

WORKSHEET S  
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION	I	15-2021	I	FROM 7/ 1/2006	I	--AUDITED --DESK REVIEW	I	/ /
AND SETTLEMENT SUMMARY	I		I	TO 6/30/2007	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
						--FINAL 1-MCR CODE	I	
						00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 11/26/2007 TIME 16:26

PART I - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:  
 ST ELIZABETH ANN SETON HOSPITAL 15-2021  
 FOR THE COST REPORTING PERIOD BEGINNING 7/ 1/2006 AND ENDING 6/30/2007 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

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 ECR ENCRYPTION INFORMATION  
 DATE: 11/26/2007 TIME 16:26

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\_\_\_\_\_  
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

\_\_\_\_\_  
 TITLE

\_\_\_\_\_  
 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX		
	1	2		3	4		
1		0	36,996		0		0
100	HOSPITAL TOTAL	0	36,996		0		0

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

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



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
28.02	ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY		0	0.0000	0.0000
			0.00	0	
	A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)		%	Y/N	
28.03	STAFFING		0.00%		
28.04	RECRUITMENT		0.00%		
28.05	RETENTION		0.00%		
28.06	TRAINING		0.00%		
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	N			
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff)	N			
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70				
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS)				
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000).				
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II				
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
31.01	IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
31.02	IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N			
31.03	IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).				
31.04	IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).				
31.05	IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).				
	MISCELLANEOUS COST REPORT INFORMATION				
32	IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2.	N			
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2	N			
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA?	N			
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N			
35.01	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N			
35.02	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N			
35.03	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?				
35.04	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?				
	PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL	V	XVIII	XIX	
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)	1	2	3	
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS)	N	Y	N	
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)	N	N	N	
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE?	N	N	N	

TITLE XIX INPATIENT SERVICES

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

40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COL 2 THE HOME OFFICE PROVIDER NUMBER. IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION ENTER THE NAME AND ADDRESS OF THE HOME OFFICE Y

40.01 NAME: 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? Y  
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? Y  
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N  
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? Y  
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000  
 SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.  
 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?  
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?  
 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?  
 46 IF YOU ARE PARTICIPATING IN THE NHCMP DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

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

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

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

54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:  
 PREMIUMS: 0  
 PAID LOSSES: 0  
 AND/OR SELF INSURANCE: 0

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

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	FEES
	0	1	2	3	4
56.01	7/1/2006	N	0.00		0
56.02			0.00		0
56.03			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) Y Y

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

COMPONENT	NO. OF BEDS	BED DAYS AVAILABLE	CAH N/A	I/P DAYS / TITLE V	O/P VISITS / TITLE XVIII	NON COVERED MEDICARE DAYS	TRIPS / TITLE XIX
1 ADULTS & PEDIATRICS	20	10,259	2.01	3	4	4.01	5
2 HMO					4,360		252
01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	20	10,259			4,360		252
6 INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL	20	10,259			4,360		252
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	20						
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
01 AMBULANCE TRIPS							
02 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX ADMITTED	I/P DAYS / OBSERVATION BEDS NOT ADMITTED	O/P VISITS / TOTAL ALL PATS	TRIPS / TOTAL ADMITTED	OBSERVATION BEDS NOT ADMITTED	INTERNS & RES. TOTAL	RES. FTES LESS I&R REPL NON-PHYS ANES
1 ADULTS & PEDIATRICS	5.01	5.02	6	6.01	6.02	7	8
2 HMO			5,344				
01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			5,344				
6 INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL			5,344				
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							
27 AMBULANCE TRIPS							
01 AMBULANCE TRIPS							
02 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET	FULL TIME EMPLOYEES ON PAYROLL	EQUIV NONPAID WORKERS	TITLE V	DISCHARGES TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS
1 ADULTS & PEDIATRICS	9	10	11	12	13	14	15
2 HMO					148	9	188
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		75.81			148	9	188
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							

COMPONENT	I & R FTES NET	--- FULL TIME EQUIV ---		DISCHARGES			TOTAL ALL PATIENTS
		EMPLOYEES ON PAYROLL	NONPAID WORKERS	TITLE V	TITLE XVIII	TITLE XIX	
25 TOTAL	9	10	11	12	13	14	15
26 OBSERVATION BED DAYS		75.81					
27 AMBULANCE TRIPS							
27 01 AMBULANCE TRIPS							
27 02 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2007  
 I 15-2021 I FROM 7/ 1/2006 I WORKSHEET A  
 I TO 6/30/2007 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 NEW CAP REL COSTS-BLDG & FIXT		164,547	164,547	286,858	451,405
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				99,399	99,399
5	0500 EMPLOYEE BENEFITS	9,029	1,111,614	1,120,643		1,120,643
6	0600 ADMINISTRATIVE & GENERAL	562,507	411,880	974,387	-32,878	941,509
7	0700 MAINTENANCE & REPAIRS					
8	0800 OPERATION OF PLANT	1,593	351,659	353,252	-286,870	66,382
9	0900 LAUNDRY & LINEN SERVICE				2,896	2,896
10	1000 HOUSEKEEPING	15,912	36,258	52,170		52,170
11	1100 DIETARY		58,924	58,924		58,924
12	1200 CAFETERIA					
13	1300 MAINTENANCE OF PERSONNEL					
14	1400 NURSING ADMINISTRATION	265,782	15,982	281,764		281,764
15	1500 CENTRAL SERVICES & SUPPLY					
16	1600 PHARMACY	359,673	839,001	1,198,674	-20,238	1,178,436
17	1700 MEDICAL RECORDS & LIBRARY	28,622	16,371	44,993		44,993
18	1800 SOCIAL SERVICE	31,170	210	31,380		31,380
18.01	1801 PASTORAL CARE	24,579	18,128	42,707		42,707
20	2000 NONPHYSICIAN ANESTHETISTS					
21	2100 NURSING SCHOOL					
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD					
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD					
24	2400 PARAMED ED PRGM					
25	2500 ADULTS & PEDIATRICS	2,671,883	545,335	3,217,218	-274,001	2,943,217
26	2600 INTENSIVE CARE UNIT					
27	2700 CORONARY CARE UNIT					
28	2800 BURN INTENSIVE CARE UNIT					
29	2900 SURGICAL INTENSIVE CARE UNIT					
31	3100 SUBPROVIDER					
33	3300 NURSERY					
34	3400 SKILLED NURSING FACILITY					
35	3500 NURSING FACILITY					
35.01	3510 ICF/MR					
36	3600 OTHER LONG TERM CARE					
37	3700 OPERATING ROOM		68,981	68,981		68,981
38	3800 RECOVERY ROOM					
39	3900 DELIVERY ROOM & LABOR ROOM					
40	4000 ANESTHESIOLOGY					
41	4100 RADIOLOGY-DIAGNOSTIC		168,876	168,876		168,876
42	4200 RADIOLOGY-THERAPEUTIC					
43	4300 RADIOISOTOPE					
44	4400 LABORATORY		267,973	267,973		267,973
45	4500 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47	4700 BLOOD STORING, PROCESSING & TRANS.					
48	4800 INTRAVENOUS THERAPY					
49	4900 RESPIRATORY THERAPY	936,821	79,835	1,016,656	226,089	1,242,745
50	5000 PHYSICAL THERAPY	175,767	64,801	240,568	-925	239,643
51	5100 OCCUPATIONAL THERAPY	99,283	39,867	139,150	-302	138,848
52	5200 SPEECH PATHOLOGY	22,674	32,000	54,674	-28	54,646
53	5300 ELECTROCARDIOLOGY					
54	5400 ELECTROENCEPHALOGRAPHY					
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56	5600 DRUGS CHARGED TO PATIENTS					
57	5700 RENAL DIALYSIS		50,550	50,550		50,550
58	5800 ASC (NON-DISTINCT PART)					
60	6000 OUTPAT SERVICE COST CNTRS					
61	6100 CLINIC					
62	6200 EMERGENCY					
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
64	6400 OTHER REIMBURS COST CNTRS					
64	6400 HOME PROGRAM DIALYSIS					
65	6500 AMBULANCE SERVICES					
66	6600 DURABLE MEDICAL EQUIP-RENTED					
67	6700 DURABLE MEDICAL EQUIP-SOLD					
69	6900 CORF					
70	7000 I&R SERVICES-NOT APPRVD PRGM					
71	7100 HOME HEALTH AGENCY					
82	8200 SPEC PURPOSE COST CENTERS					
82	8200 LUNG ACQUISITION					
83	8300 KIDNEY ACQUISITION					
84	8400 LIVER ACQUISITION					
85	8500 HEART ACQUISITION					
85.01	8510 PANCREAS ACQUISITION					
86	8600 OTHER ORGAN ACQUISITION					
88	8800 INTEREST EXPENSE					
89	8900 UTILIZATION REVIEW-SNF					
90	9000 OTHER CAPITAL RELATED COSTS					
92	9200 AMBULATORY SURGICAL CENTER (D.P.)					
93	9300 HOSPICE					
95	SUBTOTALS	5,205,295	4,342,792	9,548,087	-0-	9,548,087
96	9600 NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
97	9700 RESEARCH					
98	9800 PHYSICIANS' PRIVATE OFFICES					
99	9900 NONPAID WORKERS					
101	TOTAL	5,205,295	4,342,792	9,548,087	-0-	9,548,087

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 NEW CAP REL COSTS-MVBLE EQUIP		
4	0400 NEW CAP REL COSTS-BLDG & FIXT	83,345	534,750
5	0500 EMPLOYEE BENEFITS	253,233	99,399
6	0600 ADMINISTRATIVE & GENERAL	577,654	1,373,876
7	0700 MAINTENANCE & REPAIRS		1,519,163
8	0800 OPERATION OF PLANT		66,382
9	0900 LAUNDRY & LINEN SERVICE		2,896
10	1000 HOUSEKEEPING		52,170
11	1100 DIETARY		58,924
12	1200 CAFETERIA		
13	1300 MAINTENANCE OF PERSONNEL		
14	1400 NURSING ADMINISTRATION		281,764
15	1500 CENTRAL SERVICES & SUPPLY		
16	1600 PHARMACY		1,178,436
17	1700 MEDICAL RECORDS & LIBRARY	-869	44,124
18	1800 SOCIAL SERVICE		31,380
18.01	1801 PASTORAL CARE		42,707
20	2000 NONPHYSICIAN ANESTHETISTS		
21	2100 NURSING SCHOOL		
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD		
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD		
24	2400 PARAMED ED PRGM		
25	2500 INPAT ROUTINE SRVC CNTRS		
26	2600 ADULTS & PEDIATRICS	-13,415	2,929,802
27	2700 INTENSIVE CARE UNIT		
28	2800 CORONARY CARE UNIT		
29	2900 BURN INTENSIVE CARE UNIT		
31	3100 SURGICAL INTENSIVE CARE UNIT		
33	3300 SUBPROVIDER		
34	3400 NURSERY		
35	3500 SKILLED NURSING FACILITY		
35.01	3510 NURSING FACILITY		
36	3600 ICF/MR		
37	3700 OTHER LONG TERM CARE		
38	3800 ANCILLARY SRVC COST CNTRS		68,981
39	3900 OPERATING ROOM		
40	4000 RECOVERY ROOM		
41	4100 DELIVERY ROOM & LABOR ROOM		
42	4200 ANESTHESIOLOGY		168,876
43	4300 RADIOLOGY-DIAGNOSTIC		
44	4400 RADIOLOGY-THERAPEUTIC		
45	4500 RADIOISOTOPE		267,973
46	4600 LABORATORY		
47	4700 PBP CLINICAL LAB SERVICES-PRGM ONLY		
48	4800 WHOLE BLOOD & PACKED RED BLOOD CELLS		
49	4900 BLOOD STORING, PROCESSING & TRANS.		
50	5000 INTRAVENOUS THERAPY		1,242,745
51	5100 RESPIRATORY THERAPY		239,643
52	5200 PHYSICAL THERAPY		138,848
53	5300 OCCUPATIONAL THERAPY		54,646
54	5400 SPEECH PATHOLOGY		
55	5500 ELECTROCARDIOLOGY		
56	5600 ELECTROENCEPHALOGRAPHY		
57	5700 MEDICAL SUPPLIES CHARGED TO PATIENTS		
58	5800 DRUGS CHARGED TO PATIENTS		
60	6000 RENAL DIALYSIS		50,550
61	6100 ASC (NON-DISTINCT PART)		
62	6200 OUTPAT SERVICE COST CNTRS		
64	6400 CLINIC		
65	6500 EMERGENCY		
66	6600 OBSERVATION BEDS (NON-DISTINCT PART)		
67	6700 OTHER REIMBURS COST CNTRS		
68	6800 HOME PROGRAM DIALYSIS		
69	6900 AMBULANCE SERVICES		
70	7000 DURABLE MEDICAL EQUIP-RENTED		
71	7100 DURABLE MEDICAL EQUIP-SOLD		
82	8200 CORF		
83	8300 I&R SERVICES-NOT APPRVD PRGM		
84	8400 HOME HEALTH AGENCY		
85	8500 SPEC PURPOSE COST CENTERS		
85.01	8510 LUNG ACQUISITION		
86	8600 KIDNEY ACQUISITION		
87	8700 LIVER ACQUISITION		
88	8800 HEART ACQUISITION		
89	8900 PANCREAS ACQUISITION		
90	9000 OTHER ORGAN ACQUISITION		
91	9100 INTEREST EXPENSE		-0-
92	9200 UTILIZATION REVIEW-SNF		-0-
93	9300 OTHER CAPITAL RELATED COSTS		-0-
94	9400 AMBULATORY SURGICAL CENTER (D.P.)		
95	9500 HOSPICE		
96	9600 SUBTOTALS	899,948	10,448,035
97	9700 NONREIMBURS COST CENTERS		
98	9800 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
99	9900 RESEARCH		
101	TOTAL	899,948	10,448,035

COST CENTERS USED IN COST REPORT

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	
18.01	PASTORAL CARE	1801	SOCIAL SERVICE
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	CORF	6900	
70	I&R SERVICES-NOT APPRVD PRGM	7000	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
82	LUNG ACQUISITION	8200	
83	KIDNEY ACQUISITION	8300	
84	LIVER ACQUISITION	8400	
85	HEART ACQUISITION	8500	
85.01	PANCREAS ACQUISITION	8510	
86	OTHER ORGAN ACQUISITION	8600	
88	INTEREST EXPENSE	8800	
89	UTILIZATION REVIEW-SNF	8900	
90	OTHER CAPITAL RELATED COSTS	9000	
92	AMBULATORY SURGICAL CENTER (D.P.)	9200	
93	HOSPICE	9300	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	
98	PHYSICIANS' PRIVATE OFFICES	9800	
99	NONPAID WORKERS	9900	
101	TOTAL	0000	

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	INCREASE		SALARY	OTHER
			LINE NO			
1 LAUNDRY RECLASS	A	LAUNDRY & LINEN SERVICE	9			2,896
2 SPACE RENTAL RECLASS	B	NEW CAP REL COSTS-BLDG & FIXT	3			286,870
3 EQUIPMENT RENTAL RECLASS	C	NEW CAP REL COSTS-MVBLE EQUIP	4			99,399
4						
5						
6						
7 MED SUPPLIES RECLASS	D	RESPIRATORY THERAPY	49			257,144
8						
9						
10						
11						
12						
13 PROFESSIONAL FEE RECLASS	E	ADULTS & PEDIATRICS	25			21,342
14 INTEREST	F	ADMINISTRATIVE & GENERAL	6			12
36 TOTAL RECLASSIFICATIONS						667,663

(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			A-7 REF 10
			LINE NO	SALARY	OTHER	
	1	6	7	8	9	
1 LAUNDRY RECLASS	A	ADULTS & PEDIATRICS	25		2,896	
2 SPACE RENTAL RECLASS	B	OPERATION OF PLANT	8		286,870	10
3 EQUIPMENT RENTAL RECLASS	C	ADULTS & PEDIATRICS	25		47,113	10
4		PHARMACY	16		16,121	
5		RESPIRATORY THERAPY	49		24,617	
6		ADMINISTRATIVE & GENERAL	6		11,548	
7 MED SUPPLIES RECLASS	D	ADULTS & PEDIATRICS	25		245,334	
8		PHARMACY	16		4,117	
9		RESPIRATORY THERAPY	49		6,438	
10		PHYSICAL THERAPY	50		925	
11		OCCUPATIONAL THERAPY	51		302	
12		SPEECH PATHOLOGY	52		28	
13 PROFESSIONAL FEE RECLASS	E	ADMINISTRATIVE & GENERAL	6		21,342	
14 INTEREST	F	NEW CAP REL COSTS-BLDG & FIXT	3		12	11
36 TOTAL RECLASSIFICATIONS					667,663	

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

RECLASSIFICATIONS

PROVIDER NO: 152021 PERIOD: FROM 7/ 1/2006 TO 6/30/2007 PREPARED 11/26/2007 WORKSHEET A-6 NOT A CMS WORKSHEET

RECLASS CODE: A  
EXPLANATION : LAUNDRY RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	LAUNDRY & LINEN SERVICE	9	2,896
TOTAL RECLASSIFICATIONS FOR CODE A			2,896

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADULTS & PEDIATRICS	25	2,896	
			2,896

RECLASS CODE: B  
EXPLANATION : SPACE RENTAL RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	286,870
TOTAL RECLASSIFICATIONS FOR CODE B			286,870

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OPERATION OF PLANT	8	286,870	
			286,870

RECLASS CODE: C  
EXPLANATION : EQUIPMENT RENTAL RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	99,399
2.00			0
3.00			0
4.00			0
TOTAL RECLASSIFICATIONS FOR CODE C			99,399

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADULTS & PEDIATRICS	25	47,113	
PHARMACY	16	16,121	
RESPIRATORY THERAPY	49	24,617	
ADMINISTRATIVE & GENERAL	6	11,548	
			99,399

RECLASS CODE: D  
EXPLANATION : MED SUPPLIES RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	RESPIRATORY THERAPY	49	257,144
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
TOTAL RECLASSIFICATIONS FOR CODE D			257,144

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADULTS & PEDIATRICS	25	245,334	
PHARMACY	16	4,117	
RESPIRATORY THERAPY	49	6,438	
PHYSICAL THERAPY	50	925	
OCCUPATIONAL THERAPY	51	302	
SPEECH PATHOLOGY	52	28	
			257,144

RECLASS CODE: E  
EXPLANATION : PROFESSIONAL FEE RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADULTS & PEDIATRICS	25	21,342
TOTAL RECLASSIFICATIONS FOR CODE E			21,342

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	21,342	
			21,342

RECLASS CODE: F  
EXPLANATION : INTEREST

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	6	12
TOTAL RECLASSIFICATIONS FOR CODE F			12

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
NEW CAP REL COSTS-BLDG & FIXT	3	12	
			12

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
				DONATION 3					
1	LAND								
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		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
				DONATION 3					
1	LAND								
2	LAND IMPROVEMENTS								
3	BUILDINGS & FIXTURE								
4	BUILDING IMPROVEMEN	118,223	790,747			790,747	118,223	790,747	
5	FIXED EQUIPMENT								
6	MOVABLE EQUIPMENT	794,330	118,898			118,898		913,228	
7	SUBTOTAL	912,553	909,645			909,645	118,223	1,703,975	
8	RECONCILING ITEMS								
9	TOTAL	912,553	909,645			909,645	118,223	1,703,975	



ADJUSTMENTS TO EXPENSES

I PROVIDER NO: I 15-2021 I PERIOD: I FROM 7/ 1/2006 I TO 6/30/2007 I PREPARED 11/26/2007 I WORKSHEET A-8

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES	B	-160	NEW CAP REL COSTS-BLDG &	3	9
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-13,415			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	917,964			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS					
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-519	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL (TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			UTILIZATION REVIEW-SNF	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 ADVERTISING	A	-3,265	ADMINISTRATIVE & GENERAL	6	
38 LOBBYING	A	-307	ADMINISTRATIVE & GENERAL	6	
39 MISC	B	-350	MEDICAL RECORDS & LIBRARY	17	
40 OTHER ADJUSTMENTS (SPECIFY)					
41 OTHER ADJUSTMENTS (SPECIFY)					
42 OTHER ADJUSTMENTS (SPECIFY)					
43 OTHER ADJUSTMENTS (SPECIFY)					
44 OTHER ADJUSTMENTS (SPECIFY)					
45 OTHER ADJUSTMENTS (SPECIFY)					
46 OTHER ADJUSTMENTS (SPECIFY)					
47 OTHER ADJUSTMENTS (SPECIFY)					
48 OTHER ADJUSTMENTS (SPECIFY)					
49 OTHER ADJUSTMENTS (SPECIFY)					
50 TOTAL (SUM OF LINES 1 THRU 49)		899,948			

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	3	NEW CAP REL COSTS-BLDG &	ST. JOSEPH BLDG RENT	286,870	286,870	
2	5	EMPLOYEE BENEFITS	EMPLOYEE BENEFITS	639,542	386,309	253,233
3	5	EMPLOYEE BENEFITS	EMPLOYEE BENEFITS - CHAR	23,481	23,481	
4	6	ADMINISTRATIVE & GENERAL	ADMIN - CHARGEBACK	29,103	29,103	
4.01	8	OPERATION OF PLANT	PLANT OPS - CHARGEBACK	2,071	2,071	
4.02	10	HOUSEKEEPING	HOUSEKEEPING - CHARGEBACK	24,132	24,132	
4.03	11	DIETARY	DIETARY - CAHRGEBACK	56,476	56,476	
4.04	16	PHARMACY	PHARMACY - CHARGEBACK	6,522	6,522	
4.05	17	MEDICAL RECORDS & LIBRARY	MED RECORDS - CHARGEBACK	692	692	
4.06	18	1 PASTORAL CARE	PASTORAL CARE - CHARGEBA	33,503	33,503	
4.07	25	ADULTS & PEDIATRICS	ADULT & PED - CHARGEBACK	22,575	22,575	
4.08	37	OPERATING ROOM	OPERATING ROOM - CHARGBA	49,104	49,104	
4.09	41	RADIOLOGY-DIAGNOSTIC	RADIOLOGY - CHARGEBACK	157,354	157,354	
4.10	44	LABORATORY	LABORATORY - CHARGEBACK	126,044	126,044	
4.11	49	RESPIRATORY THERAPY	RESP. THERAPY - CHARGEBA	3,010	3,010	
4.12	53	ELECTROCARDIOLOGY	ELECTROCARDIOLOGY - CHARG	125,104	125,104	
4.13	5	EMPLOYEE BENEFITS	ASCENSION BENEFITS	171,014	171,014	
4.14	6	ADMINISTRATIVE & GENERAL	CHAN FEES - CHARGEBACK	5,663	5,663	
4.15	6	ADMINISTRATIVE & GENERAL	AHA IHAA DUES - CHARGEBA	1,157	1,157	
4.16	6	ADMINISTRATIVE & GENERAL	NATIONAL OFFICE DUES - CH	48,715	48,715	
4.17	6	ADMINISTRATIVE & GENERAL	OTHER WAGES - CHARGEBACK	27,578	27,578	
4.18	6	ADMINISTRATIVE & GENERAL	OTHER EXPENSES - CHARGEBA	50,062	50,062	
4.19	3	NEW CAP REL COSTS-BLDG &	HOME OFFICE	116,324	32,829	83,495
4.20	6	ADMINISTRATIVE & GENERAL	HOME OFFICE	649,242	68,016	581,226
4.21	3	NEW CAP REL COSTS-BLDG &	ASCENSION INTEREST	158	148	10
4.22	6	ADMINISTRATIVE & GENERAL	ASCENSION INTEREST	12	12	
4.23	50	PHYSICAL THERAPY	PHYSICAL THERAPY - CHARG	60,447	60,447	
4.24	51	OCCUPATIONAL THERAPY	OCCUP. THERAPY - CHARGEBA	37,876	37,876	
4.25	52	SPEECH PATHOLOGY	SPEECH PATHOLOGY - CHARGE	29,632	29,632	
4.26	54	ELECTROENCEPHALOGRAPHY	ELECTROENCEPHALOGRAPHY -	1,245	1,245	
5		TOTALS		2,784,708	1,866,744	917,964

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE		PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
			NAME	PERCENTAGE OF OWNERSHIP		
1	2	3	4	5	6	
1	G	100.00	SETON INC.	100.00	HOME OFFICE	
2	G	100.00	ASCENSION	100.00	HOME OFFICE	
3	G	100.00	ST VINCENT HEALTH	100.00	HOME OFFICE	
4		0.00		0.00		
5		0.00		0.00		

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2007  
 I 15-2021 I FROM 7/ 1/2006 I WORKSHEET A-8-2  
 I I TO 6/30/2007 I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
25	DR REISMAN	21,342		21,342	154,100	107	7,927	396
TOTAL		21,342		21,342		107	7,927	396

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2007  
 I 15-2021 I FROM 7/ 1/2006 I WORKSHEET A-8-2  
 I I TO 6/30/2007 I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF 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
25	DR REISMAN					7,927	13,415	13,415
101	TOTAL					7,927	13,415	13,415

COST ALLOCATION STATISTICS

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	NOT ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR	VALUE	NOT ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	3	PATIENT	DAYS	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	3	PATIENT	DAYS	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS	SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM.	COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	6	SQUARE	FEET	NOT ENTERED
8	OPERATION OF PLANT	3	PATIENT	DAYS	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	3	PATIENT	DAYS	ENTERED
11	DIETARY	17	PATIENT	DAYS	ENTERED
12	CAFETERIA	11	MEALS	SERVED	NOT 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	REVENUE		ENTERED
18	SOCIAL SERVICE	17	PATIENT	DAYS	ENTERED
18.01	PASTORAL CARE	17	PATIENT	DAYS	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

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	0	1	2	3	4	5	SUBTOTAL
GENERAL SERVICE COST CNTR								5a.00
001 OLD CAP REL COSTS-BLDG &								
002 OLD CAP REL COSTS-MVBLE E								
003 NEW CAP REL COSTS-BLDG &	534,750				534,750			
004 NEW CAP REL COSTS-MVBLE E	99,399					99,399		
005 EMPLOYEE BENEFITS	1,373,876						1,373,876	
006 ADMINISTRATIVE & GENERAL	1,519,163				36,794	6,839	148,725	1,711,521
007 MAINTENANCE & REPAIRS								
008 OPERATION OF PLANT	66,382				16,681	3,101	421	86,585
009 LAUNDRY & LINEN SERVICE	2,896				18,603	3,458		24,957
010 HOUSEKEEPING	52,170				11,258	2,093	4,207	69,728
011 DIETARY	58,924				9,267	1,723		69,914
012 CAFETERIA								
013 MAINTENANCE OF PERSONNEL								
014 NURSING ADMINISTRATION	281,764				41,256	7,669	70,272	400,961
015 CENTRAL SERVICES & SUPPLY								
016 PHARMACY	1,178,436				23,408	4,351	95,096	1,301,291
017 MEDICAL RECORDS & LIBRARY	44,124				12,768	2,373	7,568	66,833
018 SOCIAL SERVICE	31,380				11,258	2,093	8,241	52,972
018 01 PASTORAL CARE	42,707						6,499	49,206
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	2,929,802				329,019	61,156	706,437	4,026,414
027 INTENSIVE CARE UNIT								
028 CORONARY CARE UNIT								
029 BURN INTENSIVE CARE UNIT								
031 SURGICAL INTENSIVE CARE U								
033 SUBPROVIDER								
034 NURSERY								
034 SKILLED NURSING FACILITY								
035 NURSING FACILITY								
035 01 ICF/MR								
036 OTHER LONG TERM CARE								
037 ANCILLARY SRVC COST CNTRS								
038 OPERATING ROOM	68,981							68,981
039 RECOVERY ROOM								
040 DELIVERY ROOM & LABOR ROO								
041 ANESTHESIOLOGY								
042 RADIOLOGY-DIAGNOSTIC	168,876							168,876
043 RADIOLOGY-THERAPEUTIC								
044 RADIOISOTOPE								
044 LABORATORY	267,973				6,590	1,225		275,788
045 PBP CLINICAL LAB SERVICES								
046 WHOLE BLOOD & PACKED RED								
047 BLOOD STORING, PROCESSING								
048 INTRAVENOUS THERAPY								
049 RESPIRATORY THERAPY	1,242,745				14,965	2,782	247,693	1,508,185
050 PHYSICAL THERAPY	239,643				1,647	306	46,472	288,068
051 OCCUPATIONAL THERAPY	138,848				961	179	26,250	166,238
052 SPEECH PATHOLOGY	54,646				275	51	5,995	60,967
053 ELECTROCARDIOLOGY								
054 ELECTROENCEPHALOGRAPHY								
055 MEDICAL SUPPLIES CHARGED								
056 DRUGS CHARGED TO PATIENTS								
057 RENAL DIALYSIS	50,550							50,550
058 ASC (NON-DISTINCT PART)								
060 OUTPAT SERVICE COST CNTRS								
061 CLINIC								
061 EMERGENCY								
062 OBSERVATION BEDS (NON-DIS								
064 OTHER REIMBURS COST CNTRS								
065 HOME PROGRAM DIALYSIS								
066 AMBULANCE SERVICES								
067 DURABLE MEDICAL EQUIP-REN								
069 DURABLE MEDICAL EQUIP-SOL								
070 CORF								
071 I&R SERVICES-NOT APPRVD P								
082 HOME HEALTH AGENCY								
083 LUNG ACQUISITION								
084 SPEC PURPOSE COST CENTERS								
085 KIDNEY ACQUISITION								
084 LIVER ACQUISITION								
085 HEART ACQUISITION								
085 01 PANCREAS ACQUISITION								
086 OTHER ORGAN ACQUISITION								
092 AMBULATORY SURGICAL CENTE								
093 HOSPICE								
095 SUBTOTALS	10,448,035				534,750	99,399	1,373,876	10,448,035
096 NONREIMBURS COST CENTERS								
097 GIFT, FLOWER, COFFEE SHOP								
098 RESEARCH								
098 PHYSICIANS' PRIVATE OFFIC								
099 NONPAID WORKERS								
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	10,448,035				534,750	99,399	1,373,876	10,448,035

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 15-2021  
 I PERIOD: FROM 7/1/2006 TO 6/30/2007  
 I PREPARED 11/26/2007  
 I WORKSHEET B  
 I PART I

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	6	7	8	9	10	11	12
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL	1,711,521						
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	16,962		103,547				
010 LAUNDRY & LINEN SERVICE	4,889		4,002	33,848			
011 HOUSEKEEPING	13,660		2,422		85,810		
012 DIETARY	13,696		1,994		1,762	87,366	
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION	78,550		8,876		7,842		
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY	254,928		5,036		4,450		
018 MEDICAL RECORDS & LIBRARY	13,093		2,747		2,427		
019 SOCIAL SERVICE	10,377		2,422		2,140		
020 01 PASTORAL CARE	9,640						
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	788,794		70,790	33,848	62,543	87,366	
028 INTENSIVE CARE UNIT							
029 CORONARY CARE UNIT							
030 BURN INTENSIVE CARE UNIT							
031 SURGICAL INTENSIVE CARE U							
032 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
036 01 ICF/MR							
037 OTHER LONG TERM CARE							
038 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	13,514						
040 RECOVERY ROOM							
041 DELIVERY ROOM & LABOR ROO							
042 ANESTHESIOLOGY							
043 RADIOLOGY-DIAGNOSTIC	33,083						
044 RADIOLOGY-THERAPEUTIC							
045 RADIOISOTOPE							
046 LABORATORY	54,028		1,418		1,253		
047 PBP CLINICAL LAB SERVICES							
048 WHOLE BLOOD & PACKED RED							
049 BLOOD STORING, PROCESSING							
050 INTRAVENOUS THERAPY							
051 RESPIRATORY THERAPY	295,459		3,220		2,845		
052 PHYSICAL THERAPY	56,434		354		313		
053 OCCUPATIONAL THERAPY	32,567		207		183		
054 SPEECH PATHOLOGY	11,944		59		52		
055 ELECTROCARDIOLOGY							
056 ELECTROENCEPHALOGRAPHY							
057 MEDICAL SUPPLIES CHARGED							
058 DRUGS CHARGED TO PATIENTS							
059 RENAL DIALYSIS	9,903						
060 ASC (NON-DISTINCT PART)							
061 OUTPAT SERVICE COST CNTRS							
062 CLINIC							
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 01 PANCREAS ACQUISITION							
079 OTHER ORGAN ACQUISITION							
080 AMBULATORY SURGICAL CENTE							
081 HOSPICE							
082 SUBTOTALS	1,711,521		103,547	33,848	85,810	87,366	
083 NONREIMBURS COST CENTERS							
084 GIFT, FLOWER, COFFEE SHOP							
085 RESEARCH							
086 PHYSICIANS' PRIVATE OFFIC							
087 NONPAID WORKERS							
088 CROSS FOOT ADJUSTMENT							
089 NEGATIVE COST CENTER							
090 TOTAL	1,711,521		103,547	33,848	85,810	87,366	

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION		MAINTENANCE O F PERSONNEL	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	PASTORAL CARE
		13	14	15	16	17	18	18.01
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		496,229					
016	CENTRAL SERVICES & SUPPLY							
017	PHARMACY				1,565,705			
018	MEDICAL RECORDS & LIBRARY					85,100		
019	SOCIAL SERVICE						67,911	
020	PASTORAL CARE							58,846
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		359,338			25,680	67,911	58,846
028	INTENSIVE CARE UNIT							
029	CORONARY CARE UNIT							
030	BURN INTENSIVE CARE UNIT							
031	SURGICAL INTENSIVE CARE U							
032	SUBPROVIDER							
033	NURSERY							
034	SKILLED NURSING FACILITY							
035	NURSING FACILITY							
036	ICF/MR							
037	OTHER LONG TERM CARE							
038	ANCILLARY SRVC COST CNTRS							
039	OPERATING ROOM					1,836		
040	RECOVERY ROOM							
041	DELIVERY ROOM & LABOR ROO							
042	ANESTHESIOLOGY							
043	RADIOLOGY-DIAGNOSTIC					3,576		
044	RADIOLOGY-THERAPEUTIC							
045	RADIOISOTOPE							
046	LABORATORY					11,878		
047	PBP CLINICAL LAB SERVICES							
048	WHOLE BLOOD & PACKED RED							
049	BLOOD STORING, PROCESSING							
050	INTRAVENOUS THERAPY							
051	RESPIRATORY THERAPY		124,353			18,573		
052	PHYSICAL THERAPY		8,890			2,455		
053	OCCUPATIONAL THERAPY		183			1,441		
054	SPEECH PATHOLOGY		3,465			450		
055	ELECTROCARDIOLOGY							
056	ELECTROENCEPHALOGRAPHY							
057	MEDICAL SUPPLIES CHARGED							
058	DRUGS CHARGED TO PATIENTS				1,565,705	18,612		
059	RENAL DIALYSIS					599		
060	ASC (NON-DISTINCT PART)							
061	OUTPAT SERVICE COST CNTRS							
062	CLINIC							
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		496,229		1,565,705	85,100	67,911	58,846
083	NONREIMBURS COST CENTERS							
084	GIFT, FLOWER, COFFEE SHOP							
085	RESEARCH							
086	PHYSICIANS' PRIVATE OFFIC							
087	NONPAID WORKERS							
088	CROSS FOOT ADJUSTMENT							
089	NEGATIVE COST CENTER							
090	TOTAL		496,229		1,565,705	85,100	67,911	58,846

COST ALLOCATION - GENERAL SERVICE COSTS

HEALTH FINANCIAL SYSTEMS MONITORING FOR ST. ELIZABETH AND SETON HOSPITAL IN LIEU OF FORM CMS-2552-96(9/1997) UNID  
 I PROVIDER NO: I PERIOD: I PREPARED 11/26/2007  
 I 15-2021 I FROM 7/ 1/2006 I WORKSHEET B  
 I I TO 6/30/2007 I PART I

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM	ED PR SUBTOTAL	I&R COST POST STEP-DOWN ADJ
	20	21	22	23	24	25	26
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							
018 01 SOCIAL SERVICE							
020 PASTORAL CARE							
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						5,581,530	
028 INTENSIVE CARE UNIT							
029 CORONARY CARE UNIT							
031 BURN INTENSIVE CARE UNIT							
033 SURGICAL INTENSIVE CARE U							
034 SUBPROVIDER							
035 NURSERY							
035 01 SKILLED NURSING FACILITY							
036 NURSING FACILITY							
037 ICF/MR							
038 OTHER LONG TERM CARE							
039 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM						84,331	
041 RECOVERY ROOM							
042 DELIVERY ROOM & LABOR ROO							
043 ANESTHESIOLOGY							
044 RADIOLOGY-DIAGNOSTIC						205,535	
045 RADIOLOGY-THERAPEUTIC							
046 RADIOISOTOPE							
047 LABORATORY						344,365	
048 PBP CLINICAL LAB SERVICES							
049 WHOLE BLOOD & PACKED RED							
050 BLOOD STORING, PROCESSING							
051 INTRAVENOUS THERAPY							
052 RESPIRATORY THERAPY						1,952,635	
053 PHYSICAL THERAPY						356,514	
054 OCCUPATIONAL THERAPY						200,819	
055 SPEECH PATHOLOGY						76,937	
056 ELECTROCARDIOLOGY							
057 ELECTROENCEPHALOGRAPHY							
058 MEDICAL SUPPLIES CHARGED							
060 DRUGS CHARGED TO PATIENTS						1,584,317	
061 RENAL DIALYSIS						61,052	
062 ASC (NON-DISTINCT PART)							
064 OUTPAT SERVICE COST CNTRS							
065 CLINIC							
066 EMERGENCY							
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						10,448,035	
086 NONREIMBURS COST CENTERS							
087 GIFT, FLOWER, COFFEE SHOP							
088 RESEARCH							
089 PHYSICIANS' PRIVATE OFFIC							
090 NONPAID WORKERS							
091 CROSS FOOT ADJUSTMENT							
092 NEGATIVE COST CENTER							
093 TOTAL						10,448,035	

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	TOTAL
	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	
018 01 SOCIAL SERVICE	
020 01 PASTORAL CARE	
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	5,581,530
027 ADULTS & PEDIATRICS	
028 INTENSIVE CARE UNIT	
029 CORONARY CARE UNIT	
031 BURN INTENSIVE CARE UNIT	
033 SURGICAL INTENSIVE CARE U	
034 SUBPROVIDER	
035 NURSERY	
036 SKILLED NURSING FACILITY	
037 NURSING FACILITY	
038 01 ICF/MR	
039 OTHER LONG TERM CARE	
040 ANCILLARY SRVC COST CNTRS	
041 OPERATING ROOM	84,331
042 RECOVERY ROOM	
043 DELIVERY ROOM & LABOR ROO	
044 ANESTHESIOLOGY	
045 RADIOLOGY-DIAGNOSTIC	205,535
046 RADIOLOGY-THERAPEUTIC	
047 RADIOISOTOPE	
048 LABORATORY	344,365
049 PBP CLINICAL LAB SERVICES	
050 WHOLE BLOOD & PACKED RED	
051 BLOOD STORING, PROCESSING	
052 INTRAVENOUS THERAPY	
053 RESPIRATORY THERAPY	1,952,635
054 PHYSICAL THERAPY	356,514
055 OCCUPATIONAL THERAPY	200,819
056 SPEECH PATHOLOGY	76,937
057 ELECTROCARDIOLOGY	
058 ELECTROENCEPHALOGRAPHY	
060 MEDICAL SUPPLIES CHARGED	
061 DRUGS CHARGED TO PATIENTS	1,584,317
062 RENAL DIALYSIS	61,052
064 ASC (NON-DISTINCT PART)	
066 OUTPAT SERVICE COST CNTRS	
067 CLINIC	
068 EMERGENCY	
069 OBSERVATION BEDS (NON-DIS	
070 OTHER REIMBURS COST CNTRS	
071 HOME PROGRAM DIALYSIS	
072 AMBULANCE SERVICES	
073 DURABLE MEDICAL EQUIP-REN	
074 DURABLE MEDICAL EQUIP-SOL	
075 CORF	
076 I&R SERVICES-NOT APPRVD P	
077 HOME HEALTH AGENCY	
078 LUNG ACQUISITION	
079 SPEC PURPOSE COST CENTERS	
080 KIDNEY ACQUISITION	
081 LIVER ACQUISITION	
082 HEART ACQUISITION	
083 01 PANCREAS ACQUISITION	
084 OTHER ORGAN ACQUISITION	
085 AMBULATORY SURGICAL CENTE	
086 HOSPICE	
087 SUBTOTALS	10,448,035
088 NONREIMBURS COST CENTERS	
089 GIFT, FLOWER, COFFEE SHOP	
090 RESEARCH	
091 PHYSICIANS' PRIVATE OFFIC	
092 NONPAID WORKERS	
093 CROSS FOOT ADJUSTMENT	
094 NEGATIVE COST CENTER	
095 TOTAL	10,448,035

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 15-2021  
 PERIOD: 7/1/2006 TO 6/30/2007  
 PREPARED 11/26/2007  
 WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	0	1	2	3	4	4a	5
001 GENERAL SERVICE COST CNTR								
002 OLD CAP REL COSTS-BLDG &								
003 OLD CAP REL COSTS-MVBLE E								
004 NEW CAP REL COSTS-BLDG &								
005 NEW CAP REL COSTS-MVBLE E								
006 EMPLOYEE BENEFITS								
007 ADMINISTRATIVE & GENERAL					36,794	6,839	43,633	
008 MAINTENANCE & REPAIRS								
009 OPERATION OF PLANT					16,681	3,101	19,782	
010 LAUNDRY & LINEN SERVICE					18,603	3,458	22,061	
011 HOUSEKEEPING					11,258	2,093	13,351	
012 DIETARY					9,267	1,723	10,990	
013 CAFETERIA								
014 MAINTENANCE OF PERSONNEL								
015 NURSING ADMINISTRATION					41,256	7,669	48,925	
016 CENTRAL SERVICES & SUPPLY								
017 PHARMACY					23,408	4,351	27,759	
018 MEDICAL RECORDS & LIBRARY					12,768	2,373	15,141	
018 SOCIAL SERVICE					11,258	2,093	13,351	
018 01 PASTORAL CARE								
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								
025 ADULTS & PEDIATRICS					329,019	61,156	390,175	
026 INTENSIVE CARE UNIT								
027 CORONARY CARE UNIT								
028 BURN INTENSIVE CARE UNIT								
029 SURGICAL INTENSIVE CARE U								
031 SUBPROVIDER								
033 NURSERY								
034 SKILLED NURSING FACILITY								
035 NURSING FACILITY								
035 01 ICF/MR								
036 OTHER LONG TERM CARE								
037 ANCILLARY SRVC COST CNTRS								
038 OPERATING ROOM								
038 RECOVERY ROOM								
039 DELIVERY ROOM & LABOR ROO								
040 ANESTHESIOLOGY								
041 RADIOLOGY-DIAGNOSTIC								
042 RADIOLOGY-THERAPEUTIC								
043 RADIOISOTOPE								
044 LABORATORY					6,590	1,225	7,815	
045 PBP CLINICAL LAB SERVICES								
046 WHOLE BLOOD & PACKED RED								
047 BLOOD STORING, PROCESSING								
048 INTRAVENOUS THERAPY								
049 RESPIRATORY THERAPY					14,965	2,782	17,747	
050 PHYSICAL THERAPY					1,647	306	1,953	
051 OCCUPATIONAL THERAPY					961	179	1,140	
052 SPEECH PATHOLOGY					275	51	326	
053 ELECTROCARDIOLOGY								
054 ELECTROENCEPHALOGRAPHY								
055 MEDICAL SUPPLIES CHARGED								
056 DRUGS CHARGED TO PATIENTS								
057 RENAL DIALYSIS								
058 ASC (NON-DISTINCT PART)								
060 OUTPAT SERVICE COST CNTRS								
061 CLINIC								
061 EMERGENCY								
062 OBSERVATION BEDS (NON-DIS								
062 OTHER REIMBURS COST CNTRS								
064 HOME PROGRAM DIALYSIS								
065 AMBULANCE SERVICES								
066 DURABLE MEDICAL EQUIP-REN								
067 DURABLE MEDICAL EQUIP-SOL								
069 CORF								
070 I&R SERVICES-NOT APPRVD P								
071 HOME HEALTH AGENCY								
082 LUNG ACQUISITION								
082 SPEC PURPOSE COST CENTERS								
083 KIDNEY ACQUISITION								
084 LIVER ACQUISITION								
085 HEART ACQUISITION								
085 01 PANCREAS ACQUISITION								
086 OTHER ORGAN ACQUISITION								
092 AMBULATORY SURGICAL CENTE								
093 HOSPICE								
095 SUBTOTALS					534,750	99,399	634,149	
096 NONREIMBURS COST CENTERS								
096 GIFT, FLOWER, COFFEE SHOP								
097 RESEARCH								
098 PHYSICIANS' PRIVATE OFFIC								
099 NONPAID WORKERS								
101 CROSS FOOT ADJUSTMENTS								
102 NEGATIVE COST CENTER								
103 TOTAL					534,750	99,399	634,149	

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	43,633						
008	MAINTENANCE & REPAIRS							
009	OPERATION OF PLANT	432		20,214				
010	LAUNDRY & LINEN SERVICE	125		781	22,967			
011	HOUSEKEEPING	348		473		14,172		
012	DIETARY	349		389		291	12,019	
013	CAFETERIA							
014	MAINTENANCE OF PERSONNEL							
015	NURSING ADMINISTRATION	2,002		1,733		1,295		
016	CENTRAL SERVICES & SUPPLY							
017	PHARMACY	6,499		983		735		
018	MEDICAL RECORDS & LIBRARY	334		536		401		
019	SOCIAL SERVICE	265		473		353		
020	PASTORAL CARE	246						
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	20,112		13,819	22,967	10,329	12,019	
028	INTENSIVE CARE UNIT							
029	CORONARY CARE UNIT							
030	BURN INTENSIVE CARE UNIT							
031	SURGICAL INTENSIVE CARE U							
032	SUBPROVIDER							
033	NURSERY							
034	SKILLED NURSING FACILITY							
035	NURSING FACILITY							
036	ICF/MR							
037	OTHER LONG TERM CARE							
038	ANCILLARY SRVC COST CNTRS							
039	OPERATING ROOM	344						
040	RECOVERY ROOM							
041	DELIVERY ROOM & LABOR ROO							
042	ANESTHESIOLOGY							
043	RADIOLOGY-DIAGNOSTIC	843						
044	RADIOLOGY-THERAPEUTIC							
045	RADIOISOTOPE							
046	LABORATORY	1,377		277		207		
047	PBP CLINICAL LAB SERVICES							
048	WHOLE BLOOD & PACKED RED							
049	BLOOD STORING, PROCESSING							
050	INTRAVENOUS THERAPY							
051	RESPIRATORY THERAPY	7,532		629		470		
052	PHYSICAL THERAPY	1,439		69		52		
053	OCCUPATIONAL THERAPY	830		40		30		
054	SPEECH PATHOLOGY	304		12		9		
055	ELECTROCARDIOLOGY							
056	ELECTROENCEPHALOGRAPHY							
057	MEDICAL SUPPLIES CHARGED							
058	DRUGS CHARGED TO PATIENTS							
059	RENAL DIALYSIS	252						
060	ASC (NON-DISTINCT PART)							
061	OUTPAT SERVICE COST CNTRS							
062	CLINIC							
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	43,633		20,214	22,967	14,172	12,019	
083	NONREIMBURS COST CENTERS							
084	GIFT, FLOWER, COFFEE SHOP							
085	RESEARCH							
086	PHYSICIANS' PRIVATE OFFIC							
087	NONPAID WORKERS							
088	CROSS FOOT ADJUSTMENTS							
089	NEGATIVE COST CENTER							
090	TOTAL	43,633		20,214	22,967	14,172	12,019	

ALLOCATION OF NEW CAPITAL RELATED COSTS		13	14	15	16	17	18	18.01
COST CENTER DESCRIPTION		MAINTENANCE O F PERSONNEL	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	PASTORAL CARE
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		53,955					
016	CENTRAL SERVICES & SUPPLY							
017	PHARMACY				35,976			
018	MEDICAL RECORDS & LIBRARY					16,412		
019	SOCIAL SERVICE						14,442	
020	PASTORAL CARE							246
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		39,070			4,947	14,442	246
028	INTENSIVE CARE UNIT							
029	CORONARY CARE UNIT							
030	BURN INTENSIVE CARE UNIT							
031	SURGICAL INTENSIVE CARE U							
032	SUBPROVIDER							
033	NURSERY							
034	SKILLED NURSING FACILITY							
035	NURSING FACILITY							
036	ICF/MR							
037	OTHER LONG TERM CARE							
038	ANCILLARY SRVC COST CNTRS							
039	OPERATING ROOM					354		
040	RECOVERY ROOM							
041	DELIVERY ROOM & LABOR ROO							
042	ANESTHESIOLOGY							
043	RADIOLOGY-DIAGNOSTIC					690		
044	RADIOLOGY-THERAPEUTIC							
045	RADIOISOTOPE							
046	LABORATORY					2,292		
047	PBP CLINICAL LAB SERVICES							
048	WHOLE BLOOD & PACKED RED							
049	BLOOD STORING, PROCESSING							
050	INTRAVENOUS THERAPY							
051	RESPIRATORY THERAPY		13,521			3,584		
052	PHYSICAL THERAPY		967			474		
053	OCCUPATIONAL THERAPY		20			278		
054	SPEECH PATHOLOGY		377			87		
055	ELECTROCARDIOLOGY							
056	ELECTROENCEPHALOGRAPHY							
057	MEDICAL SUPPLIES CHARGED							
058	DRUGS CHARGED TO PATIENTS				35,976	3,591		
059	RENAL DIALYSIS					115		
060	ASC (NON-DISTINCT PART)							
061	OUTPAT SERVICE COST CNTRS							
062	CLINIC							
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		53,955		35,976	16,412	14,442	246
083	NONREIMBURS COST CENTERS							
084	GIFT, FLOWER, COFFEE SHOP							
085	RESEARCH							
086	PHYSICIANS' PRIVATE OFFIC							
087	NONPAID WORKERS							
088	CROSS FOOT ADJUSTMENTS							
089	NEGATIVE COST CENTER							
090	TOTAL		53,955		35,976	16,412	14,442	246

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PR GM	SUBTOTAL	POST STEPDOWN ADJUSTMENT
	20	21	22	23	24	25	26
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE							
01 01 PASTORAL CARE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS						528,126	
026 INTENSIVE CARE UNIT							
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
01 01 ICF/MR							
036 OTHER LONG TERM CARE							
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM						698	
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC						1,533	
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY						11,968	
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY						43,483	
050 PHYSICAL THERAPY						4,954	
051 OCCUPATIONAL THERAPY						2,338	
052 SPEECH PATHOLOGY						1,115	
053 ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS						39,567	
057 RENAL DIALYSIS						367	
058 ASC (NON-DISTINCT PART)							
OUTPAT SERVICE COST CNTRS							
060 CLINIC							
061 EMERGENCY							
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORP							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
01 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS						634,149	
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL						634,149	

ALLOCATION OF NEW CAPITAL RELATED COSTS

TOTAL

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	
018	SOCIAL SERVICE	
018	01 PASTORAL CARE	
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	528,126
026	ADULTS & PEDIATRICS	
027	INTENSIVE CARE UNIT	
028	CORONARY CARE UNIT	
029	BURN INTENSIVE CARE UNIT	
031	SURGICAL INTENSIVE CARE U	
033	SUBPROVIDER	
034	NURSERY	
034	SKILLED NURSING FACILITY	
035	NURSING FACILITY	
035	01 ICF/MR	
036	OTHER LONG TERM CARE	
037	ANCILLARY SRVC COST CNTRS	
038	OPERATING ROOM	698
039	RECOVERY ROOM	
040	DELIVERY ROOM & LABOR ROO	
041	ANESTHESIOLOGY	
042	RADIOLOGY-DIAGNOSTIC	1,533
043	RADIOLOGY-THERAPEUTIC	
044	RADIOISOTOPE	
045	LABORATORY	11,968
046	PBP CLINICAL LAB SERVICES	
047	WHOLE BLOOD & PACKED RED	
048	BLOOD STORING, PROCESSING	
049	INTRAVENOUS THERAPY	
049	RESPIRATORY THERAPY	43,483
050	PHYSICAL THERAPY	4,954
051	OCCUPATIONAL THERAPY	2,338
052	SPEECH PATHOLOGY	1,115
053	ELECTROCARDIOLOGY	
054	ELECTROENCEPHALOGRAPHY	
055	MEDICAL SUPPLIES CHARGED	
056	DRUGS CHARGED TO PATIENTS	39,567
057	RENAL DIALYSIS	367
058	ASC (NON-DISTINCT PART)	
060	OUTPAT SERVICE COST CNTRS	
061	CLINIC	
062	EMERGENCY	
062	OBSERVATION BEDS (NON-DIS	
064	OTHER REIMBURS COST CNTRS	
065	HOME PROGRAM DIALYSIS	
066	AMBULANCE SERVICES	
067	DURABLE MEDICAL EQUIP-REN	
069	DURABLE MEDICAL EQUIP-SOL	
070	CORF	
071	I&R SERVICES-NOT APPRVD P	
072	HOME HEALTH AGENCY	
082	LUNG ACQUISITION	
083	SPEC PURPOSE COST CENTERS	
084	KIDNEY ACQUISITION	
085	LIVER ACQUISITION	
085	01 PANCREAS ACQUISITION	
086	HEART ACQUISITION	
086	OTHER ORGAN ACQUISITION	
092	AMBULATORY SURGICAL CENTE	
093	HOSPICE	
095	SUBTOTALS	634,149
096	NONREIMBURS COST CENTERS	
097	GIFT, FLOWER, COFFEE SHOP	
098	RESEARCH	
099	PHYSICIANS' PRIVATE OFFIC	
101	NONPAID WORKERS	
102	CROSS FOOT ADJUSTMENTS	
103	NEGATIVE COST CENTER	
103	TOTAL	634,149

COST ALLOCATION - STATISTICAL BASIS

HEALTH FINANCIAL SYSTEMS MICRO/PC WIN FOR ST. ELIZABETH AMBULANCE HOSPITAL IN LIEU OF FORM CMS-2552-96(9/1997)  
 I PROVIDER NO: I PERIOD: I PREPARED 11/26/2007  
 I 15-2021 I FROM 7/ 1/2006 I WORKSHEET 8-1  
 I I TO 6/30/2007 I

COST CENTER  
DESCRIPTION

OLD CAP REL C OLD CAP REL C NEW CAP REL C NEW CAP REL C EMPLOYEE BENE  
 OST-S-BLDG & OST-S-MVBLE E OST-S-BLDG & OST-S-MVBLE E FITS

( SQUARE FEET ) ( DOLLAR VALUE ) ( PATIENT DAYS ) ( PATIENT DAYS ) ( GROSS SALARIES ) RECONCILIATION  
 1 2 3 4 5 6a.00

	1	2	3	4	5	6a.00
001 GENERAL SERVICE COST CNTR						
002 OLD CAP REL COSTS-BLDG &						
003 OLD CAP REL COSTS-MVBLE E						
004 NEW CAP REL COSTS-BLDG &			7,790			
005 NEW CAP REL COSTS-MVBLE E				7,790		
006 EMPLOYEE BENEFITS					5,196,266	
007 ADMINISTRATIVE & GENERAL			536	536	562,507	-1,711,521
008 MAINTENANCE & REPAIRS						
009 OPERATION OF PLANT			243	243	1,593	
010 LAUNDRY & LINEN SERVICE			271	271		
011 HOUSEKEEPING			164	164	15,912	
012 DIETARY			135	135		
013 CAFETERIA						
014 MAINTENANCE OF PERSONNEL						
015 NURSING ADMINISTRATION			601	601	265,782	
016 CENTRAL SERVICES & SUPPLY						
017 PHARMACY			341	341	359,673	
018 MEDICAL RECORDS & LIBRARY			186	186	28,622	
018 01 SOCIAL SERVICE			164	164	31,170	
020 01 PASTORAL CARE					24,579	
021 01 NONPHYSICIAN ANESTHETISTS						
022 01 NURSING SCHOOL						
023 01 I&R SERVICES-SALARY & FRI						
024 01 I&R SERVICES-OTHER PRGM C						
025 01 PARAMED ED PRGM						
026 01 INPAT ROUTINE SRVC CNTRS			4,793	4,793	2,671,883	
027 01 ADULTS & PEDIATRICS						
028 01 INTENSIVE CARE UNIT						
029 01 CORONARY CARE UNIT						
031 01 BURN INTENSIVE CARE UNIT						
033 01 SURGICAL INTENSIVE CARE U						
034 01 SUBPROVIDER						
035 01 NURSERY						
036 01 SKILLED NURSING FACILITY						
037 01 NURSING FACILITY						
038 01 ICF/MR						
039 01 OTHER LONG TERM CARE						
040 01 ANCILLARY SRVC COST CNTRS						
041 01 OPERATING ROOM						
042 01 RECOVERY ROOM						
043 01 DELIVERY ROOM & LABOR ROO						
044 01 ANESTHESIOLOGY						
045 01 RADIOLOGY-DIAGNOSTIC						
046 01 RADIOLOGY-THERAPEUTIC						
047 01 RADIOISOTOPE						
048 01 LABORATORY			96	96		
049 01 PBP CLINICAL LAB SERVICES						
050 01 WHOLE BLOOD & PACKED RED						
051 01 BLOOD STORING, PROCESSING						
052 01 INTRAVENOUS THERAPY						
053 01 RESPIRATORY THERAPY			218	218	936,821	
054 01 PHYSICAL THERAPY			24	24	175,767	
055 01 OCCUPATIONAL THERAPY			14	14	99,283	
056 01 SPEECH PATHOLOGY			4	4	22,674	
057 01 ELECTROCARDIOLOGY						
058 01 ELECTROENCEPHALOGRAPHY						
060 01 MEDICAL SUPPLIES CHARGED						
061 01 DRUGS CHARGED TO PATIENTS						
062 01 RENAL DIALYSIS						
064 01 ASC (NON-DISTINCT PART)						
065 01 OUTPAT SERVICE COST CNTRS						
066 01 CLINIC						
067 01 EMERGENCY						
068 01 OBSERVATION BEDS (NON-DIS						
069 01 OTHER REIMBURS COST CNTRS						
070 01 HOME PROGRAM DIALYSIS						
071 01 AMBULANCE SERVICES						
072 01 DURABLE MEDICAL EQUIP-REN						
073 01 DURABLE MEDICAL EQUIP-SOL						
074 01 CORF						
075 01 I&R SERVICES-NOT APPRVD P						
076 01 HOME HEALTH AGENCY						
077 01 LUNG ACQUISITION						
078 01 SPEC PURPOSE COST CENTERS						
079 01 KIDNEY ACQUISITION						
080 01 LIVER ACQUISITION						
081 01 HEART ACQUISITION						
082 01 PANCREAS ACQUISITION						
083 01 OTHER ORGAN ACQUISITION						
084 01 AMBULATORY SURGICAL CENTE						
085 01 HOSPICE						
086 01 SUBTOTALS			7,790	7,790	5,196,266	-1,711,521
087 01 NONREIMBURS COST CENTERS						
088 01 GIFT, FLOWER, COFFEE SHOP						
089 01 RESEARCH						
090 01 PHYSICIANS' PRIVATE OFFIC						
091 01 NONPAID WORKERS						
092 01 CROSS FOOT ADJUSTMENT						
093 01 NEGATIVE COST CENTER						
094 01 COST TO BE ALLOCATED			534,750	99,399	1,373,876	
095 01 (WRKSHT B, PART I)						



COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	ADMINISTRATIVE MAINTENANCE & OPERATION OF	LAUNDRY & LINEN HOUSEKEEPING	DIETARY	CAFETERIA		
	E & GENERAL REPAIRS PLANT	EN SERVICE				
	( ACCUM. COST )	( SQUARE FEET )	( PATIENT DAYS )	( PATIENT DAYS )	( PATIENT DAYS )	( MEALS SERVED )
	6	7	8	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 MAINTENANCE & REPAIRS	8,736,514					
008 OPERATION OF PLANT	86,585		7,011			
009 LAUNDRY & LINEN SERVICE	24,957		271	100		
010 HOUSEKEEPING	69,728		164		6,576	
011 DIETARY	69,914		135		135	5,344
012 CAFETERIA						
013 MAINTENANCE OF PERSONNEL						
014 NURSING ADMINISTRATION	400,961		601		601	
015 CENTRAL SERVICES & SUPPLY						
016 PHARMACY	1,301,291		341		341	
017 MEDICAL RECORDS & LIBRARY	66,833		186		186	
018 SOCIAL SERVICE	52,972		164		164	
01 018 PASTORAL CARE	49,206					
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	4,026,414		4,793	100	4,793	5,344
026 ADULTS & PEDIATRICS						
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						
01 035 ICF/MR						
036 OTHER LONG TERM CARE						
037 ANCILLARY SRVC COST CNTRS						
038 OPERATING ROOM	68,981					
039 RECOVERY ROOM						
040 DELIVERY ROOM & LABOR ROO						
041 ANESTHESIOLOGY						
042 RADIOLOGY-DIAGNOSTIC	168,876					
043 RADIOLOGY-THERAPEUTIC						
044 RADIOISOTOPE						
045 LABORATORY	275,788		96		96	
046 PBP CLINICAL LAB SERVICES						
047 WHOLE BLOOD & PACKED RED						
048 BLOOD STORING, PROCESSING						
049 INTRAVENOUS THERAPY						
050 RESPIRATORY THERAPY	1,508,185		218		218	
051 PHYSICAL THERAPY	288,068		24		24	
052 OCCUPATIONAL THERAPY	166,238		14		14	
053 SPEECH PATHOLOGY	60,967		4		4	
054 ELECTROCARDIOLOGY						
055 ELECTROENCEPHALOGRAPHY						
056 MEDICAL SUPPLIES CHARGED						
057 DRUGS CHARGED TO PATIENTS						
058 RENAL DIALYSIS	50,550					
059 ASC (NON-DISTINCT PART)						
060 OUTPAT SERVICE COST CNTRS						
061 CLINIC						
062 EMERGENCY						
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						
01 077 PANCREAS ACQUISITION						
078 OTHER ORGAN ACQUISITION						
079 AMBULATORY SURGICAL CENTE						
080 HOSPICE						
081 SUBTOTALS	8,736,514		7,011	100	6,576	5,344
082 NONREIMBURS COST CENTERS						
083 GIFT, FLOWER, COFFEE SHOP						
084 RESEARCH						
085 PHYSICIANS' PRIVATE OFFIC						
086 NONPAID WORKERS						
087 CROSS FOOT ADJUSTMENT						
088 NEGATIVE COST CENTER						
089 COST TO BE ALLOCATED	1,711,521		103,547	33,848	85,810	87,366
090 (WRKSHT B, PART I)						

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	( ACCUM. COST )	( SQUARE FEET )	( PATIENT DAYS )	( POUNDS OF LAUNDRY )	( PATIENT DAYS )	( PATIENT DAYS )	( MEALS SERVED )
	6	7	8	9	10	11	12
104 NONREIMBURS COST CENTERS							
UNIT COST MULTIPLIER (WRKSHT B, PT I)	.195904		14.769220	338.480000	13.048966	16.348428	
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)	43,633		20,214	22,967	14,172	12,019	
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.004994		2.883184	229.670000	2.155109	2.249064	

COST ALLOCATION - STATISTICAL BASIS

HEALTH FINANCIAL SYSTEMS MCRS/PC-WIN FOR ST. ELIZABETH ANN SETON HOSPITAL IN LIEU OF FORM CMS-2552-96(9/1997) CONT'D  
 I PROVIDER NO: I 15-2021 I PERIOD: I FROM 7/ 1/2006 I PREPARED 11/26/2007  
 I I TO 6/30/2007 I WORKSHEET B-1

COST CENTER DESCRIPTION	MAINTENANCE O	NURSING ADMIN	CENTRAL SERVI	PHARMACY	MEDICAL RECORS	SOCIAL SERVIC	PASTORAL CARE
	F PERSONNEL	ISTRATION	ES & SUPPLY		DS & LIBRARY	E	
	( NUMBER HOUSED )	( DIRECT NRSING HRS )	( COSTED REQUIS. )	( COSTED REQUIS. )	( REVENUE )AYS	( PATIENT D )AYS	( PATIENT D )AYS
	13	14	15	16	17	18	18.01
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		113,701				
015	NURSING ADMINISTRATION			100			
016	CENTRAL SERVICES & SUPPLY				100		
017	PHARMACY					18,082,632	
018	MEDICAL RECORDS & LIBRARY						5,344
019	SOCIAL SERVICE						
020	PASTORAL CARE						5,344
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		82,335		5,456,267	5,344	5,344
027	ADULTS & PEDIATRICS						
028	INTENSIVE CARE UNIT						
029	CORONARY CARE UNIT						
030	BURN INTENSIVE CARE UNIT						
031	SURGICAL INTENSIVE CARE U						
032	SUBPROVIDER						
033	NURSERY						
034	SKILLED NURSING FACILITY						
035	NURSING FACILITY						
036	ICF/MR						
037	OTHER LONG TERM CARE						
038	ANCILLARY SRVC COST CNTRS						
039	OPERATING ROOM				390,160		
040	RECOVERY ROOM						
041	DELIVERY ROOM & LABOR ROO						
042	ANESTHESIOLOGY						
043	RADIOLOGY-DIAGNOSTIC				759,811		
044	RADIOLOGY-THERAPEUTIC						
045	RADIOISOTOPE						
046	LABORATORY				2,524,096		
047	PBP CLINICAL LAB SERVICES						
048	WHOLE BLOOD & PACKED RED						
049	BLOOD STORING, PROCESSING						
050	INTRAVENOUS THERAPY						
051	RESPIRATORY THERAPY		28,493		3,946,734		
052	PHYSICAL THERAPY		2,037		521,593		
053	OCCUPATIONAL THERAPY		42		306,182		
054	SPEECH PATHOLOGY		794		95,546		
055	ELECTROCARDIOLOGY						
056	ELECTROENCEPHALOGRAPHY						
057	MEDICAL SUPPLIES CHARGED			100			
058	DRUGS CHARGED TO PATIENTS				100	3,955,049	
059	RENAL DIALYSIS					127,194	
060	ASC (NON-DISTINCT PART)						
061	OUTPAT SERVICE COST CNTRS						
062	CLINIC						
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		113,701	100	100	18,082,632	5,344
083	NONREIMBURS COST CENTERS						
084	GIFT, FLOWER, COFFEE SHOP						
085	RESEARCH						
086	PHYSICIANS' PRIVATE OFFIC						
087	NONPAID WORKERS						
088	CROSS FOOT ADJUSTMENT						
089	NEGATIVE COST CENTER						
090	COST TO BE ALLOCATED		496,229		1,565,705	85,100	67,911
091	(WRKSHT B, PART I)						58,846

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO:  
I 15-2021  
I

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

I PREPARED 11/26/2007  
I WORKSHEET B-1  
I

COST CENTER DESCRIPTION	MAINTENANCE	NURSING	ADMIN	CENTRAL SERVI	PHARMACY	MEDICAL RECOR	SOCIAL SERVIC	PASTORAL CARE
	F PERSONNEL	ISTRATION		CES & SUPPLY		DS & LIBRARY	E	
	( NUMBER HOUSED )	( DIRECT NRSING HRS )	( COSTED REQUIS. )	( COSTED REQUIS. )	( REVENUE )AYS	( PATIENT D )AYS	( PATIENT D )AYS	( PATIENT D )AYS
	13	14	15	16	17	18	18.01	
104 NONREIMBURS COST CENTERS UNIT COST MULTIPLIER (WRKSHT B, PT I)		4.364333		15,657.050000		12.707897		11.011602
105 COST TO BE ALLOCATED (WRKSHT B, PART II)					.004706			
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)								
107 COST TO BE ALLOCATED (WRKSHT B, PART III)		53,955		35,976	16,412	14,442		246
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)		.474534		359.760000	.000908	2.702470		.046033

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 11/26/2007  
I 15-2021 I FROM 7/ 1/2006 I WORKSHEET B-1  
I I TO 6/30/2007 I

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM
	( ASSIGNED TIME )	( ASSIGNED TIME )	( ASSIGNED TIME )	( ASSIGNED TIME )	( ASSIGNED TIME )
	20	21	22	23	24
001 GENERAL SERVICE COST CNTR					
002 OLD CAP REL COSTS-BLDG &					
003 OLD CAP REL COSTS-MVBLE E					
004 NEW CAP REL COSTS-BLDG &					
005 NEW CAP REL COSTS-MVBLE E					
006 EMPLOYEE BENEFITS					
007 ADMINISTRATIVE & GENERAL					
008 MAINTENANCE & REPAIRS					
009 OPERATION OF PLANT					
010 LAUNDRY & LINEN SERVICE					
011 HOUSEKEEPING					
012 DIETARY					
013 CAFETERIA					
014 MAINTENANCE OF PERSONNEL					
015 NURSING ADMINISTRATION					
016 CENTRAL SERVICES & SUPPLY					
017 PHARMACY					
018 MEDICAL RECORDS & LIBRARY					
018 01 PASTORAL CARE					
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					
027 INTENSIVE CARE UNIT					
028 CORONARY CARE UNIT					
029 BURN INTENSIVE CARE UNIT					
031 SURGICAL INTENSIVE CARE U					
033 SUBPROVIDER					
033 NURSERY					
034 SKILLED NURSING FACILITY					
035 NURSING FACILITY					
035 01 ICF/MR					
036 OTHER LONG TERM CARE					
037 ANCILLARY SRVC COST CNTRS					
038 OPERATING ROOM					
039 RECOVERY ROOM					
040 DELIVERY ROOM & LABOR ROO					
041 ANESTHESIOLOGY					
042 RADIOLOGY-DIAGNOSTIC					
043 RADIOLOGY-THERAPEUTIC					
044 RADIOISOTOPE					
044 LABORATORY					
045 PBP CLINICAL LAB SERVICES					
046 WHOLE BLOOD & PACKED RED					
047 BLOOD STORING, PROCESSING					
048 INTRAVENOUS THERAPY					
049 RESPIRATORY THERAPY					
050 PHYSICAL THERAPY					
051 OCCUPATIONAL THERAPY					
052 SPEECH PATHOLOGY					
053 ELECTROCARDIOLOGY					
054 ELECTROENCEPHALOGRAPHY					
055 MEDICAL SUPPLIES CHARGED					
056 DRUGS CHARGED TO PATIENTS					
057 RENAL DIALYSIS					
058 ASC (NON-DISTINCT PART)					
060 OUTPAT SERVICE COST CNTRS					
061 CLINIC					
062 EMERGENCY					
064 OBSERVATION BEDS (NON-DIS					
065 OTHER REIMBURS COST CNTRS					
066 HOME PROGRAM DIALYSIS					
067 AMBULANCE SERVICES					
069 DURABLE MEDICAL EQUIP-REN					
070 DURABLE MEDICAL EQUIP-SOL					
071 CORF					
071 I&R SERVICES-NOT APPRVD P					
071 HOME HEALTH AGENCY					
082 LUNG ACQUISITION					
083 SPEC PURPOSE COST CENTERS					
084 KIDNEY ACQUISITION					
084 LIVER ACQUISITION					
085 HEART ACQUISITION					
085 01 PANCREAS ACQUISITION					
086 OTHER ORGAN ACQUISITION					
092 AMBULATORY SURGICAL CENTE					
093 HOSPICE					
095 SUBTOTALS					
096 NONREIMBURS COST CENTERS					
097 GIFT, FLOWER, COFFEE SHOP					
098 RESEARCH					
099 PHYSICIANS' PRIVATE OFFIC					
101 NONPAID WORKERS					
102 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 COST TO BE ALLOCATED					
(PER WRKSHT B, PART I)					

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	NONPHYSICIAN	NURSING SCHOO	I&R SERVICES-	I&R SERVICES-	PARAMED ED PR
	ANESTHETISTS	L	SALARY & FRI	OTHER PRGM C	GM
	( ASSIGNED	( ASSIGNED	( ASSIGNED	( ASSIGNED	( ASSIGNED
	TIME )	TIME )	TIME )	TIME )	TIME )
	20	21	22	23	24

- 104 NONREIMBURS COST CENTERS
- UNIT COST MULTIPLIER
- (WRKSHT B, PT I)
- 105 COST TO BE ALLOCATED
- (PER WRKSHT B, PART II)
- 106 UNIT COST MULTIPLIER
- (WRKSHT B, PT II)
- 107 COST TO BE ALLOCATED
- (PER WRKSHT B, PART III)
- 108 UNIT COST MULTIPLIER
- (WRKSHT B, PT III)

COMPUTATION OF RATIO OF COSTS TO CHARGES

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	5,581,530		5,581,530	13,415	5,594,945
27	INTENSIVE CARE UNIT					
28	CORONARY CARE UNIT					
29	BURN INTENSIVE CARE UNIT					
31	SURGICAL INTENSIVE CARE U					
31	SUBPROVIDER					
33	NURSERY					
34	SKILLED NURSING FACILITY					
35	NURSING FACILITY					
35	01 ICF/MR					
36	OTHER LONG TERM CARE					
37	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	84,331		84,331		84,331
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC	205,535		205,535		205,535
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
44	LABORATORY	344,365		344,365		344,365
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	1,952,635		1,952,635		1,952,635
50	PHYSICAL THERAPY	356,514		356,514		356,514
51	OCCUPATIONAL THERAPY	200,819		200,819		200,819
52	SPEECH PATHOLOGY	76,937		76,937		76,937
53	ELECTROCARDIOLOGY					
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED					
56	DRUGS CHARGED TO PATIENTS	1,584,317		1,584,317		1,584,317
57	RENAL DIALYSIS	61,052		61,052		61,052
58	ASC (NON-DISTINCT PART)					
60	OUTPAT SERVICE COST CNTRS					
61	CLINIC					
61	EMERGENCY					
62	OBSERVATION BEDS (NON-DIS					
62	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	10,448,035		10,448,035	13,415	10,461,450
102	LESS OBSERVATION BEDS					
103	TOTAL	10,448,035		10,448,035	13,415	10,461,450

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS						
26	ADULTS & PEDIATRICS	5,456,267		5,456,267			
27	INTENSIVE CARE UNIT						
28	CORONARY CARE UNIT						
29	BURN INTENSIVE CARE UNIT						
31	SURGICAL INTENSIVE CARE U						
33	SUBPROVIDER						
34	NURSERY						
35	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35	01 ICF/MR						
36	OTHER LONG TERM CARE						
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	390,160		390,160	.216145	.216145	.216145
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
42	RADIOLOGY-DIAGNOSTIC	759,811		759,811	.270508	.270508	.270508
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
45	LABORATORY	2,524,096		2,524,096	.136431	.136431	.136431
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY	3,946,734		3,946,734	.494747	.494747	.494747
51	PHYSICAL THERAPY	521,593		521,593	.683510	.683510	.683510
52	OCCUPATIONAL THERAPY	306,182		306,182	.655881	.655881	.655881
53	SPEECH PATHOLOGY	95,546		95,546	.805235	.805235	.805235
54	ELECTROCARDIOLOGY						
55	ELECTROENCEPHALOGRAPHY						
56	MEDICAL SUPPLIES CHARGED						
57	DRUGS CHARGED TO PATIENTS	3,955,049		3,955,049	.400581	.400581	.400581
58	RENAL DIALYSIS	127,194		127,194	.479991	.479991	.479991
60	ASC (NON-DISTINCT PART)						
61	OUTPAT SERVICE COST CNTRS						
62	CLINIC						
64	EMERGENCY						
65	OBSERVATION BEDS (NON-DIS						
66	OTHER REIMBURS COST CNTRS						
67	HOME PROGRAM DIALYSIS						
101	AMBULANCE SERVICES						
102	DURABLE MEDICAL EQUIP-REN						
103	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	18,082,632		18,082,632			
102	LESS OBSERVATION BEDS						
103	TOTAL	18,082,632		18,082,632			



WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS						
26	ADULTS & PEDIATRICS	5,456,267		5,456,267			
27	INTENSIVE CARE UNIT						
28	CORONARY CARE UNIT						
29	BURN INTENSIVE CARE UNIT						
31	SURGICAL INTENSIVE CARE U						
33	SUBPROVIDER						
34	NURSERY						
35	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35	01 ICF/MR						
36	OTHER LONG TERM CARE						
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	390,160		390,160	.216145	.216145	.216145
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
42	RADIOLOGY-DIAGNOSTIC	759,811		759,811	.270508	.270508	.270508
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
45	LABORATORY	2,524,096		2,524,096	.136431	.136431	.136431
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY	3,946,734		3,946,734	.494747	.494747	.494747
51	PHYSICAL THERAPY	521,593		521,593	.683510	.683510	.683510
52	OCCUPATIONAL THERAPY	306,182		306,182	.655881	.655881	.655881
53	SPEECH PATHOLOGY	95,546		95,546	.805235	.805235	.805235
54	ELECTROCARDIOLOGY						
55	ELECTROENCEPHALOGRAPHY						
56	MEDICAL SUPPLIES CHARGED						
57	DRUGS CHARGED TO PATIENTS	3,955,049		3,955,049	.400581	.400581	.400581
58	RENAL DIALYSIS	127,194		127,194	.479991	.479991	.479991
60	ASC (NON-DISTINCT PART)						
61	OUTPAT SERVICE COST CNTRS						
62	CLINIC						
64	EMERGENCY						
65	OBSERVATION BEDS (NON-DIS						
66	OTHER REIMBURS COST CNTRS						
67	HOME PROGRAM DIALYSIS						
101	AMBULANCE SERVICES						
102	DURABLE MEDICAL EQUIP-REN						
103	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	18,082,632		18,082,632			
102	LESS OBSERVATION BEDS						
103	TOTAL	18,082,632		18,082,632			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	84,331	698	83,633			84,331
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
42	RADIOLOGY-DIAGNOSTIC	205,535	1,533	204,002			205,535
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
45	LABORATORY	344,365	11,968	332,397			344,365
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY	1,952,635	43,483	1,909,152			1,952,635
51	PHYSICAL THERAPY	356,514	4,954	351,560			356,514
52	OCCUPATIONAL THERAPY	200,819	2,338	198,481			200,819
53	SPEECH PATHOLOGY	76,937	1,115	75,822			76,937
54	ELECTROCARDIOLOGY						
55	ELECTROENCEPHALOGRAPHY						
56	MEDICAL SUPPLIES CHARGED						
57	DRUGS CHARGED TO PATIENTS	1,584,317	39,567	1,544,750			1,584,317
58	RENAL DIALYSIS	61,052	367	60,685			61,052
59	ASC (NON-DISTINCT PART)						
60	OUTPAT SERVICE COST CNTRS						
61	CLINIC						
62	EMERGENCY						
63	OBSERVATION BEDS (NON-DIS						
64	OTHER REIMBURS COST CNTRS						
65	HOME PROGRAM DIALYSIS						
66	AMBULANCE SERVICES						
67	DURABLE MEDICAL EQUIP-REN						
68	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	4,866,505	106,023	4,760,482			4,866,505
102	LESS OBSERVATION BEDS						
103	TOTAL	4,866,505	106,023	4,760,482			4,866,505

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
38	OPERATING ROOM	390,160	.216145	.216145
39	RECOVERY ROOM			
40	DELIVERY ROOM & LABOR ROO			
41	ANESTHESIOLOGY			
42	RADIOLOGY-DIAGNOSTIC	759,811	.270508	.270508
43	RADIOLOGY-THERAPEUTIC			
44	RADIOISOTOPE			
45	LABORATORY	2,524,096	.136431	.136431
46	PBP CLINICAL LAB SERVICES			
47	WHOLE BLOOD & PACKED RED			
48	BLOOD STORING, PROCESSING			
49	INTRAVENOUS THERAPY			
50	RESPIRATORY THERAPY	3,946,734	.494747	.494747
51	PHYSICAL THERAPY	521,593	.683510	.683510
52	OCCUPATIONAL THERAPY	306,182	.655881	.655881
53	SPEECH PATHOLOGY	95,546	.805235	.805235
54	ELECTROCARDIOLOGY			
55	ELECTROENCEPHALOGRAPHY			
56	MEDICAL SUPPLIES CHARGED			
57	DRUGS CHARGED TO PATIENTS	3,955,049	.400581	.400581
58	RENAL DIALYSIS	127,194	.479991	.479991
59	ASC (NON-DISTINCT PART)			
60	OUTPAT SERVICE COST CNTRS			
61	CLINIC			
62	EMERGENCY			
63	OBSERVATION BEDS (NON-DIS			
64	OTHER REIMBURS COST CNTRS			
65	HOME PROGRAM DIALYSIS			
66	AMBULANCE SERVICES			
67	DURABLE MEDICAL EQUIP-REN			
68	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	12,626,365		
102	LESS OBSERVATION BEDS			
103	TOTAL	12,626,365		

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	84,331	698	83,633	70	4,851	79,410
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
42	RADIOLOGY-DIAGNOSTIC	205,535	1,533	204,002	153	11,832	193,550
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
45	LABORATORY	344,365	11,968	332,397	1,197	19,279	323,889
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY	1,952,635	43,483	1,909,152	4,348	110,731	1,837,556
51	PHYSICAL THERAPY	356,514	4,954	351,560	495	20,390	335,629
52	OCCUPATIONAL THERAPY	200,819	2,338	198,481	234	11,512	189,073
53	SPEECH PATHOLOGY	76,937	1,115	75,822	112	4,398	72,427
54	ELECTROCARDIOLOGY						
55	ELECTROENCEPHALOGRAPHY						
56	MEDICAL SUPPLIES CHARGED						
57	DRUGS CHARGED TO PATIENTS	1,584,317	39,567	1,544,750	3,957	89,596	1,490,764
58	RENAL DIALYSIS	61,052	367	60,685	37	3,520	57,495
60	ASC (NON-DISTINCT PART)						
61	OUTPAT SERVICE COST CNTRS						
62	CLINIC						
63	EMERGENCY						
64	OBSERVATION BEDS (NON-DIS						
65	OTHER REIMBURS COST CNTRS						
66	HOME PROGRAM DIALYSIS						
67	AMBULANCE SERVICES						
101	DURABLE MEDICAL EQUIP-REN						
102	DURABLE MEDICAL EQUIP-SOL						
103	SUBTOTAL	4,866,505	106,023	4,760,482	10,603	276,109	4,579,793
104	LESS OBSERVATION BEDS						
105	TOTAL	4,866,505	106,023	4,760,482	10,603	276,109	4,579,793

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	390,160	.203532	.215965
39	RECOVERY ROOM			
40	DELIVERY ROOM & LABOR ROO			
41	ANESTHESIOLOGY			
42	RADIOLOGY-DIAGNOSTIC	759,811	.254734	.270307
43	RADIOLOGY-THERAPEUTIC			
44	RADIOISOTOPE			
45	LABORATORY	2,524,096	.128319	.135957
46	PBP CLINICAL LAB SERVICES			
47	WHOLE BLOOD & PACKED RED			
48	BLOOD STORING, PROCESSING			
49	INTRAVENOUS THERAPY			
50	RESPIRATORY THERAPY	3,946,734	.465589	.493645
51	PHYSICAL THERAPY	521,593	.643469	.682561
52	OCCUPATIONAL THERAPY	306,182	.617518	.655117
53	SPEECH PATHOLOGY	95,546	.758033	.804063
54	ELECTROCARDIOLOGY			
55	ELECTROENCEPHALOGRAPHY			
56	MEDICAL SUPPLIES CHARGED			
57	DRUGS CHARGED TO PATIENTS	3,955,049	.376927	.399580
58	RENAL DIALYSIS	127,194	.452026	.479700
60	ASC (NON-DISTINCT PART)			
61	OUTPAT SERVICE COST CNTRS			
62	CLINIC			
63	EMERGENCY			
64	OBSERVATION BEDS (NON-DIS			
65	OTHER REIMBURS COST CNTRS			
66	HOME PROGRAM DIALYSIS			
67	AMBULANCE SERVICES			
101	DURABLE MEDICAL EQUIP-REN			
102	DURABLE MEDICAL EQUIP-SOL			
103	SUBTOTAL	12,626,365		
	LESS OBSERVATION BEDS			
	TOTAL	12,626,365		

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				528,126		528,126
27	INTENSIVE CARE UNIT						
28	CORONARY CARE UNIT						
29	BURN INTENSIVE CARE UNIT						
31	SURGICAL INTENSIVE CARE U						
33	SUBPROVIDER						
101	NURSERY						
	TOTAL				528,126		528,126

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	5,344	4,360			98.83	430,899
26	INTENSIVE CARE UNIT						
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY						
101	TOTAL	5,344	4,360				430,899



WKST A LINE NO.	COST CENTER DESCRIPTION	HOSPITAL	
		TITLE XVIII, PART A	HOSPITAL
		NEW CAPITAL CST/CHRG RATIO 7	COSTS 8
37	ANCILLARY SRVC COST CNTRS		
38	OPERATING ROOM	.001789	608
39	RECOVERY ROOM		
40	DELIVERY ROOM & LABOR ROO		
41	ANESTHESIOLOGY		
42	RADIOLOGY-DIAGNOSTIC	.002018	1,189
43	RADIOLOGY-THERAPEUTIC		
44	RADIOISOTOPE		
45	LABORATORY	.004741	10,256
46	PBP CLINICAL LAB SERVICES		
47	WHOLE BLOOD & PACKED RED		
48	BLOOD STORING, PROCESSING		
49	INTRAVENOUS THERAPY		
50	RESPIRATORY THERAPY	.011017	37,535
51	PHYSICAL THERAPY	.009498	4,106
52	OCCUPATIONAL THERAPY	.007636	1,901
53	SPEECH PATHOLOGY	.011670	673
54	ELECTROCARDIOLOGY		
55	ELECTROENCEPHALOGRAPHY		
56	MEDICAL SUPPLIES CHARGED		
57	DRUGS CHARGED TO PATIENTS	.010004	32,286
58	RENAL DIALYSIS	.002885	208
59	ASC (NON-DISTINCT PART)		
60	OUTPAT SERVICE COST CNTRS		
61	CLINIC		
62	EMERGENCY		
63	OBSERVATION BEDS (NON-DIS		
64	OTHER REIMBURS COST CNTRS		
65	HOME PROGRAM DIALYSIS		
66	AMBULANCE SERVICES		
67	DURABLE MEDICAL EQUIP-REN		
68	DURABLE MEDICAL EQUIP-SOL		
101	TOTAL		88,762

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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					5,344	
26	INTENSIVE CARE UNIT						
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY						
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35 01	ICF/MR						
101	TOTAL					5,344	

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
25	ADULTS & PEDIATRICS	7	4,360
26	INTENSIVE CARE UNIT		
27	CORONARY CARE UNIT		
28	BURN INTENSIVE CARE UNIT		
29	SURGICAL INTENSIVE CARE U		
31	SUBPROVIDER		
33	NURSERY		
34	SKILLED NURSING FACILITY		
35	NURSING FACILITY		
01	ICF/MR		
101	TOTAL		4,360

TITLE XVIII, PART A

HOSPITAL

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WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST		MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
	ANCILLARY SRVC COST CNTRS	1	1.01	2	2.01	2.02	2.03
37	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
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 XVIII, PART A

HOSPITAL

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WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P CST 5.01	RATIO OF TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS								
37	OPERATING ROOM			390,160				339,618	
38	RECOVERY ROOM								
39	DELIVERY ROOM & LABOR ROO								
40	ANESTHESIOLOGY								
41	RADIOLOGY-DIAGNOSTIC			759,811				589,105	
42	RADIOLOGY-THERAPEUTIC								
43	RADIOISOTOPE								
44	LABORATORY			2,524,096				2,163,344	
45	PBP CLINICAL LAB SERVICES								
46	WHOLE BLOOD & PACKED RED								
47	BLOOD STORING, PROCESSING								
48	INTRAVENOUS THERAPY								
49	RESPIRATORY THERAPY			3,946,734				3,407,046	
50	PHYSICAL THERAPY			521,593				432,258	
51	OCCUPATIONAL THERAPY			306,182				249,001	
52	SPEECH PATHOLOGY			95,546				57,634	
53	ELECTROCARDIOLOGY								
54	ELECTROENCEPHALOGRAPHY								
55	MEDICAL SUPPLIES CHARGED								
56	DRUGS CHARGED TO PATIENTS			3,955,049				3,227,337	
57	RENAL DIALYSIS			127,194				72,206	
58	ASC (NON-DISTINCT PART)								
59	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			12,626,365				10,537,549	

TITLE XVIII, PART A		HOSPITAL			PPS		COL 8.01	COL 8.02
WKST A	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D,V COL 5.03	OUTPAT PROG D,V COL 5.04	OUTPAT PROG PASS THRU COST	* COL 5	* COL 5	
	ANCILLARY SRVC COST CNTRS	8	8.01	8.02	9	9.01	9.02	
37	OPERATING ROOM							
38	RECOVERY ROOM							
39	DELIVERY ROOM & LABOR ROO							
40	ANESTHESIOLOGY							
41	RADIOLOGY-DIAGNOSTIC							
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 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)	5,344
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	5,344
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	5,344
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)	4,360
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	5,594,945
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	5,594,945

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	5,456,267
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	5,456,267
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.025416
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	1,021.01
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	5,594,945

TITLE XVIII PART A HOSPITAL PPS

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE  
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM					1,046.96
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					4,564,746
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					4,564,746

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

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES				430,899
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES				88,762
52	TOTAL PROGRAM EXCLUDABLE COST				519,661
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS				8,091,268

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

COMPUTATION OF INPATIENT OPERATING COST

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,046.96
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	5,594,945			
87	NEW CAPITAL-RELATED COST	5,594,945	.094393		
88	NON PHYSICIAN ANESTHETIST	5,594,945			
89	MEDICAL EDUCATION	5,594,945			
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL OTHER				

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

WKST A LINE NO.	TITLE XVIII, PART A COST CENTER DESCRIPTION	HOSPITAL	PPS		
			RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			4,216,702	
26	INTENSIVE CARE UNIT				
27	CORONARY CARE UNIT				
28	BURN INTENSIVE CARE UNIT				
29	SURGICAL INTENSIVE CARE UNIT				
31	SUBPROVIDER				
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM		.216145	339,618	73,407
38	RECOVERY ROOM				
39	DELIVERY ROOM & LABOR ROOM				
40	ANESTHESIOLOGY				
41	RADIOLOGY-DIAGNOSTIC		.270508	589,105	159,358
42	RADIOLOGY-THERAPEUTIC				
43	RADIOISOTOPE				
44	LABORATORY		.136431	2,163,344	295,147
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		.494747	3,407,046	1,685,626
50	PHYSICAL THERAPY		.683510	432,258	295,453
51	OCCUPATIONAL THERAPY		.655881	249,001	163,315
52	SPEECH PATHOLOGY		.805235	57,634	46,409
53	ELECTROCARDIOLOGY				
54	ELECTROENCEPHALOGRAPHY				
55	MEDICAL SUPPLIES CHARGED TO PATIENTS				
56	DRUGS CHARGED TO PATIENTS		.400581	3,227,337	1,292,810
57	RENAL DIALYSIS		.479991	72,206	34,658
58	ASC (NON-DISTINCT PART)				
60	OUTPAT SERVICE COST CNTRS 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	TOTAL			10,537,549	4,046,183
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES				
103	NET CHARGES			10,537,549	



TITLE XVIII HOSPITAL

DESCRIPTION INPATIENT-PART A P A R T B

MM/DD/YYYY AMOUNT MM/DD/YYYY AMOUNT

	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		7,213,668		NONE
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			
SUBTOTAL	.99	NONE		NONE
4 TOTAL INTERIM PAYMENTS		7,213,668		NONE
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER	.01			
TENTATIVE TO PROVIDER	.02			
TENTATIVE TO PROVIDER	.03			
TENTATIVE TO PROGRAM	.50			
TENTATIVE TO PROGRAM	.51			
TENTATIVE TO PROGRAM	.52			
SUBTOTAL	.99	NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)				
SETTLEMENT TO PROVIDER	.01			
SETTLEMENT TO PROGRAM	.02			
7 TOTAL MEDICARE PROGRAM LIABILITY				

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO: 00000

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

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

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

## CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I 15-2021  
 I COMPONENT NO: I 15-2021

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

I WORKSHEET E-3  
 I PART I

## PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS HOSPITAL

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	6,489,796
1.03	MEDICAID SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	
1.05	OUTLIER PAYMENTS	1,046,060
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	7,535,856
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
	INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	
1.09	NET IPF PPS OUTLIER PAYMENTS	
1.10	NET IPF PPS ECT PAYMENTS	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (LINE 1.15/1.16))\}$ RAISED TO THE POWER OF .5150 - 1.	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)	
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)	
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)	
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	
	INPATIENT REHABILITATION FACILITY (IRF)	
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)	
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{(1 + (LINE 1.39/1.40))\}$ RAISED TO THE POWER OF .9012 - 1.	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	7,535,856
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	7,535,856
7	DEDUCTIBLES	12,576
8	SUBTOTAL	7,523,280
9	COINSURANCE	309,612
10	SUBTOTAL	7,213,668
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)	52,851
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	36,996
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	41,665
12	SUBTOTAL	7,250,664
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	7,250,664
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	7,213,668
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	36,996
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.	

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

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

BALANCE SHEET

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	637,426			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	2,152,998			
5	OTHER RECEIVABLES	539			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-515,745			
7	INVENTORY	209,195			
8	PREPAID EXPENSES				
9	OTHER CURRENT ASSETS	857,996			
10	DUE FROM OTHER FUNDS	26,172			
11	TOTAL CURRENT ASSETS	3,368,581			
FIXED ASSETS					
12	LAND				
12.01	LAND IMPROVEMENTS				
13	LESS ACCUMULATED DEPRECIATION				
13.01	BUILDINGS				
14	LESS ACCUMULATED DEPRECIATION				
14.01	LEASEHOLD IMPROVEMENTS	790,747			
15	LESS ACCUMULATED DEPRECIATION	-52,716			
15.01	FIXED EQUIPMENT				
16	LESS ACCUMULATED DEPRECIATION				
16.01	AUTOMOBILES AND TRUCKS				
17	LESS ACCUMULATED DEPRECIATION				
17.01	MAJOR MOVABLE EQUIPMENT	913,228			
18	LESS ACCUMULATED DEPRECIATION	-420,851			
18.01	MINOR EQUIPMENT DEPRECIABLE				
19	LESS ACCUMULATED DEPRECIATION				
19.01	MINOR EQUIPMENT-NONDEPRECIABLE				
20	TOTAL FIXED ASSETS	1,230,408			
OTHER ASSETS					
22	INVESTMENTS				
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	52,118			
26	TOTAL OTHER ASSETS	52,118			
27	TOTAL ASSETS	4,651,107			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
LIABILITIES AND FUND BALANCE				
CURRENT LIABILITIES				
28    ACCOUNTS PAYABLE	380,255			
29    SALARIES, WAGES & FEES PAYABLE	281,696			
30    PAYROLL TAXES PAYABLE				
31    NOTES AND LOANS PAYABLE (SHORT TERM)				
32    DEFERRED INCOME				
33    ACCELERATED PAYMENTS				
34    DUE TO OTHER FUNDS				
35    OTHER CURRENT LIABILITIES	643,984			
36    TOTAL CURRENT LIABILITIES	1,305,935			
LONG TERM LIABILITIES				
37    MORTGAGE PAYABLE				
38    NOTES PAYABLE				
39    UNSECURED LOANS				
40.01    LOANS PRIOR TO 7/1/66				
40.02    ON OR AFTER 7/1/66				
41    OTHER LONG TERM LIABILITIES	214,879			
42    TOTAL LONG-TERM LIABILITIES	214,879			
43    TOTAL LIABILITIES	1,520,814			
CAPITAL ACCOUNTS				
44    GENERAL FUND BALANCE	3,130,293			
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	3,130,293			
52    TOTAL LIABILITIES AND FUND BALANCES	4,651,107			

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING		2,365,068		
2 OF PERIOD				
2 NET INCOME (LOSS)		889,552		
3 TOTAL		3,254,620		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5				
6				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL		3,254,620		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
12 TRANSFER TO/FROM AFFILIAT		23,060		
13 DEFERRED PENSION COSTS		101,267		
14				
15				
16				
17				
18 TOTAL DEDUCTIONS		124,327		
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		3,130,293		

	ENDOWMENT FUND		PLANT FUND	
	5	6	7	8
1 FUND BALANCE AT BEGINNING				
2 OF PERIOD				
2 NET INCOME (LOSS)				
3 TOTAL				
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5				
6				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL				
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
12 TRANSFER TO/FROM AFFILIAT				
13 DEFERRED PENSION COSTS				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
1 00 HOSPITAL	5,456,267		5,456,267
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	5,456,267		5,456,267
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT			
11 00 CORONARY CARE UNIT			
12 00 BURN INTENSIVE CARE UNIT			
13 00 SURGICAL INTENSIVE CARE UNIT			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP			
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	5,456,267		5,456,267
17 00 ANCILLARY SERVICES	12,626,365		12,626,365
18 00 OUTPATIENT SERVICES			
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	18,082,632		18,082,632

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES		9,548,087	
ADD (SPECIFY)			
27 00 BAD DEBTS	30,780		
28 00			
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		30,780	
DEDUCT (SPECIFY)			
34 00			
35 00			
36 00			
37 00			
38 00			
39 00 TOTAL DEDUCTIONS			
40 00 TOTAL OPERATING EXPENSES		9,578,867	

## STATEMENT OF REVENUES AND EXPENSES

I PROVIDER NO:  
I 15-2021I PERIOD:  
I FROM 7/ 1/2006  
I TO 6/30/2007I  
I WORKSHEET G-3

DESCRIPTION	
1	TOTAL PATIENT REVENUES 18,082,632
2	LESS: ALLOWANCES AND DISCOUNTS ON 7,829,317
3	NET PATIENT REVENUES 10,253,315
4	LESS: TOTAL OPERATING EXPENSES 9,578,867
5	NET INCOME FROM SERVICE TO PATIENT 674,448
	OTHER INCOME
6	CONTRIBUTIONS, DONATIONS, BEQUES
7	INCOME FROM INVESTMENTS 214,235
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 869
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	
25	TOTAL OTHER INCOME 215,104
26	TOTAL 889,552
	OTHER EXPENSES
27	
28	
29	
30	TOTAL OTHER EXPENSES
31	NET INCOME (OR LOSS) FOR THE PERIO 889,552