

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	15-0164	I	FROM 11/ 1/2006	I	--AUDITED --DESK REVIEW	I	/ /
	I		I	TO 12/31/2007	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I		I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 5/28/2008 TIME 15:13

PART I - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY: MONROE HOSPITAL L.L.C. 15-0164 FOR THE COST REPORTING PERIOD BEGINNING 11/ 1/2006 AND ENDING 12/31/2007 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

Red Price

OFFICER OR ADMINISTRATOR OF PROVIDER(S)
CEO

TITLE
05.28.2008

DATE

ECR ENCRYPTION INFORMATION
DATE: 5/28/2008 TIME 15:13

eINoZMrHXrfoYDyma9gdOIXXR1d0J0
REdeB0aeI0cyrgZNavv6ratI9szwx6
4IE40tAKRk0orF8L

PI ENCRYPTION INFORMATION
DATE: 5/28/2008 TIME 15:13

u6skJke.0B0zJbaa:MYbu.IIGU6iI0
n9sjR0Cs41iDwFnyfnawSP4uIZB270
SrRBanH77S0ky:ih

PART II - SETTLEMENT SUMMARY

		TITLE V	TITLE XVIII		TITLE XIX	
		1	A 2	B 3	4	
1	HOSPITAL	0	2,266,728		0	2,186,122
100	TOTAL	0	2,266,728		0	2,186,122

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.

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

FORM APPROVED
 OMB NO. 0938-0050

WORKSHEET 5
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION	I	15-0164	I	FROM 11/ 1/2006	I	--AUDITED --DESK REVIEW	I	/ /
AND SETTLEMENT SUMMARY	I		I	TO 12/31/2007	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
						--FINAL 1-MCR CODE	I	
						00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 5/28/2008 TIME 15:13

PART I - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY: MONROE HOSPITAL L.L.C. 15-0164 FOR THE COST REPORTING PERIOD BEGINNING 11/ 1/2006 AND ENDING 12/31/2007 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

		TITLE V	TITLE XVIII		TITLE XIX
		1	A 2	B 3	4
1	HOSPITAL	0	2,266,728		0 2,186,122
100	TOTAL	0	2,266,728		0 2,186,122

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 & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2008
 I 15-0164 I FROM 11/ 1/2006 I WORKSHEET S-2
 I TO 12/31/2007 I

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 4011 S. MONROE MEDICAL PARK BLVD. P.O. BOX:
 1.01 CITY: BLOOMINGTON STATE: IN ZIP CODE: 47403- COUNTY: MONROE

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P,T,O OR N)
02.00	HOSPITAL	15-0164	2.01	10/16/2006	V 4 5 6 XVIII XIX N P P

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 11/ 1/2006 TO: 12/31/2007

18 TYPE OF CONTROL 1 2
6

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 14020

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? N

25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.

25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N

25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N

25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)

25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS)

26 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH),ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01.

26.01 SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0

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

26.03 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 //

HOSPITAL & HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2008
 I 15-0164 I FROM 11/ 1/2006 I WORKSHEET S-2
 I I TO 12/31/2007 I

28 IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02
 28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS) 1 2 3 4

0 0.0000 0.0000
 28.02 ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY 0.00 0

A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)

28.03 STAFFING % Y/N
 28.04 RECRUITMENT 0.00%
 28.05 RETENTION 0.00%
 28.06 TRAINING 0.00%

29 IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT? N
 30 DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff) N
 30.01 IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70
 30.02 IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS)
 30.03 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000).
 30.04 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II
 31 IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
 31.01 IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
 31.02 IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
 31.03 IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
 31.04 IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N
 31.05 IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

MISCELLANEOUS COST REPORT INFORMATION

32 IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2. N
 33 IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2 Y N
 34 IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA? Y
 35 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N
 35.01 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N
 35.02 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N
 35.03 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N
 35.04 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL

36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N XVIII XIX
 36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS) N 2 3
 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 N
- 40.01 NAME: FI/CONTRACTOR NAME FI/CONTRACTOR #
- 40.02 STREET: P.O. BOX:
- 40.03 CITY: STATE: ZIP CODE: -
- 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
- 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y
- 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? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2. N 00/00/0000
- 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: | | | 164,249 | | | | | | | | |
| PAID LOSSES: | | | 0 | | | | | | | | |
| AND/OR SELF INSURANCE: | | | 0 | | | | | | | | |
| 54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. | | | | | | | | | | | N |
| 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. | | | | | | | | | | | N |
| 56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002. | | | | | | DATE | Y OR N | LIMIT | Y OR N | FEE | |
| | | | | | | 0 | 1 | 2 | 3 | 4 | |
| 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. | | | | | | 11/ 1/2006 | N | 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 | |

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2008
I 15-0164 I FROM 11/ 1/2006 I WORKSHEET S-3
I I TO 12/31/2007 I PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVIII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS 5	TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	24	10,224				1,413		335
2 HMO						125		87
01 HMO - (IRF PPS SUBPROVIDER)								
3 ADULTS & PED-SB SNF								
4 ADULTS & PED-SB NF								
5 TOTAL ADULTS AND Peds	24	10,224				1,413		335
6 INTENSIVE CARE UNIT	8	3,408				237		3
7 CORONARY CARE UNIT								
8 BURN INTENSIVE CARE UNIT								
9 SURGICAL INTENSIVE CARE UNIT								
11 NURSERY								
12 TOTAL	32	13,632				1,650		338
13 RPCH VISITS								
14 SUBPROVIDER								
15 SKILLED NURSING FACILITY								
16 NURSING FACILITY								
01 ICF/MR								
17 OTHER LONG TERM CARE								
18 HOME HEALTH AGENCY								
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE								
23 CORF								
25 TOTAL	32							
26 OBSERVATION BED DAYS								62
27 AMBULANCE TRIPS								
28 EMPLOYEE DISCOUNT DAYS								
01 EMP DISCOUNT DAYS -IRF								

COMPONENT	TITLE XIX ADMITTED 5.01	I/P DAYS / OBSERVATION NOT ADMITTED 5.02	O/P VISITS / TOTAL ALL PATS 6	/ TRIPS / TOTAL OBSERVATION ADMITTED 6.01	----- BEDS / NOT ADMITTED 6.02	-- INTERNS & RES. FTES -- TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			3,044				
2 HMO							
01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND Peds			3,044				
6 INTENSIVE CARE UNIT			361				
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL			3,405				
13 RPCH VISITS							
14 SUBPROVIDER							
15 SKILLED NURSING FACILITY							
16 NURSING FACILITY							
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			424		424		
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET 9	--- FULL TIME EQUIV --- EMPLOYEES ON PAYROLL 10	NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					523	143	1,796
2 HMO							
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		196.01			523	143	1,796
13 RPCH VISITS							
14 SUBPROVIDER							
15 SKILLED NURSING FACILITY							
16 NURSING FACILITY							
01 ICF/MR							
17 OTHER LONG TERM CARE							
18 HOME HEALTH AGENCY							
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE							
23 CORF							
25 TOTAL		196.01					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							

HOSPITAL AND HOSPITAL HEALTH CARE
 COMPLEX STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2008
 I 15-0164 I FROM 11/ 1/2006 I WORKSHEET S-3
 I I TO 12/31/2007 I PART I

COMPONENT	I & R FTES		--- FULL TIME EQUIV ---		DISCHARGES			TOTAL ALL PATIENTS
	NET		EMPLOYEES ON PAYROLL	NONPAID WORKERS	TITLE	TITLE	TITLE	
28 01 EMP DISCOUNT DAYS -IRF	9		10	11	V	XVIII	XIX	15

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
1 SALARIES						
2 TOTAL SALARY	10,730,557		10,730,557	407,710.00	26.32	
3 NON-PHYSICIAN ANESTHETIST PART A						
4 NON-PHYSICIAN ANESTHETIST PART B						
4.01 PHYSICIAN - PART A						
5 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5.01 PHYSICIAN - PART B						
6 NON-PHYSICIAN - PART B						
6.01 INTERNS & RESIDENTS (APPRVD)						
7 CONTRACT SERVICES, I&R						
8 HOME OFFICE PERSONNEL						
8.01 SNF						
8.01 EXCLUDED AREA SALARIES	471,194		471,194	29,256.00	16.11	
9 OTHER WAGES & RELATED COSTS						
9.01 CONTRACT LABOR:						
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						
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
13 WAGE RELATED COSTS						
14 WAGE-RELATED COSTS (CORE)	2,112,864		2,112,864			CMS 339
15 WAGE-RELATED COSTS (OTHER)						CMS 339
16 EXCLUDED AREAS	97,040		97,040			CMS 339
17 NON-PHYS ANESTHETIST PART A						CMS 339
18 NON-PHYS ANESTHETIST PART B						CMS 339
18.01 PHYSICIAN PART A						CMS 339
19 PART A TEACHING PHYSICIANS						CMS 339
19.01 PHYSICIAN PART B						CMS 339
20 WAGE-RELATED COSTS (RHC/FOHC)						CMS 339
21 INTERNS & RESIDENTS (APPRVD)						CMS 339
22 OVERHEAD COSTS - DIRECT SALARIES						
22 EMPLOYEE BENEFITS	199,220		199,220	5,340.00	37.31	
22.01 ADMINISTRATIVE & GENERAL	2,290,903		2,290,903	67,765.00	33.81	
23 A & G UNDER CONTRACT						
24 MAINTENANCE & REPAIRS						
25 OPERATION OF PLANT	174,724		174,724	5,921.00	29.51	
26 LAUNDRY & LINEN SERVICE						
26.01 HOUSEKEEPING	280,864		280,864	20,471.00	13.72	
27 HOUSEKEEPING UNDER CONTRACT						
27.01 DIETARY	347,003		347,003	27,071.00	12.82	
28 DIETARY UNDER CONTRACT						
29 CAFETERIA						
30 MAINTENANCE OF PERSONNEL	4,615		4,615	250.00	18.46	
31 NURSING ADMINISTRATION	156,088		156,088	8,782.00	17.77	
32 CENTRAL SERVICE AND SUPPLY	349,053		349,053	9,718.00	35.92	
33 PHARMACY	246,658		246,658	13,125.00	18.79	
34 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY						
35 SOCIAL SERVICE	32,257		32,257	2,080.00	15.51	
OTHER GENERAL SERVICE						

PART III - HOSPITAL WAGE INDEX SUMMARY

1 NET SALARIES	10,730,557		10,730,557	407,710.00	26.32	
2 EXCLUDED AREA SALARIES	471,194		471,194	29,256.00	16.11	
3 SUBTOTAL SALARIES	10,259,363		10,259,363	378,454.00	27.11	
4 SUBTOTAL OTHER WAGES & RELATED COSTS						
5 SUBTOTAL WAGE-RELATED COSTS	2,112,864		2,112,864		20.59	
6 TOTAL	12,372,227		12,372,227	378,454.00	32.69	
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	4,081,385		4,081,385	160,523.00	25.43	

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

18 REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS

19 REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)

20 RESTRICTED GRANTS

21 NON-RESTRICTED GRANTS

22 TOTAL GROSS UNCOMPENSATED CARE REVENUES

UNCOMPENSATED CARE COST

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

24 COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103,
DIVIDED BY COLUMN 8, LINE 103) .712703

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 6,002,116

29 TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28) 4,277,726

30 OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS

31 UNCOMPENSATED CARE COST (LINE 24 * LINE 30)

32 TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL 4,277,726
(SUM OF LINES 25, 27, AND 29)

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSESI PROVIDER NO:
I 15-0164
II PERIOD:
I FROM 11/ 1/2006
I TO 12/31/2007
II PREPARED 5/28/2008
I WORKSHEET A
I

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
1	0100 GENERAL SERVICE COST CNTR					
2	0200 OLD CAP REL COSTS-BLDG & FIXT					
3	0300 OLD CAP REL COSTS-MVBLE EQUIP				4,581,018	4,581,018
4	0400 NEW CAP REL COSTS-BLDG & FIXT				1,255,913	1,255,913
5	0500 NEW CAP REL COSTS-MVBLE EQUIP					2,419,788
6	0600 EMPLOYEE BENEFITS	199,220	2,220,568	2,419,788		
7	0700 ADMINISTRATIVE & GENERAL	2,290,903	17,679,928	19,970,831	-3,792,187	16,178,644
8	0800 MAINTENANCE & REPAIRS					
9	0900 OPERATION OF PLANT	174,724	903,459	1,078,183	-2,256	1,075,927
10	1000 LAUNDRY & LINEN SERVICE		14,703	14,703		14,703
11	1100 HOUSEKEEPING	280,864	279,440	560,304	-2,712	557,592
12	1200 DIETARY	347,003	290,943	637,946	-924	637,022
13	1300 CAFETERIA					
14	1400 MAINTENANCE OF PERSONNEL					
15	1500 NURSING ADMINISTRATION	4,615	2,074	6,689		6,689
16	1600 CENTRAL SERVICES & SUPPLY	156,088	211,866	367,954	-106,909	261,045
17	1700 PHARMACY	349,053	381,484	730,537	-339,359	391,178
18	1800 MEDICAL RECORDS & LIBRARY	246,658	83,293	329,951		329,951
19	1900 SOCIAL SERVICE	32,257	463	32,720	-79	32,641
20	2000 NONPHYSICIAN ANESTHETISTS				280,258	280,258
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					
26	2600 ADULTS & PEDIATRICS	1,766,077	341,053	2,107,130	-72,792	2,034,338
27	2700 INTENSIVE CARE UNIT	319,967	764,016	1,083,983	-39,058	1,044,925
28	2800 CORONARY CARE UNIT					
29	2900 BURN INTENSIVE CARE UNIT					
30	3000 SURGICAL INTENSIVE CARE UNIT					
31	3100 SUBPROVIDER					
32	3200 NURSERY					
33	3300 SKILLED NURSING FACILITY					
34	3400 NURSING FACILITY					
35	3500 ICF/MR					
36	3600 OTHER LONG TERM CARE					
37	3700 ANCILLARY SRVC COST CNTRS					
38	3800 OPERATING ROOM	1,020,178	3,415,728	4,435,906	-1,523,029	2,912,877
39	3900 RECOVERY ROOM					
40	4000 DELIVERY ROOM & LABOR ROOM					
41	4100 ANESTHESIOLOGY	230,375	866,140	1,096,515	-363,548	732,967
42	4200 RADIOLOGY-DIAGNOSTIC	616,784	868,695	1,485,479	-83,510	1,401,969
43	4300 RADIOLOGY-THERAPEUTIC					
44	4400 RADIOISOTOPE					
45	4500 LABORATORY	464,563	732,895	1,197,458	-348,732	848,726
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					
50	5000 RESPIRATORY THERAPY	312,397	40,609	353,006	-23,675	329,331
51	5100 PHYSICAL THERAPY	100,569	4,742	105,311	-3,281	102,030
52	5200 OCCUPATIONAL THERAPY					
53	5300 SPEECH PATHOLOGY					
54	5400 ELECTROCARDIOLOGY	177,893	106,974	284,867	-13,703	271,164
55	5500 ELECTROENCEPHALOGRAPHY					
56	5600 MEDICAL SUPPLIES CHARGED TO PATIENTS				2,509,762	2,509,762
57	5700 DRUGS CHARGED TO PATIENTS				339,359	339,359
58	5800 RENAL DIALYSIS					
59	5900 ASC (NON-DISTINCT PART)					
60	6000 OUTPAT SERVICE COST CNTRS					
61	6100 CLINIC	10,261	3,601	13,862		13,862
62	6200 EMERGENCY	1,158,914	551,620	1,710,534	-143,936	1,566,598
63	6300 OBSERVATION BEDS (NON-DISTINCT PART)					
64	6400 OTHER REIMBURS COST CNTRS					
65	6500 HOME PROGRAM DIALYSIS					
66	6600 AMBULANCE SERVICES					
67	6700 DURABLE MEDICAL EQUIP-RENTED					
68	6800 DURABLE MEDICAL EQUIP-SOLD					
69	6900 CORF					
70	7000 I&R SERVICES-NOT APPRVD PRGM					
71	7100 HOME HEALTH AGENCY					
72	7200 SPEC PURPOSE COST CENTERS					
73	7300 LUNG ACQUISITION					
74	7400 KIDNEY ACQUISITION					
75	7500 LIVER ACQUISITION					
76	7600 HEART ACQUISITION					
77	7700 PANCREAS ACQUISITION					
78	7800 OTHER ORGAN ACQUISITION					
79	7900 INTEREST EXPENSE		2,106,620	2,106,620	-2,106,620	
80	8000 UTILIZATION REVIEW-SNF					
81	8100 OTHER CAPITAL RELATED COSTS					
82	8200 AMBULATORY SURGICAL CENTER (D.P.)					
83	8300 HOSPICE					
84	8400 SUBTOTALS	10,259,363	31,870,914	42,130,277	-0-	42,130,277
85	8500 NONREIMBURS COST CENTERS					
86	8600 GIFT, FLOWER, COFFEE SHOP & CANTEEN	13,014	9,006	22,020		22,020
87	8700 RESEARCH					
88	8800 PHYSICIANS' PRIVATE OFFICES	458,180	208,405	666,585		666,585
89	8900 NONPAID WORKERS					
90	9000 VACANT SPACE					
91	9100 TOTAL	10,730,557	32,088,325	42,818,882	-0-	42,818,882

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSESI PROVIDER NO: I
I 15-0164 I
I II PERIOD: I
I FROM 11/ 1/2006 I
I TO 12/31/2007 II PREPARED 5/28/2008 I
I WORKSHEET A I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
1	0100 GENERAL SERVICE COST CNTR		
2	0200 OLD CAP REL COSTS-BLDG & FIXT		
3	0300 OLD CAP REL COSTS-MVBLE EQUIP		
4	0400 NEW CAP REL COSTS-BLDG & FIXT		4,581,018
5	0500 NEW CAP REL COSTS-MVBLE EQUIP	-201,400	1,054,513
6	0600 EMPLOYEE BENEFITS		2,419,788
7	0700 ADMINISTRATIVE & GENERAL	-4,269,182	11,909,462
8	0800 MAINTENANCE & REPAIRS		
9	0900 OPERATION OF PLANT	-13,697	1,062,230
10	1000 LAUNDRY & LINEN SERVICE		14,703
11	1100 HOUSEKEEPING		557,592
12	1200 DIETARY	-118,432	518,590
13	1300 CAFETERIA		
14	1400 MAINTENANCE OF PERSONNEL		
15	1500 NURSING ADMINISTRATION		6,689
16	1600 CENTRAL SERVICES & SUPPLY		261,045
17	1700 PHARMACY	-531	390,647
18	1800 MEDICAL RECORDS & LIBRARY		329,951
19	1900 SOCIAL SERVICE		32,641
20	2000 NONPHYSICIAN ANESTHETISTS	-280,258	
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	-260,370	1,773,968
26	2600 ADULTS & PEDIATRICS		1,044,925
27	2700 INTENSIVE CARE UNIT		
28	2800 CORONARY CARE UNIT		
29	2900 BURN INTENSIVE CARE UNIT		
30	3000 SURGICAL INTENSIVE CARE UNIT		
31	3100 SUBPROVIDER		
32	3200 NURSERY		
33	3300 SKILLED NURSING FACILITY		
34	3400 NURSING FACILITY		
35	3500 ICF/MR		
36	3600 OTHER LONG TERM CARE		
37	3700 ANCILLARY SRVC COST CNTRS		
38	3800 OPERATING ROOM		2,912,877
39	3900 RECOVERY ROOM		
40	4000 DELIVERY ROOM & LABOR ROOM		
41	4100 ANESTHESIOLOGY		732,967
42	4200 RADIOLOGY-DIAGNOSTIC	-819,357	582,612
43	4300 RADIOLOGY-THERAPEUTIC		
44	4400 RADIOISOTOPE		
45	4500 LABORATORY	-32,300	816,426
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		329,331
50	5000 RESPIRATORY THERAPY		102,030
51	5100 PHYSICAL THERAPY		
52	5200 OCCUPATIONAL THERAPY		
53	5300 SPEECH PATHOLOGY		
54	5400 ELECTROCARDIOLOGY		271,164
55	5500 ELECTROENCEPHALOGRAPHY		
56	5600 MEDICAL SUPPLIES CHARGED TO PATIENTS		2,509,762
57	5700 DRUGS CHARGED TO PATIENTS		339,359
58	5800 RENAL DIALYSIS		
59	5900 ASC (NON-DISTINCT PART)		
60	6000 OUTPAT SERVICE COST CNTRS		
61	6100 CLINIC		13,862
62	6200 EMERGENCY	-487,609	1,078,989
63	6300 OBSERVATION BEDS (NON-DISTINCT PART)		
64	6400 OTHER REIMBURS COST CNTRS		
65	6500 HOME PROGRAM DIALYSIS		
66	6600 AMBULANCE SERVICES		
67	6700 DURABLE MEDICAL EQUIP-RENTED		
68	6800 DURABLE MEDICAL EQUIP-SOLD		
69	6900 CORF		
70	7000 I&R SERVICES-NOT APPRVD PRGM		
71	7100 HOME HEALTH AGENCY		
72	7200 SPEC PURPOSE COST CENTERS		
73	7300 LUNG ACQUISITION		
74	7400 KIDNEY ACQUISITION		
75	7500 LIVER ACQUISITION		
76	7600 HEART ACQUISITION		
77	7700 PANCREAS ACQUISITION		
78	7800 OTHER ORGAN ACQUISITION		
79	7900 INTEREST EXPENSE		-0-
80	8000 UTILIZATION REVIEW-SNF		-0-
81	8100 OTHER CAPITAL RELATED COSTS		-0-
82	8200 AMBULATORY SURGICAL CENTER (D.P.)		
83	8300 HOSPICE		
84	8400 SUBTOTALS	-6,483,136	35,647,141
85	8500 NONREIMBURS COST CENTERS		
86	8600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		22,020
87	8700 RESEARCH		
88	8800 PHYSICIANS' PRIVATE OFFICES		666,585
89	8900 NONPAID WORKERS		
90	9000 VACANT SPACE		
91	9100 TOTAL		36,335,746

COST CENTERS USED IN COST REPORT

I PROVIDER NO:
I 15-0164
II PERIOD:
I FROM 11/ 1/2006
I TO 12/31/2007
II PREPARED 5/28/2008
I NOT A CMS WORKSHEET
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	
18	SOCIAL SERVICE	1800	
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	
	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	CORP	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	
100	VACANT SPACE	7950	
101.	TOTAL	0000	OTHER NONREIMBURSABLE COST CENTERS

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	INCREASE		SALARY	OTHER
			LINE NO			
	1	2	3		4	5
1 INTEREST EXPENSE	A	NEW CAP REL COSTS-MVBLE EQUIP	4			1,255,913
2		ADMINISTRATIVE & GENERAL	6			850,707
3 CRNA	B	NONPHYSICIAN ANESTHETISTS	20			280,258
4 BUILDING LEASE	C	NEW CAP REL COSTS-BLDG & FIXT	3			4,581,018
5 SUPPLIES EXPENSE	D	MEDICAL SUPPLIES CHARGED TO PATIENTS	55			2,509,762
6		DRUGS CHARGED TO PATIENTS	56			339,359
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
36 TOTAL RECLASSIFICATIONS						9,817,017

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

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF 10
			LINE NO				
1 INTEREST EXPENSE	A	INTEREST EXPENSE	88			2,106,620	11
2							
3 CRNA	B	ANESTHESIOLOGY	40			280,258	
4 BUILDING LEASE	C	ADMINISTRATIVE & GENERAL	6			4,581,018	10
5 SUPPLIES EXPENSE	D	ADMINISTRATIVE & GENERAL	6			61,876	
6		OPERATION OF PLANT	8			2,256	
7		HOUSEKEEPING	10			2,712	
8		DIETARY	11			924	
9		CENTRAL SERVICES & SUPPLY	15			106,909	
10		PHARMACY	16			339,359	
11		SOCIAL SERVICE	18			79	
12		ADULTS & PEDIATRICS	25			72,792	
13		INTENSIVE CARE UNIT	26			39,058	
14		OPERATING ROOM	37			1,523,029	
15		ANESTHESIOLOGY	40			83,290	
16		RADIOLOGY-DIAGNOSTIC	41			83,510	
17		LABORATORY	44			348,732	
18		RESPIRATORY THERAPY	49			23,675	
19		PHYSICAL THERAPY	50			3,281	
20		ELECTROCARDIOLOGY	53			13,703	
21		EMERGENCY	61			143,936	
36 TOTAL RECLASSIFICATIONS						9,817,017	

(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: INTEREST EXPENSE

INCREASE		LINE	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	1,255,913
2.00	ADMINISTRATIVE & GENERAL	6	850,707
TOTAL RECLASSIFICATIONS FOR CODE A			2,106,620

DECREASE		LINE	AMOUNT
INTEREST EXPENSE	88		2,106,620
			0
			2,106,620

RECLASS CODE: B
 EXPLANATION: CRNA

INCREASE		LINE	AMOUNT
1.00	NONPHYSICIAN ANESTHETISTS	20	280,258
TOTAL RECLASSIFICATIONS FOR CODE B			280,258

DECREASE		LINE	AMOUNT
ANESTHESIOLOGY	40		280,258
			280,258

RECLASS CODE: C
 EXPLANATION: BUILDING LEASE

INCREASE		LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	4,581,018
TOTAL RECLASSIFICATIONS FOR CODE C			4,581,018

DECREASE		LINE	AMOUNT
ADMINISTRATIVE & GENERAL	6		4,581,018
			4,581,018

RECLASS CODE: D
 EXPLANATION: SUPPLIES EXPENSE

INCREASE		LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	2,509,762
2.00	DRUGS CHARGED TO PATIENTS	56	339,359
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0
13.00			0
14.00			0
15.00			0
16.00			0
17.00			0
TOTAL RECLASSIFICATIONS FOR CODE D			2,849,121

DECREASE		LINE	AMOUNT
ADMINISTRATIVE & GENERAL	6		61,876
OPERATION OF PLANT	8		2,256
HOUSEKEEPING	10		2,712
DIETARY	11		924
CENTRAL SERVICES & SUPPLY	15		106,909
PHARMACY	16		339,359
SOCIAL SERVICE	18		79
ADULTS & PEDIATRICS	25		72,792
INTENSIVE CARE UNIT	26		39,058
OPERATING ROOM	37		1,523,029
ANESTHESIOLOGY	40		83,290
RADIOLOGY-DIAGNOSTIC	41		83,510
LABORATORY	44		348,732
RESPIRATORY THERAPY	49		23,675
PHYSICAL THERAPY	50		3,281
ELECTROCARDIOLOGY	53		13,703
EMERGENCY	61		143,936
			2,849,121

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND							
2 LAND IMPROVEMENTS							
3 BUILDINGS & FIXTURE							
4 BUILDING IMPROVEMEN		47,366		47,366		47,366	
5 FIXED EQUIPMENT		194,484		194,484		194,484	
6 MOVABLE EQUIPMENT		518,606		518,606		518,606	
7 SUBTOTAL		760,456		760,456		760,456	
8 RECONCILING ITEMS							
9 TOTAL		760,456		760,456		760,456	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

*	DESCRIPTION	GROSS ASSETS 1	COMPUTATION OF RATIOS		RATIO 4	ALLOCATION OF OTHER CAPITAL			TOTAL 8
			CAPITIALIZED GROSS ASSETS LEASES 2	FOR RATIO 3		INSURANCE 5	TAXES 6	OTHER CAPITAL RELATED COSTS 7	
1	OLD CAP REL COSTS-BL								
2	OLD CAP REL COSTS-MV								
3	NEW CAP REL COSTS-BL								
4	NEW CAP REL COSTS-MV	14,019,197	13,258,741	760,456	1.000000				
5	TOTAL	14,019,197	13,258,741	760,456	1.000000				

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						TOTAL (1) 15
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL		4,581,018					4,581,018
4	NEW CAP REL COSTS-MV	10,511		1,044,002				1,054,513
5	TOTAL	10,511	4,581,018	1,044,002				5,635,531

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

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

* 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).

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2008
 I 15-0164 I FROM 11/ 1/2006 I WORKSHEET A-8-2
 I I TO 12/31/2007 I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1	6	56,175		56,175	171,400	1,466	120,804	6,040
2	25	260,370	260,370		204,100			
3	40	968		968	200,300	40	3,852	193
4	41	819,357	819,357		231,100			
5	44	32,300	32,300		219,500			
6	61	509,858	482,858	27,000	171,400	270	22,249	1,112
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	1,679,028	1,594,885	84,143		1,776	146,905	7,345

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2008
 I 15-0164 I FROM 11/ 1/2006 I WORKSHEET A-8-2
 I I TO 12/31/2007 I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 6	ADMIN/MEDICAL DIRECTORS					120,804		
2 25	MED/SURG							260,370
3 40	ANESTHESIA					3,852		
4 41	RADIOLOGY							819,357
5 44	LAB							32,300
6 61	ER					22,249	4,751	487,609
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					146,905	4,751	1,599,636

ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO	WKST. A-7 REF. 5
			COST CENTER			
1			OLD CAP REL COSTS-BLDG &		1	
2			OLD CAP REL COSTS-MVBLE E		2	
3			NEW CAP REL COSTS-BLDG &		3	
4	A	-194,351	NEW CAP REL COSTS-MVBLE E		4	11
5						
6						
7						
8						
9	A	-16,813	NEW CAP REL COSTS-MVBLE E		4	11
10	A	-747	NEW CAP REL COSTS-MVBLE E		4	11
11						
12	A-8-2	-1,599,636				
13						
14	A-8-1					
15						
16	B	-118,432	DIETARY		11	
17						
18						
19	B	-531	PHARMACY		16	
20						
21						
22						
23						
24						
25	A-8-3/A-8-4		RESPIRATORY THERAPY		49	
26	A-8-3/A-8-4		PHYSICAL THERAPY		50	
27	A-8-3					
28			UTILIZATION REVIEW-SNF		89	
29			OLD CAP REL COSTS-BLDG &		1	
30			OLD CAP REL COSTS-MVBLE E		2	
31			NEW CAP REL COSTS-BLDG &		3	
32			NEW CAP REL COSTS-MVBLE E		4	
33	A	-280,258	NONPHYSICIAN ANESTHETISTS		20	
34						
35	A-8-4		OCCUPATIONAL THERAPY		51	
36	A-8-4		SPEECH PATHOLOGY		52	
37	B	-55,698	ADMINISTRATIVE & GENERAL		6	
38	B	-480	ADMINISTRATIVE & GENERAL		6	
39	B	-286,924	ADMINISTRATIVE & GENERAL		6	
40	A	-2,083,325	ADMINISTRATIVE & GENERAL		6	
41	A	-1,842,755	ADMINISTRATIVE & GENERAL		6	
42	A	-640	OPERATION OF PLANT		8	
43	A	-13,057	OPERATION OF PLANT		8	
44	A	10,511	NEW CAP REL COSTS-MVBLE E		4	9
45						
46						
47						
48						
49						
50		-6,483,136				

(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

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2008
 I 15-0164 I FROM 11/ 1/2006 I NOT A CMS WORKSHEET
 I I TO 12/31/2007 I

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	4	DOLLAR	VALUE	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	7	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	9	HOURS OF	SERVICE	ENTERED
11	DIETARY	10	MEALS	SERVED	ENTERED
12	CAFETERIA	11	MEALS	SERVED	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.	ENTERED
16	PHARMACY	15	COSTED	REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	16	TIME	SPENT	ENTERED
18	SOCIAL SERVICE	17	TIME	SPENT	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: I PERIOD: I PREPARED 5/28/2008
 I 15-0164 I FROM 11/ 1/2006 I WORKSHEET B
 I I TO 12/31/2007 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	
001 GENERAL SERVICE COST CNTR							5a.00
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &	4,581,018			4,581,018			
005 NEW CAP REL COSTS-MVBLE E	1,054,513				1,054,513		
006 EMPLOYEE BENEFITS	2,419,788			4,721	1,122	2,425,631	
007 ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS	11,909,462			1,192,715	283,517	527,654	13,913,348
008 OPERATION OF PLANT	1,062,230			168,760	40,115	40,243	1,311,348
009 LAUNDRY & LINEN SERVICE	14,703			34,998	8,319		58,020
010 HOUSEKEEPING	557,592			23,164	5,506	64,690	650,952
011 DIETARY	518,590			291,570	69,307	79,923	959,390
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	6,689					1,063	7,752
015 CENTRAL SERVICES & SUPPLY	261,045			103,107	24,509	35,951	424,612
016 PHARMACY	390,647			46,644	11,087	80,396	528,774
017 MEDICAL RECORDS & LIBRARY	329,951			14,163	3,367	56,812	404,293
018 SOCIAL SERVICE	32,641					7,430	40,071
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	1,773,968			473,801	112,624	406,772	2,767,165
027 INTENSIVE CARE UNIT	1,044,925			308,628	73,362	73,696	1,500,611
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
031 SURGICAL INTENSIVE CARE U							
033 SUBPROVIDER							
034 NURSERY							
035 SKILLED NURSING FACILITY							
036 NURSING FACILITY							
01 ICF/MR							
037 OTHER LONG TERM CARE							
038 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	2,912,877			702,046	166,879	234,972	4,016,774
040 RECOVERY ROOM							
041 DELIVERY ROOM & LABOR ROO							
042 ANESTHESIOLOGY	732,967			8,246	1,960	53,061	796,234
043 RADIOLOGY-DIAGNOSTIC	582,612			245,115	58,265	142,061	1,028,053
044 RADIOLOGY-THERAPEUTIC							
045 RADIOISOTOPE							
046 LABORATORY	816,426			92,154	21,905	107,000	1,037,485
047 PBP CLINICAL LAB SERVICES							
048 WHOLE BLOOD & PACKED RED							
049 BLOOD STORING, PROCESSING							
050 INTRAVENOUS THERAPY							
051 RESPIRATORY THERAPY	329,331			38,209	9,082	71,953	448,575
052 PHYSICAL THERAPY	102,030					23,164	125,194
053 OCCUPATIONAL THERAPY							
054 SPEECH PATHOLOGY							
055 ELECTROCARDIOLOGY	271,164					40,973	312,137
056 ELECTROENCEPHALOGRAPHY							
057 MEDICAL SUPPLIES CHARGED	2,509,762			171,971	40,878		2,722,611
058 DRUGS CHARGED TO PATIENTS	339,359						339,359
059 RENAL DIALYSIS							
060 ASC (NON-DISTINCT PART)							
061 OUTPAT SERVICE COST CNTRS	13,862					2,363	16,225
062 CLINIC	1,078,989			369,750	87,891	266,927	1,803,557
063 EMERGENCY							
064 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
066 HOME PROGRAM DIALYSIS							
067 AMBULANCE SERVICES							
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 PANCREAS ACQUISITION							
079 OTHER ORGAN ACQUISITION							
080 AMBULATORY SURGICAL CENTE							
081 HOSPICE							
082 SUBTOTALS	35,647,141			4,289,762	1,019,695	2,317,104	35,212,540
083 NONREIMBURS COST CENTERS							
084 GIFT, FLOWER, COFFEE SHOP	22,020			1,511	359	2,997	26,887
085 RESEARCH							
086 PHYSICIANS' PRIVATE OFFIC	666,585			144,967	34,489	105,530	951,541
087 NONPAID WORKERS							
088 VACANT SPACE				144,778			144,778
089 CROSS FOOT ADJUSTMENT							
090 NEGATIVE COST CENTER							
091 TOTAL	36,335,746			4,581,018	1,054,513	2,425,631	36,335,746

COST ALLOCATION - GENERAL SERVICE 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	13,913,348						
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	813,706		2,125,054				
010 LAUNDRY & LINEN SERVICE	36,002		24,226	118,248			
011 HOUSEKEEPING	403,923		16,034		1,070,909		
012 DIETARY	595,312		201,822		103,671		
013 CAFETERIA						1,860,195	
014 MAINTENANCE OF PERSONNEL						413,385	413,385
015 NURSING ADMINISTRATION	4,810						3,594
016 CENTRAL SERVICES & SUPPLY	263,476		71,370		36,661		13,540
017 PHARMACY	328,110		32,286		16,585		14,984
018 MEDICAL RECORDS & LIBRARY	250,868		9,804		5,036		
019 SOCIAL SERVICE	24,864						
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	1,717,056		327,960	109,705	168,465	1,446,810	75,943
027 INTENSIVE CARE UNIT	931,146		213,630	8,543	109,736		15,690
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
030 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
032 NURSERY							
033 SKILLED NURSING FACILITY							
034 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	2,492,457		485,949		249,621		63,657
039 RECOVERY ROOM							
040 DELIVERY ROOM & LABOR ROO							
041 ANESTHESIOLOGY	494,072		5,708		2,932		17,711
042 RADIOLOGY-DIAGNOSTIC	637,918		169,666		87,153		38,566
043 RADIOLOGY-THERAPEUTIC							
044 RADIOISOTOPE							
045 LABORATORY	643,771		63,788		32,766		30,385
046 PBP CLINICAL LAB SERVICES							
047 WHOLE BLOOD & PACKED RED							
048 BLOOD STORING, PROCESSING							
049 INTRAVENOUS THERAPY							
050 RESPIRATORY THERAPY	278,346		26,448		13,586		13,540
051 PHYSICAL THERAPY	77,684						4,396
052 OCCUPATIONAL THERAPY							
053 SPEECH PATHOLOGY							
054 ELECTROCARDIOLOGY	193,684						8,342
055 ELECTROENCEPHALOGRAPHY							
056 MEDICAL SUPPLIES CHARGED	1,689,410		119,036		61,146		
057 DRUGS CHARGED TO PATIENTS	210,576						
058 RENAL DIALYSIS							
060 ASC (NON-DISTINCT PART)							
061 OUTPAT SERVICE COST CNTRS							
062 CLINIC	10,068						2,888
064 EMERGENCY	1,119,127		255,937		131,469		65,037
065 OBSERVATION BEDS (NON-DIS							
066 OTHER REIMBURS COST CNTRS							
067 HOME PROGRAM DIALYSIS							
068 AMBULANCE SERVICES							
069 DURABLE MEDICAL EQUIP-REN							
070 DURABLE MEDICAL EQUIP-SOL							
071 CORF							
072 I&R SERVICES-NOT APPRVD P							
073 HOME HEALTH AGENCY							
074 LUNG ACQUISITION							
075 SPEC PURPOSE COST CENTERS							
076 KIDNEY ACQUISITION							
077 LIVER ACQUISITION							
078 HEART ACQUISITION							
079 01 PANCREAS ACQUISITION							
080 OTHER ORGAN ACQUISITION							
081 AMBULATORY SURGICAL CENTE							
082 HOSPICE							
083 SUBTOTALS	13,216,386		2,023,664	118,248	1,018,827	1,860,195	368,273
084 NONREIMBURS COST CENTERS							
085 GIFT, FLOWER, COFFEE SHOP	16,684		1,046		537		2,984
086 RESEARCH							
087 PHYSICIANS' PRIVATE OFFICE	590,442		100,344		53,545		42,128
088 NONPAID WORKERS							
089 VACANT SPACE	89,836						
090 CROSS FOOT ADJUSTMENT							
091 NEGATIVE COST CENTER							
092 TOTAL	13,913,348		2,125,054	118,248	1,070,909	1,860,195	413,385

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2008
 I 15-0164 I FROM 11/ 1/2006 I WORKSHEET B
 I I TO 12/31/2007 I PART I

COST CENTER DESCRIPTION	MAINTENANCE O F PERSONNEL	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	SERVIC E	NONPHYSICIAN ANESTHETISTS
	13	14	15	16	17	18	18	20
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		16,156						
016 CENTRAL SERVICES & SUPPLY			809,659					
017 PHARMACY				920,739				
018 MEDICAL RECORDS & LIBRARY					670,001			
019 SOCIAL SERVICE								
020 NONPHYSICIAN ANESTHETISTS							64,935	
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		14,989			41,359		60,243	
027 INTENSIVE CARE UNIT		1,167			10,920		4,692	
028 CORONARY CARE UNIT								
029 BURN INTENSIVE CARE UNIT								
030 SURGICAL INTENSIVE CARE U								
031 SUBPROVIDER								
032 NURSERY								
033 SKILLED NURSING FACILITY								
034 NURSING FACILITY								
035 01 ICF/MR								
036 OTHER LONG TERM CARE								
037 ANCILLARY SRVC COST CNTRS								
038 OPERATING ROOM					250,804			
039 RECOVERY ROOM								
040 DELIVERY ROOM & LABOR ROD								
041 ANESTHESIOLOGY								
042 RADIOLOGY-DIAGNOSTIC					36,793			
043 RADIOLOGY-THERAPEUTIC					119,677			
044 RADIOISOTOPE								
045 LABORATORY					59,788			
046 PBP CLINICAL LAB SERVICES								
047 WHOLE BLOOD & PACKED RED								
048 BLOOD STORING, PROCESSING								
049 INTRAVENOUS THERAPY								
050 RESPIRATORY THERAPY					15,224			
051 PHYSICAL THERAPY					2,554			
052 OCCUPATIONAL THERAPY								
053 SPEECH PATHOLOGY								
054 ELECTROCARDIOLOGY					14,826			
055 ELECTROENCEPHALOGRAPHY								
056 MEDICAL SUPPLIES CHARGED			809,659		2,925			
057 DRUGS CHARGED TO PATIENTS				920,739	24,207			
058 RENAL DIALYSIS								
060 ASC (NON-DISTINCT PART)								
061 OUTPAT SERVICE COST CNTRS								
062 CLINIC						547		
063 EMERGENCY						90,377		
064 OBSERVATION BEDS (NON-DIS								
065 OTHER REIMBURS COST CNTRS								
066 HOME PROGRAM DIALYSIS								
067 AMBULANCE SERVICES								
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		16,156	809,659	920,739	670,001		64,935	
083 NONREIMBURS COST CENTERS								
084 GIFT, FLOWER, COFFEE SHOP								
085 RESEARCH								
086 PHYSICIANS' PRIVATE OFFIC								
087 NONPAID WORKERS								
088 VACANT SPACE								
089 CROSS FOOT ADJUSTMENT								
090 NEGATIVE COST CENTER								
091 TOTAL		16,156	809,659	920,739	670,001		64,935	

COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2008
 I 15-0164 I FROM 11/ 1/2006 I WORKSHEET B
 I I TO 12/31/2007 I PART I

COST CENTER DESCRIPTION	NURSING L	SCHOO I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM	ED PR SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	21	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 SOCIAL SERVICE							
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					6,729,695		6,729,695
028 INTENSIVE CARE UNIT					2,796,135		2,796,135
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					7,559,262		7,559,262
042 RECOVERY ROOM							
043 DELIVERY ROOM & LABOR ROO							
044 ANESTHESIOLOGY					1,353,450		1,353,450
045 RADIOLOGY-DIAGNOSTIC					2,081,033		2,081,033
046 RADIOLOGY-THERAPEUTIC							
047 RADIOISOTOPE							
048 LABORATORY					1,867,983		1,867,983
049 PBP CLINICAL LAB SERVICES							
050 WHOLE BLOOD & PACKED RED							
051 BLOOD STORING, PROCESSING							
052 INTRAVENOUS THERAPY							
053 RESPIRATORY THERAPY					795,719		795,719
054 PHYSICAL THERAPY					209,828		209,828
055 OCCUPATIONAL THERAPY							
056 SPEECH PATHOLOGY							
057 ELECTROCARDIOLOGY					528,989		528,989
058 ELECTROENCEPHALOGRAPHY							
060 MEDICAL SUPPLIES CHARGED					5,404,787		5,404,787
061 DRUGS CHARGED TO PATIENTS					1,494,881		1,494,881
062 RENAL DIALYSIS							
063 ASC (NON-DISTINCT PART)							
064 OUTPAT SERVICE COST CNTRS							
065 CLINIC					29,728		29,728
066 EMERGENCY					3,465,504		3,465,504
067 OBSERVATION BEDS (NON-DIS							
068 OTHER REIMBURS COST CNTRS							
069 HOME PROGRAM DIALYSIS							
070 AMBULANCE SERVICES							
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					34,316,994		34,316,994
086 NONREIMBURS COST CENTERS							
087 GIFT, FLOWER, COFFEE SHOP					48,138		48,138
088 RESEARCH							
089 PHYSICIANS' PRIVATE OFFIC					1,736,000		1,736,000
090 NONPAID WORKERS							
091 VACANT SPACE					234,614		234,614
092 CROSS FOOT ADJUSTMENT							
093 NEGATIVE COST CENTER							
094 TOTAL					36,335,746		36,335,746

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2008
 I 15-0164 I FROM 11/1/2006 I WORKSHEET B
 I I TO 12/31/2007 I PART III

	COST CENTER DESCRIPTION	DIR ASSIGNED NEW CAPITAL REL COSTS	0	1	2	3	4	SUBTOTAL	4a	5	EMPLOYEE BENEFITS
001	GENERAL SERVICE COST CNTR										
002	OLD CAP REL COSTS-BLDG &										
003	OLD CAP REL COSTS-MVBLE E										
004	NEW CAP REL COSTS-BLDG &										
005	NEW CAP REL COSTS-MVBLE E										
006	EMPLOYEE BENEFITS					4,721	1,122	5,843		5,843	
007	ADMINISTRATIVE & GENERAL	1,908,876				1,192,715	283,517	3,385,108		1,268	
008	MAINTENANCE & REPAIRS										
009	OPERATION OF PLANT	112,807				168,760	40,115	321,682		97	
010	LAUNDRY & LINEN SERVICE					34,998	8,319	43,317			
011	HOUSEKEEPING	5,877				23,164	5,506	34,547		156	
012	DIETARY	44,493				291,570	69,307	405,370		193	
013	CAFETERIA										
014	MAINTENANCE OF PERSONNEL										
015	NURSING ADMINISTRATION										3
016	CENTRAL SERVICES & SUPPLY	6,634				103,107	24,509	134,250		87	
017	PHARMACY	108,349				46,644	11,087	166,080		194	
018	MEDICAL RECORDS & LIBRARY	20,553				14,163	3,367	38,083		137	
019	SOCIAL SERVICE										18
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	251,011				473,801	112,624	837,436		980	
027	INTENSIVE CARE UNIT	147,493				308,628	73,362	529,483		178	
028	CORONARY CARE UNIT										
029	BURN INTENSIVE CARE UNIT										
030	SURGICAL INTENSIVE CARE U										
031	SUBPROVIDER										
032	NURSERY										
033	SKILLED NURSING FACILITY										
034	NURSING FACILITY										
035	01 ICF/MR										
036	OTHER LONG TERM CARE										
037	ANCILLARY SRVC COST CNTRS										
038	OPERATING ROOM	2,045,444				702,046	166,879	2,914,369		566	
039	RECOVERY ROOM										
040	DELIVERY ROOM & LABOR ROO										
041	ANESTHESIOLOGY	43,812				8,246	1,960	54,018		128	
042	RADIOLOGY-DIAGNOSTIC	954,882				245,115	58,265	1,258,262		342	
043	RADIOLOGY-THERAPEUTIC										
044	RADIOISOTOPE										
045	LABORATORY	146,435				92,154	21,905	260,494		258	
046	PBP CLINICAL LAB SERVICES										
047	WHOLE BLOOD & PACKED RED										
048	BLOOD STORING, PROCESSING										
049	INTRAVENOUS THERAPY										
050	RESPIRATORY THERAPY	32,906				38,209	9,082	80,197		173	
051	PHYSICAL THERAPY	6,213						6,213		56	
052	OCCUPATIONAL THERAPY										
053	SPEECH PATHOLOGY										
054	ELECTROCARDIOLOGY	173,787						173,787		99	
055	ELECTROENCEPHALOGRAPHY										
056	MEDICAL SUPPLIES CHARGED					171,971	40,878	212,849			
057	DRUGS CHARGED TO PATIENTS										
058	RENAL DIALYSIS										
059	ASC (NON-DISTINCT PART)										
060	OUTPAT SERVICE COST CNTRS										
061	CLINIC	27,714						27,714		6	
062	EMERGENCY	230,952				369,750	87,891	688,593		643	
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	6,268,238				4,289,762	1,019,695	11,577,695		5,582	
082	NONREIMBURS COST CENTERS										
083	GIFT, FLOWER, COFFEE SHOP	289				1,511	359	2,159		7	
084	RESEARCH										
085	PHYSICIANS' PRIVATE OFFIC	4,243				144,967	34,459	183,669		254	
086	NONPAID WORKERS										
087	VACANT SPACE					144,778		144,778			
088	CROSS FOOT ADJUSTMENTS										
089	NEGATIVE COST CENTER										
090	TOTAL	6,272,770				4,581,018	1,054,513	11,908,301		5,843	

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	3,386,376						
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	198,048		519,827				
010 LAUNDRY & LINEN SERVICE	8,763		5,926	58,006			
011 HOUSEKEEPING	98,311		3,922		136,936		
012 DIETARY	144,893		49,369		13,256		
013 CAFETERIA						613,081	136,243
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION	1,171						1,184
016 CENTRAL SERVICES & SUPPLY	64,127		17,458		4,688		4,462
017 PHARMACY	79,859		7,898		2,121		4,938
018 MEDICAL RECORDS & LIBRARY	61,059		2,398		644		
019 SOCIAL SERVICE	6,052						
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	417,914		80,225	53,815	21,541	476,838	25,032
027 INTENSIVE CARE UNIT	226,631		52,258	4,191	14,032		5,171
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
030 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
032 NURSERY							
033 SKILLED NURSING FACILITY							
034 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	606,647		118,873		31,918		20,980
039 RECOVERY ROOM							
040 DELIVERY ROOM & LABOR ROO							
041 ANESTHESIOLOGY	120,252		1,396		375		5,837
042 RADIOLOGY-DIAGNOSTIC	155,263		41,503		11,144		12,711
043 RADIOLOGY-THERAPEUTIC							
044 RADIOISOTOPE							
045 LABORATORY	156,687		15,604		4,190		10,014
046 PBP CLINICAL LAB SERVICES							
047 WHOLE BLOOD & PACKED RED							
048 BLOOD STORING, PROCESSING							
049 INTRAVENOUS THERAPY							
050 RESPIRATORY THERAPY	67,746		6,470		1,737		4,462
051 PHYSICAL THERAPY	18,908						1,449
052 OCCUPATIONAL THERAPY							
053 SPEECH PATHOLOGY							
054 ELECTROCARDIOLOGY	47,141						2,749
055 ELECTROENCEPHALOGRAPHY							
056 MEDICAL SUPPLIES CHARGED	411,185		29,118		7,819		
057 DRUGS CHARGED TO PATIENTS	51,252						
058 RENAL DIALYSIS							
059 ASC (NON-DISTINCT PART)							
060 OUTPAT SERVICE COST CNTRS							952
061 CLINIC	2,450						
062 EMERGENCY	272,384		62,607		16,811		21,435
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	3,216,743		495,025	58,006	130,276	613,081	121,376
082 NONREIMBURS COST CENTERS							
083 GIFT, FLOWER, COFFEE SHOP	4,061		256		69		983
084 RESEARCH							
085 PHYSICIANS' PRIVATE OFFIC	143,707		24,546		6,591		13,884
086 NONPAID WORKERS							
087 VACANT SPACE	21,865						
088 CROSS FOOT ADJUSTMENTS							
089 NEGATIVE COST CENTER							
090 TOTAL	3,386,376		519,827	58,006	136,936	613,081	136,243

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2008
 I 15-0164 I FROM 11/ 1/2006 I WORKSHEET B
 I I TO 12/31/2007 I PART III

COST CENTER DESCRIPTION	13	14	15	16	17	18	20
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		2,358					
016 CENTRAL SERVICES & SUPPLY			225,072				
017 PHARMACY				261,090			
018 MEDICAL RECORDS & LIBRARY					102,321		
019 SOCIAL SERVICE						6,070	
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		2,188			6,315	5,631	
027 INTENSIVE CARE UNIT		170			1,667	439	
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
030 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
032 NURSERY							
033 SKILLED NURSING FACILITY							
034 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM					38,313		
039 RECOVERY ROOM							
040 DELIVERY ROOM & LABOR ROO							
041 ANESTHESIOLOGY					5,618		
042 RADIOLOGY-DIAGNOSTIC					18,273		
043 RADIOLOGY-THERAPEUTIC							
044 RADIOISOTOPE							
045 LABORATORY					9,129		
046 PBP CLINICAL LAB SERVICES							
047 WHOLE BLOOD & PACKED RED							
048 BLOOD STORING, PROCESSING							
049 INTRAVENOUS THERAPY							
050 RESPIRATORY THERAPY					2,325		
051 PHYSICAL THERAPY					390		
052 OCCUPATIONAL THERAPY							
053 SPEECH PATHOLOGY							
054 ELECTROCARDIOLOGY					2,264		
055 ELECTROENCEPHALOGRAPHY							
056 MEDICAL SUPPLIES CHARGED			225,072		447		
057 DRUGS CHARGED TO PATIENTS				261,090	3,696		
058 RENAL DIALYSIS							
059 ASC (NON-DISTINCT PART)							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC					84		
062 EMERGENCY					13,800		
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		2,358	225,072	261,090	102,321	6,070	
082 NONREIMBURS COST CENTERS							
083 GIFT, FLOWER, COFFEE SHOP							
084 RESEARCH							
085 PHYSICIANS' PRIVATE OFFIC							
086 NONPAID WORKERS							
087 VACANT SPACE							
088 CROSS FOOT ADJUSTMENTS							
089 NEGATIVE COST CENTER							
090 TOTAL		2,358	225,072	261,090	102,321	6,070	

ALLOCATION OF NEW CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2008
 I 15-0164 I FROM 11/ 1/2006 I WORKSHEET B
 I I TO 12/31/2007 I PART III

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	21	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 SOCIAL SERVICE							
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					1,927,915		1,927,915
026 ADULTS & PEDIATRICS					834,220		834,220
027 INTENSIVE CARE UNIT							
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
030 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
032 NURSERY							
033 SKILLED NURSING FACILITY							
034 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM					3,731,666		3,731,666
039 RECOVERY ROOM							
040 DELIVERY ROOM & LABOR ROO							
041 ANESTHESIOLOGY					187,624		187,624
042 RADIOLOGY-DIAGNOSTIC					1,497,498		1,497,498
043 RADIOLOGY-THERAPEUTIC							
044 RADIOISOTOPE							
045 LABORATORY					456,376		456,376
046 PBP CLINICAL LAB SERVICES							
047 WHOLE BLOOD & PACKED RED							
048 BLOOD STORING, PROCESSING							
049 INTRAVENOUS THERAPY							
050 RESPIRATORY THERAPY					163,110		163,110
051 PHYSICAL THERAPY					27,016		27,016
052 OCCUPATIONAL THERAPY							
053 SPEECH PATHOLOGY							
054 ELECTROCARDIOLOGY					226,040		226,040
055 ELECTROENCEPHALOGRAPHY							
056 MEDICAL SUPPLIES CHARGED					886,490		886,490
057 DRUGS CHARGED TO PATIENTS					316,038		316,038
058 RENAL DIALYSIS							
059 ASC (NON-DISTINCT PART)							
060 OUTPAT SERVICE COST CNTRS					31,206		31,206
061 CLINIC							
062 EMERGENCY					1,076,273		1,076,273
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					11,361,472		11,361,472
082 NONREIMBURS COST CENTERS							
083 GIFT, FLOWER, COFFEE SHOP					7,535		7,535
084 RESEARCH							
085 PHYSICIANS' PRIVATE OFFIC					372,651		372,651
086 NONPAID WORKERS							
087 VACANT SPACE					166,643		166,643
088 CROSS FOOT ADJUSTMENTS							
089 NEGATIVE COST CENTER							
090 TOTAL					11,908,301		11,908,301

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2008
 I 15-0164 I FROM 11/ 1/2006 I WORKSHEET B-1
 I I TO 12/31/2007 I

COST CENTER DESCRIPTION	OLD CAP REL	C OLD CAP REL	C NEW CAP REL	C NEW CAP REL	C EMPLOYEE BENE	RECONCILIATION
	OSTS-BLDG &	OSTS-MVBLE	OSTS-BLDG &	OSTS-MVBLE	FITS	
	(SQUARE FEET)	(DOLLAR VALUE)	(SQUARE FEET)	(DOLLAR VALUE)	(GROSS SALARIES)	
	1	2	3	4	5	6a.00
001 GENERAL SERVICE COST						
002 OLD CAP REL COSTS-BLD						
003 OLD CAP REL COSTS-MVB						
004 NEW CAP REL COSTS-BLD			72,776			
005 NEW CAP REL COSTS-MVB				70,476		
006 EMPLOYEE BENEFITS			75	75	10,531,337	
007 ADMINISTRATIVE & GENE			18,948	18,948	2,290,903	-13,913,348
008 MAINTENANCE & REPAIRS						
009 OPERATION OF PLANT			2,681	2,681	174,724	
010 LAUNDRY & LINEN SERVI			556	556		
011 HOUSEKEEPING			368	368	280,864	
012 DIETARY			4,632	4,632	347,003	
013 CAFETERIA						
014 MAINTENANCE OF PERSON					4,615	
015 NURSING ADMINISTRATIO					156,088	
016 CENTRAL SERVICES & SU			1,638	1,638	349,053	
017 PHARMACY			741	741	246,658	
018 MEDICAL RECORDS & LIB			225	225	32,257	
019 SOCIAL SERVICE						
020 NONPHYSICIAN ANESTHET						
021 NURSING SCHOOL						
022 I&R SERVICES-SALARY &						
023 I&R SERVICES-OTHER PR						
024 PARAMED ED PRGM						
025 INPAT ROUTINE SRVC CN			7,527	7,527	1,766,077	
026 ADULTS & PEDIATRICS			4,903	4,903	319,967	
027 INTENSIVE CARE UNIT						
028 CORONARY CARE UNIT						
029 BURN INTENSIVE CARE U						
030 SURGICAL INTENSIVE CA						
031 SUBPROVIDER						
033 NURSERY						
034 SKILLED NURSING FACIL						
035 NURSING FACILITY						
036 01 ICF/MR						
037 OTHER LONG TERM CARE						
038 ANCILLARY SRVC COST C						
039 OPERATING ROOM			11,153	11,153	1,020,178	
040 RECOVERY ROOM						
041 DELIVERY ROOM & LABOR						
042 ANESTHESIOLOGY			131	131	230,375	
043 RADIOLOGY-DIAGNOSTIC			3,894	3,894	616,784	
044 RADIOLOGY-THERAPEUTIC						
045 RADIOISOTOPE						
046 LABORATORY			1,464	1,464	464,563	
047 PBP CLINICAL LAB SERV						
048 WHOLE BLOOD & PACKED						
049 BLOOD STORING, PROCES						
050 INTRAVENOUS THERAPY						
051 RESPIRATORY THERAPY			607	607	312,397	
052 PHYSICAL THERAPY					100,569	
053 OCCUPATIONAL THERAPY						
054 SPEECH PATHOLOGY						
055 ELECTROCARDIOLOGY					177,893	
056 ELECTROENCEPHALOGRAPH						
057 MEDICAL SUPPLIES CHAR			2,732	2,732		
058 DRUGS CHARGED TO PATI						
060 RENAL DIALYSIS						
061 ASC (NON-DISTINCT PAR						
062 OUTPAT SERVICE COST C						
063 CLINIC					10,261	
064 EMERGENCY			5,874	5,874	1,158,914	
065 OBSERVATION BEDS (NON						
066 OTHER REIMBURS COST C						
067 HOME PROGRAM DIALYSIS						
068 AMBULANCE SERVICES						
069 DURABLE MEDICAL EQUIP						
070 DURABLE MEDICAL EQUIP						
071 CORF						
072 I&R SERVICES-NOT APPR						
073 HOME HEALTH AGENCY						
074 LUNG ACQUISITION						
075 SPEC PURPOSE COST CEN						
076 KIDNEY ACQUISITION						
077 LIVER ACQUISITION						
078 HEART ACQUISITION						
079 01 PANCREAS ACQUISITION						
080 OTHER ORGAN ACQUISITI						
081 AMBULATORY SURGICAL C						
082 HOSPICE						
083 SUBTOTALS			68,149	68,149	10,060,143	-13,913,348
084 NONREIMBURS COST CENT						
085 GIFT, FLOWER, COFFEE			24	24	13,014	
086 RESEARCH						
087 PHYSICIANS' PRIVATE O			2,303	2,303	456,150	
088 NONPAID WORKERS						
089 VACANT SPACE			2,300			
090 CROSS FOOT ADJUSTMENT						
091 NEGATIVE COST CENTER						
092 COST TO BE ALLOCATED			4,583,018	1,054,513	2,425,631	
093 (WRKSH T B, PART I)						
094 UNIT COST MULTIPLIER			62.946823		.230325	

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2008
 I 15-0164 I FROM 11/ 1/2006 I WORKSHEET B-1
 I I TO 12/31/2007 I

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCIL- IATION
	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E	FITS	
	(SQUARE FEET)	(DOLLAR VALUE)	(SQUARE FEET)	(DOLLAR VALUE)	(GROSS SALARIES)	
	1	2	3	4	5	6a.00
NONREIMBURS COST CENT (WRKSHT B, PT I)				14.962725		
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)					5,843	
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)					.000555	

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2008
 I 15-0164 I FROM 11/ 1/2006 I WORKSHEET B-1
 I I TO 12/31/2007 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)	(HOURS OF SERVICE)	(MEALS SERVED)	(MEALS SERVED)
		6	7	8	9	10	11	12
001	GENERAL SERVICE COST							
002	OLD CAP REL COSTS-BLD							
003	OLD CAP REL COSTS-MVB							
004	NEW CAP REL COSTS-BLD							
005	NEW CAP REL COSTS-MVB							
006	EMPLOYEE BENEFITS							
007	ADMINISTRATIVE & GENE	22,422,398						
008	MAINTENANCE & REPAIRS							
009	OPERATION OF PLANT	1,311,348		48,772				
010	LAUNDRY & LINEN SERVI	58,020		556	3,391			
011	HOUSEKEEPING	650,952		368		47,848		
012	DIETARY	959,390		4,632		4,632	167,716	
013	CAFETERIA						37,271	12,884
014	MAINTENANCE OF PERSON							
015	NURSING ADMINISTRATIO	7,752						112
016	CENTRAL SERVICES & SU	424,612		1,638		1,638		422
017	PHARMACY	528,774		741		741		467
018	MEDICAL RECORDS & LIB	404,293		225		225		
019	SOCIAL SERVICE	40,071						
020	NONPHYSICIAN ANESTHET							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY &							
023	I&R SERVICES-OTHER PR							
024	PARAMED ED PRGM							
025	INPAT ROUTINE SRVC CN							
026	ADULTS & PEDIATRICS	2,767,165		7,527	3,146	7,527	130,445	2,367
027	INTENSIVE CARE UNIT	1,500,611		4,903	245	4,903		489
028	CORONARY CARE UNIT							
029	BURN INTENSIVE CARE U							
030	SURGICAL INTENSIVE CA							
031	SUBPROVIDER							
032	NURSERY							
033	SKILLED NURSING FACIL							
034	NURSING FACILITY							
035	01 ICF/MR							
036	OTHER LONG TERM CARE							
037	ANCILLARY SRVC COST C							
038	OPERATING ROOM	4,016,774		11,153		11,153		1,984
039	RECOVERY ROOM							
040	DELIVERY ROOM & LABOR							
041	ANESTHESIOLOGY	796,234		131		131		552
042	RADIOLOGY-DIAGNOSTIC	1,028,053		3,894		3,894		1,202
043	RADIOLOGY-THERAPEUTIC							
044	RADIOISOTOPE							
045	LABORATORY	1,037,485		1,464		1,464		947
046	PBP CLINICAL LAB SERV							
047	WHOLE BLOOD & PACKED							
048	BLOOD STORING, PROCES							
049	INTRAVENOUS THERAPY							
050	RESPIRATORY THERAPY	448,575		607		607		422
051	PHYSICAL THERAPY	125,194						137
052	OCCUPATIONAL THERAPY							
053	SPEECH PATHOLOGY							
054	ELECTROCARDIOLOGY	312,137						260
055	ELECTROENCEPHALOGRAPH							
056	MEDICAL SUPPLIES CHAR	2,722,611		2,732		2,732		
057	DRUGS CHARGED TO PATI	339,359						
058	RENAL DIALYSIS							
059	ASC (NON-DISTINCT PAR							
060	OUTPAT SERVICE COST C							
061	CLINIC	16,225						90
062	EMERGENCY	1,803,557		5,874		5,874		2,027
063	OBSERVATION BEDS (NON							
064	OTHER REIMBURS COST C							
065	HOME PROGRAM DIALYSIS							
066	AMBULANCE SERVICES							
067	DURABLE MEDICAL EQUIP							
068	DURABLE MEDICAL EQUIP							
069	CORF							
070	I&R SERVICES-NOT APPR							
071	HOME HEALTH AGENCY							
072	LUNG ACQUISITION							
073	SPEC PURPOSE COST CEN							
074	KIDNEY ACQUISITION							
075	LIVER ACQUISITION							
076	HEART ACQUISITION							
077	01 PANCREAS ACQUISITION							
078	OTHER ORGAN ACQUISITI							
079	AMBULATORY SURGICAL C							
080	HOSPICE							
081	SUBTOTALS	21,299,192		46,445	3,391	45,521	167,716	11,478
082	NONREIMBURS COST CENT							
083	GIFT, FLOWER, COFFEE	26,887		24		24		93
084	RESEARCH							
085	PHYSICIANS' PRIVATE O	951,541		2,303		2,303		1,313
086	NONPAID WORKERS							
087	VACANT SPACE	144,778						
088	CROSS FOOT ADJUSTMENT							
089	NEGATIVE COST CENTER							
090	COST TO BE ALLOCATED	13,913,348		2,125,054	118,248	1,070,909	1,860,195	413,385
091	(WRKSH T B, PART I)							
092	UNIT COST MULTIPLIER				34.871129		11.091339	

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2008
 I 15-0164 I FROM 11/ 1/2006 I WORKSHEET B-1
 I I TO 12/31/2007 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)	(HOURS OF SERVICE)	(MEALS SERVED)	(MEALS SERVED)
	6	7	8	9	10	11	12
NONREIMBURS COST CENT (WRKSHT B, PT I)	.620511		43.571188		22.381479		32.085144
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)	3,386,376		519,827	58,006	136,936	613,081	136,243
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.151026		10.658308	17.105868	2.861896	3.655471	10.574589

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2008
 I 15-0164 I FROM 11/ 1/2006 I WORKSHEET B-1
 I I TO 12/31/2007 I

	COST CENTER DESCRIPTION	MAINTENANCE O	NURSING ADMIN	CENTRAL SERVI	PHARMACY	MEDICAL RECOR	SOCIAL SERVIC	NONPHYSICIAN
		F PERSONNEL	ISTRATION	CES & SUPPLY		DS & LIBRARY	E	ANESTHETISTS
		(NUMBER HOUSED)	(DIRECT NRSGING HRS)	(COSTED REQUIS.)	(COSTED REQUIS.)	(TIME SPENT)	(TIME SPENT)	(ASSIGNED TIME)
		13	14	15	16	17	18	20
001	GENERAL SERVICE COST							
002	OLD CAP REL COSTS-BLD							
003	OLD CAP REL COSTS-MVB							
004	NEW CAP REL COSTS-BLD							
005	NEW CAP REL COSTS-MVB							
006	EMPLOYEE BENEFITS							
007	ADMINISTRATIVE & GENE							
008	MAINTENANCE & REPAIRS							
009	OPERATION OF PLANT							
010	LAUNDRY & LINEN SERVI							
011	HOUSEKEEPING							
012	DIETARY							
013	CAFETERIA							
014	MAINTENANCE OF PERSON							
015	NURSING ADMINISTRATIO		3,391	100				
016	CENTRAL SERVICES & SU				100			
017	PHARMACY					47,780,811		
018	MEDICAL RECORDS & LIB						3,391	
020	SOCIAL SERVICE							
021	NONPHYSICIAN ANESTHET							
022	NURSING SCHOOL							
023	I&R SERVICES-SALARY &							
024	I&R SERVICES-OTHER PR							
025	PARAMED ED PRGM							
026	INPAT ROUTINE SRVC CN		3,146			2,949,612	3,146	
027	ADULTS & PEDIATRICS		245			778,764	245	
028	INTENSIVE CARE UNIT							
029	CORONARY CARE UNIT							
031	BURN INTENSIVE CARE U							
033	SURGICAL INTENSIVE CA							
034	SUBPROVIDER							
035	NURSERY							
036	SKILLED NURSING FACIL							
037	NURSING FACILITY							
038	ICF/MR							
039	01 OTHER LONG TERM CARE							
040	ANCILLARY SRVC COST C							
041	OPERATING ROOM					17,885,099		
042	RECOVERY ROOM							
043	DELIVERY ROOM & LABOR							
044	ANESTHESIOLOGY					2,623,954		
045	RADIOLOGY-DIAGNOSTIC					8,534,959		
046	RADIOLOGY-THERAPEUTIC							
047	RADIOISOTOPE							
048	LABORATORY					4,263,840		
049	PBP CLINICAL LAB SERV							
050	WHOLE BLOOD & PACKED							
051	BLOOD STORING, PROCES							
052	INTRAVENOUS THERAPY							
053	RESPIRATORY THERAPY					1,085,740		
054	PHYSICAL THERAPY					182,129		
055	OCCUPATIONAL THERAPY							
056	SPEECH PATHOLOGY							
057	ELECTROCARDIOLOGY					1,057,340		
058	ELECTROENCEPHALOGRAPH							
059	MEDICAL SUPPLIES CHAR			100		208,608		
060	DRUGS CHARGED TO PATI				100	1,726,343		
061	RENAL DIALYSIS							
062	ASC (NON-DISTINCT PAR							
063	OUTPAT SERVICE COST C							
064	CLINIC					39,041		
065	EMERGENCY					6,445,382		
066	OBSERVATION BEDS (NON							
067	OTHER REIMBURS COST C							
068	HOME PROGRAM DIALYSIS							
069	AMBULANCE SERVICES							
070	DURABLE MEDICAL EQUIP							
071	DURABLE MEDICAL EQUIP							
072	CORF							
073	I&R SERVICES-NOT APPR							
074	HOME HEALTH AGENCY							
075	LUNG ACQUISITION							
076	SPEC PURPOSE COST CEN							
077	KIDNEY ACQUISITION							
078	LIVER ACQUISITION							
079	HEART ACQUISITION							
080	01 PANCREAS ACQUISITION							
081	OTHER ORGAN ACQUISITI							
082	AMBULATORY SURGICAL C							
083	HOSPICE							
084	SUBTOTALS		3,391	100	100	47,780,811	3,391	
085	NONREIMBURS COST CENT							
086	GIFT, FLOWER, COFFEE							
087	RESEARCH							
088	PHYSICIANS' PRIVATE O							
089	NONPAID WORKERS							
090	VACANT SPACE							
091	CROSS FOOT ADJUSTMENT							
092	NEGATIVE COST CENTER							
093	COST TO BE ALLOCATED		16,156	809,659	920,739	670,003	64,935	
094	(WORKSHEET B, PART I)							
095	UNIT COST MULTIPLIER		4.764376		9,207.390000		19.149219	
096	2552-96 v1701.100							

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2008
 I 15-0164 I FROM 11/1/2006 I WORKSHEET B-1
 I I TO 12/31/2007 I

COST CENTER DESCRIPTION	MAINTENANCE	NURSING	ADMIN	CENTRAL	SERVI	PHARMACY	MEDICAL	SOCIAL	SERVIC	NONPHYSICIAN
	F PERSONNEL	ISTRATION		CES & SUPPLY			DS & LIBRARY	E		ANESTHETISTS
	(NUMBER HOUSED)	(DIRECT NRSGING HRS)	(COSTED REQUIS.)	(COSTED REQUIS.)	(TIME SPENT)	(TIME SPENT)	(ASSIGNED TIME)			
	13	14	15	16	17	18	20			
NONREIMBURS COST CENT (WRKSHT B, PT I)			8,096.590000		.014022					
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)		2,358	225,072	261,090	102,321	6,070				
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)		.695370	2,250.720000	2,610.900000	.002141	1.790032				

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2008
 I 15-0164 I FROM 11/ 1/2006 I WORKSHEET B-1
 I I TO 12/31/2007 I

COST CENTER DESCRIPTION	NURSING SCHOO	I&R SERVICES-	I&R SERVICES-	PARAMED ED PR
	L	SALARY & FRI	OTHER PRGM C	GM
	(ASSIGNED TIME)			
	21	22	23	24
001 GENERAL SERVICE COST				
002 OLD CAP REL COSTS-BLD				
003 OLD CAP REL COSTS-MVB				
004 NEW CAP REL COSTS-BLD				
005 NEW CAP REL COSTS-MVB				
006 EMPLOYEE BENEFITS				
007 ADMINISTRATIVE & GENE				
008 MAINTENANCE & REPAIRS				
009 OPERATION OF PLANT				
010 LAUNDRY & LINEN SERVI				
011 HOUSEKEEPING				
012 DIETARY				
013 CAFETERIA				
014 MAINTENANCE OF PERSON				
015 NURSING ADMINISTRATIO				
016 CENTRAL SERVICES & SU				
017 PHARMACY				
018 MEDICAL RECORDS & LIB				
020 SOCIAL SERVICE				
021 NONPHYSICIAN ANESTHET				
022 NURSING SCHOOL				
023 I&R SERVICES-SALARY &				
024 I&R SERVICES-OTHER PR				
025 PARAMED ED PRGM				
026 INPAT ROUTINE SRVC CN				
027 ADULTS & PEDIATRICS				
028 INTENSIVE CARE UNIT				
029 CORONARY CARE UNIT				
031 BURN INTENSIVE CARE U				
033 SURGICAL INTENSIVE CA				
034 SUBPROVIDER				
035 NURSERY				
036 SKILLED NURSING FACIL				
037 NURSING FACILITY				
038 01 ICF/MR				
039 OTHER LONG TERM CARE				
040 ANCILLARY SRVC COST C				
041 OPERATING ROOM				
042 RECOVERY ROOM				
043 DELIVERY ROOM & LABOR				
044 ANESTHESIOLOGY				
045 RADIOLOGY-DIAGNOSTIC				
046 RADIOLOGY-THERAPEUTIC				
047 RADIOISOTOPE				
048 LABORATORY				
049 PBP CLINICAL LAB SERV				
050 WHOLE BLOOD & PACKED				
051 BLOOD STORING, PROCES				
052 INTRAVENOUS THERAPY				
053 RESPIRATORY THERAPY				
054 PHYSICAL THERAPY				
055 OCCUPATIONAL THERAPY				
056 SPEECH PATHOLOGY				
057 ELECTROCARDIOLOGY				
058 ELECTROENCEPHALOGRAPH				
060 MEDICAL SUPPLIES CHAR				
061 DRUGS CHARGED TO PATI				
062 RENAL DIALYSIS				
064 ASC (NON-DISTINCT PAR				
065 OUTPAT SERVICE COST C				
066 CLINIC				
067 EMERGENCY				
068 OBSERVATION BEDS (NON				
069 OTHER REIMBURS COST C				
070 HOME PROGRAM DIALYSIS				
071 AMBULANCE SERVICES				
072 DURABLE MEDICAL EQUIP				
073 DURABLE MEDICAL EQUIP				
074 CORF				
075 I&R SERVICES-NOT APPR				
076 HOME HEALTH AGENCY				
077 LUNG ACQUISITION				
078 SPEC PURPOSE COST CEN				
079 KIDNEY ACQUISITION				
080 LIVER ACQUISITION				
081 HEART ACQUISITION				
082 01 PANCREAS ACQUISITION				
083 OTHER ORGAN ACQUISITI				
084 AMBULATORY SURGICAL C				
085 HOSPICE				
086 SUBTOTALS				
087 NONREIMBURS COST CENT				
088 GIFT, FLOWER, COFFEE				
089 RESEARCH				
090 PHYSICIANS' PRIVATE O				
091 NONPAID WORKERS				
092 VACANT SPACE				
093 CROSS FOOT ADJUSTMENT				
094 NEGATIVE COST CENTER				
095 COST TO BE ALLOCATED				
096 (PER WRKSHT B, PART				
097 UNIT COST MULTIPLIER				
098 2552-96 v1701.100				

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2008
 I 15-0164 I FROM 11/ 1/2006 I WORKSHEET B-1
 I I TO 12/31/2007 I

COST CENTER DESCRIPTION	NURSING SCHO	I&R SERVICES-	I&R SERVICES-	PARAMED ED PR
	L	SALARY & FRI	OTHER PRGM C	GM
	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
NONREIMBURS COST CENT (WRKSHT B, PT I)	21	22	23	24
105 COST TO BE ALLOCATED (PER WRKSHT B, PART				
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)				
107 COST TO BE ALLOCATED (PER WRKSHT B, PART				
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)				

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2008
 I 15-0164 I FROM 11/ 1/2006 I WORKSHEET C
 I I TO 12/31/2007 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL: 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS					
26	ADULTS & PEDIATRICS	6,729,695		6,729,695		6,729,695
27	INTENSIVE CARE UNIT	2,796,135		2,796,135		2,796,135
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	7,559,262		7,559,262		7,559,262
39	RECOVERY ROOM					
40	DELIVERY ROOM & LABOR ROO					
41	ANESTHESIOLOGY	1,353,450		1,353,450		1,353,450
42	RADIOLOGY-DIAGNOSTIC	2,081,033		2,081,033		2,081,033
43	RADIOLOGY-THERAPEUTIC					
44	RADIOISOTOPE					
45	LABORATORY	1,867,983		1,867,983		1,867,983
46	PBP CLINICAL LAB SERVICES					
47	WHOLE BLOOD & PACKED RED					
48	BLOOD STORING, PROCESSING					
49	INTRAVENOUS THERAPY					
50	RESPIRATORY THERAPY	795,719		795,719		795,719
51	PHYSICAL THERAPY	209,828		209,828		209,828
52	OCCUPATIONAL THERAPY					
53	SPEECH PATHOLOGY					
54	ELECTROCARDIOLOGY	528,989		528,989		528,989
55	ELECTROENCEPHALOGRAPHY					
56	MEDICAL SUPPLIES CHARGED	5,404,787		5,404,787		5,404,787
57	DRUGS CHARGED TO PATIENTS	1,494,881		1,494,881		1,494,881
58	RENAL DIALYSIS					
59	ASC (NON-DISTINCT PART)					
60	OUTPAT SERVICE COST CNTRS					
61	CLINIC	29,728		29,728		29,728
62	EMERGENCY	3,465,504		3,465,504	4,751	3,470,255
63	OBSERVATION BEDS (NON-DIS	822,776		822,776		822,776
64	OTHER REIMBURS COST CNTRS					
65	HOME PROGRAM DIALYSIS					
66	AMBULANCE SERVICES					
67	DURABLE MEDICAL EQUIP-REN					
68	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	35,139,770		35,139,770	4,751	35,144,521
102	LESS OBSERVATION BEDS	822,776		822,776		822,776
103	TOTAL	34,316,994		34,316,994	4,751	34,321,745

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2008
 I 15-0164 I FROM 11/ 1/2006 I WORKSHEET C
 I I TO 12/31/2007 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 ADULTS & PEDIATRICS	2,936,585		2,936,585			
26	INTENSIVE CARE UNIT	775,562		775,562			
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	5,969,459	9,735,215	15,704,674	.481338	.481338	.481338
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	277,070	2,317,195	2,594,265	.521708	.521708	.521708
41	RADIOLOGY-DIAGNOSTIC	798,409	7,732,633	8,531,042	.243937	.243937	.243937
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	1,027,225	3,236,615	4,263,840	.438099	.438099	.438099
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	746,995	200,484	947,479	.839828	.839828	.839828
50	PHYSICAL THERAPY	176,819	5,310	182,129	1.152085	1.152085	1.152085
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	289,814	753,889	1,043,703	.506839	.506839	.506839
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	1,378,735	1,410,602	2,789,337	1.937660	1.937660	1.937660
56	DRUGS CHARGED TO PATIENTS	944,683	781,660	1,726,343	.865924	.865924	.865924
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
60	OUTPAT SERVICE COST CNTRS CLINIC	41,868		41,868	.710041	.710041	.710041
61	EMERGENCY	542,558	5,701,427	6,243,985	.555015	.555015	.555776
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	61,010	308,692	369,702	2.225511	2.225511	2.225511
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	15,966,792	32,183,722	48,150,514			
102	LESS OBSERVATION BEDS						
103	TOTAL	15,966,792	32,183,722	48,150,514			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

**NOT A CMS WORKSHEET ** (05/1999)
 I PROVIDER NO: I PERIOD: I PREPARED 5/28/2008
 I 15-0164 I FROM 11/ 1/2006 I WORKSHEET C
 I I TO 12/31/2007 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	6,729,695		6,729,695		6,729,695
26	INTENSIVE CARE UNIT	2,796,135		2,796,135		2,796,135
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	7,559,262		7,559,262		7,559,262
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY	1,353,450		1,353,450		1,353,450
41	RADIOLOGY-DIAGNOSTIC	2,081,033		2,081,033		2,081,033
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
44	LABORATORY	1,867,983		1,867,983		1,867,983
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	795,719		795,719		795,719
50	PHYSICAL THERAPY	209,828		209,828		209,828
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY	528,989		528,989		528,989
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED	5,404,787		5,404,787		5,404,787
56	DRUGS CHARGED TO PATIENTS	1,494,881		1,494,881		1,494,881
57	RENAL DIALYSIS					
58	ASC (NON-DISTINCT PART)					
60	OUTPAT SERVICE COST CNTRS CLINIC	29,728		29,728		29,728
61	EMERGENCY	3,465,504		3,465,504	4,751	3,470,255
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	822,776		822,776		822,776
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	35,139,770		35,139,770	4,751	35,144,521
102	LESS OBSERVATION BEDS	822,776		822,776		822,776
103	TOTAL	34,316,994		34,316,994	4,751	34,321,745

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

I PROVIDER NO:
I 15-0164
I

I PERIOD:
I FROM 11/ 1/2006
I TO 12/31/2007

I PREPARED 5/28/2008
I WORKSHEET C
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 ADULTS & PEDIATRICS	2,936,585		2,936,585			
26	INTENSIVE CARE UNIT	775,562		775,562			
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	5,969,459	9,735,215	15,704,674	.481338	.481338	.481338
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	277,070	2,317,195	2,594,265	.521708	.521708	.521708
41	RADIOLOGY-DIAGNOSTIC	798,409	7,732,633	8,531,042	.243937	.243937	.243937
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	1,027,225	3,236,615	4,263,840	.438099	.438099	.438099
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	746,995	200,484	947,479	.839828	.839828	.839828
50	PHYSICAL THERAPY	176,819	5,310	182,129	1.152085	1.152085	1.152085
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	289,814	753,889	1,043,703	.506839	.506839	.506839
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	1,378,735	1,410,602	2,789,337	1.937660	1.937660	1.937660
56	DRUGS CHARGED TO PATIENTS	944,683	781,660	1,726,343	.865924	.865924	.865924
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
60	OUTPAT SERVICE COST CNTRS CLINIC	41,868		41,868	.710041	.710041	.710041
61	EMERGENCY	542,558	5,701,427	6,243,985	.555015	.555015	.555776
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	61,010	308,692	369,702	2.225511	2.225511	2.225511
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	15,966,792	32,183,722	48,150,514			
102	LESS OBSERVATION BEDS						
103	TOTAL	15,966,792	32,183,722	48,150,514			

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR MONROE HOSPITAL L.L.C.
 CALCULATION OF OUTPATIENT SERVICE COST TO
 CHARGE RATIOS NET OF REDUCTIONS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2008
 I 15-0164 I FROM 11/ 1/2006 I WORKSHEET C
 I I TO 12/31/2007 I PART II

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST	CAPITAL COST	OPERATING	CAPITAL	OPERATING COST	COST NET OF
		WKST B, PT I COL. 27 1	WKST B PT II & III, COL. 27 2	COST NET OF CAPITAL COST 3	REDUCTION 4	REDUCTION AMOUNT 5	CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	7,559,262	3,731,666	3,827,596			7,559,262
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY	1,353,450	187,624	1,165,826			1,353,450
42	RADIOLOGY-DIAGNOSTIC	2,081,033	1,497,498	583,535			2,081,033
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
45	LABORATORY	1,867,983	456,376	1,411,607			1,867,983
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY	795,719	163,110	632,609			795,719
51	PHYSICAL THERAPY	209,828	27,016	182,812			209,828
52	OCCUPATIONAL THERAPY						
53	SPEECH PATHOLOGY						
54	ELECTROCARDIOLOGY	528,989	226,040	302,949			528,989
55	ELECTROENCEPHALOGRAPHY						
56	MEDICAL SUPPLIES CHARGED	5,404,787	886,490	4,518,297			5,404,787
57	DRUGS CHARGED TO PATIENTS	1,494,881	316,038	1,178,843			1,494,881
58	RENAL DIALYSIS ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS						
60	CLINIC	29,728	31,206	-1,478			29,728
61	EMERGENCY	3,465,504	1,076,273	2,389,231			3,465,504
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	822,776	235,708	587,068			822,776
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	25,613,940	8,835,045	16,778,895			25,613,940
102	LESS OBSERVATION BEDS	822,776	235,708	587,068			822,776
103	TOTAL	24,791,164	8,599,337	16,191,827			24,791,164

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR MONROE HOSPITAL L.L.C.
 CALCULATION OF OUTPATIENT SERVICE COST TO
 CHARGE RATIOS NET OF REDUCTIONS

IN LIEU OF FORM CMS-2552-96(09/2000)

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2008
 I 15-0164 I FROM 11/ 1/2006 I WORKSHEET C
 I I TO 12/31/2007 I PART II

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	15,704,674	.481338	.481338
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROO			
40	ANESTHESIOLOGY	2,594,265	.521708	.521708
41	RADIOLOGY-DIAGNOSTIC	8,531,042	.243937	.243937
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	4,263,840	.438099	.438099
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED			
47	BLOOD STORING, PROCESSING			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	947,479	.839828	.839828
50	PHYSICAL THERAPY	182,129	1.152085	1.152085
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	1,043,703	.506839	.506839
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED	2,789,337	1.937660	1.937660
56	DRUGS CHARGED TO PATIENTS	1,726,343	.865924	.865924
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART)			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	41,868	.710041	.710041
61	EMERGENCY	6,243,985	.555015	.555015
62	OBSERVATION BEDS (NON-DIS	369,702	2.225511	2.225511
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	44,438,367		
102	LESS OBSERVATION BEDS	369,702		
103	TOTAL	44,068,665		

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

I PROVIDER NO: I **NOT A CMS WORKSHEET ** (09/2000)
 I 15-0164 I PERIOD: I PREPARED 5/28/2008
 I FROM 11/ 1/2006 I WORKSHEET C
 I TO 12/31/2007 I PART II

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST	CAPITAL COST	OPERATING	CAPITAL	OPERATING COST	COST NET OF
		WKST B, PT I COL. 27 1	WKST B PT II & III, COL. 27 2	COST NET OF CAPITAL COST 3	REDUCTION 4	REDUCTION AMOUNT 5	CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	7,559,262	3,731,666	3,827,596	373,167	222,001	6,964,094
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY	1,353,450	187,624	1,165,826	18,762	67,618	1,267,070
42	RADIOLOGY-DIAGNOSTIC	2,081,033	1,497,498	583,535	149,750	33,845	1,897,438
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
45	LABORATORY	1,867,983	456,376	1,411,607	45,638	81,873	1,740,472
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY	795,719	163,110	632,609	16,311	36,691	742,717
51	PHYSICAL THERAPY	209,828	27,016	182,812	2,702	10,603	196,523
52	OCCUPATIONAL THERAPY						
53	SPEECH PATHOLOGY						
54	ELECTROCARDIOLOGY	528,989	226,040	302,949	22,604	17,571	488,814
55	ELECTROENCEPHALOGRAPHY						
56	MEDICAL SUPPLIES CHARGED	5,404,787	886,490	4,518,297	88,649	262,061	5,054,077
57	DRUGS CHARGED TO PATIENTS	1,494,881	316,038	1,178,843	31,604	68,373	1,394,904
58	RENAL DIALYSIS ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS						
60	CLINIC	29,728	31,206	-1,478	3,121	-86	26,693
61	EMERGENCY	3,465,504	1,076,273	2,389,231	107,627	138,575	3,219,302
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	822,776	235,708	587,068	23,571	34,050	765,155
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	25,613,940	8,835,045	16,778,895	883,506	973,175	23,757,259
102	LESS OBSERVATION BEDS	822,776	235,708	587,068	23,571	34,050	765,155
103	TOTAL	24,791,164	8,599,337	16,191,827	859,935	939,125	22,992,104

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

I PROVIDER NO: I **NOT A CMS WORKSHEET ** (09/2000)
 I 15-0164 I PERIOD: I PREPARED 5/28/2008
 I FROM 11/ 1/2006 I WORKSHEET C
 I TO 12/31/2007 I PART II

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
38	OPERATING ROOM	15,704,674	.443441	.457577
39	RECOVERY ROOM			
40	DELIVERY ROOM & LABOR ROO			
41	ANESTHESIOLOGY	2,594,265	.488412	.514476
42	RADIOLOGY-DIAGNOSTIC	8,531,042	.222416	.226383
43	RADIOLOGY-THERAPEUTIC			
44	RADIOISOTOPE			
45	LABORATORY	4,263,840	.408194	.427395
46	PBP CLINICAL LAB SERVICES			
47	WHOLE BLOOD & PACKED RED			
48	BLOOD STORING, PROCESSING			
49	INTRAVENOUS THERAPY			
50	RESPIRATORY THERAPY	947,479	.783888	.822612
51	PHYSICAL THERAPY	182,129	1.079032	1.137249
52	OCCUPATIONAL THERAPY			
53	SPEECH PATHOLOGY			
54	ELECTROCARDIOLOGY	1,043,703	.468346	.485181
55	ELECTROENCEPHALOGRAPHY			
56	MEDICAL SUPPLIES CHARGED	2,789,337	1.811928	1.905879
57	DRUGS CHARGED TO PATIENTS	1,726,343	.808011	.847617
58	RENAL DIALYSIS ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS			
60	CLINIC	41,868	.637551	.635497
61	EMERGENCY	6,243,985	.515585	.537778
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	369,702	2.069653	2.161755
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	44,438,367		
102	LESS OBSERVATION BEDS	369,702		
103	TOTAL	44,068,665		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2008
 I 15-0164 I FROM 11/1/2006 I WORKSHEET D
 I I TO 12/31/2007 I PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	----- CAPITAL REL COST (B, II) 1	OLD CAPITAL SWING BED ADJUSTMENT 2	----- REDUCED CAP RELATED COST 3	----- CAPITAL REL COST (B, III) 4	NEW CAPITAL SWING BED ADJUSTMENT 5	----- REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS				1,927,915		1,927,915
26	ADULTS & PEDIATRICS				834,220		834,220
27	INTENSIVE CARE UNIT						
28	CORONARY CARE UNIT						
29	BURN INTENSIVE CARE UNIT						
31	SURGICAL INTENSIVE CARE U						
33	SUBPROVIDER						
101	NURSERY						
	TOTAL				2,762,135		2,762,135

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2008
 I 15-0164 I FROM 11/ 1/2006 I WORKSHEET D
 I I TO 12/31/2007 I PART I
 PPS

TITLE XVIII, PART A

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						
	ADULTS & PEDIATRICS	3,468	1,413			555.92	785,515
26	INTENSIVE CARE UNIT	361	237			2,310.86	547,674
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY						
101	TOTAL	3,829	1,650				1,333,189

APPORIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2008
 I 15-0164 I FROM 11/ 1/2006 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2007 I PART II
 I 15-0164 I

WKST A LINE NO.	TITLE XVIII, PART A COST CENTER DESCRIPTION	HOSPITAL		TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	OLD CAPITAL COSTS 6
		OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2				
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM		3,731,666	15,704,674	1,905,643		
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY		187,624	2,594,265	125,880		
42	RADIOLOGY-DIAGNOSTIC		1,497,498	8,531,042	667,334		
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
45	LABORATORY		456,376	4,263,840	811,456		
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY		163,110	947,479	478,287		
51	PHYSICAL THERAPY		27,016	182,129	97,032		
52	OCCUPATIONAL THERAPY						
53	SPEECH PATHOLOGY						
54	ELECTROCARDIOLOGY		226,040	1,043,703	42,466		
55	ELECTROENCEPHALOGRAPHY						
56	MEDICAL SUPPLIES CHARGED		886,490	2,789,337	1,300,451		
57	DRUGS CHARGED TO PATIENTS		316,038	1,726,343	566,974		
58	RENAL DIALYSIS						
59	ASC (NON-DISTINCT PART)						
60	OUTPAT SERVICE COST CNTRS						
61	CLINIC		31,206	41,868			
62	EMERGENCY		1,076,273	6,243,985	334,619		
63	OBSERVATION BEDS (NON-DIS		235,708	369,702	48,025		
64	OTHER REIMBURS COST CNTRS						
65	HOME PROGRAM DIALYSIS						
66	AMBULANCE SERVICES						
67	DURABLE MEDICAL EQUIP-REN						
68	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL		8,835,045	44,438,367	6,378,167		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2008
 I 15-0164 I FROM 11/ 1/2006 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2007 I PART II
 I 15-0164 I PPS I

WKST A LINE NO.	TITLE XVIII, PART A COST CENTER DESCRIPTION	HOSPITAL	
		NEW CAPITAL CST/CHRG RATIO 7	COSTS 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.237615	452,809
38	RECOVERY ROOM		
39	DELIVERY ROOM & LABOR ROO		
40	ANESTHESIOLOGY	.072323	9,104
41	RADIOLOGY-DIAGNOSTIC	.175535	117,140
42	RADIOLOGY-THERAPEUTIC		
43	RADIOISOTOPE		
44	LABORATORY	.107034	86,853
45	PBP CLINICAL LAB SERVICES		
46	WHOLE BLOOD & PACKED RED		
47	BLOOD STORING, PROCESSING		
48	INTRAVENOUS THERAPY		
49	RESPIRATORY THERAPY	.172152	82,338
50	PHYSICAL THERAPY	.148334	14,393
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY	.216575	9,197
54	ELECTROENCEPHALOGRAPHY		
55	MEDICAL SUPPLIES CHARGED	.317814	413,302
56	DRUGS CHARGED TO PATIENTS	.183068	103,795
57	RENAL DIALYSIS		
58	ASC (NON-DISTINCT PART)		
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.745343	
61	EMERGENCY	.172370	57,678
62	OBSERVATION BEDS (NON-DIS	.637562	30,619
	OTHER REIMBURS COST CNTRS		
64	HOME PROGRAM DIALYSIS		
65	AMBULANCE SERVICES		
66	DURABLE MEDICAL EQUIP-REN		
67	DURABLE MEDICAL EQUIP-SOL		
101	TOTAL		1,377,228

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

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2008
 I 15-0164 I FROM 11/ 1/2006 I WORKSHEET D
 I I TO 12/31/2007 I PART III
 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS					3,468	
26	INTENSIVE CARE UNIT					361	
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					3,829	

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

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2008
 I 15-0164 I FROM 11/ 1/2006 I WORKSHEET D
 I I TO 12/31/2007 I PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
25	ADULTS & PEDIATRICS	7	1,413
26	INTENSIVE CARE UNIT		237
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		1,650

TITLE XVIII, PART A

HOSPITAL

PPS

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

I PROVIDER NO: I PERIOD: I
 I 15-0164 I FROM 11/ 1/2006 I
 I COMPONENT NO: I TO 12/31/2007 I
 I 15-0164 I

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 TO CHARGES 5	O/P CST 5.01	RATIO OF TO CHARGES	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS								
38	OPERATING ROOM			15,704,674				1,905,643	
39	RECOVERY ROOM								
40	DELIVERY ROOM & LABOR ROO								
41	ANESTHESIOLOGY			2,594,265				125,880	
42	RADIOLOGY-DIAGNOSTIC			8,531,042				667,334	
43	RADIOLOGY-THERAPEUTIC								
44	RADIOISOTOPE								
45	LABORATORY			4,263,840				811,456	
46	PBP CLINICAL LAB SERVICES								
47	WHOLE BLOOD & PACKED RED								
48	BLOOD STORING, PROCESSING								
49	INTRAVENOUS THERAPY								
50	RESPIRATORY THERAPY			947,479				478,287	
51	PHYSICAL THERAPY			182,129				97,032	
52	OCCUPATIONAL THERAPY								
53	SPEECH PATHOLOGY								
54	ELECTROCARDIOLOGY			1,043,703				42,466	
55	ELECTROENCEPHALOGRAPHY								
56	MEDICAL SUPPLIES CHARGED			2,789,337				1,300,451	
57	DRUGS CHARGED TO PATIENTS			1,726,343				566,974	
58	RENAL DIALYSIS								
60	ASC (NON-DISTINCT PART)								
61	OUTPAT SERVICE COST CNTRS								
62	CLINIC			41,868					
63	EMERGENCY			6,243,985				334,619	
64	OBSERVATION BEDS (NON-DIS			369,702				48,025	
65	OTHER REIMBURS COST CNTRS								
66	HOME PROGRAM DIALYSIS								
67	AMBULANCE SERVICES								
68	DURABLE MEDICAL EQUIP-REN								
69	DURABLE MEDICAL EQUIP-SOL								
101	TOTAL			44,438,367				6,378,167	

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2008
 I 15-0164 I FROM 11/ 1/2006 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2007 I PART IV
 I 15-0164 I

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D,V COL 5.03 8.01	OUTPAT PROG D,V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM		2,259,976				
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY		86,099				
41	RADIOLOGY-DIAGNOSTIC		1,525,629				
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY		20,762				
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY		27,912				
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY		41,646				
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED		494,127				
56	DRUGS CHARGED TO PATIENTS		186,154				
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY		734,116				
62	OBSERVATION BEDS (NON-DIS		104,478				
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL		5,480,899				

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2008
 I 15-0164 I FROM 11/ 1/2006 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2007 I PART V
 I 15-0164 I I

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Cost/Charge	Cost/Charge	Outpatient	Outpatient	Other
	Ratio (C, Pt I, col. 9)	Ratio (C, Pt II, col. 9)	Ambulatory Surgical Ctr	Radiology	Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.481338	.481338			
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY	.521708	.521708			
41 RADIOLOGY-DIAGNOSTIC	.243937	.243937			
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE					
44 LABORATORY	.438099	.438099			
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	.839828	.839828			
50 PHYSICAL THERAPY	1.152085	1.152085			
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY	.506839	.506839			
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.937660	1.937660			
56 DRUGS CHARGED TO PATIENTS	.865924	.865924			
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC	.710041	.710041			
61 EMERGENCY	.555015	.555015			
62 OBSERVATION BEDS (NON-DISTINCT PART)	2.225511	2.225511			
62 OTHER REIMBURS COST CNTRS					
64 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES					

(A) WORKSHEET A LINE NUMBERS

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2008
 I 15-0164 I FROM 11/ 1/2006 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2007 I PART V
 I 15-0164 I I

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				2,259,976	
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY				86,099	
41 RADIOLOGY-DIAGNOSTIC				1,525,629	
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE					
44 LABORATORY				20,762	
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				27,912	
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY				41,646	
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				494,127	
56 DRUGS CHARGED TO PATIENTS				186,154	
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
OUTPAT SERVICE COST CNTRS					
60 CLINIC					
61 EMERGENCY				734,116	
62 OBSERVATION BEDS (NON-DISTINCT PART)				104,478	
OTHER REIMBURS COST CNTRS					
64 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
101 SUBTOTAL				5,480,899	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES				5,480,899	

(A) WORKSHEET A LINE NUMBERS

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2008
 I 15-0164 I FROM 11/ 1/2006 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2007 I PART V
 I 15-0164 I I

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					
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)					
OUTPAT SERVICE COST CNTRS					
60 CLINIC					
61 EMERGENCY					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURS COST CNTRS					
64 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES					

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2008
 I 15-0164 I FROM 11/ 1/2006 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2007 I PART V
 I 15-0164 I I

TITLE XVIII, PART B

HOSPITAL

	PPS Services 1/1 to FYE	Hospital I/P Part B Charges	Hospital I/P Part B Costs
Cost Center Description	9.03	10	11
(A) ANCILLARY SRVC COST CNTRS			
37 OPERATING ROOM	1,087,812		
38 RECOVERY ROOM			
39 DELIVERY ROOM & LABOR ROOM			
40 ANESTHESIOLOGY	44,919		
41 RADIOLOGY-DIAGNOSTIC	372,157		
42 RADIOLOGY-THERAPEUTIC			
43 RADIOISOTOPE			
44 LABORATORY	9,096		
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	23,441		
50 PHYSICAL THERAPY			
51 OCCUPATIONAL THERAPY			
52 SPEECH PATHOLOGY			
53 ELECTROCARDIOLOGY	21,108		
54 ELECTROENCEPHALOGRAPHY			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	957,450		
56 DRUGS CHARGED TO PATIENTS	161,195		
57 RENAL DIALYSIS			
58 ASC (NON-DISTINCT PART)			
60 OUTPAT SERVICE COST CNTRS			
61 CLINIC			
62 EMERGENCY	407,445		
63 OBSERVATION BEDS (NON-DISTINCT PART)	232,517		
64 OTHER REIMBURS COST CNTRS			
65 HOME PROGRAM DIALYSIS			
66 AMBULANCE SERVICES			
67 DURABLE MEDICAL EQUIP-RENTED			
101 DURABLE MEDICAL EQUIP-SOLD			
102 SUBTOTAL	3,317,140		
103 CRNA CHARGES			
104 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES			
NET CHARGES	3,317,140		

(A) WORKSHEET A LINE NUMBERS

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

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2008
 I 15-0164 I FROM 11/ 1/2006 I WORKSHEET D
 I I TO 12/31/2007 I PART I

TITLE XIX

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				1,927,915		1,927,915
27	INTENSIVE CARE UNIT				834,220		834,220
28	CORONARY CARE UNIT						
29	BURN INTENSIVE CARE UNIT						
31	SURGICAL INTENSIVE CARE U						
33	SUBPROVIDER						
101	NURSERY						
	TOTAL				2,762,135		2,762,135

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2008
 I 15-0164 I FROM 11/ 1/2006 I WORKSHEET D
 I I TO 12/31/2007 I PART I
 PPS

TITLE XIX

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						
	ADULTS & PEDIATRICS	3,468	335			555.92	186,233
26	INTENSIVE CARE UNIT	361	3			2,310.86	6,933
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY						
101	TOTAL	3,829	338				193,166

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2008
 I 15-0164 I FROM 11/ 1/2006 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2007 I PART II
 I 15-0164 I

TITLE XIX

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	CST/CHRG RATIO 5	OLD CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM		3,731,666	15,704,674	1,188,897		
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY		187,624	2,594,265	20,250		
41	RADIOLOGY-DIAGNOSTIC		1,497,498	8,531,042	68,208		
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY		456,376	4,263,840	100,347		
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY		163,110	947,479	74,604		
50	PHYSICAL THERAPY		27,016	182,129	6,148		
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY		226,040	1,043,703	23,785		
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED		886,490	2,789,337	6,748		
56	DRUGS CHARGED TO PATIENTS		316,038	1,726,343	133,402		
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS						
60	CLINIC		31,206	41,868	28,561		
61	EMERGENCY		1,076,273	6,243,985	40,455		
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		235,708	369,702	12,484		
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL		8,835,045	44,438,367	1,703,889		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2008
 I 15-0164 I FROM 11/ 1/2006 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2007 I PART II
 I 15-0164 I PPS I

WKST A LINE NO.	TITLE XIX COST CENTER DESCRIPTION	HOSPITAL	
		NEW CAPITAL CST/CHRG 7	RATIO RATIO 8
37	ANCILLARY SRVC COST CNTRS		
38	OPERATING ROOM	.237615	282,500
39	RECOVERY ROOM		
40	DELIVERY ROOM & LABOR ROO		
41	ANESTHESIOLOGY	.072323	1,465
42	RADIOLOGY-DIAGNOSTIC	.175535	11,973
43	RADIOLOGY-THERAPEUTIC		
44	RADIOISOTOPE		
45	LABORATORY	.107034	10,741
46	PBP CLINICAL LAB SERVICES		
47	WHOLE BLOOD & PACKED RED		
48	BLOOD STORING, PROCESSING		
49	INTRAVENOUS THERAPY		
50	RESPIRATORY THERAPY	.172152	12,843
51	PHYSICAL THERAPY	.148334	912
52	OCCUPATIONAL THERAPY		
53	SPEECH PATHOLOGY		
54	ELECTROCARDIOLOGY	.216575	5,151
55	ELECTROENCEPHALOGRAPHY		
56	MEDICAL SUPPLIES CHARGED	.317814	2,145
57	DRUGS CHARGED TO PATIENTS	.183068	24,422
58	RENAL DIALYSIS		
	ASC (NON-DISTINCT PART)		
60	OUTPAT SERVICE COST CNTRS		
61	CLINIC	.745343	21,288
62	EMERGENCY	.172370	6,973
	OBSERVATION BEDS (NON-DIS	.637562	7,959
	OTHER REIMBURS COST CNTRS		
64	HOME PROGRAM DIALYSIS		
65	AMBULANCE SERVICES		
66	DURABLE MEDICAL EQUIP-REN		
67	DURABLE MEDICAL EQUIP-SOL		
101	TOTAL		388,372

APPORTIONMENT OF INPATIENT ROUTINE
 SERVICE OTHER PASS THROUGH COSTS
 TITLE XIX

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2008
 I 15-0164 I FROM 11/ 1/2006 I WORKSHEET D
 I I TO 12/31/2007 I PART III
 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					3,468	
26	INTENSIVE CARE UNIT					361	
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					3,829	

APPORTIONMENT OF INPATIENT ROUTINE
 SERVICE OTHER PASS THROUGH COSTS
 TITLE XIX

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2008
 I 15-0164 I FROM 11/ 1/2006 I WORKSHEET D
 I I TO 12/31/2007 I PART III

WKST A	COST CENTER DESCRIPTION	INPATIENT	INPAT PROGRAM
LINE NO.		PROG DAYS	PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS		335
26	INTENSIVE CARE UNIT		3
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		338

TITLE XIX

HOSPITAL

PPS

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

TITLE XIX		HOSPITAL			PPS			
WKST A	COST CENTER DESCRIPTION	TOTAL COSTS	O/P PASS THRU COSTS	TOTAL CHARGES	RATIO OF COST TO CHARGES	O/P RATIO OF CST TO CHARGES	INPAT PROG CHARGE	INPAT PROG PASS THRU COST
LINE NO.		3	3.01	4	5	5.01	6	7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM			15,704,674			1,188,897	
38	RECOVERY ROOM							
39	DELIVERY ROOM & LABOR ROO							
40	ANESTHESIOLOGY			2,594,265			20,250	
41	RADIOLOGY-DIAGNOSTIC			8,531,042			68,208	
42	RADIOLOGY-THERAPEUTIC							
43	RADIOISOTOPE							
44	LABORATORY			4,263,840			100,347	
45	PBP CLINICAL LAB SERVICES							
46	WHOLE BLOOD & PACKED RED							
47	BLOOD STORING, PROCESSING							
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY			947,479			74,604	
50	PHYSICAL THERAPY			182,129			6,148	
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY							
53	ELECTROCARDIOLOGY			1,043,703			23,785	
54	ELECTROENCEPHALOGRAPHY							
55	MEDICAL SUPPLIES CHARGED			2,789,337			6,748	
56	DRUGS CHARGED TO PATIENTS			1,726,343			133,402	
57	RENAL DIALYSIS							
58	ASC (NON-DISTINCT PART)							
	OUTPAT SERVICE COST CNTRS							
60	CLINIC			41,868			28,561	
61	EMERGENCY			6,243,985			40,455	
62	OBSERVATION BEDS (NON-DIS			369,702			12,484	
	OTHER REIMBURS COST CNTRS							
64	HOME PROGRAM DIALYSIS							
65	AMBULANCE SERVICES							
66	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL			44,438,367			1,703,889	

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2008
 I 15-0164 I FROM 11/ 1/2006 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2007 I PART IV
 I 15-0164 I

WKST A LINE NO.	TITLE XIX COST CENTER DESCRIPTION	HOSPITAL			PPS PASS THRU COST	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			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	993,239					
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	43,700					
41	RADIOLOGY-DIAGNOSTIC	1,049,962					
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	379,701					
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	32,510					
50	PHYSICAL THERAPY	200					
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	39,185					
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	13,759					
56	DRUGS CHARGED TO PATIENTS	123,931					
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	1,195,651					
62	OBSERVATION BEDS (NON-DIS	27,023					
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL	3,898,861					

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2008
 I 15-0164 I FROM 11/ 1/2006 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2007 I PART V
 I 15-0164 I I

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	.443441				993,239
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY	.488412				43,700
41 RADIOLOGY-DIAGNOSTIC	.222416				1,049,962
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE					
44 LABORATORY	.408194				379,701
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47 BLOOD STORING, PROCESSING & TRANS.					
48 INTRAVENOUS THERAPY					32,510
49 RESPIRATORY THERAPY	.783888				200
50 PHYSICAL THERAPY	1.079032				
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY	.468346				39,185
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	1.811928				13,759
56 DRUGS CHARGED TO PATIENTS	.808011				123,931
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC	.637551				
62 EMERGENCY	.515585				1,195,651
62 OBSERVATION BEDS (NON-DISTINCT PART)	2.069653				27,023
64 OTHER REIMBURS COST CNTRS					
65 HOME PROGRAM DIALYSIS					
66 AMBULANCE SERVICES					
67 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
101 SUBTOTAL					3,898,861
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					3,898,861

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2008
 I 15-0164 I FROM 11/ 1/2006 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2007 I PART V
 I 15-0164 I I

TITLE XIX - O/P HOSPITAL
 PPS Services Non-PPS PPS Services Outpatient Outpatient
 FYB to 12/31 Services 1/1 to FYE Ambulatory Radiology
 Surgical Ctr

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)					
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

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2008
 I 15-0164 I FROM 11/ 1/2006 I WORKSHEET D
 I COMPONENT NO: I TO 12/31/2007 I PART V
 I 15-0164 I I

TITLE XIX - O/P	HOSPITAL	All Other	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	
Cost Center Description	Other Outpatient Diagnostic	8	9	9.01	9.02	9.03
(A) ANCILLARY SRVC COST CNTRS						
37 OPERATING ROOM			440,443			
38 RECOVERY ROOM						
39 DELIVERY ROOM & LABOR ROOM						
40 ANESTHESIOLOGY			21,344			
41 RADIOLOGY-DIAGNOSTIC			233,528			
42 RADIOLOGY-THERAPEUTIC						
43 RADIOISOTOPE						
44 LABORATORY			154,992			
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			25,484			
50 PHYSICAL THERAPY			216			
51 OCCUPATIONAL THERAPY						
52 SPEECH PATHOLOGY						
53 ELECTROCARDIOLOGY			18,352			
54 ELECTROENCEPHALOGRAPHY						
55 MEDICAL SUPPLIES CHARGED TO PATIENTS			24,930			
56 DRUGS CHARGED TO PATIENTS			100,138			
57 RENAL DIALYSIS						
58 ASC (NON-DISTINCT PART)						
60 OUTPAT SERVICE COST CNTRS						
61 CLINIC						
62 EMERGENCY			616,460			
OBSERVATION BEDS (NON-DISTINCT PART)			55,928			
OTHER REIMBURS COST CNTRS						
64 HOME PROGRAM DIALYSIS						
65 AMBULANCE SERVICES						
66 DURABLE MEDICAL EQUIP-RENTED						
67 DURABLE MEDICAL EQUIP-SOLD						
101 SUBTOTAL			1,691,815			
102 CRNA CHARGES						
103 LESS PBP CLINIC LAB SVCS-						
PROGRAM ONLY CHARGES						
104 NET CHARGES			1,691,815			

(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)	3,468
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	3,468
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3,468
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	1,413
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	6,729,695
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)	6,729,695
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	2,949,612
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2,949,612
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	2.281553
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	850.52
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	6,729,695

COMPUTATION OF INPATIENT OPERATING COST

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2008
 I 15-0164 I FROM 11/ 1/2006 I WORKSHEET D-1
 I COMPONENT NO: I TO 12/31/2007 I PART III
 I 15-0164 I I

TITLE XVIII PART A

HOSPITAL

PPS

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

1

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

PART IV - COMPUTATION OF OBSERVATION BED COST

- 83 TOTAL OBSERVATION BED DAYS 424
- 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 1,940.51
- 85 OBSERVATION BED COST 822,776

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		6,729,695		822,776	
87 NEW CAPITAL-RELATED COST	1,927,915	6,729,695	.286479	822,776	235,708
88 NON PHYSICIAN ANESTHETIST		6,729,695		822,776	
89 MEDICAL EDUCATION		6,729,695		822,776	
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

TITLE XIX - I/P

HOSPITAL

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	3,468
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	3,468
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	3,468
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)	335
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	6,729,695
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	6,729,695

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	2,949,612
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	2,949,612
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	2.281553
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	850.52
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	6,729,695

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 1,940.51
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 650,071
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 650,071

	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	2,796,135	361	7,745.53	3	23,237
45 CORONARY CARE UNIT					
46 BURN INTENSIVE CARE UNIT					
47 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					924,356
49 TOTAL PROGRAM INPATIENT COSTS					1,597,664

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 193,166
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 388,372
 52 TOTAL PROGRAM EXCLUDABLE COST 581,538
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS 1,016,126

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XIX - I/P

HOSPITAL

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	424
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,940.51
85	OBSERVATION BED COST	822,776

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	6,729,695		822,776	
87	NEW CAPITAL-RELATED COST	1,927,915	.286479	822,776	235,708
88	NON PHYSICIAN ANESTHETIST	6,729,695		822,776	
89	MEDICAL EDUCATION	6,729,695		822,776	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2008
 I 15-0164 I FROM 11/ 1/2006 I WORKSHEET D-4
 I COMPONENT NO: I TO 12/31/2007 I
 I 15-0164 I

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		1,271,700	
26	INTENSIVE CARE UNIT		616,170	
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
31	SUBPROVIDER			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.481338	1,905,643	917,258
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY	.521708	125,880	65,673
41	RADIOLOGY-DIAGNOSTIC	.243937	667,334	162,787
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	.438099	811,456	355,498
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	.839828	478,287	401,679
50	PHYSICAL THERAPY	1.152085	97,032	111,789
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.506839	42,466	21,523
54	ELECTROENCEPHALOGRAPHY			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	1.937660	1,300,451	2,519,832
56	DRUGS CHARGED TO PATIENTS	.865924	566,974	490,956
57	RENAL DIALYSIS			
58	ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS			
60	CLINIC	.710041		
61	EMERGENCY	.555776	334,619	185,973
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	2.225511	48,025	106,880
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
101	TOTAL		6,378,167	5,339,848
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		6,378,167	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2008
 I 15-0164 I FROM 11/ 1/2006 I WORKSHEET D-4
 I COMPONENT NO: I TO 12/31/2007 I
 I 15-0164 I

WKST A LINE NO.	TITLE XIX COST CENTER DESCRIPTION	HOSPITAL	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS				
26	ADULTS & PEDIATRICS			309,637	
27	INTENSIVE CARE UNIT			54,150	
28	CORONARY CARE UNIT				
29	BURN INTENSIVE CARE UNIT				
31	SURGICAL INTENSIVE CARE UNIT				
	SUBPROVIDER				
	ANCILLARY SRVC COST CNTRS				
37	OPERATING ROOM		.481338	1,188,897	572,261
38	RECOVERY ROOM				
39	DELIVERY ROOM & LABOR ROOM				
40	ANESTHESIOLOGY		.521708	20,250	10,565
41	RADIOLOGY-DIAGNOSTIC		.243937	68,208	16,638
42	RADIOLOGY-THERAPEUTIC				
43	RADIOISOTOPE				
44	LABORATORY		.438099	100,347	43,962
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		.839828	74,604	62,655
50	PHYSICAL THERAPY		1.152085	6,148	7,083
51	OCCUPATIONAL THERAPY				
52	SPEECH PATHOLOGY				
53	ELECTROCARDIOLOGY		.506839	23,785	12,055
54	ELECTROENCEPHALOGRAPHY				
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		1.937660	6,748	13,075
56	DRUGS CHARGED TO PATIENTS		.865924	133,402	115,516
57	RENAL DIALYSIS				
58	ASC (NON-DISTINCT PART)				
	OUTPAT SERVICE COST CNTRS				
60	CLINIC		.710041	28,561	20,279
61	EMERGENCY		.555776	40,455	22,484
62	OBSERVATION BEDS (NON-DISTINCT PART)		2.225511	12,484	27,783
	OTHER REIMBURS COST CNTRS				
64	HOME PROGRAM DIALYSIS				
65	AMBULANCE SERVICES				
66	DURABLE MEDICAL EQUIP-RENTED				
67	DURABLE MEDICAL EQUIP-SOLD				
101	TOTAL			1,703,889	924,356
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES				
103	NET CHARGES			1,703,889	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2008
 I 15-0164 I FROM 11/ 1/2006 I WORKSHEET E
 I COMPONENT NO: I TO 12/31/2007 I PART A
 I 15-0164 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	2,609,905	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1		
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST		
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1		
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1		
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	8,588	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	31.00	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST 5-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.		
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
		FOR CR PERIODS ENDING ON OR AFTER 7/1/2005
		E-3 PT 6 LN 15 PLUS LN 3.06
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)		
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)		
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE		
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).		
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)		
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)		
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19		
3.21 IME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1		
3.22 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)		
3.23 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
		SUM OF LINES 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 5-3, PART I EXCLUDING DISCHARGES FOR DRGS 302, 316, AND 317.		
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGS 302, 316 & 317		
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, AND 317.		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)	335.00	
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	2,618,493	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS) FY BEG. 10/1/2000		

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2008
 I 15-0164 I FROM 11/ 1/2006 I WORKSHEET E
 I COMPONENT NO: I TO 12/31/2007 I PART A
 I 15-0164 I I

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	2,618,493	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	2,303,854	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT		
11.01 NURSING AND ALLIED HEALTH MANAGED CARE		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16 TOTAL	4,922,347	
17 PRIMARY PAYER PAYMENTS		
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	4,922,347	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	343,818	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	6,944	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	35,341	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	24,739	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
22 SUBTOTAL	4,596,324	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	4,596,324	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	2,329,596	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	2,266,728	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.		
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	3,317,140
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	1,262,868
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)	1,262,868
	COMPUTATION OF REIMBURSEMENT SETTLEMENT	
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	286,934
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	
19	SUBTOTAL (SEE INSTRUCTIONS)	975,934
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	975,934
24	PRIMARY PAYER PAYMENTS	2,967
25	SUBTOTAL	972,967
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	972,967
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	972,967
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	972,967
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2008
 I 15-0164 I FROM 11/ 1/2006 I WORKSHEET E-1
 I COMPONENT NO: I TO 12/31/2007 I
 I 15-0164 I I

TITLE XVIII HOSPITAL

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER	1	2,329,596	3	4
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
ADJUSTMENTS TO PROGRAM		.99		
SUBTOTAL				
4 TOTAL INTERIM PAYMENTS		NONE		NONE
		2,329,596		972,967
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				
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		NONE		NONE
SETTLEMENT TO PROVIDER		.01		
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:
 INTERMEDIARY NO: 00000

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ____/____/____

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

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

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

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	160,273			
2	TEMPORARY INVESTMENTS	3,931,142			
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	5,220,392			
5	OTHER RECEIVABLES				
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7	INVENTORY	1,190,956			
8	PREPAID EXPENSES	385,394			
9	OTHER CURRENT ASSETS	926,020			
10	DUE FROM OTHER FUNDS	98,900			
11	TOTAL CURRENT ASSETS	11,913,077			
FIXED ASSETS					
12	LAND	11,778,309			
12.01					
13	LAND IMPROVEMENTS				
13.01	LESS ACCUMULATED DEPRECIATION				
14	BUILDINGS				
14.01	LESS ACCUMULATED DEPRECIATION				
15	LEASEHOLD IMPROVEMENTS				
15.01	LESS ACCUMULATED DEPRECIATION				
16	FIXED EQUIPMENT				
16.01	LESS ACCUMULATED DEPRECIATION				
17	AUTOMOBILES AND TRUCKS				
17.01	LESS ACCUMULATED DEPRECIATION				
18	MAJOR MOVABLE EQUIPMENT				
18.01	LESS ACCUMULATED DEPRECIATION				
19	MINOR EQUIPMENT DEPRECIABLE				
19.01	LESS ACCUMULATED DEPRECIATION				
20	MINOR EQUIPMENT-NONDEPRECIABLE				
21	TOTAL FIXED ASSETS	11,778,309			
OTHER ASSETS					
22	INVESTMENTS				
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	893,499			
26	TOTAL OTHER ASSETS	893,499			
27	TOTAL ASSETS	24,584,885			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
LIABILITIES AND FUND BALANCE				
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	1,670,858			
29 SALARIES, WAGES & FEES PAYABLE				
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	1,612,429			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	1,252,000			
36 TOTAL CURRENT LIABILITIES	4,535,287			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	1,586,239			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	26,692,156			
42 TOTAL LONG-TERM LIABILITIES	28,278,395			
43 TOTAL LIABILITIES	32,813,682			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	-8,228,797			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	-8,228,797			
52 TOTAL LIABILITIES AND FUND BALANCES	24,584,885			

STATEMENT OF CHANGES IN FUND BALANCES

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2008
 I 15-0164 I FROM 11/ 1/2006 I WORKSHEET G-1
 I I TO 12/31/2007 I

	GENERAL FUND		SPECIFIC PURPOSE FUND
	1	2	3
1 FUND BALANCE AT BEGINNING		8,789,595	
2 OF PERIOD			
3 NET INCOME (LOSS)		-22,214,094	
4 TOTAL		-13,424,499	
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)			
6 CONTRIBUTIONS FROM MEMBER	6,955,702		
7 CONTRIBUTIONS FROM MEMBER	1,240,000		
8			
9			
10 TOTAL ADDITIONS		8,195,702	
11 SUBTOTAL		-5,228,797	
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)			
13 REPURCHASE OF MEMBERS SHA	3,000,000		
14			
15			
16			
17			
18 TOTAL DEDUCTIONS		3,000,000	
19 FUND BALANCE AT END OF		-8,228,797	
PERIOD PER BALANCE SHEET			

	ENDOWMENT FUND		PLANT FUND
	5	6	7
1 FUND BALANCE AT BEGINNING			
2 OF PERIOD			
3 NET INCOME (LOSS)			
4 TOTAL			
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)			
6 CONTRIBUTIONS FROM MEMBER			
7 CONTRIBUTIONS FROM MEMBER			
8			
9			
10 TOTAL ADDITIONS			
11 SUBTOTAL			
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)			
13 REPURCHASE OF MEMBERS SHA			
14			
15			
16			
17			
18 TOTAL DEDUCTIONS			
19 FUND BALANCE AT END OF			
PERIOD PER BALANCE SHEET			

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2008
 I 15-0164 I FROM 11/ 1/2006 I WORKSHEET G-2
 I I TO 12/31/2007 I PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	2,949,612		2,949,612
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	2,949,612		2,949,612
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	778,764		778,764
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	778,764		778,764
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	3,728,376		3,728,376
17 00 ANCILLARY SERVICES	11,562,245	677,948	12,240,193
18 00 OUTPATIENT SERVICES		32,181,944	32,181,944
19 00 HOME HEALTH AGENCY			
20 00 AMBULANCE SERVICES			
21 00 CORF			
22 00 AMBULATORY SURGICAL CENTER (D.P.)			
23 00 HOSPICE			
24 00			
25 00 TOTAL PATIENT REVENUES	15,290,621	32,859,892	48,150,513

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES		42,818,882	
ADD (SPECIFY)			
27 00			
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS			
DEDUCT (SPECIFY)			
34 00			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		42,818,882	

STATEMENT OF REVENUES AND EXPENSES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/28/2008
I	15-0164	I	FROM 11/ 1/2006	I	WORKSHEET G-3	
I		I	TO 12/31/2007	I		

DESCRIPTION		
1	TOTAL PATIENT REVENUES	48,150,513
2	LESS: ALLOWANCES AND DISCOUNTS ON	32,389,817
3	NET PATIENT REVENUES	15,760,696
4	LESS: TOTAL OPERATING EXPENSES	42,818,882
5	NET INCOME FROM SERVICE TO PATIENT	-27,058,186
OTHER INCOME		
6	CONTRIBUTIONS, DONATIONS, BEQUES	
7	INCOME FROM INVESTMENTS	481,275
8	REVENUE FROM TELEPHONE AND TELEG	
9	REVENUE FROM TELEVISION AND RADI	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN S	
14	REVENUE FROM MEALS SOLD TO EMPLO	
15	REVENUE FROM RENTAL OF LIVING QU	
16	REVENUE FROM SALE OF MEDICAL & S	
	TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OT	
18	REVENUE FROM SALE OF MEDICAL REC	
19	TUITION (FEES, SALE OF TEXTBOOKS	
20	REVENUE FROM GIFTS, FLOWER, COFFE	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	SEE ATTACHED SCHEDULE	2,986,927
24.01	OTHER REVENUE - ASC	1,375,890
25	TOTAL OTHER INCOME	4,844,092
26	TOTAL	-22,214,094
OTHER EXPENSES		
27		
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIO	-22,214,094

CALCULATION OF CAPITAL PAYMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 5/28/2008
I	15-0164	I	FROM 11/ 1/2006	I	WORKSHEET L
I	COMPONENT NO:	I	TO 12/31/2007	I	PARTS I-IV
I	15-0164	I		I	

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	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3	.01 CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	.00
	IN THE COST REPORTING PERIOD	
4	.01 NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4	.02 INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4	.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	.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	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	
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	1,333,189
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	1,377,228
3	TOTAL INPATIENT PROGRAM CAPITAL COST	2,710,417
4	CAPITAL COST PAYMENT FACTOR	85
5	TOTAL INPATIENT PROGRAM CAPITAL COST	2,303,854
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)	

CALCULATION OF CAPITAL PAYMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2008
 I 15-0164 I FROM 11/ 1/2006 I WORKSHEET L
 I COMPONENT NO: I TO 12/31/2007 I PARTS I-IV
 I 15-0164 I I

TITLE XIX HOSPITAL

PART I - FULLY PROSPECTIVE METHOD		
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3	.01 CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	.00
	IN THE COST REPORTING PERIOD	
4	.01 NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4	.02 INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4	.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	.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	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	
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	193,166
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	388,372
3	TOTAL INPATIENT PROGRAM CAPITAL COST	581,538
4	CAPITAL COST PAYMENT FACTOR	85
5	TOTAL INPATIENT PROGRAM CAPITAL COST	494,307
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)	