

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

FORM APPROVED OMB NO. 0938-0050

WORKSHEET 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 AND SETTLEMENT SUMMARY I 15-0153 I FROM 7/ 1/2006 I --AUDITED --DESK REVIEW I / /
I I TO 6/30/2007 I --INITIAL --REOPENED I INTERMEDIARY NO:
I I --FINAL 1-MCR CODE I
I I 00 - # OF REOPENINGS I

ELECTRONICALLY FILED COST REPORT DATE: 11/28/2007 TIME 11:04

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 HEART CENTER 15-0153 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.

ECR ENCRYPTION INFORMATION DATE: 11/28/2007 TIME 11:04

kiCA7afyG1nD6g2FaaaJEaoHwwLm70 FFzCl0hwsdproCkx110qTICpt3XNZx 8va00CPesk0Mwa9G

PI ENCRYPTION INFORMATION DATE: 11/28/2007 TIME 11:04

.XBgOg1D9XHM6Q3b8lferp2grxO7P0 6jNE10Vvhy4s5rhsmSLo8U1T0zLIZV JDFfa6LXdI0sukkd

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

[Handwritten Signature] CEO 11-28-07

PART II - SETTLEMENT SUMMARY

Table with columns: TITLE V, A, B, TITLE XVIII, TITLE XIX. Row 1: 100 HOSPITAL TOTAL, 0, 0, -16,998, -8,723, 0, 0.

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS  
 1 STREET: 10580 N. MERIDIAN ST. P.O. BOX:  
 1.01 CITY: INDIANAPOLIS STATE: IN ZIP CODE: 46290- COUNTY: HAMILTON

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;						PAYMENT SYSTEM (P,T,O OR N)		
COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	V	XVIII	XIX	
0	1	2	3	4	5	6	N	
02.00 HOSPITAL	ST. VINCENT HEART CENTER	15-0153	2.01	12/ 5/2002	N	P	N	

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 7/ 1/2006 TO: 6/30/2007 1 2  
 18 TYPE OF CONTROL 4

TYPE OF HOSPITAL/SUBPROVIDER  
 19 HOSPITAL 1  
 20 SUBPROVIDER

OTHER INFORMATION  
 21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.  
 21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? N  
 21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).  
 21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N Y 26900  
 21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1  
 21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1  
 21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER "Y" FOR YES, AND "N" FOR NO. N  
 22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N  
 23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. N  
 23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. / /  
 23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. / /  
 23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. / /  
 23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. / /  
 23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION DATE / /  
 23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. / /  
 23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE. / /  
 24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2.  
 25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? N  
 25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?  
 25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.  
 25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N  
 25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N  
 25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)  
 25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS)  
 26 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01.  
 SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0  
 26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /  
 26.02 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /  
 27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. N / /

28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02				
28.01	IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS)	1	2	3	4
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	
	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)		%	Y/N	
28.03	STAFFING		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).				
	MISCELLANEOUS COST REPORT INFORMATION				
32	IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2.	N			
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2	N			
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA?	N			
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N			
35.01	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N			
35.02	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?				
35.03	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?				
35.04	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?				
	PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL	V	XVIII	XIX	
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)	1	2	3	
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS)	N	Y	N	
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)	N	N	N	
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE?	N	N	N	

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

40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COL 2 THE HOME OFFICE PROVIDER NUMBER. IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION ENTER THE NAME AND ADDRESS OF THE HOME OFFICE Y  
 40.01 NAME: ST. VINCENT HEALTH INC. FI/CONTRACTOR NAME NGS FI/CONTRACTOR # 00130  
 40.02 STREET: 8425 HARCOURT P.O. BOX:  
 40.03 CITY: INDIANAPOLIS STATE: IN ZIP CODE: 46260-  
 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y  
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N  
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000  
 SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.  
 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?  
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?  
 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?  
 46 IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

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

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

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N  
 52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N  
 53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0  
 53.01 MDH PERIOD: BEGINNING: / / ENDING: / /

54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:  
 PREMIUMS: 0  
 PAID LOSSES: 0  
 AND/OR SELF INSURANCE: 0  
 54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N  
 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

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

57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? N  
 58 ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. N

58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). 0

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

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	80	29,200	2.01	3	4	4.01	5
2 HMO					13,703		673
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	80	29,200			13,703		673
6 INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL	80	29,200			13,703		673
13 RPCH VISITS							
14 SUBPROVIDER							
15 SKILLED NURSING FACILITY							
16 NURSING FACILITY							
16 01 ICF/MR							
17 OTHER LONG TERM CARE							
18 HOME HEALTH AGENCY							
20 AMBULATORY SURGICAL CENTER (							
21 HOSPICE							
23 CORF							
25 TOTAL	80						
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 / TOTAL ALL PATS	/ TRIPS TOTAL ADMITTED	TOTAL OBSERVATION BEDS NOT ADMITTED	-- INTERNS & RES. FTES -- TOTAL	LESS I&R REPL NON-PHYS ANES
1 ADULTS & PEDIATRICS	5.01	5.02	6	6.01	6.02	7	8
2 HMO			21,787				
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			21,787				
6 INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL			21,787				
13 RPCH VISITS							
14 SUBPROVIDER							
15 SKILLED NURSING FACILITY							
16 NURSING FACILITY							
16 01 ICF/MR							
17 OTHER LONG TERM CARE							
18 HOME HEALTH AGENCY							
20 AMBULATORY SURGICAL CENTER (							
21 HOSPICE							
23 CORF							
25 TOTAL							
26 OBSERVATION BED DAYS			280	21	259		
27 AMBULANCE TRIPS							
27 01 AMBULANCE TRIPS							
27 02 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET	--- FULL TIME EMPLOYEES ON PAYROLL	EQUIV NONPAID WORKERS	TITLE V	DISCHARGES TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS
1 ADULTS & PEDIATRICS	9	10	11	12	13	14	15
2 HMO					3,621	176	6,143
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL		401.00			3,621	176	6,143
13 RPCH VISITS							
14 SUBPROVIDER							
15 SKILLED NURSING FACILITY							
16 NURSING FACILITY							
16 01 ICF/MR							
17 OTHER LONG TERM CARE							
18 HOME HEALTH AGENCY							
20 AMBULATORY SURGICAL CENTER (							
21 HOSPICE							
23 CORF							

COMPONENT	I & R FTES NET	--- FULL TIME EQUIV ---		DISCHARGES			TOTAL ALL PATIENTS
		EMPLOYEES ON PAYROLL	NONPAID WORKERS	TITLE V	TITLE XVIII	TITLE XIX	
25 TOTAL	9	401.00	11	12	13	14	15
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							

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	26,171,584		26,171,584	836,162.00	31.30	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)						
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES						
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	813,108		813,108	11,917.00	68.23	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A						
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	3,168,394		3,168,394	62,477.00	50.71	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	6,277,058		6,277,058			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS						CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATD COSTS (RHC/FQHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	290,086	16,119	306,205	11,122.00	27.53	
22 ADMINISTRATIVE & GENERAL	4,670,435	-1,194,739	3,475,696	110,992.00	31.31	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	114,202	6,346	120,548	3,264.00	36.93	
25 LAUNDRY & LINEN SERVICE	38,989	2,166	41,155	2,791.00	14.75	
26 HOUSEKEEPING						
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	106,280	-76,397	29,883	1,193.00	25.05	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA		82,303	82,303	3,286.00	25.05	
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	972,216	54,022	1,026,238	25,941.00	39.56	
31 CENTRAL SERVICE AND SUPPLY						
32 PHARMACY	1,351,905	75,120	1,427,025	38,244.00	37.31	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	384,477	21,364	405,841	20,975.00	19.35	
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	26,171,584		26,171,584	836,162.00	31.30	
2 EXCLUDED AREA SALARIES						
3 SUBTOTAL SALARIES	26,171,584		26,171,584	836,162.00	31.30	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	3,981,502		3,981,502	74,394.00	53.52	
5 SUBTOTAL WAGE-RELATED COSTS	6,277,058		6,277,058		23.98	
6 TOTAL	36,430,144		36,430,144	910,556.00	40.01	
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	7,928,590	-1,013,696	6,914,894	217,808.00	31.75	

## HOSPITAL UNCOMPENSATED CARE DATA

## 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 2,397,274

18 REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS

19 REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)

20 RESTRICTED GRANTS

21 NON-RESTRICTED GRANTS

22 TOTAL GROSS UNCOMPENSATED CARE REVENUES 2,397,274

UNCOMPENSATED CARE COST

23 TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL  
 INDIGENT CARE PROGRAMS

24 COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103,  
 DIVIDED BY COLUMN 8, LINE 103) .366900

25 TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST  
 (LINE 23 \* LINE 24)

26 TOTAL SCHIP CHARGES FROM YOUR RECORDS

27 TOTAL SCHIP COST, (LINE 24 \* LINE 26)

28 TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS 11,191,714

29 TOTAL GROSS MEDICAID COST (LINE 24 \* LINE 28) 4,106,240

30 OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS 8,679,492

31 UNCOMPENSATED CARE COST (LINE 24 \* LINE 30) 3,184,506

32 TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL 4,106,240  
 (SUM OF LINES 25, 27, AND 29)

RECLASSIFICATION AND ADJUSTMENT OF  
 TRIAL BALANCE OF EXPENSES

	COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
		GENERAL SERVICE COST CNTR					
1	0100	OLD CAP REL COSTS-BLDG & FIXT					
2	0200	OLD CAP REL COSTS-MVBLE EQUIP					
3	0300	NEW CAP REL COSTS-BLDG & FIXT		2,639,856	2,639,856	6,032,954	8,672,810
4	0400	NEW CAP REL COSTS-MVBLE EQUIP		2,735,215	2,735,215	1,141,496	3,876,711
5	0500	EMPLOYEE BENEFITS	290,086	6,862,275	7,152,361	15,196	7,167,557
6	0600	ADMINISTRATIVE & GENERAL	4,670,435	17,645,405	22,315,840	-5,450,250	16,865,590
7	0700	MAINTENANCE & REPAIRS					
8	0800	OPERATION OF PLANT	114,202	4,084,692	4,198,894	-738,045	3,460,849
9	0900	LAUNDRY & LINEN SERVICE	38,989	398,255	437,244	-1,509	435,735
10	1000	HOUSEKEEPING		1,005,803	1,005,803	-845	1,004,958
11	1100	DIETARY	106,280	1,893,406	1,999,686	-1,478,236	521,450
12	1200	CAFETERIA				1,471,361	1,471,361
13	1300	MAINTENANCE OF PERSONNEL					
14	1400	NURSING ADMINISTRATION	972,216	231,624	1,203,840	-153,287	1,050,553
15	1500	CENTRAL SERVICES & SUPPLY					
16	1600	PHARMACY	1,351,905	3,493,140	4,845,045	-3,196,163	1,648,882
17	1700	MEDICAL RECORDS & LIBRARY	384,477	1,683,854	2,068,331	-128,475	1,939,856
20	2000	NONPHYSICIAN ANESTHETISTS					
21	2100	NURSING SCHOOL					
22	2200	I&R SERVICES-SALARY & FRINGES APPRVD					
23	2300	I&R SERVICES-OTHER PRGM COSTS APPRVD					
24	2400	PARAMED ED PRGM					
25	2500	INPAT ROUTINE SRVC CNTRS					
25	2500	ADULTS & PEDIATRICS	11,096,689	2,547,983	13,644,672	-800,146	12,844,526
26	2600	INTENSIVE CARE UNIT					
27	2700	CORONARY CARE UNIT					
28	2800	BURN INTENSIVE CARE UNIT					
29	2900	SURGICAL INTENSIVE CARE UNIT					
31	3100	SUBPROVIDER					
33	3300	NURSERY					
34	3400	SKILLED NURSING FACILITY					
35	3500	NURSING FACILITY					
35.01	3510	ICF/MR					
36	3600	OTHER LONG TERM CARE					
		ANCILLARY SRVC COST CNTRS					
37	3700	OPERATING ROOM	919,618	7,119,782	8,039,400	-6,170,011	1,869,389
38	3800	RECOVERY ROOM	1,049,990	117,697	1,167,687	-45,707	1,121,980
39	3900	DELIVERY ROOM & LABOR ROOM					
40	4000	ANESTHESIOLOGY					
41	4100	RADIOLOGY-DIAGNOSTIC	1,160,588	1,975,982	3,136,570	-1,193,036	1,943,534
42	4200	RADIOLOGY-THERAPEUTIC					
43	4300	RADIOISOTOPE					
44	4400	LABORATORY		2,908,783	2,908,783	-758,310	2,150,473
45	4500	PBP CLINICAL LAB SERVICES-PRGM ONLY					
46	4600	WHOLE BLOOD & PACKED RED BLOOD CELLS					
47	4700	BLOOD STORING, PROCESSING & TRANS.					
48	4800	INTRAVENOUS THERAPY					
49	4900	RESPIRATORY THERAPY	1,277,289	168,963	1,446,252	-61,273	1,384,979
50	5000	PHYSICAL THERAPY	58,123	190,988	249,111	-4,298	244,813
51	5100	OCCUPATIONAL THERAPY					
52	5200	SPEECH PATHOLOGY					
53	5300	ELECTROCARDIOLOGY					
54	5400	ELECTROENCEPHALOGRAPHY					
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS				24,362,536	24,362,536
56	5600	DRUGS CHARGED TO PATIENTS				3,267,522	3,267,522
57	5700	RENAL DIALYSIS					
58	5800	ASC (NON-DISTINCT PART)					
59	3120	CARDIAC CATHETERIZATION LABORATORY OUTPAT SERVICE COST CNTRS	1,646,582	16,183,666	17,830,248	-16,062,955	1,767,293
60	6000	CLINIC					
61	6100	EMERGENCY	1,034,115	1,104,879	2,138,994	-48,519	2,090,475
62	6200	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS					
64	6400	HOME PROGRAM DIALYSIS					
65	6500	AMBULANCE SERVICES					
66	6600	DURABLE MEDICAL EQUIP-RENTED					
67	6700	DURABLE MEDICAL EQUIP-SOLD					
69	6900	CORF					
70	7000	I&R SERVICES-NOT APPRVD PRGM					
71	7100	HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS					
82	8200	LUNG ACQUISITION					
83	8300	KIDNEY ACQUISITION					
84	8400	LIVER ACQUISITION					
85	8500	HEART ACQUISITION					
85.01	8510	PANCREAS ACQUISITION					
86	8600	OTHER ORGAN ACQUISITION					
88	8800	INTEREST EXPENSE					
89	8900	UTILIZATION REVIEW-SNF					
90	9000	OTHER CAPITAL RELATED COSTS					
92	9200	AMBULATORY SURGICAL CENTER (D.P.)					
93	9300	HOSPICE					
95		SUBTOTALS	26,171,584	74,992,248	101,163,832	-0-	101,163,832
		NONREIMBURS COST CENTERS					
96	9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN					
97	9700	RESEARCH					
98	9800	PHYSICIANS' PRIVATE OFFICES					
99	9900	NONPAID WORKERS					
99.01	9901	UNUSED SPACE					
101		TOTAL	26,171,584	74,992,248	101,163,832	-0-	101,163,832

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD:  
I 15-0153 I FROM 7/ 1/2006  
I I TO 6/30/2007

I PREPARED 11/28/2007  
I WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1	0100 OLD CAP REL COSTS-BLDG & FIXT		
2	0200 OLD CAP REL COSTS-MVBLE EQUIP		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-1,515,193	7,157,617
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	933,479	4,810,190
5	0500 EMPLOYEE BENEFITS	116,693	7,284,250
6	0600 ADMINISTRATIVE & GENERAL	5,675,590	22,541,180
7	0700 MAINTENANCE & REPAIRS		
8	0800 OPERATION OF PLANT	32,969	3,493,818
9	0900 LAUNDRY & LINEN SERVICE	65,662	501,397
10	1000 HOUSEKEEPING	1,748	1,006,706
11	1100 DIETARY	2,597	524,047
12	1200 CAFETERIA	-554,420	916,941
13	1300 MAINTENANCE OF PERSONNEL		
14	1400 NURSING ADMINISTRATION		1,050,553
15	1500 CENTRAL SERVICES & SUPPLY		
16	1600 PHARMACY		1,648,882
17	1700 MEDICAL RECORDS & LIBRARY	-11,642	1,928,214
20	2000 NONPHYSICIAN ANESTHETISTS		
21	2100 NURSING SCHOOL		
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD		
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD		
24	2400 PARAMED ED PRGM		
25	2500 INPAT ROUTINE SRVC CNTRS		12,844,526
26	2600 ADULTS & PEDIATRICS		
27	2700 INTENSIVE CARE UNIT		
28	2800 CORONARY CARE UNIT		
29	2900 BURN INTENSIVE CARE UNIT		
31	3100 SURGICAL INTENSIVE CARE UNIT		
33	3300 SUBPROVIDER		
34	3400 NURSERY		
35	3500 SKILLED NURSING FACILITY		
35.01	3510 NURSING FACILITY		
36	3600 ICF/MR		
	OTHER LONG TERM CARE		
37	3700 ANCILLARY SRVC COST CNTRS		
38	3800 OPERATING ROOM	-859,144	1,010,245
39	3900 RECOVERY ROOM		1,121,980
40	4000 DELIVERY ROOM & LABOR ROOM		
41	4100 ANESTHESIOLOGY		
42	4200 RADIOLOGY-DIAGNOSTIC	-683,859	1,259,675
43	4300 RADIOLOGY-THERAPEUTIC		
44	4400 RADIOISOTOPE		
45	4500 LABORATORY		2,150,473
46	4600 PBP CLINICAL LAB SERVICES-PRGM ONLY		
47	4700 WHOLE BLOOD & PACKED RED BLOOD CELLS		
48	4800 BLOOD STORING, PROCESSING & TRANS.		
49	4900 INTRAVENOUS THERAPY		1,384,979
50	5000 RESPIRATORY THERAPY		244,813
51	5100 PHYSICAL THERAPY		
52	5200 OCCUPATIONAL THERAPY		
53	5300 SPEECH PATHOLOGY		
54	5400 ELECTROCARDIOLOGY		
55	5500 ELECTROENCEPHALOGRAPHY		
56	5600 MEDICAL SUPPLIES CHARGED TO PATIENTS		24,362,536
57	5700 DRUGS CHARGED TO PATIENTS		3,267,522
58	5800 RENAL DIALYSIS		
59	5900 ASC (NON-DISTINCT PART)		
60	6000 CARDIAC CATHETERIZATION LABORATORY		1,767,293
61	6100 OUTPAT SERVICE COST CNTRS		
62	6200 CLINIC		
	EMERGENCY	-981,281	1,109,194
	OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
64	6400 HOME PROGRAM DIALYSIS		
65	6500 AMBULANCE SERVICES		
66	6600 DURABLE MEDICAL EQUIP-RENTED		
67	6700 DURABLE MEDICAL EQUIP-SOLD		
69	6900 CORF		
70	7000 I&R SERVICES-NOT APPRVD PRGM		
71	7100 HOME HEALTH AGENCY		
	SPEC PURPOSE COST CENTERS		
82	8200 LUNG ACQUISITION		
83	8300 KIDNEY ACQUISITION		
84	8400 LIVER ACQUISITION		
85	8500 HEART ACQUISITION		
85.01	8510 PANCREAS ACQUISITION		
86	8600 OTHER ORGAN ACQUISITION		
88	8800 INTEREST EXPENSE		-0-
89	8900 UTILIZATION REVIEW-SNF		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
92	9200 AMBULATORY SURGICAL CENTER (D.P.)		
93	9300 HOSPICE		
95	9500 SUBTOTALS	2,223,199	103,387,031
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
97	9700 RESEARCH		
98	9800 PHYSICIANS' PRIVATE OFFICES		
99	9900 NONPAID WORKERS		
99.01	9901 UNUSED SPACE		
101	TOTAL	2,223,199	103,387,031

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 11/28/2007  
 I 15-0153 I FROM 7/ 1/2006 I NOT A CMS WORKSHEET  
 I I TO 6/30/2007 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
13	MAINTENANCE OF PERSONNEL	1300	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
20	NONPHYSICIAN ANESTHETISTS	2000	
21	NURSING SCHOOL	2100	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED ED PRGM	2400	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
31	SUBPROVIDER	3100	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
35	NURSING FACILITY	3500	
35.01	ICF/MR	3510	
36	OTHER LONG TERM CARE	3600	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
45	PBP CLINICAL LAB SERVICES-PRGM ONLY	4500	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
58	ASC (NON-DISTINCT PART)	5800	
59	CARDIAC CATHETERIZATION LABORATORY	3120	CARDIAC CATHETERIZATION LABORATORY
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
64	HOME PROGRAM DIALYSIS	6400	
65	AMBULANCE SERVICES	6500	
66	DURABLE MEDICAL EQUIP-RENTED	6600	
67	DURABLE MEDICAL EQUIP-SOLD	6700	
69	CORF	6900	
70	I&R SERVICES-NOT APPRVD PRGM	7000	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
82	LUNG ACQUISITION	8200	
83	KIDNEY ACQUISITION	8300	
84	LIVER ACQUISITION	8400	
85	HEART ACQUISITION	8500	
85.01	PANCREAS ACQUISITION	8510	
86	OTHER ORGAN ACQUISITION	8600	
88	INTEREST EXPENSE	8800	
89	UTILIZATION REVIEW-SNF	8900	
90	OTHER CAPITAL RELATED COSTS	9000	
92	AMBULATORY SURGICAL CENTER (D.P.)	9200	
93	HOSPICE	9300	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	
99	NONPAID WORKERS	9900	
99.01	UNUSED SPACE	9901	NONPAID WORKERS
101	TOTAL	0000	

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION	CODE (1) 1	COST CENTER 2	INCREASE		
			LINE NO 3	SALARY 4	OTHER 5
1 CAPITAL	A	NEW CAP REL COSTS-BLDG & FIXT	3		3,235,388
2		NEW CAP REL COSTS-MVBLE EQUIP	4		848,105
3 RENT	B	NEW CAP REL COSTS-BLDG & FIXT	3		2,797,566
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16 MINOR EQUIPMENT	C	NEW CAP REL COSTS-MVBLE EQUIP	4		293,391
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34 CAFETERIA	D	CAFETERIA	12	77,970	1,389,058
35 MED SUPPLIES	E	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		24,362,536
1 MED SUPPLIES	E				
2					
3					
4					
5					
6					
7					
8					
9 DRUGS	F	DRUGS CHARGED TO PATIENTS	56		3,267,522
10 BONUS	G	EMPLOYEE BENEFITS	5		
11		ADMINISTRATIVE & GENERAL	6	16,119	182,965
12		OPERATION OF PLANT	8	6,346	6,346
13		LAUNDRY & LINEN SERVICE	9	2,166	2,166
14		DIETARY	11	1,573	1,573
15		CAFETERIA	12	4,333	4,333
16		NURSING ADMINISTRATION	14	54,022	54,022
17		PHARMACY	16	75,120	75,120
18		MEDICAL RECORDS & LIBRARY	17	21,364	21,364
19		ADULTS & PEDIATRICS	25	616,602	616,602
20		OPERATING ROOM	37	51,100	51,100
21		RECOVERY ROOM	38	58,344	58,344
22		RADIOLOGY-DIAGNOSTIC	41	64,490	64,490
23		RESPIRATORY THERAPY	49	70,974	70,974
24		PHYSICAL THERAPY	50	3,230	3,230
25		CARDIAC CATHETERIZATION LABORATORY	59	91,494	91,494
26		EMERGENCY	61	57,462	57,462
36 TOTAL RECLASSIFICATIONS				1,455,674	36,193,566

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

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF
			LINE NO	7			
1 CAPITAL	A	ADMINISTRATIVE & GENERAL	6			4,083,493	9
2							9
3 RENT	B	EMPLOYEE BENEFITS	5			25	9
4		ADMINISTRATIVE & GENERAL	6			15,032	9
5		OPERATION OF PLANT	8			707,106	9
6		NURSING ADMINISTRATION	14			204,130	9
7		PHARMACY	16			1,127	9
8		MEDICAL RECORDS & LIBRARY	17			135,806	9
9		ADULTS & PEDIATRICS	25			649,281	9
10		OPERATING ROOM	37			102,978	9
11		RECOVERY ROOM	38			29,093	9
12		RADIOLOGY-DIAGNOSTIC	41			850,348	9
13		RESPIRATORY THERAPY	49			25,573	9
14		CARDIAC CATHETERIZATION LABORATORY	59			55,441	9
15		EMERGENCY	61			21,626	9
16 MINOR EQUIPMENT	C	EMPLOYEE BENEFITS	5			898	9
17		ADMINISTRATIVE & GENERAL	6			156,986	9
18		OPERATION OF PLANT	8			37,285	9
19		LAUNDRY & LINEN SERVICE	9			3,675	9
20		HOUSEKEEPING	10			845	9
21		DIETARY	11			12,781	9
22		NURSING ADMINISTRATION	14			3,179	9
23		PHARMACY	16			2,634	9
24		MEDICAL RECORDS & LIBRARY	17			14,033	9
25		ADULTS & PEDIATRICS	25			18,105	9
26		OPERATING ROOM	37			21,133	9
27		RECOVERY ROOM	38			1,248	9
28		RADIOLOGY-DIAGNOSTIC	41			1,614	9
29		LABORATORY	44			600	9
30		RESPIRATORY THERAPY	49			4,489	9
31		PHYSICAL THERAPY	50			3,506	9
32		CARDIAC CATHETERIZATION LABORATORY	59			8,247	9
33		EMERGENCY	61			2,133	9
34 CAFETERIA	D	DIETARY	11		77,970	1,389,058	9
35 MED SUPPLIES	E	ADULTS & PEDIATRICS	25			749,362	9
1 MED SUPPLIES	E	OPERATING ROOM	37			6,097,000	
2		RECOVERY ROOM	38			73,710	
3		RADIOLOGY-DIAGNOSTIC	41			405,564	
4		LABORATORY	44			757,710	
5		RESPIRATORY THERAPY	49			102,185	
6		PHYSICAL THERAPY	50			4,022	
7		CARDIAC CATHETERIZATION LABORATORY	59			16,090,761	
8		EMERGENCY	61			82,222	
9 DRUGS	F	PHARMACY	16			3,267,522	
10 BONUS	G	ADMINISTRATIVE & GENERAL	6		1,377,704		
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
36 TOTAL RECLASSIFICATIONS					1,455,674	36,193,566	

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

RECLASSIFICATIONS

RECLASS CODE: A  
 EXPLANATION : CAPITAL

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	3,235,388
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	848,105
TOTAL RECLASSIFICATIONS FOR CODE A			4,083,493

DECREASE			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	4,083,493	0
			4,083,493

RECLASS CODE: B  
 EXPLANATION : RENT

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	2,797,566
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
TOTAL RECLASSIFICATIONS FOR CODE B			2,797,566

DECREASE			
COST CENTER	LINE	AMOUNT	
EMPLOYEE BENEFITS	5	25	
ADMINISTRATIVE & GENERAL	6	15,032	
OPERATION OF PLANT	8	707,106	
NURSING ADMINISTRATION	14	204,130	
PHARMACY	16	1,127	
MEDICAL RECORDS & LIBRARY	17	135,806	
ADULTS & PEDIATRICS	25	649,281	
OPERATING ROOM	37	102,978	
RECOVERY ROOM	38	29,093	
RADIOLOGY-DIAGNOSTIC	41	850,348	
RESPIRATORY THERAPY	49	25,573	
CARDIAC CATHETERIZATION LABORA	59	55,441	
EMERGENCY	61	21,626	
			2,797,566

RECLASS CODE: C  
 EXPLANATION : MINOR EQUIPMENT

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	293,391
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			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
TOTAL RECLASSIFICATIONS FOR CODE C			293,391

DECREASE			
COST CENTER	LINE	AMOUNT	
EMPLOYEE BENEFITS	5	898	
ADMINISTRATIVE & GENERAL	6	156,986	
OPERATION OF PLANT	8	37,285	
LAUNDRY & LINEN SERVICE	9	3,675	
HOUSEKEEPING	10	845	
DIETARY	11	12,781	
NURSING ADMINISTRATION	14	3,179	
PHARMACY	16	2,634	
MEDICAL RECORDS & LIBRARY	17	14,033	
ADULTS & PEDIATRICS	25	18,105	
OPERATING ROOM	37	21,133	
RECOVERY ROOM	38	1,248	
RADIOLOGY-DIAGNOSTIC	41	1,614	
LABORATORY	44	600	
RESPIRATORY THERAPY	49	4,489	
PHYSICAL THERAPY	50	3,506	
CARDIAC CATHETERIZATION LABORA	59	8,247	
EMERGENCY	61	2,133	
			293,391

RECLASS CODE: D  
 EXPLANATION : CAFETERIA

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	1,467,028
TOTAL RECLASSIFICATIONS FOR CODE D			1,467,028

DECREASE			
COST CENTER	LINE	AMOUNT	
DIETARY	11	1,467,028	
			1,467,028

RECLASS CODE: E  
 EXPLANATION : MED SUPPLIES

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	24,362,536
2.00			0
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 E			24,362,536

DECREASE			
COST CENTER	LINE	AMOUNT	
ADULTS & PEDIATRICS	25	749,362	
OPERATING ROOM	37	6,097,000	
RECOVERY ROOM	38	73,710	
RADIOLOGY-DIAGNOSTIC	41	405,564	
LABORATORY	44	757,710	
RESPIRATORY THERAPY	49	102,185	
PHYSICAL THERAPY	50	4,022	
CARDIAC CATHETERIZATION LABORA	59	16,090,761	
EMERGENCY	61	82,222	
			24,362,536

RECLASS CODE: F  
 EXPLANATION : DRUGS

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	3,267,522
TOTAL RECLASSIFICATIONS FOR CODE F			3,267,522

DECREASE			
COST CENTER	LINE	AMOUNT	
PHARMACY	16	3,267,522	
			3,267,522

RECLASSIFICATIONS

RECLASS CODE: G  
 EXPLANATION : BONUS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	16,119	ADMINISTRATIVE & GENERAL	6	1,377,704	0
2.00	ADMINISTRATIVE & GENERAL	6	182,965				0
3.00	OPERATION OF PLANT	8	6,346				0
4.00	LAUNDRY & LINEN SERVICE	9	2,166				0
5.00	DIETARY	11	1,573				0
6.00	CAFETERIA	12	4,333				0
7.00	NURSING ADMINISTRATION	14	54,022				0
8.00	PHARMACY	16	75,120				0
9.00	MEDICAL RECORDS & LIBRARY	17	21,364				0
10.00	ADULTS & PEDIATRICS	25	616,602				0
11.00	OPERATING ROOM	37	51,100				0
12.00	RECOVERY ROOM	38	58,344				0
13.00	RADIOLOGY-DIAGNOSTIC	41	64,490				0
14.00	RESPIRATORY THERAPY	49	70,974				0
15.00	PHYSICAL THERAPY	50	3,230				0
16.00	CARDIAC CATHETERIZATION LABORA	59	91,494				0
17.00	EMERGENCY	61	57,462				0
TOTAL RECLASSIFICATIONS FOR CODE G			1,377,704			1,377,704	

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING	PURCHASES	ACQUISITIONS	TOTAL	DISPOSALS	ENDING	FULLY
		BALANCES		DONATION		AND		BALANCE
		1	2	3	4	5	6	7
1	LAND							
2	LAND IMPROVEMENTS							
3	BUILDINGS & FIXTURE	37,812,184	1,178,103		1,178,103		38,990,287	
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT	4,458,959	155,578		155,578		4,614,537	
6	MOVABLE EQUIPMENT	17,672,926	949,312		949,312	33,810	18,588,428	
7	SUBTOTAL	59,944,069	2,282,993		2,282,993	33,810	62,193,252	
8	RECONCILING ITEMS							
9	TOTAL	59,944,069	2,282,993		2,282,993	33,810	62,193,252	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

* 1 2 3 4 5	DESCRIPTION	GROSS ASSETS 1	COMPUTATION OF RATIOS		RATIO 4	ALLOCATION OF OTHER CAPITAL			TOTAL 8
			CAPITIALIZED LEASES 2	GROSS ASSETS FOR RATIO 3		INSURANCE 5	TAXES 6	OTHER CAPITAL RELATED COSTS 7	
	OLD CAP REL COSTS-BL								
	OLD CAP REL COSTS-MV								
	NEW CAP REL COSTS-BL	43,695,672		43,695,672	.717120				
	NEW CAP REL COSTS-MV	18,224,545	988,036	17,236,509	.282880				
	TOTAL	61,920,217	988,036	60,932,181	1.000000				

* 1 2 3 4 5	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13		
	OLD CAP REL COSTS-BL							
	OLD CAP REL COSTS-MV							
	NEW CAP REL COSTS-BL	8,709,335	-474,878	-1,076,840			7,157,617	
	NEW CAP REL COSTS-MV	5,077,719		-267,529			4,810,190	
	TOTAL	13,787,054	-474,878	-1,344,369			11,967,807	

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

* 1 2 3 4 5	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13		
	OLD CAP REL COSTS-BL							
	OLD CAP REL COSTS-MV							
	NEW CAP REL COSTS-BL	2,639,856					2,639,856	
	NEW CAP REL COSTS-MV	2,735,215					2,735,215	
	TOTAL	5,375,071					5,375,071	

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

ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES	B	-1,076,840	NEW CAP REL COSTS-BLDG &	3	11
4 INVESTMENT INCOME-NEW MOVABLE EQUIP	B	-267,529	NEW CAP REL COSTS-MVBLE E	4	11
5 INVESTMENT INCOME-OTHER	B	-182,802	ADMINISTRATIVE & GENERAL	6	
6 TRADE, QUANTITY AND TIME DISCOUNTS	B	-3,836	ADMINISTRATIVE & GENERAL	6	
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	-3,058,355			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	7,487,240			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-559,838	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-11,642	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)					
22 VENDING MACHINES	B	-12,208	ADMINISTRATIVE & GENERAL	6	
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			UTILIZATION REVIEW-SNF	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	
34 PHYSICIANS' ASSISTANT	A	-60,000	ADMINISTRATIVE & GENERAL	6	
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 SPONSORSHIPS/DONATIONS		-300,616	ADMINISTRATIVE & GENERAL	6	
38 ADVERTISING	A	-470,558	ADMINISTRATIVE & GENERAL	6	
39 LOBBYIST	A	-88,000	ADMINISTRATIVE & GENERAL	6	
40 INTEREST-A/R PATIENT	B	-7,667	ADMINISTRATIVE & GENERAL	6	
41 INTEREST-5/3	B	-1,233	ADMINISTRATIVE & GENERAL	6	
42 REBATE/DISCOUNT	B	-107,178	ADMINISTRATIVE & GENERAL	6	
43 REBATE/DISCOUNT	B	-34,050	ADMINISTRATIVE & GENERAL	6	
44 REBATE/DISCOUNT	B	-32,600	ADMINISTRATIVE & GENERAL	6	
45 REBATE/DISCOUNT	B	-34,620	ADMINISTRATIVE & GENERAL	6	
46 MISC. INCOME	B	-32,938	ADMINISTRATIVE & GENERAL	6	
47 MINOR EQUIP OFFSET 6/30/07	A	-293,391	NEW CAP REL COSTS-MVBLE E	4	9
48 MINOR EQUIP AMORT 6/30/07	A	97,797	NEW CAP REL COSTS-MVBLE E	4	9
49 MINOR EQUIP AMORT 6/30/06	A	81,375	NEW CAP REL COSTS-MVBLE E	4	9
49.01 MINOR EQUIP AMORT 6/30/05	A	32,097	NEW CAP REL COSTS-MVBLE E	4	9
49.02 START UP AMORT	A	36,525	NEW CAP REL COSTS-BLDG &	3	9
49.03 START UP AMORT	A	73,344	NEW CAP REL COSTS-MVBLE E	4	9
49.04 START UP AMORT	A	116,693	EMPLOYEE BENEFITS	5	
49.05 START UP AMORT	A	825,635	ADMINISTRATIVE & GENERAL	6	
49.06 START UP AMORT	A	32,969	OPERATION OF PLANT	8	
49.07 START UP AMORT	A	65,662	LAUNDRY & LINEN SERVICE	9	
49.08 START UP AMORT	A	1,748	HOUSEKEEPING	10	
49.09 START UP AMORT	A	2,597	DIETARY	11	
49.10 START UP AMORT	A	5,418	CAFETERIA	12	
49.11					
49.12					
49.13					
49.14					
49.15					
50 TOTAL (SUM OF LINES 1 THRU 49)		2,223,199			

(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	3	NEW CAP REL COSTS-BLDG &	ASCENSION-FEES	580,285	580,285	
2	4	NEW CAP REL COSTS-MVBLE E	ASCENSION-FEES	144,246	144,246	9
3	5	EMPLOYEE BENEFITS	ASCENSION-BENEFITS	97,601	97,601	9
4	6	ADMINISTRATIVE & GENERAL	ASCENSION-A&G	337,200	337,200	
4.01	3	NEW CAP REL COSTS-BLDG &	CIHS NEWCO-RENT	143,519	618,397	-474,878 10
4.05	6	ADMINISTRATIVE & GENERAL	ST. VINCENT-AUDITING	63,741	63,741	
4.06	6	ADMINISTRATIVE & GENERAL	ST. VINCENT-PASTORAL CARE	193,284	193,284	
4.07	6	ADMINISTRATIVE & GENERAL	ST. VINCENT-PHYS ASSISTAN	60,000	60,000	
4.08	50	PHYSICAL THERAPY	ST. VINCENT-REHAB	147,041	147,041	
4.09	8	OPERATION OF PLANT	ST. VINCENT-PHONE	47,119	47,119	
4.10	10	HOUSEKEEPING	ST. VINCENT-HSKPG	6,531	6,531	
4.11	50	PHYSICAL THERAPY	ST. VINCENT-SWALLOW STUDI	510	510	
4.12	41	RADIOLOGY-DIAGNOSTIC	ST. VINCENT-MAINTENANCE	3,292	3,292	
4.13	59	CARDIAC CATHETERIZATION L	ST. VINCENT-MAINTENANCE	780	780	
4.14	59	CARDIAC CATHETERIZATION L	ST. VINCENT-EKG	1,997	1,997	
4.15	5	EMPLOYEE BENEFITS	ST. VINCENT-EAP	12,420	12,420	
4.16	6	ADMINISTRATIVE & GENERAL	ST. VINCENT-A&G	8,207	8,207	
4.20	41	RADIOLOGY-DIAGNOSTIC	ST. VINCENT-PHYS	95	95	
4.21	61	EMERGENCY	ST. VINCENT-PHYS	981,281	981,281	
4.22	4	NEW CAP REL COSTS-MVBLE E	ST. VINCENT HEALTH	1,209,786	1,209,786	9
4.23	6	ADMINISTRATIVE & GENERAL	ST. VINCENT HEALTH	6,752,332	6,752,332	
4.24						
4.25						
5		TOTALS		10,791,267	3,304,027	7,487,240

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	B	0.65	ST. VINCENT HOSPITAL	0.00	HEALTH SVCS
2	B	0.65	ST. VINCENT HEALTH	0.00	HEALTH MGMT
3	B	0.65	CIHS NEWCO	0.00	PROPERTY MGMT
4	B	0.65	ASCENSION	0.00	HEALTH MGMT
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.



PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I PERIOD: I PREPARED 11/28/2007  
 I 15-0153 I FROM 7/ 1/2006 I WORKSHEET A-8-2  
 I I TO 6/30/2007 I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1	6	ADMINISTRATIVE & GENERAL						534,071
2	37	OPERATING ROOM						859,144
3	41	RADIOLOGY-DIAGNOSTIC						683,859
4	61	EMERGENCY						981,281
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101		TOTAL						3,058,355

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	NOT ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR	VALUE	NOT ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	3	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS	SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM.	COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	6	SQUARE	FEET	NOT ENTERED
8	OPERATION OF PLANT	3	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	7	SQUARE	FEET	ENTERED
11	DIETARY	10	MEALS	SERVED	ENTERED
12	CAFETERIA	11	HOURS		ENTERED
13	MAINTENANCE OF PERSONNEL	12	NUMBER	HOUSED	NOT ENTERED
14	NURSING ADMINISTRATION	13	DIRECT	NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED	REQUIS.	NOT ENTERED
16	PHARMACY	15	COSTED	REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	16	TOTAL	CHGS	ENTERED
20	NONPHYSICIAN ANESTHETISTS	18	ASSIGNED	TIME	NOT ENTERED
21	NURSING SCHOOL	19	ASSIGNED	TIME	NOT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	20	ASSIGNED	TIME	NOT ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	21	ASSIGNED	TIME	NOT ENTERED
24	PARAMED ED PRGM	22	ASSIGNED	TIME	NOT ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: 15-0153 I PERIOD: 7/ 1/2006 I PREPARED 11/28/2007  
 I I FROM 6/30/2007 I WORKSHEET B  
 I I TO 6/30/2007 I PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL
	0	1	2	3	4	5	5a.00
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &	7,157,617			7,157,617			
005 NEW CAP REL COSTS-MVBLE E	4,810,190				4,810,190		
006 EMPLOYEE BENEFITS	7,284,250					7,284,250	
007 ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS	22,541,180			1,354,457	910,246	978,832	25,784,715
008 OPERATION OF PLANT	3,493,818			877,715	589,857	33,949	4,995,339
009 LAUNDRY & LINEN SERVICE	501,397			133,097	89,446	11,590	735,530
010 HOUSEKEEPING	1,006,706			39,692	26,675		1,073,073
011 DIETARY	524,047			162,258	109,044	8,416	803,765
012 CAFETERIA	916,941			159,516	107,201	23,178	1,206,836
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	1,050,553			113,967	76,590	289,011	1,530,121
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY	1,648,882			110,041	73,952	401,882	2,234,757
017 MEDICAL RECORDS & LIBRARY	1,928,214			129,856	87,268	114,294	2,259,632
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	12,844,526			1,988,410	1,336,288	3,298,711	19,467,935
026 INTENSIVE CARE UNIT							
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS OPERATING ROOM	1,010,245			544,973	366,243	273,376	2,194,837
038 RECOVERY ROOM	1,121,980			181,575	122,025	312,131	1,737,711
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	1,259,675			166,371	111,807	345,009	1,882,862
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY	2,150,473			79,135	53,182		2,282,790
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	1,384,979			13,148	8,836	379,701	1,786,664
050 PHYSICAL THERAPY	244,813			3,053	2,052	17,278	267,196
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED	24,362,536						24,362,536
056 DRUGS CHARGED TO PATIENTS	3,267,522						3,267,522
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
059 CARDIAC CATHETERIZATION L	1,767,293			379,101	254,770	489,480	2,890,644
060 OUTPAT SERVICE COST CNTRS CLINIC							
061 EMERGENCY	1,109,194			138,705	93,215	307,412	1,648,526
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
083 SPEC PURPOSE COST CENTERS KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS	103,387,031			6,575,070	4,418,697	7,284,250	102,412,991
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP							
098 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
099 01 UNUSED SPACE				582,547	391,493		974,040
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	103,387,031			7,157,617	4,810,190	7,284,250	103,387,031

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/28/2007  
 I 15-0153 I FROM 7/ 1/2006 I WORKSHEET B  
 I TO 6/30/2007 I PART I

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	6	7	8	9	10	11	12
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							
007 ADMINISTRATIVE & GENERAL	25,784,715						
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	1,659,786		6,655,125				
010 LAUNDRY & LINEN SERVICE	244,392		179,836	1,159,758			
011 HOUSEKEEPING	356,547		53,631		1,483,251		
012 DIETARY	267,065		219,239			1,347,782	
013 CAFETERIA	400,992		215,534		56,738		1,880,100
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION	508,409		153,989		40,537		69,326
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY	742,536		148,685		39,140		
018 MEDICAL RECORDS & LIBRARY	750,801		175,458		46,188		56,054
019 NONPHYSICIAN ANESTHETISTS							
020 NURSING SCHOOL							
021 I&R SERVICES-SALARY & FRI							
022 I&R SERVICES-OTHER PRGM C							
023 PARAMED ED PRGM							
024 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	6,468,552		2,686,685	395,875	707,251	1,293,873	1,018,762
026 INTENSIVE CARE UNIT							
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 SUBPROVIDER							
031 NURSERY							
032 SKILLED NURSING FACILITY							
033 NURSING FACILITY							
034 01 ICF/MR							
035 OTHER LONG TERM CARE							
036 ANCLLARY SRVC COST CNTRS							
037 OPERATING ROOM	729,272		736,353	85,750	193,839		82,741
038 RECOVERY ROOM	577,384		245,339	295,835	64,584	44,068	105,537
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	625,613		224,795	221,519	59,176		96,040
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY	758,496		106,925		28,147		
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	593,649		17,765		4,676		
050 PHYSICAL THERAPY	88,780		4,125		1,086		121,716
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED	8,094,893						
056 DRUGS CHARGED TO PATIENTS	1,085,690						
057 RENAL DIALYSIS							102,205
058 ASC (NON-DISTINCT PART)							
059 CARDIAC CATHETERIZATION L	960,466		512,231	64,312	134,841		131,476
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
062 EMERGENCY	547,751		187,414	96,467	49,335	9,841	96,243
063 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
065 HOME PROGRAM DIALYSIS							
066 AMBULANCE SERVICES							
067 DURABLE MEDICAL EQUIP-REN							
068 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
072 LUNG ACQUISITION							
073 SPEC PURPOSE COST CENTERS							
074 KIDNEY ACQUISITION							
075 LIVER ACQUISITION							
076 HEART ACQUISITION							
077 01 PANCREAS ACQUISITION							
078 OTHER ORGAN ACQUISITION							
079 AMBULATORY SURGICAL CENTE							
080 HOSPICE							
081 SUBTOTALS	25,461,074		5,868,004	1,159,758	1,483,251	1,347,782	1,880,100
082 NONREIMBURS COST CENTERS							
083 GIFT, FLOWER, COFFEE SHOP							
084 RESEARCH							
085 PHYSICIANS' PRIVATE OFFIC							
086 NONPAID WORKERS							
087 01 UNUSED SPACE	323,641		787,121				
088 CROSS FOOT ADJUSTMENT							
089 NEGATIVE COST CENTER							
090 TOTAL	25,784,715		6,655,125	1,159,758	1,483,251	1,347,782	1,880,100

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 15-0153  
 PERIOD: FROM 7/1/2006 TO 6/30/2007  
 PREPARED 11/28/2007  
 WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	MAINTENANCE PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL
	13	14	15	16	17	20	21
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							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION		2,302,382					
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY				3,165,118			
020 MEDICAL RECORDS & LIBRARY					3,288,133		
021 NONPHYSICIAN ANESTHETISTS							
022 NURSING SCHOOL							
023 I&R SERVICES-SALARY & FRI							
024 I&R SERVICES-OTHER PRGM C							
025 PARAMED ED PRGM							
026 INPAT ROUTINE SRVC CNTRS							
027 ADULTS & PEDIATRICS		1,336,725			751,194		
028 INTENSIVE CARE UNIT							
029 CORONARY CARE UNIT							
031 BURN INTENSIVE CARE UNIT							
033 SURGICAL INTENSIVE CARE U							
034 SUBPROVIDER							
035 NURSERY							
036 SKILLED NURSING FACILITY							
037 NURSING FACILITY							
038 01 ICF/MR							
039 OTHER LONG TERM CARE							
040 ANCILLARY SRVC COST CNTRS							
041 OPERATING ROOM		108,566			199,657		
042 RECOVERY ROOM		138,476			25,119		
043 DELIVERY ROOM & LABOR ROO							
044 ANESTHESIOLOGY							
045 RADIOLOGY-DIAGNOSTIC		126,014			240,988		
046 RADIOLOGY-THERAPEUTIC							
047 RADIOISOTOPE							
048 LABORATORY					106,982		
049 PBP CLINICAL LAB SERVICES							
050 WHOLE BLOOD & PACKED RED							
051 BLOOD STORING, PROCESSING							
052 INTRAVENOUS THERAPY							
053 RESPIRATORY THERAPY					48,769		
054 PHYSICAL THERAPY		159,705			7,300		
055 OCCUPATIONAL THERAPY							
056 SPEECH PATHOLOGY							
057 ELECTROCARDIOLOGY							
058 ELECTROENCEPHALOGRAPHY							
059 MEDICAL SUPPLIES CHARGED					896,689		
060 DRUGS CHARGED TO PATIENTS		134,104		3,165,118	207,572		
061 RENAL DIALYSIS							
062 ASC (NON-DISTINCT PART)							
063 CARDIAC CATHETERIZATION L		172,511			755,656		
064 OUTPUT SERVICE COST CNTRS							
065 CLINIC							
066 EMERGENCY		126,281			48,122		
067 OBSERVATION BEDS (NON-DIS							
068 OTHER REIMBURS COST CNTRS							
069 HOME PROGRAM DIALYSIS							
070 AMBULANCE SERVICES						85	
071 DURABLE MEDICAL EQUIP-REN							
072 DURABLE MEDICAL EQUIP-SOL							
073 CORF							
074 I&R SERVICES-NOT APPRVD P							
075 HOME HEALTH AGENCY							
076 LUNG ACQUISITION							
077 SPEC PURPOSE COST CENTERS							
078 KIDNEY ACQUISITION							
079 LIVER ACQUISITION							
080 HEART ACQUISITION							
081 01 PANCREAS ACQUISITION							
082 OTHER ORGAN ACQUISITION							
083 AMBULATORY SURGICAL CENTE							
084 HOSPICE							
085 SUBTOTALS		2,302,382		3,165,118	3,288,133		
086 NONREIMBURS COST CENTERS							
087 GIFT, FLOWER, COFFEE SHOP							
088 RESEARCH							
089 PHYSICIANS' PRIVATE OFFIC							
090 NONPAID WORKERS							
091 01 UNUSED SPACE							
092 CROSS FOOT ADJUSTMENT							
093 NEGATIVE COST CENTER							
094 TOTAL		2,302,382		3,165,118	3,288,133		

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	22	23	24	25	26	27
001 GENERAL SERVICE COST CNTR						
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						
007 ADMINISTRATIVE & GENERAL						
008 MAINTENANCE & REPAIRS						
009 OPERATION OF PLANT						
010 LAUNDRY & LINEN SERVICE						
011 HOUSEKEEPING						
012 DIETARY						
013 CAFETERIA						
014 MAINTENANCE OF PERSONNEL						
015 NURSING ADMINISTRATION						
016 CENTRAL SERVICES & SUPPLY						
017 PHARMACY						
018 MEDICAL RECORDS & LIBRARY						
020 NONPHYSICIAN ANESTHETISTS						
021 NURSING SCHOOL						
022 I&R SERVICES-SALARY & FRI						
023 I&R SERVICES-OTHER PRGM C						
024 PARAMED ED PRGM						
025 INPAT ROUTINE SRVC CNTRS						
026 ADULTS & PEDIATRICS				34,126,852		34,126,852
027 INTENSIVE CARE UNIT						
028 CORONARY CARE UNIT						
029 BURN INTENSIVE CARE UNIT						
031 SURGICAL INTENSIVE CARE U						
033 SUBPROVIDER						
034 NURSERY						
035 SKILLED NURSING FACILITY						
035 01 NURSING FACILITY						
036 01 ICF/MR						
037 OTHER LONG TERM CARE						
038 ANCILLARY SRVC COST CNTRS						
039 OPERATING ROOM				4,331,015		4,331,015
040 RECOVERY ROOM				3,234,053		3,234,053
041 DELIVERY ROOM & LABOR ROO						
042 ANESTHESIOLOGY						
043 RADIOLOGY-DIAGNOSTIC				3,477,007		3,477,007
044 RADIOLOGY-THERAPEUTIC						
045 RADIOISOTOPE						
046 LABORATORY				3,283,340		3,283,340
047 PBP CLINICAL LAB SERVICES						
048 WHOLE BLOOD & PACKED RED						
049 BLOOD STORING, PROCESSING						
050 INTRAVENOUS THERAPY						
051 RESPIRATORY THERAPY				2,451,523		2,451,523
052 PHYSICAL THERAPY				649,908		649,908
053 OCCUPATIONAL THERAPY						
054 SPEECH PATHOLOGY						
055 ELECTROCARDIOLOGY						
056 ELECTROENCEPHALOGRAPHY						
057 MEDICAL SUPPLIES CHARGED				33,354,118		33,354,118
058 DRUGS CHARGED TO PATIENTS				7,962,211		7,962,211
059 RENAL DIALYSIS						
060 ASC (NON-DISTINCT PART)						
061 CARDIAC CATHETERIZATION L				5,622,137		5,622,137
062 OUTPAT SERVICE COST CNTRS						
064 CLINIC						
065 EMERGENCY				2,809,980		2,809,980
066 OBSERVATION BEDS (NON-DIS						
067 OTHER REIMBURS COST CNTRS						
068 HOME PROGRAM DIALYSIS						
069 AMBULANCE SERVICES					85	85
070 DURABLE MEDICAL EQUIP-REN						
071 DURABLE MEDICAL EQUIP-SOL						
072 CORF						
073 I&R SERVICES-NOT APPRVD P						
074 HOME HEALTH AGENCY						
075 LUNG ACQUISITION						
076 SPEC PURPOSE COST CENTERS						
077 KIDNEY ACQUISITION						
078 LIVER ACQUISITION						
079 HEART ACQUISITION						
080 01 PANCREAS ACQUISITION						
081 OTHER ORGAN ACQUISITION						
082 AMBULATORY SURGICAL CENTE						
083 HOSPICE						
084 SUBTOTALS				101,302,229		101,302,229
085 NONREIMBURS COST CENTERS						
086 GIFT, FLOWER, COFFEE SHOP						
087 RESEARCH						
088 PHYSICIANS' PRIVATE OFFIC						
089 NONPAID WORKERS						
090 01 UNUSED SPACE				2,084,802		2,084,802
091 CROSS FOOT ADJUSTMENT						
092 NEGATIVE COST CENTER						
093 TOTAL				103,387,031		103,387,031

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/28/2007  
 I 15-0153 I FROM 7/ 1/2006 I WORKSHEET B  
 I I TO 6/30/2007 I PART III

COST CENTER DESCRIPTION	DIR ASSIGNED NEW CAPITAL REL COSTS 0	OLD CAP REL C OSTS-BLDG & 1	OLD CAP REL C OSTS-MVBLE E 2	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENE FITS 5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL				1,354,457	910,246	2,264,703	
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT				877,715	589,857	1,467,572	
010 LAUNDRY & LINEN SERVICE				133,097	89,446	222,543	
011 HOUSEKEEPING				39,692	26,675	66,367	
012 DIETARY				162,258	109,044	271,302	
013 CAFETERIA				159,516	107,201	266,717	
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION				113,967	76,590	190,557	
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY				110,041	73,952	183,993	
020 MEDICAL RECORDS & LIBRARY				129,856	87,268	217,124	
021 NONPHYSICIAN ANESTHETISTS							
022 NURSING SCHOOL							
023 I&R SERVICES-SALARY & FRI							
024 I&R SERVICES-OTHER PRGM C							
025 PARAMED ED PRGM							
026 INPAT ROUTINE SRVC CNTRS							
027 ADULTS & PEDIATRICS				1,988,410	1,336,288	3,324,698	
028 INTENSIVE CARE UNIT							
029 CORONARY CARE UNIT							
031 BURN INTENSIVE CARE UNIT							
033 SURGICAL INTENSIVE CARE U							
035 SUBPROVIDER							
037 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
036 01 ICF/MR							
037 OTHER LONG TERM CARE							
038 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM				544,973	366,243	911,216	
040 RECOVERY ROOM				181,575	122,025	303,600	
041 DELIVERY ROOM & LABOR ROO							
042 ANESTHESIOLOGY							
043 RADIOLOGY-DIAGNOSTIC				166,371	111,807	278,178	
044 RADIOLOGY-THERAPEUTIC							
045 RADIOISOTOPE							
046 LABORATORY				79,135	53,182	132,317	
047 PBP CLINICAL LAB SERVICES							
048 WHOLE BLOOD & PACKED RED							
049 BLOOD STORING, PROCESSING							
050 INTRAVENOUS THERAPY							
051 RESPIRATORY THERAPY				13,148	8,836	21,984	
052 PHYSICAL THERAPY				3,053	2,052	5,105	
053 OCCUPATIONAL THERAPY							
054 SPEECH PATHOLOGY							
055 ELECTROCARDIOLOGY							
056 ELECTROENCEPHALOGRAPHY							
057 MEDICAL SUPPLIES CHARGED							
058 DRUGS CHARGED TO PATIENTS							
059 RENAL DIALYSIS							
060 ASC (NON-DISTINCT PART)							
061 CARDIAC CATHETERIZATION L				379,101	254,770	633,871	
062 OUTPAT SERVICE COST CNTRS							
064 CLINIC							
065 EMERGENCY				138,705	93,215	231,920	
066 OBSERVATION BEDS (NON-DIS							
067 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
083 SPEC PURPOSE COST CENTERS							
084 KIDNEY ACQUISITION							
085 LIVER ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS				6,575,070	4,418,697	10,993,767	
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP							
098 RESEARCH							
099 PHYSICIANS' PRIVATE OFFIC							
099 01 NONPAID WORKERS							
101 UNUSED SPACE				582,547	391,493	974,040	
102 CROSS FOOT ADJUSTMENTS							
103 NEGATIVE COST CENTER							
TOTAL				7,157,617	4,810,190	11,967,807	

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	6	7	8	9	10	11	12
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							
007 ADMINISTRATIVE & GENERAL	2,264,703						
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	145,779		1,613,351				
010 LAUNDRY & LINEN SERVICE	21,465		43,596	287,604			
011 HOUSEKEEPING	31,315		13,001		110,683		
012 DIETARY	23,456		53,148		4,307	352,213	
013 CAFETERIA	35,219		52,250		4,234		358,420
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION	44,654		37,330		3,025		13,216
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY	65,217		36,045		2,921		
018 MEDICAL RECORDS & LIBRARY	65,943		42,535		3,447		10,686
019 NONPHYSICIAN ANESTHETISTS							
020 NURSING SCHOOL							
021 I&R SERVICES-SALARY & FRI							
022 I&R SERVICES-OTHER PRGM C							
023 PARAMED ED PRGM							
024 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	568,133		651,314	98,172	52,776	338,125	194,215
026 INTENSIVE CARE UNIT							
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 SUBPROVIDER							
031 NURSERY							
032 SKILLED NURSING FACILITY							
033 NURSING FACILITY							
034 01 ICF/MR							
035 OTHER LONG TERM CARE							
036 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	64,052		178,508	21,265	14,465		15,774
038 RECOVERY ROOM	50,712		59,476	73,363	4,819	11,516	20,120
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	54,948		54,495	54,934	4,416		18,309
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY	66,619		25,921		2,100		
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	52,140		4,307		349		
050 PHYSICAL THERAPY	7,798		1,000		81		23,204
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED	711,005						
056 DRUGS CHARGED TO PATIENTS	95,356						19,484
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
059 CARDIAC CATHETERIZATION L	84,358		124,176	15,948	10,062		25,064
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
062 EMERGENCY	48,109		45,433	23,922	3,681	2,572	18,348
063 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
065 HOME PROGRAM DIALYSIS							
066 AMBULANCE SERVICES							
067 DURABLE MEDICAL EQUIP-REN							
068 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
072 LUNG ACQUISITION							
073 SPEC PURPOSE COST CENTERS							
074 KIDNEY ACQUISITION							
075 LIVER ACQUISITION							
076 HEART ACQUISITION							
077 01 PANCREAS ACQUISITION							
078 OTHER ORGAN ACQUISITION							
079 AMBULATORY SURGICAL CENTE							
080 HOSPICE							
081 SUBTOTALS	2,236,278		1,422,535	287,604	110,683	352,213	358,420
082 NONREIMBURS COST CENTERS							
083 GIFT, FLOWER, COFFEE SHOP							
084 RESEARCH							
085 PHYSICIANS' PRIVATE OFFIC							
086 NONPAID WORKERS							
087 01 UNUSED SPACE	28,425		190,816				
088 CROSS FOOT ADJUSTMENTS							
089 NEGATIVE COST CENTER							
090 TOTAL	2,264,703		1,613,351	287,604	110,683	352,213	358,420

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	MAINTENANCE O F PERSONNEL	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL
	13	14	15	16	17	20	21
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							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION		288,782					
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY				288,176			
018 MEDICAL RECORDS & LIBRARY					339,735		
019 NONPHYSICIAN ANESTHETISTS							
020 NURSING SCHOOL							
021 I&R SERVICES-SALARY & FRI							
022 I&R SERVICES-OTHER PRGM C							
023 PARAMED ED PRGM							
024 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		167,662			77,586		
026 INTENSIVE CARE UNIT							
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 SUBPROVIDER							
031 NURSERY							
032 SKILLED NURSING FACILITY							
033 NURSING FACILITY							
034 01 ICF/MR							
035 OTHER LONG TERM CARE							
036 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		13,617			20,621		
038 RECOVERY ROOM		17,369			2,594		
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC		15,806			24,890		
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY					11,049		
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY					5,037		
050 PHYSICAL THERAPY		20,031			754		
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED					92,739		
056 DRUGS CHARGED TO PATIENTS		16,820		288,176	21,439		
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PART)							
059 CARDIAC CATHETERIZATION L		21,638			78,047		
060 OUTPUT SERVICE COST CNTRS							
061 CLINIC							
062 EMERGENCY		15,839			4,970		
063 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
065 HOME PROGRAM DIALYSIS							
066 AMBULANCE SERVICES					9		
067 DURABLE MEDICAL EQUIP-REN							
068 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
072 LUNG ACQUISITION							
073 SPEC PURPOSE COST CENTERS							
074 KIDNEY ACQUISITION							
075 LIVER ACQUISITION							
076 HEART ACQUISITION							
077 01 PANCREAS ACQUISITION							
078 OTHER ORGAN ACQUISITION							
079 AMBULATORY SURGICAL CENTE							
080 HOSPICE							
081 SUBTOTALS		288,782		288,176	339,735		
082 NONREIMBURS COST CENTERS							
083 GIFT, FLOWER, COFFEE SHOP							
084 RESEARCH							
085 PHYSICIANS' PRIVATE OFFIC							
086 NONPAID WORKERS							
087 01 UNUSED SPACE							
088 CROSS FOOT ADJUSTMENTS							
089 NEGATIVE COST CENTER							
090 TOTAL		288,782		288,176	339,735		

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	I&R SERVICES-			SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM			
	22	23	24	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						
007 ADMINISTRATIVE & GENERAL						
008 MAINTENANCE & REPAIRS						
009 OPERATION OF PLANT						
010 LAUNDRY & LINEN SERVICE						
011 HOUSEKEEPING						
012 DIETARY						
013 CAFETERIA						
014 MAINTENANCE OF PERSONNEL						
015 NURSING ADMINISTRATION						
016 CENTRAL SERVICES & SUPPLY						
017 PHARMACY						
018 MEDICAL RECORDS & LIBRARY						
019 NONPHYSICIAN ANESTHETISTS						
020 NURSING SCHOOL						
021 I&R SERVICES-SALARY & FRI						
022 I&R SERVICES-OTHER PRGM C						
023 PARAMED ED PRGM						
024 INPAT ROUTINE SRVC CNTRS						
025 ADULTS & PEDIATRICS				5,472,681		5,472,681
026 INTENSIVE CARE UNIT						
027 CORONARY CARE UNIT						
028 BURN INTENSIVE CARE UNIT						
029 SURGICAL INTENSIVE CARE U						
031 SUBPROVIDER						
033 NURSERY						
034 SKILLED NURSING FACILITY						
035 NURSING FACILITY						
035 01 ICF/MR						
036 OTHER LONG TERM CARE						
037 ANCILLARY SRVC COST CNTRS						
038 OPERATING ROOM				1,239,518		1,239,518
039 RECOVERY ROOM				543,569		543,569
040 DELIVERY ROOM & LABOR ROO						
041 ANESTHESIOLOGY						
042 RADIOLOGY-DIAGNOSTIC				505,976		505,976
043 RADIOLOGY-THERAPEUTIC						
044 RADIOISOTOPE						
045 LABORATORY				238,006		238,006
046 PBP CLINICAL LAB SERVICES						
047 WHOLE BLOOD & PACKED RED						
048 BLOOD STORING, PROCESSING						
049 INTRAVENOUS THERAPY						
050 RESPIRATORY THERAPY				83,817		83,817
051 PHYSICAL THERAPY				57,973		57,973
052 OCCUPATIONAL THERAPY						
053 SPEECH PATHOLOGY						
054 ELECTROCARDIOLOGY						
055 ELECTROENCEPHALOGRAPHY						
056 MEDICAL SUPPLIES CHARGED				803,744		803,744
057 DRUGS CHARGED TO PATIENTS				441,275		441,275
058 RENAL DIALYSIS						
059 ASC (NON-DISTINCT PART)						
060 CARDIAC CATHETERIZATION L				993,164		993,164
061 OUTPAT SERVICE COST CNTRS						
062 CLINIC						
063 EMERGENCY				394,794		394,794
064 OBSERVATION BEDS (NON-DIS						
065 OTHER REIMBURS COST CNTRS						
066 HOME PROGRAM DIALYSIS						
067 AMBULANCE SERVICES				9		9
068 DURABLE MEDICAL EQUIP-REN						
069 DURABLE MEDICAL EQUIP-SOL						
070 CORF						
071 I&R SERVICES-NOT APPRVD P						
072 HOME HEALTH AGENCY						
073 LUNG ACQUISITION						
074 SPEC PURPOSE COST CENTERS						
075 KIDNEY ACQUISITION						
076 LIVER ACQUISITION						
077 HEART ACQUISITION						
078 01 PANCREAS ACQUISITION						
079 OTHER ORGAN ACQUISITION						
080 AMBULATORY SURGICAL CENTE						
081 HOSPICE						
082 SUBTOTALS				10,774,526		10,774,526
083 NONREIMBURS COST CENTERS						
084 GIFT, FLOWER, COFFEE SHOP						
085 RESEARCH						
086 PHYSICIANS' PRIVATE OFFIC						
087 NONPAID WORKERS						
088 01 UNUSED SPACE				1,193,281		1,193,281
089 CROSS FOOT ADJUSTMENTS						
090 NEGATIVE COST CENTER						
091 TOTAL				11,967,807		11,967,807

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 11/28/2007  
 I 15-0153 I FROM 7/ 1/2006 I WORKSHEET B-1  
 I I TO 6/30/2007 I

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCILIATION
	OSTS-BLDG & ( SQUARE FEET )	OSTS-MVBLE E ( DOLLAR VALUE )	OSTS-BLDG & ( SQUARE FEET )	OSTS-MVBLE E ( SQUARE FEET )	FITS ( GROSS SALARIES )	
	1	2	3	4	5	6a.00
001 GENERAL SERVICE COST CNTR						
002 OLD CAP REL COSTS-BLDG &						
003 OLD CAP REL COSTS-MVBLE E						
004 NEW CAP REL COSTS-BLDG &			114,869			
005 NEW CAP REL COSTS-MVBLE E				114,869		
006 EMPLOYEE BENEFITS					25,865,379	
007 ADMINISTRATIVE & GENERAL			21,737	21,737	3,475,696	-25,784,715
008 MAINTENANCE & REPAIRS						
009 OPERATION OF PLANT			14,086	14,086	120,548	
010 LAUNDRY & LINEN SERVICE			2,136	2,136	41,155	
011 HOUSEKEEPING			637	637		
012 DIETARY			2,604	2,604	29,883	
013 CAFETERIA			2,560	2,560	82,303	
014 MAINTENANCE OF PERSONNEL						
015 NURSING ADMINISTRATION			1,829	1,829	1,026,238	
016 CENTRAL SERVICES & SUPPLY						
017 PHARMACY			1,766	1,766	1,427,025	
020 MEDICAL RECORDS & LIBRARY			2,084	2,084	405,841	
021 NONPHYSICIAN ANESTHETISTS						
022 NURSING SCHOOL						
023 I&R SERVICES-SALARY & FRI						
024 I&R SERVICES-OTHER PRGM C						
025 PARAMED ED PRGM						
026 INPAT ROUTINE SRVC CNTRS			31,911	31,911	11,713,291	
027 ADULTS & PEDIATRICS						
028 INTENSIVE CARE UNIT						
029 CORONARY CARE UNIT						
031 BURN INTENSIVE CARE UNIT						
033 SURGICAL INTENSIVE CARE U						
034 SUBPROVIDER						
035 NURSERY						
036 SKILLED NURSING FACILITY						
037 NURSING FACILITY						
038 01 ICF/MR						
039 OTHER LONG TERM CARE						
040 ANCILLARY SRVC COST CNTRS						
041 OPERATING ROOM			8,746	8,746	970,718	
042 RECOVERY ROOM			2,914	2,914	1,108,334	
043 DELIVERY ROOM & LABOR ROO						
044 ANESTHESIOLOGY						
045 RADIOLOGY-DIAGNOSTIC			2,670	2,670	1,225,078	
046 RADIOLOGY-THERAPEUTIC						
047 RADIOISOTOPE						
048 LABORATORY			1,270	1,270		
049 PBP CLINICAL LAB SERVICES						
050 WHOLE BLOOD & PACKED RED						
051 BLOOD STORING, PROCESSING						
052 INTRAVENOUS THERAPY						
053 RESPIRATORY THERAPY			211	211	1,348,263	
054 PHYSICAL THERAPY			49	49	61,353	
055 OCCUPATIONAL THERAPY						
056 SPEECH PATHOLOGY						
057 ELECTROCARDIOLOGY						
058 ELECTROENCEPHALOGRAPHY						
059 MEDICAL SUPPLIES CHARGED						
060 DRUGS CHARGED TO PATIENTS						
061 RENAL DIALYSIS						
062 ASC (NON-DISTINCT PART)						
064 CARDIAC CATHETERIZATION L			6,084	6,084	1,738,076	
065 OUTPAT SERVICE COST CNTRS						
066 CLINIC						
067 EMERGENCY			2,226	2,226	1,091,577	
068 OBSERVATION BEDS (NON-DIS						
069 OTHER REIMBURS COST CNTRS						
070 HOME PROGRAM DIALYSIS						
071 AMBULANCE SERVICES						
072 DURABLE MEDICAL EQUIP-REN						
073 DURABLE MEDICAL EQUIP-SOL						
074 CORF						
075 I&R SERVICES-NOT APPRVD P						
076 HOME HEALTH AGENCY						
077 LUNG ACQUISITION						
078 SPEC PURPOSE COST CENTERS						
079 KIDNEY ACQUISITION						
080 LIVER ACQUISITION						
081 HEART ACQUISITION						
082 01 PANCREAS ACQUISITION						
083 OTHER ORGAN ACQUISITION						
084 AMBULATORY SURGICAL CENTE						
085 HOSPICE						
086 SUBTOTALS			105,520	105,520	25,865,379	-25,784,715
087 NONREIMBURS COST CENTERS						
088 GIFT, FLOWER, COFFEE SHOP						
089 RESEARCH						
090 PHYSICIANS' PRIVATE OFFIC						
091 NONPAID WORKERS						
092 01 UNUSED SPACE			9,349	9,349		
093 CROSS FOOT ADJUSTMENT						
094 NEGATIVE COST CENTER						
095 COST TO BE ALLOCATED			7,157,617	4,810,190	7,284,250	
(WRKSHT B, PART I)						

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCILIATION
	OSTS-BLDG & ( SQUARE FEET )	OSTS-MVBLE E ( DOLLAR VALUE )	OSTS-BLDG & ( SQUARE FEET )	OSTS-MVBLE E ( SQUARE FEET )	FITS ( GROSS SALARIES )	
	1	2	3	4	5	6a.00
NONREIMBURS COST CENTERS						
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)			62.311128		.281622	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)				41.875441		
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED (WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)						

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	( ACCUM. COST )	( SQUARE FEET )	( SQUARE FEET )	( POUNDS OF LAUNDRY )	( SQUARE FEET )	( MEALS SERVED )	( HOURS )
	6	7	8	9	10	11	12
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							
007 ADMINISTRATIVE & GENERAL	77,602,316						
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	4,995,339		79,046				
010 LAUNDRY & LINEN SERVICE	735,530		2,136	572,577			
011 HOUSEKEEPING	1,073,073		637		66,924		
012 DIETARY	803,765		2,604		2,604	65,328	
013 CAFETERIA	1,206,836		2,560		2,560		703,514
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION	1,530,121		1,829		1,829		25,941
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY	2,234,757		1,766		1,766		
020 MEDICAL RECORDS & LIBRARY	2,259,632		2,084		2,084		20,975
021 NONPHYSICIAN ANESTHETISTS							
022 NURSING SCHOOL							
023 I&R SERVICES-SALARY & FRI							
024 I&R SERVICES-OTHER PRGM C							
025 PARAMED ED PRGM							
026 INPAT ROUTINE SRVC CNTRS	19,467,935		31,911	195,445	31,911	62,715	381,210
027 ADULTS & PEDIATRICS							
028 INTENSIVE CARE UNIT							
029 CORONARY CARE UNIT							
031 BURN INTENSIVE CARE UNIT							
033 SURGICAL INTENSIVE CARE U							
034 SUBPROVIDER							
035 NURSERY							
036 SKILLED NURSING FACILITY							
01 ICF/MR							
037 OTHER LONG TERM CARE							
038 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	2,194,837		8,746	42,335	8,746		30,961
040 RECOVERY ROOM	1,737,711		2,914	146,055	2,914	2,136	39,491
041 DELIVERY ROOM & LABOR ROO							
042 ANESTHESIOLOGY							
043 RADIOLOGY-DIAGNOSTIC	1,882,862		2,670	109,365	2,670		35,937
044 RADIOLOGY-THERAPEUTIC							
045 RADIOISOTOPE							
046 LABORATORY	2,282,790		1,270		1,270		
047 PBP CLINICAL LAB SERVICES							
048 WHOLE BLOOD & PACKED RED							
049 BLOOD STORING, PROCESSING							
050 INTRAVENOUS THERAPY							
051 RESPIRATORY THERAPY	1,786,664		211		211		
052 PHYSICAL THERAPY	267,196		49		49		45,545
053 OCCUPATIONAL THERAPY							
054 SPEECH PATHOLOGY							
055 ELECTROCARDIOLOGY							
056 ELECTROENCEPHALOGRAPHY							
057 MEDICAL SUPPLIES CHARGED	24,362,536						
058 DRUGS CHARGED TO PATIENTS	3,267,522						38,244
059 RENAL DIALYSIS							
060 ASC (NON-DISTINCT PART)							
061 CARDIAC CATHETERIZATION L	2,890,644		6,084	31,751	6,084		49,197
062 OUTPAT SERVICE COST CNTRS							
064 CLINIC							
065 EMERGENCY	1,648,526		2,226	47,626	2,226	477	36,013
066 OBSERVATION BEDS (NON-DIS							
067 OTHER REIMBURS COST CNTRS							
068 HOME PROGRAM DIALYSIS							
069 AMBULANCE SERVICES							
070 DURABLE MEDICAL EQUIP-REN							
071 DURABLE MEDICAL EQUIP-SOL							
072 CORF							
073 I&R SERVICES-NOT APPRVD P							
074 HOME HEALTH AGENCY							
075 LUNG ACQUISITION							
076 SPEC PURPOSE COST CENTERS							
077 KIDNEY ACQUISITION							
078 LIVER ACQUISITION							
079 HEART ACQUISITION							
080 01 PANCREAS ACQUISITION							
081 OTHER ORGAN ACQUISITION							
082 AMBULATORY SURGICAL CENTE							
083 HOSPICE							
084 SUBTOTALS	76,628,276		69,697	572,577	66,924	65,328	703,514
085 NONREIMBURS COST CENTERS							
086 GIFT, FLOWER, COFFEE SHOP							
087 RESEARCH							
088 PHYSICIANS' PRIVATE OFFIC							
089 NONPAID WORKERS							
090 01 UNUSED SPACE	974,040		9,349				
091 CROSS FOOT ADJUSTMENT							
092 NEGATIVE COST CENTER							
093 COST TO BE ALLOCATED	25,784,715		6,655,125	1,159,758	1,483,251	1,347,782	1,880,100
(WRKSHT B, PART I)							

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 11/28/2007  
 I 15-0153 I FROM 7/ 1/2006 I WORKSHEET B-1  
 I I TO 6/30/2007 I

	COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
		( ACCUM. COST )	( SQUARE FEET )	( SQUARE FEET )	( POUNDS OF LAUNDRY )	( SQUARE FEET )	( MEALS SERVED )	( HOURS )
		6	7	8	9	10	11	12
104	NONREIMBURS COST CENTERS UNIT COST MULTIPLIER (WRKSHT B, PT I)	.332267		84.193065	2.025506	22.163215	20.631000	2.672441
105	COST TO BE ALLOCATED (WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107	COST TO BE ALLOCATED (WRKSHT B, PART III)	2,264,703		1,613,351	287,604	110,683	352,213	358,420
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)	.029183		20.410280	.502298	1.653861	5.391455	.509471

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	MAINTENANCE O	NURSING ADMIN	CENTRAL SERVI	PHARMACY	MEDICAL RECOR	NONPHYSICIAN	NURSING SCHO
	F PERSONNEL	ISTRATION	CES & SUPPLY		DS & LIBRARY	ANESTHETISTS	L
	( NUMBER HOUSED )	( DIRECT NRSING HRS )	( COSTED REQUIS. )	( COSTED REQUIS. )	( TOTAL CHGS )	( ASSIGNED TIME )	( ASSIGNED TIME )
	13	14	15	16	17	20	21
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							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION		656,598					
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY					100		
018 MEDICAL RECORDS & LIBRARY					276,102,944		
019 NONPHYSICIAN ANESTHETISTS							
020 NURSING SCHOOL							
021 I&R SERVICES-SALARY & FRI							
022 I&R SERVICES-OTHER PRGM C							
023 PARAMED ED PRGM							
024 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		381,210			63,077,879		
026 INTENSIVE CARE UNIT							
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 SUBPROVIDER							
031 NURSERY							
032 SKILLED NURSING FACILITY							
033 NURSING FACILITY							
034 01 ICF/MR							
035 OTHER LONG TERM CARE							
036 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM			30,961		16,765,210		
038 RECOVERY ROOM			39,491		2,109,268		
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC			35,937		20,235,749		
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY					8,983,328		
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY					4,095,110		
050 PHYSICAL THERAPY					612,954		
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED					75,293,118		
056 DRUGS CHARGED TO PATIENTS					17,429,807		
057 RENAL DIALYSIS			38,244		100		
058 ASC (NON-DISTINCT PART)							
059 CARDIAC CATHETERIZATION L			49,197		63,452,517		
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
062 EMERGENCY			36,013		4,040,833		
063 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
065 HOME PROGRAM DIALYSIS							
066 AMBULANCE SERVICES					7,171		
067 DURABLE MEDICAL EQUIP-REN							
068 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
072 LUNG ACQUISITION							
073 SPEC PURPOSE COST CENTERS							
074 KIDNEY ACQUISITION							
075 LIVER ACQUISITION							
076 HEART ACQUISITION							
077 01 PANCREAS ACQUISITION							
078 OTHER ORGAN ACQUISITION							
079 AMBULATORY SURGICAL CENTE							
080 HOSPICE							
081 SUBTOTALS		656,598			100	276,102,944	
082 NONREIMBURS COST CENTERS							
083 GIFT, FLOWER, COFFEE SHOP							
084 RESEARCH							
085 PHYSICIANS' PRIVATE OFFIC							
086 NONPAID WORKERS							
087 01 UNUSED SPACE							
088 CROSS FOOT ADJUSTMENT							
089 NEGATIVE COST CENTER							
090 COST TO BE ALLOCATED			2,302,382		3,165,118	3,288,133	
091 (WRKSH T B, PART I)							

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 11/28/2007  
 I 15-0153 I FROM 7/ 1/2006 I WORKSHEET B-1  
 I I TO 6/30/2007 I

	COST CENTER DESCRIPTION	MAINTENANCE	NURSING ADMIN	CENTRAL SERVI	PHARMACY	MEDICAL RECOR	NONPHYSICIAN	NURSING SCHOO
		F PERSONNEL	ISTRATION	CES & SUPPLY		DS & LIBRARY	ANESTHETISTS	L
		( NUMBER HOUSED )	( DIRECT NRSING HRS )	( COSTED REQUIS. )	( COSTED REQUIS. )	( TOTAL CHGS )	( ASSIGNED TIME )	( ASSIGNED TIME )
	NONREIMBURS COST CENTERS	13	14	15	16	17	20	21
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)		3.506532		31,651.180000			
105	COST TO BE ALLOCATED (WRKSHT B, PART II)					.011909		
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107	COST TO BE ALLOCATED (WRKSHT B, PART III)		288,782		288,176	339,735		
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)		.439816		2,881.760000	.001230		

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 11/28/2007  
 I 15-0153 I FROM 7/ 1/2006 I WORKSHEET B-1  
 I I TO 6/30/2007 I

COST CENTER DESCRIPTION	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PRGM
	( ASSIGNED TIME )	( ASSIGNED TIME )	( ASSIGNED TIME )
	22	23	24

- 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
- 007 ADMINISTRATIVE & GENERAL
- 008 MAINTENANCE & REPAIRS
- 009 OPERATION OF PLANT
- 010 LAUNDRY & LINEN SERVICE
- 011 HOUSEKEEPING
- 012 DIETARY
- 013 CAFETERIA
- 014 MAINTENANCE OF PERSONNEL
- 015 NURSING ADMINISTRATION
- 016 CENTRAL SERVICES & SUPPLY
- 017 PHARMACY
- 020 MEDICAL RECORDS & LIBRARY
- 021 NONPHYSICIAN ANESTHETISTS
- 022 NURSING SCHOOL
- 023 I&R SERVICES-SALARY & FRI
- 024 I&R SERVICES-OTHER PRGM C
- 025 PARAMED ED PRGM
- 026 INPAT ROUTINE SRVC CNTRS
- 027 ADULTS & PEDIATRICS
- 028 INTENSIVE CARE UNIT
- 029 CORONARY CARE UNIT
- 031 BURN INTENSIVE CARE UNIT
- 033 SURGICAL INTENSIVE CARE U
- 034 SUBPROVIDER
- 035 NURSERY
- 036 SKILLED NURSING FACILITY
- 037 NURSING FACILITY
- 038 01 ICF/MR
- 039 OTHER LONG TERM CARE
- 040 ANCILLARY SRVC COST CNTRS
- 041 OPERATING ROOM
- 042 RECOVERY ROOM
- 043 DELIVERY ROOM & LABOR ROO
- 044 ANESTHESIOLOGY
- 045 RADIOLOGY-DIAGNOSTIC
- 046 RADIOLOGY-THERAPEUTIC
- 047 RADIOISOTOPE
- 048 LABORATORY
- 049 PBP CLINICAL LAB SERVICES
- 050 WHOLE BLOOD & PACKED RED
- 051 BLOOD STORING, PROCESSING
- 052 INTRAVENOUS THERAPY
- 053 RESPIRATORY THERAPY
- 054 PHYSICAL THERAPY
- 055 OCCUPATIONAL THERAPY
- 056 SPEECH PATHOLOGY
- 057 ELECTROCARDIOLOGY
- 058 ELECTROENCEPHALOGRAPHY
- 059 MEDICAL SUPPLIES CHARGED
- 060 DRUGS CHARGED TO PATIENTS
- 061 RENAL DIALYSIS
- 062 ASC (NON-DISTINCT PART)
- 064 CARDIAC CATHETERIZATION L
- 065 OUTPAT SERVICE COST CNTRS
- 066 CLINIC
- 067 EMERGENCY
- 068 OBSERVATION BEDS (NON-DIS
- 069 OTHER REIMBURS COST CNTRS
- 070 HOME PROGRAM DIALYSIS
- 071 AMBULANCE SERVICES
- 072 DURABLE MEDICAL EQUIP-REN
- 073 DURABLE MEDICAL EQUIP-SOL
- 074 CORF
- 075 I&R SERVICES-NOT APPRVD P
- 076 HOME HEALTH AGENCY
- 077 LUNG ACQUISITION
- 078 SPEC PURPOSE COST CENTERS
- 079 KIDNEY ACQUISITION
- 080 LIVER ACQUISITION
- 081 HEART ACQUISITION
- 082 01 PANCREAS ACQUISITION
- 083 OTHER ORGAN ACQUISITION
- 084 AMBULATORY SURGICAL CENTE
- 085 HOSPICE
- 086 SUBTOTALS
- 087 NONREIMBURS COST CENTERS
- 088 GIFT, FLOWER, COFFEE SHOP
- 089 RESEARCH
- 090 PHYSICIANS' PRIVATE OFFIC
- 091 NONPAID WORKERS
- 092 01 UNUSED SPACE
- 093 CROSS FOOT ADJUSTMENT
- 094 NEGATIVE COST CENTER
- 095 COST TO BE ALLOCATED
- 096 (PER WRKSHT B, PART I)

COST CENTER DESCRIPTION	I&R SERVICES- SALARY & FRI		I&R SERVICES- OTHER PRGM C		PARAMED ED PR GM	
	( ASSIGNED TIME )	( ASSIGNED TIME )	( ASSIGNED TIME )	( ASSIGNED TIME )	( ASSIGNED TIME )	( ASSIGNED TIME )
NONREIMBURS COST CENTERS	22	23			24	
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)						
105 COST TO BE ALLOCATED (PER WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)						
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

PROVIDER NO: 15-0153  
 I PERIOD: FROM 7/1/2006 TO 6/30/2007  
 I PREPARED 11/28/2007  
 I WORKSHEET C  
 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	34,126,852		34,126,852		34,126,852
26	INTENSIVE CARE UNIT					
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
31	SUBPROVIDER					
33	NURSERY					
34	SKILLED NURSING FACILITY					
35	NURSING FACILITY					
35	01 ICF/MR					
36	OTHER LONG TERM CARE ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	4,331,015		4,331,015		4,331,015
38	RECOVERY ROOM	3,234,053		3,234,053		3,234,053
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC	3,477,007		3,477,007		3,477,007
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
44	LABORATORY	3,283,340		3,283,340		3,283,340
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	2,451,523		2,451,523		2,451,523
50	PHYSICAL THERAPY	649,908		649,908		649,908
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY					
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED	33,354,118		33,354,118		33,354,118
56	DRUGS CHARGED TO PATIENTS	7,962,211		7,962,211		7,962,211
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
59	CARDIAC CATHETERIZATION L OUTPAT SERVICE COST CNTRS	5,622,137		5,622,137		5,622,137
60	CLINIC					
61	EMERGENCY	2,809,980		2,809,980		2,809,980
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	433,023		433,023		433,023
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES	85		85		85
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	101,735,252		101,735,252		101,735,252
102	LESS OBSERVATION BEDS	433,023		433,023		433,023
103	TOTAL	101,302,229		101,302,229		101,302,229

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 11/28/2007  
 I 15-0153 I FROM 7/ 1/2006 I WORKSHEET C  
 I I TO 6/30/2007 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS						
26	ADULTS & PEDIATRICS	62,686,102		62,686,102			
27	INTENSIVE CARE UNIT						
28	CORONARY CARE UNIT						
29	BURN INTENSIVE CARE UNIT						
31	SURGICAL INTENSIVE CARE U						
33	SUBPROVIDER						
34	NURSERY						
35	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35	01 ICF/MR						
36	OTHER LONG TERM CARE						
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	16,611,204	154,006	16,765,210	.258333	.258333	.258333
39	RECOVERY ROOM	1,076,737	1,032,531	2,109,268	1.533258	1.533258	1.533258
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
42	RADIOLOGY-DIAGNOSTIC	9,282,348	10,953,401	20,235,749	.171825	.171825	.171825
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
45	LABORATORY	7,905,182	1,078,146	8,983,328	.365493	.365493	.365493
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY	4,061,511	33,599	4,095,110	.598646	.598646	.598646
51	PHYSICAL THERAPY	609,275	3,679	612,954	1.060288	1.060288	1.060288
52	OCCUPATIONAL THERAPY						
53	SPEECH PATHOLOGY						
54	ELECTROCARDIOLOGY						
55	ELECTROENCEPHALOGRAPHY						
56	MEDICAL SUPPLIES CHARGED	65,999,178	9,293,940	75,293,118	.442990	.442990	.442990
57	DRUGS CHARGED TO PATIENTS	16,647,340	782,467	17,429,807	.456816	.456816	.456816
58	RENAL DIALYSIS						
59	ASC (NON-DISTINCT PART)						
60	CARDIAC CATHETERIZATION L	49,605,076	13,847,441	63,452,517	.088604	.088604	.088604
61	OUTPAT SERVICE COST CNTRS						
62	CLINIC						
63	EMERGENCY	1,936,310	2,104,523	4,040,833	.695396	.695396	.695396
64	OBSERVATION BEDS (NON-DIS		391,777	391,777	1.105279	1.105279	1.105279
65	OTHER REIMBURS COST CNTRS						
66	HOME PROGRAM DIALYSIS						
67	AMBULANCE SERVICES		7,171	7,171	.011853	.011853	.011853
101	DURABLE MEDICAL EQUIP-REN						
102	DURABLE MEDICAL EQUIP-SOL						
103	SUBTOTAL	236,420,263	39,682,681	276,102,944			
104	LESS OBSERVATION BEDS						
105	TOTAL	236,420,263	39,682,681	276,102,944			

COMPUTATION OF RATIO OF COSTS TO CHARGES  
 SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	34,126,852		34,126,852		34,126,852
26	INTENSIVE CARE UNIT					
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
31	SUBPROVIDER					
33	NURSERY					
34	SKILLED NURSING FACILITY					
35	NURSING FACILITY					
35	01 ICF/MR					
36	OTHER LONG TERM CARE ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	4,331,015		4,331,015		4,331,015
38	RECOVERY ROOM	3,234,053		3,234,053		3,234,053
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC	3,477,007		3,477,007		3,477,007
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
44	LABORATORY	3,283,340		3,283,340		3,283,340
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	2,451,523		2,451,523		2,451,523
50	PHYSICAL THERAPY	649,908		649,908		649,908
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY					
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED	33,354,118		33,354,118		33,354,118
56	DRUGS CHARGED TO PATIENTS	7,962,211		7,962,211		7,962,211
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
59	CARDIAC CATHETERIZATION L OUTPAT SERVICE COST CNTRS	5,622,137		5,622,137		5,622,137
60	CLINIC					
61	EMERGENCY	2,809,980		2,809,980		2,809,980
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	433,023		433,023		433,023
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES	85		85		85
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	101,735,252		101,735,252		101,735,252
102	LESS OBSERVATION BEDS	433,023		433,023		433,023
103	TOTAL	101,302,229		101,302,229		101,302,229

COMPUTATION OF RATIO OF COSTS TO CHARGES  
 SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS						
26	ADULTS & PEDIATRICS	62,686,102		62,686,102			
27	INTENSIVE CARE UNIT						
28	CORONARY CARE UNIT						
29	BURN INTENSIVE CARE UNIT						
30	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
32	NURSERY						
33	SKILLED NURSING FACILITY						
34	NURSING FACILITY						
35	01 ICF/MR						
36	OTHER LONG TERM CARE						
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	16,611,204	154,006	16,765,210	.258333	.258333	.258333
39	RECOVERY ROOM	1,076,737	1,032,531	2,109,268	1.533258	1.533258	1.533258
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
42	RADIOLOGY-DIAGNOSTIC	9,282,348	10,953,401	20,235,749	.171825	.171825	.171825
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
45	LABORATORY	7,905,182	1,078,146	8,983,328	.365493	.365493	.365493
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY	4,061,511	33,599	4,095,110	.598646	.598646	.598646
51	PHYSICAL THERAPY	609,275	3,679	612,954	1.060288	1.060288	1.060288
52	OCCUPATIONAL THERAPY						
53	SPEECH PATHOLOGY						
54	ELECTROCARDIOLOGY						
55	ELECTROENCEPHALOGRAPHY						
56	MEDICAL SUPPLIES CHARGED	65,999,178	9,293,940	75,293,118	.442990	.442990	.442990
57	DRUGS CHARGED TO PATIENTS	16,647,340	782,467	17,429,807	.456816	.456816	.456816
58	RENAL DIALYSIS						
59	ASC (NON-DISTINCT PART)						
60	CARDIAC CATHETERIZATION L	49,605,076	13,847,441	63,452,517	.088604	.088604	.088604
61	OUTPAT SERVICE COST CNTRS						
62	CLINIC						
63	EMERGENCY	1,936,310	2,104,523	4,040,833	.695396	.695396	.695396
64	OBSERVATION BEDS (NON-DIS		391,777	391,777	1.105279	1.105279	1.105279
65	OTHER REIMBURS COST CNTRS						
66	HOME PROGRAM DIALYSIS						
67	AMBULANCE SERVICES		7,171	7,171	.011853	.011853	.011853
68	DURABLE MEDICAL EQUIP-REN						
69	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	236,420,263	39,682,681	276,102,944			
102	LESS OBSERVATION BEDS						
103	TOTAL	236,420,263	39,682,681	276,102,944			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	4,331,015	1,239,518	3,091,497			4,331,015
38	RECOVERY ROOM	3,234,053	543,569	2,690,484			3,234,053
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	3,477,007	505,976	2,971,031			3,477,007
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	3,283,340	238,006	3,045,334			3,283,340
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	2,451,523	83,817	2,367,706			2,451,523
50	PHYSICAL THERAPY	649,908	57,973	591,935			649,908
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	33,354,118	803,744	32,550,374			33,354,118
56	DRUGS CHARGED TO PATIENTS	7,962,211	441,275	7,520,936			7,962,211
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	CARDIAC CATHETERIZATION L OUTPAT SERVICE COST CNTRS	5,622,137	993,164	4,628,973			5,622,137
60	CLINIC						
61	EMERGENCY	2,809,980	394,794	2,415,186			2,809,980
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	433,023	69,441	363,582			433,023
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES	85	9	76			85
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	67,608,400	5,371,286	62,237,114			67,608,400
102	LESS OBSERVATION BEDS	433,023	69,441	363,582			433,023
103	TOTAL	67,175,377	5,301,845	61,873,532			67,175,377

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	16,765,210	.258333	.258333
38	RECOVERY ROOM	2,109,268	1.533258	1.533258
39	DELIVERY ROOM & LABOR ROO			
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	20,235,749	.171825	.171825
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	8,983,328	.365493	.365493
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED			
47	BLOOD STORING, PROCESSING			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	4,095,110	.598646	.598646
50	PHYSICAL THERAPY	612,954	1.060288	1.060288
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY			
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	75,293,118	.442990	.442990
56	DRUGS CHARGED TO PATIENTS	17,429,807	.456816	.456816
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
59	CARDIAC CATHETERIZATION L	63,452,517	.088604	.088604
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	4,040,833	.695396	.695396
62	OBSERVATION BEDS (NON-DIS	391,777	1.105279	1.105279
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES	7,171	.011853	.011853
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	213,416,842		
102	LESS OBSERVATION BEDS	391,777		
103	TOTAL	213,025,065		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	4,331,015	1,239,518	3,091,497	123,952	179,307	4,027,756
39	RECOVERY ROOM	3,234,053	543,569	2,690,484	54,357	156,048	3,023,648
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
42	RADIOLOGY-DIAGNOSTIC	3,477,007	505,976	2,971,031	50,598	172,320	3,254,089
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
45	LABORATORY	3,283,340	238,006	3,045,334	23,801	176,629	3,082,910
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY	2,451,523	83,817	2,367,706	8,382	137,327	2,305,814
51	PHYSICAL THERAPY	649,908	57,973	591,935	5,797	34,332	609,779
52	OCCUPATIONAL THERAPY						
53	SPEECH PATHOLOGY						
54	ELECTROCARDIOLOGY						
55	ELECTROENCEPHALOGRAPHY						
56	MEDICAL SUPPLIES CHARGED	33,354,118	803,744	32,550,374	80,374	1,887,922	31,385,822
57	DRUGS CHARGED TO PATIENTS	7,962,211	441,275	7,520,936	44,128	436,214	7,481,869
58	RENAL DIALYSIS						
59	ASC (NON-DISTINCT PART)						
60	CARDIAC CATHETERIZATION L	5,622,137	993,164	4,628,973	99,316	268,480	5,254,341
61	OUTPAT SERVICE COST CNTRS						
62	CLINIC						
63	EMERGENCY	2,809,980	394,794	2,415,186	39,479	140,081	2,630,420
64	OBSERVATION BEDS (NON-DIS	433,023	69,441	363,582	6,944	21,088	404,991
65	OTHER REIMBURS COST CNTRS						
66	HOME PROGRAM DIALYSIS						
67	AMBULANCE SERVICES	85	9	76	1	4	80
101	DURABLE MEDICAL EQUIP-REN						
102	DURABLE MEDICAL EQUIP-SOL						
103	SUBTOTAL	67,608,400	5,371,286	62,237,114	537,129	3,609,752	63,461,519
	LESS OBSERVATION BEDS	433,023	69,441	363,582	6,944	21,088	404,991
	TOTAL	67,175,377	5,301,845	61,873,532	530,185	3,588,664	63,056,528

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	16,765,210	.240245	.250940
38	RECOVERY ROOM	2,109,268	1.433506	1.507488
39	DELIVERY ROOM & LABOR ROO			
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	20,235,749	.160809	.169325
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	8,983,328	.343181	.362843
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED			
47	BLOOD STORING, PROCESSING			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	4,095,110	.563065	.596600
50	PHYSICAL THERAPY	612,954	.994820	1.050831
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY			
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	75,293,118	.416848	.441923
56	DRUGS CHARGED TO PATIENTS	17,429,807	.429257	.454284
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
59	CARDIAC CATHETERIZATION L	63,452,517	.082807	.087039
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	4,040,833	.650960	.685626
62	OBSERVATION BEDS (NON-DIS	391,777	1.033728	1.087555
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES	7,171	.011156	.011714
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	213,416,842		
102	LESS OBSERVATION BEDS	391,777		
103	TOTAL	213,025,065		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	CAPITAL REL COST (B, II) 1	OLD CAPITAL SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, III) 4	NEW CAPITAL SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS						
26	ADULTS & PEDIATRICS				5,472,681		5,472,681
27	INTENSIVE CARE UNIT						
28	CORONARY CARE UNIT						
29	BURN INTENSIVE CARE UNIT						
31	SURGICAL INTENSIVE CARE U						
33	SUBPROVIDER						
101	NURSERY						
	TOTAL				5,472,681		5,472,681

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS						
26	ADULTS & PEDIATRICS	22,067	13,703			248.00	3,398,344
27	INTENSIVE CARE UNIT						
28	CORONARY CARE UNIT						
29	BURN INTENSIVE CARE UNIT						
31	SURGICAL INTENSIVE CARE U						
33	SUBPROVIDER						
33	NURSERY						
101	TOTAL	22,067	13,703				3,398,344

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM		1,239,518	16,765,210	8,950,746		
39	RECOVERY ROOM		543,569	2,109,268	736,809		
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
42	RADIOLOGY-DIAGNOSTIC		505,976	20,235,749	5,881,183		
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
45	LABORATORY		238,006	8,983,328	7,051,829		
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY		83,817	4,095,110	2,446,578		
51	PHYSICAL THERAPY		57,973	612,954	363,630		
52	OCCUPATIONAL THERAPY						
53	SPEECH PATHOLOGY						
54	ELECTROCARDIOLOGY						
55	ELECTROENCEPHALOGRAPHY						
56	MEDICAL SUPPLIES CHARGED		803,744	75,293,118	38,305,358		
57	DRUGS CHARGED TO PATIENTS		441,275	17,429,807	9,699,760		
58	RENAL DIALYSIS						
59	ASC (NON-DISTINCT PART)						
60	CARDIAC CATHETERIZATION L		993,164	63,452,517	27,606,221		
61	OUTPAT SERVICE COST CNTRS						
62	CLINIC						
63	EMERGENCY		394,794	4,040,833	1,126,415		
64	OBSERVATION BEDS (NON-DIS		69,441	391,777			
65	OTHER REIMBURS COST CNTRS						
66	HOME PROGRAM DIALYSIS						
67	AMBULANCE SERVICES						
68	DURABLE MEDICAL EQUIP-REN						
69	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL		5,371,277	213,409,671	102,168,529		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/28/2007  
 I 15-0153 I FROM 7/ 1/2006 I WORKSHEET D  
 I COMPONENT NO: I TO 6/30/2007 I PART II  
 I 15-0153 I  
 PPS I

WKST A LINE NO.	TITLE XVIII, PART A COST CENTER DESCRIPTION	HOSPITAL	
		CST/CHRG 7	NEW CAPITAL RATIO COSTS 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.073934	661,764
38	RECOVERY ROOM	.257705	189,879
39	DELIVERY ROOM & LABOR ROO		
40	ANESTHESIOLOGY		
41	RADIOLOGY-DIAGNOSTIC	.025004	147,053
42	RADIOLOGY-THERAPEUTIC		
43	RADIOISOTOPE		
44	LABORATORY	.026494	186,831
45	PBP CLINICAL LAB SERVICES		
46	WHOLE BLOOD & PACKED RED		
47	BLOOD STORING, PROCESSING		
48	INTRAVENOUS THERAPY		
49	RESPIRATORY THERAPY	.020468	50,077
50	PHYSICAL THERAPY	.094580	34,392
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY		
54	ELECTROENCEPHALOGRAPHY		
55	MEDICAL SUPPLIES CHARGED	.010675	408,910
56	DRUGS CHARGED TO PATIENTS	.025317	245,569
57	RENAL DIALYSIS		
58	ASC (NON-DISTINCT PART)		
59	CARDIAC CATHETERIZATION L OUTPAT SERVICE COST CNTRS	.015652	432,093
60	CLINIC		
61	EMERGENCY	.097701	110,052
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	.177246	
64	HOME PROGRAM DIALYSIS		
65	AMBULANCE SERVICES		
66	DURABLE MEDICAL EQUIP-REN		
67	DURABLE MEDICAL EQUIP-SOL		
101	TOTAL		2,466,620

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

I  
 I  
 I

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					22,067	
26	INTENSIVE CARE UNIT						
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY						
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35	01 ICF/MR						
101	TOTAL					22,067	

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

PROVIDER NO: 15-0153  
 PERIOD: FROM 7/ 1/2006 TO 6/30/2007  
 PREPARED 11/28/2007  
 WORKSHEET D  
 PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
25	ADULTS & PEDIATRICS	7	13,703
26	INTENSIVE CARE UNIT		
27	CORONARY CARE UNIT		
28	BURN INTENSIVE CARE UNIT		
29	SURGICAL INTENSIVE CARE U		
31	SUBPROVIDER		
33	NURSERY		
34	SKILLED NURSING FACILITY		
35	NURSING FACILITY		
35 01	ICF/MR		
101	TOTAL		13,703

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM						
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
42	RADIOLOGY-DIAGNOSTIC						
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
45	LABORATORY						
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY						
51	PHYSICAL THERAPY						
52	OCCUPATIONAL THERAPY						
53	SPEECH PATHOLOGY						
54	ELECTROCARDIOLOGY						
55	ELECTROENCEPHALOGRAPHY						
56	MEDICAL SUPPLIES CHARGED						
57	DRUGS CHARGED TO PATIENTS						
58	RENAL DIALYSIS						
59	ASC (NON-DISTINCT PART)						
60	CARDIAC CATHETERIZATION L						
61	OUTPUT SERVICE COST CNTRS						
62	CLINIC						
63	EMERGENCY						
64	OBSERVATION BEDS (NON-DIS						
65	OTHER REIMBURS COST CNTRS						
66	HOME PROGRAM DIALYSIS						
67	AMBULANCE SERVICES						
101	DURABLE MEDICAL EQUIP-REN						
	DURABLE MEDICAL EQUIP-SOL						
	TOTAL						

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
38	OPERATING ROOM			16,765,210			8,950,746	
39	RECOVERY ROOM			2,109,268			736,809	
40	DELIVERY ROOM & LABOR ROO							
41	ANESTHESIOLOGY							
42	RADIOLOGY-DIAGNOSTIC			20,235,749			5,881,183	
43	RADIOLOGY-THERAPEUTIC							
44	RADIOISOTOPE							
45	LABORATORY			8,983,328			7,051,829	
46	PBP CLINICAL LAB SERVICES							
47	WHOLE BLOOD & PACKED RED							
48	BLOOD STORING, PROCESSING							
49	INTRAVENOUS THERAPY							
50	RESPIRATORY THERAPY			4,095,110			2,446,578	
51	PHYSICAL THERAPY			612,954			363,630	
52	OCCUPATIONAL THERAPY							
53	SPEECH PATHOLOGY							
54	ELECTROCARDIOLOGY							
55	ELECTROENCEPHALOGRAPHY							
56	MEDICAL SUPPLIES CHARGED			75,293,118			38,305,358	
57	DRUGS CHARGED TO PATIENTS			17,429,807			9,699,760	
58	RENAL DIALYSIS							
59	ASC (NON-DISTINCT PART)							
60	CARDIAC CATHETERIZATION L			63,452,517			27,606,221	
61	OUTPAT SERVICE COST CNTRS							
62	CLINIC							
63	EMERGENCY			4,040,833			1,126,415	
64	OBSERVATION BEDS (NON-DIS			391,777				
65	OTHER REIMBURS COST CNTRS							
66	HOME PROGRAM DIALYSIS							
67	AMBULANCE SERVICES							
68	DURABLE MEDICAL EQUIP-REN							
69	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL			213,409,671			102,168,529	

WKST A LINE NO.	COST CENTER DESCRIPTION	HOSPITAL				PPS		COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
		OUTPAT PROG CHARGES 8	OUTPAT PROG D,V COL 5.03 8.01	OUTPAT PROG D,V COL 5.04 8.02	OUTPAT PROG PASS THRU 9	COST			
37	ANCILLARY SRVC COST CNTRS								
	OPERATING ROOM	116,400							
38	RECOVERY ROOM	459,364							
39	DELIVERY ROOM & LABOR ROO								
40	ANESTHESIOLOGY								
41	RADIOLOGY-DIAGNOSTIC	5,230,239							
42	RADIOLOGY-THERAPEUTIC								
43	RADIOISOTOPE								
44	LABORATORY	9,027							
45	PBP CLINICAL LAB SERVICES								
46	WHOLE BLOOD & PACKED RED								
47	BLOOD STORING, PROCESSING								
48	INTRAVENOUS THERAPY								
49	RESPIRATORY THERAPY	13,723							
50	PHYSICAL THERAPY								
51	OCCUPATIONAL THERAPY								
52	SPEECH PATHOLOGY								
53	ELECTROCARDIOLOGY								
54	ELECTROENCEPHALOGRAPHY								
55	MEDICAL SUPPLIES CHARGED	4,729,114							
56	DRUGS CHARGED TO PATIENTS	725,756							
57	RENAL DIALYSIS								
58	ASC (NON-DISTINCT PART)								
59	CARDIAC CATHETERIZATION L	5,282,115							
	OUTPUT SERVICE COST CNTRS								
60	CLINIC								
61	EMERGENCY	805,830							
62	OBSERVATION BEDS (NON-DIS	163,817							
	OTHER REIMBURS COST CNTRS								
64	HOME PROGRAM DIALYSIS								
65	AMBULANCE SERVICES								
66	DURABLE MEDICAL EQUIP-REN								
67	DURABLE MEDICAL EQUIP-SOL								
101	TOTAL	17,535,385							

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS  
 PROVIDER NO: 15-0153 PERIOD: FROM 7/1/2006 TO 6/30/2007  
 COMPONENT NO: 15-0153  
 PREPARED 11/28/2007 WORKSHEET D PART V

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.258333	.258333			
38 RECOVERY ROOM	1.533258	1.533258			
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC	.171825	.171825			
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE					
44 LABORATORY	.365493	.365493			
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47 BLOOD STORING, PROCESSING & TRANS.					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY	.598646	.598646			
50 PHYSICAL THERAPY	1.060288	1.060288			
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY					
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.442990	.442990			
56 DRUGS CHARGED TO PATIENTS	.456816	.456816			
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
59 CARDIAC CATHETERIZATION LABORATORY	.088604	.088604			
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC					
62 EMERGENCY	.695396	.695396			
63 OBSERVATION BEDS (NON-DISTINCT PART)	1.105279	1.105279			
64 OTHER REIMBURS COST CNTRS					
65 HOME PROGRAM DIALYSIS					
66 AMBULANCE SERVICES	.011853	.011853			
67 DURABLE MEDICAL EQUIP-RENTED					
101 DURABLE MEDICAL EQUIP-SOLD					
102 SUBTOTAL					
103 CRNA CHARGES					
104 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
NET CHARGES					

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

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		116,400			
38	RECOVERY ROOM		459,364			
39	DELIVERY ROOM & LABOR ROOM					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC		5,230,239			
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
44	LABORATORY		9,027			
45	PBP CLINICAL LAB SERVICES-PRGM ONLY					
46	WHOLE BLOOD & PACKED RED BLOOD CELLS					
47	BLOOD STORING, PROCESSING & TRANS.					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY		13,723			
50	PHYSICAL THERAPY					
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY					
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		4,729,114			
56	DRUGS CHARGED TO PATIENTS		725,756			
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
59	CARDIAC CATHETERIZATION LABORATORY		5,282,115			
60	OUTPAT SERVICE COST CNTRS					
61	CLINIC					
61	EMERGENCY		805,830			
62	OBSERVATION BEDS (NON-DISTINCT PART)		163,817			
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-RENTED					
67	DURABLE MEDICAL EQUIP-SOLD					
101	SUBTOTAL		17,535,385			
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-					
	PROGRAM ONLY CHARGES					
104	NET CHARGES		17,535,385			

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 15-0153  
 COMPONENT NO: 15-0153  
 PERIOD: FROM 7/1/2006 TO 6/30/2007  
 PREPARED 11/28/2007  
 WORKSHEET D  
 PART V

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				30,070	
38 RECOVERY ROOM				704,324	
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC				898,686	
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE					
44 LABORATORY				3,299	
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47 BLOOD STORING, PROCESSING & TRANS.					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY				8,215	
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY					
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				2,094,950	
56 DRUGS CHARGED TO PATIENTS				331,537	
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
59 CARDIAC CATHETERIZATION LABORATORY				468,017	
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC					
62 EMERGENCY				560,371	
OBSERVATION BEDS (NON-DISTINCT PART)				181,063	
OTHER REIMBURS COST CNTRS					
64 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
101 SUBTOTAL				5,280,532	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				5,280,532	

(A) WORKSHEET A LINE NUMBERS

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



APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 15-0153  
 PERIOD: FROM 7/1/2006 TO 6/30/2007  
 COMPONENT NO: 15-0153  
 PREPARED 11/28/2007  
 WORKSHEET D  
 PART V

TITLE XIX - O/P

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic	All Other (1)
	1	2	3	4	5
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.240245				3,557
38 RECOVERY ROOM	1.433506				26,391
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC	.160809				224,885
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE					
44 LABORATORY	.343181				28,537
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47 BLOOD STORING, PROCESSING & TRANS.					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY	.563065				4,480
50 PHYSICAL THERAPY	.994820				
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY					
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.416848				
56 DRUGS CHARGED TO PATIENTS	.429257				33,443
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
59 CARDIAC CATHETERIZATION LABORATORY	.082807				663,172
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC					
62 EMERGENCY	.650960				42,305
63 OBSERVATION BEDS (NON-DISTINCT PART)	1.033728				
64 OTHER REIMBURS COST CNTRS					
65 HOME PROGRAM DIALYSIS					
66 AMBULANCE SERVICES	.011156				
67 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
101 SUBTOTAL					1,026,770
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					1,026,770

(A) WORKSHEET A LINE NUMBERS

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

TITLE XIX - O/P	HOSPITAL	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology
Cost Center Description		5.01	5.02	5.03	6	7
(A) ANCILLARY SRVC COST CNTRS						
37 OPERATING ROOM						
38 RECOVERY ROOM						
39 DELIVERY ROOM & LABOR ROOM						
40 ANESTHESIOLOGY						
41 RADIOLOGY-DIAGNOSTIC						
42 RADIOLOGY-THERAPEUTIC						
43 RADIOISOTOPE						
44 LABORATORY						
45 PBP CLINICAL LAB SERVICES-PRGM ONLY						
46 WHOLE BLOOD & PACKED RED BLOOD CELLS						
47 BLOOD STORING, PROCESSING & TRANS.						
48 INTRAVENOUS THERAPY						
49 RESPIRATORY THERAPY						
50 PHYSICAL THERAPY						
51 OCCUPATIONAL THERAPY						
52 SPEECH PATHOLOGY						
53 ELECTROCARDIOLOGY						
54 ELECTROENCEPHALOGRAPHY						
55 MEDICAL SUPPLIES CHARGED TO PATIENTS						
56 DRUGS CHARGED TO PATIENTS						
57 RENAL DIALYSIS						
58 ASC (NON-DISTINCT PART)						
59 CARDIAC CATHETERIZATION LABORATORY						
60 OUTPAT SERVICE COST CNTRS						
61 CLINIC						
62 EMERGENCY						
63 OBSERVATION BEDS (NON-DISTINCT PART)						
64 OTHER REIMBURS COST CNTRS						
65 HOME PROGRAM DIALYSIS						
66 AMBULANCE SERVICES						
67 DURABLE MEDICAL EQUIP-RENTED						
101 DURABLE MEDICAL EQUIP-SOLD						
102 SUBTOTAL						
103 CRNA CHARGES						
104 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES						
NET CHARGES						

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 15-0153  
 COMPONENT NO: 15-0153  
 PERIOD: FROM 7/1/2006 TO 6/30/2007  
 PREPARED 11/28/2007  
 WORKSHEET D  
 PART V

TITLE XIX - O/P

HOSPITAL

	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE
Cost Center Description	8	9	9.01	9.02	9.03
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		855			
38 RECOVERY ROOM		37,832			
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC		36,164			
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE					
44 LABORATORY		9,793			
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47 BLOOD STORING, PROCESSING & TRANS.					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY		2,523			
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY					
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS		14,356			
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
59 CARDIAC CATHETERIZATION LABORATORY		54,915			
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC					
62 EMERGENCY		27,539			
63 OBSERVATION BEDS (NON-DISTINCT PART)					
64 OTHER REIMBURS COST CNTRS					
65 HOME PROGRAM DIALYSIS					
66 AMBULANCE SERVICES					
67 DURABLE MEDICAL EQUIP-RENTED					
101 DURABLE MEDICAL EQUIP-SOLD					
102 SUBTOTAL		183,977			
103 CRNA CHARGES					
104 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
NET CHARGES		183,977			

(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)	22,067
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	22,067
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	22,067
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)	13,703
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	34,126,852
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	34,126,852

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	63,523,266
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	63,523,266
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.537234
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	2,878.65
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	34,126,852

TITLE XVIII PART A HOSPITAL PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE  
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 1,546.51  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 21,191,827  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 21,191,827

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
--	------------------------	------------------------	--------------------------	----------------------	----------------------

42 NURSERY (TITLE V & XIX ONLY)  
 INTENSIVE CARE TYPE INPATIENT  
 HOSPITAL UNITS  
 43 INTENSIVE CARE UNIT  
 44 CORONARY CARE UNIT  
 45 BURN INTENSIVE CARE UNIT  
 46 SURGICAL INTENSIVE CARE UNIT  
 47 OTHER SPECIAL CARE

48 PROGRAM INPATIENT ANCILLARY SERVICE COST 1  
 49 TOTAL PROGRAM INPATIENT COSTS 33,509,329  
 54,701,156

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 3,398,344  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 2,466,620  
 52 TOTAL PROGRAM EXCLUDABLE COST 5,864,964  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN  
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 48,836,192

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

COMPUTATION OF INPATIENT OPERATING COST

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	280
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,546.51
85	OBSERVATION BED COST	433,023

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	34,126,852		433,023	
87	NEW CAPITAL-RELATED COST	5,472,681	.160363	433,023	69,441
88	NON PHYSICIAN ANESTHETIST	34,126,852		433,023	
89	MEDICAL EDUCATION	34,126,852		433,023	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				



TITLE XIX - I/P 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  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY)					
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
44 INTENSIVE CARE UNIT					
45 CORONARY CARE UNIT					
46 BURN INTENSIVE CARE UNIT					
47 SURGICAL INTENSIVE CARE UNIT OTHER SPECIAL CARE					
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					1
49 TOTAL PROGRAM INPATIENT COSTS					845,341

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 845,341

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES 176  
 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 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	280
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I  
I 15-0153 I FROM 7/ 1/2006 I  
I COMPONENT NO: I TO 6/30/2007 I  
I 15-0153 I

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		36,799,051	
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
31	SUBPROVIDER			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.258333	8,950,746	2,312,273
38	RECOVERY ROOM	1.533258	736,809	1,129,718
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	.171825	5,881,183	1,010,534
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	.365493	7,051,829	2,577,394
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.598646	2,446,578	1,464,634
50	PHYSICAL THERAPY	1.060288	363,630	385,553
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY			
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.442990	38,305,358	16,968,891
56	DRUGS CHARGED TO PATIENTS	.456816	9,699,760	4,431,006
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
59	CARDIAC CATHETERIZATION LABORATORY	.088604	27,606,221	2,446,022
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	.695396	1,126,415	783,304
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.105279		
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		102,168,529	33,509,329
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		102,168,529	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 11/28/2007  
 I 15-0153 I FROM 7/ 1/2006 I WORKSHEET D-4  
 I COMPONENT NO: I TO 6/30/2007 I  
 I 15-0153 I

TITLE XIX HOSPITAL

OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS			
26	ADULTS & PEDIATRICS		1,649,639	
27	INTENSIVE CARE UNIT			
28	CORONARY CARE UNIT			
29	BURN INTENSIVE CARE UNIT			
31	SURGICAL INTENSIVE CARE UNIT			
	SUBPROVIDER			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.258333	809,907	209,226
38	RECOVERY ROOM	1.533258	24,279	37,226
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	.171825	282,619	48,561
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	.365493	190,879	69,765
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.598646	130,222	77,957
50	PHYSICAL THERAPY	1.060288	8,204	8,699
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY			
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.442990		
56	DRUGS CHARGED TO PATIENTS	.456816	424,406	193,875
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
59	CARDIAC CATHETERIZATION LABORATORY	.088604	2,028,641	179,746
60	OUTPAT SERVICE COST CNTRS			
	CLINIC			
61	EMERGENCY	.695396	29,172	20,286
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.105279		
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		3,928,329	845,341
102	LESS PBP CLINIC LABORATORY SERVICES -			
	PROGRAM ONLY CHARGES			
103	NET CHARGES		3,928,329	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 11/28/2007  
 I 15-0153 I FROM 7/ 1/2006 I WORKSHEET E  
 I COMPONENT NO: I TO 6/30/2007 I PART A  
 I 15-0153 I I

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

DESCRIPTION

1 1.01

- DRG AMOUNT
- 1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1
- 1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1
- 1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1

39,918,070

- 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)
- 3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD

1,848,077

79.29

- INDIRECT MEDICAL EDUCATION ADJUSTMENT
- 3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I
- 3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)
- 3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT
- 3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.
- 3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)
- 3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)

FOR CR PERIODS ENDING ON OR AFTER 7/1/2005  
 E-3 PT 6 LN 15 PLUS LN 3.06

- 3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)
- 3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS
- 3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.
- 3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1
- 3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09
- 3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10
- 3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.
- 3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)
- 3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE
- 3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE
- 3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).
- 3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)
- 3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)
- 3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19
- 3.21 IME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1
- 3.22 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)
- 3.23 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1

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

- 3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).

- DISPROPORTIONATE SHARE ADJUSTMENT
- 4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)
- 4.01 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.

335.00

- 5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK
- 5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)
- 5.06 TOTAL ADDITIONAL PAYMENT
- 6 SUBTOTAL (SEE INSTRUCTIONS)
- 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)

41,766,147

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 11/28/2007  
 I 15-0153 I FROM 7/ 1/2006 I WORKSHEET E  
 I COMPONENT NO: I TO 6/30/2007 I PART A  
 I 15-0153 I I

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS  
 HOSPITAL

DESCRIPTION

	1	1.01
8		
FY BEG. 10/1/2000		
8	41,766,147	
TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)		
9	3,933,995	
PAYMENT FOR INPATIENT PROGRAM CAPITAL		
10		
EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL		
11		
DIRECT GRADUATE MEDICAL EDUCATION PAYMENT		
11.01		
NURSING AND ALLIED HEALTH MANAGED CARE		
11.02	5,865	
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		
17	45,706,007	
PRIMARY PAYER PAYMENTS		
18	53,598	
TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES		
19	45,652,409	
DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES		
20	2,631,399	
COINSURANCE BILLED TO PROGRAM BENEFICIARIES		
21	6,902	
REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
21.01	177,864	
ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
21.02	124,505	
REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
22	140,217	
SUBTOTAL		
23	43,138,613	
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	43,138,613	
AMOUNT DUE PROVIDER		
27		
SEQUESTRATION ADJUSTMENT		
28	43,155,611	
INTERIM PAYMENTS		
28.01		
TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29		
BALANCE DUE PROVIDER (PROGRAM)		
30	-16,998	
PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.		
----- FI ONLY -----		
50		
OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51		
CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52		
OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53		
CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54		
THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55		
TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56		
CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 11/28/2007  
 I 15-0153 I FROM 7/ 1/2006 I WORKSHEET E  
 I COMPONENT NO: I TO 6/30/2007 I PART B  
 I 15-0153 I I

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1 MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)  
 1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS) 5,280,532  
 1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS. 4,579,603  
 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

REASONABLE CHARGES  
 6 ANCILLARY SERVICE CHARGES  
 7 INTERNS AND RESIDENTS SERVICE CHARGES  
 8 ORGAN ACQUISITION CHARGES  
 9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.  
 10 TOTAL REASONABLE CHARGES

CUSTOMARY CHARGES  
 11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS  
 12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).  
 13 RATIO OF LINE 11 TO LINE 12  
 14 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)  
 15 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST  
 16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES  
 17 LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)  
 17.01 TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07) 4,579,603

COMPUTATION OF REIMBURSEMENT SETTLEMENT  
 18 DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)  
 18.01 DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS) 1,048,433  
 19 SUBTOTAL (SEE INSTRUCTIONS) 3,531,170  
 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 3,531,170  
 24 PRIMARY PAYER PAYMENTS 47  
 25 SUBTOTAL 3,531,123

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)  
 26 COMPOSITE RATE ESRD  
 27 BAD DEBTS (SEE INSTRUCTIONS) 55,910  
 27.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS) 39,137  
 27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES 43,090  
 28 SUBTOTAL 3,570,260  
 29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.  
 30 OTHER ADJUSTMENTS (SPECIFY)  
 30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)  
 31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.  
 32 SUBTOTAL 3,570,260  
 33 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)  
 34 INTERIM PAYMENTS 3,578,983  
 34.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)  
 35 BALANCE DUE PROVIDER/PROGRAM -8,723  
 36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO: I PERIOD: I PREPARED 11/28/2007  
 I 15-0153 I FROM 7/ 1/2006 I WORKSHEET E-1  
 I COMPONENT NO: I TO 6/30/2007 I  
 I 15-0153 I 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.		43,099,251	NONE	3,561,680
3	LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
	ADJUSTMENTS TO PROVIDER .01	1/22/2007	56,360	1/22/2007	17,303
	ADJUSTMENTS TO PROVIDER .02				
	ADJUSTMENTS TO PROVIDER .03				
	ADJUSTMENTS TO PROVIDER .04				
	ADJUSTMENTS TO PROVIDER .05				
	ADJUSTMENTS TO PROGRAM .50				
	ADJUSTMENTS TO PROGRAM .51				
	ADJUSTMENTS TO PROGRAM .52				
	ADJUSTMENTS TO PROGRAM .53				
	ADJUSTMENTS TO PROGRAM .54				
	ADJUSTMENTS TO PROGRAM .99				
	SUBTOTAL		56,360		17,303
4	TOTAL INTERIM PAYMENTS		43,155,611		3,578,983
	TO BE COMPLETED BY INTERMEDIARY				
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
	TENTATIVE TO PROVIDER .01				
	TENTATIVE TO PROVIDER .02				
	TENTATIVE TO PROVIDER .03				
	TENTATIVE TO PROGRAM .50				
	TENTATIVE TO PROGRAM .51				
	TENTATIVE TO PROGRAM .52				
	TENTATIVE TO PROGRAM .99				
	SUBTOTAL		NONE		NONE
6	DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
	SETTLEMENT TO PROVIDER .01				
	SETTLEMENT TO PROGRAM .02				
7	TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO: 00000

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

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

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO: 15-0153  
 PERIOD: FROM 7/1/2006 TO 6/30/2007  
 COMPONENT NO: -  
 PREPARED 11/28/2007  
 WORKSHEET E-3  
 PART III

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

TITLE XIX	HOSPITAL	TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES	845,341	
2	MEDICAL AND OTHER SERVICES	183,977	
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)		
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)		
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)		
6	SUBTOTAL	1,029,318	
7	INPATIENT PRIMARY PAYER PAYMENTS		
8	OUTPATIENT PRIMARY PAYER PAYMENTS		
9	SUBTOTAL	1,029,318	
COMPUTATION OF LESSER OF COST OR CHARGES			
REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES	1,649,639	
11	ANCILLARY SERVICE CHARGES	4,955,099	
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	6,604,738	
CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)		
19	RATIO OF LINE 17 TO LINE 18		
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	6,604,738	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	5,575,420	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
23	COST OF COVERED SERVICES	1,029,318	
PROSPECTIVE PAYMENT AMOUNT			
24	OTHER THAN OUTLIER PAYMENTS		
25	OUTLIER PAYMENTS		
26	PROGRAM CAPITAL PAYMENTS		
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)		
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS		
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
30	SUBTOTAL	1,029,318	
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)		
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30	1,029,318	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)		
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST		
35	SUBTOTAL	1,029,318	
36	COINSURANCE		
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19		
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)		
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)		
39	UTILIZATION REVIEW		
40	SUBTOTAL (SEE INSTRUCTIONS)	1,029,318	
41	INPATIENT ROUTINE SERVICE COST		
42	MEDICARE INPATIENT ROUTINE CHARGES		
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES		
45	RATIO OF LINE 43 TO 44		
46	TOTAL CUSTOMARY CHARGES		
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
50	OTHER ADJUSTMENTS (SPECIFY)		
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
52	SUBTOTAL	1,029,318	
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)		
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER	1,029,318	
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
57	INTERIM PAYMENTS	1,029,318	
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
58	BALANCE DUE PROVIDER/PROGRAM		
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.		

BALANCE SHEET

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	9,238,518			
2	TEMPORARY INVESTMENTS	14,630,999			
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	23,059,201			
5	OTHER RECEIVABLES				
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-4,471,885			
7	INVENTORY	1,008,181			
8	PREPAID EXPENSES	1,575,201			
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	45,040,215			
FIXED ASSETS					
12	LAND				
12.01	LAND IMPROVEMENTS				
13	LESS ACCUMULATED DEPRECIATION				
13.01	BUILDINGS	62,193,252			
14	LESS ACCUMULATED DEPRECIATION	-26,782,419			
14.01	LEASEHOLD IMPROVEMENTS				
15	LESS ACCUMULATED DEPRECIATION				
15.01	FIXED EQUIPMENT				
16	LESS ACCUMULATED DEPRECIATION				
16.01	AUTOMOBILES AND TRUCKS				
17	LESS ACCUMULATED DEPRECIATION				
17.01	MAJOR MOVABLE EQUIPMENT				
18	LESS ACCUMULATED DEPRECIATION				
18.01	MINOR EQUIPMENT DEPRECIABLE				
19	LESS ACCUMULATED DEPRECIATION				
19.01	MINOR EQUIPMENT-NONDEPRECIABLE				
20	TOTAL FIXED ASSETS	35,410,833			
21	OTHER ASSETS				
22	INVESTMENTS				
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	1,449,319			
26	TOTAL OTHER ASSETS	1,449,319			
27	TOTAL ASSETS	81,900,367			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
28				
29				
30				
31				
32				
33				
34				
35				
36				
37				
38				
39				
40.01				
40.02				
41				
42				
43				
44				
45				
46				
47				
48				
49				
50				
51				
52				

STATEMENT OF CHANGES IN FUND BALANCES

I PROVIDER NO: I PERIOD: I PREPARED 11/28/2007  
 I 15-0153 I FROM 7/ 1/2006 I WORKSHEET G-1  
 I TO 6/30/2007 I

	GENERAL FUND	SPECIFIC PURPOSE FUND
	1	2
1 FUND BALANCE AT BEGINNING		21,387,960
2 OF PERIOD		
3 NET INCOME (LOSS)		10,359,570
4 TOTAL		31,747,530
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)		
6		
7		
8		
9		
10 TOTAL ADDITIONS		
11 SUBTOTAL		31,747,530
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)		
13 MEMBERS' CAP DISTR	13,000,000	
14		
15		
16		
17		
18 TOTAL DEDUCTIONS		13,000,000
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		18,747,530

	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 MEMBERS' CAP DISTR		
14		
15		
16		
17		
18 TOTAL DEDUCTIONS		
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	63,523,266		63,523,266
2 00 SUBPROVIDER			
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY			
7 00 NURSING FACILITY			
7 01 ICF/MR			
8 00 OTHER LONG TERM CARE			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	63,523,266		63,523,266
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT			
11 00 CORONARY CARE UNIT			
12 00 BURN INTENSIVE CARE UNIT			
13 00 SURGICAL INTENSIVE CARE UNIT			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP			
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	63,523,266		63,523,266
17 00 ANCILLARY SERVICES	173,315,242	39,257,266	212,572,508
18 00 OUTPATIENT SERVICES			
19 00 HOME HEALTH AGENCY			
20 00 AMBULANCE SERVICES		7,171	7,171
21 00 CORF			
22 00 AMBULATORY SURGICAL CENTER (D.P.)			
23 00 HOSPICE			
24 00			
25 00 TOTAL PATIENT REVENUES	236,838,508	39,264,437	276,102,945

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES		101,163,832	
ADD (SPECIFY)			
27 00 BAD DEBT EXPENSE	4,977,754		
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		4,977,754	
DEDUCT (SPECIFY)			
34 00		2	
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS		2	
40 00 TOTAL OPERATING EXPENSES		106,141,584	

## STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO:	I PERIOD:	I PREPARED
15-0153	I FROM 7/ 1/2006	I 11/28/2007
	I TO 6/30/2007	I WORKSHEET G-3

## DESCRIPTION

1	TOTAL PATIENT REVENUES	276,102,945
2	LESS: ALLOWANCES AND DISCOUNTS ON	161,970,575
3	NET PATIENT REVENUES	114,132,370
4	LESS: TOTAL OPERATING EXPENSES	106,141,584
5	NET INCOME FROM SERVICE TO PATIENT	7,990,786
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUES	703
7	INCOME FROM INVESTMENTS	714,894
8	REVENUE FROM TELEPHONE AND TELEG	
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	3,836
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN S	
14	REVENUE FROM MEALS SOLD TO EMPLO	559,838
15	REVENUE FROM RENTAL OF LIVING QU	
16	REVENUE FROM SALE OF MEDICAL & S	
	TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OT	
18	REVENUE FROM SALE OF MEDICAL REC	11,642
19	TUITION (FEES, SALE OF TEXTBOOKS	
20	REVENUE FROM GIFTS, FLOWER, COFFE	
21	RENTAL OF VENDING MACHINES	12,208
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	MISCELLANEOUS INCOME	242,987
24.01	INVESTMENT REALIZED GAIN/LOSS	9,004
24.02	INTEREST INCOME	803,273
24.03	INTEREST INCOME A/R PATIENT	7,667
24.04	INTEREST INCOME 5/3	1,233
24.05	SALE OF ASSET	1,499
25	TOTAL OTHER INCOME	2,368,784
26	TOTAL	10,359,570
	OTHER EXPENSES	
27		
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIO	10,359,570

CALCULATION OF CAPITAL PAYMENT

TITLE XVIII, PART A HOSPITAL

PART I - FULLY PROSPECTIVE METHOD		
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	3,611,438
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	322,557
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	59.69
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	.00
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPTANT PATIENT DAYS TO	.00
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	.00
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	.00
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	3,933,995
PART II - HOLD HARMLESS METHOD		
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III - PAYMENT UNDER REASONABLE COST		
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV - COMPUTATION OF EXCEPTION PAYMENTS		
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	