS TO PROVIDER	.03			
ADJUSTMENTS TO PROVIDER	.04			
ADJUSTMENTS TO PROVIDER	.05			
ADJUSTMENTS TO PROGRAM	.50			
ADJUSTMENTS TO PROGRAM	.51			
ADJUSTMENTS TO PROGRAM	.52			
ADJUSTMENTS TO PROGRAM	.53			
ADJUSTMENTS TO PROGRAM	.54			
ADJUSTMENTS TO PROGRAM	.99			
SUBTOTAL			27,042	NONE
4 TOTAL INTERIM PAYMENTS			688,277	
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER	.01			
TENTATIVE TO PROVIDER	.02			
TENTATIVE TO PROVIDER	.03			
TENTATIVE TO PROGRAM	.50			
TENTATIVE TO PROGRAM	.51			
TENTATIVE TO PROGRAM	.52			
TENTATIVE TO PROGRAM	.99			
SUBTOTAL			NONE	NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER	.01			
SETTLEMENT TO PROGRAM	.02			
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:
 INTERMEDIARY NO: 00000

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO: 15-0100
 I COMPONENT NO: 15-T100
 I PERIOD: FROM 7/ 1/2006 TO 6/30/2007
 I PREPARED 11/29/2007
 I WORKSHEET E-1

TITLE XVIII SUBPROVIDER 2

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		6,657,370		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER	.01	3/ 1/2007	61,114	
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		61,114	NONE
4 TOTAL INTERIM PAYMENTS			6,718,484	
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER	.01			
TENTATIVE TO PROVIDER	.02			
TENTATIVE TO PROVIDER	.03			
TENTATIVE TO PROGRAM	.50			
TENTATIVE TO PROGRAM	.51			
TENTATIVE TO PROGRAM	.52			
SUBTOTAL	.99		NONE	NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER	.01			
SETTLEMENT TO PROGRAM	.02			
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:
 INTERMEDIARY NO: 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

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	733,775
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	366,888
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	
1.03	MEDICAID SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	
1.05	OUTLIER PAYMENTS	
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
	INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	244,691
1.09	NET IPF PPS OUTLIER PAYMENTS	17,226
1.10	NET IPF PPS ECT PAYMENTS	6,475
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)	6.172603
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.15/1.16))) \text{ RAISED TO THE POWER OF } .5150 - 1\}$.	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	268,392
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	513,643
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	256,822
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)	635,280
	INPATIENT REHABILITATION FACILITY (IRF)	
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.39/1.40))) \text{ RAISED TO THE POWER OF } .9012 - 1\}$.	
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)	635,280
5	PRIMARY PAYER PAYMENTS	2,416
6	SUBTOTAL	632,864
7	DEDUCTIBLES	66,136
8	SUBTOTAL	566,728
9	COINSURANCE	8,292
10	SUBTOTAL	558,436
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)S	
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
12	SUBTOTAL	558,436
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	21
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)	558,457
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	688,277
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	-129,820
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

----- FI ONLY -----

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/29/2007
I	15-0100	I	FROM 7/ 1/2006	I	WORKSHEET E-3
I	COMPONENT NO:	I	TO 6/30/2007	I	PART I
I	15-S100	I		I	

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

- 50 ENTER THE ORIGINAL OUTLIER AMOUNT FROM E-3,I LN 1.05 (IRF)
OR 1.09 (IPF).
- 51 ENTER THE OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
- 52 ENTER THE INTEREST RATE USED TO CALCULATE THE TIME VALUE
OF MONEY. (SEE INSTRUCTIONS).
- 53 ENTER THE TIME VALUE OF MONEY.

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2007
 I 15-0100 I FROM 7/ 1/2006 I WORKSHEET E-3
 I COMPONENT NO: I TO 6/30/2007 I PART I
 I 15-T100 I I

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	6,448,097
1.03	MEDICAID SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	.0345
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	290,467
1.05	OUTLIER PAYMENTS	78,776
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	6,817,340
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
	INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	
1.09	NET IPF PPS OUTLIER PAYMENTS	
1.10	NET IPF PPS ECT PAYMENTS	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1)\}$.	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	
	INPATIENT REHABILITATION FACILITY (IRF)	
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	24.150685
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.39/1.40)) \text{ RAISED TO THE POWER OF } .9012 - 1)\}$.	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	6,817,340
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	6,817,340
7	DEDUCTIBLES	53,163
8	SUBTOTAL	6,764,177
9	COINSURANCE	15,540
10	SUBTOTAL	6,748,637
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)S	
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
12	SUBTOTAL	6,748,637
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	505
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)	6,749,142
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	6,718,484
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	30,658
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/29/2007
I	15-0100	I	FROM 7/ 1/2006	I	WORKSHEET E-3
I	COMPONENT NO:	I	TO 6/30/2007	I	PART I
I	15-T100	I		I	

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

- 50 ENTER THE ORIGINAL OUTLIER AMOUNT FROM E-3, I LN 1.05 (IRF)
OR 1.09 (IPF).
- 51 ENTER THE OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)
- 52 ENTER THE INTEREST RATE USED TO CALCULATE THE TIME VALUE
OF MONEY. (SEE INSTRUCTIONS).
- 53 ENTER THE TIME VALUE OF MONEY.

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

	TITLE XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES			
2	MEDICAL AND OTHER SERVICES			
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL			
			5,176,882	
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL			
			5,176,882	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES			
			4,357,600	
11	ANCILLARY SERVICE CHARGES			
			26,289,522	
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES			
			30,647,122	
17	CUSTOMARY CHARGES			
	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
19	RATIO OF LINE 17 TO LINE 18			
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
			30,647,122	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
			25,470,240	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES			
			5,176,882	
24	PROSPECTIVE PAYMENT AMOUNT			
25	OTHER THAN OUTLIER PAYMENTS			
26	OUTLIER PAYMENTS			
27	PROGRAM CAPITAL PAYMENTS			
28	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
29	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
30	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
31	SUBTOTAL			
			5,176,882	
32	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
33	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30			
			5,176,882	
34	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
35	EXCESS OF REASONABLE COST			
36	SUBTOTAL			
			5,176,882	
37	COINSURANCE			
38	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38.01	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.02	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.03	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
39	UTILIZATION REVIEW			
40	SUBTOTAL (SEE INSTRUCTIONS)			
			5,176,882	
41	INPATIENT ROUTINE SERVICE COST			
42	MEDICARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
45	RATIO OF LINE 43 TO 44			
46	TOTAL CUSTOMARY CHARGES			
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION ADJ TO ZERO			
			-5,205,680	
50	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
51	SUBTOTAL			
			-28,798	
52	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
53	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
54	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
			-28,798	
55	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
56	INTERIM PAYMENTS			
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM			
			-28,798	
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.			

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

	TITLE XIX	SUBPROVIDER 1	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	INPATIENT PRIMARY PAYER PAYMENTS			
9	OUTPATIENT PRIMARY PAYER PAYMENTS			
	SUBTOTAL			
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10			232,959	
11			425,704	
12				
13				
14				
15				
16			658,663	
	CUSTOMARY CHARGES			
17				
18				
19				
20			658,663	
21			658,663	
22				
23				
	PROSPECTIVE PAYMENT AMOUNT			
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34				
35				
36				
37				
38				
38.01				
38.02				
38.03				
39				
40				
41				
42				
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44				
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57				
57.01				
58				
59				

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

TITLE XIX	SUBPROVIDER 2	OTHER TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
		1	2
COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES		
2	MEDICAL AND OTHER SERVICES		
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)		
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)		
6	SUBTOTAL		
7	INPATIENT PRIMARY PAYER PAYMENTS		
8	OUTPATIENT PRIMARY PAYER PAYMENTS		
9	SUBTOTAL		
COMPUTATION OF LESSER OF COST OR CHARGES			
REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES	163,659	
11	ANCILLARY SERVICE CHARGES	717,194	
12	INTERNS AND RESIDENTS SERVICE CHARGES		
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE		
14	TEACHING PHYSICIANS		
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION		
16	TOTAL REASONABLE CHARGES	880,853	
CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		
19	RATIO OF LINE 17 TO LINE 18		
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	880,853	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	880,853	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
23	COST OF COVERED SERVICES		
PROSPECTIVE PAYMENT AMOUNT			
24	OTHER THAN OUTLIER PAYMENTS		
25	OUTLIER PAYMENTS		
26	PROGRAM CAPITAL PAYMENTS		
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)		
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS		
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
30	SUBTOTAL		
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)		
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30		
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)		
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST		
35	SUBTOTAL		
36	COINSURANCE		
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19		
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)		
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)		
39	UTILIZATION REVIEW		
40	SUBTOTAL (SEE INSTRUCTIONS)		
41	INPATIENT ROUTINE SERVICE COST		
42	MEDICARE INPATIENT ROUTINE CHARGES		
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES		
45	RATIO OF LINE 43 TO 44		
46	TOTAL CUSTOMARY CHARGES		
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
50	OTHER ADJUSTMENTS (SPECIFY)		
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
52	SUBTOTAL		
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)		
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER		
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
57	INTERIM PAYMENTS		
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
58	BALANCE DUE PROVIDER/PROGRAM		
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.		

TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)		
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY		
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)		
3	AGGREGATE APPROVED AMOUNT		
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96		18.42
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)		
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4)	E-3, PT 6 LN 4 + LINE 3.03	
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)	12.42	12.42
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		5.55
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		5.55
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		5.55
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		5.55
3.10	SEE INSTRUCTIONS		5.55
3.11	WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		2.17
3.12	SEE INSTRUCTIONS		2.17
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		1.83
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		.83
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	1.61
3.16	ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS)		1.61
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		83,947.00
3.18	SEE INSTRUCTIONS		135,155
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		6.23
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		14.07
3.21	SEE INSTRUCTIONS	RES INIT YEARS	8.62
3.22	SEE INSTRUCTIONS		8.62
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		88,653.44
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		764,193
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		899,348

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		37,747
5	TOTAL INPATIENT DAYS		80,715
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.467658
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	420,587	420,587
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		80,715
6.04	ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS)		100.00
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.		
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)		
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	PRIOR TO 422 E-3,6 LN 12	100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD		

DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY

7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS		
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES		3,092,259
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES		
10	MEDICARE OUTPATIENT ESRD CHARGES		
11	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS		

APPORTIONMENT BASED ON MEDICARE REASONABLE COST TITLE XVIII ONLY

PART A REASONABLE COST

12	REASONABLE COST (SEE INSTRUCTIONS)		68,307,450
13	ORGAN ACQUISITION COSTS		
14	COST OF TEACHING PHYSICIANS		
15	PRIMARY PAYER PAYMENTS		45,648
16	TOTAL PART A REASONABLE COST		68,261,802

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR ST. MARY'S MEDICAL CENTER
 DIRECT GRADUATE MEDICAL EDUCATION (GME)
 & ESRD OUTPATIENT DIRECT MEDICAL
 EDUCATION COSTS

IN LIEU OF FORM CMS-2552-96-E-3 (02/2006)
 PROVIDER NO: 15-0100 I PERIOD: 7/1/2006 I PREPARED 11/29/2007
 I FROM 7/1/2006 I WORKSHEET E-3
 I TO 6/30/2007 I PART IV

TITLE XVIII

PART B REASONABLE COST		
17	REASONABLE COST	28,529,210
18	PRIMARY PAYER PAYMENTS	5,978
19	TOTAL PART B REASONABLE COST	28,523,232
20	TOTAL REASONABLE COST	96,785,034
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.705293
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.294707
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B		
23	TOTAL PROGRAM GME PAYMENT	
23.01	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 10/1/97 (SUM OF LINES 6.01, 6.05, & 6.08)	420,587
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	296,637
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	123,950

TITLE XVIII

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA

	COLUMN 1	COLUMN 1.01
1 RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD.	1.000000	
2 REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	12.42	
3 UNADJUSTED DIRECT GME FTE CAP (WKST E-3, PART IV, SUM OF LINES 3.01 AND 3.02)	18.42	
4 PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	12.42	

CALCULATION OF ADDITIONAL DIRECT GME PAYMENT ATTRIBUTABLE TO SECTION 422 OF MMA

5 ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)		
5.01 PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP SLOTS (COST REPORTING PERIODS OVERLAPPING 7/1/2005 ONLY)		
6 GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)		
7 ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)		
8 ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)	83,947.00	
9 MULTIPLY LINE 7 TIMES LINE 8		
10 MEDICARE PROGRAM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6.		
11 DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS (MULTIPLY LN 9 * LN 10)		
12 DIRECT GME PAYMENT FOR MANAGED CARE DAYS (MULTIPLY LINE 9 BY WKST E-3, PART IV [(LINE 6.02+6.06)/LINE 5])		

CALCULATION OF REDUCED IME CAP UNDER SECTION 422 OF MMA

13 REDUCED IME FTE CAP (SEE INSTRUCTIONS)	12.42
14 UNADJUSTED IME FTE CAP (WKST E, PART A, SUM OF LINES 3.04 AND 3.05)	18.42
15 PRORATED REDUCED ALLOWABLE IME FTE CAP	12.42

CALCULATION OF ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

16 NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(c).
17 IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)
18 IF THE AMOUNT ON LINE 17 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 16 OR LINE 17 (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2005)
19 RESIDENT TO BED COUNT (DIVIDE LINE 18 BY LINE 3 OF WKST E, PART A)
20 IME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)
21 DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005.
22 SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005
23 ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

BALANCE SHEET

PROVIDER NO: 15-0100
 PERIOD: FROM 7/1/2006 TO 6/30/2007
 PREPARED 11/29/2007
 WORKSHEET G

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	6,245,616			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	70,250,898			
5 OTHER RECEIVABLES				
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-25,004,390			
7 INVENTORY	6,086,082			
8 PREPAID EXPENSES	4,637,620			
9 OTHER CURRENT ASSETS	543,503			
10 DUE FROM OTHER FUNDS	13,699,431			
11 TOTAL CURRENT ASSETS	76,458,760			
FIXED ASSETS				
12 LAND	10,218,996			
12.01 LAND IMPROVEMENTS	8,942,907			
13.01 LESS ACCUMULATED DEPRECIATION				
14 BUILDINGS	148,700,830			
14.01 LESS ACCUMULATED DEPRECIATION				
15 LEASEHOLD IMPROVEMENTS	1,545,905			
15.01 LESS ACCUMULATED DEPRECIATION				
16 FIXED EQUIPMENT	172,465,185			
16.01 LESS ACCUMULATED DEPRECIATION	-221,548,273			
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT				
18.01 LESS ACCUMULATED DEPRECIATION				
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	120,325,550			
OTHER ASSETS				
22 INVESTMENTS	233,353,062			
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	13,058,558			
26 TOTAL OTHER ASSETS	246,411,620			
27 TOTAL ASSETS	443,195,930			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
LIABILITIES AND FUND BALANCE				
CURRENT LIABILITIES				
28	ACCOUNTS PAYABLE			
	10,121,437			
29	SALARIES, WAGES & FEES PAYABLE			
	16,069,965			
30	PAYROLL TAXES PAYABLE			
31	NOTES AND LOANS PAYABLE (SHORT TERM)			
	2,551,452			
32	DEFERRED INCOME			
33	ACCELERATED PAYMENTS			
34	DUE TO OTHER FUNDS			
35	OTHER CURRENT LIABILITIES			
	2,866,039			
36	TOTAL CURRENT LIABILITIES			
	31,608,893			
LONG TERM LIABILITIES				
37	MORTGAGE PAYABLE			
	143,813,897			
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			
	18,362,237			
42	TOTAL LONG-TERM LIABILITIES			
	162,176,134			
43	TOTAL LIABILITIES			
	193,785,027			
CAPITAL ACCOUNTS				
44	GENERAL FUND BALANCE			
	249,410,903			
45	SPECIFIC PURPOSE FUND			
46	DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED			
47	DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT			
48	GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE			
49	PLANT FUND BALANCE-INVESTED IN PLANT			
50	PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION			
51	TOTAL FUND BALANCES			
	249,410,903			
52	TOTAL LIABILITIES AND FUND BALANCES			
	443,195,930			

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND 1	2	SPECIFIC PURPOSE FUND 3	4
1	FUND BALANCE AT BEGINNING	223,629,709		
2	OF PERIOD			
3	NET INCOME (LOSS)	25,781,194		
4	TOTAL	249,410,903		
5	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)			
6				
7				
8				
9				
10	TOTAL ADDITIONS			
11	SUBTOTAL	249,410,903		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)			
13				
14				
15				
16				
17				
18	TOTAL DEDUCTIONS			
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	249,410,903		

	ENDOWMENT FUND 5	6	PLANT FUND 7	8
1	FUND BALANCE AT BEGINNING			
2	OF PERIOD			
3	NET INCOME (LOSS)			
4	TOTAL			
5	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)			
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:	I	PERIOD:	I	PREPARED 11/29/2007
I	15-0100	I	FROM 7/ 1/2006	I	WORKSHEET G-2
I		I	TO 6/30/2007	I	PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	24,068,715		24,068,715
2 00 SUBPROVIDER	2,304,490		2,304,490
2 01 SUBPROVIDER 2	5,138,609		5,138,609
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY			
7 00 NURSING FACILITY			
7 01 ICF/MR			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	31,511,814		31,511,814
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	11,895,064		11,895,064
10 01 PEDIATRIC ICU			
10 02 NEONATAL ICU	11,004,720		11,004,720
11 00 CORONARY CARE UNIT	1,922,391		1,922,391
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	24,822,175		24,822,175
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	56,333,989		56,333,989
17 00 ANCILLARY SERVICES	266,414,617	212,659,300	479,073,917
18 00 OUTPATIENT SERVICES		1,261,471	1,261,471
20 00 AMBULANCE SERVICES	13,879	3,256,832	3,270,711
22 00 AMBULATORY SURGICAL CENTER (D.P.)			
24 00			
25 00 TOTAL PATIENT REVENUES	322,762,485	217,177,603	539,940,088

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES	287,874,995
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	287,874,995

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO:	I PERIOD:	I PREPARED 11/29/2007
15-0100	I FROM 7/ 1/2006	I WORKSHEET G-3
	I TO 6/30/2007	I

DESCRIPTION		
1	TOTAL PATIENT REVENUES	539,940,088
2	LESS: ALLOWANCES AND DISCOUNTS ON	312,755,888
3	NET PATIENT REVENUES	227,184,200
4	LESS: TOTAL OPERATING EXPENSES	287,874,995
5	NET INCOME FROM SERVICE TO PATIENT	-60,690,795
	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	
24	OTHER AND MISC INCOME	40,894,976
24.01	OTHER PATIENT (NRCC) REC NOT ON WS	70,531,544
24.02	FEES INCLUDED IN BAD DEBT ON P&L	1,136,739
25	TOTAL OTHER INCOME	112,563,259
26	TOTAL	51,872,464
	OTHER EXPENSES	
27	BAD DEBTS NOT ON WS A	26,091,270
28		
29		
30	TOTAL OTHER EXPENSES	26,091,270
31	NET INCOME (OR LOSS) FOR THE PERIO	25,781,194

CALCULATION OF CAPITAL PAYMENT

I PROVIDER NO: I PERIOD: I PREPARED 11/29/2007
 I 15-0100 I FROM 7/ 1/2006 I WORKSHEET L
 I COMPONENT NO: I TO 6/30/2007 I PARTS I-IV
 I 15-0100 I FULLY PROSPECTIVE METHOD

TITLE XVIII, PART A HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	3,666,333
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	92,139
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	190.81
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	9.81
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	1.46
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	53,528
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPIENT PATIENT DAYS TO	6.17
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	19.79
	DAYS REPORTED ON 5-3, PART I	
5 .02	SUM OF 5 AND 5.01	25.96
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	5.40
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	197,982
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	4,009,982

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)	