

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

FORM APPROVED
OMB NO. 0938-0050

WORKSHEET 5
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION	I	15-0003	I	FROM 1/ 1/2007	I	--AUDITED --DESK REVIEW	I	/ /
AND SETTLEMENT SUMMARY	I		I	TO 12/31/2007	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
						--FINAL 1-MCR CODE	I	
						00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 5/28/2008 TIME 9:36

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 MEDICAL CENTER 15-0003
FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2007 AND ENDING 12/31/2007 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

ECR ENCRYPTION INFORMATION
DATE: 5/28/2008 TIME 9:36

9KwPok3bdAnwJ5I6oG.c2eU4do3yu0
xwv1E0Ecp:Y8:l6a4zjw50JH9T:Cdp
.MgBlJmIBq0yj6Kf

PI ENCRYPTION INFORMATION
DATE: 5/28/2008 TIME 9:36

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g14cv0ttGo4AZfods9m4MLZ2kahyaj
Inkbfpx7yu0ccppx

J. Lawler
OFFICER OR ADMINISTRATOR OF PROVIDER(S)
Regional CFO
TITLE
5/29/08
DATE

PART II - SETTLEMENT SUMMARY

	TITLE V		TITLE XVIII		TITLE XIX
	1	A 2	B 3		4
1 HOSPITAL			618,368	70,311	141,363
100 TOTAL	0	0	618,368	70,311	141,363

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.

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 ST. ELIZABETH MEDICAL CENTER 15-0003
 FOR THE COST REPORTING PERIOD BEGINNING 1/1/2007 AND ENDING 12/31/2007 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

R. L. Lantz

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)
Regional CFO

 TITLE
5/29/08

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	TITLE XVIII	B	TITLE XIX
	1	2	3	4	
1 HOSPITAL	0	618,368	70,311	141,363	
100 TOTAL	0	618,368	70,311	141,363	

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS
 1 STREET: 1501 HARTFORD ST. P.O. BOX:
 1.01 CITY: LAFAYETTE STATE: IN ZIP CODE: 47904- COUNTY: TIPPECANOE

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;		PROVIDER NO.		NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P,T,O OR N)		
COMPONENT	COMPONENT NAME	2	2	2.01	3	V	XVIII	XIX
2.00 HOSPITAL	ST. ELIZABETH MEDICAL CENTER	15-0003			7/ 1/1966	4	5	6
12.00 HOSP-BASED HOSPICE	ST. ELIZABETH HOSPICE	15-1563			1/ 1/1984	N	P	O

7 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 1/ 1/2007 TO: 12/31/2007
 18 TYPE OF CONTROL 1 2

TYPE OF HOSPITAL/SUBPROVIDER
 9 HOSPITAL 1
 20 SUBPROVIDER

OTHER INFORMATION

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

3 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
 3.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS) 1 2 3 4
 28.02 ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY 0 0.0000 0.0000
 0.00 0

A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)
 3.03 STAFFING % Y/N 0.00%
 3.04 RECRUITMENT 0.00%
 3.05 RETENTION 0.00%
 28.06 TRAINING 0.00%
 28.07 0.00%
 28.08 0.00%
 3.09 0.00%
 3.10 0.00%
 3.11 0.00%
 28.12 0.00%
 28.13 0.00%
 28.14 0.00%
 3.15 0.00%
 3.16 0.00%
 3.17 0.00%
 28.18 0.00%
 28.19 0.00%
 28.20 0.00%

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
 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) N
 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). N
 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 N
 31 IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c) N
 31.01 IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c) N
 31.02 IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c) N
 31.03 IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c) N
 31.04 IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c) N
 31.05 IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c) N

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

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL V XVIII XIX
 36.01 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) 1 2 3
 N Y N
 37.01 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N Y N
 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

- 38.01 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
- 38.02 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? N
- 38.03 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
- 38.04 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

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 158045

49.01 NAME: SISTERS OF ST. FRANCIS HEALTH SERVIC FI/CONTRACTOR NAME NGS FI/CONTRACTOR #
 49.02 STREET: P.O. BOX:
 49.03 CITY: MISHAWAKA STATE: IN ZIP CODE: -

- 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
- 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
- 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
- 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
- 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
- 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? N
- 44 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000
- 44 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? N
- 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION? N
- 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD? N
- 45 IF YOU ARE PARTICIPATING IN THE NHCQM 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	OUTPATIENT	OUTPATIENT
	1	2	3	4	ASC	RADIOLOGY	DIAGNOSTIC
47.00 HOSPITAL	N	N	N	N	N	N	N

52.01 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N

53 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
 53.01 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

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
56.01		N	0.00		0
56.02			0.00		0
56.03			0.00		0

58 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? Y
 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

59.01 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)(ii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). 0

59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N

60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N

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

COMPONENT	NO. OF BEDS	BED DAYS AVAILABLE	CAH N/A	TITLE V	I/P DAYS / TITLE XVIII	O/P VISITS / NOT LTCH N/A	TRIPS TOTAL
	1	2	2.01	3	4	4.01	5
1 ADULTS & PEDIATRICS	124	45,260			16,720		1,706
2 HMO							
01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	124	45,260			16,720		1,706
6 INTENSIVE CARE UNIT	31	11,315			3,547		
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL	155	56,575			20,267		1,706
13 RPCH VISITS							
14 SUBPROVIDER							
18 HOME HEALTH AGENCY							
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE							
25 TOTAL	155						
26 OBSERVATION BED DAYS							89
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	TITLE XIX OBSERVED ADMITTED	I/P DAYS / NOT ADMITTED	O/P VISITS / ALL PATS	TRIPS / TOTAL OBSERVED ADMITTED	DISCHARGES / OBSERVATION BEDS NOT ADMITTED	INTERNS & RES. FTES / TOTAL	LESS I&R REPL NON-PHYS ANES
	5.01	5.02	6	6.01	6.02	7	8
1 ADULTS & PEDIATRICS			24,217				
2 HMO							
01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			24,217				
6 INTENSIVE CARE UNIT			6,243				
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL			30,460				
13 RPCH VISITS							
14 SUBPROVIDER							
18 HOME HEALTH AGENCY							
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE							
25 TOTAL							
26 OBSERVATION BED DAYS	32	57	1,324	359	965		
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES NET	FULL TIME EMPLOYEES ON PAYROLL	EQUIV NONPAID WORKERS	TITLE V	DISCHARGES TITLE XVIII	TITLE XIX	TOTAL ALL PATIENTS
	9	10	11	12	13	14	15
1 ADULTS & PEDIATRICS					4,358	344	7,034
2 HMO							
01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
11 NURSERY							
12 TOTAL		733.84			4,358	344	7,034
13 RPCH VISITS							
14 SUBPROVIDER							
18 HOME HEALTH AGENCY							
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE							
25 TOTAL		733.84					
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

HOSPITAL WAGE INDEX INFORMATION

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2008
 I 15-0003 I FROM 1/ 1/2007 I WORKSHEET 5-3
 I I TO 12/31/2007 I PARTS II & III

PART II - WAGE DATA		AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES							
1	TOTAL SALARY	38,534,046	7,868,085	46,402,131	1,813,768.00	25.58	
2	NON-PHYSICIAN ANESTHETIST PART A						
3	NON-PHYSICIAN ANESTHETIST PART B						
4	PHYSICIAN - PART A						
4.01	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5	PHYSICIAN - PART B						
5.01	NON-PHYSICIAN - PART B						
6	INTERNS & RESIDENTS (APPRVD)						
6.01	CONTRACT SERVICES, I&R						
7	HOME OFFICE PERSONNEL						
8	SNF						
8.01	EXCLUDED AREA SALARIES	8,917,414		8,917,414	208,333.00	42.80	
OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR:	486,644		486,644	7,272.00	66.92	
9.01	PHARMACY SERVICES UNDER CONTRACT						
9.02	LABORATORY SERVICES UNDER CONTRACT						
9.03	MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10	CONTRACT LABOR: PHYS PART A						
10.01	TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)						
11	HOME OFFICE SALARIES & WAGE RELATED COSTS	3,491,062		3,491,062	76,751.00	45.49	
12	HOME OFFICE: PHYS PART A						
12.01	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS							
13	WAGE-RELATED COSTS (CORE)	8,485,784		8,485,784			CMS 339
14	WAGE-RELATED COSTS (OTHER)						CMS 339
15	EXCLUDED AREAS	1,811,349		1,811,349			CMS 339
16	NON-PHYS ANESTHETIST PART A						CMS 339
17	NON-PHYS ANESTHETIST PART B						CMS 339
18	PHYSICIAN PART A						CMS 339
18.01	PART A TEACHING PHYSICIANS						CMS 339
19	PHYSICIAN PART B						CMS 339
19.01	WAGE-RELATD COSTS (RHC/FQHC)						CMS 339
20	INTERNS & RESIDENTS (APPRVD)						CMS 339
OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS		372,085	372,085	12,458.00	29.87	
22	ADMINISTRATIVE & GENERAL		4,053,745	4,053,745	164,944.00	24.58	
22.01	A & G UNDER CONTRACT	17,299		17,299	1,214.00	14.25	
23	MAINTENANCE & REPAIRS						
24	OPERATION OF PLANT		1,960,859	1,960,859	97,666.00	20.08	
25	LAUNDRY & LINEN SERVICE		94,753	94,753	6,490.00	14.60	
26	HOUSEKEEPING	99,475	1,386,643	1,486,118	62,323.00	23.85	
26.01	HOUSEKEEPING UNDER CONTRACT						
27	DIETARY	816,586	-364,407	452,179	34,047.00	13.28	
27.01	DIETARY UNDER CONTRACT						
28	CAFETERIA	254,148	364,407	618,555	46,575.00	13.28	
29	MAINTENANCE OF PERSONNEL						
30	NURSING ADMINISTRATION	939,208		939,208	26,870.00	34.95	
31	CENTRAL SERVICE AND SUPPLY	272,493		272,493	15,528.00	17.55	
32	PHARMACY						
33	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	327,941		327,941	22,968.00	14.28	
34	SOCIAL SERVICE						
35	OTHER GENERAL SERVICE						
PART III - HOSPITAL WAGE INDEX SUMMARY							
1	NET SALARIES	38,534,046	7,868,085	46,402,131	1,813,768.00	25.58	
2	EXCLUDED AREA SALARIES	8,917,414		8,917,414	208,333.00	42.80	
3	SUBTOTAL SALARIES	29,616,632	7,868,085	37,484,717	1,605,435.00	23.35	
4	SUBTOTAL OTHER WAGES & RELATED COSTS	3,977,706		3,977,706	84,023.00	47.34	
5	SUBTOTAL WAGE-RELATED COSTS	8,485,784		8,485,784		22.64	
6	TOTAL	42,080,122	7,868,085	49,948,207	1,689,458.00	29.56	
7	NET SALARIES						
8	EXCLUDED AREA SALARIES						
9	SUBTOTAL SALARIES						
10	SUBTOTAL OTHER WAGES & RELATED COSTS						
11	SUBTOTAL WAGE-RELATED COSTS						
12	TOTAL						
13	TOTAL OVERHEAD COSTS	2,727,150	7,868,085	10,595,235	491,083.00	21.58	

HOSPICE 1

PART I - ENROLLMENT DAYS

	TITLE XVIII UNDUPLICATED MEDICARE DAYS 1	TITLE XIX UNDUPLICATED MEDICAID DAYS 2	TITLE XVIII UNDUPLICATED SNF DAYS 3	TITLE XIX UNDUPLICATED NF DAYS 4
1 CONTINUOUS HOME CARE				
2 ROUTINE HOME CARE	18,284	183		
3 INPATIENT RESPITE CARE	111	6		
4 GENERAL INPATIENT CARE	115	5		
5 TOTAL HOSPICE DAYS	18,510	194		

PART I - ENROLLMENT DAYS (CONTINUED)

	OTHER UNDUPLICATED DAYS 5	TOTAL UNDUPLICATED DAYS 6
1 CONTINUOUS HOME CARE		
2 ROUTINE HOME CARE	1,763	20,230
3 INPATIENT RESPITE CARE	39	156
4 GENERAL INPATIENT CARE	36	156
5 TOTAL HOSPICE DAYS	1,838	20,542

PART II - CENSUS DATA

	TITLE XVIII 1	TITLE XIX 2	TITLE XVIII SNF 3	TITLE XIX NF 4
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	333	12		
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE				
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	55.59	16.17		
9 UNDUPLICATED CENSUS COUNT	284	10		

PART II - CENSUS DATA (CONTINUED)

	OTHER 5	TOTAL 6
6 NUMBER OF PATIENTS RECEIVING HOSPICE CARE	68	413
7 TOTAL NUMBER OF UNDUPLICATED CONTINUOUS CARE HOURS BILLABLE TO MEDICARE		
8 AVERAGE LENGTH OF STAY (LINE 5 DIVIDED BY LINE 6)	27.03	49.74
9 UNDUPLICATED CENSUS COUNT	58	352

HOSPITAL UNCOMPENSATED CARE DATA

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2008
 I 15-0003 I FROM 1/ 1/2007 I WORKSHEET S-10
 I TO 12/31/2007 I
 I I

DESCRIPTION

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04		
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
UNCOMPENSATED CARE REVENUES		
17	REVENUE FROM UNCOMPENSATED CARE	14,169,382
17.01	GROSS MEDICAID REVENUES	
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	443,541
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	14,612,923
UNCOMPENSATED CARE COST		
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	4,808,711
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)	.336950
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	1,620,295
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	22,818,281
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	7,688,620
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	9,308,915

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
1	0100 GENERAL SERVICE COST CNTR					
1.01	0101 OLD CAP REL COSTS-BLDG & FIXT					
1.02	0102 OLD CAP REL COSTS-BLDG & FIXT					
2	0200 OLD CAP REL COSTS-MVBLE EQUIP					
3	0300 NEW CAP REL COSTS-BLDG & FIXT					
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				901,530	901,530
5	0500 EMPLOYEE BENEFITS					
6.01	0620 DATA PROCESSING					
6.02	0630 PURCHASING, RECEIVING AND STORES					
6.03	0640 ADMITTING					
6.04	0650 CASHIERING/ACCOUNTS RECEIVABLE					
6.05	0660 OTHER ADMINISTRATIVE AND GENERAL					
7	0700 MAINTENANCE & REPAIRS					
8	0800 OPERATION OF PLANT					
9	0900 LAUNDRY & LINEN SERVICE					
10	1000 HOUSEKEEPING	99,475	42,769	142,244	-434	141,810
11	1100 DIETARY	816,586	616,188	1,432,774	-504,669	928,105
12	1200 CAFETERIA	254,148	559,791	813,939	480,851	1,294,790
13	1300 MAINTENANCE OF PERSONNEL					
14	1400 NURSING ADMINISTRATION	939,208	2,085	941,293		941,293
15	1500 CENTRAL SERVICES & SUPPLY	272,493	704,117	976,610	-86,889	889,721
16	1600 PHARMACY					
17	1700 MEDICAL RECORDS & LIBRARY	327,941	325,420	653,361	-2,508	650,853
18	1800 SOCIAL SERVICE					
18.01	1801 MEDICAL STAFF					
20	2000 NONPHYSICIAN ANESTHETISTS					
21	2100 NURSING SCHOOL	2,092,964	317,432	2,410,396	-4,570	2,405,826
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD					
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD					
24	2400 PARAMED ED PRGM	46,000	5,849	51,849		51,849
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	7,132,764	738,781	7,871,545	-453,668	7,417,877
26	2600 INTENSIVE CARE UNIT	3,507,763	604,106	4,111,869	-227,976	3,883,893
27	2700 CORONARY CARE UNIT					
28	2800 BURN INTENSIVE CARE UNIT					
29	2900 SURGICAL INTENSIVE CARE UNIT					
31	3100 SUBPROVIDER					
33	3300 NURSERY					
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	1,024,039	9,204,654	10,228,693	-8,392,334	1,836,359
37.01	3701 OPHTHALMOLOGY	191,655	18,893	210,548	-4,441	206,107
38	3800 RECOVERY ROOM	106,278	1,263	107,541		107,541
39	3900 DELIVERY ROOM & LABOR ROOM					
40	4000 ANESTHESIOLOGY					
41	4100 RADIOLOGY-DIAGNOSTIC	2,141,950	1,546,140	3,688,090	-1,317,361	2,370,729
41.01	3230 CAT SCAN	515,091	287,366	802,457	-100,081	702,376
42	4200 RADIOLOGY-THERAPEUTIC					
43	4300 RADIOISOTOPE	279,180	368,751	647,931	-5,912	642,019
43.01	3120 CARDIAC CATHETERIZATION LABORATORY	945,789	5,948,509	6,894,298		6,894,298
43.02	3430 MAGNETIC RESONANCE IMAGING (MRI)	111,222	85,154	196,376	-8,869	187,507
43.03	3630 ULTRA SOUND	204,654	36,797	241,451	-18,743	222,708
44	4400 LABORATORY		7,398,980	7,398,980		7,398,980
45	4500 PBP CLINICAL LAB SERVICES-PRGM ONLY					
47	4700 BLOOD STORING, PROCESSING & TRANS.					
48	4800 INTRAVENOUS THERAPY					
49	4900 RESPIRATORY THERAPY	1,111,176	447,282	1,558,458	-368,791	1,189,667
50	5000 PHYSICAL THERAPY	3,073,184	379,864	3,453,048	-267,061	3,185,987
51	5100 OCCUPATIONAL THERAPY					
52	5200 SPEECH PATHOLOGY	398,297	24,002	422,299	-3,298	419,001
53	5300 ELECTROCARDIOLOGY	765,321	92,712	858,033	-12,778	845,255
54	5400 ELECTROENCEPHALOGRAPHY	481,300	63,100	544,400	-10,036	534,364
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				11,257,304	11,257,304
56	5600 DRUGS CHARGED TO PATIENTS	1,939,238	6,768,695	8,707,933	-76,363	8,631,570
56.01	5601 RENAL INPATIENT		917,159	917,159	-571	916,588
58	5800 ASC (NON-DISTINCT PART)					
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC					
61	6100 EMERGENCY	2,724,903	630,823	3,355,726	-157,583	3,198,143
61.01	6101 WOUND CARE	252,977	439,805	692,782	-117,060	575,722
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
64	6400 HOME PROGRAM DIALYSIS					
65	6500 AMBULANCE SERVICES	1,757,471	656,756	2,414,227	-102,739	2,311,488
71	7100 HOME HEALTH AGENCY					
	SPEC PURPOSE COST CENTERS					
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	1,119,874	1,043,460	2,163,334	-288,864	1,874,470
95	9300 SUBTOTALS	34,632,941	40,276,703	74,909,644	106,086	75,015,730
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
97	9700 RESEARCH					
98	9800 PHYSICIANS' PRIVATE OFFICES	3,689,061	1,624,530	5,313,591	-106,086	5,207,505
98.01	9801 PATIENT TRANSPORT	27,989	2,240	30,229		30,229
98.02	9802 SETON LEASE 1 NORTH	184,055	-8,401	175,654		175,654
99	9900 NONPAID WORKERS					
101.	TOTAL	38,534,046	41,845,072	80,379,118	-0-	80,379,118

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
1.01	OLD CAP REL COSTS-BLDG & FIXT	0101	OLD CAP REL COSTS-BLDG & FIXT
1.02	OLD CAP REL COSTS-BLDG & FIXT	0102	OLD CAP REL COSTS-BLDG & FIXT
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	
6.01	DATA PROCESSING	0620	DATA PROCESSING
6.02	PURCHASING, RECEIVING AND STORES	0630	PURCHASING, RECEIVING AND STORES
6.03	ADMITTING	0640	ADMITTING
6.04	CASHIERING/ACCOUNTS RECEIVABLE	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.05	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
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	MEDICAL STAFF	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	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
37.01	OPHTHALMOLOGY	3701	OPERATING ROOM
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	CAT SCAN	3230	CAT SCAN
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
43.01	CARDIAC CATHETERIZATION LABORATORY	3120	CARDIAC CATHETERIZATION LABORATORY
43.02	MAGNETIC RESONANCE IMAGING (MRI)	3430	MAGNETIC RESONANCE IMAGING (MRI)
43.03	ULTRA SOUND	3630	ULTRA SOUND
44	LABORATORY	4400	
45	PBP CLINICAL LAB SERVICES-PRGM ONLY	4500	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
56.01	RENAL INPATIENT	5601	DRUGS CHARGED TO PATIENTS
58	ASC (NON-DISTINCT PART)	5800	
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
61.01	WOUND CARE	6101	EMERGENCY
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
64	HOME PROGRAM DIALYSIS	6400	
65	AMBULANCE SERVICES	6500	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
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	
98.01	PATIENT TRANSPORT	9801	PHYSICIANS' PRIVATE OFFICES
98.02	SETON LEASE 1 NORTH	9802	PHYSICIANS' PRIVATE OFFICES
99	NONPAID WORKERS	9900	
101.	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:
150003PERIOD:
FROM 1/ 1/2007
TO 12/31/2007PREPARED 5/28/2008
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 LEASED EQUIPMENT	D	NEW CAP REL COSTS-MVBLE EQUIP	4		901,530
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13 CAFETERIA	E	CAFETERIA	12	364,407	119,564
14 MED SUPPLIES	F	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		11,861,739
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
1 MED SUPPLIES	F				
2					
3					
4 HOME OFFICE ALLOCATIONS	G	EMPLOYEE BENEFITS	5	372,085	
5		CASHIERING/ACCOUNTS RECEIVABLE	6.04	823,621	
6		OPERATION OF PLANT	8	1,960,859	
7		LAUNDRY & LINEN SERVICE	9	94,753	
8		HOUSEKEEPING	10	1,386,643	
9		OTHER ADMINISTRATIVE AND GENERAL	6.05	289,568	
10		OTHER ADMINISTRATIVE AND GENERAL	6.05	2,940,556	
36 TOTAL RECLASSIFICATIONS				8,232,492	12,882,833

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

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF
			LINE NO	7			
1 LEASED EQUIPMENT	D	6	11				10
2			12			2,015	10
3			15			504	10
4			37			86,889	10
5			41			19,500	10
6			41.01			337,618	10
7			49			2,500	10
8			50			10,621	10
9			54			15,132	10
10			56			2,262	10
11			93			29,539	10
12			98			288,864	10
13 CAFETERIA	E		11		364,407	106,086	10
14 MED SUPPLIES	F		10			119,564	10
15			11			434	10
16			12			18,683	10
17			17			2,616	10
18			21			2,508	10
19			25			4,570	10
20			26			453,668	10
21			26			227,976	10
22			37			8,372,834	10
23			37.01			4,441	10
24			41			979,743	10
25			41.01			97,581	10
26			43			5,912	10
27			43.02			8,869	10
28			43.03			18,743	10
29			49			358,170	10
30			50			251,929	10
31			52			3,298	10
32			53			12,778	10
33			54			7,774	10
34			55			604,435	10
35			56			46,824	10
			56.01			571	10
1 MED SUPPLIES	F		61			157,583	10
2			61.01			117,060	10
3			65			102,739	10
4 HOME OFFICE ALLOCATIONS	G		5			372,085	10
5			6.04			823,621	10
6			8			1,960,859	10
7			9			94,753	10
8			10			1,386,643	10
9			6.05			289,568	10
10			6.05			2,940,556	10
36 TOTAL RECLASSIFICATIONS					364,407	20,750,918	

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

RECLASSIFICATIONS

RECLASS CODE: D
 EXPLANATION: LEASED EQUIPMENT

INCREASE		
LINE	COST CENTER	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	901,530
2.00		0
3.00		0
4.00		0
5.00		0
6.00		0
7.00		0
8.00		0
9.00		0
10.00		0
11.00		0
12.00		0
TOTAL RECLASSIFICATIONS FOR CODE D		901,530

DECREASE		
COST CENTER	LINE	AMOUNT
DIETARY	11	2,015
CAFETERIA	12	504
CENTRAL SERVICES & SUPPLY	15	86,889
OPERATING ROOM	37	19,500
RADIOLOGY-DIAGNOSTIC	41	337,618
CAT SCAN	41.01	2,500
RESPIRATORY THERAPY	49	10,621
PHYSICAL THERAPY	50	15,132
ELECTROENCEPHALOGRAPHY	54	2,262
DRUGS CHARGED TO PATIENTS	56	29,539
HOSPICE	93	288,864
PHYSICIANS' PRIVATE OFFICES	98	106,086
		901,530

RECLASS CODE: E
 EXPLANATION: CAFETERIA

INCREASE		
LINE	COST CENTER	AMOUNT
1.00	CAFETERIA	483,971
TOTAL RECLASSIFICATIONS FOR CODE E		483,971

DECREASE		
COST CENTER	LINE	AMOUNT
DIETARY	11	483,971
		483,971

RECLASS CODE: F
 EXPLANATION: MED SUPPLIES

INCREASE		
LINE	COST CENTER	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	11,861,739
2.00		0
3.00		0
4.00		0
5.00		0
6.00		0
7.00		0
8.00		0
9.00		0
10.00		0
11.00		0
12.00		0
14.00		0
15.00		0
16.00		0
17.00		0
18.00		0
19.00		0
20.00		0
21.00		0
22.00		0
23.00		0
24.00		0
25.00		0
26.00		0
TOTAL RECLASSIFICATIONS FOR CODE F		11,861,739

DECREASE		
COST CENTER	LINE	AMOUNT
HOUSEKEEPING	10	434
DIETARY	11	18,683
CAFETERIA	12	2,616
MEDICAL RECORDS & LIBRARY	17	2,508
NURSING SCHOOL	21	4,570
ADULTS & PEDIATRICS	25	453,668
INTENSIVE CARE UNIT	26	227,976
OPERATING ROOM	37	8,372,834
OPHTHALMOLOGY	37.01	4,441
RADIOLOGY-DIAGNOSTIC	41	979,743
CAT SCAN	41.01	97,581
RADIOISOTOPE	43	5,912
MAGNETIC RESONANCE IMAGING (MR)	43.02	8,869
ULTRA SOUND	43.03	18,743
RESPIRATORY THERAPY	49	358,170
PHYSICAL THERAPY	50	251,929
SPEECH PATHOLOGY	52	3,298
ELECTROCARDIOLOGY	53	12,778
ELECTROENCEPHALOGRAPHY	54	7,774
MEDICAL SUPPLIES CHARGED TO PA	55	604,435
DRUGS CHARGED TO PATIENTS	56	46,824
RENAL INPATIENT	56.01	571
EMERGENCY	61	157,583
WOUND CARE	61.01	117,060
AMBULANCE SERVICES	65	102,739
		11,861,739

RECLASS CODE: G
 EXPLANATION: HOME OFFICE ALLOCATIONS

INCREASE		
LINE	COST CENTER	AMOUNT
1.00	EMPLOYEE BENEFITS	372,085
2.00	CASHIERING/ACCOUNTS RECEIVABLE	823,621
3.00	OPERATION OF PLANT	1,960,859
4.00	LAUNDRY & LINEN SERVICE	94,753
5.00	HOUSEKEEPING	1,386,643
6.00	OTHER ADMINISTRATIVE AND GENER	289,568
7.00	OTHER ADMINISTRATIVE AND GENER	2,940,556
TOTAL RECLASSIFICATIONS FOR CODE G		7,868,085

DECREASE		
COST CENTER	LINE	AMOUNT
EMPLOYEE BENEFITS	5	372,085
CASHIERING/ACCOUNTS RECEIVABLE	6.04	823,621
OPERATION OF PLANT	8	1,960,859
LAUNDRY & LINEN SERVICE	9	94,753
HOUSEKEEPING	10	1,386,643
OTHER ADMINISTRATIVE AND GENER	6.05	289,568
OTHER ADMINISTRATIVE AND GENER	6.05	2,940,556
		7,868,085

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	3,582,228						3,582,228	
2	LAND IMPROVEMENTS	39,802						39,802	
3	BUILDINGS & FIXTURE	2,672,759						2,672,759	
4	BUILDING IMPROVEMEN								
5	FIXED EQUIPMENT								
6	MOVABLE EQUIPMENT	26,893						26,893	
7	SUBTOTAL	6,321,682						6,321,682	
8	RECONCILING ITEMS								
9	TOTAL	6,321,682						6,321,682	

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	3,445,428						3,445,428	
2	LAND IMPROVEMENTS	394,587					11,059	383,528	
3	BUILDINGS & FIXTURE	44,061,400					1,145,974	42,915,426	
4	BUILDING IMPROVEMEN								
5	FIXED EQUIPMENT								
6	MOVABLE EQUIPMENT	20,959,480	758,585			758,585		21,718,065	
7	SUBTOTAL	68,860,895	758,585			758,585	1,157,033	68,462,447	
8	RECONCILING ITEMS								
9	TOTAL	68,860,895	758,585			758,585	1,157,033	68,462,447	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

*	DESCRIPTION	GROSS ASSETS 1	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL 8
			CAPITIALIZED LEASES 2	GROSS ASSETS FOR RATIO 3	RATIO 4	INSURANCE 5	TAXES 6	OTHER CAPITAL RELATED COSTS 7	
1	OLD CAP REL COSTS-BL	2,672,759		2,672,759	.039470				
1 01	OLD CAP REL COSTS-BL								
1 02	OLD CAP REL COSTS-BL								
2	OLD CAP REL COSTS-MV	26,893		26,893	.000397				
3	NEW CAP REL COSTS-BL	43,298,954		43,298,954	.639413				
4	NEW CAP REL COSTS-MV	21,718,065		21,718,065	.320720				
5	TOTAL	67,716,671		67,716,671	1.000000				

*	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						TOTAL (1) 15
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	
1	OLD CAP REL COSTS-BL	900,700						900,700
1 01	OLD CAP REL COSTS-BL							
1 02	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV	1,791						1,791
3	NEW CAP REL COSTS-BL	6,940,318						6,940,318
4	NEW CAP REL COSTS-MV	4,156,188	901,530					5,057,718
5	TOTAL	11,998,997	901,530					12,900,527

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

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

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

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		LINE NO	WKST. A-7 REF. 5
			COST CENTER	COST CENTER		
1			OLD CAP REL COSTS-BLDG &		1	
2			OLD CAP REL COSTS-MVBLE E		2	
3			NEW CAP REL COSTS-BLDG &		3	
4			NEW CAP REL COSTS-MVBLE E		4	
5						
6						
7						
8						
9						
10						
11	B	-55,732	NEW CAP REL COSTS-BLDG &		3	9
12	A-8-2	-108,695				
13						
14	A-8-1	47,945,917				
15						
16	B	-648,681	CAFETERIA		12	
17						
18						
19						
20	B	-6,698	MEDICAL RECORDS & LIBRARY		17	
21	B	-2,047,439	NURSING SCHOOL		21	
22						
23						
24						
25	A-8-3/A-8-4		RESPIRATORY THERAPY		49	
26	A-8-3/A-8-4		PHYSICAL THERAPY		50	
27	A-8-3					
28						
29			UTILIZATION REVIEW-SNF		89	
30			OLD CAP REL COSTS-BLDG &		1	
31			OLD CAP REL COSTS-MVBLE E		2	
32			NEW CAP REL COSTS-BLDG &		3	
33			NEW CAP REL COSTS-MVBLE E		4	
34			NONPHYSICIAN ANESTHETISTS		20	
35	A-8-4		OCCUPATIONAL THERAPY		51	
36	A-8-4		SPEECH PATHOLOGY		52	
37	B	-367,545	OTHER ADMINISTRATIVE AND		6.05	
38	B	-283,508	OTHER ADMINISTRATIVE AND		6.05	
39	B	-269,174	NEW CAP REL COSTS-BLDG &		3	9
40	B	-226,027	NEW CAP REL COSTS-BLDG &		3	9
41	B	-145,345	NEW CAP REL COSTS-BLDG &		3	9
42	B	-27,810	OTHER ADMINISTRATIVE AND		6.05	
43	B	-114,683	NEW CAP REL COSTS-BLDG &		3	9
44	B	-4,031	OTHER ADMINISTRATIVE AND		6.05	
45	B	-3,259	OTHER ADMINISTRATIVE AND		6.05	
46	B	-10	OTHER ADMINISTRATIVE AND		6.05	
47	B	-17,136	DIETARY		11	
48	B	-10,990	RADIOLOGY-DIAGNOSTIC		41	
49	B	-239,428	RADIOLOGY-DIAGNOSTIC		41	
49.01	B	-2,250	PHYSICAL THERAPY		50	
49.02						
49.03						
49.04						
49.05	B	-57,776	NEW CAP REL COSTS-BLDG &		3	9
50		43,309,700				

(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.
 Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.
 Note: See instructions for column 5 referencing to worksheet A-7

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	1	OLD CAP REL COSTS-BLDG &	SERH-CAPITAL - BUILDING O	900,700	900,700	9
2	3	NEW CAP REL COSTS-BLDG &	SERH-CAPITAL - BUILDING N	7,809,055	7,809,055	9
3	5	EMPLOYEE BENEFITS	SERH-BENEFITS	372,085	372,085	
4	5	EMPLOYEE BENEFITS	SERH-BENEFITS	9,925,048	9,925,048	
4.01	6	4 CASHIERING/ACCOUNTS RECEI	SERH PATIENT ACCOUNTING	823,621	823,621	
4.02	6	4 CASHIERING/ACCOUNTS RECEI	SERH PATIENT ACCOUNTING	1,078,163	1,078,163	
4.03	8	OPERATION OF PLANT	SERH OPERATION OF PLANT	1,960,329	1,960,329	
4.04	8	OPERATION OF PLANT	SERH OPERATION OF PLANT	4,679,590	4,679,590	
4.05	9	LAUNDRY & LINEN SERVICE	SERH LAUNDRY AND LINEN	94,753	94,753	
4.06	9	LAUNDRY & LINEN SERVICE	SERH LAUNDRY AND LINEN	455,958	455,958	
4.07	10	HOUSEKEEPING	SERH HOUSEKEEPING	1,386,268	1,386,268	
4.08	10	HOUSEKEEPING	SERH HOUSEKEEPING	419,106	419,106	
4.09	6	3 ADMITTING	SERH CODING	289,568	289,568	
4.10	6	4 CASHIERING/ACCOUNTS RECEI	SERH CODING	54,446	54,446	
4.11	6	5 OTHER ADMINISTRATIVE AND	SERH ALL OTHER ADMIN	13,838,951	13,838,951	
4.12	2	OLD CAP REL COSTS-MVBLE E	SERH CAPITAL - EQUIPMENT	1,791	1,791	9
4.13	4	NEW CAP REL COSTS-MVBLE E	SERH CAPITAL - EQUIPMENT	4,156,188	4,156,188	9
4.14	26	INTENSIVE CARE UNIT	ASSESSMENTS PAID		808	-808
4.15	56	DRUGS CHARGED TO PATIENTS	ASSESSMENTS PAID		294,661	-294,661
4.21	98	PHYSICIANS' PRIVATE OFFIC	ASSESSMENTS PAID		4,234	-4,234
4.22						
5		TOTALS		48,245,620	299,703	47,945,917

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE			
			NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
1	G	GREATER LAFAYETTE HEALTH	0.00	GLHS	0.00	HOME OFFICE
2	B		0.00	APHL	0.00	LAB
3			0.00		0.00	
4			0.00		0.00	
5			0.00		0.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO:
I 15-0003
I

I PERIOD:
I FROM 1/ 1/2007 I PREPARED 5/28/2008
I TO 12/31/2007 I WORKSHEET A-8-2
I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 25	AGGREGATE	10,000	10,000		231,100			
2 41	AGGREGATE	50,400		50,400	231,100	334	37,109	1,855
3 43	AGGREGATE	7,200	7,200		231,100			
4 43 1	AGGREGATE	2,250		2,250	231,100	15	1,667	83
5 53	AGGREGATE	25,300		25,300	171,400	90	7,416	371
6 54	AGGREGATE	18,000		18,000	171,400	190	15,657	783
7 61	AGGREGATE	36,000	36,000					
8 61 1	AGGREGATE	14,400		14,400	171,400	109	8,982	449
9 65	AGGREGATE	36,000		36,000	171,400	243	20,024	1,001
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27								
28								
29								
30								
31	TOTAL	199,550	53,200	146,350		981	90,855	4,542

PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2008
 I 15-0003 I FROM 1/ 1/2007 I WORKSHEET A-8-2
 I I TO 12/31/2007 I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1	25	AGGREGATE						10,000
2	41	AGGREGATE						13,291
3	43	AGGREGATE				37,109	13,291	7,200
4	43	1 AGGREGATE				1,667	583	583
5	53	AGGREGATE				7,416	17,884	17,884
6	54	AGGREGATE				15,657	2,343	2,343
7	61	AGGREGATE						36,000
8	61	1 AGGREGATE				8,982	5,418	5,418
9	65	AGGREGATE				20,024	15,976	15,976
10								
11								
12								
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22								
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28								
29								
30								
01		TOTAL				90,855	55,495	108,695

COST ALLOCATION STATISTICS

I PROVIDER NO: I
I 15-0003 I
II PERIOD: I
I FROM 1/ 1/2007 I
I TO 12/31/2007 II PREPARED 5/28/2008 I
I NOT A CMS WORKSHEET I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
1.01	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
1.02	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR	VALUE	ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	3	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	S	GROSS	SALARIES	ENTERED
6.01	DATA PROCESSING	6	MANHRS		ENTERED
6.02	PURCHASING, RECEIVING AND STORES	7	COSTED	REQUISITION	ENTERED
6.03	ADMITTING	8	I/P	REV	ENTERED
6.04	CASHIERING/ACCOUNTS RECEIVABLE	C	GROSS	CHARGES	ENTERED
6.05	OTHER ADMINISTRATIVE AND GENERAL	-10	ACCUM.	COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	11	SQUARE	FEET	NOT ENTERED
8	OPERATION OF PLANT	1	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	13	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	1	SQUARE	FEET	ENTERED
11	DIETARY	15	MEALS	SERVED	ENTERED
12	CAFETERIA	16	MANHRS		ENTERED
13	MAINTENANCE OF PERSONNEL	17	NUMBER	HOUSED	NOT ENTERED
14	NURSING ADMINISTRATION	18	DIRECT	NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	19	COSTED	REQUIS.	ENTERED
16	PHARMACY	20	COSTED	REQUIS.	NOT ENTERED
17	MEDICAL RECORDS & LIBRARY	C	GROSS	CHARGES	ENTERED
18	SOCIAL SERVICE	C	GROSS	CHARGES	ENTERED
18.01	MEDICAL STAFF	22	ASSIGNED	TIME	ENTERED
20	NONPHYSICIAN ANESTHETISTS	24	ASSIGNED	TIME	NOT ENTERED
21	NURSING SCHOOL	25	ASSIGNED	TIME	ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	26	ASSIGNED	TIME	NOT ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	27	ASSIGNED	TIME	NOT ENTERED
24	PARAMED ED PRGM	28	ASSIGNED	TIME	ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E
	0	1	1.01	1.02	2	3	4
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &	900,700	900,700					
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E	1,791				1,791		
003 NEW CAP REL COSTS-BLDG &	6,940,318					6,940,318	
004 NEW CAP REL COSTS-MVBLE E	5,057,718						5,057,718
005 EMPLOYEE BENEFITS	10,297,133	5,408				41,673	
006 01 DATA PROCESSING		2,527				19,471	
006 02 PURCHASING, RECEIVING AND		10,641				81,994	172,253
006 03 ADMITTING	289,568	6,291			61	48,471	110,789
006 04 CASHIERING/ACCOUNTS RECEI	1,956,230				39		
006 05 OTHER ADMINISTRATIVE AND	13,152,788	67,080			1	516,885	3,163
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	6,639,919	220,874				1,701,913	
009 LAUNDRY & LINEN SERVICE	550,711	26,939				207,579	
010 HOUSEKEEPING	1,947,184	15,480				119,282	
011 DIETARY	910,969	17,273			11	133,100	29,988
012 CAFETERIA	646,109	10,315			3	79,485	7,657
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	941,293	2,822			8	21,747	22,017
015 CENTRAL SERVICES & SUPPLY	889,721	8,209			32	63,254	90,739
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	644,155	7,311			46	56,332	129,387
018 SOCIAL SERVICE		3,121			3	24,049	7,196
018 01 MEDICAL STAFF		3,359				25,884	
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL	358,387	95,041			13	732,337	37,307
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM	51,849						
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	7,407,877	66,848			16	515,092	45,095
026 INTENSIVE CARE UNIT	3,883,085	26,955			46	207,703	128,603
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	1,836,359	32,424			183	249,844	515,578
037 01 OPHTHALMOLOGY	206,107	8,026			12	61,847	32,761
038 RECOVERY ROOM	107,541	2,631			8	20,271	22,425
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	2,107,020	26,561			291	204,669	820,589
041 01 CAT SCAN	702,376	3,296			306	25,401	872,725
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE	634,819	4,191			56	32,296	156,913
043 01 CARDIAC CATHETERIZATION L	6,893,715	12,187			241	93,909	681,601
043 02 MAGNETIC RESONANCE IMAGIN	187,507	2,967			21	22,864	60,298
043 03 ULTRA SOUND	222,708				13		36,043
044 LABORATORY	7,398,980	19,484			12	150,130	33,690
045 PBP CLINICAL LAB SERVICES							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	1,189,667	5,439			54	41,907	153,490
050 PHYSICAL THERAPY	3,183,737	20,217			19	155,784	54,940
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY	419,001	4,392			10	33,840	27,516
053 ELECTROCARDIOLOGY	827,371	8,309			83	64,026	234,413
054 ELECTROENCEPHALOGRAPHY	532,021	6,645			42	51,202	117,829
055 MEDICAL SUPPLIES CHARGED	11,257,304						
056 DRUGS CHARGED TO PATIENTS	8,336,909	6,045			88	46,582	247,473
056 01 RENAL INPATIENT	916,588	24,718				190,465	
058 ASC (NON-DISTINCT PART)							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
061 EMERGENCY	3,162,143	31,948			53	246,176	148,435
061 01 WOUND CARE	570,304	15,464			4	119,158	11,061
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES	2,295,512	6,387			15	49,216	42,675
071 HOME HEALTH AGENCY							
092 SPEC PURPOSE COST CENTERS							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE	1,874,470	11,738			1	90,448	3,069
095 SUBTOTALS	118,329,664	849,563			1,791	6,546,286	5,057,718
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		2,720				20,961	
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC	5,203,271	33,452				257,760	
098 01 PATIENT TRANSPORT	30,229						
098 02 SETON LEASE 1 NORTH	125,654	14,965				115,311	
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	123,688,818	900,700			1,791	6,940,318	5,057,718

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS	DATA PROCESSING	PURCHASING, RECEIVING AND	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	SUBTOTAL	OTHER ADMINISTRATIVE AND
GENERAL SERVICE COST CNTR	5	6.01	6.02	6.03	6.04	6a.04	6.05
001 OLD CAP REL COSTS-BLDG &							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 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	10,344,214						
006 01 DATA PROCESSING		21,998					
006 02 PURCHASING, RECEIVING AND			264,949				
006 03 ADMITTING				455,158			
006 04 CASHIERING/ACCOUNTS RECEI	185,090	484			2,141,804		
006 05 OTHER ADMINISTRATIVE AND	725,896	1,530				14,467,343	14,467,343
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	440,658	1,193				9,004,557	1,192,735
009 LAUNDRY & LINEN SERVICE	21,294	79				806,602	106,842
010 HOUSEKEEPING	333,971	761	10			2,416,688	320,112
011 DIETARY	101,617	416	416			1,193,790	158,128
012 CAFETERIA	139,006	569	58			883,202	116,988
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	211,065	328				1,199,280	158,855
015 CENTRAL SERVICES & SUPPLY	61,237					1,113,192	147,452
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	73,697	280	56			911,264	120,705
018 SOCIAL SERVICE						34,369	4,552
018 01 MEDICAL STAFF						29,243	3,873
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL	470,346	892	102			1,694,425	224,442
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM	10,337	24				62,210	8,240
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,602,945	3,698	10,111	42,511	125,165	9,819,358	1,300,662
026 INTENSIVE CARE UNIT	788,289	1,646	5,081	34,763	96,271	5,172,442	683,136
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY							
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	230,129	416	186,607	32,473	114,879	3,198,892	423,722
037 01 OPHTHALMOLOGY	43,070	79	99		5,591	357,592	47,366
038 RECOVERY ROOM	23,884			2,543	10,631	189,934	25,158
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	481,354	1,207	21,836	16,256	119,241	3,799,024	503,215
041 01 CAT SCAN	115,755	202	2,175	18,878	137,446	1,878,560	248,832
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE	62,739	121	132	3,610	35,119	929,996	123,186
043 01 CARDIAC CATHETERIZATION L	212,544	396		60,308	319,444	8,274,345	1,096,011
043 02 MAGNETIC RESONANCE IMAGIN	24,995	38	198	6,828	35,335	341,051	45,175
043 03 ULTRA SOUND	45,991	66	418	2,865	16,037	324,141	42,935
044 LABORATORY				61,306	301,737	7,963,339	1,055,081
045 PBP CLINICAL LAB SERVICES							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	249,711	570	7,983	15,033	50,654	1,714,508	227,102
050 PHYSICAL THERAPY	690,627	1,398	5,615	5,123	53,241	4,170,701	552,447
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY	89,508	189	74	925	6,298	581,753	77,058
053 ELECTROCARDIOLOGY	171,988	422	285	13,497	74,878	1,395,272	184,816
054 ELECTROENCEPHALOGRAPHY	108,161	272	173	1,318	19,740	837,403	110,922
055 MEDICAL SUPPLIES CHARGED			13,471	79,871	260,988	11,611,634	1,538,045
056 DRUGS CHARGED TO PATIENTS	435,799	729	1,044	44,441	176,446	9,295,556	1,231,280
056 01 RENAL INPATIENT			13	2,514	6,962	1,141,260	151,170
058 ASC (NON-DISTINCT PART)							
060 OUTPAT SERVICE COST CNTRS							
061 01 CLINIC	612,359	1,310	3,512	10,095	131,996	4,348,027	575,935
061 01 WOUND CARE	56,851	140	2,609		15,278	790,869	104,758
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES	394,951	1,195	2,290		28,427	2,820,668	373,623
071 HOME HEALTH AGENCY							
092 SPEC PURPOSE COST CENTERS							
093 AMBULATORY SURGICAL CENTE							
093 HOSPICE	251,666	617	581			2,232,590	295,727
095 SUBTOTALS	9,467,530	21,267	264,949	455,158	2,141,804	117,007,080	13,582,286
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP						23,681	3,137
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC	829,032	582				6,324,097	837,684
098 01 PATIENT TRANSPORT	6,290	32				36,551	4,842
098 02 SETON LEASE 1 NORTH	41,362	117				297,409	39,394
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	10,344,214	21,998	264,949	455,158	2,141,804	123,688,818	14,467,343

COST CENTER DESCRIPTION	7	8	9	10	11	12	13
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 DATA PROCESSING							
006 02 PURCHASING, RECEIVING AND							
006 03 ADMITTING							
006 04 CASHIERING/ACCOUNTS RECEI							
006 05 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT		10,197,292					
009 LAUNDRY & LINEN SERVICE		467,281	1,380,725				
010 HOUSEKEEPING		268,516	41,437	3,046,753			
011 DIETARY		299,621	10,892	96,483	1,758,914		
012 CAFETERIA		178,928		57,618		1,236,736	
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION		48,954		15,764		23,920	
015 CENTRAL SERVICES & SUPPLY		142,391	48,688	45,852			
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY		126,808		40,834		20,446	
018 SOCIAL SERVICE		54,138		17,433		4	
018 01 MEDICAL STAFF		58,267		18,763			
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL		1,648,568		530,862		64,987	
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM						1,773	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		1,159,525	464,143	373,386	1,410,934	269,451	
026 INTENSIVE CARE UNIT		467,560	146,771	150,562	347,980	119,958	
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		562,426	150,175	181,110		30,307	
037 01 OPHTHALMOLOGY		139,225		44,833		5,733	
038 RECOVERY ROOM		45,632		14,694		28	
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC		460,731	67,179	148,363		87,951	
041 01 CAT SCAN		57,180		18,413		14,744	
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE		72,701	5,245	23,411		8,851	
043 01 CARDIAC CATHETERIZATION L		211,398	8,929	68,074		28,853	
043 02 MAGNETIC RESONANCE IMAGIN		51,468	7,612	16,574		2,747	
043 03 ULTRA SOUND			22,523			4,825	
044 LABORATORY		337,958	346	108,828			
045 PBP CLINICAL LAB SERVICES							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY		94,338		30,378		41,538	
050 PHYSICAL THERAPY		350,686	45,041	112,926		101,880	
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY		76,178		24,531		13,807	
053 ELECTROCARDIOLOGY		144,130	14,549	46,412		30,774	
054 ELECTROENCEPHALOGRAPHY		115,260		37,116		19,835	
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS		104,861		33,767		53,121	
056 01 RENAL INPATIENT		428,757	92,194	138,067			
058 ASC (NON-DISTINCT PART)							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 01 EMERGENCY		554,168	222,055	178,451		95,509	
061 WOUND CARE		268,237	32,946	86,377		10,234	
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
065 HOME PROGRAM DIALYSIS							
071 AMBULANCE SERVICES		110,790		35,676		87,137	
071 HOME HEALTH AGENCY							
092 SPEC PURPOSE COST CENTERS							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE		203,607		65,565		45,012	
095 SUBTOTALS		9,310,288	1,380,725	2,761,123	1,758,914	1,183,425	
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		47,184		15,194			
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC		580,244		186,848		42,455	
098 01 PATIENT TRANSPORT						2,324	
098 02 SETON LEASE 1 NORTH		259,576		83,588		8,532	
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL		10,197,292	1,380,725	3,046,753	1,758,914	1,236,736	

COST CENTER DESCRIPTION	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	MEDICAL STAFF	NONPHYSICIAN ANESTHETISTS
	14	15	16	17	18	18.01	20
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 DATA PROCESSING							
006 02 PURCHASING, RECEIVING AND							
006 03 ADMITTING							
006 04 CASHIERING/ACCOUNTS RECEI							
006 05 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 MAINTENANCE OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	1,446,773						
015 CENTRAL SERVICES & SUPPLY		1,497,575					
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	41,562			1,261,619			
018 SOCIAL SERVICE					110,496		
018 01 MEDICAL STAFF						110,146	
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL	132,102						
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	547,723			73,717	6,465	49,142	
026 INTENSIVE CARE UNIT	243,845			56,700	4,973		
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	61,607			67,659	5,934	26,266	
037 01 OPHTHALMOLOGY	11,654			3,293	289	5,084	
038 RECOVERY ROOM	56			6,261	549		
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC				70,228	6,159	11,438	
041 01 CAT SCAN				80,949	7,099		
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE				20,683	1,814		
043 01 CARDIAC CATHETERIZATION L				188,330	16,367		
043 02 MAGNETIC RESONANCE IMAGIN				20,811	1,825		
043 03 ULTRA SOUND				9,445	828		
044 LABORATORY				177,710	15,585	2,542	
045 PBP CLINICAL LAB SERVICES							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	84,436			29,833	2,616	2,118	
050 PHYSICAL THERAPY				31,356	2,750		
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY				3,709	325		
053 ELECTROCARDIOLOGY				44,100	3,868	4,660	
054 ELECTROENCEPHALOGRAPHY				11,626	1,020	3,389	
055 MEDICAL SUPPLIES CHARGED		1,497,575		153,710	13,481		
056 DRUGS CHARGED TO PATIENTS				103,919	9,114		
056 01 RENAL INPATIENT				4,100	360	1,271	
058 ASC (NON-DISTINCT PART)							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 01 EMERGENCY	194,145			77,740	6,818	4,236	
061 WOUND CARE	20,803			8,998	789		
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES				16,742	1,468		
071 HOME HEALTH AGENCY							
092 SPEC PURPOSE COST CENTERS							
093 AMBULATORY SURGICAL CENTE							
093 HOSPICE	91,497						
095 SUBTOTALS	1,429,430	1,497,575		1,261,619	110,496	110,146	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC							
098 01 PATIENT TRANSPORT							
098 02 SETON LEASE 1 NORTH	17,343						
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	1,446,773	1,497,575		1,261,619	110,496	110,146	

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM	PR	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	21	22	23	24		25	26	27
001 GENERAL SERVICE COST CNTR								
001 01 OLD CAP REL COSTS-BLDG &								
001 02 OLD CAP REL COSTS-BLDG &								
002 02 OLD CAP REL COSTS-MVBLE E								
003 NEW CAP REL COSTS-BLDG &								
004 NEW CAP REL COSTS-MVBLE E								
005 EMPLOYEE BENEFITS								
006 01 DATA PROCESSING								
006 02 PURCHASING, RECEIVING AND								
006 03 ADMITTING								
006 04 CASHIERING/ACCOUNTS RECEI								
006 05 OTHER ADMINISTRATIVE AND								
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								
018 01 MEDICAL STAFF								
020 NONPHYSICIAN ANESTHETISTS								
021 NURSING SCHOOL	4,295,386							
022 I&R SERVICES-SALARY & FRI								
023 I&R SERVICES-OTHER PRGM C								
024 PARAMED ED PRGM				72,223				
025 INPAT ROUTINE SRVC CNTRS								
025 ADULTS & PEDIATRICS	4,295,386					19,769,892		19,769,892
026 INTENSIVE CARE UNIT						7,395,927		7,395,927
027 CORONARY CARE UNIT								
028 BURN INTENSIVE CARE UNIT								
029 SURGICAL INTENSIVE CARE U								
031 SUBPROVIDER								
033 NURSERY								
037 ANCILLARY SRVC COST CNTRS								
037 OPERATING ROOM						4,708,098		4,708,098
037 01 OPHTHALMOLOGY						615,069		615,069
038 RECOVERY ROOM						282,312		282,312
039 DELIVERY ROOM & LABOR ROO								
040 ANESTHESIOLOGY								
041 RADIOLOGY-DIAGNOSTIC								
041 01 CAT SCAN						5,154,288		5,154,288
042 RADIOLOGY-THERAPEUTIC						2,305,777		2,305,777
043 RADIOISOTOPE						1,185,887		1,185,887
043 01 CARDIAC CATHETERIZATION L						9,892,307		9,892,307
043 02 MAGNETIC RESONANCE IMAGIN						487,263		487,263
043 03 ULTRA SOUND						404,697		404,697
044 LABORATORY						9,663,389		9,663,389
045 PBP CLINICAL LAB SERVICES								
047 BLOOD STORING, PROCESSING								
048 INTRAVENOUS THERAPY								
049 RESPIRATORY THERAPY						2,226,867		2,226,867
050 PHYSICAL THERAPY						5,367,787		5,367,787
051 OCCUPATIONAL THERAPY								
052 SPEECH PATHOLOGY						777,361		777,361
053 ELECTROCARDIOLOGY						1,868,581		1,868,581
054 ELECTROENCEPHALOGRAPHY						1,136,571		1,136,571
055 MEDICAL SUPPLIES CHARGED						14,814,445		14,814,445
056 DRUGS CHARGED TO PATIENTS						10,903,841		10,903,841
056 01 RENAL INPATIENT					72,223	1,957,179		1,957,179
058 ASC (NON-DISTINCT PART)								
060 OUTPAT SERVICE COST CNTRS								
061 CLINIC								
061 01 EMERGENCY						6,257,084		6,257,084
061 WOUND CARE						1,324,011		1,324,011
062 OBSERVATION BEDS (NON-DIS								
062 OTHER REIMBURS COST CNTRS								
064 HOME PROGRAM DIALYSIS								
065 AMBULANCE SERVICES						3,446,104		3,446,104
071 HOME HEALTH AGENCY								
092 SPEC PURPOSE COST CENTERS								
093 AMBULATORY SURGICAL CENTE								
093 HOSPICE								
095 SUBTOTALS	4,295,386				72,223	2,933,998		2,933,998
095 NONREIMBURS COST CENTERS						114,878,735		114,878,735
096 GIFT, FLOWER, COFFEE SHOP						89,196		89,196
097 RESEARCH								
098 PHYSICIANS' PRIVATE OFFIC						7,971,328		7,971,328
098 01 PATIENT TRANSPORT						43,717		43,717
098 02 SETON LEASE 1 NORTH						705,842		705,842
099 NONPAID WORKERS								
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	4,295,386				72,223	123,688,818		123,688,818

ALLOCATION OF OLD CAPITAL RELATED COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2008
 I 15-0003 I FROM 1/ 1/2007 I WORKSHEET B
 I I TO 12/31/2007 I PART II

COST CENTER DESCRIPTION	DIR ASSGND OLD CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG & OSTS-MVBLE E	OLD CAP REL C OSTS-BLDG & OSTS-MVBLE E	OLD CAP REL C OSTS-BLDG & OSTS-MVBLE E	OLD CAP REL C OSTS-BLDG & OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG & OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG & OSTS-MVBLE E
	0	1	1.01	1.02	2	3	4
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 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		5,408					
006 01 DATA PROCESSING		2,527					
006 02 PURCHASING, RECEIVING AND		10,641			61		
006 03 ADMITTING		6,291			39		
006 04 CASHIERING/ACCOUNTS RECEI							
006 05 OTHER ADMINISTRATIVE AND		67,080			1		
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT		220,874					
009 LAUNDRY & LINEN SERVICE		26,939					
010 HOUSEKEEPING		15,480					
011 DIETARY		17,273			11		
012 CAFETERIA		10,315			3		
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION		2,822			8		
015 CENTRAL SERVICES & SUPPLY		8,209			32		
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY		7,311			46		
018 SOCIAL SERVICE		3,121			3		
018 01 MEDICAL STAFF		3,359					
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL		95,041			13		
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		66,848			16		
026 INTENSIVE CARE UNIT		26,955			46		
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY							
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		32,424			183		
037 01 OPHTHALMOLOGY		8,026			12		
038 RECOVERY ROOM		2,631			8		
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC		26,561			291		
041 01 CAT SCAN		3,296			306		
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE		4,191			56		
043 01 CARDIAC CATHETERIZATION L		12,187			241		
043 02 MAGNETIC RESONANCE IMAGIN		2,967			21		
043 03 ULTRA SOUND					13		
044 LABORATORY		19,484			12		
045 PBP CLINICAL LAB SERVICES							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY		5,439			54		
050 PHYSICAL THERAPY		20,217			19		
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY		4,392			10		
053 ELECTROCARDIOLOGY		8,309			83		
054 ELECTROENCEPHALOGRAPHY		6,645			42		
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS		6,045			88		
056 01 RENAL INPATIENT		24,718					
058 ASC (NON-DISTINCT PART)							
OUTPAT SERVICE COST CNTRS							
060 CLINIC							
061 EMERGENCY		31,948			53		
061 01 WOUND CARE		15,464			4		
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES		6,387			15		
071 HOME HEALTH AGENCY							
SPEC PURPOSE COST CENTERS							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE		11,738			1		
095 SUBTOTALS		849,563			1,791		
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		2,720					
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC		33,452					
098 01 PATIENT TRANSPORT							
098 02 SETON LEASE 1 NORTH		14,965					
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		900,700			1,791		

COST CENTER DESCRIPTION	SUBTOTAL	EMPLOYEE BENEFITS	DATA PROCESSING	PURCHASING, RECEIVING AND	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND
	4a	5	6.01	6.02	6.03	6.04	6.05
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 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	5,408	5,408					
006 01 DATA PROCESSING	2,527		2,527				
006 02 PURCHASING, RECEIVING AND	10,702			10,702			
006 03 ADMITTING	6,330				6,330		
006 04 CASHIERING/ACCOUNTS RECEI		96	56			152	
006 05 OTHER ADMINISTRATIVE AND	67,081	378	176				67,635
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	220,874	229	137				5,574
009 LAUNDRY & LINEN SERVICE	26,939	11	9				499
010 HOUSEKEEPING	15,480	174	87				1,496
011 DIETARY	17,284	53	48	17			739
012 CAFETERIA	10,318	72	65	2			547
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	2,830	110	38				742
015 CENTRAL SERVICES & SUPPLY	8,241	32					689
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	7,357	38	32	2			564
018 SOCIAL SERVICE	3,124						21
018 01 MEDICAL STAFF	3,359						18
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL	95,054	245	102	4			1,049
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM		5	3				39
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	66,864	856	424	408	584		6,078
026 INTENSIVE CARE UNIT	27,001	410	189	205	478		3,202
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	32,607	120	48	7,540	446		1,980
037 01 OPHTHALMOLOGY	8,038	22	9	4			221
038 RECOVERY ROOM	2,639	12			35		118
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	26,852	251	139	882	223		2,352
041 01 CAT SCAN	3,602	60	23	88	259		1,163
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE	4,247	33	14	5	50		576
043 01 CARDIAC CATHETERIZATION L	12,428	111	45		829	152	5,122
043 02 MAGNETIC RESONANCE IMAGIN	2,988	13	4	8	94		211
043 03 ULTRA SOUND	13	24	8	17	39		201
044 LABORATORY	19,496				843		4,931
045 PBP CLINICAL LAB SERVICES							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	5,493	130	65	322	207		1,061
050 PHYSICAL THERAPY	20,236	360	161	227	70		2,582
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY	4,402	47	22	3	13		360
053 ELECTROCARDIOLOGY	8,392	90	49	12	186		864
054 ELECTROENCEPHALOGRAPHY	6,687	56	31	7	18		518
055 MEDICAL SUPPLIES CHARGED				544	1,171		7,212
056 DRUGS CHARGED TO PATIENTS	6,133	227	84	42	611		5,754
056 01 RENAL INPATIENT	24,718			1	35		706
058 ASC (NON-DISTINCT PART)							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 EMERGENCY	32,001	319	151	142	139		2,691
061 01 WOUND CARE	15,468	30	16	105			490
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES	6,402	206	137	92			1,746
071 HOME HEALTH AGENCY							
092 SPEC PURPOSE COST CENTERS							
093 AMBULATORY SURGICAL CENTE							
093 HOSPICE	11,739	131	71	23			1,382
095 SUBTOTALS	851,354	4,951	2,443	10,702	6,330	152	63,498
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	2,720						15
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC	33,452	432	67				3,915
098 01 PATIENT TRANSPORT		3	4				23
098 02 SETON LEASE 1 NORTH	14,965	22	13				184
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	902,491	5,408	2,527	10,702	6,330	152	67,635

COST CENTER DESCRIPTION	7	8	9	10	11	12	13
GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 DATA PROCESSING							
006 02 PURCHASING, RECEIVING AND							
006 03 ADMITTING							
006 04 CASHIERING/ACCOUNTS RECEI							
006 05 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT		226,814					
009 LAUNDRY & LINEN SERVICE		10,394	37,852				
010 HOUSEKEEPING		5,972	1,136	24,345			
011 DIETARY		6,664	299	771	25,875		
012 CAFETERIA		3,980		460		15,444	
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION		1,089		126		299	
015 CENTRAL SERVICES & SUPPLY		3,167	1,335	366			
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY		2,821		326		255	
018 SOCIAL SERVICE		1,204		139			
018 01 MEDICAL STAFF		1,296		150			
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL		36,667		4,244		812	
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							22
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		25,791	12,723	2,984	20,756	3,366	
026 INTENSIVE CARE UNIT		10,400	4,024	1,203	5,119	1,498	
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY							
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM		12,510	4,117	1,447		378	
037 01 OPHTHALMOLOGY		3,097		358		72	
038 RECOVERY ROOM		1,015		117			
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC		10,248	1,842	1,185		1,098	
041 01 CAT SCAN		1,272		147		184	
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE		1,617	144	187		111	
043 01 CARDIAC CATHETERIZATION L		4,702	245	544		360	
043 02 MAGNETIC RESONANCE IMAGIN		1,145	209	132		34	
043 03 ULTRA SOUND			617			60	
044 LABORATORY		7,517	9	870			
045 PBP CLINICAL LAB SERVICES							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY		2,098		243		519	
050 PHYSICAL THERAPY		7,800	1,235	902		1,272	
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY		1,694		196		172	
053 ELECTROCARDIOLOGY		3,206	399	371		384	
054 ELECTROENCEPHALOGRAPHY		2,564		297		248	
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS		2,332		270		663	
056 01 RENAL INPATIENT		9,537	2,527	1,103			
058 ASC (NON-DISTINCT PART)							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
061 EMERGENCY		12,326	6,088	1,426		1,193	
061 01 WOUND CARE		5,966	903	690		128	
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES		2,464		285		1,088	
071 HOME HEALTH AGENCY							
092 SPEC PURPOSE COST CENTERS							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE		4,529		524		562	
095 SUBTOTALS		207,084	37,852	22,063	25,875	14,778	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		1,050		121			
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC		12,906		1,493		530	
098 01 PATIENT TRANSPORT						29	
098 02 SETON LEASE 1 NORTH		5,774		668		107	
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		226,814	37,852	24,345	25,875	15,444	

COST CENTER DESCRIPTION	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	MEDICAL STAFF	NONPHYSICIAN ANESTHETISTS
	14	15	16	17	18	18.01	20
901 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 DATA PROCESSING							
006 02 PURCHASING, RECEIVING AND							
006 03 ADMITTING							
006 04 CASHIERING/ACCOUNTS RECEI							
006 05 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL	5,234						
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY		13,830					
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	150			11,545			
018 SOCIAL SERVICE					4,488		
018 01 MEDICAL STAFF						4,823	
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL	478						
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	1,983			680	272	2,151	
026 INTENSIVE CARE UNIT	882			523	209		
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY							
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM	223			624	249	1,150	
038 01 OPHTHALMOLOGY	42			30	12	223	
038 RECOVERY ROOM				58	23		
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC				647	259	501	
041 01 CAT SCAN				746	298		
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE				191	76		
043 01 CARDIAC CATHETERIZATION L				1,650	530	204	
043 02 MAGNETIC RESONANCE IMAGIN				192	77	148	
043 03 ULTRA SOUND				87	35		
044 LABORATORY				1,638	655	111	
045 PBP CLINICAL LAB SERVICES							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	305			275	110	93	
050 PHYSICAL THERAPY				289	116		
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY				34	14		
053 ELECTROCARDIOLOGY				407	163		
054 ELECTROENCEPHALOGRAPHY				107	43		
055 MEDICAL SUPPLIES CHARGED		13,830		1,417	567		
056 DRUGS CHARGED TO PATIENTS				958	383		
056 01 RENAL INPATIENT				38	15	56	
058 ASC (NON-DISTINCT PART)							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							
061 EMERGENCY	702			717	287	186	
061 01 WOUND CARE	75			83	33		
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
065 HOME PROGRAM DIALYSIS							
071 AMBULANCE SERVICES				154	62		
071 HOME HEALTH AGENCY							
092 SPEC PURPOSE COST CENTERS							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE	331						
095 SUBTOTALS	5,171	13,830		11,545	4,488	4,823	
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP							
098 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC							
098 01 PATIENT TRANSPORT							
098 02 SETON LEASE 1 NORTH	63						
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	5,234	13,830		11,545	4,488	4,823	

	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	21	22	23	24	25	26	27
GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 DATA PROCESSING							
006 02 PURCHASING, RECEIVING AND							
006 03 ADMITTING							
006 04 CASHIERING/ACCOUNTS RECEI							
006 05 OTHER ADMINISTRATIVE AND							
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							
018 01 MEDICAL STAFF							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL	138,655						
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM				69			
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS					145,920		145,920
027 INTENSIVE CARE UNIT					55,343		55,343
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
031 SURGICAL INTENSIVE CARE U							
033 SUBPROVIDER							
037 NURSERY							
037 ANCILLARY SRVC COST CNTRS							
037 01 OPERATING ROOM					63,439		63,439
038 OPHTHALMOLOGY					12,128		12,128
039 RECOVERY ROOM					4,017		4,017
040 DELIVERY ROOM & LABOR ROO							
041 ANESTHESIOLOGY							
041 01 RADIOLOGY-DIAGNOSTIC					46,479		46,479
042 CAT SCAN					7,842		7,842
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE					7,251		7,251
043 01 CARDIAC CATHETERIZATION L					26,718		26,718
043 02 MAGNETIC RESONANCE IMAGIN					5,107		5,107
043 03 ULTRA SOUND					1,101		1,101
044 LABORATORY					36,070		36,070
045 PBP CLINICAL LAB SERVICES							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY					10,921		10,921
050 PHYSICAL THERAPY					35,250		35,250
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY					6,957		6,957
053 ELECTROCARDIOLOGY					14,727		14,727
054 ELECTROENCEPHALOGRAPHY					10,724		10,724
055 MEDICAL SUPPLIES CHARGED					24,741		24,741
056 DRUGS CHARGED TO PATIENTS					17,457		17,457
056 01 RENAL INPATIENT					38,736		38,736
058 ASC (NON-DISTINCT PART)							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 01 EMERGENCY					58,368		58,368
061 WOUND CARE					23,987		23,987
062 OBSERVATION BEDS (NON-DIS							
064 OTHER REIMBURS COST CNTRS							
065 HOME PROGRAM DIALYSIS							
071 AMBULANCE SERVICES					12,636		12,636
071 HOME HEALTH AGENCY							
092 SPEC PURPOSE COST CENTERS							
093 AMBULATORY SURGICAL CENTE							
095 HOSPICE					19,292		19,292
095 SUBTOTALS					685,211		685,211
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP					3,906		3,906
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC					52,795		52,795
098 01 PATIENT TRANSPORT					59		59
098 02 SETON LEASE I NORTH					21,796		21,796
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	138,655			69	902,491		763,767

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL COSTS-BLDG & OSTS-BLDG &	OLD CAP REL COSTS-BLDG & OSTS-BLDG &	OLD CAP REL COSTS-BLDG & OSTS-BLDG &	OLD CAP REL COSTS-MVBLE E OSTS-MVBLE E	NEW CAP REL COSTS-BLDG & OSTS-BLDG &	NEW CAP REL COSTS-MVBLE E OSTS-MVBLE E
	0	1	1.01	1.02	2	3	4
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 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						41,673	
006 01 DATA PROCESSING						19,471	
006 02 PURCHASING, RECEIVING AND						81,994	172,253
006 03 ADMITTING						48,471	110,789
006 04 CASHIERING/ACCOUNTS RECEI							
006 05 OTHER ADMINISTRATIVE AND						516,885	3,163
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT						1,701,913	
009 LAUNDRY & LINEN SERVICE						207,579	
010 HOUSEKEEPING						119,282	
011 DIETARY						133,100	29,988
012 CAFETERIA						79,485	7,657
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION						21,747	22,017
015 CENTRAL SERVICES & SUPPLY						63,254	90,739
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY						56,332	129,387
018 SOCIAL SERVICE						24,049	7,196
018 01 MEDICAL STAFF						25,884	
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL						732,337	37,307
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						515,092	45,095
026 INTENSIVE CARE UNIT						207,703	128,603
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY							
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM						249,844	515,578
037 01 OPHTHALMOLOGY						61,847	32,761
038 RECOVERY ROOM						20,271	22,425
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC						204,669	820,589
041 01 CAT SCAN						25,401	872,725
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE						32,296	156,913
043 01 CARDIAC CATHETERIZATION L						93,909	681,601
043 02 MAGNETIC RESONANCE IMAGIN						22,864	60,298
043 03 ULTRA SOUND							36,043
044 LABORATORY						150,130	33,690
045 PBP CLINICAL LAB SERVICES							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY						41,907	153,490
050 PHYSICAL THERAPY						155,784	54,940
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY						33,840	27,516
053 ELECTROCARDIOLOGY						64,026	234,413
054 ELECTROENCEPHALOGRAPHY						51,202	117,829
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS						46,582	247,473
056 01 RENAL INPATIENT						190,465	
058 ASC (NON-DISTINCT PART)							
OUTPAT SERVICE COST CNTRS							
060 CLINIC							
061 EMERGENCY						246,176	148,435
061 01 WOUND CARE						119,158	11,061
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES						49,216	42,675
071 HOME HEALTH AGENCY							
SPEC PURPOSE COST CENTERS							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE						90,448	3,069
095 SUBTOTALS						6,546,286	5,057,718
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP						20,961	
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC						257,760	
098 01 PATIENT TRANSPORT							
098 02 SETON LEASE 1 NORTH						115,311	
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL						6,940,318	5,057,718

COST CENTER DESCRIPTION	SUBTOTAL	EMPLOYEE BENEFITS	DATA PROCESSING	PURCHASING, RECEIVING AND	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND
	4a	5	6.01	6.02	6.03	6.04	6.05
GENERAL SERVICE COST CNTR							
001 OLD CAP REL COSTS-BLDG &							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 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	41,673	41,673					
006 01 DATA PROCESSING	19,471		19,471				
006 02 PURCHASING, RECEIVING AND	254,247			254,247			
006 03 ADMITTING	159,260				159,260		
006 04 CASHIERING/ACCOUNTS RECEI		745	429			1,174	
006 05 OTHER ADMINISTRATIVE AND	520,048	2,923	1,354				524,325
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	1,701,913	1,775	1,056				43,231
009 LAUNDRY & LINEN SERVICE	207,579	86	70				3,872
010 HOUSEKEEPING	119,282	1,345	674		9		11,603
011 DIETARY	163,088	409	368		400		5,731
012 CAFETERIA	87,142	560	503		56		4,240
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	43,764	850	290				5,758
015 CENTRAL SERVICES & SUPPLY	153,993	247					5,344
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	185,719	297	248		54		4,375
018 SOCIAL SERVICE	31,245						165
018 01 MEDICAL STAFF	25,884						140
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL	769,644	1,894	789		98		8,135
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM		42	22				299
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	560,187	6,469	3,272		9,703	14,882	47,143
026 INTENSIVE CARE UNIT	336,306	3,175	1,457		4,876	12,170	24,833
027 CORONARY CARE UNIT						60	
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	765,422	927	368	179,072	11,368	71	15,358
037 01 OPHTHALMOLOGY	94,608	173	70	95		3	1,717
038 RECOVERY ROOM	42,696	96			890	7	912
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	1,025,258	1,938	1,068	20,954	5,691	74	18,239
041 01 CAT SCAN	898,126	466	179	2,087	6,609	85	9,019
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE	189,209	253	107	126	1,264	22	4,465
043 01 CARDIAC CATHETERIZATION L	775,510	856	350		21,113	45	39,725
043 02 MAGNETIC RESONANCE IMAGIN	83,162	101	33		2,391	22	1,637
043 03 ULTRA SOUND	36,043	185	59		401	10	1,556
044 LABORATORY	183,820				21,462	187	38,242
045 PBP CLINICAL LAB SERVICES							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	195,397	1,006	504	7,660	5,263	31	8,231
050 PHYSICAL THERAPY	210,724	2,781	1,237	5,388	1,793	33	20,024
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY	61,356	360	168	71	324	4	2,793
053 ELECTROCARDIOLOGY	298,439	693	374	273	4,725	46	6,699
054 ELECTROENCEPHALOGRAPHY	169,031	436	241	166	462	12	4,020
055 MEDICAL SUPPLIES CHARGED				12,927	27,878	162	55,700
056 DRUGS CHARGED TO PATIENTS	294,055	1,755	645	1,001	15,558	109	44,628
056 01 RENAL INPATIENT	190,465			12	880	4	5,479
058 ASC (NON-DISTINCT PART)							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 01 EMERGENCY	394,611	2,466	1,160	3,370	3,534	82	20,875
061 01 WOUND CARE	130,219	229	124	2,504		9	3,797
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES	91,891	1,591	1,058	2,197		18	13,542
071 HOME HEALTH AGENCY							
071 SPEC PURPOSE COST CENTERS							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE	93,517	1,013	547	557			10,719
095 SUBTOTALS	11,604,004	38,142	18,824	254,247	159,260	1,174	492,246
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	20,961						114
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC	257,760	3,339	515				30,362
098 01 PATIENT TRANSPORT		25	28				175
098 02 SETON LEASE 1 NORTH	115,311	167	104				1,428
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	11,998,036	41,673	19,471	254,247	159,260	1,174	524,325

COST CENTER DESCRIPTION	MAINTENANCE & OPERATION OF PLANT		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL
	7	8	9	10	11	12	13
001 GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 DATA PROCESSING							
006 02 PURCHASING, RECEIVING AND							
006 03 ADMITTING							
006 04 CASHIERING/ACCOUNTS RECEI							
006 05 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT		1,747,975					
009 LAUNDRY & LINEN SERVICE		80,099	291,706				
010 HOUSEKEEPING		46,028	8,754	187,695			
011 DIETARY		51,360	2,301	5,944	229,601		
012 CAFETERIA		30,671		3,550		126,722	
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION		8,391		971		2,451	
015 CENTRAL SERVICES & SUPPLY		24,408	10,286	2,825			
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY		21,737		2,516		2,095	
018 SOCIAL SERVICE		9,280		1,074			
018 01 MEDICAL STAFF		9,988		1,156			
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL		282,592		32,705		6,659	
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM						182	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		198,761	98,061	23,002	184,177	27,613	
026 INTENSIVE CARE UNIT		80,147	31,008	9,275	45,424	12,291	
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		96,409	31,728	11,157		3,105	
037 01 OPHTHALMOLOGY		23,865		2,762		587	
038 RECOVERY ROOM		7,822		905		3	
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC		78,976	14,193	9,140		9,012	
041 01 CAT SCAN		9,802		1,134		1,511	
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE		12,462	1,108	1,442		907	
043 01 CARDIAC CATHETERIZATION L		36,237	1,886	4,194		2,956	
043 02 MAGNETIC RESONANCE IMAGIN		8,822	1,608	1,021		281	
043 03 ULTRA SOUND			4,758			494	
044 LABORATORY		57,931	73	6,704			
045 PBP CLINICAL LAB SERVICES							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY		16,171		1,871		4,256	
050 PHYSICAL THERAPY		60,113	9,516	6,957		10,439	
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY		13,058		1,511		1,415	
053 ELECTROCARDIOLOGY		24,706	3,074	2,859		3,153	
054 ELECTROENCEPHALOGRAPHY		19,757		2,287		2,032	
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS		17,975		2,080		5,443	
056 01 RENAL INPATIENT		73,496	19,478	8,506			
058 ASC (NON-DISTINCT PART)							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 EMERGENCY		94,993	46,914	10,993		9,786	
061 01 WOUND CARE		45,980	6,960	5,321		1,049	
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES		18,991		2,198		8,928	
071 HOME HEALTH AGENCY							
092 SPEC PURPOSE COST CENTERS							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE		34,901		4,039		4,612	
095 SUBTOTALS		1,595,929	291,706	170,099	229,601	121,260	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		8,088		936			
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC		99,463		11,511		4,350	
098 01 PATIENT TRANSPORT						238	
098 02 SETON LEASE 1 NORTH		44,495		5,149		874	
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL		1,747,975	291,706	187,695	229,601	126,722	

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	MEDICAL STAFF 18.01	NONPHYSICIAN ANESTHETISTS 20
GENERAL SERVICE COST CNTR							
001 01 OLD CAP REL COSTS-BLDG &							
001 02 OLD CAP REL COSTS-BLDG &							
002 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 DATA PROCESSING							
006 02 PURCHASING, RECEIVING AND							
006 03 ADMITTING							
006 04 CASHIERING/ACCOUNTS RECEI							
006 05 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	62,475						
015 CENTRAL SERVICES & SUPPLY		197,103					
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	1,795			218,836			
018 SOCIAL SERVICE					41,764		
018 01 MEDICAL STAFF						37,168	
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL	5,704						
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	23,653			12,794	2,446	16,582	
026 INTENSIVE CARE UNIT	10,530			9,841	1,882		
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
031 SUBPROVIDER							
033 NURSERY							
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	2,660			11,743	2,245	8,863	
037 01 OPHTHALMOLOGY	503			571	109	1,715	
038 RECOVERY ROOM	2			1,087	208		
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC				12,189	2,330	3,860	
041 01 CAT SCAN				14,049	2,686		
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE				3,590	686		
043 01 CARDIAC CATHETERIZATION L				32,556	6,148		
043 02 MAGNETIC RESONANCE IMAGIN				3,612	691		
043 03 ULTRA SOUND				1,639	313		
044 LABORATORY				30,843	5,897	858	
045 PBP CLINICAL LAB SERVICES							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	3,646			5,178	990	715	
050 PHYSICAL THERAPY				5,442	1,041		
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY				644	123		
053 ELECTROCARDIOLOGY				7,654	1,463	1,572	
054 ELECTROENCEPHALOGRAPHY				2,018	386	1,144	
055 MEDICAL SUPPLIES CHARGED		197,103		26,678	5,101		
056 DRUGS CHARGED TO PATIENTS				18,036	3,448		
056 01 RENAL INPATIENT				712	136	429	
058 ASC (NON-DISTINCT PART)							
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC							
061 01 EMERGENCY	8,384			13,492	2,580	1,430	
061 01 WOUND CARE	898			1,562	299		
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES				2,906	556		
071 HOME HEALTH AGENCY							
SPEC PURPOSE COST CENTERS							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE	3,951						
095 SUBTOTALS	61,726	197,103		218,836	41,764	37,168	
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
098 PHYSICIANS' PRIVATE OFFIC							
098 01 PATIENT TRANSPORT							
098 02 SETON LEASE 1 NORTH	749						
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	62,475	197,103		218,836	41,764	37,168	

COST CENTER DESCRIPTION	OLD CAP REL	C OLD CAP REL	C OLD CAP REL	C OLD CAP REL	C NEW CAP REL	C NEW CAP REL
	OSTS-BLDG & (SQUARE FEET)	OSTS-BLDG & (SQUARE FEET)	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (DOLLAR VALUE)	OSTS-BLDG & (SQUARE FEET)	OSTS-MVBLE E (DOLLAR VALUE)
	1	1.01	1.02	2	3	4
001 GENERAL SERVICE COST						
001 01 OLD CAP REL COSTS-BLD	503,292					
001 02 OLD CAP REL COSTS-BLD		503,292				
002 02 OLD CAP REL COSTS-MVB			503,292			
003 NEW CAP REL COSTS-BLD				2,897,255		
004 NEW CAP REL COSTS-MVB					503,292	
005 EMPLOYEE BENEFITS						2,897,255
006 01 DATA PROCESSING	3,022	3,022	3,022		3,022	
006 02 PURCHASING, RECEIVING	1,412	1,412	1,412		1,412	
006 03 ADMITTING	5,946	5,946	5,946	98,673	5,946	98,673
006 04 CASHIERING/ACCOUNTS R	3,515	3,515	3,515	63,464	3,515	63,464
006 05 OTHER ADMINISTRATIVE				1,812		
007 MAINTENANCE & REPAIRS	37,483	37,483	37,483		37,483	1,812
008 OPERATION OF PLANT	123,418	123,418	123,418		123,418	
009 LAUNDRY & LINEN SERVI	15,053	15,053	15,053		15,053	
010 HOUSEKEEPING	8,650	8,650	8,650		8,650	
011 DIETARY	9,652	9,652	9,652	17,178	9,652	17,178
012 CAFETERIA	5,764	5,764	5,764	4,386	5,764	4,386
013 MAINTENANCE OF PERSON						
014 NURSING ADMINISTRATIO	1,577	1,577	1,577	12,612	1,577	12,612
015 CENTRAL SERVICES & SU	4,587	4,587	4,587	51,979	4,587	51,979
016 PHARMACY						
017 MEDICAL RECORDS & LIB	4,085	4,085	4,085	74,118	4,085	74,118
018 SOCIAL SERVICE	1,744	1,744	1,744	4,122	1,744	4,122
018 01 MEDICAL STAFF	1,877	1,877	1,877		1,877	
020 NONPHYSICIAN ANESTHET						
021 NURSING SCHOOL	53,107	53,107	53,107	21,371	53,107	21,371
022 I&R SERVICES-SALARY &						
023 I&R SERVICES-OTHER PR						
024 PARAMED ED PRGM						
025 INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	37,353	37,353	37,353	25,832	37,353	25,832
026 INTENSIVE CARE UNIT	15,062	15,062	15,062	73,669	15,062	73,669
027 CORONARY CARE UNIT						
028 BURN INTENSIVE CARE U						
029 SURGICAL INTENSIVE CA						
031 SUBPROVIDER						
033 NURSERY						
037 ANCILLARY SRVC COST C						
037 01 OPERATING ROOM	18,118	18,118	18,118	295,343	18,118	295,343
038 OPTHALMOLOGY	4,485	4,485	4,485	18,767	4,485	18,767
039 RECOVERY ROOM	1,470	1,470	1,470	12,846	1,470	12,846
040 DELIVERY ROOM & LABOR						
040 ANESTHESIOLOGY						
041 RADIOLOGY-DIAGNOSTIC	14,842	14,842	14,842	470,065	14,842	470,065
041 01 CAT SCAN	1,842	1,842	1,842	499,930	1,842	499,930
042 RADIOLOGY-THERAPEUTIC						
043 RADIOISOTOPE	2,342	2,342	2,342	89,886	2,342	89,886
043 01 CARDIAC CATHETERIZATI	6,810	6,810	6,810	390,447	6,810	390,447
043 02 MAGNETIC RESONANCE IM	1,658	1,658	1,658	34,541	1,658	34,541
043 03 ULTRA SOUND				20,647		20,647
044 LABORATORY	10,887	10,887	10,887	19,299	10,887	19,299
045 PBP CLINICAL LAB SERV						
047 BLOOD STORING, PROCES						
048 INTRAVENOUS THERAPY						
049 RESPIRATORY THERAPY	3,039	3,039	3,039	87,925	3,039	87,925
050 PHYSICAL THERAPY	11,297	11,297	11,297	31,472	11,297	31,472
051 OCCUPATIONAL THERAPY						
052 SPEECH PATHOLOGY	2,454	2,454	2,454	15,762	2,454	15,762
053 ELECTROCARDIOLOGY	4,643	4,643	4,643	134,281	4,643	134,281
054 ELECTROENCEPHALOGRAPH	3,713	3,713	3,713	67,497	3,713	67,497
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATI	3,378	3,378	3,378	141,762	3,378	141,762
056 01 RENAL INPATIENT	13,812	13,812	13,812		13,812	
058 ASC (NON-DISTINCT PAR						
060 OUTPAT SERVICE COST C						
061 CLINIC						
061 01 EMERGENCY	17,852	17,852	17,852	85,029	17,852	85,029
061 WOUND CARE	8,641	8,641	8,641	6,336	8,641	6,336
062 OBSERVATION BEDS (NON						
064 OTHER REIMBURS COST C						
065 HOME PROGRAM DIALYSIS						
071 AMBULANCE SERVICES	3,569	3,569	3,569	24,446	3,569	24,446
071 HOME HEALTH AGENCY						
092 SPEC PURPOSE COST CEN						
092 AMBULATORY SURGICAL C						
093 HOSPICE	6,559	6,559	6,559	1,758	6,559	1,758
095 SUBTOTALS	474,718	474,718	474,718	2,897,255	474,718	2,897,255
096 NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE	1,520	1,520	1,520		1,520	
097 RESEARCH						
098 PHYSICIANS' PRIVATE O	18,692	18,692	18,692		18,692	
098 01 PATIENT TRANSPORT						
098 02 SETON LEASE 1 NORTH	8,362	8,362	8,362		8,362	
099 NONPAID WORKERS						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	900,700			1,791	6,940,318	5,057,718
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	1.789617			.000618	13.789844	1.745693
(WRKSHT B, PT I)						

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C
	OSTS-BLDG &	OSTS-BLDG &	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E
	(SQUARE FEET	(SQUARE)FEET	(SQUARE)FEET	(DOLLAR)VALUE	(SQUARE)FEET	(DOLLAR)VALUE)
105 COST TO BE ALLOCATED (WRKSHT B, PART II) UNIT COST MULTIPLIER (WRKSHT B, PT II)	1	1.01	1.02	2	3	4
107 COST TO BE ALLOCATED (WRKSHT B, PART III) UNIT COST MULTIPLIER (WRKSHT B, PT III)						
108						

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS	DATA PROCESSING (MANHRS)	PURCHASING, RECEIVING AND (COSTED) REQUISITION	R ADMITTING (I/P) REV	CASHIERING/AC COUNTS RECEI (GROSS) CHARGES	RECONCILIATION	OTHER ADMINISTRATIVE AND (ACCUM. COST)
GENERAL SERVICE COST	5	6.01	6.02	6.03	6.04	6a.05	6.05
001 OLD CAP REL COSTS-BLD							
001 01 OLD CAP REL COSTS-BLD							
001 02 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS	46,030,046						
006 01 DATA PROCESSING		1,801,308					
006 02 PURCHASING, RECEIVING			11,887,805				
006 03 ADMITTING				195,487,155			
006 04 CASHIERING/ACCOUNTS R	823,621	39,648			332,229,115		
006 05 OTHER ADMINISTRATIVE	3,230,124	125,296				-14,467,343	109,221,475
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT	1,960,859	97,666					9,004,557
009 LAUNDRY & LINEN SERVI	94,753	6,490					806,602
010 HOUSEKEEPING	1,486,118	62,323		434			2,416,688
011 DIETARY	452,179	34,047		18,683			1,193,790
012 CAFETERIA	618,555	46,575		2,616			883,202
013 MAINTENANCE OF PERSON							
014 NURSING ADMINISTRATIO	939,208	26,870					1,199,280
015 CENTRAL SERVICES & SU	272,493						1,113,192
016 PHARMACY							
017 MEDICAL RECORDS & LIB	327,941	22,968		2,508			911,264
018 SOCIAL SERVICE		5					34,369
018 01 MEDICAL STAFF							29,243
020 NONPHYSICIAN ANESTHET							
021 NURSING SCHOOL	2,092,964	73,002		4,570			1,694,425
022 I&R SERVICES-SALARY &							
023 I&R SERVICES-OTHER PR							
024 PARAMED ED PRGM	46,000	1,992					62,210
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	7,132,764	302,681		453,668	18,260,583	19,414,516	9,819,358
026 INTENSIVE CARE UNIT	3,507,763	134,753		227,976	14,932,739	14,932,739	5,172,442
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE U							
029 SURGICAL INTENSIVE CA							
031 SUBPROVIDER							
033 NURSERY							
037 ANCILLARY SRVC COST C							
037 01 OPERATING ROOM	1,024,039	34,045		8,372,834	13,948,959	17,819,006	3,198,892
037 OPTHALMOLOGY	191,655	6,440		4,441		867,161	357,592
038 RECOVERY ROOM	106,278	31			1,092,531	1,649,020	189,934
039 DELIVERY ROOM & LABOR							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	2,141,950	98,798		979,743	6,982,948	18,495,582	3,799,024
041 01 CAT SCAN	515,091	16,562		97,581	8,109,074	21,319,313	1,878,560
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE	279,180	9,943		5,912	1,550,564	5,447,316	929,996
043 01 CARDIAC CATHETERIZATI	945,789	32,412			25,905,373	49,561,481	8,274,345
043 02 MAGNETIC RESONANCE IM	111,222	3,086		8,869	2,933,157	5,480,780	341,051
043 03 ULTRA SOUND	204,654	5,420		18,743	1,230,763	2,487,472	324,141
044 LABORATORY					26,334,084	46,802,682	7,965,339
045 PBP CLINICAL LAB SERV							
047 BLOOD STORING, PROCES							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	1,111,176	46,661		358,170	6,457,624	7,857,050	1,714,508
050 PHYSICAL THERAPY	3,073,184	114,445		251,929	2,200,450	8,258,189	4,170,701
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY	398,297	15,510		3,298	397,511	976,925	581,753
053 ELECTROCARDIOLOGY	765,321	34,569		12,778	5,797,870	11,614,363	1,395,272
054 ELECTROENCEPHALOGRAPH	481,300	22,281		7,774	566,364	3,061,838	837,403
055 MEDICAL SUPPLIES CHAR				604,435	34,280,732	40,482,072	11,611,634
056 DRUGS CHARGED TO PATI	1,939,238	59,672		46,824	19,089,602	27,368,635	9,295,556
056 01 RENAL INPATIENT				571	1,079,854	1,079,854	1,141,260
058 ASC (NON-DISTINCT PAR							
060 OUTPAT SERVICE COST C							
060 CLINIC							
061 EMERGENCY	2,724,903	107,288		157,583	4,336,373	20,473,950	4,348,027
061 01 WOUND CARE	252,977	11,496		117,060		2,369,839	790,869
062 OBSERVATION BEDS (NON							
064 OTHER REIMBURS COST C							
065 HOME PROGRAM DIALYSIS							
071 AMBULANCE SERVICES	1,757,471	97,884		102,739		4,409,332	2,820,668
071 HOME HEALTH AGENCY							
092 SPEC PURPOSE COST CEN							
093 AMBULATORY SURGICAL C							
095 HOSPICE	1,119,874	50,563		26,066			2,232,590
095 SUBTOTALS	42,128,941	1,741,422		11,887,805	195,487,155	332,229,115	-14,467,343
096 NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE							23,681
097 RESEARCH							
098 PHYSICIANS' PRIVATE O	3,689,061	47,691					6,324,097
098 01 PATIENT TRANSPORT	27,989	2,611					36,551
098 02 SETON LEASE 1 NORTH	184,055	9,584					297,409
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	10,344,214	21,998		264,949	455,158	2,141,804	14,467,343
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		.012212		.022287	.002328	.006447	.132459
(WRKSHT B, PT I)	.224727						

COST CENTER DESCRIPTION	EMPLOYEE BENEFITS	DATA PROCESSING	PURCHASING, RECEIVING AND	R ADMITTING	CASHIERING/AC COUNTS RECEI	OTHER ADMINIS TRATIVE AND	
	(GROSS SALARIES)	(MANHRS)	(COSTED)REQUISTION	(I/P)REV	(GROSS CHARGES)	RECONCIL- IATION	(ACCUM. COST)
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	5,408	6.01 2,527	6.02 10,702	6.03 6,330	6.04 152	6a.05	6.05 67,635
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)	.000117	.001403	.000900	.000032			.000619
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	41,673	19,471	254,247	159,260	1,174		524,325
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.000905	.010809	.021387	.000815	.000004		.004801

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO:
I 15-0003
I

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

I PREPARED 5/28/2008
I WORKSHEET B-1

COST CENTER DESCRIPTION	MAINTENANCE & OPERATION OF REPAIRS PLANT		LAUNDRY & LINEN SERVICE		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL
	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	(MANHRS)	(NUMBER HOUSED)
	7	8	9	10	11	12	13
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
001 01 OLD CAP REL COSTS-BLD							
001 02 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 DATA PROCESSING							
006 02 PURCHASING, RECEIVING							
006 03 ADMITTING							
006 04 CASHIERING/ACCOUNTS R							
006 05 OTHER ADMINISTRATIVE							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT		328,496					
009 LAUNDRY & LINEN SERVI		15,053	898,410				
010 HOUSEKEEPING		8,650	26,962	304,793			
011 DIETARY		9,652	7,087		9,652	96,564	
012 CAFETERIA		5,764		5,764			1,389,263
013 MAINTENANCE OF PERSON							
014 NURSING ADMINISTRATIO		1,577		1,577			26,870
015 CENTRAL SERVICES & SU		4,587	31,680	4,587			
016 PHARMACY							
017 MEDICAL RECORDS & LIB		4,085		4,085			22,968
018 SOCIAL SERVICE		1,744		1,744			5
018 01 MEDICAL STAFF		1,877		1,877			
020 NONPHYSICIAN ANESTHET							
021 NURSING SCHOOL		53,107		53,107			73,002
022 I&R SERVICES-SALARY &							
023 I&R SERVICES-OTHER PR							
024 PARAMED ED PRGM							1,992
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS		37,353	302,009	37,353	77,460	302,681	
026 INTENSIVE CARE UNIT		15,062	95,501	15,062	19,104	134,753	
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE U							
029 SURGICAL INTENSIVE CA							
031 SUBPROVIDER							
033 NURSERY							
037 ANCILLARY SRVC COST C							
037 01 OPERATING ROOM		18,118	97,716	18,118		34,045	
037 01 OPHTHALMOLOGY		4,485		4,485		6,440	
038 RECOVERY ROOM		1,470		1,470		31	
039 DELIVERY ROOM & LABOR							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC		14,842	43,712	14,842		98,798	
041 01 CAT SCAN		1,842		1,842		16,562	
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE		2,342	3,413	2,342		9,943	
043 01 CARDIAC CATHETERIZATI		6,810	5,810	6,810		32,412	
043 02 MAGNETIC RESONANCE IM		1,658	4,953	1,658		3,086	
043 03 ULTRA SOUND			14,655			5,420	
044 LABORATORY		10,887	225	10,887			
045 PBP CLINICAL LAB SERV							
047 BLOOD STORING, PROCES							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY		3,039		3,039		46,661	
050 PHYSICAL THERAPY		11,297	29,307	11,297		114,445	
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY		2,454		2,454		15,510	
053 ELECTROCARDIOLOGY		4,643	9,467	4,643		34,569	
054 ELECTROENCEPHALOGRAPH		3,713		3,713		22,281	
055 MEDICAL SUPPLIES CHAR							
056 DRUGS CHARGED TO PATI		3,378		3,378		59,672	
056 01 RENAL INPATIENT		13,812	59,989	13,812			
058 ASC (NON-DISTINCT PAR							
060 OUTPAT SERVICE COST C							
061 CLINIC							
061 01 EMERGENCY		17,852	144,487	17,852		107,288	
061 01 WOUND CARE		8,641	21,437	8,641		11,496	
062 OBSERVATION BEDS (NON							
062 OTHER REIMBURS COST C							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES		3,569		3,569		97,884	
071 HOME HEALTH AGENCY							
092 SPEC PURPOSE COST CEN							
093 AMBULATORY SURGICAL C							
093 HOSPICE		6,559		6,559		50,563	
095 SUBTOTALS		299,922	898,410	276,219	96,564	1,329,377	
096 NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE		1,520		1,520			
097 RESEARCH							
098 PHYSICIANS' PRIVATE O		18,692		18,692		47,691	
098 01 PATIENT TRANSPORT						2,611	
098 02 SETON LEASE 1 NORTH		8,362		8,362		9,584	
099 NONPAID WORKERS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED		10,197,292	1,380,725	3,046,753	1,758,914	1,236,736	
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		31.042363	1.536854	9.996138	18.215008	.890210	
(WRKSHT B, PT I)							

COST ALLOCATION - STATISTICAL BASIS

	COST CENTER DESCRIPTION	MAINTENANCE & OPERATION OF REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL
		(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	(MANHRS)	(NUMBER HOUSED)
105	COST TO BE ALLOCATED (WRKSHT B, PART II)	7	8	9	10	11	12	13
	UNIT COST MULTIPLIER (WRKSHT B, PT II)		226,814	37,852	24,345	25,875	15,444	
106	COST TO BE ALLOCATED (WRKSHT B, PT III)		.690462	.042132	.079874	.267957	.011117	
107	UNIT COST MULTIPLIER (WRKSHT B, PART III)		1,747,975	291,706	187,695	229,601	126,722	
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)		5.321145	.324691	.615811	2.377708	.091215	

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	NURSING ADMIN	CENTRAL SERVI	PHARMACY	MEDICAL RECOR	SOCIAL SERVIC	MEDICAL STAFF	NONPHYSICIAN
	ISTRATION	CES & SUPPLY		DS & LIBRARY	E		ANESTHETISTS
	(DIRECT NRSNG HRS	(COSTED)REQUIS.	(COSTED)REQUIS.	(GROSS) CHARGES	(GROSS) CHARGES	(ASSIGNED)TIME	(ASSIGNED)TIME
	14	15	16	17	18	18.01	20
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
001 01 OLD CAP REL COSTS-BLD							
001 02 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 DATA PROCESSING							
006 02 PURCHASING, RECEIVING							
006 03 ADMITTING							
006 04 CASHIERING/ACCOUNTS R							
006 05 OTHER ADMINISTRATIVE							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVI							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSON							
014 NURSING ADMINISTRATIO	799,512		100				
015 CENTRAL SERVICES & SU							
016 PHARMACY							
017 MEDICAL RECORDS & LIB	22,968			332,229,115			
018 SOCIAL SERVICE					332,229,115		
018 01 MEDICAL STAFF						260	
020 NONPHYSICIAN ANESTHET							
021 NURSING SCHOOL	73,002						
022 I&R SERVICES-SALARY &							
023 I&R SERVICES-OTHER PR							
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CN							
026 ADULTS & PEDIATRICS	302,681			19,414,516	19,414,516	116	
026 INTENSIVE CARE UNIT	134,753			14,932,739	14,932,739		
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE U							
029 SURGICAL INTENSIVE CA							
031 SUBPROVIDER							
033 NURSERY							
037 ANCILLARY SRVC COST C							
037 OPERATING ROOM	34,045			17,819,006	17,819,006	62	
037 01 OPHTHALMOLOGY	6,440			867,161	867,161	12	
038 RECOVERY ROOM	31			1,649,020	1,649,020		
039 DELIVERY ROOM & LABOR							
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC							
041 01 CAT SCAN				18,495,582	18,495,582	27	
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE				5,447,316	5,447,316		
043 01 CARDIAC CATHETERIZATI				49,561,481	49,561,481		
043 02 MAGNETIC RESONANCE IM				5,480,780	5,480,780		
043 03 ULTRA SOUND				2,487,472	2,487,472		
044 LABORATORY				46,802,682	46,802,682	6	
045 PBP CLINICAL LAB SERV							
047 BLOOD STORING, PROCES							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	46,661			7,857,050	7,857,050	5	
050 PHYSICAL THERAPY				8,258,189	8,258,189		
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY				976,925	976,925		
053 ELECTROCARDIOLOGY				11,614,363	11,614,363	11	
054 ELECTROENCEPHALOGRAPH				3,061,838	3,061,838	8	
055 MEDICAL SUPPLIES CHAR		100		40,482,072	40,482,072		
056 DRUGS CHARGED TO PATI				27,368,635	27,368,635		
056 01 RENAL INPATIENT				1,079,854	1,079,854	3	
058 ASC (NON-DISTINCT PAR							
060 OUTPAT SERVICE COST C							
061 CLINIC							
061 EMERGENCY	107,288			20,473,950	20,473,950	10	
061 01 WOUND CARE	11,496			2,369,839	2,369,839		
062 OBSERVATION BEDS (NON							
064 OTHER REIMBURS COST C							
065 HOME PROGRAM DIALYSIS							
071 AMBULANCE SERVICES				4,409,332	4,409,332		
092 HOME HEALTH AGENCY							
092 SPEC PURPOSE COST CEN							
093 AMBULATORY SURGICAL C							
095 HOSPICE	50,563						
095 SUBTOTALS	789,928		100	332,229,115	332,229,115	260	
096 NONREIMBURS COST CENT							
097 GIFT, FLOWER, COFFEE							
098 RESEARCH							
098 01 PHYSICIANS' PRIVATE O							
098 02 PATIENT TRANSPORT							
099 SETON LEASE I NORTH	9,584						
101 NONPAID WORKERS							
102 CROSS FOOT ADJUSTMENT							
103 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	1,446,773	1,497,575		1,261,619	110,496	110,146	
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		14,975.750000		.003797	.000333	423.638462	
(WRKSHT B, PT I)							
552-96 v1701.100	1.809570						

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2008
 I 15-0003 I FROM 1/ 1/2007 I WORKSHEET B-1
 I I TO 12/31/2007 I

COST CENTER DESCRIPTION	NURSING ADMIN	CENTRAL SERVI	PHARMACY	MEDICAL RECOR	SOCIAL SERVIC	MEDICAL STAFF	NONPHYSICIAN
	ISTRATION	CES & SUPPLY		DS & LIBRARY	E		ANESTHETISTS
	(DIRECT NRSING HRS	(COSTED)REQUIS.	(COSTED)REQUIS.	(GROSS) CHARGES	(GROSS) CHARGES	(ASSIGNED)TIME	(ASSIGNED)TIME
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	14 5,234	15 13,830	16	17 11,545	18 4,488	18.01 4,823	20
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)		138.300000		.000035		18.550000	
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	.006546 62,475	197,103		218,836	41,764	37,168	
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.078141	1,971.030000		.000659	.000126	142.953846	

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2008
 I 15-0003 I FROM 1/ 1/2007 I WORKSHEET B-1
 I I TO 12/31/2007 I

COST CENTER NURSING SCHOO I&R SERVICES- I&R SERVICES- PARAMED ED PR
 DESCRIPTION L SALARY & FRI OTHER PRGM C GM

(ASSIGNED (ASSIGNED (ASSIGNED (ASSIGNED
 TIME)TIME)TIME)TIME)

21 22 23 24

COST CENTER DESCRIPTION	(ASSIGNED TIME)	(ASSIGNED)TIME	(ASSIGNED)TIME	(ASSIGNED)TIME
GENERAL SERVICE COST				
001 OLD CAP REL COSTS-BLD				
001 01 OLD CAP REL COSTS-BLD				
001 02 OLD CAP REL COSTS-BLD				
002 OLD CAP REL COSTS-MVB				
003 NEW CAP REL COSTS-BLD				
004 NEW CAP REL COSTS-MVB				
005 EMPLOYEE BENEFITS				
006 01 DATA PROCESSING				
006 02 PURCHASING, RECEIVING				
006 03 ADMITTING				
006 04 CASHIERING/ACCOUNTS R				
006 05 OTHER ADMINISTRATIVE				
007 MAINTENANCE & REPAIRS				
008 OPERATION OF PLANT				
009 LAUNDRY & LINEN SERVI				
010 HOUSEKEEPING				
011 DIETARY				
012 CAFETERIA				
013 MAINTENANCE OF PERSON				
014 NURSING ADMINISTRATIO				
015 CENTRAL SERVICES & SU				
016 PHARMACY				
017 MEDICAL RECORDS & LIB				
018 SOCIAL SERVICE				
018 01 MEDICAL STAFF				
020 NONPHYSICIAN ANESTHET				
021 NURSING SCHOOL	100			
022 I&R SERVICES-SALARY &				
023 I&R SERVICES-OTHER PR				
024 PARAMED ED PRGM			100	
025 INPAT ROUTINE SRVC CN				
026 ADULTS & PEDIATRICS	100			
027 INTENSIVE CARE UNIT				
028 CORONARY CARE UNIT				
029 BURN INTENSIVE CARE U				
031 SURGICAL INTENSIVE CA				
033 SUBPROVIDER				
037 NURSERY				
037 ANCILLARY SRVC COST C				
037 01 OPERATING ROOM				
038 OPTHALMOLOGY				
039 RECOVERY ROOM				
040 DELIVERY ROOM & LABOR				
041 ANESTHESIOLOGY				
041 01 RADIOLOGY-DIAGNOSTIC				
042 CAT SCAN				
043 RADIOLOGY-THERAPEUTIC				
043 01 RADIOISOTOPE				
043 02 CARDIAC CATHETERIZATI				
043 03 MAGNETIC RESONANCE IM				
044 ULTRA SOUND				
045 LABORATORY				
047 PBP CLINICAL LAB SERV				
048 BLOOD STORING, PROCES				
049 INTRAVENOUS THERAPY				
050 RESPIRATORY THERAPY				
051 PHYSICAL THERAPY				
052 OCCUPATIONAL THERAPY				
053 SPEECH PATHOLOGY				
054 ELECTROCARDIOLOGY				
055 ELECTROENCEPHALOGRAPH				
056 MEDICAL SUPPLIES CHAR			100	
056 01 DRUGS CHARGED TO PATI				
058 RENAL INPATIENT				
060 ASC (NON-DISTINCT PAR				
061 OUTPAT SERVICE COST C				
061 CLINIC				
061 01 EMERGENCY				
062 WOUND CARE				
064 OBSERVATION BEDS (NON				
065 OTHER REIMBURS COST C				
065 HOME PROGRAM DIALYSIS				
071 AMBULANCE SERVICES				
092 HOME HEALTH AGENCY				
093 SPEC PURPOSE COST CEN				
095 AMBULATORY SURGICAL C				
096 HOSPICE				
097 SUBTOTALS	100			100
098 NONREIMBURS COST CENT				
099 GIFT, FLOWER, COFFEE				
099 RESEARCH				
098 PHYSICIANS' PRIVATE O				
098 01 PATIENT TRANSPORT				
098 02 SETON LEASE 1 NORTH				
099 NONPAID WORKERS				
101 CROSS FOOT ADJUSTMENT				
102 NEGATIVE COST CENTER				
103 COST TO BE ALLOCATED	4,295,386			72,223
(PER WRKSHT B, PART				
104 UNIT COST MULTIPLIER				722.230000
(WRKSHT B, PT I)				
552-96 v1701.100	42,953.860000			

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM
	(ASSIGNED TIME	(ASSIGNED)TIME	(ASSIGNED)TIME	(ASSIGNED)TIME)
105 COST TO BE ALLOCATED (PER WRKSHT B, PART UNIT COST MULTIPLIER (WRKSHT B, PT II)	21 138,655	22	23	24 69
106 COST TO BE ALLOCATED (PER WRKSHT B, PART UNIT COST MULTIPLIER (WRKSHT B, PT III)	1,386.550000			.690000
107 COST TO BE ALLOCATED (PER WRKSHT B, PART UNIT COST MULTIPLIER (WRKSHT B, PT III)	1,108,220			545
108 COST TO BE ALLOCATED (PER WRKSHT B, PART UNIT COST MULTIPLIER (WRKSHT B, PT III)	11,082.200000			5.450000

	DESCRIPTION	WORKSHEET		AMOUNT
		PART	LINE NO.	
	1	2	3	4
1	ADJ FOR EPO COSTS IN RENAL DIA	1	56	1
2	ADJ FOR EPO COSTS IN HOME PROG	1	64	

COMPUTATION OF RATIO OF COSTS TO CHARGES

KST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	19,769,892		19,769,892		19,769,892
26	INTENSIVE CARE UNIT	7,395,927		7,395,927		7,395,927
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
31	SUBPROVIDER					
33	NURSERY					
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	4,708,098		4,708,098		4,708,098
37	01 OPHTHALMOLOGY	615,069		615,069		615,069
38	RECOVERY ROOM	282,312		282,312		282,312
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC	5,154,288		5,154,288	13,291	5,167,579
41	01 CAT SCAN	2,305,777		2,305,777		2,305,777
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE	1,185,887		1,185,887		1,185,887
43	01 CARDIAC CATHETERIZATION L	9,892,307		9,892,307	583	9,892,890
43	02 MAGNETIC RESONANCE IMAGIN	487,263		487,263		487,263
43	03 ULTRA SOUND	404,697		404,697		404,697
44	LABORATORY	9,663,389		9,663,389		9,663,389
45	PBP CLINICAL LAB SERVICES					
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	2,226,867		2,226,867		2,226,867
50	PHYSICAL THERAPY	5,367,787		5,367,787		5,367,787
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY	777,361		777,361		777,361
53	ELECTROCARDIOLOGY	1,868,581		1,868,581	17,884	1,886,465
54	ELECTROENCEPHALOGRAPHY	1,136,571		1,136,571	2,343	1,138,914
55	MEDICAL SUPPLIES CHARGED	14,814,445		14,814,445		14,814,445
56	DRUGS CHARGED TO PATIENTS	10,903,841		10,903,841		10,903,841
56	01 RENAL INPATIENT	1,957,179		1,957,179		1,957,179
58	ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS CLINIC					
60	EMERGENCY	6,257,084		6,257,084		6,257,084
61	01 WOUND CARE	1,324,011		1,324,011	5,418	1,329,429
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,024,842		1,024,842		1,024,842
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES	3,446,104		3,446,104	15,976	3,462,080
101	SUBTOTAL	112,969,579		112,969,579	55,495	113,025,074
102	LESS OBSERVATION BEDS	1,024,842		1,024,842		1,024,842
103	TOTAL	111,944,737		111,944,737	55,495	112,000,232

COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2008
 I 15-0003 I FROM 1/ 1/2007 I WORKSHEET C
 I I TO 12/31/2007 I PART I

KST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	18,260,583		18,260,583			
26	INTENSIVE CARE UNIT	14,932,739		14,932,739			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY						
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	13,948,959	3,870,047	17,819,006	.264218	.264218	.264218
37	OPHTHALMOLOGY		867,161	867,161	.709290	.709290	.709290
38	RECOVERY ROOM	1,092,531	556,489	1,649,020	.171200	.171200	.171200
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	6,982,948	11,512,634	18,495,582	.278677	.278677	.279395
41	CAT SCAN	8,109,074	13,210,239	21,319,313	.108154	.108154	.108154
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	1,550,564	3,896,752	5,447,316	.217701	.217701	.217701
43	CARDIAC CATHETERIZATION L	25,905,373	23,656,108	49,561,481	.199597	.199597	.199608
43	MAGNETIC RESONANCE IMAGIN	2,933,157	2,547,623	5,480,780	.088904	.088904	.088904
43	03 ULTRA SOUND	1,230,763	1,256,709	2,487,472	.162694	.162694	.162694
44	LABORATORY	26,334,084	20,468,598	46,802,682	.206471	.206471	.206471
45	PBP CLINICAL LAB SERVICES						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	6,457,624	1,399,426	7,857,050	.283423	.283423	.283423
50	PHYSICAL THERAPY	2,200,450	6,057,739	8,258,189	.649996	.649996	.649996
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY	397,511	579,414	976,925	.795722	.795722	.795722
53	ELECTROCARDIOLOGY	5,797,870	5,816,493	11,614,363	.160885	.160885	.162425
54	ELECTROENCEPHALOGRAPHY	566,364	2,495,474	3,061,838	.371205	.371205	.371971
55	MEDICAL SUPPLIES CHARGED	34,280,732	6,201,340	40,482,072	.365951	.365951	.365951
56	DRUGS CHARGED TO PATIENTS	19,089,602	8,279,033	27,368,635	.398406	.398406	.398406
56	01 RENAL INPATIENT	1,079,854		1,079,854	1.812448	1.812448	1.812448
58	ASC (NON-DISTINCT PART) OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	4,336,373	16,137,577	20,473,950	.305612	.305612	.305612
61	01 WOUND CARE		2,369,839	2,369,839	.558692	.558692	.560979
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		1,153,933	1,153,933	.888130	.888130	.888130
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES		4,409,332	4,409,332	.781548	.781548	.785171
101	SUBTOTAL	195,487,155	136,741,960	332,229,115			
102	LESS OBSERVATION BEDS						
103	TOTAL	195,487,155	136,741,960	332,229,115			

KST 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			19,769,892		19,769,892
26	ADULTS & PEDIATRICS	19,769,892		19,769,892		19,769,892
27	INTENSIVE CARE UNIT	7,395,927		7,395,927		7,395,927
28	CORONARY CARE UNIT					
29	BURN INTENSIVE CARE UNIT					
31	SURGICAL INTENSIVE CARE U					
33	SUBPROVIDER					
	NURSERY					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	4,708,098		4,708,098		4,708,098
37	01 OPHTHALMOLOGY	615,069		615,069		615,069
38	RECOVERY ROOM	282,312		282,312		282,312
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC	5,154,288		5,154,288	13,291	5,167,579
41	01 CAT SCAN	2,305,777		2,305,777		2,305,777
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE	1,185,887		1,185,887		1,185,887
43	01 CARDIAC CATHETERIZATION L	9,892,307		9,892,307	583	9,892,890
43	02 MAGNETIC RESONANCE IMAGIN	487,263		487,263		487,263
43	03 ULTRA SOUND	404,697		404,697		404,697
44	LABORATORY	9,663,389		9,663,389		9,663,389
45	PBP CLINICAL LAB SERVICES					
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	2,226,867		2,226,867		2,226,867
50	PHYSICAL THERAPY	5,367,787		5,367,787		5,367,787
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY	777,361		777,361		777,361
53	ELECTROCARDIOLOGY	1,868,581		1,868,581	17,884	1,886,465
54	ELECTROENCEPHALOGRAPHY	1,136,571		1,136,571	2,343	1,138,914
55	MEDICAL SUPPLIES CHARGED	14,814,445		14,814,445		14,814,445
56	DRUGS CHARGED TO PATIENTS	10,903,841		10,903,841		10,903,841
56	01 RENAL INPATIENT	1,957,179		1,957,179		1,957,179
58	ASC (NON-DISTINCT PART)					
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
61	EMERGENCY	6,257,084		6,257,084		6,257,084
61	01 WOUND CARE	1,324,011		1,324,011	5,418	1,329,429
62	OBSERVATION BEDS (NON-DIS	1,024,842		1,024,842		1,024,842
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS					
65	AMBULANCE SERVICES	3,446,104		3,446,104	15,976	3,462,080
101	SUBTOTAL	112,969,579		112,969,579	55,495	113,025,074
102	LESS OBSERVATION BEDS	1,024,842		1,024,842		1,024,842
103	TOTAL	111,944,737		111,944,737	55,495	112,000,232

KST 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	18,260,583		18,260,583			
27	INTENSIVE CARE UNIT	14,932,739		14,932,739			
28	CORONARY CARE UNIT						
29	BURN INTENSIVE CARE UNIT						
31	SURGICAL INTENSIVE CARE U						
33	SUBPROVIDER						
	NURSERY						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	13,948,959	3,870,047	17,819,006	.264218	.264218	.264218
37	OPHTHALMOLOGY		867,161	867,161	.709290	.709290	.709290
38	RECOVERY ROOM	1,092,531	556,489	1,649,020	.171200	.171200	.171200
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	6,982,948	11,512,634	18,495,582	.278677	.278677	.279395
41	CAT SCAN	8,109,074	13,210,239	21,319,313	.108154	.108154	.108154
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	1,550,564	3,896,752	5,447,316	.217701	.217701	.217701
43	01 CARDIAC CATHETERIZATION L	25,905,373	23,656,108	49,561,481	.199597	.199597	.199608
43	02 MAGNETIC RESONANCE IMAGIN	2,933,157	2,547,623	5,480,780	.088904	.088904	.088904
43	03 ULTRA SOUND	1,230,763	1,256,709	2,487,472	.162694	.162694	.162694
44	LABORATORY	26,334,084	20,468,598	46,802,682	.206471	.206471	.206471
45	PBP CLINICAL LAB SERVICES						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	6,457,624	1,399,426	7,857,050	.283423	.283423	.283423
50	PHYSICAL THERAPY	2,200,450	6,057,739	8,258,189	.649996	.649996	.649996
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY	397,511	579,414	976,925	.795722	.795722	.795722
53	ELECTROCARDIOLOGY	5,797,870	5,816,493	11,614,363	.160885	.160885	.162425
54	ELECTROENCEPHALOGRAPHY	566,364	2,495,474	3,061,838	.371205	.371205	.371971
55	MEDICAL SUPPLIES CHARGED	34,280,732	6,201,340	40,482,072	.365951	.365951	.365951
56	DRUGS CHARGED TO PATIENTS	19,089,602	8,279,033	27,368,635	.398406	.398406	.398406
56	01 RENAL INPATIENT	1,079,854		1,079,854	1.812448	1.812448	1.812448
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	4,336,373	16,137,577	20,473,950	.305612	.305612	.305612
61	01 WOUND CARE		2,369,839	2,369,839	.558692	.558692	.560979
62	OBSERVATION BEDS (NON-DIS		1,153,933	1,153,933	.888130	.888130	.888130
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES		4,409,332	4,409,332	.781548	.781548	.785171
101	SUBTOTAL	195,487,155	136,741,960	332,229,115			
102	LESS OBSERVATION BEDS						
103	TOTAL	195,487,155	136,741,960	332,229,115			

KST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST	CAPITAL COST	OPERATING	CAPITAL REDUCTION	OPERATING COST	COST NET OF
		WKST B, PT I COL. 27 1	WKST B PT II & III, COL. 27 2	COST NET OF CAPITAL COST 3		REDUCTION AMOUNT 5	CAP AND OPER COST REDUCTION 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	4,708,098	1,203,935	3,504,163			4,708,098
37	01 OPHTHALMOLOGY	615,069	138,906	476,163			615,069
38	RECOVERY ROOM	282,312	58,645	223,667			282,312
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	5,154,288	1,249,401	3,904,887			5,154,288
41	01 CAT SCAN	2,305,777	953,595	1,352,182			2,305,777
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	1,185,887	222,892	962,995			1,185,887
43	01 CARDIAC CATHETERIZATION L	9,892,307	948,294	8,944,013			9,892,307
43	02 MAGNETIC RESONANCE IMAGIN	487,263	108,678	378,585			487,263
43	03 ULTRA SOUND	404,697	47,562	357,135			404,697
44	LABORATORY	9,663,389	382,087	9,281,302			9,663,389
45	PBP CLINICAL LAB SERVICES						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	2,226,867	261,840	1,965,027			2,226,867
50	PHYSICAL THERAPY	5,367,787	370,738	4,997,049			5,367,787
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY	777,361	88,784	688,577			777,361
53	ELECTROCARDIOLOGY	1,868,581	370,457	1,498,124			1,868,581
54	ELECTROENCEPHALOGRAPHY	1,136,571	212,716	923,855			1,136,571
55	MEDICAL SUPPLIES CHARGED	14,814,445	350,290	14,464,155			14,814,445
56	DRUGS CHARGED TO PATIENTS	10,903,841	422,190	10,481,651			10,903,841
56	01 RENAL INPATIENT	1,957,179	338,333	1,618,846			1,957,179
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	6,257,084	673,038	5,584,046			6,257,084
61	01 WOUND CARE	1,324,011	222,938	1,101,073			1,324,011
62	OBSERVATION BEDS (NON-DIS	1,024,842	71,264	953,578			1,024,842
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES	3,446,104	156,512	3,289,592			3,446,104
101	SUBTOTAL	85,803,760	8,853,095	76,950,665			85,803,760
102	LESS OBSERVATION BEDS	1,024,842	71,264	953,578			1,024,842
103	TOTAL	84,778,918	8,781,831	75,997,087			84,778,918

LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	17,819,006	.264218	.264218
37	01 OPHTHALMOLOGY	867,161	.709290	.709290
38	RECOVERY ROOM	1,649,020	.171200	.171200
39	DELIVERY ROOM & LABOR ROO			
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	18,495,582	.278677	.278677
41	01 CAT SCAN	21,319,313	.108154	.108154
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE	5,447,316	.217701	.217701
43	01 CARDIAC CATHETERIZATION I	49,561,481	.199597	.199597
43	02 MAGNETIC RESONANCE IMAGIN	5,480,780	.088904	.088904
43	03 ULTRA SOUND	2,487,472	.162694	.162694
44	LABORATORY	46,802,682	.206471	.206471
45	PBP CLINICAL LAB SERVICES			
47	BLOOD STORING, PROCESSING			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	7,857,050	.283423	.283423
50	PHYSICAL THERAPY	8,258,189	.649996	.649996
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY	976,925	.795722	.795722
53	ELECTROCARDIOLOGY	11,614,363	.160885	.160885
54	ELECTROENCEPHALOGRAPHY	3,061,838	.371205	.371205
55	MEDICAL SUPPLIES CHARGED	40,482,072	.365951	.365951
56	DRUGS CHARGED TO PATIENTS	27,368,635	.398406	.398406
56	01 RENAL INPATIENT	1,079,854	1.812448	1.812448
58	ASC (NON-DISTINCT PART)			
60	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	20,473,950	.305612	.305612
61	01 WOUND CARE	2,369,839	.558692	.558692
62	OBSERVATION BEDS (NON-DIS	1,153,933	.888130	.888130
64	OTHER REIMBURS COST CNTRS			
65	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES	4,409,332	.781548	.781548
101	SUBTOTAL	299,035,793		
102	LESS OBSERVATION BEDS	1,153,933		
103	TOTAL	297,881,860		

KST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST	CAPITAL COST	OPERATING	CAPITAL	OPERATING COST	COST NET OF
		WKST B, PT I COL. 27 1	WKST B PT II & III, COL. 27 2	COST NET OF CAPITAL COST 3	REDUCTION 4	REDUCTION AMOUNT 5	CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	4,708,098	1,203,935	3,504,163	120,394	203,241	4,384,463
37	01 OPHTHALMOLOGY	615,069	138,906	476,163	13,891	27,617	573,561
38	RECOVERY ROOM	282,312	58,645	223,667	5,865	12,973	263,474
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	5,154,288	1,249,401	3,904,887	124,940	226,483	4,802,865
41	01 CAT SCAN	2,305,777	953,595	1,352,182	95,360	78,427	2,131,990
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	1,185,887	222,892	962,995	22,289	55,854	1,107,744
43	01 CARDIAC CATHETERIZATION L	9,892,307	948,294	8,944,013	94,829	518,753	9,278,725
43	02 MAGNETIC RESONANCE IMAGIN	487,263	108,678	378,585	10,868	21,958	454,437
43	03 ULTRA SOUND	404,697	47,562	357,135	4,756	20,714	379,227
44	LABORATORY	9,663,389	382,087	9,281,302	38,209	538,316	9,086,864
45	PBP CLINICAL LAB SERVICES						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	2,226,867	261,840	1,965,027	26,184	113,972	2,086,711
50	PHYSICAL THERAPY	5,367,787	370,738	4,997,049	37,074	289,829	5,040,884
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY	777,361	88,784	688,577	8,878	39,937	728,546
53	ELECTROCARDIOLOGY	1,868,581	370,457	1,498,124	37,046	86,891	1,744,644
54	ELECTROENCEPHALOGRAPHY	1,136,571	212,716	923,855	21,272	53,584	1,061,715
55	MEDICAL SUPPLIES CHARGED	14,814,445	350,290	14,464,155	35,029	838,921	13,940,495
56	DRUGS CHARGED TO PATIENTS	10,903,841	422,190	10,481,651	42,219	607,936	10,253,686
56	01 RENAL INPATIENT	1,957,179	338,333	1,618,846	33,833	93,893	1,829,453
58	ASC (NON-DISTINCT PART)						
60	OUTPAT SERVICE COST CNTRS						
61	CLINIC						
61	01 EMERGENCY	6,257,084	673,038	5,584,046	67,304	323,875	5,865,905
61	WOUND CARE	1,324,011	222,938	1,101,073	22,294	63,862	1,237,855
62	OBSERVATION BEDS (NON-DIS	1,024,842	71,264	953,578	7,126	55,308	962,408
62	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES	3,446,104	156,512	3,289,592	15,651	190,796	3,239,657
101	SUBTOTAL	85,803,760	8,853,095	76,950,665	885,311	4,463,140	80,455,309
102	LESS OBSERVATION BEDS	1,024,842	71,264	953,578	7,126	55,308	962,408
103	TOTAL	84,778,918	8,781,831	75,997,087	878,185	4,407,832	79,492,901

KST A LINE NO.	COST CENTER DESCRIPTION	TOTAL	OUTPAT COST	I/P PT B COST
		CHARGES	TO CHRGRATIO	TO CHRGRATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	17,819,006	.246055	.257461
37 01	OPHTHALMOLOGY	867,161	.661424	.693271
38	RECOVERY ROOM	1,649,020	.159776	.167643
39	DELIVERY ROOM & LABOR ROO			
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	18,495,582	.259676	.271922
41 01	CAT SCAN	21,319,313	.100003	.103681
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE	5,447,316	.203356	.213609
43 01	CARDIAC CATHETERIZATION L	49,561,481	.187216	.197683
43 02	MAGNETIC RESONANCE IMAGIN	5,480,780	.082915	.086921
43 03	ULTRA SOUND	2,487,472	.152455	.160782
44	LABORATORY	46,802,682	.194153	.205654
45	PBP CLINICAL LAB SERVICES			
47	BLOOD STORING, PROCESSING			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	7,857,050	.265585	.280090
50	PHYSICAL THERAPY	8,258,189	.610410	.645506
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY	976,925	.745754	.786635
53	ELECTROCARDIOLOGY	11,614,363	.150214	.157696
54	ELECTROENCEPHALOGRAPHY	3,061,838	.346757	.364258
55	MEDICAL SUPPLIES CHARGED	40,482,072	.344362	.365085
56	DRUGS CHARGED TO PATIENTS	27,368,635	.374651	.396864
56 01	RENAL INPATIENT	1,079,854	1.694167	1.781117
58	ASC (NON-DISTINCT PART)			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	20,473,950	.286506	.302325
61 01	WOUND CARE	2,369,839	.522337	.549285
62	OBSERVATION BEDS (NON-DIS	1,153,933	.834024	.881954
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES	4,409,332	.734727	.777998
101	SUBTOTAL	299,035,793		
102	LESS OBSERVATION BEDS	1,153,933		
103	TOTAL	297,881,860		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: 15-0003 I PERIOD: 1/ 1/2007 I PREPARED 5/28/2008
 I I FROM 12/31/2007 I WORKSHEET D
 I I TO 12/31/2007 I PART I

TITLE XVIII, PART A

PPS

KST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, II) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, III) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	145,920		145,920	1,228,823		1,228,823
26	INTENSIVE CARE UNIT	55,343		55,343	583,275		583,275
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY						
101	TOTAL	201,263		201,263	1,812,098		1,812,098

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2008
 I 15-0003 I FROM 1/ 1/2007 I WORKSHEET D
 I I TO 12/31/2007 I PART I

TITLE XVIII, PART A

PPS

KST A LINE NO.	COST CENTER DESCRIPTION	TOTAL	INPATIENT	OLD CAPITAL	INPAT PROGRAM	NEW CAPITAL	INPAT PROGRAM
		PATIENT DAYS 7	PROGRAM DAYS 8	PER DIEM 9	OLD CAP CST 10	PER DIEM 11	NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	25,541	16,720	5.71	95,471	48.11	804,399
26	INTENSIVE CARE UNIT	6,243	3,547	8.86	31,426	93.43	331,396
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
31	SUBPROVIDER						
33	NURSERY						
101	TOTAL	31,784	20,267		126,897		1,135,795

TITLE XVIII, PART A

HOSPITAL

PPS

KST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL	NEW CAPITAL	TOTAL	INPAT PROGRAM	OLD CAPITAL	COSTS
		RELATED COST 1	RELATED COST 2			CHARGES 3	
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	63,439	1,140,496	17,819,006	8,197,932	.003560	29,185
37 01	OPHTHALMOLOGY	12,128	126,778	867,161		.013986	
38	RECOVERY ROOM	4,017	54,628	1,649,020	546,066	.002436	1,330
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	46,479	1,202,922	18,495,582	2,264,515	.002513	5,691
41 01	CAT SCAN	7,842	945,753	21,319,313	4,445,279	.000368	1,636
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	7,251	215,641	5,447,316	874,577	.001331	1,164
43 01	CARDIAC CATHETERIZATION L	26,718	921,576	49,561,481	7,361,875	.000539	3,968
43 02	MAGNETIC RESONANCE IMAGIN	5,107	103,571	5,480,780	1,771,320	.000932	1,651
43 03	ULTRA SOUND	1,101	46,461	2,487,472	298,932	.000443	132
44	LABORATORY	36,070	346,017	46,802,682	18,031,799	.000771	13,903
45	PBP CLINICAL LAB SERVICES						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	10,921	250,919	7,857,050	2,230,734	.001390	3,101
50	PHYSICAL THERAPY	35,250	335,488	8,258,189	1,248,956	.004268	5,331
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY	6,957	81,827	976,925	123,176	.007121	877
53	ELECTROCARDIOLOGY	14,727	355,730	11,614,363	3,824,725	.001268	4,850
54	ELECTROENCEPHALOGRAPHY	10,724	201,992	3,061,838	206,233	.003502	722
55	MEDICAL SUPPLIES CHARGED	24,741	325,549	40,482,072	25,169,237	.000611	15,378
56	DRUGS CHARGED TO PATIENTS	17,457	404,733	27,368,635	12,274,162	.000638	7,831
56 01	RENAL INPATIENT	38,736	299,597	1,079,854	800,130	.035872	28,702
58	ASC (NON-DISTINCT PART)						
60	OUTPAT SERVICE COST CNTRS						
61	CLINIC						
61 01	EMERGENCY	58,368	614,670	20,473,950	2,879,626	.002851	8,210
61	WOUND CARE	23,987	198,951	2,369,839		.010122	
62	OBSERVATION BEDS (NON-DIS	7,564	63,700	1,153,933		.006555	
64	OTHER REIMBURS COST CNTRS						
65	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
101	TOTAL	459,584	8,236,999	294,626,461	92,549,274		133,662

TITLE XVIII, PART A		HOSPITAL	
KST A	COST CENTER DESCRIPTION	NEW CAPITAL	
LINE NO.		CST/CHRG	RATIO COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.064004	524,700
37	01 OPHTHALMOLOGY	.146199	
38	RECOVERY ROOM	.033128	18,090
39	DELIVERY ROOM & LABOR ROO		
40	ANESTHESIOLOGY		
41	RADIOLOGY-DIAGNOSTIC	.065038	147,280
41	01 CAT SCAN	.044361	197,197
42	RADIOLOGY-THERAPEUTIC		
43	RADIOISOTOPE	.039587	34,622
43	01 CARDIAC CATHETERIZATION I	.018595	136,894
43	02 MAGNETIC RESONANCE IMAGIN	.018897	33,473
43	03 ULTRA SOUND	.018678	5,583
44	LABORATORY	.007393	133,309
45	PBP CLINICAL LAB SERVICES		
47	BLOOD STORING, PROCESSING		
48	INTRAVENOUS THERAPY		
49	RESPIRATORY THERAPY	.031936	71,241
50	PHYSICAL THERAPY	.040625	50,739
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY	.083760	10,317
53	ELECTROCARDIOLOGY	.030628	117,144
54	ELECTROENCEPHALOGRAPHY	.065971	13,605
55	MEDICAL SUPPLIES CHARGED	.008042	202,411
56	DRUGS CHARGED TO PATIENTS	.014788	181,510
56	01 RENAL INPATIENT	.277442	221,990
58	ASC (NON-DISTINCT PART)		
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
61	EMERGENCY	.030022	86,452
61	01 WOUND CARE	.083951	
62	OBSERVATION BEDS (NON-DIS	.055203	
	OTHER REIMBURS COST CNTRS		
64	HOME PROGRAM DIALYSIS		
65	AMBULANCE SERVICES		
101	TOTAL		2,186,557

KST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4
25	INPAT ROUTINE SRVC CNTRS						
26	ADULTS & PEDIATRICS						
27	INTENSIVE CARE UNIT		4,295,386				4,295,386
28	CORONARY CARE UNIT						
29	BURN INTENSIVE CARE UNIT						
31	SURGICAL INTENSIVE CARE U						
33	SUBPROVIDER						
101	NURSERY						
	TOTAL		4,295,386				4,295,386

KST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS	PER DIEM	INPAT PROG DAYS	INPAT PROG PASS THRU COST
25	ADULTS & PEDIATRICS	5		7	8
26	INTENSIVE CARE UNIT	25,541	168.18	16,720	2,811,970
27	CORONARY CARE UNIT	6,243		3,547	
28	BURN INTENSIVE CARE UNIT				
29	SURGICAL INTENSIVE CARE U				
31	SUBPROVIDER				
33	NURSERY				
101	TOTAL	31,784		20,267	2,811,970

TITLE XVIII, PART A

HOSPITAL

PPS

KST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
37	01 OPHTHALMOLOGY						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41	01 CAT SCAN						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
43	01 CARDIAC CATHETERIZATION I						
43	02 MAGNETIC RESONANCE IMAGIN						
43	03 ULTRA SOUND						
44	LABORATORY						
45	PBP CLINICAL LAB SERVICES						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS				72,223		
56	01 RENAL INPATIENT						
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
61	01 WOUND CARE						
62	OBSERVATION BEDS (NON-DIS			222,666			
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
101	TOTAL			222,666	72,223		

TITLE XVIII, PART A

HOSPITAL

PPS

KST 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
37	ANCILLARY SRVC COST CNTRS								
37	OPERATING ROOM			17,819,006				8,197,932	
01	OPHTHALMOLOGY			867,161					
38	RECOVERY ROOM			1,649,020				546,066	
39	DELIVERY ROOM & LABOR ROO								
40	ANESTHESIOLOGY								
41	RADIOLOGY-DIAGNOSTIC			18,495,582				2,264,515	
01	CAT SCAN			21,319,313				4,445,279	
42	RADIOLOGY-THERAPEUTIC								
43	RADIOISOTOPE			5,447,316				874,577	
01	CARDIAC CATHETERIZATION L			49,561,481				7,361,875	
43	MAGNETIC RESONANCE IMAGIN			5,480,780				1,771,320	
03	ULTRA SOUND			2,487,472				298,932	
44	LABORATORY			46,802,682				18,031,799	
45	PBP CLINICAL LAB SERVICES								
47	BLOOD STORING, PROCESSING								
48	INTRAVENOUS THERAPY								
49	RESPIRATORY THERAPY			7,857,050				2,230,734	
50	PHYSICAL THERAPY			8,258,189				1,248,956	
51	OCCUPATIONAL THERAPY								
52	SPEECH PATHOLOGY			976,925				123,176	
53	ELECTROCARDIOLOGY			11,614,363				3,824,725	
54	ELECTROENCEPHALOGRAPHY			3,061,838				206,233	
55	MEDICAL SUPPLIES CHARGED			40,482,072				25,169,237	
56	DRUGS CHARGED TO PATIENTS	72,223	72,223	27,368,635	.002639	.002639		12,274,162	32,392
01	RENAL INPATIENT			1,079,854				800,130	
58	ASC (NON-DISTINCT PART)								
	OUTPAT SERVICE COST CNTRS								
60	CLINIC								
61	EMERGENCY			20,473,950				2,879,626	
01	WOUND CARE			2,369,839					
62	OBSERVATION BEDS (NON-DIS	222,666	222,666	1,153,933	.192963	.192963			
	OTHER REIMBURS COST CNTRS								
64	HOME PROGRAM DIALYSIS								
65	AMBULANCE SERVICES								
101	TOTAL	294,889	294,889	294,626,461				92,549,274	32,392

TITLE XVIII, PART A

HOSPITAL

PPS

KST A LINE NO.	COST CENTER DESCRIPTION	OUTPUT PROG	OUTPUT PROG	OUTPUT PROG	OUTPUT PROG	COL 8.01	COL 8.02
		CHARGES	D,V COL 5.03	D,V COL 5.04	PASS THRU COST	* COL 5	* COL 5
		8	8.01	8.02	9	9.01	9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	2,236,326					
37 01	OPHTHALMOLOGY	653,586					
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	3,266,703					
41 01	CAT SCAN	3,834,594					
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE	1,277,727					
43 01	CARDIAC CATHETERIZATION L	13,270,184					
43 02	MAGNETIC RESONANCE IMAGIN	759,626					
43 03	ULTRA SOUND	371,389					
44	LABORATORY	1,752,473					
45	PBP CLINICAL LAB SERVICES						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	238,355					
50	PHYSICAL THERAPY	32,037					
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY	51,033					
53	ELECTROCARDIOLOGY	2,444,889					
54	ELECTROENCEPHALOGRAPHY	699,827					
55	MEDICAL SUPPLIES CHARGED	2,761,563					
56	DRUGS CHARGED TO PATIENTS	4,013,909			10,593		
56 01	RENAL INPATIENT						
58	ASC (NON-DISTINCT PART)						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY	3,728,899					
61 01	WOUND CARE	1,261,445					
62	OBSERVATION BEDS (NON-DIS	669,912			129,268		
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
101	TOTAL	43,324,477			139,861		

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.264218	.264218			
37 01 OPHTHALMOLOGY	.709290	.709290			
38 RECOVERY ROOM	.171200	.171200			
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC	.278677	.278677			
41 01 CAT SCAN	.108154	.108154			
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE	.217701	.217701			
43 01 CARDIAC CATHETERIZATION LABORATORY	.199597	.199597			
43 02 MAGNETIC RESONANCE IMAGING (MRI)	.088904	.088904			
43 03 ULTRA SOUND	.162694	.162694			
44 LABORATORY	.206471	.206471			
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
47 BLOOD STORING, PROCESSING & TRANS.					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY	.283423	.283423			
50 PHYSICAL THERAPY	.649996	.649996			
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY	.795722	.795722			
53 ELECTROCARDIOLOGY	.160885	.160885			
54 ELECTROENCEPHALOGRAPHY	.371205	.371205			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.365951	.365951			
56 DRUGS CHARGED TO PATIENTS	.398406	.398406			
56 01 RENAL INPATIENT	1.812448	1.812448			
58 ASC (NON-DISTINCT PART)					
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC					
61 EMERGENCY	.305612	.305612			
61 01 WOUND CARE	.558692	.558692			
62 OBSERVATION BEDS (NON-DISTINCT PART)	.888130	.888130			
64 OTHER REIMBURS COST CNTRS					
65 HOME PROGRAM DIALYSIS					
101 AMBULANCE SERVICES	.781548	.781548			
102 SUBTOTAL					
103 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

(A) WORKSHEET A LINE NUMBERS

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

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	All other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
(A) 37 ANCILLARY SRVC COST CNTRS	5	5.01	5.02	5.03	6
37 01 OPERATING ROOM		2,236,326			
38 RECOVERY ROOM		653,586			
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 01 RADIOLOGY-DIAGNOSTIC		3,266,703			
42 CAT SCAN		3,834,594			
43 RADIOLOGY-THERAPEUTIC					
43 01 RADIOISOTOPE		1,277,727			
43 02 CARDIAC CATHETERIZATION LABORATORY		13,270,184			
43 03 MAGNETIC RESONANCE IMAGING (MRI)		759,626			
44 ULTRA SOUND		371,389			
45 LABORATORY		1,752,473			
47 PBP CLINICAL LAB SERVICES-PRGM ONLY					
48 BLOOD STORING, PROCESSING & TRANS.					
49 INTRAVENOUS THERAPY					
50 RESPIRATORY THERAPY		238,355			
51 PHYSICAL THERAPY		32,037			
52 OCCUPATIONAL THERAPY					
53 SPEECH PATHOLOGY		51,033			
54 ELECTROCARDIOLOGY		2,444,889			
55 ELECTROENCEPHALOGRAPHY		699,827			
56 MEDICAL SUPPLIES CHARGED TO PATIENTS		2,761,563			
56 DRUGS CHARGED TO PATIENTS		4,013,909			
58 01 RENAL INPATIENT					
60 ASC (NON-DISTINCT PART)					
61 OUTPUT SERVICE COST CNTRS					
61 CLINIC					
61 01 EMERGENCY		3,728,899			
62 WOUND CARE		1,261,445			
62 OBSERVATION BEDS (NON-DISTINCT PART)		669,912			
64 OTHER REIMBURS COST CNTRS					
65 HOME PROGRAM DIALYSIS					
101 AMBULANCE SERVICES					
102 SUBTOTAL		43,324,477			
103 CRNA CHARGES					
104 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
NET CHARGES		43,324,477			

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

TITLE XVIII, PART B

HOSPITAL

PPS Services Hospital I/P Hospital I/P
 1/1 to FYE Part B Charges Part B Costs

Cost Center Description 9.03 10 11

- (A) 37 ANCILLARY SRVC COST CNTRS
- 37 OPERATING ROOM
- 37 01 OPHTHALMOLOGY
- 38 RECOVERY ROOM
- 39 DELIVERY ROOM & LABOR ROOM
- 40 ANESTHESIOLOGY
- 41 RADIOLOGY-DIAGNOSTIC
- 41 01 CAT SCAN
- 42 RADIOLOGY-THERAPEUTIC
- 43 RADIOISOTOPE
- 43 01 CARDIAC CATHETERIZATION LABORATORY
- 43 02 MAGNETIC RESONANCE IMAGING (MRI)
- 43 03 ULTRA SOUND
- 44 LABORATORY
- 45 PBP CLINICAL LAB SERVICES-PRGM ONLY
- 47 BLOOD STORING, PROCESSING & TRANS.
- 48 INTRAVENOUS THERAPY
- 49 RESPIRATORY THERAPY
- 51 OCCUPATIONAL THERAPY
- 52 SPEECH PATHOLOGY
- 53 ELECTROCARDIOLOGY
- 54 ELECTROENCEPHALOGRAPHY
- 55 MEDICAL SUPPLIES CHARGED TO PATIENTS
- 56 DRUGS CHARGED TO PATIENTS
- 56 01 RENAL INPATIENT
- 58 ASC (NON-DISTINCT PART)
- 60 OUTPAT SERVICE COST CNTRS
- 61 CLINIC
- 61 EMERGENCY
- 61 01 WOUND CARE
- 62 OBSERVATION BEDS (NON-DISTINCT PART)
- 64 OTHER REIMBURS COST CNTRS
- 65 HOME PROGRAM DIALYSIS
- 101 AMBULANCE SERVICES
- 102 SUBTOTAL
- 103 CRNA CHARGES
- 104 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES
- NET CHARGES

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

TITLE XVIII PART 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 774.05
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 12,942,116
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 12,942,116

	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	7,395,927	6,243	1,184.68	3,547	4,202,060
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					1 27,633,100
49 TOTAL PROGRAM INPATIENT COSTS					44,777,276

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES 4,074,662
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES 2,352,611
 52 TOTAL PROGRAM EXCLUDABLE COST 6,427,273
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS 38,350,003

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	1,324
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	774.05
85	OBSERVATION BED COST	1,024,842

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	145,920	.007381	1,024,842	7,564
87	NEW CAPITAL-RELATED COST	1,228,823	.062156	1,024,842	63,700
88	NON PHYSICIAN ANESTHETIST			1,024,842	
89	MEDICAL EDUCATION	4,295,386	.217269	1,024,842	222,666
89.01	MEDICAL EDUCATION - ALLIED HEA			1,024,842	
89.02	MEDICAL EDUCATION - ALL OTHER			1,024,842	

TITLE XIX - I/P HOSPITAL OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	25,541
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	25,541
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	25,541
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	1,706
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	19,769,892
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	19,769,892

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	18,373,481
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	18,373,481
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.076001
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	719.37
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	19,769,892

TITLE XIX - I/P HOSPITAL OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM					774.05
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					1,320,529
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					1,320,529

	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	7,395,927	6,243	1,184.68		
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
48					1
					2,045,533
49					3,366,062

PASS THROUGH COST ADJUSTMENTS

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

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XIX - I/P HOSPITAL OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	1,324
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	774.05
85	OBSERVATION BED COST	1,024,842

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

TITLE XVIII, PART A HOSPITAL PPS

LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS			
26	ADULTS & PEDIATRICS		13,606,896	
27	INTENSIVE CARE UNIT		6,571,719	
28	CORONARY CARE UNIT			
29	BURN INTENSIVE CARE UNIT			
31	SURGICAL INTENSIVE CARE UNIT			
37	SUBPROVIDER			
37	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.264218	8,197,932	2,166,041
38	01 OPHTHALMOLOGY	.709290		
39	RECOVERY ROOM	.171200	546,066	93,486
40	DELIVERY ROOM & LABOR ROOM			
41	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	.279395	2,264,515	632,694
42	01 CAT SCAN	.108154	4,445,279	480,775
43	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE	.217701	874,577	190,396
43	01 CARDIAC CATHETERIZATION LABORATORY	.199608	7,361,875	1,469,489
43	02 MAGNETIC RESONANCE IMAGING (MRI)	.088904	1,771,320	157,477
44	03 ULTRA SOUND	.162694	298,932	48,634
45	LABORATORY	.206471	18,031,799	3,723,044
47	PBP CLINICAL LAB SERVICES-PRGM ONLY			
48	BLOOD STORING, PROCESSING & TRANS.			
49	INTRAVENOUS THERAPY			
50	RESPIRATORY THERAPY	.283423	2,230,734	632,241
51	PHYSICAL THERAPY	.649996	1,248,956	811,816
52	OCCUPATIONAL THERAPY			
53	SPEECH PATHOLOGY	.795722	123,176	98,014
54	ELECTROCARDIOLOGY	.162425	3,824,725	621,231
55	ELECTROENCEPHALOGRAPHY	.371971	206,233	76,713
56	MEDICAL SUPPLIES CHARGED TO PATIENTS	.365951	25,169,237	9,210,707
56	DRUGS CHARGED TO PATIENTS	.398406	12,274,162	4,890,100
58	01 RENAL INPATIENT	1.812448	800,130	1,450,194
60	ASC (NON-DISTINCT PART)			
61	OUTPAT SERVICE COST CNTRS			
61	CLINIC			
61	EMERGENCY	.305612	2,879,626	880,048
62	01 WOUND CARE	.560979		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.888130		
64	OTHER REIMBURS COST CNTRS			
65	HOME PROGRAM DIALYSIS			
101	AMBULANCE SERVICES			
102	TOTAL		92,549,274	27,633,100
103	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
	NET CHARGES		92,549,274	

TITLE XIX HOSPITAL OTHER

LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS			
26	ADULTS & PEDIATRICS		1,054,820	
27	INTENSIVE CARE UNIT		896,609	
28	CORONARY CARE UNIT			
29	BURN INTENSIVE CARE UNIT			
31	SURGICAL INTENSIVE CARE UNIT			
	SUBPROVIDER			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.264218	1,050,506	277,563
37	01 OPHTHALMOLOGY	.709290		
38	RECOVERY ROOM	.171200	37,419	6,406
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	.278677	344,547	96,017
41	01 CAT SCAN	.108154	545,335	58,980
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE	.217701	79,460	17,299
43	01 CARDIAC CATHETERIZATION LABORATORY	.199597	945,577	188,734
43	02 MAGNETIC RESONANCE IMAGING (MRI)	.088904	206,070	18,320
43	03 ULTRA SOUND	.162694	87,521	14,239
44	LABORATORY	.206471	1,602,835	330,939
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
47	BLOOD STORING, PROCESSING & TRANS.			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.283423	408,549	115,792
50	PHYSICAL THERAPY	.649996	80,381	52,247
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY	.795722	12,171	9,685
53	ELECTROCARDIOLOGY	.160885	253,581	40,797
54	ELECTROENCEPHALOGRAPHY	.371205	53,337	19,799
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.365951	284,810	104,227
56	DRUGS CHARGED TO PATIENTS	.398406	1,297,503	516,933
56	01 RENAL INPATIENT	1.812448	50,726	91,938
58	ASC (NON-DISTINCT PART)			
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
61	EMERGENCY	.305612	280,154	85,618
61	01 WOUND CARE	.558692		
62	OBSERVATION BEDS (NON-DISTINCT PART)	.888130		
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
101	TOTAL		7,620,482	2,045,533
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		7,620,482	

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2008
 I 15-0003 I FROM 1/ 1/2007 I WORKSHEET E
 I COMPONENT NO: I TO 12/31/2007 I PART A
 I 15-0003 I I

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

DESCRIPTION

1 1.01

DRG AMOUNT
 1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1 22,513,880
 1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1 7,131,526
 1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1

MANAGED CARE PATIENTS
 1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST
 1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1
 1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1
 1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)
 1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.
 1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.
 2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97
 2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS) 1,277,052
 3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD 152.36

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

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

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

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

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

DISPROPORTIONATE SHARE ADJUSTMENT
 4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)
 4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET 5-3, PART I
 4.02 SUM OF LINES 4 AND 4.01
 4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)
 4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)

ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES
 5 TOTAL MEDICARE DISCHARGES ON WKST 5-3, PART I EXCLUDING DISCHARGES FOR DRGS 302, 316, AND 317.
 5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGS 302, 316 & 317
 5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)
 5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, AND 317.

5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK
 5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC) 335.00
 5.06 TOTAL ADDITIONAL PAYMENT
 6 SUBTOTAL (SEE INSTRUCTIONS) 30,922,458
 7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)
 7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)
 FY BEG. 10/1/2000

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/28/2008
I	15-0003	I	FROM 1/ 1/2007	I	WORKSHEET E	
I	COMPONENT NO:	I	TO 12/31/2007	I	PART A	
I	15-0003	I		I		

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

DESCRIPTION

		1	1.01
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	30,922,458	
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	2,631,340	
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL		
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT		
11.01	NURSING AND ALLIED HEALTH MANAGED CARE		
11.02	SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12	NET ORGAN ACQUISITION COST		
13	COST OF TEACHING PHYSICIANS		
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS	2,811,970	
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS	32,392	
16	TOTAL	36,398,160	
17	PRIMARY PAYER PAYMENTS	11,694	
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	36,386,466	
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	3,001,436	
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	52,328	
21	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	397,533	
21.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	278,273	
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	220,801	
22	SUBTOTAL	33,610,975	
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24	OTHER ADJUSTMENTS (SPECIFY)		
24.99	OUTLIER RECONCILIATION ADJUSTMENT		
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26	AMOUNT DUE PROVIDER	33,610,975	
27	SEQUESTRATION ADJUSTMENT		
28	INTERIM PAYMENTS	32,992,607	
28.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29	BALANCE DUE PROVIDER (PROGRAM)	618,368	
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.		
----- FI ONLY -----			
50	OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51	CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52	OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53	CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/28/2008
I	15-0003	I	FROM	I	WORKSHEET	E
I	COMPONENT NO:	I	TO	I	PART	B
I	15-0003	I		I		

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	11,487,522
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	10,858,205
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	139,861
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	
	COMPUTATION OF LESSER OF COST OR CHARGES	
	REASONABLE CHARGES	
6	ANCILLARY SERVICE CHARGES	
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	
	CUSTOMARY CHARGES	
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	10,998,066
	COMPUTATION OF REIMBURSEMENT SETTLEMENT	
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	2,560,784
19	SUBTOTAL (SEE INSTRUCTIONS)	8,437,282
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	8,437,282
24	PRIMARY PAYER PAYMENTS	707
25	SUBTOTAL	8,436,575
	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)	
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	248,824
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	174,177
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	130,814
28	SUBTOTAL	8,610,752
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	8,610,752
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	8,540,441
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	70,311
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2008
 I 15-0003 I FROM 1/ 1/2007 I WORKSHEET E-1
 I COMPONENT NO: I TO 12/31/2007 I
 I 15-0003 I I

TITLE XVIII HOSPITAL

DESCRIPTION

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

1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER						
2	INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.						
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	8/ 6/2007	110,460				
	ADJUSTMENTS TO PROVIDER .03						
	ADJUSTMENTS TO PROVIDER .04						
	ADJUSTMENTS TO PROVIDER .05						
	ADJUSTMENTS TO PROGRAM .50						
	ADJUSTMENTS TO PROGRAM .51			8/ 6/2007	168,753		
	ADJUSTMENTS TO PROGRAM .52						
	ADJUSTMENTS TO PROGRAM .53						
	ADJUSTMENTS TO PROGRAM .54						
	SUBTOTAL .99		110,460				-168,753
4	TOTAL INTERIM PAYMENTS		32,992,607				8,540,441
	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 PERIOD: I PREPARED 5/28/2008
 I 15-0003 I FROM 1/ 1/2007 I WORKSHEET E-3
 I COMPONENT NO: I TO 12/31/2007 I PART III
 I - I I

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

	TITLE XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2
1	COMPUTATION OF NET COST OF COVERED SERVICE			
2	INPATIENT HOSPITAL/SNF/NF SERVICES		3,366,062	
3	MEDICAL AND OTHER SERVICES			
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
7	SUBTOTAL		3,366,062	
8	INPATIENT PRIMARY PAYER PAYMENTS			
9	OUTPATIENT PRIMARY PAYER PAYMENTS			
	SUBTOTAL		3,366,062	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES			
11	ANCILLARY SERVICE CHARGES		7,620,482	
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES		7,620,482	
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
19	RATIO OF LINE 17 TO LINE 18			
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		7,620,482	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		4,254,420	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES		3,366,062	
	PROSPECTIVE PAYMENT AMOUNT			
24	OTHER THAN OUTLIER PAYMENTS			
25	OUTLIER PAYMENTS			
26	PROGRAM CAPITAL PAYMENTS			
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
30	SUBTOTAL		3,366,062	
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30		3,366,062	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL		3,366,062	
36	COINSURANCE			
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
39	UTILIZATION REVIEW			
40	SUBTOTAL (SEE INSTRUCTIONS)		3,366,062	
41	INPATIENT ROUTINE SERVICE COST			
42	MEDICARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
45	RATIO OF LINE 43 TO 44			
46	TOTAL CUSTOMARY CHARGES			
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
50	OTHER ADJUSTMENTS (SPECIFY)			
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
52	SUBTOTAL		3,366,062	
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER		3,366,062	
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS		3,224,699	
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM		141,363	
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.			

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
CURRENT ASSETS					
1	CASH ON HAND AND IN BANKS	20,127,947			
2	TEMPORARY INVESTMENTS				
3	NOTES RECEIVABLE				
4	ACCOUNTS RECEIVABLE	53,636,132			
5	OTHER RECEIVABLES	8,115,031			
6	LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-27,892,000			
7	INVENTORY	2,807,715			
8	PREPAID EXPENSES	489,242			
9	OTHER CURRENT ASSETS				
10	DUE FROM OTHER FUNDS				
11	TOTAL CURRENT ASSETS	57,284,067			
FIXED ASSETS					
12	LAND	7,027,656			
12.01	LAND IMPROVEMENTS	423,330			
13	LESS ACCUMULATED DEPRECIATION	-195,255			
13.01	BUILDINGS	45,588,185			
14	LESS ACCUMULATED DEPRECIATION	-25,107,039			
14.01	LEASEHOLD IMPROVEMENTS				
15	LESS ACCUMULATED DEPRECIATION				
15.01	FIXED EQUIPMENT	21,371,695			
16	LESS ACCUMULATED DEPRECIATION	-9,251,483			
16.01	AUTOMOBILES AND TRUCKS	62,139			
17	LESS ACCUMULATED DEPRECIATION	-26,468			
17.01	MAJOR MOVABLE EQUIPMENT				
18	LESS ACCUMULATED DEPRECIATION				
18.01	MINOR EQUIPMENT DEPRECIABLE	311,124			
19	LESS ACCUMULATED DEPRECIATION				
19.01	MINOR EQUIPMENT-NONDEPRECIABLE				
20	TOTAL FIXED ASSETS	40,203,884			
21	OTHER ASSETS				
22	INVESTMENTS	160,809			
23	DEPOSITS ON LEASES				
24	DUE FROM OWNERS/OFFICERS				
25	OTHER ASSETS	53,810,255			
26	TOTAL OTHER ASSETS	53,971,064			
27	TOTAL ASSETS	151,459,015			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
	1	2	3	4
LIABILITIES AND FUND BALANCE				
CURRENT LIABILITIES				
28	ACCOUNTS PAYABLE	6,142,853		
29	SALARIES, WAGES & FEES PAYABLE	410,680		
30	PAYROLL TAXES PAYABLE	2,246,686		
31	NOTES AND LOANS PAYABLE (SHORT TERM)			
32	DEFERRED INCOME	1,712,284		
33	ACCELERATED PAYMENTS			
34	DUE TO OTHER FUNDS			
35	OTHER CURRENT LIABILITIES	37,695,418		
36	TOTAL CURRENT LIABILITIES	48,207,921		
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			
42	TOTAL LONG-TERM LIABILITIES			
43	TOTAL LIABILITIES	48,207,921		
CAPITAL ACCOUNTS				
44	GENERAL FUND BALANCE	103,251,094		
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	103,251,094		
52	TOTAL LIABILITIES AND FUND BALANCES	151,459,015		

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD				
2 NET INCOME (LOSS)		49,653,156		
3 TOTAL		49,653,156		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5				
6				
7				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL		49,653,156		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 ADJUSTMENTS TO PY BALANCE				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		49,653,156		

	ENDOWMENT FUND		PLANT FUND	
	5	6	7	8
1 FUND BALANCE AT BEGINNING 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)				
13 ADJUSTMENTS TO PY BALANCE				
14				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2008
 I 15-0003 I FROM 1/ 1/2007 I WORKSHEET G-2
 I I TO 12/31/2007 I PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL			
2 00 SUBPROVIDER	18,373,481		18,373,481
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	18,373,481		18,373,481
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	14,932,739		14,932,739
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	14,932,739		14,932,739
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	33,306,220		33,306,220
17 00 ANCILLARY SERVICES	162,293,831	132,332,628	294,626,459
18 00 OUTPATIENT SERVICES		11,748,088	11,748,088
19 00 HOME HEALTH AGENCY			
20 00 AMBULANCE SERVICES		4,409,332	4,409,332
22 00 AMBULATORY SURGICAL CENTER (D.P.)			
23 00 HOSPICE		4,506,196	4,506,196
24 00 OTHER REVENUE ADJUSTMENTS		4,541	4,541
25 00 TOTAL PATIENT REVENUES	195,600,051	153,000,785	348,600,836

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES	80,379,118
ADD (SPECIFY)	
27 00 BAD DEBTS	
28 00 HOME OFFICE	
29 00	
30 00	
31 00	
32 00	
33 00 TOTAL ADDITIONS	
DEDUCT (SPECIFY)	
34 00	
35 00	
36 00	
37 00	
38 00	
39 00 TOTAL DEDUCTIONS	
40 00 TOTAL OPERATING EXPENSES	80,379,118

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 15-0003
 PERIOD: 1/1/2007 TO 12/31/2007
 PREPARED 5/28/2008
 WORKSHEET G-3

DESCRIPTION		
1	TOTAL PATIENT REVENUES	348,600,836
2	LESS: ALLOWANCES AND DISCOUNTS ON	219,685,761
3	NET PATIENT REVENUES	128,915,075
4	LESS: TOTAL OPERATING EXPENSES	80,379,118
5	NET INCOME FROM SERVICE TO PATIENT	48,535,957
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUES	
7	INCOME FROM INVESTMENTS	67,609
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	55,371
13	REVENUE FROM LAUNDRY AND LINEN S	
14	REVENUE FROM MEALS SOLD TO EMPLO	648,680
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	6,698
19	TUITION (FEES, SALE OF TEXTBOOKS	2,047,439
20	REVENUE FROM GIFTS, FLOWER, COFFE	
21	RENTAL OF VENDING MACHINES	167
22	RENTAL OF HOSPITAL SPACE	2,418,768
23	GOVERNMENTAL APPROPRIATIONS	
24	YAG LASER REVENUE	10,990
24.01	ATHLETIC TRAINING	
24.02	OTHER REVENUE	579,288
25	TOTAL OTHER INCOME	5,835,010
26	TOTAL	54,370,967
	OTHER EXPENSES	
27	REVENUE ADJUSTMENT SETON	1,813,164
28	BAD DEBTS	2,904,647
29		
30	TOTAL OTHER EXPENSES	4,717,811
31	NET INCOME (OR LOSS) FOR THE PERIO	49,653,156

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2008
I 15-0003 I FROM 1/ 1/2007 I WORKSHEET K
I HOSPICE NO: I TO 12/31/2007 I
I 15-1563 I

HOSPICE 1

	SALARIES (FROM K-1) 1	EMPLOYEE BENEFITS (FROM K-2) 2	TRANSPORTATION (SEE INST.) 3	CONTRACTED SERVICES (FROM K-3) 4
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
4 PLANT OPERATION AND MAINTENANCE				
5 TRANSPORTATION - STAFF				
6 VOLUNTEER SERVICE COORDINATION				
ADMINISTRATIVE AND GENERAL	433,692		8,978	
7 INPATIENT CARE SERVICE				
8 INPATIENT - GENERAL CARE	14,289			
9 INPATIENT - RESPITE CARE				
10 VISITING SERVICES				
11 PHYSICIAN SERVICES				
12 NURSING CARE	408,142			
13 NURSING CARE--CONTINUOUS HOME CARE				
14 PHYSICAL THERAPY	6,953			
15 OCCUPATIONAL THERAPY	1,521			
16 SPEECH/LANGUAGE PATHOLOGY	47,996			
17 MEDICAL SOCIAL SERVICES	92,332			
18 SPIRITUAL COUNSELING				
19 DIETARY COUNSELING				
20 COUNSELING - OTHER	114,949			
21 HOME HEALTH AIDE AND HOMEMAKER				
22 HH AIDE & HOMEMAKER--CONT. HOME CARE				
23 OTHER HOSPICE SERVICE COSTS				
24 OTHER				
25 DRUGS BIOLOGICAL AND INFUSION THERAPY				
26 ANALGESICS				
27 SEDATIVES / HYPNOTICS				
28 OTHER - SPECIFY				
29 DURABLE MEDICAL EQUIPMENT/OXYGEN				
30 PATIENT TRANSPORTATION				
31 IMAGING SERVICES				
32 LABS AND DIAGNOSTICS				
33 MEDICAL SUPPLIES				
34 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
35 RADIATION THERAPY				
36 CHEMOTHERAPY				
37 OTHER				
38 BEREAVEMENT PROGRAM COSTS				
39 VOLUNTEER PROGRAM COSTS				
40 FUNDRAISING				
41 OTHER PROGRAM COSTS				
42 TOTAL (SUM OF LINES 1 THRU 33)	1,119,874		8,978	

HOSPICE 1

	OTHER 5	TOTAL (COLS. 1-5) 6	RECLASSIFICATIONS 7	SUBTOTAL (COL. 6 + COL. 7) 8
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
4 PLANT OPERATION AND MAINTENANCE				
5 TRANSPORTATION - STAFF				
6 VOLUNTEER SERVICE COORDINATION				
7 ADMINISTRATIVE AND GENERAL	1,034,481	1,477,151	-314,929	1,162,222
8 INPATIENT CARE SERVICE		14,289		14,289
9 INPATIENT - GENERAL CARE				
10 INPATIENT - RESPITE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES				
13 NURSING CARE		408,142		408,142
14.20 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY		6,953		6,953
16 OCCUPATIONAL THERAPY		1,521		1,521
17 SPEECH/LANGUAGE PATHOLOGY		47,996		47,996
18 MEDICAL SOCIAL SERVICES		92,332		92,332
19 SPIRITUAL COUNSELING				
20 DIETARY COUNSELING				
21 COUNSELING - OTHER		114,949		114,949
22 HOME HEALTH AIDE AND HOMEMAKER				
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER				
26 DRUGS BIOLOGICAL AND INFUSION THERAPY				
27.30 ANALGESICS				
28.31 SEDATIVES / HYPNOTICS				
29.32 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN				
31 PATIENT TRANSPORTATION				
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS				
34 MEDICAL SUPPLIES	26,066	26,066		26,066
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER				
39 BEREAVEMENT PROGRAM COSTS				
40 VOLUNTEER PROGRAM COSTS				
41 FUNDRAISING				
42 OTHER PROGRAM COSTS				
43 TOTAL (SUM OF LINES 1 THRU 33)	1,060,547	2,189,399	-314,929	1,874,470

RECLASSIFICATION AND ADJUSTMENT
OF TRIAL BALANCE EXPENSES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/28/2008
I	15-0003	I	FROM 1/ 1/2007	I	WORKSHEET	K
I	HOSPICE NO:	I	TO 12/31/2007	I		
I	15-1563	I		I		

HOSPICE 1

	ADJUSTMENTS 9	TOTAL (COL. 8 + COL. 9) 10
1		
2		
3		
4		
5		
6		1,162,222
7		14,289
8		
9		
10		408,142
10.20		
11		6,953
12		1,521
13		47,996
14		92,332
15		
16		
17		114,949
18		
18.20		
19		
20		
20.30		
20.31		
20.32		
21		
22		
23		
24		
25		26,066
26		
27		
28		
29		
30		
31		
32		
33		
34		1,874,470

COMPENSATION ANALYSIS
SALARIES AND WAGES

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2008
I 15-003 I FROM 1/ 1/2007 I WORKSHEET K-1
I HOSPICE NO: I TO 12/31/2007 I
I 15-1563 I I

HOSPICE 1

	ADMINISTRATOR 1	DIRECTOR 2	SOCIAL SERVICES 3	SUPERVISORS 4
1	GENERAL SERVICE COST CENTERS			
2	CAPITAL RELATED COSTS-BLDG AND FIXT.			
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.			
4	PLANT OPERATION AND MAINTENANCE			
5	TRANSPORTATION - STAFF			
6	VOLUNTEER SERVICE COORDINATION			
7	ADMINISTRATIVE AND GENERAL			
8	INPATIENT CARE SERVICE			
9	INPATIENT - GENERAL CARE			
10	INPATIENT - RESPITE CARE			
11	VISITING SERVICES			
12	PHYSICIAN SERVICES			
13	NURSING CARE			
14	NURSING CARE-CONTINUOUS HOME CARE			
15	PHYSICAL THERAPY			
16	OCCUPATIONAL THERAPY			
17	SPEECH/LANGUAGE PATHOLOGY			
18	MEDICAL SOCIAL SERVICES			
19	SPIRITUAL COUNSELING			
20	DIETARY COUNSELING			
21	COUNSELING - OTHER			
22	HOME HEALTH AIDE AND HOMEMAKER			
23	HH AIDE & HOMEMAKER-CONT. HOME CARE			
24	OTHER HOSPICE SERVICE COSTS			
25	OTHER			
26	DRUGS BIOLOGICAL AND INFUSION THERAPY			
27	ANALGESICS			
28	SEDATIVES / HYPNOTICS			
29	OTHER - SPECIFY			
30	DURABLE MEDICAL EQUIPMENT/OXYGEN			
31	PATIENT TRANSPORTATION			
32	IMAGING SERVICES			
33	LABS AND DIAGNOSTICS			
34	MEDICAL SUPPLIES			
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)			
36	RADIATION THERAPY			
37	CHEMOTHERAPY			
38	OTHER			
39	BEREAVEMENT PROGRAM COSTS			
40	VOLUNTEER PROGRAM COSTS			
41	FUNDRAISING			
42	OTHER PROGRAM COSTS			
43	TOTAL (SUM OF LINES 1 THRU 33)			
			28,947	
			47,996	
			76,943	

COMPENSATION ANALYSIS
SALARIES AND WAGES

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2008
I 15-0003 I FROM 1/ 1/2007 I WORKSHEET K-1
I HOSPICE NO: I TO 12/31/2007 I
I 15-1563 I I

HOSPICE 1

	NURSES 5	TOTAL THERAPISTS 6	AIDES 7	ALL OTHER 8
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
4 PLANT OPERATION AND MAINTENANCE				
5 TRANSPORTATION - STAFF				
6 VOLUNTEER SERVICE COORDINATION				
7 ADMINISTRATIVE AND GENERAL	71,608			333,137
8 INPATIENT CARE SERVICE				14,289
9 INPATIENT - GENERAL CARE				
10 INPATIENT - RESPITE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES				
13 NURSING CARE	408,142			
14.20 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY		6,953		
16 OCCUPATIONAL THERAPY		1,521		
17 SPEECH/LANGUAGE PATHOLOGY				
18 MEDICAL SOCIAL SERVICES				92,332
19 SPIRITUAL COUNSELING				
20 DIETARY COUNSELING				
21 COUNSELING - OTHER			114,949	
22 HOME HEALTH AIDE AND HOMEMAKER				
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER				
26 DRUGS BIOLOGICAL AND INFUSION THERAPY				
27.30 ANALGESICS				
28.31 SEDATIVES / HYPNOTICS				
29.32 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN				
31 PATIENT TRANSPORTATION				
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS				
34 MEDICAL SUPPLIES				
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER				
39 BEREAVEMENT PROGRAM COSTS				
40 VOLUNTEER PROGRAM COSTS				
41 FUNDRAISING				
42 OTHER PROGRAM COSTS				
43 TOTAL (SUM OF LINES 1 THRU 33)	479,750	8,474	114,949	439,758

COMPENSATION ANALYSIS
SALARIES AND WAGES

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2008
I 15-0003 I FROM 1/ 1/2007 I WORKSHEET K-1
I HOSPICE NO: I TO 12/31/2007 I
I 15-1563 I I

HOSPICE 1

TOTAL (1)
9

GENERAL SERVICE COST CENTERS		
1	CAPITAL RELATED COSTS-BLDG AND FIXT.	
2	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
3	PLANT OPERATION AND MAINTENANCE	
4	TRANSPORTATION - STAFF	
5	VOLUNTEER SERVICE COORDINATION	
6	ADMINISTRATIVE AND GENERAL	433,692
	INPATIENT CARE SERVICE	
7	INPATIENT - GENERAL CARE	14,289
8	INPATIENT - RESPITE CARE	
	VISITING SERVICES	
9	PHYSICIAN SERVICES	
10	NURSING CARE	408,142
10.20	NURSING CARE-CONTINUOUS HOME CARE	
11	PHYSICAL THERAPY	6,953
12	OCCUPATIONAL THERAPY	1,521
13	SPEECH/LANGUAGE PATHOLOGY	47,996
14	MEDICAL SOCIAL SERVICES	92,332
15	SPIRITUAL COUNSELING	
16	DIETARY COUNSELING	
17	COUNSELING - OTHER	114,949
18	HOME HEALTH AIDE AND HOMEMAKER	
18.20	HH AIDE & HOMEMAKER-CONT. HOME CARE	
	OTHER HOSPICE SERVICE COSTS	
19	OTHER	
20	DRUGS BIOLOGICAL AND INFUSION THERAPY	
20.30	ANALGESICS	
20.31	SEDATIVES / HYPNOTICS	
20.32	OTHER - SPECIFY	
21	DURABLE MEDICAL EQUIPMENT/OXYGEN	
22	PATIENT TRANSPORTATION	
23	IMAGING SERVICES	
24	LABS AND DIAGNOSTICS	
25	MEDICAL SUPPLIES	
26	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
27	RADIATION THERAPY	
28	CHEMOTHERAPY	
29	OTHER	
30	BEREAVEMENT PROGRAM COSTS	
31	VOLUNTEER PROGRAM COSTS	
32	FUNDRAISING	
33	OTHER PROGRAM COSTS	
34	TOTAL (SUM OF LINES 1 THRU 33)	1,119,874

(1) TRANSFER THE AMOUNT IN COLUMN 9 TO WKST K, COLUMN 1

HOSPICE 1

	TRANSPORTATION 4	VOLUNTEER SERVICES COORDINATOR 5	SUBTOTAL (COL. 0-5) 5A	ADMINITRATIVE & GENERAL 6
1 GENERAL SERVICE COST CENTERS				
2 CAPITAL RELATED COSTS-BLDG AND FIXT.				
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.				
4 PLANT OPERATION AND MAINTENANCE				
5 TRANSPORTATION - STAFF				
6 VOLUNTEER SERVICE COORDINATION				
7 ADMINISTRATIVE AND GENERAL			1,162,222	1,162,222
8 INPATIENT CARE SERVICE				
9 INPATIENT - GENERAL CARE			14,289	23,316
10 INPATIENT - RESPITE CARE				
11 VISITING SERVICES				
12 PHYSICIAN SERVICES				
13 NURSING CARE			408,142	665,992
14.20 NURSING CARE-CONTINUOUS HOME CARE				
15 PHYSICAL THERAPY			6,953	11,346
16 OCCUPATIONAL THERAPY			1,521	2,482
17 SPEECH/LANGUAGE PATHOLOGY			47,996	78,318
18 MEDICAL SOCIAL SERVICES			92,332	150,664
19 SPIRITUAL COUNSELING				
20 DIETARY COUNSELING				
21 COUNSELING - OTHER			114,949	187,570
22 HOME HEALTH AIDE AND HOMEMAKER				
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE				
24 OTHER HOSPICE SERVICE COSTS				
25 OTHER				
26 DRUGS BIOLOGICAL AND INFUSION THERAPY				
27.30 ANALGESICS				
28.31 SEDATIVES / HYPNOTICS				
29.32 OTHER - SPECIFY				
30 DURABLE MEDICAL EQUIPMENT/OXYGEN				
31 PATIENT TRANSPORTATION				
32 IMAGING SERVICES				
33 LABS AND DIAGNOSTICS			26,066	42,534
34 MEDICAL SUPPLIES				
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
36 RADIATION THERAPY				
37 CHEMOTHERAPY				
38 OTHER				
39 BEREAVEMENT PROGRAM COSTS				
40 VOLUNTEER PROGRAM COSTS				
41 FUNDRAISING				
42 OTHER PROGRAM COSTS				
43 TOTAL (SUM OF LINES 1 THRU 33)			712,248	1,162,222

COST ALLOCATION -
HOSPICE GENERAL SERVICE COST

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/28/2008
I	15-003	I	FROM 1/ 1/2007	I	WORKSHEET	K-4
I	HOSPICE NO:	I	TO 12/31/2007	I	PART	I
I	15-1563	I		I		

HOSPICE 1

TOTAL
(COL. 5A
+ COL. 6)

7

1	GENERAL SERVICE COST CENTERS	
2	CAPITAL RELATED COSTS-BLDG AND FIXT.	
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.	
4	PLANT OPERATION AND MAINTENANCE	
5	TRANSPORTATION - STAFF	
6	VOLUNTEER SERVICE COORDINATION	
7	ADMINISTRATIVE AND GENERAL	
8	INPATIENT CARE SERVICE	
9	INPATIENT - GENERAL CARE	37,605
10	INPATIENT - RESPITE CARE	
11	VISITING SERVICES	
12	PHYSICIAN SERVICES	
13	NURSING CARE	1,074,134
14	NURSING CARE-CONTINUOUS HOME CARE	
15	PHYSICAL THERAPY	18,299
16	OCCUPATIONAL THERAPY	4,003
17	SPEECH/LANGUAGE PATHOLOGY	126,314
18	MEDICAL SOCIAL SERVICES	242,996
19	SPIRITUAL COUNSELING	
20	DIETARY COUNSELING	
21	COUNSELING - OTHER	302,519
22	HOME HEALTH AIDE AND HOMEMAKER	
23	HH AIDE & HOMEMAKER-CONT. HOME CARE	
24	OTHER HOSPICE SERVICE COSTS	
25	OTHER	
26	DRUGS BIOLOGICAL AND INFUSION THERAPY	
27	ANALGESICS	
28	SEDATIVES / HYPNOTICS	
29	OTHER - SPECIFY	
30	DURABLE MEDICAL EQUIPMENT/OXYGEN	
31	PATIENT TRANSPORTATION	
32	IMAGING SERVICES	
33	LABS AND DIAGNOSTICS	
34	MEDICAL SUPPLIES	68,600
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)	
36	RADIATION THERAPY	
37	CHEMOTHERAPY	
38	OTHER	
39	BEREAVEMENT PROGRAM COSTS	
40	VOLUNTEER PROGRAM COSTS	
41	FUNDRAISING	
42	OTHER PROGRAM COSTS	
43	TOTAL (SUM OF LINES 1 THRU 33)	1,874,470

COST ALLOCATION -
HOSPICE STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2008
 I 15-003 I FROM 1/1/2007 I WORKSHEET K-4
 I HOSPICE NO: I TO 12/31/2007 I PART II
 I 15-1563 I I

HOSPICE 1

	CAP. REL. COST BUILDINGS & FIXTURES (SQARE FEET) 1	CAP. REL. COST MOVABLE EQUIPMENT (DOLLAR VALUE) 2	PLANT OPERATION & MAINT. (SQARE FEET) 3	TRANSPORTATION (MILEAGE) 4
1	GENERAL SERVICE COST CENTERS			
2	CAPITAL RELATED COSTS-BLDG AND FIXT.			
3	CAPITAL RELATED COSTS-MOVABLE EQUIP.			
4	PLANT OPERATION AND MAINTENANCE			
5	TRANSPORTATION - STAFF			
6	VOLUNTEER SERVICE COORDINATION			
7	ADMINISTRATIVE AND GENERAL			
8	INPATIENT CARE SERVICE			
9	INPATIENT - GENERAL CARE			
10	INPATIENT - RESPITE CARE			
11	VISITING SERVICES			
12	PHYSICIAN SERVICES			
13	NURSING CARE			
14	NURSING CARE-CONTINUOUS HOME CARE			
15	PHYSICAL THERAPY			
16	OCCUPATIONAL THERAPY			
17	SPEECH/LANGUAGE PATHOLOGY			
18	MEDICAL SOCIAL SERVICES			
19	SPIRITUAL COUNSELING			
20	DIETARY COUNSELING			
21	COUNSELING - OTHER			
22	HOME HEALTH AIDE AND HOMEMAKER			
23	HH AIDE & HOMEMAKER-CONT. HOME CARE			
24	OTHER HOSPICE SERVICE COSTS			
25	OTHER			
26	DRUGS BIOLOGICAL AND INFUSION THERAPY			
27	ANALGESICS			
28	SEDATIVES / HYPNOTICS			
29	OTHER - SPECIFY			
30	DURABLE MEDICAL EQUIPMENT/OXYGEN			
31	PATIENT TRANSPORTATION			
32	IMAGING SERVICES			
33	LABS AND DIAGNOSTICS			
34	MEDICAL SUPPLIES			
35	OUTPATIENT SERVICES (INCL. E/R DEPT.)			
	RADIATION THERAPY			
	CHEMOTHERAPY			
	OTHER			
	FUNDRAISING			
	OTHER PROGRAM COSTS			
	COST TO BE ALLOCATED (PER WKST K-4, PART I)			
	UNIT COST MULTIPLIER	.000000	.000000	.000000

HOSPICE 1

	VOLUNTEER SERVICES COORDINATOR (HOURS) 5	RECONCILIATION 6A	ADMINISTRATIVE & GENERAL (ACCUM. COST) 6
1 GENERAL SERVICE COST CENTERS			
2 CAPITAL RELATED COSTS-BLDG AND FIXT.			
3 CAPITAL RELATED COSTS-MOVABLE EQUIP.			
4 PLANT OPERATION AND MAINTENANCE			
5 TRANSPORTATION - STAFF			
6 VOLUNTEER SERVICE COORDINATION			
7 ADMINISTRATIVE AND GENERAL		-1,162,222	712,248
8 INPATIENT CARE SERVICE			
9 INPATIENT - GENERAL CARE			14,289
10 INPATIENT - RESPITE CARE			
11 VISITING SERVICES			
12 PHYSICIAN SERVICES			
13 NURSING CARE			408,142
14.20 NURSING CARE-CONTINUOUS HOME CARE			
15 PHYSICAL THERAPY			6,953
16 OCCUPATIONAL THERAPY			1,521
17 SPEECH/LANGUAGE PATHOLOGY			47,996
18 MEDICAL SOCIAL SERVICES			92,332
19 SPIRITUAL COUNSELING			
20 DIETARY COUNSELING			
21 COUNSELING - OTHER			114,949
22 HOME HEALTH AIDE AND HOMEMAKER			
23.20 HH AIDE & HOMEMAKER-CONT. HOME CARE			
24 OTHER HOSPICE SERVICE COSTS			
25 OTHER			
26 DRUGS BIOLOGICAL AND INFUSION THERAPY			
27.30 ANALGESICS			
28.31 SEDATIVES / HYPNOTICS			
29.32 OTHER - SPECIFY			
30 DURABLE MEDICAL EQUIPMENT/OXYGEN			
31 PATIENT TRANSPORTATION			
32 IMAGING SERVICES			
33 LABS AND DIAGNOSTICS			26,066
34 MEDICAL SUPPLIES			
35 OUTPATIENT SERVICES (INCL. E/R DEPT.)			
36 RADIATION THERAPY			
37 CHEMOTHERAPY			
38 OTHER			
39 FUNDRAISING			
40 OTHER PROGRAM COSTS			
41 COST TO BE ALLOCATED (PER WKST K-4, PART I)			1,162,222
42 UNIT COST MULTIPLIER	.000000		1.631766

HOSPICE 1

HOSPICE COST CENTER	FROM K-4, PART 1, COLUMN 7, LINE	HOSPICE TRIAL BALANCE (1)	OLD CAP REL COSTS-BLDG & FIXT	OLD CAP REL COSTS-BLDG & FIXT	OLD CAP REL COSTS-BLDG & FIXT
		0	1	1.01	1.02
1.00 ADMINISTRATIVE AND GENERAL	6		11,738		
2.00 INPATIENT - GENERAL CARE	7	37,605			
3.00 INPATIENT - RESPITE CARE	8				
4.00 PHYSICIAN SERVICES	9				
5.00 NURSING CARE	10	1,074,134			
5.20 NURSING CARE-CONTINUOUS HOME CARE	10.20				
6.00 PHYSICAL THERAPY	11	18,299			
7.00 OCCUPATIONAL THERAPY	12	4,003			
8.00 SPEECH/LANGUAGE PATHOLOGY	13	126,314			
9.00 MEDICAL SOCIAL SERVICES	14	242,996			
10.00 SPIRITUAL COUNSELING	15				
11.00 DIETARY COUNSELING	16				
12.00 COUNSELING - OTHER	17	302,519			
13.00 HOME HEALTH AIDE AND HOMEMAKER	18				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE	18.20				
14.00 OTHER	19				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	20				
15.30 ANALGESICS	20.30				
15.31 SEDATIVES / HYPNOTICS	20.31				
15.32 OTHER -- SPECIFY	20.32				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN	21				
17.00 PATIENT TRANSPORTATION	22				
18.00 IMAGING SERVICES	23				
19.00 LABS AND DIAGNOSTICS	24				
20.00 MEDICAL SUPPLIES	25	68,600			
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)	26				
22.00 RADIATION THERAPY	27				
23.00 CHEMOTHERAPY	28				
24.00 OTHER	29				
25.00 BEREAVEMENT PROGRAM COSTS	30				
26.00 VOLUNTEER PROGRAM COSTS	31				
27.00 FUNDRAISING	32				
28.00 OTHER PROGRAM COSTS	33				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		1,874,470	11,738		
30.00 UNIT COST MULTIPLIER					

HOSPICE COST CENTER	OLD CAP REL COSTS-MVBLE EQUIP	NEW CAP REL COSTS-BLDG & FIXT	NEW CAP REL COSTS-MVBLE EQUIP	EMPLOYEE BENEFITS	
	2	3	4	5	
1.00 ADMINISTRATIVE AND GENERAL		1	90,448	3,069	251,666
2.00 INPATIENT - GENERAL CARE					
3.00 INPATIENT - RESPITE CARE					
4.00 PHYSICIAN SERVICES					
5.00 NURSING CARE					
5.20 NURSING CARE-CONTINUOUS HOME CARE					
6.00 PHYSICAL THERAPY					
7.00 OCCUPATIONAL THERAPY					
8.00 SPEECH/LANGUAGE PATHOLOGY					
9.00 MEDICAL SOCIAL SERVICES					
10.00 SPIRITUAL COUNSELING					
11.00 DIETARY COUNSELING					
12.00 COUNSELING - OTHER					
13.00 HOME HEALTH AIDE AND HOMEMAKER					
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE					
14.00 OTHER					
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY					
15.30 ANALGESICS					
15.31 SEDATIVES / HYPNOTICS					
15.32 OTHER -- SPECIFY					
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN					
17.00 PATIENT TRANSPORTATION					
18.00 IMAGING SERVICES					
19.00 LABS AND DIAGNOSTICS					
20.00 MEDICAL SUPPLIES					
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)					
22.00 RADIATION THERAPY					
23.00 CHEMOTHERAPY					
24.00 OTHER					
25.00 BEREAVEMENT PROGRAM COSTS					
26.00 VOLUNTEER PROGRAM COSTS					
27.00 FUNDRAISING					
28.00 OTHER PROGRAM COSTS					
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		1	90,448	3,069	251,666
30.00 UNIT COST MULTIPLIER					

HOSPICE 1

HOSPICE COST CENTER	DATA PROCESSING	PURCHASING, RECEIVING AND STORES	ADMITTING	CASHIERING/ACCO UNTS RECEIVABLE
	6.01	6.02	6.03	6.04
1.00 ADMINISTRATIVE AND GENERAL	617	581		
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00 OTHER				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER -- SPECIFY				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00 OTHER				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	617	581		
30.00 UNIT COST MULTIPLIER				

HOSPICE COST CENTER	SUBTOTAL	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT
	6A.04	6.05	7	8
1.00 ADMINISTRATIVE AND GENERAL	358,120	47,436		203,607
2.00 INPATIENT - GENERAL CARE	37,605	4,981		
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE	1,074,134	142,280		
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY	18,299	2,424		
7.00 OCCUPATIONAL THERAPY	4,003	530		
8.00 SPEECH/LANGUAGE PATHOLOGY	126,314	16,731		
9.00 MEDICAL SOCIAL SERVICES	242,996	32,187		
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER	302,519	40,071		
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00 OTHER				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER -- SPECIFY				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES	68,600	9,087		
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00 OTHER				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	2,232,590	295,727		203,607
30.00 UNIT COST MULTIPLIER				

HOSPICE 1

HOSPICE COST CENTER	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	9	10	11	12
1.00 ADMINISTRATIVE AND GENERAL		65,565		45,012
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00 OTHER				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER -- SPECIFY				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00 OTHER				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		65,565		45,012
30.00 UNIT COST MULTIPLIER				

HOSPICE COST CENTER	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY
	13	14	15	16
1.00 ADMINISTRATIVE AND GENERAL		91,497		
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00 OTHER				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER -- SPECIFY				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00 OTHER				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)		91,497		
30.00 UNIT COST MULTIPLIER				

HOSPICE 1

HOSPICE COST CENTER	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	MEDICAL STAFF	NONPHYSICIAN ANESTHETISTS
	17	18	18.01	20
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00 OTHER				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER -- SPECIFY				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00 OTHER				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)				
30.00 UNIT COST MULTIPLIER				

HOSPICE COST CENTER	NURSING SCHOOL	I&R SERVICES-SALARY & FRINGES APPRVD	I&R SERVICES-OTHER PRGM COSTS APPRVD	PARAMED ED PRGM
	21	22	23	24
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00 OTHER				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER -- SPECIFY				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00 OTHER				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)				
30.00 UNIT COST MULTIPLIER				

HOSPICE 1

HOSPICE COST CENTER	SUBTOTAL	INTRN & RSDNT COST & POST STEPDWN AD	SUBTOTAL	ALLOCATED HOSPICE A & G
	25	26	27	28
1.00 ADMINISTRATIVE AND GENERAL	811,237		811,237	
2.00 INPATIENT - GENERAL CARE	42,586		42,586	16,275
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE	1,216,414		1,216,414	464,866
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY	20,723		20,723	7,920
7.00 OCCUPATIONAL THERAPY	4,533		4,533	1,732
8.00 SPEECH/LANGUAGE PATHOLOGY	143,045		143,045	54,666
9.00 MEDICAL SOCIAL SERVICES	275,183		275,183	105,164
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER	342,590		342,590	130,925
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00 OTHER				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER -- SPECIFY				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES	77,687		77,687	29,689
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00 OTHER				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	2,933,998		2,933,998	
30.00 UNIT COST MULTIPLIER				.382161

TOTAL HOSPICE COSTS

HOSPICE COST CENTER	SUBTOTAL
	29
1.00 ADMINISTRATIVE AND GENERAL	
2.00 INPATIENT - GENERAL CARE	58,861
3.00 INPATIENT - RESPITE CARE	
4.00 PHYSICIAN SERVICES	
5.00 NURSING CARE	1,681,280
5.20 NURSING CARE-CONTINUOUS HOME CARE	
6.00 PHYSICAL THERAPY	28,643
7.00 OCCUPATIONAL THERAPY	6,265
8.00 SPEECH/LANGUAGE PATHOLOGY	197,711
9.00 MEDICAL SOCIAL SERVICES	380,347
10.00 SPIRITUAL COUNSELING	
11.00 DIETARY COUNSELING	
12.00 COUNSELING - OTHER	473,515
13.00 HOME HEALTH AIDE AND HOMEMAKER	
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE	
14.00 OTHER	
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY	
15.30 ANALGESICS	
15.31 SEDATIVES / HYPNOTICS	
15.32 OTHER -- SPECIFY	
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN	
17.00 PATIENT TRANSPORTATION	
18.00 IMAGING SERVICES	
19.00 LABS AND DIAGNOSTICS	
20.00 MEDICAL SUPPLIES	107,376
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)	
22.00 RADIATION THERAPY	
23.00 CHEMOTHERAPY	
24.00 OTHER	
25.00 BEREAVEMENT PROGRAM COSTS	
26.00 VOLUNTEER PROGRAM COSTS	
27.00 FUNDRAISING	
28.00 OTHER PROGRAM COSTS	
29.00 TOTAL (SUM OF LINE 1 THRU 28) (2)	2,933,998
30.00 UNIT COST MULTIPLIER	

(1) COLUMN 0, LINE 29 MUST AGREE WITH WKST. A, COLUMN 7, LINE 93.
 (2) COLUMNS 0 THROUGH 27, LINE 29 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, LINE 93.

ALLOCATION OF GENERAL SERVICES COSTS TO HOSPICE
 COST CENTERS - STATISTICAL BASIS

HOSPICE 1

HOSPICE COST CENTER	OLD CAP REL COSTS-BLDG & FIXT	OLD CAP REL COSTS-BLDG & FIXT	OLD CAP REL COSTS-BLDG & FIXT	OLD CAP REL COSTS-MVBLE EQUIP
	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(DOLLAR VALUE)
	1	1.01	1.02	2
1.00 ADMINISTRATIVE AND GENERAL	8,804	6,559	6,559	6,559
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00 OTHER				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER -- SPECIFY				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00 OTHER				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	8,804	6,559	6,559	6,559
30.00 TOTAL COST TO BE ALLOCATED	11,738			1
31.00 UNIT COST MULTIPLIER	1.333258	.000000	.000000	.000152

HOSPICE COST CENTER	NEW CAP REL COSTS-BLDG & FIXT	NEW CAP REL COSTS-MVBLE EQUIP	EMPLOYEE BENEFITS	DATA PROCESSING
	(SQUARE FEET)	(DOLLAR VALUE)	(GROSS SALARIES)	(MANHRS)
	3	4	5	6.01
1.00 ADMINISTRATIVE AND GENERAL	1,758	2,606	1,119,874	50,563
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00 OTHER				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER -- SPECIFY				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00 OTHER				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	1,758	2,606	1,119,874	50,563
30.00 TOTAL COST TO BE ALLOCATED	90,448	3,069	251,666	617
31.00 UNIT COST MULTIPLIER	51.449374	1.177667	.224727	.012203

HOSPICE 1

HOSPICE COST CENTER	PURCHASING, RECEIVING AND STORES (COSTED REQUISITION) 6.02	ADMITTING (I/P REV) 6.03	CASHIERING/ACCO UNTS RECEIVABLE (GROSS CHARGES) 6.04	RECONCILIATION 6A.05
1.00 ADMINISTRATIVE AND GENERAL	18,833			
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00 OTHER				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER -- SPECIFY				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00 OTHER				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	18,833			
30.00 TOTAL COST TO BE ALLOCATED	581			
31.00 UNIT COST MULTIPLIER	.030850	.000000	.000000	

HOSPICE COST CENTER	OTHER ADMINISTRATIVE AND GENERAL (ACCUMULATED COST) 6.05	MAINTENANCE & REPAIRS (SQUARE FEET) 7	OPERATION OF PLANT (SQUARE FEET) 8	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY) 9
1.00 ADMINISTRATIVE AND GENERAL	358,120			6,559
2.00 INPATIENT - GENERAL CARE	37,605			
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE	1,074,134			
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY	18,299			
7.00 OCCUPATIONAL THERAPY	4,003			
8.00 SPEECH/LANGUAGE PATHOLOGY	126,314			
9.00 MEDICAL SOCIAL SERVICES	242,996			
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER	302,519			
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00 OTHER				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER -- SPECIFY				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES	68,600			
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00 OTHER				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	2,232,590		6,559	
30.00 TOTAL COST TO BE ALLOCATED	295,727		203,607	
31.00 UNIT COST MULTIPLIER	.132459	.000000	31.042385	.000000

HOSPICE 1

HOSPICE COST CENTER	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MANHRS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)
	10	11	12	13
1.00 ADMINISTRATIVE AND GENERAL	6,559		50,563	
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00 OTHER				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER -- SPECIFY				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00 OTHER				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	6,559		50,563	
30.00 TOTAL COST TO BE ALLOCATED	65,565		45,012	
31.00 UNIT COST MULTIPLIER	9.996188	.000000	.890216	.000000

HOSPICE COST CENTER	NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)
	14	15	16	17
1.00 ADMINISTRATIVE AND GENERAL	50,653			
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00 OTHER				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER -- SPECIFY				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00 OTHER				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)	50,653			
30.00 TOTAL COST TO BE ALLOCATED	91,497			
31.00 UNIT COST MULTIPLIER	1.806349	.000000	.000000	.000000

HOSPICE 1

HOSPICE COST CENTER	SOCIAL SERVICE (GROSS CHARGES)	MEDICAL STAFF (ASSIGNED TIME)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)
	18	18.01	20	21
1.00 ADMINISTRATIVE AND GENERAL				
2.00 INPATIENT - GENERAL CARE				
3.00 INPATIENT - RESPITE CARE				
4.00 PHYSICIAN SERVICES				
5.00 NURSING CARE				
5.20 NURSING CARE-CONTINUOUS HOME CARE				
6.00 PHYSICAL THERAPY				
7.00 OCCUPATIONAL THERAPY				
8.00 SPEECH/LANGUAGE PATHOLOGY				
9.00 MEDICAL SOCIAL SERVICES				
10.00 SPIRITUAL COUNSELING				
11.00 DIETARY COUNSELING				
12.00 COUNSELING - OTHER				
13.00 HOME HEALTH AIDE AND HOMEMAKER				
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE				
14.00 OTHER				
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY				
15.30 ANALGESICS				
15.31 SEDATIVES / HYPNOTICS				
15.32 OTHER -- SPECIFY				
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN				
17.00 PATIENT TRANSPORTATION				
18.00 IMAGING SERVICES				
19.00 LABS AND DIAGNOSTICS				
20.00 MEDICAL SUPPLIES				
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)				
22.00 RADIATION THERAPY				
23.00 CHEMOTHERAPY				
24.00 OTHER				
25.00 BEREAVEMENT PROGRAM COSTS				
26.00 VOLUNTEER PROGRAM COSTS				
27.00 FUNDRAISING				
28.00 OTHER PROGRAM COSTS				
29.00 TOTAL (SUM OF LINE 1 THRU 28)				
30.00 TOTAL COST TO BE ALLOCATED				
31.00 UNIT COST MULTIPLIER	.000000	.000000	.000000	.000000

HOSPICE COST CENTER	I&R SERVICES-SALARY & FRINGES APPRVD (ASSIGNED TIME)	I&R SERVICES-OTHER PRGM COSTS APPRVD (ASSIGNED TIME)	PARAMED ED PRGM (ASSIGNED TIME)
	22	23	24
1.00 ADMINISTRATIVE AND GENERAL			
2.00 INPATIENT - GENERAL CARE			
3.00 INPATIENT - RESPITE CARE			
4.00 PHYSICIAN SERVICES			
5.00 NURSING CARE			
5.20 NURSING CARE-CONTINUOUS HOME CARE			
6.00 PHYSICAL THERAPY			
7.00 OCCUPATIONAL THERAPY			
8.00 SPEECH/LANGUAGE PATHOLOGY			
9.00 MEDICAL SOCIAL SERVICES			
10.00 SPIRITUAL COUNSELING			
11.00 DIETARY COUNSELING			
12.00 COUNSELING - OTHER			
13.00 HOME HEALTH AIDE AND HOMEMAKER			
13.20 HH AIDE&HOMEMAKER- CONT. HOME CARE			
14.00 OTHER			
15.00 DRUGS BIOLOGICAL AND INFUSION THERAPY			
15.30 ANALGESICS			
15.31 SEDATIVES / HYPNOTICS			
15.32 OTHER -- SPECIFY			
16.00 DURABLE MEDICAL EQUIPMENT/OXYGEN			
17.00 PATIENT TRANSPORTATION			
18.00 IMAGING SERVICES			
19.00 LABS AND DIAGNOSTICS			
20.00 MEDICAL SUPPLIES			
21.00 OUTPATIENT SERVICES (INCL. E/R DEPT.)			
22.00 RADIATION THERAPY			
23.00 CHEMOTHERAPY			
24.00 OTHER			
25.00 BEREAVEMENT PROGRAM COSTS			
26.00 VOLUNTEER PROGRAM COSTS			
27.00 FUNDRAISING			
28.00 OTHER PROGRAM COSTS			
29.00 TOTAL (SUM OF LINE 1 THRU 28)			
30.00 TOTAL COST TO BE ALLOCATED			
31.00 UNIT COST MULTIPLIER	.000000	.000000	.000000

HOSPICE 1

	WKSHT C, PART I COLUMN 9 LINE:	COST TO CHARGE RATIO 1	TOTAL HOSPICE CHARGES 2	HOSPICE SHARED ANCILLARY COSTS 3
1	PHYSICAL THERAPY	50	.649996	
2	OCCUPATIONAL THERAPY	51		
3	SPEECH PATHOLOGY	52	.795722	
4	DRUGS CHARGED TO PATIENTS	56	.398406	
4.01	RENAL INPATIENT	56.01	1.812448	
5	DURABLE MEDICAL EQUIP-SOLD	67		
6	LABORATORY	44	.206471	
7	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	.365951	
8	EMERGENCY	61	.305612	
8.01	WOUND CARE	61.01	.558692	
9	RADIOLOGY-DIAGNOSTIC	41	.278677	
9.01	CAT SCAN	41.01	.108154	
10	OTHER ANCILLARY	59		
11	TOTAL (SUM OF LINES 1-10)			

HOSPICE 1

COMPUTATION OF PER DIEM COST

	TITLE XVIII	TITLE XIX	OTHER	TOTAL(1)
	1	2	3	4
1 TOTAL COST (WORKSHEET K-5, PART I, COL. 29, LINE 2 9 LESS COL. 29, LINE 28 PLUS WORKSHEET K-5, PART III, COL. 4, LINE 11) (SEE INSTRUCTIONS)				2,933,998
2 TOTAL UNDUPLICATED DAYS (S-9, LINE 9, COL. 4)				20,542
3 AVERAGE COST PER DIEM (LINE 1 DIVIDED BY LINE 2)				142.83
4 UNDUPLICATED MEDICARE DAYS (S-9, LINE 9, COL. 1)	18,510			
5 AGGREGATE MEDICARE COST (LINE 3 TIMES LINE 4)	2,643,783			
6 UNDUPLICATED MEDICAID DAYS				
7 AGGREGATE MEDICAID COST		194		
8 UNDUPLICATED SNF DAYS (S-9, LINE 9, COL. 2)		27,709		
9 AGGREGATE SNF COST (LINE 3 TIMES LINE 8)				
10 UNDUPLICATED NF DAYS				
11 AGGREGATE NF COST				
12 OTHER UNDUPLICATED DAYS (S-9, LINE 9, COL. 3)			1,838	
13 AGGREGATE COST FOR OTHER DAYS (LN 3 TIMES LN 12)			262,522	

NOTE: THE DATA FOR THE SNF AND NF LINES 8 THROUGH 11 ARE INCLUDED IN THE MEDICARE AND MEDICAID LINES 4 THROUGH 7.

CALCULATION OF CAPITAL PAYMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2008
 I 15-0003 I FROM 1/ 1/2007 I WORKSHEET L
 I COMPONENT NO: I TO 12/31/2007 I PARTS I-IV
 I 15-0003 I I
 FULLY PROSPECTIVE METHOD

TITLE XVIII, PART A HOSPITAL

PART I - FULLY PROSPECTIVE METHOD		
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	2,553,625
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	34,559
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	83.45
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	.00
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	.00
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	2.66
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	5.64
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	8.30
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	1.69
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	43,156
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	2,631,340
PART II - HOLD HARMLESS METHOD		
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III - PAYMENT UNDER REASONABLE COST		
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV - COMPUTATION OF EXCEPTION PAYMENTS		
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	