

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

FORM APPROVED  
 OMB NO. 0938-0050

WORKSHEET S  
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION	I	15-0157	I	FROM 7/ 1/2006	I	--AUDITED --DESK REVIEW	I	/ /
AND SETTLEMENT SUMMARY	I		I	TO 6/30/2007	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
						--FINAL 1-MCR CODE	I	
						00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 11/28/2007 TIME 10:07

PART I - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY: ST. VINCENT CARMEL HOSPITAL 15-0157 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.

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 ECR ENCRYPTION INFORMATION  
 DATE: 11/28/2007 TIME 10:07

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*Paul J. Jordan*  
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

SUP-FINANCE CFO

DATE

11/20/07

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX	
1	HOSPITAL	0	-93,458	3	24,637	0
100	TOTAL	0	-93,458		24,637	0

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.



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  
 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 0.0000 0.0000  
 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 0.00%  
 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).  
 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).

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  
 4 IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA? N  
 5 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N  
 5.01 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N  
 5.02 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?  
 5.03 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?  
 5.04 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL V XVIII XIX  
 6 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) 1 2 3  
 6.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS) N Y N  
 7 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N Y N  
 7.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE? N N N



COMPONENT	NO. OF BEDS	BED DAYS AVAILABLE	CAH N/A	TITLE V	I/P DAYS / TITLE XVIII	O/P VISITS / NOT LTCH N/A	TRIPS TOTAL TITLE XIX
1 ADULTS & PEDIATRICS	94	34,310	2.01	3	4	6,021	1,460
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	94	34,310				6,021	1,460
6 INTENSIVE CARE UNIT	10	3,650				489	
10 SPECIAL CARE NURSERY	4	1,460					
11 NURSERY							
12 TOTAL	108	39,420				6,510	1,460
13 RPCH VISITS							
25 TOTAL	108						
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
27 01 AMBULANCE TRIPS							
27 02 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX ADMITTED	I/P DAYS / OBSERVATION BEDS NOT ADMITTED	O/P VISITS / ALL PATS	TRIPS / TOTAL OBSERVATION BEDS ADMITTED	INTERNS & RES. FTES / TOTAL	LESS I&R REPL NON-PHYS ANES
1 ADULTS & PEDIATRICS	5.01	5.02	6	6.01	7	8
2 HMO			19,341			
2 01 HMO - (IRF PPS SUBPROVIDER)						
3 ADULTS & PED-SB SNF						
4 ADULTS & PED-SB NF						
5 TOTAL ADULTS AND PEDS			19,341			
6 INTENSIVE CARE UNIT			1,677			
10 SPECIAL CARE NURSERY			1,218			
11 NURSERY			2,794			
12 TOTAL			25,030			
13 RPCH VISITS						
25 TOTAL						
26 OBSERVATION BED DAYS			2,236	865	1,371	
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 --- EMPLOYEES ON PAYROLL	NONPAID WORKERS	TITLE V	DISCHARGES TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS
1 ADULTS & PEDIATRICS	9	10	11	12	13	14	15
2 HMO					1,493	419	7,261
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							
10 SPECIAL CARE NURSERY							
11 NURSERY							
12 TOTAL		642.00			1,493	419	7,261
13 RPCH VISITS							
25 TOTAL		642.00					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
27 01 AMBULANCE TRIPS							
27 02 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

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	39,561,780		39,561,780	1,335,803.28	29.62	
3 NON-PHYSICIAN ANESTHETIST PART A						
4 NON-PHYSICIAN ANESTHETIST PART B						
4.01 PHYSICIAN - PART A						
5.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B	1,152,585		1,152,585	14,322.97	80.47	
6 NON-PHYSICIAN - PART B						
6.01 INTERNS & RESIDENTS (APPRVD)						
7 CONTRACT SERVICES, I&R						
8 HOME OFFICE PERSONNEL						
8.01 SNF						
9 EXCLUDED AREA SALARIES	960,127		960,127	21,344.68	44.98	
9 OTHER WAGES & RELATED COSTS						
9.01 CONTRACT LABOR:	513,285		513,285	9,090.90	56.46	
9.02 PHARMACY SERVICES UNDER CONTRACT						
9.03 LABORATORY SERVICES UNDER CONTRACT						
10 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10.01 CONTRACT LABOR: PHYS PART A						
11 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
12 HOME OFFICE SALARIES & WAGE RELATED COSTS	3,860,543		3,860,543	94,602.00	40.81	
12.01 HOME OFFICE: PHYS PART A						
13 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
14 WAGE RELATED COSTS						
15 WAGE-RELATED COSTS (CORE)	8,609,167		8,609,167			CMS 339
16 WAGE-RELATED COSTS (OTHER)						CMS 339
17 EXCLUDED AREAS	245,778		245,778			CMS 339
18 NON-PHYS ANESTHETIST PART A						CMS 339
19 NON-PHYS ANESTHETIST PART B						CMS 339
18.01 PHYSICIAN PART A						CMS 339
19.01 PART A TEACHING PHYSICIANS						CMS 339
20 PHYSICIAN PART B	164,215		164,215			CMS 339
21 WAGE-RELATD COSTS (RHC/FQHC)						CMS 339
22 INTERNS & RESIDENTS (APPRVD)						CMS 339
23 OVERHEAD COSTS - DIRECT SALARIES						
24 EMPLOYEE BENEFITS	778,746		778,746	7,663.00	101.62	
25 ADMINISTRATIVE & GENERAL	5,212,768		5,212,768	144,570.00	36.06	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	878,433		878,433	40,717.00	21.57	
25 LAUNDRY & LINEN SERVICE		32,690	32,690	2,263.00	14.45	
26 HOUSEKEEPING	780,490	-32,690	747,800	60,739.00	12.31	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	888,217	-456,899	431,318	31,911.00	13.52	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		456,899	456,899	33,803.00	13.52	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	1,397,213		1,397,213	32,575.00	42.89	
31 CENTRAL SERVICE AND SUPPLY	363,741		363,741	21,654.00	16.80	
32 PHARMACY	1,500,338		1,500,338	45,755.00	32.79	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	196,092		196,092	11,712.00	16.74	
34 SOCIAL SERVICE	95,672		95,672	3,060.00	31.27	
35 OTHER GENERAL SERVICE						
ART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	38,409,195		38,409,195	1,321,480.31	29.07	
2 EXCLUDED AREA SALARIES	960,127		960,127	21,344.68	44.98	
3 SUBTOTAL SALARIES	37,449,068		37,449,068	1,300,135.63	28.80	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	4,373,828		4,373,828	103,692.90	42.18	
5 SUBTOTAL WAGE-RELATED COSTS	8,609,167		8,609,167		22.99	
6 TOTAL	50,432,063		50,432,063	1,403,828.53	35.92	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	12,091,710		12,091,710	436,422.00	27.71	

## HOSPITAL UNCOMPENSATED CARE DATA

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/28/2007
I	15-0157	I	FROM 7/ 1/2006	I	WORKSHEET S-10
I		I	TO 6/30/2007	I	
I		I		I	

## DESCRIPTION

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04		
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
UNCOMPENSATED CARE REVENUES		
17	REVENUE FROM UNCOMPENSATED CARE	
17.01	GROSS MEDICAID REVENUES	2,039,197
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	52,151
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	2,091,348
UNCOMPENSATED CARE COST		
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	348,308
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)	.333917
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	116,306
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	9,976,620
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	3,331,363
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	11,220,684
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	3,746,777
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	3,447,669

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS-BLDG & FIXT		315,284	315,284	3,604,253	3,919,537
2	0200 OLD CAP REL COSTS-MVBLE EQUIP				2,474,702	2,474,702
3	0300 NEW CAP REL COSTS-BLDG & FIXT					
4	0400 NEW CAP REL COSTS-MVBLE EQUIP					
5	0500 EMPLOYEE BENEFITS	778,746	10,191,803	10,970,549	47,475	11,018,024
6.01	0610 COMMUNICATIONS	42,588	122,004	164,592	-283	164,309
6.02	0611 DATA PROCESSING		8,510	8,510		8,510
6.03	0612 PURCHASING & RECEIVING	202,177	153,180	355,357	-542	354,815
6.04	0613 IP ADMITTING	1,302,378	659,904	1,962,282	-1,476,003	486,279
6.05	0614 PATIENT ACCOUNTING		5,833	5,833	454,058	459,891
6.06	0615 OP REGISTRATION				1,018,631	1,018,631
6.07	0660 OTHER ADMINISTRATIVE AND GENERAL	3,665,625	3,144,290	6,809,915	-521,605	6,288,310
8	0800 OPERATION OF PLANT	878,433	3,486,340	4,364,773	-1,505,967	2,858,806
9	0900 LAUNDRY & LINEN SERVICE				451,381	451,381
10	1000 HOUSEKEEPING	780,490	860,654	1,641,144	-462,427	1,178,717
11	1100 DIETARY	888,217	684,917	1,573,134	-840,907	732,227
12	1200 CAFETERIA				809,220	809,220
14	1400 NURSING ADMINISTRATION	1,397,213	111,589	1,508,802	-25,115	1,483,687
15	1500 CENTRAL SERVICES & SUPPLY	363,741	350,554	714,295	-29,460	684,835
16	1600 PHARMACY	1,500,338	3,210,441	4,710,779	-3,283,338	1,427,441
17	1700 MEDICAL RECORDS & LIBRARY	196,092	251,131	447,223	-2	447,221
18	1800 SOCIAL SERVICE	95,672	33,771	129,443	-501	128,942
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	10,734,714	2,595,886	13,330,600	-1,441,942	11,888,658
26	2600 INTENSIVE CARE UNIT	1,251,943	341,717	1,593,660	-5,675	1,587,985
30	2040 SPECIAL CARE NURSERY	1,122,926	447,917	1,570,843	-11,801	1,559,042
33	3300 NURSERY				863,847	863,847
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	3,978,644	16,267,137	20,245,781	-6,348,303	13,897,478
37.01	3701 SURGERY-AMBULATORY	599,444	353,020	952,464	-288,143	664,321
38	3800 RECOVERY ROOM					
39	3900 DELIVERY ROOM & LABOR ROOM	1,691,470	1,447,963	3,139,433	-52,587	3,086,846
40	4000 ANESTHESIOLOGY					
41	4100 RADIOLOGY-DIAGNOSTIC	2,722,624	2,347,822	5,070,446	-1,645,584	3,424,862
41.01	4101 CATH LAB					
41.02	4102 ULTRASOUND		2	2	576,672	576,674
42	4200 RADIOLOGY-THERAPEUTIC					
44	4400 LABORATORY		2,652,088	2,652,088		2,652,088
49	4900 RESPIRATORY THERAPY	1,021,716	221,267	1,242,983	-45,959	1,197,024
49.01	4901 SLEEP LAB	55,293	43,576	98,869	-34,930	63,939
50	5000 PHYSICAL THERAPY	290,357	31,918	322,275		322,275
50.01	5001 SPORTS MEDICINE					
51	5100 OCCUPATIONAL THERAPY	29,748	4,531	34,279		34,279
52	5200 SPEECH PATHOLOGY	13,429		13,429		13,429
53	5300 ELECTROCARDIOLOGY		159,924	159,924		159,924
54	5400 ELECTROENCEPHALOGRAPHY	44,913	49,884	94,797	-12,071	82,726
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				5,997,023	5,997,023
56	5600 DRUGS CHARGED TO PATIENTS				3,278,590	3,278,590
59	3020 ENDOSCOPY	677,097	451,350	1,128,447	-50,689	1,077,758
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC					
61	6100 EMERGENCY	2,275,625	448,087	2,723,712	-118,496	2,605,216
61.01	6101 PATIENT SERVICES					
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	SPEC PURPOSE COST CENTERS					
88	8800 INTEREST EXPENSE		994,209	994,209	-994,209	
95	SUBTOTALS	38,601,653	52,448,503	91,050,156	379,313	91,429,469
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800 PHYSICIANS' PRIVATE OFFICES		200	200		200
100	7950 MISSION EFFECTIVENESS		72,197	72,197	-1,694	70,503
100.01	7951 MARKETING	172,031	2,255,462	2,427,493	-5,464	2,422,029
100.02	7952 SETON ENTERPRISES	474,468	24,754,445	25,228,913	-372,155	24,856,758
100.03	7953 FOUNDATION					
100.04	7954 VACANT					
100.05	7955 SEASH					
100.06	7956 SPORTS MEDICINE	313,628	2,862	316,490		316,490
101.	TOTAL	39,561,780	79,533,669	119,095,449	-0-	119,095,449





RECLASSIFICATIONS

PROVIDER NO:  
150157

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

PREPARED 11/28/2007  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	INCREASE		
			LINE NO	SALARY OTHER	
	1	2	3	4	5
1 BENEFITS TRANSFER	A	EMPLOYEE BENEFITS	5		94,980
2					
3 UTILITIES TRANSFER	B	OPERATION OF PLANT	8		45,000
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25 DEPRECIATION TRANSFER	C	OLD CAP REL COSTS-MVBLE EQUIP	2		2,474,702
26		OLD CAP REL COSTS-BLDG & FIXT	1		1,708,478
27					
28					
29					
30					
31					
32					
33					
34					
35					
1 DEPRECIATION TRANSFER	C				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13 PHARMACY - CHARGEABLE DRUGS	D	DRUGS CHARGED TO PATIENTS	56		3,278,590
14 BUSINESS OFFICE	E	OP REGISTRATION	6.06	745,758	272,873
15		PATIENT ACCOUNTING	6.05	454,058	
16 ENDOSCOPY	F	ENDOSCOPY	59	63,996	
17		ADULTS & PEDIATRICS	25	21,332	
18 CPD - MEDICAL SUPPLIES	G	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		5,997,023
19 LAUNDRY	H	LAUNDRY & LINEN SERVICE	9	32,690	418,691
20 INSURANCE	I	OLD CAP REL COSTS-BLDG & FIXT	1		88,878
21 NURSERY	J	NURSERY	33	683,867	157,362
22 RENT	K	OLD CAP REL COSTS-BLDG & FIXT	1		1,127,972
23		NURSING ADMINISTRATION	14		1,399
24					
25					
26					
27					
28					
29					
30					
31 INTEREST	L	OLD CAP REL COSTS-BLDG & FIXT	1		994,209
32 ICU DIRECTOR	M	INTENSIVE CARE UNIT	26	20,029	
33 NURSERY DIRECTOR	N	NURSERY	33	22,618	
34		SPECIAL CARE NURSERY	30	22,579	
35 ULTRASOUND	O	ULTRASOUND	41.02	274,199	302,473
1 DIETARY/CAFETERIA	P	CAFETERIA	12	456,899	352,321
36 TOTAL RECLASSIFICATIONS				2,798,025	17,314,951

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

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF
			LINE NO				
	1	6	7		8	9	10
1 BENEFITS TRANSFER	A	OTHER ADMINISTRATIVE AND GENERAL	6.07			94,812	
2		MARKETING	100.01			168	
3 UTILITIES TRANSFER	B	EMPLOYEE BENEFITS	5			48	
4		PURCHASING & RECEIVING	6.03			542	
5		IP ADMITTING	6.04			837	
6		OTHER ADMINISTRATIVE AND GENERAL	6.07			13,106	
7		HOUSEKEEPING	10			2,210	
8		DIETARY	11			1,389	
9		NURSING ADMINISTRATION	14			1,822	
10		CENTRAL SERVICES & SUPPLY	15			165	
11		PHARMACY	16			1,037	
12		MEDICAL RECORDS & LIBRARY	17			2	
13		SOCIAL SERVICE	18			501	
14		ADULTS & PEDIATRICS	25			7,087	
15		INTENSIVE CARE UNIT	26			62	
16		SPECIAL CARE NURSERY	30			51	
17		OPERATING ROOM	37			1,888	
18		SURGERY-AMBULATORY	37.01			129	
19		DELIVERY ROOM & LABOR ROOM	39			2,637	
20		RADIOLOGY-DIAGNOSTIC	41			1,376	
21		RESPIRATORY THERAPY	49			890	
22		ENDOSCOPY	59			1,654	
23		EMERGENCY	61			5,788	
24		MARKETING	100.01			1,779	
25 DEPRECIATION TRANSFER	C	OLD CAP REL COSTS-BLDG & FIXT	1			315,284	9
26		COMMUNICATIONS	6.01			283	9
27		IP ADMITTING	6.04			2,477	
28		OTHER ADMINISTRATIVE AND GENERAL	6.07			142,903	
29		OPERATION OF PLANT	8			1,550,967	
30		HOUSEKEEPING	10			8,836	
31		DIETARY	11			30,298	
32		NURSING ADMINISTRATION	14			24,692	
33		CENTRAL SERVICES & SUPPLY	15			29,295	
34		PHARMACY	16			3,711	
35		ADULTS & PEDIATRICS	25			349,477	
1 DEPRECIATION TRANSFER	C	INTENSIVE CARE UNIT	26			25,642	
2		SPECIAL CARE NURSERY	30			34,329	
3		OPERATING ROOM	37			339,342	
4		SURGERY-AMBULATORY	37.01			94,472	
5		DELIVERY ROOM & LABOR ROOM	39			4,753	
6		RADIOLOGY-DIAGNOSTIC	41			909,495	
7		RESPIRATORY THERAPY	49			45,069	
8		ELECTROENCEPHALOGRAPHY	54			12,071	
9		ENDOSCOPY	59			113,031	
10		EMERGENCY	61			27,380	
11		MISSION EFFECTIVENESS	100			1,694	
12		SETON ENTERPRISES	100.02			117,679	
13 PHARMACY - CHARGEABLE DRUGS	D	PHARMACY	16			3,278,590	
14 BUSINESS OFFICE	E	IP ADMITTING	6.04		1,199,816	272,873	
15							
16 ENDOSCOPY	F	EMERGENCY	61		85,328		
17							
18 CPD - MEDICAL SUPPLIES	G	OPERATING ROOM	37			5,997,023	
19 LAUNDRY	H	HOUSEKEEPING	10		32,690	418,691	
20 INSURANCE	I	OTHER ADMINISTRATIVE AND GENERAL	6.07			88,878	12
21 NURSERY	J	ADULTS & PEDIATRICS	25		683,867	157,362	
22 RENT	K	OTHER ADMINISTRATIVE AND GENERAL	6.07			181,906	14
23		EMPLOYEE BENEFITS	5			47,457	
24		ADULTS & PEDIATRICS	25			245,452	
25		SURGERY-AMBULATORY	37.01			193,542	
26		RADIOLOGY-DIAGNOSTIC	41			158,041	
27		SLEEP LAB	49.01			34,930	
28		MARKETING	100.01			3,517	
29		SETON ENTERPRISES	100.02			254,476	
30		OPERATING ROOM	37			10,050	
31 INTEREST	L	INTEREST EXPENSE	88			994,209	11
32 ICU DIRECTOR	M	ADULTS & PEDIATRICS	25		20,029		
33 NURSERY DIRECTOR	N	DELIVERY ROOM & LABOR ROOM	39		45,197		
34							
35 ULTRASOUND	O	RADIOLOGY-DIAGNOSTIC	41		274,199	302,473	
1 DIETARY/CAFETERIA	P	DIETARY	11		456,899	352,321	
36 TOTAL RECLASSIFICATIONS					2,798,025	17,314,951	

(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:  
150157

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

PREPARED 11/28/2007  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: A  
EXPLANATION : BENEFITS TRANSFER

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	5	94,980
2.00			0
TOTAL RECLASSIFICATIONS FOR CODE A			94,980

DECREASE			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.07	94,812	
MARKETING	100.01	168	
		94,980	

RECLASS CODE: B  
EXPLANATION : UTILITIES TRANSFER

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	OPERATION OF PLANT	8	45,000
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
21.00			0
22.00			0
23.00			0
TOTAL RECLASSIFICATIONS FOR CODE B			45,000

DECREASE			
COST CENTER	LINE	AMOUNT	
EMPLOYEE BENEFITS	5	48	
PURCHASING & RECEIVING	6.03	542	
IP ADMITTING	6.04	837	
OTHER ADMINISTRATIVE AND GENER	6.07	13,106	
HOUSEKEEPING	10	2,210	
DIETARY	11	1,389	
NURSING ADMINISTRATION	14	1,822	
CENTRAL SERVICES & SUPPLY	15	165	
PHARMACY	16	1,037	
MEDICAL RECORDS & LIBRARY	17	2	
SOCIAL SERVICE	18	501	
ADULTS & PEDIATRICS	25	7,087	
INTENSIVE CARE UNIT	26	62	
SPECIAL CARE NURSERY	30	51	
OPERATING ROOM	37	1,888	
SURGERY-AMBULATORY	37.01	129	
DELIVERY ROOM & LABOR ROOM	39	2,637	
RADIOLOGY-DIAGNOSTIC	41	1,376	
RESPIRATORY THERAPY	49	890	
ENDOSCOPY	59	1,654	
EMERGENCY	61	5,788	
MARKETING	100.01	1,779	
		45,000	

RECLASS CODE: C  
EXPLANATION : DEPRECIATION TRANSFER

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	OLD CAP REL COSTS-MVBLE EQUIP	2	2,474,702
2.00	OLD CAP REL COSTS-BLDG & FIXT	1	1,708,478
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
20.00			0
21.00			0
22.00			0
23.00			0
TOTAL RECLASSIFICATIONS FOR CODE C			4,183,180

DECREASE			
COST CENTER	LINE	AMOUNT	
OLD CAP REL COSTS-BLDG & FIXT	1	315,284	
COMMUNICATIONS	6.01	283	
IP ADMITTING	6.04	2,477	
OTHER ADMINISTRATIVE AND GENER	6.07	142,903	
OPERATION OF PLANT	8	1,550,967	
HOUSEKEEPING	10	8,836	
DIETARY	11	30,298	
NURSING ADMINISTRATION	14	24,692	
CENTRAL SERVICES & SUPPLY	15	29,295	
PHARMACY	16	3,711	
ADULTS & PEDIATRICS	25	349,477	
INTENSIVE CARE UNIT	26	25,642	
SPECIAL CARE NURSERY	30	34,329	
OPERATING ROOM	37	339,342	
SURGERY-AMBULATORY	37.01	94,472	
DELIVERY ROOM & LABOR ROOM	39	4,753	
RADIOLOGY-DIAGNOSTIC	41	909,495	
RESPIRATORY THERAPY	49	45,069	
ELECTROENCEPHALOGRAPHY	54	12,071	
ENDOSCOPY	59	113,031	
EMERGENCY	61	27,380	
MISSION EFFECTIVENESS	100	1,694	
SETON ENTERPRISES	100.02	117,679	
		4,183,180	

RECLASS CODE: D  
EXPLANATION : PHARMACY - CHARGEABLE DRUGS

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	3,278,590
TOTAL RECLASSIFICATIONS FOR CODE D			3,278,590

DECREASE			
COST CENTER	LINE	AMOUNT	
PHARMACY	16	3,278,590	
		3,278,590	

RECLASS CODE: E  
EXPLANATION : BUSINESS OFFICE

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	OP REGISTRATION	6.06	1,018,631
2.00	PATIENT ACCOUNTING	6.05	454,058
TOTAL RECLASSIFICATIONS FOR CODE E			1,472,689

DECREASE			
COST CENTER	LINE	AMOUNT	
IP ADMITTING	6.04	1,472,689	
		0	
		1,472,689	

RECLASS CODE: F  
EXPLANATION : ENDOSCOPY

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	ENDOSCOPY	59	63,996

DECREASE			
COST CENTER	LINE	AMOUNT	
EMERGENCY	61	85,328	

RECLASSIFICATIONS

PROVIDER NO:  
150157

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

PREPARED 11/28/2007  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: F  
EXPLANATION : ENDOSCOPY

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
2.00	ADULTS & PEDIATRICS	25	21,332
TOTAL RECLASSIFICATIONS FOR CODE F			85,328

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
			0
			85,328

RECLASS CODE: G  
EXPLANATION : CPD - MEDICAL SUPPLIES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	5,997,023
TOTAL RECLASSIFICATIONS FOR CODE G			5,997,023

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OPERATING ROOM	37	5,997,023	5,997,023

RECLASS CODE: H  
EXPLANATION : LAUNDRY

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	LAUNDRY & LINEN SERVICE	9	451,381
TOTAL RECLASSIFICATIONS FOR CODE H			451,381

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
HOUSEKEEPING	10	451,381	451,381

RECLASS CODE: I  
EXPLANATION : INSURANCE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	88,878
TOTAL RECLASSIFICATIONS FOR CODE I			88,878

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.07	88,878	88,878

RECLASS CODE: J  
EXPLANATION : NURSERY

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NURSERY	33	841,229
TOTAL RECLASSIFICATIONS FOR CODE J			841,229

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADULTS & PEDIATRICS	25	841,229	841,229

RECLASS CODE: K  
EXPLANATION : RENT

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	1,127,972
2.00	NURSING ADMINISTRATION	14	1,399
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
TOTAL RECLASSIFICATIONS FOR CODE K			1,129,371

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.07	181,906	181,906
EMPLOYEE BENEFITS	5	47,457	47,457
ADULTS & PEDIATRICS	25	245,452	245,452
SURGERY-AMBULATORY	37.01	193,542	193,542
RADIOLOGY-DIAGNOSTIC	41	158,041	158,041
SLEEP LAB	49.01	34,930	34,930
MARKETING	100.01	3,517	3,517
SETON ENTERPRISES	100.02	254,476	254,476
OPERATING ROOM	37	10,050	10,050
			1,129,371

RECLASS CODE: L  
EXPLANATION : INTEREST

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OLD CAP REL COSTS-BLDG & FIXT	1	994,209
TOTAL RECLASSIFICATIONS FOR CODE L			994,209

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
INTEREST EXPENSE	88	994,209	994,209

RECLASS CODE: M  
EXPLANATION : ICU DIRECTOR

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	INTENSIVE CARE UNIT	26	20,029
TOTAL RECLASSIFICATIONS FOR CODE M			20,029

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADULTS & PEDIATRICS	25	20,029	20,029

RECLASS CODE: N  
EXPLANATION : NURSERY DIRECTOR

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NURSERY	33	22,618
2.00	SPECIAL CARE NURSERY	30	22,579
TOTAL RECLASSIFICATIONS FOR CODE N			45,197

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DELIVERY ROOM & LABOR ROOM	39	45,197	45,197
		0	0

RECLASS CODE: O  
EXPLANATION : ULTRASOUND

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	ULTRASOUND	41.02	576,672
TOTAL RECLASSIFICATIONS FOR CODE O			576,672

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
RADIOLOGY-DIAGNOSTIC	41	576,672	576,672

RECLASSIFICATIONS

PROVIDER NO:  
 150157

RECLASS CODE: P  
 EXPLANATION : DIETARY/CAFETERIA

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	809,220	DIETARY	11	809,220	
TOTAL RECLASSIFICATIONS FOR CODE P			809,220			809,220	

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
				DONATION 3					
1	LAND	5,067,706						5,067,706	
2	LAND IMPROVEMENTS	2,006,683				185,000		2,191,683	771,872
3	BUILDINGS & FIXTURE	36,795,425	185,000					36,795,425	3,728,678
4	BUILDING IMPROVEMEN	18,352,954	2,970,697			2,970,697		21,323,651	8,494,190
5	FIXED EQUIPMENT	1,921,111	1,492,856			1,492,856	80,120	3,333,847	632,688
6	MOVABLE EQUIPMENT	28,409,157	2,446,651			2,446,651	4,500,380	26,355,428	8,059,364
7	SUBTOTAL	92,553,036	7,095,204			7,095,204	4,580,500	95,067,740	21,686,792
8	RECONCILING ITEMS								
9	TOTAL	92,553,036	7,095,204			7,095,204	4,580,500	95,067,740	21,686,792

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

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

PART III - RECONCILIATION OF CAPITAL COST CENTERS

*	DESCRIPTION	GROSS ASSETS 1	COMPUTATION OF RATIOS CAPITIALIZED GROSS ASSETS			ALLOCATION OF OTHER CAPITAL OTHER CAPITAL			TOTAL 8
			LEASES 2	FOR RATIO 3	RATIO 4	INSURANCE 5	TAXES 6	RELATED COSTS 7	
1	OLD CAP REL COSTS-BL	68,712,313		68,712,313	.722772				
2	OLD CAP REL COSTS-MV	26,355,427		26,355,427	.277228				
3	NEW CAP REL COSTS-BL								
4	NEW CAP REL COSTS-MV								
5	TOTAL	95,067,740		95,067,740	1.000000				

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						TOTAL (1) 15
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	
1	OLD CAP REL COSTS-BL	1,708,478					2,014,843	3,812,199
2	OLD CAP REL COSTS-MV	2,474,702			88,878			2,474,702
3	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV							
5	TOTAL	4,183,180			88,878		2,014,843	6,286,901

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

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						TOTAL (1) 15
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	
1	OLD CAP REL COSTS-BL	315,284						315,284
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL							
4	NEW CAP REL COSTS-MV							
5	TOTAL	315,284						315,284

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

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		
1 INVST INCOME-OLD BLDGS AND FIXTURES	B	-994,209	OLD CAP REL COSTS-BLDG &	1	11	
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 PRVIDER SPACE BY SUPPLIERS						
9 TELEPHONE SERVICES						
10 TELEVISION AND RADIO SERVICE						
11 PARKING LOT						
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-2,791,210				
13 SALE OF SCRAP, WASTE, ETC.						
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	8,683,483				
15 LAUNDRY AND LINEN SERVICE						
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-92,399	CAFETERIA		12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS						
18 SALE OF MED AND SURG SUPPLIES						
19 SALE OF DRUGS TO OTHER THAN PATIENTS						
20 SALE OF MEDICAL RECORDS & ABSTRACTS						
21 NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)						
22 VENDING MACHINES						
23 INCOME FROM IMPOSITION OF INTEREST						
24 INTRST EXP ON MEDICARE OVERPAYMENTS						
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY		49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY		50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3					
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**		89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &		1	
30 DEPRECIATION-OLD MOVABLE EQUIP			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 OTHER INCOME - FOUNDATION	B	-65	ADULTS & PEDIATRICS		25	
38 OTHER INCOME - FOUNDATION	B	-2,205	SPECIAL CARE NURSERY		30	
39 OTHER INCOME - FOUNDATION	B	-258	DELIVERY ROOM & LABOR ROO		39	
40 OTHER INCOME - FOUNDATION	B	-2,010	OPERATING ROOM		37	
41 CAFETERIA/VENDING	B	-381,344	CAFETERIA		12	
42 BUILDING RENTAL INCOME	B	-17,544	ADULTS & PEDIATRICS		25	
43 FEE-FOR-SERVICE REVENUE	B	-86,873	ADULTS & PEDIATRICS		25	
44 OTHER INCOME - UNASSIGNED	B	-144,580	ADULTS & PEDIATRICS		25	
45 OTHER OPERATING INCOME - RADIOLOGY	B	-2,471	RADIOLOGY-DIAGNOSTIC		41	
46 OTHER OPERATING INCOME - ENDOSCOPY	B	-8,838	ENDOSCOPY		59	
47 OTHER OPERATING INCOME - PHYSICAL TH	B	-28,263	PHYSICAL THERAPY		50	
48 OTHER OPERATING INCOME - MASSAGE THE	B	-660	PHYSICAL THERAPY		50	
49 OTHER OPERATING INCOME - SECURITY	B	-55,480	OPERATION OF PLANT		8	
49.01 OTHER OPERATING INCOME - HUMAN RESOU	B	-1,425	EMPLOYEE BENEFITS		5	
49.02 OTHER OPERATING INCOME - PLANT MAINT	B	-197,958	OPERATION OF PLANT		8	
49.03 OTHER OPERATING INCOME - BUSINESS OF	B	-30,082	IP ADMITTING		6.04	
49.04 OTHER OPERATING INCOME - ADMINISTRAT	B	-6,884	OTHER ADMINISTRATIVE AND		6.07	
49.05 OTHER OPERATING INCOME - JUBILEE CEN	B	-9,652	OTHER ADMINISTRATIVE AND		6.07	
49.06 OTHER OPERATING INCOME - HIM ADMINIS	B	-62	MEDICAL RECORDS & LIBRARY		17	
49.07 OTHER OPERATING INCOME - OTHER TRANS	B	-3,219	OTHER ADMINISTRATIVE AND		6.07	
49.09 NET ASSETS RELEASED FROM RESTRICTION	B	-93,746	EMERGENCY		61	
49.10 NET ASSETS RELEASED FROM RESTRICTION	B	-8,048	OTHER ADMINISTRATIVE AND		6.07	
49.11 OTHER OPERATING INCOME - BUSINESS OF	B	-218,737	OP REGISTRATION		6.06	
49.12 OTHER OPERATING INCOME - FITNESS CEN	B	-10,039	EMPLOYEE BENEFITS		5	
49.13 OTHER OPERATING INCOME - PROPERTY RE	B	-161,401	OLD CAP REL COSTS-BLDG &		1	14
49.14 UNASSIGNED - FITNESS CENTER	B	-137	EMPLOYEE BENEFITS		5	
49.15 INCENTIVE ACCRUAL	A	-535,168	OTHER ADMINISTRATIVE AND		6.07	
49.16 INCENTIVE FICA ACCRUAL	A	-57,025	EMPLOYEE BENEFITS		5	
50 TOTAL (SUM OF LINES 1 THRU 49)		2,741,491				

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	1	OLD CAP REL COSTS-BLDG &	ST. VINCENT HEALTH CAPITA	1,155,876	107,604	1,048,272	14
2	5	EMPLOYEE BENEFITS	ST. VINCENT HEALTH SALARI	121,466		121,466	
3	5	EMPLOYEE BENEFITS	ST. VINCENT HEALTH OTHER	1,649,106	94,812	1,554,294	
4	6 1	COMMUNICATIONS	ST. VINCENT HEALTH SALARI	76,529		76,529	
4.01	6 1	COMMUNICATIONS	ST. VINCENT HEALTH OTHER	166,875		166,875	
4.02	6 2	DATA PROCESSING	ST. VINCENT HEALTH SALARI	16,134		16,134	
4.03	6 2	DATA PROCESSING	ST. VINCENT HEALTH OTHER	3,343,600		3,343,600	
4.04	8	OPERATION OF PLANT	ST. VINCENT HEALTH SALARI	21,272		21,272	
4.05	8	OPERATION OF PLANT	ST. VINCENT HEALTH OTHER	1,347		1,347	
4.06	10	HOUSEKEEPING	ST. VINCENT HEALTH SALARI				
4.07	10	HOUSEKEEPING	ST. VINCENT HEALTH OTHER				
4.08	6 7	OTHER ADMINISTRATIVE AND	ST. VINCENT HEALTH SALARI	731,684		731,684	
4.09	6 7	OTHER ADMINISTRATIVE AND	ST. VINCENT HEALTH OTHER	1,471,318	585,456	885,862	
4.10	8	OPERATION OF PLANT	ASCENSION OPERAT OF PLANT	990,878	989,222	1,656	
4.11	6 3	PURCHASING & RECEIVING	ST. VINCENT HEALTH SALARI	121,709		121,709	
4.12	6 3	PURCHASING & RECEIVING	ST. VINCENT HEALTH OTHER	98,810		98,810	
4.13	6 5	PATIENT ACCOUNTING	ST. VINCENT HEALTH SALARI	508,594		508,594	
4.14	6 5	PATIENT ACCOUNTING	ST. VINCENT HEALTH OTHER	150,031		150,031	
4.17	15	CENTRAL SERVICES & SUPPLY	ST. VINCENT HEALTH SALARI	35,359		35,359	
4.18	15	CENTRAL SERVICES & SUPPLY	ST. VINCENT HEALTH OTHER	5,627		5,627	
4.19	17	MEDICAL RECORDS & LIBRARY	ST. VINCENT HEALTH SALARI	419,383		419,383	
4.20	17	MEDICAL RECORDS & LIBRARY	ST. VINCENT HEALTH OTHER	41,906		41,906	
4.21	5	EMPLOYEE BENEFITS	ASCENSION HEALTH PENSION	975,766	1,642,693	-666,927	
5		TOTALS		12,103,270	3,419,787	8,683,483	

\* 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) NAME	PERCENTAGE OF OWNERSHIP	AND/OR HOME OFFICE TYPE OF BUSINESS
1	2	3	4	5	6
1	G	SV CARMEL HOSPITAL	100.00	ST. VINCENT HEALTH	100.00 HOME OFFICE
2	G	SV CARMEL HOSPITAL	100.00	ASCENSION HEALTH	100.00 HOME OFFICE
3			0.00		0.00
4			0.00		0.00
5			0.00		0.00

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

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	25 1 HOSPITALISTS	530,750	530,750					
2								
3	26 ICU/CCU	100,000	100,000					
4	25 FAMILY CARE UNIT	55,000	55,000					
5	39 LABOR & DELIVERY	1,124,322	1,124,322					
6	30 NEONATOLOGY	287,673	287,673					
7	41 RADIOLOGY	2,250	2,250					
8	41 DIAGNOSTIC BREAST CENTER	1,855	1,855					
9	25 BARIATRIC PROGRAM	281,674	281,674					
10	6 7 PLANNING & BUSINESS DEVEL	22,932	22,932					
11	14 NURSING ADMINISTRATION	370,354	370,354					
12	6 7 ADMINISTRATION	14,400	14,400					
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
.01	TOTAL	2,791,210	2,791,210					

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
	11	12	13	14	15	16	17	18
1	25	HOSPITALISTS						530,750
2								
3	26	ICU/CCU						100,000
4	25	FAMILY CARE UNIT						55,000
5	39	LABOR & DELIVERY						1,124,322
6	30	NEONATOLOGY						287,673
7	41	RADIOLOGY						2,250
8	41	DIAGNOSTIC BREAST CENTER						1,855
9	25	BARIATRIC PROGRAM						281,674
10	6 7	PLANNING & BUSINESS DEVEL.						22,932
11	14	NURSING ADMINISTRATION						370,354
12	6 7	ADMINISTRATION						14,400
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
.01		TOTAL						2,791,210

COST ALLOCATION STATISTICS

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS	DESCRIPTION	
	GENERAL SERVICE COST				
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR	VALUE	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	NOT ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR	VALUE	NOT ENTERED
5	EMPLOYEE BENEFITS	5	GROSS	SALARIES	ENTERED
6.01	COMMUNICATIONS	7	PHONE	LINES	ENTERED
6.02	DATA PROCESSING	8	IS	NODES	ENTERED
6.03	PURCHASING & RECEIVING	9	COSTED	REQS	ENTERED
6.04	IP ADMITTING	10	PATIENT	DAYS	ENTERED
6.05	PATIENT ACCOUNTING	11	PATIENT	REVENUE	ENTERED
6.06	OP REGISTRATION	12	OP	REVENUE	ENTERED
6.07	OTHER ADMINISTRATIVE AND GENERAL	-13	ACCUM.	COST	NOT ENTERED
8	OPERATION OF PLANT	1	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	16	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	1	SQUARE	FEET	ENTERED
11	DIETARY	18	MEALS	SERVED	ENTERED
12	CAFETERIA	19	HOURS OF	SERVICE	ENTERED
14	NURSING ADMINISTRATION	21	DIRECT	NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	22	COSTED	REQUIS.	ENTERED
16	PHARMACY	23	COSTED	REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	11	PATIENT	REVENUE	ENTERED
18	SOCIAL SERVICE	24	TIME	SPENT	ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	COMMUNICATION S
	0	1	2	3	4	5	6.01
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &	3,812,199	3,812,199					
003 OLD CAP REL COSTS-MVBLE E	2,474,702		2,474,702				
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS	11,958,231	46,264				12,004,495	
006 01 COMMUNICATIONS	407,713	12,527		426		13,182	433,848
006 02 DATA PROCESSING	3,368,244						
006 03 PURCHASING & RECEIVING	575,334	12,527				62,580	3,114
006 04 IP ADMITTING	456,197	4,760		325		31,746	2,076
006 05 PATIENT ACCOUNTING	1,118,516	15,443		1,049		140,545	7,265
006 06 OP REGISTRATION	799,894	34,639		2,355		230,834	16,607
006 07 OTHER ADMINISTRATIVE AND	7,305,553	166,371		18,655		1,134,621	16,607
008 OPERATION OF PLANT	2,629,643	445,173		72,239		271,901	13,493
009 LAUNDRY & LINEN SERVICE	451,381	21,184		3,658		10,119	1,038
010 HOUSEKEEPING	1,178,717	55,836		9,644		231,467	4,152
011 DIETARY	732,227	74,078		22,151		133,506	10,379
012 CAFETERIA	335,477	94,529		23,464		141,424	
014 NURSING ADMINISTRATION	1,113,333			37,175		432,479	10,379
015 CENTRAL SERVICES & SUPPLY	725,821	88,802		9,313		112,589	9,341
016 PHARMACY	1,427,441	69,436		5,587		464,400	18,682
017 MEDICAL RECORDS & LIBRARY	908,448	3,034				60,696	1,038
018 SOCIAL SERVICE	128,942	9,860				29,613	1,038
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	10,772,172	786,480	253,448			3,111,423	108,980
026 INTENSIVE CARE UNIT	1,487,985	78,210	38,605			393,713	16,607
030 SPECIAL CARE NURSERY	1,269,164	15,535	47,634			354,568	10,379
033 NURSERY	863,847	59,811	8,892			218,678	17,645
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	13,895,468	334,664	504,133			1,231,510	32,175
038 SURGERY-AMBULATORY	664,321	147,959	27,720			185,546	11,417
039 RECOVERY ROOM							
040 DELIVERY ROOM & LABOR ROO	1,962,266	160,290	7,156			509,571	23,872
041 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	3,418,286	316,776	935,394			757,861	19,720
041 01 CATH LAB							
041 02 ULTRASOUND	576,674	16,725	146,332			84,873	3,114
042 RADIOLOGY-THERAPEUTIC							
044 LABORATORY	2,652,088	63,368					
049 RESPIRATORY THERAPY	1,197,024	36,535	67,785			316,252	17,645
049 01 SLEEP LAB	63,939	22,818				17,115	7,265
050 PHYSICAL THERAPY	293,352	26,924				89,874	3,114
050 01 SPORTS MEDICINE							
051 OCCUPATIONAL THERAPY	34,279					9,208	
052 SPEECH PATHOLOGY	13,429					4,157	
053 ELECTROCARDIOLOGY	159,924						
054 ELECTROENCEPHALOGRAPHY	82,726		18,173			13,902	
055 MEDICAL SUPPLIES CHARGED	5,997,023						
056 DRUGS CHARGED TO PATIENTS	3,278,590						
059 ENDOSCOPY	1,068,920	68,141	170,172			229,391	12,455
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 01 EMERGENCY	2,511,470	182,965	41,222			677,963	32,175
062 PATIENT SERVICES							
062 OBSERVATION BEDS (NON-DIS							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	94,170,960	3,471,664	2,472,707			11,707,307	431,772
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP		14,789					1,038
100 PHYSICIANS' PRIVATE OFFIC	200						
100 MISSION EFFECTIVENESS	70,503		1,995				
100 01 MARKETING	2,422,029					53,249	1,038
100 02 SETON ENTERPRISES	24,856,758					146,862	
100 03 FOUNDATION							
100 04 VACANT		23,106					
100 05 SEASH		302,640					
100 06 SPORTS MEDICINE	316,490					97,077	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	121,836,940	3,812,199	2,474,702			12,004,495	433,848

COST ALLOCATION - GENERAL SERVICE COSTS

	COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING & RECEIVING	IP ADMITTING	PATIENT ACCOUNTING	OP REGISTRATI ON	SUBTOTAL	OTHER ADMINIS TRATIVE AND
		6.02	6.03	6.04	6.05	6.06	6a.06	6.07
001	GENERAL SERVICE COST CNTR							
002	OLD CAP REL COSTS-BLDG &							
003	OLD CAP REL COSTS-MVBLE E							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
006	EMPLOYEE BENEFITS							
006	01 COMMUNICATIONS							
006	02 DATA PROCESSING	3,368,244						
006	03 PURCHASING & RECEIVING	8,614	662,169					
006	04 IP ADMITTING	25,843	112	521,059				
006	05 PATIENT ACCOUNTING	68,915	364		1,352,097			
006	06 OP REGISTRATION	155,060	818			1,240,207		
006	07 OTHER ADMINISTRATIVE AND	353,192	485				8,995,484	8,995,484
008	OPERATION OF PLANT	241,204	12,640				3,686,293	293,864
009	LAUNDRY & LINEN SERVICE	8,614	4,617				500,611	39,908
010	HOUSEKEEPING	25,843	12,170				1,517,829	120,998
011	DIETARY	43,072	32,264				1,047,677	83,519
012	CAFETERIA						594,894	47,424
014	NURSING ADMINISTRATION	43,072	141				1,636,579	130,465
015	CENTRAL SERVICES & SUPPLY	94,759	2,649				1,043,274	83,168
016	PHARMACY	51,687	103,313				2,140,546	170,640
017	MEDICAL RECORDS & LIBRARY	34,458					1,007,674	80,330
018	SOCIAL SERVICE	8,614	2				178,069	14,195
025	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	689,158	15,573	393,481	99,760		16,230,475	1,293,861
026	INTENSIVE CARE UNIT	232,590	4,050	34,117	16,931		2,302,808	183,575
030	SPECIAL CARE NURSERY	267,047	3,522	24,779	15,959		2,008,587	160,121
033	NURSERY	43,072	3,851	56,842	13,899		1,286,537	102,560
037	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	327,349	422,766		283,168	226,722	17,257,955	1,375,770
037	01 SURGERY-AMBULATORY		1,514		4,220	8,252	1,050,949	83,780
038	RECOVERY ROOM							
039	DELIVERY ROOM & LABOR ROO	68,915	4,589	11,840	44,208	4,261	2,796,968	222,969
040	ANESTHESIOLOGY							
041	RADIOLOGY-DIAGNOSTIC	60,301	12,504		180,922	289,882	5,991,646	477,642
041	01 CATH LAB							
041	02 ULTRASOUND	137,831	1,502		12,519	20,807	1,000,377	79,748
042	RADIOLOGY-THERAPEUTIC							
044	LABORATORY	8,614	3,050		78,546	68,454	2,874,120	229,119
049	RESPIRATORY THERAPY	51,687	1,704		21,853	11,887	1,722,372	137,304
049	01 SLEEP LAB	8,614	102		2,237	4,468	126,558	10,089
050	PHYSICAL THERAPY	25,843	747		6,278	347	446,479	35,592
050	01 SPORTS MEDICINE							
051	OCCUPATIONAL THERAPY		115		1,160	25	44,787	3,570
052	SPEECH PATHOLOGY				259	113	17,958	1,432
053	ELECTROCARDIOLOGY				563	43	160,530	12,797
054	ELECTROENCEPHALOGRAPHY		112		1,847	2,881	119,641	9,538
055	MEDICAL SUPPLIES CHARGED				234,161	119,756	6,350,940	506,284
056	DRUGS CHARGED TO PATIENTS				94,707	36,605	3,409,902	271,831
059	ENDOSCOPY	34,458	7,942		19,599	32,743	1,643,821	131,042
060	OUTPAT SERVICE COST CNTRS							
061	CLINIC							
061	EMERGENCY	206,746	5,457		77,183	123,527	3,858,708	307,608
061	01 PATIENT SERVICES							
062	OBSERVATION BEDS (NON-DIS							
062	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	3,325,172	658,675	521,059	1,209,979	950,773	93,051,048	6,700,743
096	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP						15,827	1,262
098	PHYSICIANS' PRIVATE OFFIC	17,229					17,429	1,389
100	MISSION EFFECTIVENESS	8,614	20				81,132	6,468
100	01 MARKETING	17,229	147				2,493,692	198,792
100	02 SETON ENTERPRISES		3,327		142,118	289,434	25,438,499	2,027,893
100	03 FOUNDATION							
100	04 VACANT						23,106	1,842
100	05 SEASH						302,640	24,126
100	06 SPORTS MEDICINE						413,567	32,969
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	3,368,244	662,169	521,059	1,352,097	1,240,207	121,836,940	8,995,484

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY
	8	9	10	11	12	14	15
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING & RECEIVING							
006 04 IP ADMITTING							
006 05 PATIENT ACCOUNTING							
006 06 OP REGISTRATION							
006 07 OTHER ADMINISTRATIVE AND							
008 OPERATION OF PLANT	3,980,157						
009 LAUNDRY & LINEN SERVICE	27,424	567,943					
010 HOUSEKEEPING	72,284		1,711,111				
011 DIETARY	95,899	1,729	42,287	1,271,111			
012 CAFETERIA	122,375		53,962		818,655		
014 NURSING ADMINISTRATION					26,296	1,793,340	
015 CENTRAL SERVICES & SUPPLY	114,960	29,483	50,693		17,480		1,339,058
016 PHARMACY	89,889	227	39,637		36,935		5,875
017 MEDICAL RECORDS & LIBRARY	3,927		1,732		9,454		
018 SOCIAL SERVICE	12,764		5,628		2,470		
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	1,018,157	213,409	448,963	1,138,160	244,290	763,600	41,168
030 INTENSIVE CARE UNIT	101,248	25,356	44,646	98,694	56,967	111,095	6,570
033 SPECIAL CARE NURSERY	20,111		8,868		21,449	119,110	3,485
037 NURSERY	77,430	18,322	34,143		18,951	96,763	
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	433,247	59,582	191,043		114,703	327,823	682,034
038 SURGERY-AMBULATORY	191,544	32,759	84,463		16,754	57,403	3,521
039 RECOVERY ROOM							
040 DELIVERY ROOM & LABOR ROO	207,508	43,080	91,502	34,257	42,434	68,392	20,599
041 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	410,089	39,717	180,832		73,447	8,810	16,143
041 01 CATH LAB							
041 02 ULTRASOUND	21,651		9,547		3,847		
042 RADIOLOGY-THERAPEUTIC							
044 LABORATORY	82,035		36,174				71
049 RESPIRATORY THERAPY	47,298	751	20,856		29,773	46	4,407
049 01 SLEEP LAB	29,540	1,150	13,026		1,770		
050 PHYSICAL THERAPY	34,855		15,370		8,498		1,870
050 01 SPORTS MEDICINE							
051 OCCUPATIONAL THERAPY					986		312
052 SPEECH PATHOLOGY					367		
053 ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPHY					965		290
055 MEDICAL SUPPLIES CHARGED							512,182
056 DRUGS CHARGED TO PATIENTS							
059 ENDOSCOPY	88,214	30,714	38,898		18,827	71,294	19,964
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 EMERGENCY	236,861	71,664	104,446		54,763	169,004	12,737
061 01 PATIENT SERVICES							
062 OBSERVATION BEDS (NON-DIS							
095 SPEC PURPOSE COST CENTERS	3,539,310	567,943	1,516,716	1,271,111	801,426	1,793,340	1,331,228
096 SUBTOTALS							
098 NONREIMBURS COST CENTERS	19,146		8,443				
100 GIFT, FLOWER, COFFEE SHOP							
100 PHYSICIANS' PRIVATE OFFIC							
100 MISSION EFFECTIVENESS							
100 01 MARKETING					5,007		18
100 02 SETON ENTERPRISES							7,812
100 03 FOUNDATION							
100 04 VACANT	29,912		13,190				
100 05 SEASH	391,789		172,762				
100 06 SPORTS MEDICINE					12,222		
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	3,980,157	567,943	1,711,111	1,271,111	818,655	1,793,340	1,339,058

	COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
		16	17	18	25	26	27
001	GENERAL SERVICE COST CNTR						
002	OLD CAP REL COSTS-BLDG &						
003	OLD CAP REL COSTS-MVBLE E						
004	NEW CAP REL COSTS-BLDG &						
005	NEW CAP REL COSTS-MVBLE E						
006	EMPLOYEE BENEFITS						
006	01 COMMUNICATIONS						
006	02 DATA PROCESSING						
006	03 PURCHASING & RECEIVING						
006	04 IP ADMITTING						
006	05 PATIENT ACCOUNTING						
006	06 OP REGISTRATION						
006	07 OTHER ADMINISTRATIVE AND						
008	OPERATION OF PLANT						
009	LAUNDRY & LINEN SERVICE						
010	HOUSEKEEPING						
011	DIETARY						
012	CAFETERIA						
014	NURSING ADMINISTRATION						
015	CENTRAL SERVICES & SUPPLY						
016	PHARMACY	2,483,749					
017	MEDICAL RECORDS & LIBRARY		1,103,117				
018	SOCIAL SERVICE			213,126			
025	INPAT ROUTINE SRVC CNTRS						
026	ADULTS & PEDIATRICS	12,308	81,389	90,267	21,576,047		21,576,047
030	INTENSIVE CARE UNIT	5,528	13,813	16,902	2,967,202		2,967,202
033	SPECIAL CARE NURSERY	614	13,020	121	2,355,486		2,355,486
037	NURSERY	75	11,340		1,646,121		1,646,121
037	ANCILLARY SRVC COST CNTRS						
037	01 OPERATING ROOM	214,787	231,037		20,887,981		20,887,981
038	RECOVERY ROOM	688	3,443		1,525,304		1,525,304
039	DELIVERY ROOM & LABOR ROO	1,528	36,067	34,410	3,599,714		3,599,714
040	ANESTHESIOLOGY						
041	RADIOLOGY-DIAGNOSTIC	1,862	147,604		7,347,792		7,347,792
041	01 CATH LAB						
041	02 ULTRASOUND		10,214		1,125,384		1,125,384
042	RADIOLOGY-THERAPEUTIC						
044	LABORATORY		64,081		3,285,600		3,285,600
049	RESPIRATORY THERAPY	484	17,829		1,981,120		1,981,120
049	01 SLEEP LAB		1,825		183,958		183,958
050	PHYSICAL THERAPY	11	5,122		547,797		547,797
050	01 SPORTS MEDICINE						
051	OCCUPATIONAL THERAPY		946		50,601		50,601
052	SPEECH PATHOLOGY		212		19,969		19,969
053	ELECTROCARDIOLOGY		459		173,786		173,786
054	ELECTROENCEPHALOGRAPHY		1,507		131,941		131,941
055	MEDICAL SUPPLIES CHARGED		191,038		7,560,444		7,560,444
056	DRUGS CHARGED TO PATIENTS	2,241,709	77,266		6,000,708		6,000,708
059	ENDOSCOPY	1,541	15,990	182	2,060,487		2,060,487
060	OUTPAT SERVICE COST CNTRS						
061	CLINIC						
061	01 EMERGENCY	2,577	62,969	71,244	4,952,581		4,952,581
062	PATIENT SERVICES						
062	01 OBSERVATION BEDS (NON-DIS						
095	SPEC PURPOSE COST CENTERS						
095	01 SUBTOTALS	2,483,712	987,171	213,126	89,980,023		89,980,023
096	NONREIMBURS COST CENTERS						
098	GIFT, FLOWER, COFFEE SHOP				44,678		44,678
100	PHYSICIANS' PRIVATE OFFIC				18,818		18,818
100	MISSION EFFECTIVENESS				87,600		87,600
100	01 MARKETING	37			2,697,546		2,697,546
100	02 SETON ENTERPRISES		115,946		27,590,150		27,590,150
100	03 FOUNDATION						
100	04 VACANT				68,050		68,050
100	05 SEASH				891,317		891,317
100	06 SPORTS MEDICINE				458,758		458,758
101	CROSS FOOT ADJUSTMENT						
102	NEGATIVE COST CENTER						
103	TOTAL	2,483,749	1,103,117	213,126	121,836,940		121,836,940

COST CENTER DESCRIPTION	DIR ASSGND OLD CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENE FITS
	0	1	2	3	4	4a	5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS		46,264				46,264	46,264
006 01 COMMUNICATIONS		12,527				12,953	51
006 02 DATA PROCESSING			426				
006 03 PURCHASING & RECEIVING		12,527				12,527	241
006 04 IP ADMITTING		4,760		325		5,085	122
006 05 PATIENT ACCOUNTING		15,443		1,049		16,492	542
006 06 OP REGISTRATION		34,639		2,355		36,994	890
006 07 OTHER ADMINISTRATIVE AND		166,371		18,655		185,026	4,373
008 OPERATION OF PLANT		445,173		72,239		517,412	1,048
009 LAUNDRY & LINEN SERVICE		21,184		3,658		24,842	39
010 HOUSEKEEPING		55,836		9,644		65,480	892
011 DIETARY		74,078		22,151		96,229	515
012 CAFETERIA		94,529		23,464		117,993	545
014 NURSING ADMINISTRATION				37,175		37,175	1,667
015 CENTRAL SERVICES & SUPPLY		88,802		9,313		98,115	434
016 PHARMACY		69,436		5,587		75,023	1,790
017 MEDICAL RECORDS & LIBRARY		3,034				3,034	234
018 SOCIAL SERVICE		9,860				9,860	114
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS		786,480		253,448		1,039,928	11,988
030 INTENSIVE CARE UNIT		78,210		38,605		116,815	1,517
033 SPECIAL CARE NURSERY		15,535		47,634		63,169	1,367
033 NURSERY		59,811		8,892		68,703	843
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM		334,664		504,133		838,797	4,747
038 SURGERY-AMBULATORY		147,959		27,720		175,679	715
039 RECOVERY ROOM							
040 DELIVERY ROOM & LABOR ROO		160,290		7,156		167,446	1,964
041 ANESTHESIOLOGY							
041 01 RADIOLOGY-DIAGNOSTIC		316,776		935,394		1,252,170	2,921
041 02 CATH LAB							
042 ULTRASOUND		16,725		146,332		163,057	327
044 RADIOLOGY-THERAPEUTIC							
049 LABORATORY		63,368				63,368	
049 01 RESPIRATORY THERAPY		36,535		67,785		104,320	1,219
050 SLEEP LAB		22,818				22,818	66
050 01 PHYSICAL THERAPY		26,924				26,924	346
051 SPORTS MEDICINE							
052 OCCUPATIONAL THERAPY							35
053 SPEECH PATHOLOGY							16
054 ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPHY				18,173		18,173	54
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
059 ENDOSCOPY		68,141		170,172		238,313	884
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 01 EMERGENCY		182,965		41,222		224,187	2,613
062 PATIENT SERVICES							
062 OBSERVATION BEDS (NON-DIS							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS		3,471,664		2,472,707		5,944,371	45,119
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP		14,789				14,789	
100 PHYSICIANS' PRIVATE OFFIC							
100 MISSION EFFECTIVENESS				1,995		1,995	
100 01 MARKETING							205
100 02 SETON ENTERPRISES							566
100 03 FOUNDATION							
100 04 VACANT		23,106				23,106	
100 05 SEASH		302,640				302,640	
100 06 SPORTS MEDICINE							374
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		3,812,199		2,474,702		6,286,901	46,264

ALLOCATION OF OLD CAPITAL RELATED COSTS

PROVIDER NO: I PERIOD: I PREPARED 11/28/2007  
 15-0157 I FROM 7/ 1/2006 I WORKSHEET B  
 I TO 6/30/2007 I PART II

	COST CENTER DESCRIPTION	COMMUNICATIONS	DATA PROCESSING	PURCHASING & RECEIVING	IP ADMITTING	PATIENT ACCOUNTING	OP REGISTRATION	OTHER ADMINISTRATIVE AND
		6.01	6.02	6.03	6.04	6.05	6.06	6.07
001	GENERAL SERVICE COST CNTR							
002	OLD CAP REL COSTS-BLDG &							
003	OLD CAP REL COSTS-MVBLE E							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS							
006	01 COMMUNICATIONS	13,004						
006	02 DATA PROCESSING							
006	03 PURCHASING & RECEIVING	93		12,861				
006	04 IP ADMITTING	62		2	5,271			
006	05 PATIENT ACCOUNTING	218		7		17,259		
006	06 OP REGISTRATION	498		16			38,398	
006	07 OTHER ADMINISTRATIVE AND	498		9				189,906
008	OPERATION OF PLANT	404		245				6,204
009	LAUNDRY & LINEN SERVICE	31		90				843
010	HOUSEKEEPING	124		236				2,555
011	DIETARY	311		626				1,763
012	CAFETERIA							1,001
014	NURSING ADMINISTRATION	311		3				2,754
015	CENTRAL SERVICES & SUPPLY	280		51				1,756
016	PHARMACY	560		2,005				3,603
017	MEDICAL RECORDS & LIBRARY	31						1,696
018	SOCIAL SERVICE	31						300
025	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS	3,269		302	3,980	1,273		27,316
026	INTENSIVE CARE UNIT	498		79	345	216		3,876
030	SPECIAL CARE NURSERY	311		68	251	204		3,380
033	NURSERY	529		75	575	177		2,165
037	ANCILLARY SRVC COST CNTRS							
037	01 OPERATING ROOM	964		8,217		3,617	7,029	29,045
038	RECOVERY ROOM	342		29		54	256	1,769
039	DELIVERY ROOM & LABOR ROO	716		89	120	564	132	4,707
040	ANESTHESIOLOGY							
041	RADIOLOGY-DIAGNOSTIC	591		243		2,309	8,934	10,084
041	01 CATH LAB							
041	02 ULTRASOUND	93		29		160	645	1,684
042	RADIOLOGY-THERAPEUTIC							
044	LABORATORY			59		1,002	2,122	4,837
049	RESPIRATORY THERAPY	529		33		279	369	2,899
049	01 SLEEP LAB	218		2		29	139	213
050	PHYSICAL THERAPY	93		14		80	11	751
050	01 SPORTS MEDICINE							
051	OCCUPATIONAL THERAPY			2		15	1	75
052	SPEECH PATHOLOGY					3	4	30
053	ELECTROCARDIOLOGY					7	1	270
054	ELECTROENCEPHALOGRAPHY			2		24	89	201
055	MEDICAL SUPPLIES CHARGED					2,988	3,713	10,689
056	DRUGS CHARGED TO PATIENTS					1,209	1,135	5,739
059	ENDOSCOPY	373		154		250	1,015	2,767
060	OUTPAT SERVICE COST CNTRS							
061	CLINIC							
061	EMERGENCY	964		106		985	3,830	6,494
061	01 PATIENT SERVICES							
062	OBSERVATION BEDS (NON-DIS							
062	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	12,942		12,793	5,271	15,445	29,425	141,466
096	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP	31						27
098	PHYSICIANS' PRIVATE OFFIC							29
100	MISSION EFFECTIVENESS							137
100	01 MARKETING	31		3				4,197
100	02 SETON ENTERPRISES			65		1,814	8,973	42,806
100	03 FOUNDATION							
100	04 VACANT							39
100	05 SEASH							509
100	06 SPORTS MEDICINE							696
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	13,004		12,861	5,271	17,259	38,398	189,906

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	8	9	10	11	12	14	15
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING & RECEIVING							
006 04 IP ADMITTING							
006 05 PATIENT ACCOUNTING							
006 06 OP REGISTRATION							
006 07 OTHER ADMINISTRATIVE AND							
008 OPERATION OF PLANT	525,313						
009 LAUNDRY & LINEN SERVICE	3,619	29,464					
010 HOUSEKEEPING	9,540		78,827				
011 DIETARY	12,657	90	1,948	114,139			
012 CAFETERIA	16,151		2,486		138,176		
014 NURSING ADMINISTRATION					4,438	46,348	
015 CENTRAL SERVICES & SUPPLY	15,173	1,530	2,335		2,950		122,624
016 PHARMACY	11,864	12	1,826		6,234		538
017 MEDICAL RECORDS & LIBRARY	518		80		1,596		
018 SOCIAL SERVICE	1,685		259		417		
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	134,379	11,070	20,682	102,201	41,233	19,734	3,770
030 INTENSIVE CARE UNIT	13,363	1,315	2,057	8,862	9,615	2,871	602
033 SPECIAL CARE NURSERY	2,654		409		3,620	3,078	319
037 NURSERY	10,219	951	1,573		3,199	2,501	
037 01 ANCILLARY SRVC COST CNTRS							
037 02 OPERATING ROOM	57,181	3,091	8,801		19,360	8,472	62,458
038 SURGERY-AMBULATORY	25,281	1,700	3,891		2,828	1,484	322
039 RECOVERY ROOM							
040 DELIVERY ROOM & LABOR ROO	27,387	2,235	4,215	3,076	7,162	1,768	1,886
041 ANESTHESIOLOGY							
041 01 RADIOLOGY-DIAGNOSTIC	54,125	2,060	8,330		12,397	228	1,478
041 02 CATH LAB							
042 ULTRASOUND	2,858		440		649		
042 RADIOLOGY-THERAPEUTIC							
044 LABORATORY	10,827		1,666				6
049 RESPIRATORY THERAPY	6,243	39	961		5,025	1	404
049 01 SLEEP LAB	3,899	60	600		299		
050 PHYSICAL THERAPY	4,600		708		1,434		171
050 01 SPORTS MEDICINE							
051 OCCUPATIONAL THERAPY					166		29
052 SPEECH PATHOLOGY					62		
053 ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPHY					163		27
055 MEDICAL SUPPLIES CHARGED							46,903
056 DRUGS CHARGED TO PATIENTS							
059 ENDOSCOPY	11,643	1,593	1,792		3,178	1,843	1,828
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 01 EMERGENCY	31,262	3,718	4,812		9,243	4,368	1,166
062 PATIENT SERVICES							
062 OBSERVATION BEDS (NON-DIS							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	467,128	29,464	69,871	114,139	135,268	46,348	121,907
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP	2,527		389				
100 PHYSICIANS' PRIVATE OFFIC							
100 MISSION EFFECTIVENESS							
100 01 MARKETING					845		2
100 02 SETON ENTERPRISES							715
100 03 FOUNDATION							
100 04 VACANT	3,948		608				
100 05 SEASH	51,710		7,959				
100 06 SPORTS MEDICINE					2,063		
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	525,313	29,464	78,827	114,139	138,176	46,348	122,624

	COST CENTER DESCRIPTION	PHARMACY	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	GENERAL SERVICE COST CNTR	16	17	18	25	26	27
001	OLD CAP REL COSTS-BLDG &						
002	OLD CAP REL COSTS-MVBLE E						
003	NEW CAP REL COSTS-BLDG &						
004	NEW CAP REL COSTS-MVBLE E						
005	EMPLOYEE BENEFITS						
006	01 COMMUNICATIONS						
006	02 DATA PROCESSING						
006	03 PURCHASING & RECEIVING						
006	04 IP ADMITTING						
006	05 PATIENT ACCOUNTING						
006	06 OP REGISTRATION						
006	07 OTHER ADMINISTRATIVE AND						
008	OPERATION OF PLANT						
009	LAUNDRY & LINEN SERVICE						
010	HOUSEKEEPING						
011	DIETARY						
012	CAFETERIA						
014	NURSING ADMINISTRATION						
015	CENTRAL SERVICES & SUPPLY						
016	PHARMACY	103,455					
017	MEDICAL RECORDS & LIBRARY		7,189				
018	SOCIAL SERVICE			12,666			
025	INPAT ROUTINE SRVC CNTRS						
025	ADULTS & PEDIATRICS	513	527	5,365	1,427,530		1,427,530
026	INTENSIVE CARE UNIT	230	89	1,004	163,354		163,354
030	SPECIAL CARE NURSERY	26	84	7	78,947		78,947
033	NURSERY	3	73		91,586		91,586
037	ANCILLARY SRVC COST CNTRS						
037	OPERATING ROOM	8,946	1,548		1,062,273		1,062,273
037	01 SURGERY-AMBULATORY	29	22		214,401		214,401
038	RECOVERY ROOM						
039	DELIVERY ROOM & LABOR ROO	64	233	2,045	225,809		225,809
040	ANESTHESIOLOGY						
041	RADIOLOGY-DIAGNOSTIC	78	955		1,356,903		1,356,903
041	01 CATH LAB						
041	02 ULTRASOUND		66		170,008		170,008
042	RADIOLOGY-THERAPEUTIC						
044	LABORATORY		415		84,302		84,302
049	RESPIRATORY THERAPY	20	115		122,456		122,456
049	01 SLEEP LAB		12		28,355		28,355
050	PHYSICAL THERAPY		33		35,165		35,165
050	01 SPORTS MEDICINE						
051	OCCUPATIONAL THERAPY		6		329		329
052	SPEECH PATHOLOGY		1		116		116
053	ELECTROCARDIOLOGY		3		281		281
054	ELECTROENCEPHALOGRAPHY		10		18,743		18,743
055	MEDICAL SUPPLIES CHARGED		1,236		65,529		65,529
056	DRUGS CHARGED TO PATIENTS	93,373	500		101,956		101,956
059	ENDOSCOPY	64	103	11	265,811		265,811
060	OUTPAT SERVICE COST CNTRS						
061	CLINIC						
061	EMERGENCY	107	408	4,234	298,497		298,497
061	01 PATIENT SERVICES						
062	OBSERVATION BEDS (NON-DIS						
062	SPEC PURPOSE COST CENTERS						
095	SUBTOTALS	103,453	6,439	12,666	5,812,351		5,812,351
096	NONREIMBURS COST CENTERS						
096	GIFT, FLOWER, COFFEE SHOP				17,763		17,763
098	PHYSICIANS' PRIVATE OFFIC				29		29
100	MISSION EFFECTIVENESS				2,132		2,132
100	01 MARKETING	2			5,285		5,285
100	02 SETON ENTERPRISES		750		55,689		55,689
100	03 FOUNDATION						
100	04 VACANT				27,701		27,701
100	05 SEASH				362,818		362,818
100	06 SPORTS MEDICINE				3,133		3,133
101	CROSS FOOT ADJUSTMENTS						
102	NEGATIVE COST CENTER						
103	TOTAL	103,455	7,189	12,666	6,286,901		6,286,901

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	COMMUNICATION
	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (DOLLAR VALUE)	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (DOLLAR VALUE)	FITS (GROSS SALARIES)	S (PHONE LINES)
	1	2	3	4	5	6.01
001 GENERAL SERVICE COST CNTR						
002 OLD CAP REL COSTS-BLDG &	291,533					
003 OLD CAP REL COSTS-MVBLE E		1,643,736				
004 NEW CAP REL COSTS-BLDG &						
005 NEW CAP REL COSTS-MVBLE E						
006 EMPLOYEE BENEFITS	3,538				38,783,034	
006 01 COMMUNICATIONS	958		283		42,588	418
006 02 DATA PROCESSING						
006 03 PURCHASING & RECEIVING	958				202,177	3
006 04 IP ADMITTING	364		216		102,562	2
006 05 PATIENT ACCOUNTING	1,181		697		454,058	7
006 06 OP REGISTRATION	2,649		1,564		745,758	16
006 07 OTHER ADMINISTRATIVE AND	12,723		12,391		3,665,625	16
008 OPERATION OF PLANT	34,044		47,982		878,433	13
009 LAUNDRY & LINEN SERVICE	1,620		2,430		32,690	1
010 HOUSEKEEPING	4,270		6,406		747,800	4
011 DIETARY	5,665		14,713		431,318	10
012 CAFETERIA	7,229		15,585		456,899	
014 NURSING ADMINISTRATION			24,692		1,397,213	10
015 CENTRAL SERVICES & SUPPLY	6,791		6,186		363,741	9
016 PHARMACY	5,310		3,711		1,500,338	18
017 MEDICAL RECORDS & LIBRARY					196,092	1
018 SOCIAL SERVICE	754				95,672	1
025 INPAT ROUTINE SRVC CNTRS						
026 ADULTS & PEDIATRICS	60,145	168,344			10,052,150	105
026 INTENSIVE CARE UNIT	5,981	25,642			1,271,972	16
030 SPECIAL CARE NURSERY	1,188	31,639			1,145,505	10
033 NURSERY	4,574	5,906			706,485	17
037 ANCILLARY SRVC COST CNTRS						
037 OPERATING ROOM	25,593	334,853			3,978,644	31
037 01 SURGERY-AMBULATORY	11,315	18,412			599,444	11
038 RECOVERY ROOM						
039 DELIVERY ROOM & LABOR ROO	12,258	4,753			1,646,273	23
040 ANESTHESIOLOGY						
041 RADIOLOGY-DIAGNOSTIC	24,225	621,304			2,448,425	19
041 01 CATH LAB						
041 02 ULTRASOUND	1,279	97,196			274,199	3
042 RADIOLOGY-THERAPEUTIC						
044 LABORATORY	4,846					
049 RESPIRATORY THERAPY	2,794	45,024			1,021,716	17
049 01 SLEEP LAB	1,745				55,293	7
050 PHYSICAL THERAPY	2,059				290,357	3
050 01 SPORTS MEDICINE						
051 OCCUPATIONAL THERAPY					29,748	
052 SPEECH PATHOLOGY					13,429	
053 ELECTROCARDIOLOGY						
054 ELECTROENCEPHALOGRAPHY		12,071			44,913	
055 MEDICAL SUPPLIES CHARGED						
056 DRUGS CHARGED TO PATIENTS						
059 ENDOSCOPY	5,211	113,031			741,093	12
060 OUTPAT SERVICE COST CNTRS						
061 CLINIC						
061 EMERGENCY	13,992	27,380			2,190,297	31
061 01 PATIENT SERVICES						
062 OBSERVATION BEDS (NON-DIS						
062 SPEC PURPOSE COST CENTERS						
095 SUBTOTALS	265,491	1,642,411			37,822,907	416
096 NONREIMBURS COST CENTERS						
096 GIFT, FLOWER, COFFEE SHOP	1,131					1
098 PHYSICIANS' PRIVATE OFFIC						
100 MISSION EFFECTIVENESS		1,325				
100 01 MARKETING					172,031	1
100 02 SETON ENTERPRISES					474,468	
100 03 FOUNDATION						
100 04 VACANT	1,767					
100 05 SEASH	23,144					
100 06 SPORTS MEDICINE					313,628	
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	3,812,199	2,474,702			12,004,495	433,848
103 (WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	13.076389				.309530	1,037.913876
104 (WRKSHT B, PT I)		1.505535			46,264	13,004
105 COST TO BE ALLOCATED						
105 (WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER					.001193	31.110048
106 (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED						
107 (WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER						
108 (WRKSHT B, PT III)						

COST CENTER DESCRIPTION	DATA PROCESSING	PURCHASING & RECEIVING	IP ADMITTING	PATIENT ACCOUNTING	OP REGISTRATI ON	RECONCILIATION	OTHER ADMINIS TRATIVE AND
	(IS NODES)	(COSTED )REQS	(PATIENT )DAYS	(PATIENT )REVENUE	(OP )REVENUE		( ACCUM. COST )
	6.02	6.03	6.04	6.05	6.06	6a.07	6.07
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING		391					
006 03 PURCHASING & RECEIVING		1	21,565,982				
006 04 IP ADMITTING		3	3,663	25,612			
006 05 PATIENT ACCOUNTING		8	11,867		297,495,622		
006 06 OP REGISTRATION		18	26,626			133,981,634	
006 07 OTHER ADMINISTRATIVE AND		41	15,801				
008 OPERATION OF PLANT		28	411,675				-8,995,484
009 LAUNDRY & LINEN SERVICE		1	150,375				112,841,456
010 HOUSEKEEPING		3	396,363				3,686,293
011 DIETARY		5	1,050,799				500,611
012 CAFETERIA							1,517,829
014 NURSING ADMINISTRATION		5	4,607				1,047,677
015 CENTRAL SERVICES & SUPPLY		11	86,278				594,894
016 PHARMACY		6	3,364,793				1,636,579
017 MEDICAL RECORDS & LIBRARY		4					1,043,274
018 SOCIAL SERVICE		1	73				2,140,546
025 INPAT ROUTINE SRVC CNTRS							1,007,674
026 ADULTS & PEDIATRICS		80	507,196	19,341	21,949,474		178,069
030 INTENSIVE CARE UNIT		27	131,892	1,677	3,725,148		16,230,475
033 SPECIAL CARE NURSERY		31	114,697	1,218	3,511,223		2,302,808
037 NURSERY		5	125,409	2,794	3,058,193		2,008,587
037 01 ANCILLARY SRVC COST CNTRS							1,286,537
037 01 OPERATING ROOM		38	13,768,911		62,307,639	24,491,982	17,257,955
038 SURGERY-AMBULATORY			49,304		928,532	891,400	1,050,949
039 RECOVERY ROOM							
040 DELIVERY ROOM & LABOR ROO		8	149,460	582	9,726,776	460,325	2,796,968
041 ANESTHESIOLOGY							
041 01 RADIOLOGY-DIAGNOSTIC		7	407,241		39,806,795	31,321,534	5,991,646
041 02 CATH LAB							
042 ULTRASOUND		16	48,905		2,754,527	2,247,686	1,000,377
044 RADIOLOGY-THERAPEUTIC							
049 LABORATORY		1	99,320		17,281,797	7,394,817	2,874,120
049 01 RESPIRATORY THERAPY		6	55,512		4,808,124	1,284,131	1,722,372
050 SLEEP LAB		1	3,332		492,143	482,686	126,558
050 01 PHYSICAL THERAPY		3	24,320		1,381,320	37,481	446,479
051 SPORTS MEDICINE							
051 OCCUPATIONAL THERAPY			3,732		255,213	2,663	44,787
052 SPEECH PATHOLOGY					57,092	12,205	17,958
053 ELECTROCARDIOLOGY					123,907	4,664	160,530
054 ELECTROENCEPHALOGRAPHY			3,651		406,330	311,263	119,641
055 MEDICAL SUPPLIES CHARGED					51,520,623	12,936,828	6,350,940
056 DRUGS CHARGED TO PATIENTS					20,837,567	3,954,283	3,409,902
059 ENDOSCOPY		4	258,659		4,312,242	3,537,056	1,643,821
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 01 EMERGENCY		24	177,736		16,981,935	13,344,156	3,858,708
062 PATIENT SERVICES							
095 OBSERVATION BEDS (NON-DIS							
095 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS		386	21,452,197	25,612	266,226,600	102,715,160	-8,995,484
096 NONREIMBURS COST CENTERS							
098 GIFT, FLOWER, COFFEE SHOP							15,827
100 PHYSICIANS' PRIVATE OFFIC		2					17,429
100 MISSION EFFECTIVENESS		1	638				81,132
100 01 MARKETING		2	4,798				2,493,692
100 02 SETON ENTERPRISES			108,349		31,269,022	31,266,474	25,438,499
100 03 FOUNDATION							
100 04 VACANT							23,106
100 05 SEASH							302,640
100 06 SPORTS MEDICINE							413,567
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED		3,368,244	662,169	521,059	1,352,097	1,240,207	8,995,484
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER			.030704		.004545		
(WRKSHT B, PT I)		8,614.434783		20.344331		.009257	.079718
105 COST TO BE ALLOCATED			12,861	5,271	17,259	38,398	189,906
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER			.000596		.000058		
(WRKSHT B, PT II)				.205802		.000287	.001683
107 COST TO BE ALLOCATED							
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER							
(WRKSHT B, PT III)							

COST CENTER DESCRIPTION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY
	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	(HOURS OF SERVICE)	(DIRECT NRSING HRS)	(COSTED REQUIS.)
	8	9	10	11	12	14	15
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 COMMUNICATIONS							
006 02 DATA PROCESSING							
006 03 PURCHASING & RECEIVING							
006 04 IP ADMITTING							
006 05 PATIENT ACCOUNTING							
006 06 OP REGISTRATION							
006 07 OTHER ADMINISTRATIVE AND							
008 OPERATION OF PLANT	235,118						
009 LAUNDRY & LINEN SERVICE	1,620	567,764					
010 HOUSEKEEPING	4,270		229,228				
011 DIETARY	5,665	1,728		5,665	60,481		
012 CAFETERIA	7,229			7,229			
014 NURSING ADMINISTRATION					1,014,136		
015 CENTRAL SERVICES & SUPPLY	6,791	29,474	6,791			464,092	
016 PHARMACY	5,310	227	5,310				15,678,689
017 MEDICAL RECORDS & LIBRARY	232		232				68,785
018 SOCIAL SERVICE	754		754		3,060		
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	60,145	213,343	60,145	54,155	302,619	197,609	482,025
026 INTENSIVE CARE UNIT	5,981	25,348	5,981	4,696	70,570	28,750	76,928
030 SPECIAL CARE NURSERY	1,188		1,188		26,571	30,824	40,810
033 NURSERY	4,574	18,316	4,574		23,476	25,041	
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	25,593	59,563	25,593		142,092	84,836	7,985,740
038 SURGERY-AMBULATORY	11,315	32,749	11,315		20,755	14,855	41,223
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO	12,258	43,066	12,258	1,630	52,566	17,699	241,194
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	24,225	39,704	24,225		90,985	2,280	189,012
041 01 CATH LAB							
041 02 ULTRASOUND	1,279		1,279		4,765		
042 RADIOLOGY-THERAPEUTIC							
044 LABORATORY	4,846		4,846				830
049 RESPIRATORY THERAPY	2,794	751	2,794		36,882	12	51,605
049 01 SLEEP LAB	1,745	1,150	1,745		2,193		
050 PHYSICAL THERAPY	2,059		2,059		10,527		21,892
050 01 SPORTS MEDICINE							
051 OCCUPATIONAL THERAPY					1,222		3,653
052 SPEECH PATHOLOGY					455		
053 ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPHY					1,196		3,393
055 MEDICAL SUPPLIES CHARGED							5,997,023
056 DRUGS CHARGED TO PATIENTS							
059 ENDOSCOPY	5,211	30,704	5,211		23,323	18,450	233,759
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 EMERGENCY	13,992	71,641	13,992		67,839	43,736	149,139
061 01 PATIENT SERVICES							
062 OBSERVATION BEDS (NON-DIS							
062 SPEC PURPOSE COST CENTERS							
095 SUBTOTALS	209,076	567,764	203,186	60,481	992,792	464,092	15,587,011
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	1,131		1,131				
098 PHYSICIANS' PRIVATE OFFIC							
100 MISSION EFFECTIVENESS							
100 01 MARKETING					6,203		214
100 02 SETON ENTERPRISES							91,464
100 03 FOUNDATION							
100 04 VACANT	1,767		1,767				
100 05 SEASH	23,144		23,144				
100 06 SPORTS MEDICINE					15,141		
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	3,980,157	567,943	1,711,111	1,271,111	818,655	1,793,340	1,339,058
104 (WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		1.000315		21.016699		3.864191	
105 (WRKSHT B, PT I)	16.928338		7.464668		.807244		.085406
105 COST TO BE ALLOCATED	525,313	29,464	78,827	114,139	138,176	46,348	122,624
106 (WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER		.051895		1.887188		.099868	
107 (WRKSHT B, PT II)	2.234253		.343880		.136250		.007821
107 COST TO BE ALLOCATED							
108 (WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER							
108 (WRKSHT B, PT III)							

COST CENTER DESCRIPTION	PHARMACY (COSTED REQUIS.	MEDICAL RECORDS & LIBRARY (PATIENT )REVENUE	SOCIAL SERVICE (TIME )SPENT
	16	17	18
001 GENERAL SERVICE COST CNTR			
002 OLD CAP REL COSTS-BLDG &			
003 OLD CAP REL COSTS-MVBLE E			
004 NEW CAP REL COSTS-BLDG &			
005 NEW CAP REL COSTS-MVBLE E			
006 EMPLOYEE BENEFITS			
006 01 COMMUNICATIONS			
006 02 DATA PROCESSING			
006 03 PURCHASING & RECEIVING			
006 04 IP ADMITTING			
006 05 PATIENT ACCOUNTING			
006 06 OP REGISTRATION			
006 07 OTHER ADMINISTRATIVE AND			
008 OPERATION OF PLANT			
009 LAUNDRY & LINEN SERVICE			
010 HOUSEKEEPING			
011 DIETARY			
012 CAFETERIA			
014 NURSING ADMINISTRATION			
015 CENTRAL SERVICES & SUPPLY			
016 PHARMACY	3,323,537		
017 MEDICAL RECORDS & LIBRARY		297,495,622	
018 SOCIAL SERVICE			3,518
025 INPAT ROUTINE SRVC CNTRS			
026 ADULTS & PEDIATRICS	16,469	21,949,474	1,490
030 INTENSIVE CARE UNIT	7,397	3,725,148	279
033 SPECIAL CARE NURSERY	822	3,511,223	2
037 NURSERY	100	3,058,193	
037 01 ANCILLARY SRVC COST CNTRS			
038 OPERATING ROOM	287,409	62,307,639	
039 01 SURGERY-AMBULATORY	921	928,532	
040 RECOVERY ROOM			
041 DELIVERY ROOM & LABOR ROO	2,045	9,726,776	568
041 ANESTHESIOLOGY			
041 01 RADIOLOGY-DIAGNOSTIC	2,492	39,806,795	
041 02 CATH LAB			
042 02 ULTRASOUND		2,754,527	
042 RADIOLOGY-THERAPEUTIC			
044 LABORATORY		17,281,797	
049 01 RESPIRATORY THERAPY	648	4,808,124	
050 01 SLEEP LAB		492,143	
050 01 PHYSICAL THERAPY	15	1,381,320	
051 01 SPORTS MEDICINE			
051 OCCUPATIONAL THERAPY		255,213	
052 SPEECH PATHOLOGY		57,092	
053 ELECTROCARDIOLOGY		123,907	
054 ELECTROENCEPHALOGRAPHY		406,330	
055 MEDICAL SUPPLIES CHARGED		51,520,623	
056 DRUGS CHARGED TO PATIENTS	2,999,660	20,837,567	
059 ENDOSCOPY	2,062	4,312,242	3
060 OUTPAT SERVICE COST CNTRS			
061 CLINIC			
061 01 EMERGENCY	3,448	16,981,935	1,176
062 01 PATIENT SERVICES			
095 OBSERVATION BEDS (NON-DIS			
096 SPEC PURPOSE COST CENTERS			
098 SUBTOTALS	3,323,488	266,226,600	3,518
100 NONREIMBURS COST CENTERS			
100 GIFT, FLOWER, COFFEE SHOP			
100 01 PHYSICIANS' PRIVATE OFFIC			
100 02 MISSION EFFECTIVENESS			
100 03 MARKETING	49		
100 04 SETON ENTERPRISES		31,269,022	
100 05 FOUNDATION			
100 06 VACANT			
100 06 SEASH			
100 06 SPORTS MEDICINE			
101 CROSS FOOT ADJUSTMENT			
102 NEGATIVE COST CENTER			
103 COST TO BE ALLOCATED	2,483,749	1,103,117	213,126
(PER WRKSHT B, PART I)			
104 UNIT COST MULTIPLIER		.003708	
(WRKSHT B, PT I)	.747321		60.581580
105 COST TO BE ALLOCATED	103,455	7,189	12,666
(PER WRKSHT B, PART II)			
106 UNIT COST MULTIPLIER		.000024	
(WRKSHT B, PT II)	.031128		3.600341
107 COST TO BE ALLOCATED			
(PER WRKSHT B, PART III)			
108 UNIT COST MULTIPLIER			
(WRKSHT B, PT III)			

## COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 11/28/2007  
 I 15-0157 I FROM 7/ 1/2006 I WORKSHEET C  
 I I TO 6/30/2007 I PART I

VKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	21,576,047		21,576,047		21,576,047
26	INTENSIVE CARE UNIT	2,967,202		2,967,202		2,967,202
30	SPECIAL CARE NURSERY	2,355,486		2,355,486		2,355,486
33	NURSERY	1,646,121		1,646,121		1,646,121
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	20,887,981		20,887,981		20,887,981
37	01 SURGERY-AMBULATORY	1,525,304		1,525,304		1,525,304
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROO	3,599,714		3,599,714		3,599,714
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC	7,347,792		7,347,792		7,347,792
41	01 CATH LAB					
41	02 ULTRASOUND	1,125,384		1,125,384		1,125,384
42	RADIOLOGY-THERAPEUTIC					
44	LABORATORY	3,285,600		3,285,600		3,285,600
49	RESPIRATORY THERAPY	1,981,120		1,981,120		1,981,120
49	01 SLEEP LAB	183,958		183,958		183,958
50	PHYSICAL THERAPY	547,797		547,797		547,797
50	01 SPORTS MEDICINE					
51	OCCUPATIONAL THERAPY	50,601		50,601		50,601
52	SPEECH PATHOLOGY	19,969		19,969		19,969
53	ELECTROCARDIOLOGY	173,786		173,786		173,786
54	ELECTROENCEPHALOGRAPHY	131,941		131,941		131,941
55	MEDICAL SUPPLIES CHARGED	7,560,444		7,560,444		7,560,444
56	DRUGS CHARGED TO PATIENTS	6,000,708		6,000,708		6,000,708
59	ENDOSCOPY	2,060,487		2,060,487		2,060,487
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY	4,952,581		4,952,581		4,952,581
61	01 PATIENT SERVICES					
62	OBSERVATION BEDS (NON-DIS	2,235,911		2,235,911		2,235,911
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	92,215,934		92,215,934		92,215,934
102	LESS OBSERVATION BEDS	2,235,911		2,235,911		2,235,911
103	TOTAL	89,980,023		89,980,023		89,980,023

COMPUTATION OF RATIO OF COSTS TO CHARGES

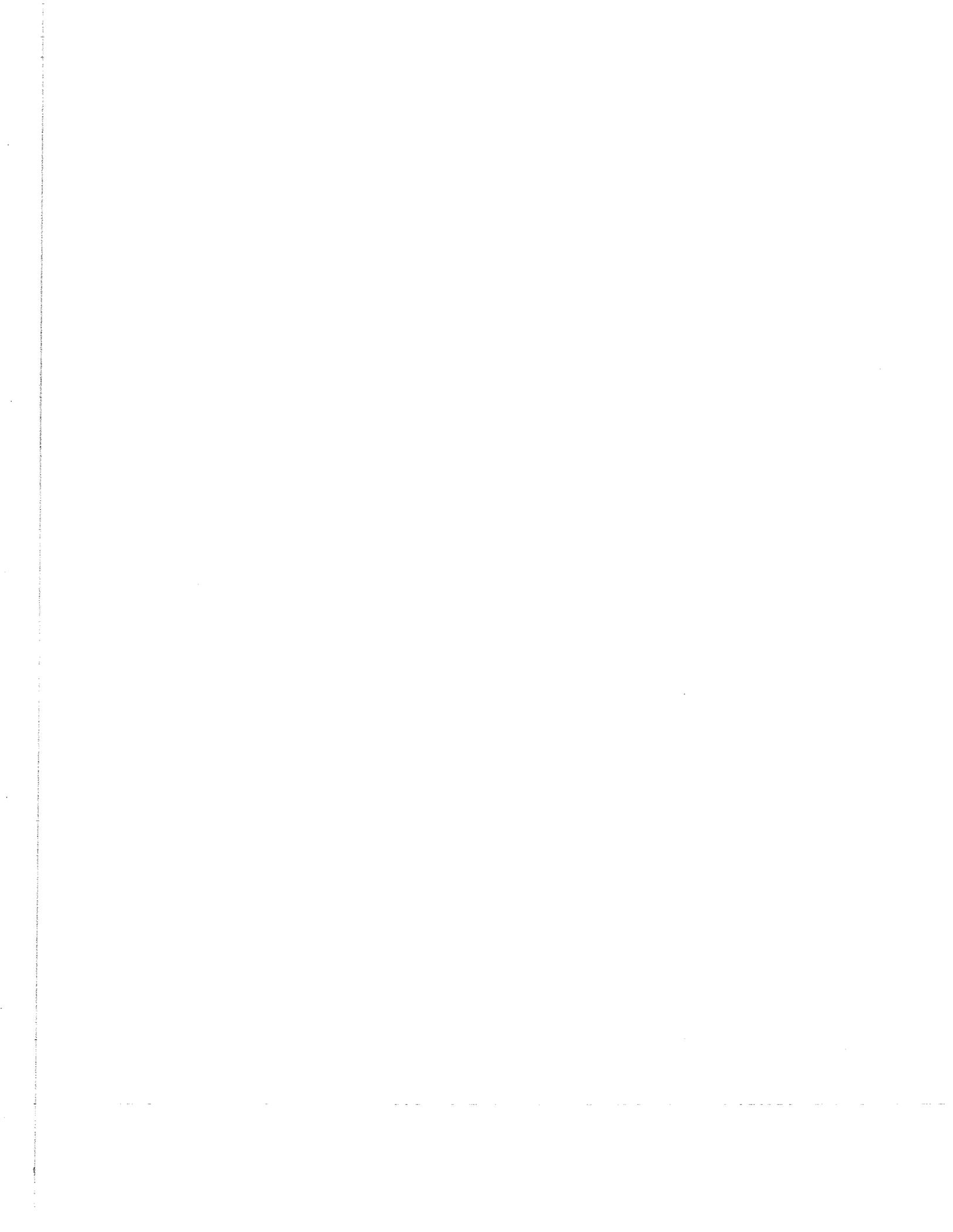
LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS						
	ADULTS & PEDIATRICS	21,949,474		21,949,474			
26	INTENSIVE CARE UNIT	3,725,148		3,725,148			
30	SPECIAL CARE NURSERY	3,511,223		3,511,223			
33	NURSERY	3,058,193		3,058,193			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	37,815,657	24,491,982	62,307,639	.335239	.335239	.335239
37	01 SURGERY-AMBULATORY	37,132	891,400	928,532	1.642705	1.642705	1.642705
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO	9,266,451	460,325	9,726,776	.370083	.370083	.370083
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	8,485,261	31,321,534	39,806,795	.184586	.184586	.184586
41	01 CATH LAB						
41	02 ULTRASOUND	506,841	2,247,686	2,754,527	.408558	.408558	.408558
42	RADIOLOGY-THERAPEUTIC						
44	LABORATORY	9,886,980	7,394,817	17,281,797	.190119	.190119	.190119
49	RESPIRATORY THERAPY	3,523,993	1,284,131	4,808,124	.412036	.412036	.412036
49	01 SLEEP LAB	9,457	482,686	492,143	.373790	.373790	.373790
50	PHYSICAL THERAPY	1,343,839	37,481	1,381,320	.396575	.396575	.396575
50	01 SPORTS MEDICINE						
51	OCCUPATIONAL THERAPY	252,550	2,663	255,213	.198270	.198270	.198270
52	SPEECH PATHOLOGY	44,887	12,205	57,092	.349769	.349769	.349769
53	ELECTROCARDIOLOGY	119,243	4,664	123,907	1.402552	1.402552	1.402552
54	ELECTROENCEPHALOGRAPHY	95,067	311,263	406,330	.324714	.324714	.324714
55	MEDICAL SUPPLIES CHARGED	38,583,795	12,936,828	51,520,623	.146746	.146746	.146746
56	DRUGS CHARGED TO PATIENTS	16,883,284	3,954,283	20,837,567	.287975	.287975	.287975
59	ENDOSCOPY	775,186	3,537,056	4,312,242	.477823	.477823	.477823
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	3,637,779	13,344,156	16,981,935	.291638	.291638	.291638
61	01 PATIENT SERVICES						
62	OBSERVATION BEDS (NON-DIS	1,077,312	2,164,673	3,241,985	.689673	.689673	.689673
	OTHER REIMBURS COST CNTRS						
01	SUBTOTAL	164,588,752	104,879,833	269,468,585			
02	LESS OBSERVATION BEDS						
03	TOTAL	164,588,752	104,879,833	269,468,585			

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						
	ADULTS & PEDIATRICS	21,949,474		21,949,474			
26	INTENSIVE CARE UNIT	3,725,148		3,725,148			
30	SPECIAL CARE NURSERY	3,511,223		3,511,223			
33	NURSERY	3,058,193		3,058,193			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	37,815,657	24,491,982	62,307,639	.335239	.335239	.335239
37 01	SURGERY-AMBULATORY	37,132	891,400	928,532	1.642705	1.642705	1.642705
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO	9,266,451	460,325	9,726,776	.370083	.370083	.370083
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	8,485,261	31,321,534	39,806,795	.184586	.184586	.184586
41 01	CATH LAB						
41 02	ULTRASOUND	506,841	2,247,686	2,754,527	.408558	.408558	.408558
42	RADIOLOGY-THERAPEUTIC						
44	LABORATORY	9,886,980	7,394,817	17,281,797	.190119	.190119	.190119
49	RESPIRATORY THERAPY	3,523,993	1,284,131	4,808,124	.412036	.412036	.412036
49 01	SLEEP LAB	9,457	482,686	492,143	.373790	.373790	.373790
50	PHYSICAL THERAPY	1,343,839	37,481	1,381,320	.396575	.396575	.396575
50 01	SPORTS MEDICINE						
51	OCCUPATIONAL THERAPY	252,550	2,663	255,213	.198270	.198270	.198270
52	SPEECH PATHOLOGY	44,887	12,205	57,092	.349769	.349769	.349769
53	ELECTROCARDIOLOGY	119,243	4,664	123,907	1.402552	1.402552	1.402552
54	ELECTROENCEPHALOGRAPHY	95,067	311,263	406,330	.324714	.324714	.324714
55	MEDICAL SUPPLIES CHARGED	38,583,795	12,936,828	51,520,623	.146746	.146746	.146746
56	DRUGS CHARGED TO PATIENTS	16,883,284	3,954,283	20,837,567	.287975	.287975	.287975
59	ENDOSCOPY	775,186	3,537,056	4,312,242	.477823	.477823	.477823
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	3,637,779	13,344,156	16,981,935	.291638	.291638	.291638
61 01	PATIENT SERVICES						
62	OBSERVATION BEDS (NON-DIS	1,077,312	2,164,673	3,241,985	.689673	.689673	.689673
	OTHER REIMBURS COST CNTRS						
01	SUBTOTAL	164,588,752	104,879,833	269,468,585			
02	LESS OBSERVATION BEDS						
03	TOTAL	164,588,752	104,879,833	269,468,585			

KST A INE 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	20,887,981	1,062,273	19,825,708			20,887,981
37 01	SURGERY-AMBULATORY	1,525,304	214,401	1,310,903			1,525,304
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO	3,599,714	225,809	3,373,905			3,599,714
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	7,347,792	1,356,903	5,990,889			7,347,792
41 01	CATH LAB						
41 02	ULTRASOUND	1,125,384	170,008	955,376			1,125,384
42	RADIOLOGY-THERAPEUTIC						
44	LABORATORY	3,285,600	84,302	3,201,298			3,285,600
49	RESPIRATORY THERAPY	1,981,120	122,456	1,858,664			1,981,120
49 01	SLEEP LAB	183,958	28,355	155,603			183,958
50	PHYSICAL THERAPY	547,797	35,165	512,632			547,797
50 01	SPORTS MEDICINE						
51	OCCUPATIONAL THERAPY	50,601	329	50,272			50,601
52	SPEECH PATHOLOGY	19,969	116	19,853			19,969
53	ELECTROCARDIOLOGY	173,786	281	173,505			173,786
54	ELECTROENCEPHALOGRAPHY	131,941	18,743	113,198			131,941
55	MEDICAL SUPPLIES CHARGED	7,560,444	65,529	7,494,915			7,560,444
56	DRUGS CHARGED TO PATIENTS	6,000,708	101,956	5,898,752			6,000,708
59	ENDOSCOPY	2,060,487	265,811	1,794,676			2,060,487
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	4,952,581	298,497	4,654,084			4,952,581
61 01	PATIENT SERVICES						
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	2,235,911	147,935	2,087,976			2,235,911
01	SUBTOTAL	63,671,078	4,198,869	59,472,209			63,671,078
02	LESS OBSERVATION BEDS	2,235,911	147,935	2,087,976			2,235,911
03	TOTAL	61,435,167	4,050,934	57,384,233			61,435,167

KST A INE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	62,307,639	.335239	.335239
37 01	SURGERY-AMBULATORY	928,532	1.642705	1.642705
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROO	9,726,776	.370083	.370083
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	39,806,795	.184586	.184586
41 01	CATH LAB			
41 02	ULTRASOUND	2,754,527	.408558	.408558
42	RADIOLOGY-THERAPEUTIC			
44	LABORATORY	17,281,797	.190119	.190119
49	RESPIRATORY THERAPY	4,808,124	.412036	.412036
49 01	SLEEP LAB	492,143	.373790	.373790
50	PHYSICAL THERAPY	1,381,320	.396575	.396575
50 01	SPORTS MEDICINE			
51	OCCUPATIONAL THERAPY	255,213	.198270	.198270
52	SPEECH PATHOLOGY	57,092	.349769	.349769
53	ELECTROCARDIOLOGY	123,907	1.402552	1.402552
54	ELECTROENCEPHALOGRAPHY	406,330	.324714	.324714
55	MEDICAL SUPPLIES CHARGED	51,520,623	.146746	.146746
56	DRUGS CHARGED TO PATIENTS	20,837,567	.287975	.287975
59	ENDOSCOPY	4,312,242	.477823	.477823
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	16,981,935	.291638	.291638
61 01	PATIENT SERVICES			
62	OBSERVATION BEDS (NON-DIS	3,241,985	.689673	.689673
	OTHER REIMBURS COST CNTRS			
01	SUBTOTAL	237,224,547		
02	LESS OBSERVATION BEDS	3,241,985		
03	TOTAL	233,982,562		

KST A INE NO.	COST CENTER DESCRIPTION	TOTAL COST	CAPITAL COST	OPERATING	CAPITAL	OPERATING COST	COST NET OF
		WKST B, PT I COL. 27 1	WKST B PT II & III, COL. 27 2	COST NET OF CAPITAL COST 3	REDUCTION 4	REDUCTION AMOUNT 5	CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	20,887,981	1,062,273	19,825,708	106,227	1,149,891	19,631,863
37	01 SURGERY-AMBULATORY	1,525,304	214,401	1,310,903	21,440	76,032	1,427,832
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO	3,599,714	225,809	3,373,905	22,581	195,686	3,381,447
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	7,347,792	1,356,903	5,990,889	135,690	347,472	6,864,630
41	01 CATH LAB						
41	02 ULTRASOUND	1,125,384	170,008	955,376	17,001	55,412	1,052,971
42	RADIOLOGY-THERAPEUTIC						
44	LABORATORY	3,285,600	84,302	3,201,298	8,430	185,675	3,091,495
49	RESPIRATORY THERAPY	1,981,120	122,456	1,858,664	12,246	107,803	1,861,071
49	01 SLEEP LAB	183,958	28,355	155,603	2,836	9,025	172,097
50	PHYSICAL THERAPY	547,797	35,165	512,632	3,517	29,733	514,547
50	01 SPORTS MEDICINE						
51	OCCUPATIONAL THERAPY	50,601	329	50,272	33	2,916	47,652
52	SPEECH PATHOLOGY	19,969	116	19,853	12	1,151	18,806
53	ELECTROCARDIOLOGY	173,786	281	173,505	28	10,063	163,695
54	ELECTROENCEPHALOGRAPHY	131,941	18,743	113,198	1,874	6,565	123,502
55	MEDICAL SUPPLIES CHARGED	7,560,444	65,529	7,494,915	6,553	434,705	7,119,186
56	DRUGS CHARGED TO PATIENTS	6,000,708	101,956	5,898,752	10,196	342,128	5,648,384
59	ENDOSCOPY	2,060,487	265,811	1,794,676	26,581	104,091	1,929,815
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	4,952,581	298,497	4,654,084	29,850	269,937	4,652,794
61	01 PATIENT SERVICES						
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	2,235,911	147,935	2,087,976	14,794	121,103	2,100,014
.01	SUBTOTAL	63,671,078	4,198,869	59,472,209	419,889	3,449,388	59,801,801
.02	LESS OBSERVATION BEDS	2,235,911	147,935	2,087,976	14,794	121,103	2,100,014
.03	TOTAL	61,435,167	4,050,934	57,384,233	405,095	3,328,285	57,701,787



IKST 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						
26	ADULTS & PEDIATRICS	21,577	6,021	66.16	398,349		
30	INTENSIVE CARE UNIT	1,677	489	97.41	47,633		
33	SPECIAL CARE NURSERY	1,218		64.82			
	NURSERY	2,794		32.78			
101	TOTAL	27,266	6,510		445,982		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/28/2007  
 I 15-0157 I FROM 7/ 1/2006 I WORKSHEET D  
 I COMPONENT NO: I TO 6/30/2007 I PART II  
 I 15-0157 I I

TITLE XVIII, PART A		HOSPITAL		PPS			
KST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	1,062,273		62,307,639	14,531,652	.017049	247,750
37	01 SURGERY-AMBULATORY	214,401		928,532		.230903	
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO	225,809		9,726,776	6,432	.023215	149
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	1,356,903		39,806,795	2,956,370	.034087	100,774
41	01 CATH LAB						
41	02 ULTRASOUND	170,008		2,754,527	74,489	.061719	4,597
42	RADIOLOGY-THERAPEUTIC						
44	LABORATORY	84,302		17,281,797	3,156,947	.004878	15,400
49	RESPIRATORY THERAPY	122,456		4,808,124	1,192,485	.025469	30,371
49	01 SLEEP LAB	28,355		492,143		.057615	
50	PHYSICAL THERAPY	35,165		1,381,320	592,405	.025458	15,081
50	01 SPORTS MEDICINE						
51	OCCUPATIONAL THERAPY	329		255,213	143,586	.001289	185
52	SPEECH PATHOLOGY	116		57,092	28,692	.002032	58
53	ELECTROCARDIOLOGY	281		123,907	119,243	.002268	270
54	ELECTROENCEPHALOGRAPHY	18,743		406,330	95,067	.046128	4,385
55	MEDICAL SUPPLIES CHARGED	65,529		51,520,623	5,701,451	.001272	7,252
56	DRUGS CHARGED TO PATIENTS	101,956		20,837,567	4,453,258	.004893	21,790
59	ENDOSCOPY	265,811		4,312,242	201,646	.061641	12,430
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	298,497		16,981,935	1,577,996	.017577	27,736
61	01 PATIENT SERVICES						
62	OBSERVATION BEDS (NON-DIS	147,935		3,241,985	249,209	.045631	11,372
	OTHER REIMBURS COST CNTRS						
101	TOTAL	4,198,869		237,224,547	35,080,928		499,600

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/28/2007  
 I 15-0157 I FROM 7/ 1/2006 I WORKSHEET D  
 I COMPONENT NO: I TO 6/30/2007 I PART II  
 I 15-0157 I

TITLE XVIII, PART A HOSPITAL

PPS

KST A	COST CENTER DESCRIPTION	NEW CAPITAL	
INE NO.		CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM		
37 01	SURGERY-AMBULATORY		
38	RECOVERY ROOM		
39	DELIVERY ROOM & LABOR ROO		
40	ANESTHESIOLOGY		
41	RADIOLOGY-DIAGNOSTIC		
41 01	CATH LAB		
41 02	ULTRASOUND		
42	RADIOLOGY-THERAPEUTIC		
44	LABORATORY		
49	RESPIRATORY THERAPY		
49 01	SLEEP LAB		
50	PHYSICAL THERAPY		
50 01	SPORTS MEDICINE		
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY		
54	ELECTROENCEPHALOGRAPHY		
55	MEDICAL SUPPLIES CHARGED		
56	DRUGS CHARGED TO PATIENTS		
59	ENDOSCOPY		
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
61	EMERGENCY		
61 01	PATIENT SERVICES		
62	OBSERVATION BEDS (NON-DIS		
	OTHER REIMBURS COST CNTRS		
L01	TOTAL		

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

I PROVIDER NO: I PERIOD: I PREPARED 11/28/2007  
 I 15-0157 I FROM 7/ 1/2006 I WORKSHEET D  
 I I TO 6/30/2007 I PART III  
 PPS

LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS						
	ADULTS & PEDIATRICS					21,577	
26	INTENSIVE CARE UNIT					1,677	
30	SPECIAL CARE NURSERY					1,218	
33	NURSERY					2,794	
101	TOTAL					27,266	

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

I PROVIDER NO: I PERIOD: I PREPARED 11/28/2007  
 I 15-0157 I FROM 7/ 1/2006 I WORKSHEET D  
 I I TO 6/30/2007 I PART III

KST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG_DAYS	INPAT PROGRAM PASS THRU COST
25	ADULTS & PEDIATRICS	7	6,021
26	INTENSIVE CARE UNIT		489
30	SPECIAL CARE NURSERY		8
33	NURSERY		
101	TOTAL		6,510

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8/2007  
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PROG  
U COST  
7

TITLE XVIII, PART A

HOSPITAL

LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D,V COL 5.03	OUTPAT PROG D,V COL 5.04	OUTPAT PROG PASS THRU COST	COL 8.01 * COL 5	COL 8.02 * COL 5
		8	8.01	8.02	9	9.01	9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	3,491,547					
37 01	SURGERY-AMBULATORY	73,092					
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	5,081,159					
41 01	CATH LAB						
41 02	ULTRASOUND	368,704					
42	RADIOLOGY-THERAPEUTIC						
44	LABORATORY	236,301					
49	RESPIRATORY THERAPY	867,808					
49 01	SLEEP LAB	26,159					
50	PHYSICAL THERAPY						
50 01	SPORTS MEDICINE						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY	63					
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY	78,861					
55	MEDICAL SUPPLIES CHARGED	33,392					
56	DRUGS CHARGED TO PATIENTS	705,870					
59	ENDOSCOPY	83,897					
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	1,930,561					
61 01	PATIENT SERVICES						
62	OBSERVATION BEDS (NON-DIS	255,953					
	OTHER REIMBURS COST CNTRS						
01	TOTAL	13,233,367					

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					
37 01 SURGERY-AMBULATORY	.335239	.335239			
38 RECOVERY ROOM	1.642705	1.642705			
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY	.370083	.370083			
41 RADIOLOGY-DIAGNOSTIC					
41 01 CATH LAB	.184586	.184586			
41 02 ULTRASOUND	.408558	.408558			
42 RADIOLOGY-THERAPEUTIC					
44 LABORATORY	.190119	.190119			
49 RESPIRATORY THERAPY	.412036	.412036			
49 01 SLEEP LAB	.373790	.373790			
50 PHYSICAL THERAPY	.396575	.396575			
50 01 SPORTS MEDICINE					
51 OCCUPATIONAL THERAPY	.198270	.198270			
52 SPEECH PATHOLOGY	.349769	.349769			
53 ELECTROCARDIOLOGY	1.402552	1.402552			
54 ELECTROENCEPHALOGRAPHY	.324714	.324714			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.146746	.146746			
56 DRUGS CHARGED TO PATIENTS	.287975	.287975			
59 ENDOSCOPY	.477823	.477823			
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC					
61 EMERGENCY	.291638	.291638			
61 01 PATIENT SERVICES					
62 OBSERVATION BEDS (NON-DISTINCT PART)	.689673	.689673			
.01 SUBTOTAL					
.02 CRNA CHARGES					
.03 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
.04 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		3,491,547			
37	01 SURGERY-AMBULATORY		73,092			
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROOM					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC		5,081,159			
41	01 CATH LAB					
41	02 ULTRASOUND		368,704			
42	RADIOLOGY-THERAPEUTIC					
44	LABORATORY		236,301			
49	RESPIRATORY THERAPY		867,808			
49	01 SLEEP LAB		26,159			
50	PHYSICAL THERAPY					
50	01 SPORTS MEDICINE					
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY		63			
53	ELECTROCARDIOLOGY					
54	ELECTROENCEPHALOGRAPHY		78,861			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		33,392			
56	DRUGS CHARGED TO PATIENTS		705,870			
59	ENDOSCOPY		83,897			
60	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY		1,930,561			
61	01 PATIENT SERVICES					
62	OBSERVATION BEDS (NON-DISTINCT PART)		255,953			
101	SUBTOTAL		13,233,367			
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-					
103	PROGRAM ONLY CHARGES					
104	NET CHARGES		13,233,367			

(A) WORKSHEET A LINE NUMBERS

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

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				1,170,503	
37 01 SURGERY-AMBULATORY				120,069	
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC				937,911	
41 01 CATH LAB					
41 02 ULTRASOUND				150,637	
42 RADIOLOGY-THERAPEUTIC					
44 LABORATORY				44,925	
49 RESPIRATORY THERAPY				357,568	
49 01 SLEEP LAB				9,778	
50 PHYSICAL THERAPY					
50 01 SPORTS MEDICINE					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY				22	
53 ELECTROCARDIOLOGY					
54 ELECTROENCEPHALOGRAPHY				25,607	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				4,900	
56 DRUGS CHARGED TO PATIENTS				203,273	
59 ENDOSCOPY				40,088	
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC					
61 EMERGENCY				563,025	
61 01 PATIENT SERVICES					
62 OBSERVATION BEDS (NON-DISTINCT PART)				176,524	
.01 SUBTOTAL				3,804,830	
.02 CRNA CHARGES					
.03 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
.04 NET CHARGES				3,804,830	

(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)	21,577
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	21,577
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	21,577
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)	6,021
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	21,576,047
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	21,576,047

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	21,522,794
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	21,522,794
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.002474
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	997.49
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	21,576,047

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 999.96  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 6,020,759  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 6,020,759

	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	2,967,202	1,677	1,769.35	489	865,212
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 SPECIAL CARE NURSERY	2,355,486	1,218	1,933.90		
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					1 9,860,710
49 TOTAL PROGRAM INPATIENT COSTS					16,746,681

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 445,982  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 499,600  
 52 TOTAL PROGRAM EXCLUDABLE COST 945,582  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN  
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 15,801,099

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	2,236
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	999.96
85	OBSERVATION BED COST	2,235,911

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	1,427,530	21,576,047	2,235,911	147,935
87	NEW CAPITAL-RELATED COST		21,576,047	2,235,911	
88	NON PHYSICIAN ANESTHETIST		21,576,047	2,235,911	
89	MEDICAL EDUCATION		21,576,047	2,235,911	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 11/28/2007  
 I 15-0157 I FROM 7/ 1/2006 I WORKSHEET D-1  
 I COMPONENT NO: I TO 6/30/2007 I PART I  
 I 15-0157 I I

TITLE XIX - I/P

HOSPITAL

OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	21,577
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	21,577
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	21,577
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	1,460
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)	2,794
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	21,576,047
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	21,576,047

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	21,522,794
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	21,522,794
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.002474
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	997.49
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	21,576,047

TITLE XIX - I/P HOSPITAL OTHER

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 999.96  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 1,459,942  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 1,459,942

	TOTAL I/P COST	TOTAL I/P DAYS	AVERAGE PER DIEM	PROGRAM DAYS	PROGRAM COST
	1	2	3	4	5
42 NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS	1,646,121	2,794	589.16		
43 INTENSIVE CARE UNIT	2,967,202	1,677	1,769.35		
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 SPECIAL CARE NURSERY	2,355,486	1,218	1,933.90		
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					1
49 TOTAL PROGRAM INPATIENT COSTS					1,160,087

1  
 1,160,087  
 2,620,029

PASS THROUGH COST ADJUSTMENTS

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

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XIX - I/P HOSPITAL OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	2,236
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	999.96
85	OBSERVATION BED COST	2,235,911

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

TITLE XVIII, PART A		HOSPITAL	PPS		
KST A	COST CENTER DESCRIPTION	RATIO COST	INPATIENT	INPATIENT	
INE NO.		TO CHARGES	CHARGES	COST	
		1	2	3	
25	INPAT ROUTINE SRVC CNTRS				
26	ADULTS & PEDIATRICS		6,436,996		
30	INTENSIVE CARE UNIT		1,260,576		
	SPECIAL CARE NURSERY				
	ANCILLARY SRVC COST CNTRS				
37	OPERATING ROOM	.335239	14,531,652	4,871,576	
37	01 SURGERY-AMBULATORY	1.642705			
38	RECOVERY ROOM				
39	DELIVERY ROOM & LABOR ROOM	.370083	6,432	2,380	
40	ANESTHESIOLOGY				
41	RADIOLOGY-DIAGNOSTIC	.184586	2,956,370	545,705	
41	01 CATH LAB				
41	02 ULTRASOUND	.408558	74,489	30,433	
42	RADIOLOGY-THERAPEUTIC				
44	LABORATORY	.190119	3,156,947	600,196	
49	RESPIRATORY THERAPY	.412036	1,192,485	491,347	
49	01 SLEEP LAB	.373790			
50	PHYSICAL THERAPY	.396575	592,405	234,933	
50	01 SPORTS MEDICINE				
51	OCCUPATIONAL THERAPY	.198270	143,586	28,469	
52	SPEECH PATHOLOGY	.349769	28,692	10,036	
53	ELECTROCARDIOLOGY	1.402552	119,243	167,245	
54	ELECTROENCEPHALOGRAPHY	.324714	95,067	30,870	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.146746	5,701,451	836,665	
56	DRUGS CHARGED TO PATIENTS	.287975	4,453,258	1,282,427	
59	ENDOSCOPY	.477823	201,646	96,351	
	OUTPAT SERVICE COST CNTRS				
60	CLINIC				
61	EMERGENCY	.291638	1,577,996	460,204	
61	01 PATIENT SERVICES				
62	OBSERVATION BEDS (NON-DISTINCT PART)	.689673	249,209	171,873	
	OTHER REIMBURS COST CNTRS				
.01	TOTAL		35,080,928	9,860,710	
.02	LESS PBP CLINIC LABORATORY SERVICES -				
	PROGRAM ONLY CHARGES				
.03	NET CHARGES		35,080,928		

TITLE XIX		HOSPITAL	OTHER		
KST A	COST CENTER DESCRIPTION	RATIO COST	INPATIENT	INPATIENT	
INE NO.		TO CHARGES	CHARGES	COST	
		1	2	3	
25	INPAT ROUTINE SRVC CNTRS				
	ADULTS & PEDIATRICS		1,540,057		
26	INTENSIVE CARE UNIT		57,542		
30	SPECIAL CARE NURSERY		250,295		
	ANCILLARY SRVC COST CNTRS				
37	OPERATING ROOM	.335239	853,755	286,212	
37	01 SURGERY-AMBULATORY	1.642705	278	457	
38	RECOVERY ROOM				
39	DELIVERY ROOM & LABOR ROOM	.370083	1,130,679	418,445	
40	ANESTHESIOLOGY				
41	RADIOLOGY-DIAGNOSTIC	.184586	374,485	69,125	
41	01 CATH LAB				
41	02 ULTRASOUND	.408558			
42	RADIOLOGY-THERAPEUTIC				
44	LABORATORY	.190119	452,536	86,036	
49	RESPIRATORY THERAPY	.412036	89,627	36,930	
49	01 SLEEP LAB	.373790			
50	PHYSICAL THERAPY	.396575	17,716	7,026	
50	01 SPORTS MEDICINE				
51	OCCUPATIONAL THERAPY	.198270	3,801	754	
52	SPEECH PATHOLOGY	.349769	525	184	
53	ELECTROCARDIOLOGY	1.402552			
54	ELECTROENCEPHALOGRAPHY	.324714			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.146746	12,958	1,902	
56	DRUGS CHARGED TO PATIENTS	.287975	705,103	203,052	
59	ENDOSCOPY	.477823	24,593	11,751	
	OUTPAT SERVICE COST CNTRS				
60	CLINIC				
61	EMERGENCY	.291638	131,028	38,213	
61	01 PATIENT SERVICES				
62	OBSERVATION BEDS (NON-DISTINCT PART)	.689673			
	OTHER REIMBURS COST CNTRS				
.01	TOTAL		3,797,084	1,160,087	
.02	LESS PBP CLINIC LABORATORY SERVICES -				
	PROGRAM ONLY CHARGES				
.03	NET CHARGES		3,797,084		

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	2,956,194	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	3,077,606	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	5,763,972	
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST		
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1		
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1		
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	462,523	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	104.24	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.		
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
		FOR CR PERIODS ENDING ON OR AFTER 7/1/2005
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)		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		
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19		
3.21 IME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
3.23 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
		SUM OF LINES PLUS E-3, PT
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).		3.21 - 3.23 VI, LINE 23
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		
4.02 SUM OF LINES 4 AND 4.01		
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGS 302, 316, AND 317.		
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGS 302, 316 & 317		
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
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)	12,260,295	
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		

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)	12,260,295	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	1,103,990	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT		
11.01 NURSING AND ALLIED HEALTH MANAGED CARE		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16 TOTAL	13,364,285	
17 PRIMARY PAYER PAYMENTS	5,048	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	13,359,237	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	1,108,824	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	96,898	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	103,728	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	72,610	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	86,579	
22 SUBTOTAL	12,226,125	
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	12,226,125	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS		
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	12,319,583	
29 BALANCE DUE PROVIDER (PROGRAM)		
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	-93,458	
----- 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)		

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).	3,804,830
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	2,553,569
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	

COMPUTATION OF LESSER OF COST OR CHARGES

6	REASONABLE CHARGES	
7	ANCILLARY SERVICE CHARGES	
8	INTERNS AND RESIDENTS SERVICE CHARGES	
9	ORGAN ACQUISITION CHARGES	
10	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
11	TOTAL REASONABLE CHARGES	
12	CUSTOMARY CHARGES	
13	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
14	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).	
15	RATIO OF LINE 11 TO LINE 12	
16	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
17	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
18	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
19	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	2,553,569

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	750,913
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	1,802,656
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	1,802,656
24	PRIMARY PAYER PAYMENTS	1,381
25	SUBTOTAL	1,801,275
26	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	
27	COMPOSITE RATE ESRD	
27.01	BAD DEBTS (SEE INSTRUCTIONS)	37,168
27.02	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	26,018
28	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	30,818
29	SUBTOTAL	1,827,293
30	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
31	OTHER ADJUSTMENTS (SPECIFY)	
32	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
33	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
34	SUBTOTAL	1,827,293
35	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
36	INTERIM PAYMENTS	1,802,656
37	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
38	BALANCE DUE PROVIDER/PROGRAM	24,637
39	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 11/28/2007  
 I 15-0157 I FROM 7/ 1/2006 I WORKSHEET E-1  
 I COMPONENT NO: I TO 6/30/2007 I  
 I 15-0157 I

TITLE XVIII HOSPITAL

DESCRIPTION

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

1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER			
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.		12,319,583	1,802,656
3	LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)		NONE	NONE
	ADJUSTMENTS TO PROVIDER .01			
	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		NONE	NONE
4	TOTAL INTERIM PAYMENTS		12,319,583	1,802,656
	TO BE COMPLETED BY INTERMEDIARY			
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)			
	TENTATIVE TO PROVIDER .01			
	TENTATIVE TO PROVIDER .02			
	TENTATIVE TO PROVIDER .03			
	TENTATIVE TO PROGRAM .50			
	TENTATIVE TO PROGRAM .51			
	TENTATIVE TO PROGRAM .52			
	SUBTOTAL		NONE	NONE
6	DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)			
	SETTLEMENT TO PROVIDER .01			
	SETTLEMENT TO PROGRAM .02			
7	TOTAL MEDICARE PROGRAM LIABILITY			

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO: 00000

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

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

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/28/2007
I	15-0157	I	FROM 7/ 1/2006	I	WORKSHEET E-3
I	COMPONENT NO:	I	TO 6/30/2007	I	PART III
I	-	I		I	

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

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

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	2,516,436			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	21,842,189			
5	OTHER RECEIVABLES				
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7	INVENTORY	2,061,448			
8	PREPAID EXPENSES				
9	OTHER CURRENT ASSETS	78,036			
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	26,498,109			
FIXED ASSETS					
12	LAND				
12.01	LAND				
13	LAND IMPROVEMENTS				
13.01	LESS ACCUMULATED DEPRECIATION				
14	BUILDINGS	7,259,389			
14.01	LESS ACCUMULATED DEPRECIATION				
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT				
16.01	LESS ACCUMULATED DEPRECIATION				
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT	87,808,351			
18.01	LESS ACCUMULATED DEPRECIATION	-39,747,912			
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	55,319,828			
OTHER ASSETS					
22	INVESTMENTS	223,561,662			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	746,606			
26	TOTAL OTHER ASSETS	224,308,268			
27	TOTAL ASSETS	306,126,205			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	12,262,133			
29 SALARIES, WAGES & FEES PAYABLE				
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	396,358			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	3,852,793			
36 TOTAL CURRENT LIABILITIES	16,511,284			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	28,711,990			
42 TOTAL LONG-TERM LIABILITIES	28,711,990			
43 TOTAL LIABILITIES	45,223,274			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	260,902,931			
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	260,902,931			
52 TOTAL LIABILITIES AND FUND BALANCES	306,126,205			

	GENERAL FUND	SPECIFIC PURPOSE FUND
	1	2
1 FUND BALANCE AT BEGINNING		197,485,250
2 OF PERIOD		
3 NET INCOME (LOSS)		85,660,232
4 TOTAL		283,145,482
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)		
6		
7		
8		
9		
10 TOTAL ADDITIONS		
11 SUBTOTAL		283,145,482
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)		
13 ADJUST BGN FUND BALANCE	22,242,551	
14		
15		
16		
17		
18 TOTAL DEDUCTIONS		22,242,551
19 FUND BALANCE AT END OF		260,902,931
PERIOD PER BALANCE SHEET		

	ENDOWMENT FUND	PLANT FUND
	5	6
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 ADJUST BGN FUND BALANCE		
14		
15		
16		
17		
18 TOTAL DEDUCTIONS		
19 FUND BALANCE AT END OF		
PERIOD PER BALANCE SHEET		

TITLE XVIII, PART A HOSPITAL

ART I - FULLY PROSPECTIVE METHOD		
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	1,067,085
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3	.01 CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	18,231
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	60.92
	IN THE COST REPORTING PERIOD	
4	.01 NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4	.02 INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4	.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	2.94
	MEDICARE PART A PATIENT DAYS	
5	.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	5.64
	DAYS REPORTED ON S-3, PART I	
5	.02 SUM OF 5 AND 5.01	8.58
5	.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	1.75
5	.04 DISPROPORTIONATE SHARE ADJUSTMENT	18,674
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	1,103,990
ART 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	
ART 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	
ART 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)	