

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

FORM APPROVED
 OMB NO. 0938-0050

WORKSHEET S
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		26-0032		FROM 1/1/2008		--AUDITED --DESK REVIEW		/ /
				TO 12/31/2008		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 5/25/2009 TIME 8:56

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:
 BARNES-JEWISH HOSPITAL 26-0032

FOR THE COST REPORTING PERIOD BEGINNING 1/1/2008 AND ENDING 12/31/2008 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	A	B	TITLE XVIII	TITLE XIX
	1	2	3	4	5
1	HOSPITAL	0	2,726,932	-604,997	41,629,602
2	SUBPROVIDER	0	-115,121	392	285,234
5	HOSPITAL-BASED SNF	0	-6,384	0	0
6	HOSPITAL-BASED NF	0	0	0	-9,482
100	TOTAL	0	2,605,427	-604,605	41,905,354

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.

36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS) N Y N
 37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N N N
 37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE? N N N

TITLE XIX INPATIENT SERVICES

38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? Y
 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? N
 38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N
 40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, 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 269026
 40.01 NAME: FI/CONTRACTOR NAME FI/CONTRACTOR #
 40.02 STREET: P.O. BOX:
 40.03 CITY: STATE: ZIP CODE: -
 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? 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? Y
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? SEE CMS PUB. 15-11, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2. N 00/00/0000
 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
 46 IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

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

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	1	2	3	4	5
47.00 HOSPITAL	N	N	N	N	N
48.00 SUBPROVIDER	N	N	N	N	N
49.00 SNF	N	N			

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N
 52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N
 53 IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE
 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0
 53.01 MDH PERIOD: BEGINNING: / / ENDING: / /
 54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
 PREMIUMS: 0
 PAID LOSSES: 7,670,000
 AND/OR SELF INSURANCE: 17,457,000
 54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN. N
 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N

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

57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? Y
 58 ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002. N
 58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR). 0
 59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
 60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER?

ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) Y N

60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORT FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 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 INSTRUCTIONS) Y N 0

MULTI CAMPUS

61.00 IS THIS FACILITY PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSA? ENTER "Y" FOR YES AND "N" FOR NO. N

IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
62.00					0.00
62.01					0.00
62.02					0.00
62.03					0.00
62.04					0.00
62.05					0.00
62.06					0.00
62.07					0.00
62.08					0.00
62.09					0.00

SETTLEMENT DATA

63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH" DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY). Y 3/31/2009

HOSPITAL AND HOSPITAL HEALTH CARE
COMPLEX STATISTICAL DATA

PROVIDER NO: 26-0032
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 5/25/2009
WORKSHEET S-3
PART I

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	I/P DAYS / O/P VISITS /		TRIPS TOTAL TITLE XIX 5
				TITLE V 3	TITLE XVII 4	
1 ADULTS & PEDIATRICS	1,050	384,267			91,521	25,675
2 HMO					7,222	32,672
2 01 HMO - (IRF PPS SUBPROVIDER)						
3 ADULTS & PED-SB SNF						
4 ADULTS & PED-SB NF						
5 TOTAL ADULTS AND PEDS	1,050	384,267			91,521	25,675
6 INTENSIVE CARE UNIT	29	10,614			4,156	1,223
7 CORONARY CARE UNIT	15	5,490			2,171	560
9 SURGICAL INTENSIVE CARE UNIT	24	8,784			2,811	981
10 01 NEURO-ICU	20	7,320			2,078	815
10 02 CARDIO-THORACIC ICU	29	10,614			3,922	576
11 NURSERY						1,466
12 TOTAL	1,167	427,089			106,659	31,296
13 RPCH VISITS						
14 SUBPROVIDER	46	18,651			6,288	3,194
15 SKILLED NURSING FACILITY	60	21,960			14,718	
16 NURSING FACILITY	10	3,660				2,496
17 OTHER LONG TERM CARE	50	18,300				
25 TOTAL	1,333					
26 OBSERVATION BED DAYS						16
26 01 OBSERVATION BED DAYS-SUB I						
27 AMBULANCE TRIPS						
28 EMPLOYEE DISCOUNT DAYS						
28 01 EMP DISCOUNT DAYS -IRF						

COMPONENT	I/P DAYS / O/P VISITS /		TRIPS		INTERNS & RES. FTES		
	TITLE XIX ADMITTED 5.01	OBSERVATION BEDS NOT ADMITTED 5.02	TOTAL ALL PATS 6	TOTAL OBSERVATION BEDS ADMITTED 6.01	OBSERVATION BEDS NOT ADMITTED 6.02	TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			236,678				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			236,678				
6 INTENSIVE CARE UNIT			9,822				
7 CORONARY CARE UNIT			4,615				
9 SURGICAL INTENSIVE CARE UNIT			7,614				
10 01 NEURO-ICU			6,677				
10 02 CARDIO-THORACIC ICU			8,437				
11 NURSERY			7,970				
12 TOTAL			281,813			621.73	
13 RPCH VISITS							
14 SUBPROVIDER			13,333			6.66	
15 SKILLED NURSING FACILITY			19,059				
16 NURSING FACILITY			3,479				
17 OTHER LONG TERM CARE			14,232				
25 TOTAL						628.39	
26 OBSERVATION BED DAYS		16	824	193	631		
26 01 OBSERVATION BED DAYS-SUB I			182				
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

COMPONENT	I & R FTES		FULL TIME EQUIV		DISCHARGES		
	NET 9	EMPLOYEES ON PAYROLL 10	NONPAID WORKERS 11	TITLE V 12	TITLE XIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS					18,608	6,521	52,539
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
10 01 NEURO-ICU							
10 02 CARDIO-THORACIC ICU							
11 NURSERY							
12 TOTAL	621.73	7,849.74			18,608	6,521	52,539
13 RPCH VISITS							
14 SUBPROVIDER	6.66	98.52			505	389	1,457
15 SKILLED NURSING FACILITY		66.02					
16 NURSING FACILITY		6.57					
17 OTHER LONG TERM CARE		32.77					136
25 TOTAL	628.39	8,053.62					
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							

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

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 26-0032
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/25/2009
 WORKSHEET S-3
 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	416,390,263	383,500	416,773,763	16,651,128.69	25.03	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A	387,213		387,213	1,916.57	202.03	
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B	10,767,015		10,767,015	57,865.59	186.07	
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)	45,483,051	116,785	45,599,836	1,742,439.10	26.17	
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF	2,703,027	914	2,703,941	133,455.18	20.26	
8.01 EXCLUDED AREA SALARIES	17,812,968	1,137,022	18,949,990	724,761.71	26.15	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	2,526,624		2,526,624	45,293.15	55.78	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT	53,378		53,378	1,725.50	30.93	
10 CONTRACT LABOR: PHYS PART A						
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)	45,221,573		45,221,573	447,158.40	101.13	
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	39,440,789		39,440,789	944,701.00	41.75	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	80,276,348		80,276,348			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	4,860,078		4,860,078			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A	50,696		50,696			CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B	850,517		850,517			CMS 339
19.01 WAGE-RELATED COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)	10,325,992		10,325,992			CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	6,749,979	-640,272	6,109,707	176,265.66	34.66	
22 ADMINISTRATIVE & GENERAL	32,524,177	-17,811	32,506,366	1,497,058.23	21.71	
22.01 A & G UNDER CONTRACT	142,313		142,313	2,310.00	61.61	
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	8,275,975	24,095	8,300,070	314,441.60	26.40	
25 LAUNDRY & LINEN SERVICE	27,130		27,130	2,123.00	12.78	
26 HOUSEKEEPING	10,702,777	-229,889	10,472,888	908,967.57	11.52	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	6,414,693	-1,526,158	4,888,535	361,436.99	13.53	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA	2,309,525	1,543,313	3,852,838	323,137.12	11.92	
29 MAINTENANCE OF PERSONNEL	813,781	463	814,244	38,439.41	21.18	
30 NURSING ADMINISTRATION	16,764,877	443,448	17,208,325	509,093.81	33.80	
31 CENTRAL SERVICE AND SUPPLY	2,839,317	11,339	2,850,656	171,763.49	16.60	
32 PHARMACY	14,685,527	-166,447	14,519,080	442,649.47	32.80	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	11,321,700	30,790	11,352,490	466,989.54	24.31	
34 SOCIAL SERVICE	2,412,336	-132,812	2,279,524	87,491.64	26.05	
35 OTHER GENERAL SERVICE	3,223,258	9,622	3,232,880	94,433.40	34.23	
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	360,282,510	266,715	360,549,225	14,853,134.00	24.27	
2 EXCLUDED AREA SALARIES	20,515,995	1,137,936	21,653,931	858,216.89	25.23	
3 SUBTOTAL SALARIES	339,766,515	-871,221	338,895,294	13,994,917.11	24.22	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	87,242,364		87,242,364	1,438,878.05	60.63	
5 SUBTOTAL WAGE-RELATED COSTS	80,327,044		80,327,044		23.70	
6 TOTAL	507,335,923	-871,221	506,464,702	15,433,795.16	32.82	
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	119,207,365	-650,319	118,557,046	5,396,600.93	21.97	

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 26-0032
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 5/25/2009
WORKSHEET S-7

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	9/30/01 DAYS
1	2	3	3.01	4	4.01	4.02	4.03
1	RUC		39				
2	RUB		562				
3	RUA		42				
3.01	RUX		358				
3.02	RUL		711				
4	RVC		58				
5	RVB		1,785				
6	RVA		442				
6.01	RVX		844				
6.02	RVL		3,702				
7	RHC		261				
8	RHB		346				
9	RHA		310				
9.01	RHX						
9.02	RHL						
10	RMC		17				
11	RMB		136				
12	RMA		137				
12.01	RMX		1,241				
12.02	RML		1,958				
13	RLB						
14	RLA						
14.01	RLX						
15	SE3		216				
16	SE2		347				
17	SE1		11				
18	SSC		635				
19	SSB		279				
20	SSA						
21	CC2						
22	CC1						
23	CB2		11				
24	CB1		41				
25	CA2		7				
26	CA1		151				
27	IB2						
28	IB1						
29	IA2						
30	IA1						
31	BB2						
32	BB1						
33	BA2						
34	BA1						
35	PE2						
36	PE1						
37	PD2						
38	PD1						
39	PC2						
40	PC1						
41	PB2						
42	PB1						
43	PA2						
44	PA1						
45	Default		71				
46	TOTAL		14,718				

(1) Enter in column 3.01 the days prior to October 1st and in column 4.01 the days on after October 1st. Enter in column 4.03 the days on 4/1/2001 through 9/30/2001. The sum of the days in column 3.01, 4.01, and 4.03 must agree with the days reported on Wkst. S-3, Part I, column 4, line 15. The sum of the days in column 4.06 must agree with the days reported on Wkst S-3, Part I column 4, line 3.

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.9024
 Wage Index Factor (after 10/01) : 0.9006
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : 7040
 SNF CBSA Code : 41180

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 26-0032
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 5/25/2009
WORKSHEET S-7

	GROUP(1) 1	M3PI REVENUE CODE 2	HIGH COST(2)	SWING BED SNF	TOTAL 5
			RUGs DAYS 4.05	DAYS 4.06	
1	RUC				
2	RUB				
3	RUA				
3 .01	RUX				
3 .02	RUL				
4	RVC				
5	RVB				
6	RVA				
6 .01	RVX				
6 .02	RVL				
7	RHC				
8	RHB				
9	RHA				
9 .01	RHX				
9 .02	RHL				
10	RMC				
11	RMB				
12	RMA				
12 .01	RMX				
12 .02	RML				
13	RLB				
14	RLA				
14 .01	RLX				
15	SE3				
16	SE2				
17	SE1				
18	SSC				
19	SSB				
20	SSA				
21	CC2				
22	CC1				
23	CB2				
24	CB1				
25	CA2				
26	CA1				
27	IB2				
28	IB1				
29	IA2				
30	IA1				
31	BB2				
32	BB1				
33	BA2				
34	BA1				
35	PE2				
36	PE1				
37	PD2				
38	PD1				
39	PC2				
40	PC1				
41	PB2				
42	PB1				
43	PA2				
44	PA1				
45	Default				
46	TOTAL				

(2) Enter in column 4.05 those days in either column 3.01 or 4.01 which cover the period of 4/1/2000 through 9/30/2000. These RUGs will be incremented by an additional 20% payment.

(3) Enter in column 4.06 the swing bed days for cost reporting periods beginning on or after 7/1/2002.

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.9024
 Wage Index Factor (after 10/01) : 0.9006
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : 7040
 SNF CBSA Code : 41180

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
26-0032	FROM 1/ 1/2008	5/25/2009
	TO 12/31/2008	WORKSHEET S-10

DESCRIPTION

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04		
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
UNCOMPENSATED CARE REVENUES		
17	REVENUE FROM UNCOMPENSATED CARE	
17.01	GROSS MEDICAID REVENUES	76, 334, 250
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	76, 334, 250
UNCOMPENSATED CARE COST		
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)	.338965
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
26-0032	FROM 1/ 1/2008	5/25/2009
	TO 12/31/2008	WORKSHEET S-10

DESCRIPTION

28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	334,912,085
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	113,523,475
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	54,577,233
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	18,499,772
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	113,523,475

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

COST CENTER	COST CENTER DESCRIPTION	SALARIES		OTHER	TOTAL	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2		3	4	5
	GENERAL SERVICE COST CNTR						
3	0300 NEW CAP REL COSTS-BLDG & FIXT					1,562,749	1,562,749
3.01	0301 NEW CRC-B&F(BH PRE-MERGE)					4,168,509	4,168,509
3.02	0302 NEW CRC-B&F(BJH POSTMERGE)		36,125,996		36,125,996	-22,115,355	14,010,641
3.03	0303 NEW CRC-B&F(BJH CAMP EXP)					15,411,326	15,411,326
3.04	0304 NEW CRC-B&F(GSON)		2,419,837		2,419,837	-686,289	1,733,548
3.05	0305 NEW CRC-B&F(THE HIGHLANDS)						
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				11,939,118	30,491,944	42,431,062
5	0500 EMPLOYEE BENEFITS	6,749,979	65,973,876		72,723,855	-637,660	72,086,195
6.01	0610 NONPATIENT TELEPHONES	1,423,685	-523,172		900,513	6,286	906,799
6.02	0620 DATA PROCESSING						
6.03	0630 PURCHASING, RECEIVING AND STORES	1,075,465	7,825,371		8,900,836	-7,061,206	1,839,630
6.04	0640 ADMINISTRATION	8,123,004	1,845,648		9,968,652	-12,467	9,956,185
6.05	0650 CASHIERING/ACCOUNTS RECEIVABLE	3,432,887	3,554,803		6,987,690	10,206	6,997,896
6.06	0660 OTHER ADMIN STRATIVE AND GENERAL	18,469,136	163,353,443		181,822,579	-55,738,132	126,084,447
8	0800 OPERATION OF PLANT	8,275,975	17,914,821		26,190,796	-863,793	25,327,003
9	0900 LAUNDRY & LINEN SERVICE	27,130	3,176,986		3,204,116	-1,647	3,202,469
10	1000 HOUSEKEEPING	10,702,777	3,559,531		14,262,308	-1,234,203	13,028,105
11	1100 DIETARY	6,414,693	7,827,053		14,241,746	-5,532,439	8,709,307
12	1200 CAFETERIA	2,309,525	6,677,690		8,987,215	5,424,191	14,411,406
13.01	1301 EXTENDED CARE SERVICES	813,781	601,404		1,415,185	-1,676	1,413,509
14	1400 NURSING ADMINISTRATION	16,764,877	11,205,078		27,969,955	15,741	27,985,696
15	1500 CENTRAL SERVICES & SUPPLY	2,839,317	11,384,761		14,224,078	-2,053,846	12,170,232
16	1600 PHARMACY	14,685,527	66,331,175		81,016,702	12,278,686	93,295,388
17	1700 MEDICAL RECORDS & LIBRARY	11,321,700	5,459,985		16,781,685	-59,467	16,722,218
18	1800 SOCIAL SERVICE	2,412,336	793,474		3,205,810	-143,783	3,062,027
19.01	1951 LAB ADMINISTRATION	3,223,258	4,383,472		7,606,730	-474	7,606,256
19.02	1952 RESEARCH ADMINISTRATION					5,020	5,020
21	2100 NURSING SCHOOL	5,039,315	2,829,629		7,868,944	-7,293	7,861,651
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD	45,483,051	5,951,563		51,434,614	46,673,145	98,107,759
24.01	2401 PARAMED ED PRGM-HOSP ADMIN					165,083	165,083
24.02	2402 PARAMED ED PRGM-PHARMACY					210,954	210,954
24.04	2404 PARAMED ED PRGM-PASTORAL ED INPAT ROUTINE SRVC CNTRS					101,317	101,317
25	2500 ADULTS & PEDIATRICS	79,331,830	14,873,558		94,205,388	-3,596,679	90,608,709
26	2600 INTENSIVE CARE UNIT	6,276,957	1,127,347		7,404,304	-97,890	7,306,414
27	2700 CORONARY CARE UNIT	3,364,298	647,999		4,012,297	-59,913	3,952,384
29	2900 SURGICAL INTENSIVE CARE UNIT	5,207,515	1,020,917		6,228,432	-132,401	6,096,031
30.01	2041 NEURO-ICU	4,268,831	840,199		5,109,030	-161,814	4,947,216
30.02	2042 CARDIO-THORACIC ICU	5,804,451	1,164,736		6,969,187	-210,591	6,758,596
31	3100 SUBPROVIDER	5,353,225	1,518,472		6,871,697	-4,112	6,867,585
33	3300 NURSERY	849,083	281,238		1,130,321	-38,642	1,091,679
34	3400 SKILLED NURSING FACILITY	2,703,027	1,250,801		3,953,828	-265,572	3,688,256
35	3500 NURSING FACILITY	479	37		516	299,858	300,374
36	3600 OTHER LONG TERM CARE	1,317,422	481,725		1,799,147	-389,833	1,409,314
37	3700 OPERATING ROOM	26,831,272	110,590,129		137,421,401	-93,453,262	43,968,139
38	3800 RECOVERY ROOM	7,404,243	2,138,039		9,542,282	1,730,217	11,272,499
39	3900 DELIVERY ROOM & LABOR ROOM	4,462,593	1,559,964		6,022,557	-343,316	5,679,241
40	4000 ANESTHESIOLOGY	1,369,407	12,749,388		14,118,795	-4,413,654	9,705,141
41	4100 RADIOLOGY-DIAGNOSTIC	15,040,680	19,528,102		34,568,782	-12,495,110	22,073,672
42	4200 RADIOLOGY-THERAPEUTIC	6,100,997	15,618,608		21,719,605	-3,009,046	18,710,559
43	4300 RADIOISOTOPE	1,793,406	818,336		2,611,742	-164,857	2,446,885
44	4400 LABORATORY	12,065,217	15,436,798		27,502,015	-696,841	26,805,174
44.01	4401 HLA LAB	723,573	1,811,075		2,534,648	-18,832	2,515,816
47	4700 BLOOD STORAGE, PROCESSING & TRANS.	4,303,065	19,645,406		23,948,471	-211,658	23,736,813
49	4900 RESPIRATORY THERAPY	6,387,399	3,291,100		9,678,499	-2,171,181	7,507,318
50	5000 PHYSICAL THERAPY	3,363,921	551,700		3,915,621	-48,029	3,867,592
51	5100 OCCUPATIONAL THERAPY	1,246,876	124,670		1,371,546	-12,679	1,358,867
52	5200 SPEECH PATHOLOGY	471,803	122,082		593,885	-62,568	531,317
53	5300 ELECTROCARDIOLOGY	2,353,985	1,386,866		3,740,851	-743,568	2,997,283
54	5400 ELECTROENCEPHALOGRAPHY	392,288	417,741		810,029	-64,834	745,195
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS					140,145,303	140,145,303
56	5600 DRUGS CHARGED TO PATIENTS						
57	5700 RENAL DIALYSIS	1,472,318	851,485		2,323,803	-88,816	2,234,987
59	3230 CAT SCAN	2,428,057	1,802,253		4,230,310	-1,747,690	2,482,620
59.01	3630 ULTRASOUND	732,836	1,185,183		1,918,019	-281,205	1,636,814
59.02	3120 CARDIAC CATHETERIZATION LABORATORY	2,949,970	21,650,091		24,600,061	-20,490,139	4,109,922
59.03	3330 ENDOSCOPY	3,177,584	3,595,928		6,773,512	-2,556,526	4,216,986
59.04	3331 OB/GYN IN VITRO	467,219	710,360		1,177,579	-97,038	1,080,541
59.05	3950 OUTPATIENT PHARMACY	2,290,611	13,460,856		15,751,467	-13,493,320	2,258,147
59.06	3320 ELECTROSHOCK THERAPY	191,259	47,785		239,044	-8,145	230,899
59.07	3550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	482,893	62,311		545,204	-59,211	485,993
60	6000 CLINIC	6,621,907	3,422,154		10,044,061	-796,843	9,247,218
61	6100 EMERGENCY	11,097,821	7,279,932		18,377,753	-1,818,870	16,558,883
62	6200 OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS						
65	6500 AMBULANCE SERVICES SPEC PURPOSE COST CENTERS		754		754		754
82	8200 LUNG ACQUISITION	311,071	3,295,309		3,606,380	126,156	3,732,536
83	8300 KIDNEY ACQUISITION	524,056	3,794,710		4,318,766	367,804	4,686,570
84	8400 LIVER ACQUISITION	399,278	3,617,319		4,016,597	129,964	4,146,561
85	8500 HEART ACQUISITION	171,404	1,176,956		1,348,360	-18,093	1,330,267
85.01	8510 PANCREAS ACQUISITION		142,104		142,104	391	142,495
86	8600 OTHER ORGAN ACQUISITION	274,728	3,421,754		3,696,482	-739	3,695,743

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 26-0032
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/25/2009
 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	SPEC PURPOSE COST CENTERS					
88 8800	INTEREST EXPENSE		21,202,554	21,202,554		21,202,554
90 9000	OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS	411,968,273	760,328,373	1,172,296,646	-1,148,397	1,171,148,249
	NONREIMBURS COST CENTERS					
97 9700	RESEARCH				60,119	60,119
97.02 9702	RESEARCH-GCRC-I/P		45,738	45,738	55,706	101,444
97.03 9703	RESEARCH-GCRC-O/P		10,789	10,789	46,744	57,533
100 7950	OTHER NONREIMBURSABLE COST CENTERS	3,842,342	3,814,101	7,656,443	985,218	8,641,661
100.01 7951	DEVELOPMENT		6,559	6,559	-354	6,205
100.02 7952	MARKETING/COMMUNITY RELATIONS	579,648	2,594,069	3,173,717	964	3,174,681
100.03 7953	GUEST MEALS					
101	TOTAL	416,390,263	766,799,629	1,183,189,892	-0-	1,183,189,892

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 26-0032
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 5/25/2009
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3 0300	NEW CAP REL COSTS-BLDG & FIXT	747,875	2,310,624
3.01 0301	NEW CRC-B&F(BH PRE-MERGE)	54,917	4,223,426
3.02 0302	NEW CRC-B&F(BJH POSTMERGE)	64,361	14,075,002
3.03 0303	NEW CRC-B&F(BJH CAMP EXP)		15,411,326
3.04 0304	NEW CRC-B&F(GSON)		1,733,548
3.05 0305	NEW CRC-B&F(THE HIGHLANDS)	730,941	730,941
4 0400	NEW CAP REL COSTS-MVBLE EQUIP	-7,117,756	35,313,306
5 0500	EMPLOYEE BENEFITS	-6,582,678	65,503,517
6.01 0610	NONPATIENT TELEPHONES	321	907,120
6.02 0620	DATA PROCESSING		
6.03 0630	PURCHASING, RECEIVING AND STORES	3,366,344	5,205,974
6.04 0640	ADMINISTRATIVE	15,742	9,971,927
6.05 0650	CASHIERING/ACCOUNTS RECEIVABLE	-88,372	6,909,524
6.06 0660	OTHER ADMINISTRATIVE AND GENERAL	24,235,225	150,319,672
8 0800	OPERATION OF PLANT	9,365,878	34,692,881
9 0900	LAUNDRY & LINEN SERVICE		3,202,469
10 1000	HOUSEKEEPING		13,028,105
11 1100	DIETARY	-109,612	8,599,695
12 1200	CAFETERIA	-9,146,148	5,265,258
13.01 1301	EXTENDED CARE SERVICES	-49,199	1,364,310
14 1400	NURSING ADMINISTRATION	-1,824,569	26,161,127
15 1500	CENTRAL SERVICES & SUPPLY	1,198	12,171,430
16 1600	PHARMACY	-144,230	93,151,158
17 1700	MEDICAL RECORDS & LIBRARY	-921,587	15,800,631
18 1800	SOCIAL SERVICE		3,062,027
19.01 1951	LAB ADMINISTRATION	-4,061,411	3,544,845
19.02 1952	RESEARCH ADMINISTRATION		5,020
21 2100	NURSING SCHOOL	-7,860,726	925
22 2200	I&R SERVICES-SALARY & FRINGES APPRVD	-11,200,389	86,907,370
24.01 2401	PARAMEDICAL PRGM-HOSP ADMIN		165,083
24.02 2402	PARAMEDICAL PRGM-PHARMACY		210,954
24.04 2404	PARAMEDICAL PRGM-PASTORAL ED		101,317
	INPAT ROUTINE SRVC CNTRS		
25 2500	ADULTS & PEDIATRICS	-229,554	90,379,155
26 2600	INTENSIVE CARE UNIT	471	7,306,885
27 2700	CORONARY CARE UNIT	-24	3,952,360
29 2900	SURGICAL INTENSIVE CARE UNIT		6,096,031
30.01 2041	NEURO-ICU	7,029	4,954,245
30.02 2042	CARDIO-THORACIC ICU	-337	6,758,259
31 3100	SUBPROVIDER	-10,354	6,857,231
33 3300	NURSERY		1,091,679
34 3400	SKILLED NURSING FACILITY	-29	3,688,227
35 3500	NURSING FACILITY		300,374
36 3600	OTHER LONG TERM CARE		1,409,314
	ANCILLARY SRVC COST CNTRS		
37 3700	OPERATING ROOM	-287,884	43,680,255
38 3800	RECOVERY ROOM		11,272,499
39 3900	DELIVERY ROOM & LABOR ROOM		5,679,241
40 4000	ANESTHESIOLOGY	-6,448,376	3,256,765
41 4100	RADIOLOGY-DIAGNOSTIC	-1,500,857	20,572,815
42 4200	RADIOLOGY-THERAPEUTIC	-9,709,193	9,001,366
43 4300	RADIOISOTOPE		2,446,885
44 4400	LABORATORY	70,005	26,875,179
44.01 4401	HLA LAB	114,103	2,629,919
47 4700	BLOOD STORING, PROCESSING & TRANS.	115,218	23,852,031
49 4900	RESPIRATORY THERAPY	-5,007	7,502,311
50 5000	PHYSICAL THERAPY	-1,790	3,865,802
51 5100	OCCUPATIONAL THERAPY	-490	1,358,377
52 5200	SPEECH PATHOLOGY	-2	531,315
53 5300	ELECTROCARDIOLOGY	-82,182	2,915,101
54 5400	ELECTROENCEPHALOGRAPHY		745,195
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		140,145,303
56 5600	DRUGS CHARGED TO PATIENTS	-541	-541
57 5700	RENAL DIALYSIS		2,234,987
59 3230	CAT SCAN	-1	2,482,619
59.01 3630	ULTRASOUND		1,636,814
59.02 3120	CARDIAC CATHETERIZATION LABORATORY	14,538	4,124,460
59.03 3330	ENDOSCOPY	-131	4,216,855
59.04 3331	OB/GYN IN VITRO	-81,595	998,946
59.05 3950	OUTPATIENT PHARMACY	-905,197	1,352,950
59.06 3320	ELECTROSHOCK THERAPY		230,899
59.07 3550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	-261	485,732
	OUTPAT SERVICE COST CNTRS		
60 6000	CLINIC	-426,600	8,820,618
61 6100	EMERGENCY	-1,301,427	15,257,456
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
65 6500	AMBULANCE SERVICES	-754	
	SPEC PURPOSE COST CENTERS		
82 8200	LUNG ACQUISITION	-152	3,732,384
83 8300	KIDNEY ACQUISITION	-376,908	4,309,662
84 8400	LIVER ACQUISITION		4,146,561
85 8500	HEART ACQUISITION		1,330,267
85.01 8510	PANCREAS ACQUISITION		142,495
86 8600	OTHER ORGAN ACQUISITION	-13,824	3,681,919

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 26-0032
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 5/25/2009
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	SPEC PURPOSE COST CENTERS		
88 8800	INTEREST EXPENSE	-21,202,554	-0-
90 9000	OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-52,788,535	1,118,359,714
	NONREIMBURS COST CENTERS		
97 9700	RESEARCH		60,119
97.02 9702	RESEARCH-GCRC-I/P		101,444
97.03 9703	RESEARCH-GCRC-O/P		57,533
100 7950	OTHER NONREIMBURSABLE COST CENTERS	1,248	8,642,909
100.01 7951	DEVELOPMENT		6,205
100.02 7952	MARKETING/COMMUNITY RELATIONS		3,174,681
100.03 7953	GUEST MEALS		
101	TOTAL	-52,787,287	1,130,402,605

COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2009
 I 26-0032 I FROM 1/ 1/2008 I NOT A CMS WORKSHEET
 I I TO 12/31/2008 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
3.01	NEW CRC-B&F(BH PRE-MERGE)	0301	NEW CAP REL COSTS-BLDG & FIXT
3.02	NEW CRC-B&F(BJH POSTMERGE)	0302	NEW CAP REL COSTS-BLDG & FIXT
3.03	NEW CRC-B&F(BJH CAMP EXP)	0303	NEW CAP REL COSTS-BLDG & FIXT
3.04	NEW CRC-B&F(GSON)	0304	NEW CAP REL COSTS-BLDG & FIXT
3.05	NEW CRC-B&F(THE HIGHLANDS)	0305	NEW CAP REL COSTS-BLDG & FIXT
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	NONPATIENT TELEPHONES	0610	NONPATIENT TELEPHONES
6.02	DATA PROCESSING	0620	DATA PROCESSING
6.03	PURCHASING, RECEIVING AND STORES	0630	PURCHASING, RECEIVING AND STORES
6.04	ADMINISTRATIVE	0640	ADMINISTRATIVE
6.05	CASHIERING/ACCOUNTS RECEIVABLE	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.06	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
13.01	EXTENDED CARE SERVICES	1301	MAINTENANCE OF PERSONNEL
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
19.01	LAB ADMINISTRATION	1951	OTHER GENERAL SERVICE COST CENTERS
19.02	RESEARCH ADMINISTRATION	1952	OTHER GENERAL SERVICE COST CENTERS
21	NURSING SCHOOL	2100	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
24.01	PARAMEDICAL PRGM-HOSP ADMIN	2401	PARAMEDICAL PRGM
24.02	PARAMEDICAL PRGM-PHARMACY	2402	PARAMEDICAL PRGM
24.04	PARAMEDICAL PRGM-PASTORAL ED	2404	PARAMEDICAL PRGM
	INPAT ROUTINE SRVC COST		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
29	SURGICAL INTENSIVE CARE UNIT	2900	
30.01	NEURO-ICU	2041	DETOXIFICATION INTENSIVE CARE UNIT
30.02	CARDIO-THORACIC ICU	2042	DETOXIFICATION INTENSIVE CARE UNIT
31	SUBPROVIDER	3100	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
35	NURSING FACILITY	3500	
36	OTHER LONG TERM CARE	3600	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
44.01	HLA LAB	4401	LABORATORY
47	BLOOD STORING, PROCESSING & TRANS.	4700	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
59	CAT SCAN	3230	CAT SCAN
59.01	ULTRASOUND	3630	ULTRASOUND
59.02	CARDIAC CATHETERIZATION LABORATORY	3120	CARDIAC CATHETERIZATION LABORATORY
59.03	ENDOSCOPY	3330	ENDOSCOPY
59.04	OB/GYN IN VITRO	3331	ENDOSCOPY
59.05	OUTPATIENT PHARMACY	3950	OTHER ANCILLARY SERVICE COST CENTERS
59.06	ELECTROSHOCK THERAPY	3320	ELECTROSHOCK THERAPY
59.07	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DIAGNOSTIC PART)	6200	
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
	SPEC PURPOSE COST CE		
82	LUNG ACQUISITION	8200	
83	KIDNEY ACQUISITION	8300	
84	LIVER ACQUISITION	8400	
85	HEART ACQUISITION	8500	
85.01	PANCREAS ACQUISITION	8510	
86	OTHER ORGAN ACQUISITION	8600	
88	INTEREST EXPENSE	8800	

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COST CENTERS USED IN COST REPORT

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	SPEC PURPOSE COST CE		
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
97	RESEARCH	9700	
97.02	RESEARCH-GCRC-I/P	9702	RESEARCH
97.03	RESEARCH-GCRC-O/P	9703	RESEARCH
100	OTHER NONREIMBURSABLE COST CENTERS	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	DEVELOPMENT	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	MARKETING/COMMUNITY RELATIONS	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	GUEST MEALS	7953	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

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EXPLANATION OF RECLASSIFICATION	----- INCREASE -----					
	CODE (1)	COST CENTER	2	LINE NO	SALARY 4	OTHER 5
1 RECLASS COST OF DRUGS SOLD	A	PHARMACY		16		15,970,180
2						
3						
4						
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29						
30 RECLASS COST OF MEDICAL SUPPLIES	B	MEDICAL SUPPLIES CHARGED TO PATIENTS		55		140,145,303
31						
32						
33						
34						
35						
1 RECLASS COST OF MEDICAL SUPPLIES	B					
2						
3						
4						
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6						
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RECLASSIFICATIONS

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EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 RECLASS COST OF MEDICAL SUPPLIES	B				
2					
3					
4					
5 RECLASS EQUIPMENT DEPRECIATION	D	NEW CAP REL COSTS-MVBLE EQUIP	4		29,394,102
6					
7					
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11					
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29					
30					
31					
32 RECLASS DEPRECIATION	E	NEW CAP REL COSTS-BLDG & FIXT	3		1,474,802
33		NEW CRC-B&F(BH PRE-MERGE)	3.01		4,204,710
34		NEW CRC-B&F(BJH CAMP EXP)	3.03		15,567,508
35		NEW CAP REL COSTS-MVBLE EQUIP	4		717,880

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RECLASSIFICATIONS

----- INCREASE -----					
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 RECLASS WASH U CONTRACT COSTS	F	I & R SERVICES-SALARY & FRINGES APPRVD	22		46,581,420
2 RECLASS COST OF INTERPRETORS	G	OTHER ADMINISTRATIVE AND GENERAL	6.06	512,320	170,513
3 RECLASS GAMMA KNIFE COSTS	H	RADIOLOGY-THERAPEUTIC	42		86,025
4					
5 RECLASS PARAMEDICAL EDUCATION	I	PARAMED ED PRGM-HOSP ADMIN	24.01	153,629	11,454
6		PARAMED ED PRGM-PHARMACY	24.02	195,965	14,989
7		PARAMED ED PRGM-PASTORAL ED	24.04	73,082	28,235
8 RECLASS FINANCE ACCRUALS	J	EMPLOYEE BENEFITS	5	544,380	44,447
9		OTHER ADMINISTRATIVE AND GENERAL	6.06		1,479,960
10		OPERATION OF PLANT	8		142,961
11 RECLASS NURSING FACILITY COSTS	K	NURSING FACILITY	35	219,570	80,288
12 RECLASS DIETARY COSTS TO CAFETERIA	L	CAFETERIA	12	1,530,976	3,911,265
13 RECLASS PRE-TRANSPLANT DIETICIAN	M	LUNG ACQUISITION	82	8,716	629
14		KIDNEY ACQUISITION	83	2,314	161
15		LIVER ACQUISITION	84	8,690	606
16		HEART ACQUISITION	85	2,925	215
17 RECLASS TRANSPLANT SALARIES & FICA	N	NURSING ADMINISTRATION	14	390,397	27,184
18		LUNG ACQUISITION	82	92,209	6,576
19		KIDNEY ACQUISITION	83	265,313	18,929
20		LIVER ACQUISITION	84	93,762	6,221
21 RECLASS RSCH ADMIN & RSCH COSTS	P	RESEARCH ADMINISTRATION	19.02	2,578	2,442
22		RESEARCH	97	43,042	17,077
23 RECLASS BARNARD BUILDING RENTAL	Q	OTHER ADMINISTRATIVE AND GENERAL	6.06		12,443
24		LABORATORY	44		75,769
25		RESEARCH-GCRC-I/P	97.02		59,725
26		RESEARCH-GCRC-O/P	97.03		51,744
27		OTHER NONREIMBURSABLE COST CENTERS	100		8,306
28 RECLASS NON-REIMBURSABLE PARKING	R	OTHER NONREIMBURSABLE COST CENTERS	100	220,936	1,064,835
29					
30					
31					
32					
33 RECLASS BJC SPACE RELATED COSTS	S	EMPLOYEE BENEFITS	5		186,067
34		OTHER ADMINISTRATIVE AND GENERAL	6.06		1,794,892
35		OPERATION OF PLANT	8		813,809
1 RECLASS BJC SPACE RELATED COSTS	S	OTHER ADMINISTRATIVE AND GENERAL	6.06		301,100
2					
3 RECLASS EXTENDED RECOVERY NURSING	T	RECOVERY ROOM	38		2,173,508
4 RECLASS PHYSICIAN SUITE CLEANING	U	OTHER NONREIMBURSABLE COST CENTERS	100	287,669	84,339
5 RECLASS PROPERTY INSURANCE	V	OTHER CAPITAL RELATED COSTS	90		1,290,379
6 RECLASS RECRUITING BONUSES	W	EMPLOYEE BENEFITS	5	112,111	
7		OTHER ADMINISTRATIVE AND GENERAL	6.06	189,198	
8		EXTENDED CARE SERVICES	13.01	463	
9		NURSING SCHOOL	21	64,566	
10		I & R SERVICES-SALARY & FRINGES APPRVD	22	17,162	
11 RECLASS EMPLOYEE AWARDS	X	EMPLOYEE BENEFITS	5	14,260	
12		NONPATIENT TELEPHONES	6.01	6,286	
13		PURCHASING, RECEIVING AND STORES	6.03	4,005	
14		ADMINISTRATIVE	6.04	27,901	
15		CASHIERING/ACCOUNTS RECEIVABLE	6.05	14,301	
16		OTHER ADMINISTRATIVE AND GENERAL	6.06	44,889	
17		OPERATION OF PLANT	8	24,095	
18		HOUSEKEEPING	10	57,780	
19		DIETARY	11	27,463	
20		CAFETERIA	12	12,337	
21		NURSING ADMINISTRATION	14	53,051	
22		CENTRAL SERVICES & SUPPLY	15	11,339	
23		PHARMACY	16	29,518	
24		MEDICAL RECORDS & LIBRARY	17	30,790	
25		SOCIAL SERVICE	18	5,925	
26		LAB ADMINISTRATION	19.01	7,044	
27		NURSING SCHOOL	21	9,071	
28		I & R SERVICES-SALARY & FRINGES APPRVD	22	99,623	
29		ADULTS & PEDIATRICS	25	193,685	
30		INTENSIVE CARE UNIT	26	13,185	
31		CORONARY CARE UNIT	27	7,265	
32		SURGICAL INTENSIVE CARE UNIT	29	12,092	
33		NEURO-ICU	30.01	9,220	
34		CARDIO-THORACIC ICU	30.02	11,280	
35		SUBPROVIDER	31	13,635	

RECLASSIFICATIONS

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EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 1	2	INCREASE		SALARY 4	OTHER 5
				LINE NO 3			
1 RECLASS EMPLOYEE AWARDS	X	NURSERY		33		2,237	
2		SKILLED NURSING FACILITY		34		914	
3		OPERATING ROOM		37		57,928	
4		RECOVERY ROOM		38		16,958	
5		DELIVERY ROOM & LABOR ROOM		39		11,043	
6		ANESTHESIOLOGY		40		5,258	
7		RADIOLOGY-DIAGNOSTIC		41		40,963	
8		RADIOLOGY-THERAPEUTIC		42		14,087	
9		RADIOISOTOPE		43		4,972	
10		LABORATORY		44		37,524	
11		HLA LAB		44.01		1,873	
12		BLOOD STORING, PROCESSING & TRANS.		47		10,761	
13		RESPIRATORY THERAPY		49		15,383	
14		PHYSICAL THERAPY		50		6,802	
15		OCCUPATIONAL THERAPY		51		3,055	
16		SPEECH PATHOLOGY		52		1,134	
17		ELECTROCARDIOLOGY		53		8,950	
18		ELECTROENCEPHALOGRAPHY		54		756	
19		RENAL DIALYSIS		57		3,082	
20		CAT SCAN		59		6,113	
21		ULTRASOUND		59.01		1,782	
22		CARDIAC CATHETERIZATION LABORATORY		59.02		6,861	
23		ENDOSCOPY		59.03		7,582	
24		OB/GYN IN VITRO		59.04		923	
25		OUTPATIENT PHARMACY		59.05		4,958	
26		ELECTROSHOCK THERAPY		59.06		588	
27		PSYCHIATRIC/PSYCHOLOGICAL SERVICES		59.07		13,533	
28		CLINIC		60		16,823	
29		EMERGENCY		61		26,916	
30		LUNG ACQUISITION		82		907	
31		KIDNEY ACQUISITION		83		1,163	
32		LIVER ACQUISITION		84		1,118	
33		HEART ACQUISITION		85		605	
34		OTHER ORGAN ACQUISITION		86		605	
35		OTHER NONREIMBURSABLE COST CENTERS		100		14,772	
1 RECLASS EMPLOYEE AWARDS	X	MARKETING/COMMUNITY RELATIONS		100.02		1,118	
2 RECLASS PRETRANSPLANT SOCIAL SERVICE	Y	LUNG ACQUISITION		82		20,797	1,531
3		KIDNEY ACQUISITION		83		75,015	5,319
4		LIVER ACQUISITION		84		18,210	1,357
5		HEART ACQUISITION		85		24,350	1,795
6		PANCREAS ACQUISITION		85.01		365	26
36 TOTAL RECLASSIFICATIONS						6,260,797	268,033,026

(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

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260032

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----- DECREASE -----						
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	LINE NO 7	SALARY 8	OTHER 9	A-7 REF 10
1 RECLASS COST OF DRUGS SOLD	A	ADULTS & PEDIATRICS	25		1,020	
2		CORONARY CARE UNIT	27		7	
3		SURGICAL INTENSIVE CARE UNIT	29		69	
4		NEURO-ICU	30.01		98	
5		CARDIO-THORACIC ICU	30.02		21	
6		SUBPROVIDER	31		425	
7		OPERATING ROOM	37		31,674	
8		RECOVERY ROOM	38		295	
9		DELIVERY ROOM & LABOR ROOM	39		75	
10		ANESTHESIOLOGY	40		1,393,691	
11		RADIOLOGY-DIAGNOSTIC	41		217,328	
12		RADIOLOGY-THERAPEUTIC	42		378,095	
13		RADIOISOTOPE	43		69	
14		LABORATORY	44		102	
15		BLOOD STORING, PROCESSING & TRANS.	47		10,830	
16		RESPIRATORY THERAPY	49		1,611	
17		ELECTROCARDIOLOGY	53		4,532	
18		RENAL DIALYSIS	57		14,015	
19		CAT SCAN	59		24,347	
20		ULTRASOUND	59.01		2,876	
21		CARDIAC CATHETERIZATION LABORATORY	59.02		100	
22		ENDOSCOPY	59.03		246	
23		OB/GYN IN VITRO	59.04		26,515	
24		OUTPATIENT PHARMACY	59.05		13,469,563	
25		ELECTROSHOCK THERAPY	59.06		168	
26		PSYCHIATRIC/PSYCHOLOGICAL SERVICES	59.07		72,496	
27		CLINIC	60		291,934	
28		EMERGENCY	61		27,930	
29		RESEARCH-GCRC-I/P	97.02		48	
30 RECLASS COST OF MEDICAL SUPPLIES	B	PURCHASING, RECEIVING AND STORES	6.03		5,397,422	
31		EXTENDED CARE SERVICES	13.01		330	
32		NURSING ADMINISTRATION	14		3,989	
33		CENTRAL SERVICES & SUPPLY	15		1,792,464	
34		PHARMACY	16		3,482,052	
35		MEDICAL RECORDS & LIBRARY	17		57	
1 RECLASS COST OF MEDICAL SUPPLIES	B	NURSING SCHOOL	21		6,162	
2		ADULTS & PEDIATRICS	25		717,107	
3		INTENSIVE CARE UNIT	26		73,614	
4		CORONARY CARE UNIT	27		37,804	
5		SURGICAL INTENSIVE CARE UNIT	29		107,654	
6		NEURO-ICU	30.01		99,728	
7		CARDIO-THORACIC ICU	30.02		162,201	
8		SUBPROVIDER	31		6,367	
9		NURSERY	33		37,279	
10		SKILLED NURSING FACILITY	34		257,266	
11		OTHER LONG TERM CARE	36		89,975	
12		OPERATING ROOM	37		89,023,567	
13		RECOVERY ROOM	38		394,968	
14		DELIVERY ROOM & LABOR ROOM	39		259,363	
15		ANESTHESIOLOGY	40		2,432,424	
16		RADIOLOGY-DIAGNOSTIC	41		8,827,809	
17		RADIOLOGY-THERAPEUTIC	42		642,978	
18		RADIOISOTOPE	43		43,165	
19		LABORATORY	44		86,507	
20		HLA LAB	44.01		413	
21		BLOOD STORING, PROCESSING & TRANS.	47		109,550	
22		RESPIRATORY THERAPY	49		1,786,771	
23		PHYSICAL THERAPY	50		26,475	
24		OCCUPATIONAL THERAPY	51		15,298	
25		SPEECH PATHOLOGY	52		14,869	
26		ELECTROCARDIOLOGY	53		208,642	
27		ELECTROENCEPHALOGRAPHY	54		2,542	
28		RENAL DIALYSIS	57		34,602	
29		CAT SCAN	59		1,002,082	
30		ULTRASOUND	59.01		28,931	
31		CARDIAC CATHETERIZATION LABORATORY	59.02		19,005,847	
32		ENDOSCOPY	59.03		1,924,559	
33		OB/GYN IN VITRO	59.04		38,331	
34		OUTPATIENT PHARMACY	59.05		462	
35		ELECTROSHOCK THERAPY	59.06		5,443	

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EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF
			LINE NO				
1 RECLASS COST OF MEDICAL SUPPLIES	B	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	59.07			34	
2		CLINIC	60			427,334	
3		EMERGENCY	61			1,529,522	
4		OTHER ORGAN ACQUISITION	86			1,344	
5 RECLASS EQUIPMENT DEPRECIATION	D	EMPLOYEE BENEFITS	5			34,582	9
6		PURCHASING, RECEIVING AND STORES	6.03			421	
7		ADMITTING	6.04			40,368	
8		CASHIERING/ACCOUNTS RECEIVABLE	6.05			4,095	
9		OTHER ADMINISTRATIVE AND GENERAL	6.06			11,098,544	
10		OPERATION OF PLANT	8			434,497	
11		LAUNDRY & LINEN SERVICE	9			1,647	
12		HOUSEKEEPING	10			102,239	
13		DIETARY	11			93,405	
14		CAFETERIA	12			30,387	
15		EXTENDED CARE SERVICES	13.01			1,346	
16		NURSING ADMINISTRATION	14			450,902	
17		CENTRAL SERVICES & SUPPLY	15			272,721	
18		PHARMACY	16			28,006	
19		MEDICAL RECORDS & LIBRARY	17			90,200	
20		SOCIAL SERVICE	18			943	
21		LAB ADMINISTRATION	19.01			7,518	
22		NURSING SCHOOL	21			10,202	
23		I&R SERVICES-SALARY & FRINGES APPRVD	22			7,898	
24		ADULTS & PEDIATRICS	25			898,729	
25		INTENSIVE CARE UNIT	26			37,461	
26		CORONARY CARE UNIT	27			29,367	
27		SURGICAL INTENSIVE CARE UNIT	29			36,770	
28		NEURO-ICU	30.01			71,208	
29		CARDIO-THORACIC ICU	30.02			59,649	
30		SUBPROVIDER	31			10,955	
31		NURSERY	33			3,600	
32		SKILLED NURSING FACILITY	34			9,220	
33		OPERATING ROOM	37			3,603,341	
34		RECOVERY ROOM	38			64,986	
35		DELIVERY ROOM & LABOR ROOM	39			94,921	
1 RECLASS EQUIPMENT DEPRECIATION	D	ANESTHESIOLOGY	40			592,797	
2		RADIOLOGY-DIAGNOSTIC	41			3,432,971	
3		RADIOLOGY-THERAPEUTIC	42			2,088,085	
4		RADIOISOTOPE	43			126,595	
5		LABORATORY	44			723,525	
6		HLA LAB	44.01			20,292	
7		BLOOD STORING, PROCESSING & TRANS.	47			102,039	
8		RESPIRATORY THERAPY	49			398,182	
9		PHYSICAL THERAPY	50			28,356	
10		OCCUPATIONAL THERAPY	51			436	
11		SPEECH PATHOLOGY	52			48,833	
12		ELECTROCARDIOLOGY	53			539,344	
13		ELECTROENCEPHALOGRAPHY	54			63,048	
14		RENAL DIALYSIS	57			43,281	
15		CAT SCAN	59			699,314	
16		ULTRASOUND	59.01			251,180	
17		CARDIAC CATHETERIZATION LABORATORY	59.02			1,491,053	
18		ENDOSCOPY	59.03			639,303	
19		OB/GYN IN VITRO	59.04			33,115	
20		OUTPATIENT PHARMACY	59.05			28,253	
21		ELECTROSHOCK THERAPY	59.06			3,122	
22		PSYCHIATRIC/PSYCHOLOGICAL SERVICES	59.07			214	
23		CLINIC	60			94,398	
24		EMERGENCY	61			288,334	
25		LUNG ACQUISITION	82			5,209	
26		KIDNEY ACQUISITION	83			410	
27		RESEARCH-GCRC-I/P	97.02			3,971	
28		RESEARCH-GCRC-O/P	97.03			5,000	
29		OTHER NONREIMBURSABLE COST CENTERS	100			12,806	
30		DEVELOPMENT	100.01			354	
31		MARKETING/COMMUNITY RELATIONS	100.02			154	
32 RECLASS DEPRECIATION	E	NEW CRC-B&F(BJH POSTMERGE)	3.02			21,247,020	9
33		NEW CRC-B&F(GSON)	3.04			717,880	9
34							9
35							9

RECLASSIFICATIONS

PROVIDER NO:
260032

PERIOD:
FROM 1/1/2008
TO 12/31/2008

PREPARED 5/25/2009
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION		CODE (1)	COST CENTER 6	LINE NO 7	SALARY 8	OTHER 9	A-7 REF 10
1	RECLASS WASH U CONTRACT COSTS	F	OTHER ADMINISTRATIVE AND GENERAL	6.06		46,581,420	
2	RECLASS COST OF INTERPRETORS	G	OTHER NONREIMBURSABLE COST CENTERS	100	512,320	170,513	
3	RECLASS GAMMA KNIFE COSTS	H	RADIOLOGY-DIAGNOSTIC	41		57,965	
4			CAT SCAN	59		28,060	
5	RECLASS PARAMEDICAL EDUCATION	I	OTHER ADMINISTRATIVE AND GENERAL	6.06	153,629	11,454	
6			PHARMACY	16	195,965	14,989	
7			OTHER ADMINISTRATIVE AND GENERAL	6.06	73,082	28,235	
8	RECLASS FINANCE ACCRUALS	J	PURCHASING, RECEIVING AND STORES	6.03		1,667,368	
9			OTHER ADMINISTRATIVE AND GENERAL	6.06	544,380		
10							
11	RECLASS NURSING FACILITY COSTS	K	OTHER LONG TERM CARE	36	219,570	80,288	
12	RECLASS DIETARY COSTS TO CAFETERIA	L	DIETARY	11	1,530,976	3,911,265	
13	RECLASS PRE-TRANSPLANT DIETICIAN	M	DIETARY	11	22,645	1,611	
14							
15							
16							
17	RECLASS TRANSPLANT SALARIES & FICA	N	OPERATING ROOM	37	796,474	56,134	
18			HEART ACQUISITION	85	45,207	2,776	
19							
20							
21	RECLASS RSCH ADMIN & RSCH COSTS	P	OTHER ADMINISTRATIVE AND GENERAL	6.06	45,620	19,519	
22							
23	RECLASS BARNARD BUILDING RENTAL	Q	OTHER ADMINISTRATIVE AND GENERAL	6.06		207,987	
24							
25							
26							
27							
28	RECLASS NON-REIMBURSABLE PARKING	R	NEW CRC-B&F(BJH POSTMERGE)	3.02		471,985	9
29			NEW CRC-B&F(BJH CAMP EXP)	3.03		442,388	9
30			NEW CAP REL COSTS-MVBLE EQUIP	4		24,533	9
31			EMPLOYEE BENEFITS	5	220,936	81,209	
32			OPERATION OF PLANT	8		44,720	
33	RECLASS BJC SPACE RELATED COSTS	S	NEW CAP REL COSTS-BLDG & FIXT	3		37,176	9
34			NEW CRC-B&F(BH PRE-MERGE)	3.01		250,132	9
35			NEW CRC-B&F(BJH POSTMERGE)	3.02		625,383	9
1	RECLASS BJC SPACE RELATED COSTS	S	OPERATION OF PLANT	8		1,365,441	
2			HOUSEKEEPING	10		817,736	
3	RECLASS EXTENDED RECOVERY NURSING	T	ADULTS & PEDIATRICS	25		2,173,508	
4	RECLASS PHYSICIAN SUITE CLEANING	U	HOUSEKEEPING	10	287,669	84,339	
5	RECLASS PROPERTY INSURANCE	V	OTHER ADMINISTRATIVE AND GENERAL	6.06		1,290,379	
6	RECLASS RECRUITING BONUSES	W	EMPLOYEE BENEFITS	5		112,111	
7			OTHER ADMINISTRATIVE AND GENERAL	6.06		189,198	
8			EXTENDED CARE SERVICES	13.01		463	
9			NURSING SCHOOL	21		64,566	
10			I&R SERVICES-SALARY & FRINGES APPRVD	22		17,162	
11	RECLASS EMPLOYEE AWARDS	X	EMPLOYEE BENEFITS	5	1,090,087		
12							
13							
14							
15							
16							
17							
18							
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RECLASSIFICATIONS

PROVIDER NO:
260032

PERIOD:
FROM 1/1/2008
TO 12/31/2008

PREPARED 5/25/2009
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	----- DECREASE -----				A-7 REF 10
	CODE (1)	COST CENTER	LINE NO	SALARY	
1 RECLASS EMPLOYEE AWARDS	X	6	7	8	9
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
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23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
1 RECLASS EMPLOYEE AWARDS	X				
2 RECLASS PRETRANSPLANT SOCIAL SERVICE	Y	SOCIAL SERVICE	18	138,737	10,028
3					
4					
5					
6					
36 TOTAL RECLASSIFICATIONS				5,877,297	268,416,526

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

RECLASSIFICATIONS

PROVIDER NO:
260032

PERIOD:
FROM 1/ 1/2008
TO 12/31/2008

PREPARED 5/25/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : RECLASS COST OF DRUGS SOLD

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PHARMACY	16	15,970,180	ADULTS & PEDIATRICS	25	1,020	
2.00			0	CORONARY CARE UNIT	27	7	
3.00			0	SURGICAL INTENSIVE CARE UNIT	29	69	
4.00			0	NEURO-ICU	30.01	98	
5.00			0	CARDIO-THORACIC ICU	30.02	21	
6.00			0	SUBPROVIDER	31	425	
7.00			0	OPERATING ROOM	37	31,674	
8.00			0	RECOVERY ROOM	38	295	
9.00			0	DELIVERY ROOM & LABOR ROOM	39	75	
10.00			0	ANESTHESIOLOGY	40	1,393,691	
11.00			0	RADIOLOGY-DIAGNOSTIC	41	217,328	
12.00			0	RADIOLOGY-THERAPEUTIC	42	378,095	
13.00			0	RADIOISOTOPE	43	69	
14.00			0	LABORATORY	44	102	
15.00			0	BLOOD STORAGE, PROCESSING & TR	47	10,830	
16.00			0	RESPIRATORY THERAPY	49	1,611	
17.00			0	ELECTROCARDIOLOGY	53	4,532	
18.00			0	RENAL DIALYSIS	57	14,015	
19.00			0	CAT SCAN	59	24,347	
20.00			0	ULTRASOUND	59.01	2,876	
21.00			0	CARDIAC CATHETERIZATION LABORA	59.02	100	
22.00			0	ENDOSCOPY	59.03	246	
23.00			0	OB/GYN IN VITRO	59.04	26,515	
24.00			0	OUTPATIENT PHARMACY	59.05	13,469,563	
25.00			0	ELECTROSHOCK THERAPY	59.06	168	
26.00			0	PSYCHIATRIC/PSYCHOLOGICAL SERV	59.07	72,496	
27.00			0	CLINIC	60	291,934	
28.00			0	EMERGENCY	61	27,930	
29.00			0	RESEARCH-GCRC-I/P	97.02	48	
TOTAL RECLASSIFICATIONS FOR CODE A			15,970,180				15,970,180

RECLASS CODE: B
EXPLANATION : RECLASS COST OF MEDICAL SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	140,145,303	PURCHASING, RECEIVING AND STOR	6.03	5,397,422	
2.00			0	EXTENDED CARE SERVICES	13.01	330	
3.00			0	NURSING ADMINISTRATION	14	3,989	
4.00			0	CENTRAL SERVICES & SUPPLY	15	1,792,464	
5.00			0	PHARMACY	16	3,482,052	
6.00			0	MEDICAL RECORDS & LIBRARY	17	57	
7.00			0	NURSING SCHOOL	21	6,162	
8.00			0	ADULTS & PEDIATRICS	25	717,107	
9.00			0	INTENSIVE CARE UNIT	26	73,614	
10.00			0	CORONARY CARE UNIT	27	37,804	
11.00			0	SURGICAL INTENSIVE CARE UNIT	29	107,654	
12.00			0	NEURO-ICU	30.01	99,728	
13.00			0	CARDIO-THORACIC ICU	30.02	162,201	
14.00			0	SUBPROVIDER	31	6,367	
15.00			0	NURSERY	33	37,279	
16.00			0	SKILLED NURSING FACILITY	34	257,266	
17.00			0	OTHER LONG TERM CARE	36	89,975	
18.00			0	OPERATING ROOM	37	89,023,567	
19.00			0	RECOVERY ROOM	38	394,968	
20.00			0	DELIVERY ROOM & LABOR ROOM	39	259,363	
21.00			0	ANESTHESIOLOGY	40	2,432,424	
22.00			0	RADIOLOGY-DIAGNOSTIC	41	8,827,809	
23.00			0	RADIOLOGY-THERAPEUTIC	42	642,978	
24.00			0	RADIOISOTOPE	43	43,165	
25.00			0	LABORATORY	44	86,507	
26.00			0	HLA LAB	44.01	413	
27.00			0	BLOOD STORAGE, PROCESSING & TR	47	109,550	
28.00			0	RESPIRATORY THERAPY	49	1,786,771	
29.00			0	PHYSICAL THERAPY	50	26,475	
30.00			0	OCCUPATIONAL THERAPY	51	15,298	
31.00			0	SPEECH PATHOLOGY	52	14,869	
32.00			0	ELECTROCARDIOLOGY	53	208,642	
33.00			0	ELECTROENCEPHALOGRAPHY	54	2,542	
34.00			0	RENAL DIALYSIS	57	34,602	
35.00			0	CAT SCAN	59	1,002,082	
36.00			0	ULTRASOUND	59.01	28,931	
37.00			0	CARDIAC CATHETERIZATION LABORA	59.02	19,005,847	

RECLASSIFICATIONS

PROVIDER NO:
260032

PERIOD:
FROM 1/ 1/2008
TO 12/31/2008

PREPARED 5/25/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: B
EXPLANATION : RECLASS COST OF MEDICAL SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
38.00			0	ENDOSCOPY	59.03	1,924,559	
39.00			0	OB/GYN IN VITRO	59.04	38,331	
40.00			0	OUTPATIENT PHARMACY	59.05	462	
41.00			0	ELECTROSHOCK THERAPY	59.06	5,443	
42.00			0	PSYCHIATRIC/PSYCHOLOGICAL SERV	59.07	34	
43.00			0	CLINIC	60	427,334	
44.00			0	EMERGENCY	61	1,529,522	
45.00			0	OTHER ORGAN ACQUISITION	86	1,344	
TOTAL RECLASSIFICATIONS FOR CODE B			140,145,303				140,145,303

RECLASS CODE: D
EXPLANATION : RECLASS EQUIPMENT DEPRECIATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	29,394,102	EMPLOYEE BENEFITS	5	34,582	
2.00			0	PURCHASING, RECEIVING AND STOR	6.03	421	
3.00			0	ADMINISTRATIVE	6.04	40,368	
4.00			0	CASHIERING/ACCOUNTS RECEIVABLE	6.05	4,095	
5.00			0	OTHER ADMINISTRATIVE AND GENER	6.06	11,098,544	
6.00			0	OPERATION OF PLANT	8	434,497	
7.00			0	LAUNDRY & LINEN SERVICE	9	1,647	
8.00			0	HOUSEKEEPING	10	102,239	
9.00			0	DIETARY	11	93,405	
10.00			0	CAFETERIA	12	30,387	
11.00			0	EXTENDED CARE SERVICES	13.01	1,346	
12.00			0	NURSING ADMINISTRATION	14	450,902	
13.00			0	CENTRAL SERVICES & SUPPLY	15	272,721	
14.00			0	PHARMACY	16	28,006	
15.00			0	MEDICAL RECORDS & LIBRARY	17	90,200	
16.00			0	SOCIAL SERVICE	18	943	
17.00			0	LAB ADMINISTRATION	19.01	7,518	
18.00			0	NURSING SCHOOL	21	10,202	
19.00			0	I&R SERVICES-SALARY & FRINGES	22	7,898	
20.00			0	ADULTS & PEDIATRICS	25	898,729	
21.00			0	INTENSIVE CARE UNIT	26	37,461	
22.00			0	CORONARY CARE UNIT	27	29,367	
23.00			0	SURGICAL INTENSIVE CARE UNIT	29	36,770	
24.00			0	NEURO-ICU	30.01	71,208	
25.00			0	CARDIO-THORACIC ICU	30.02	59,649	
26.00			0	SUBPROVIDER	31	10,955	
27.00			0	NURSERY	33	3,600	
28.00			0	SKILLED NURSING FACILITY	34	9,220	
29.00			0	OPERATING ROOM	37	3,603,341	
30.00			0	RECOVERY ROOM	38	64,986	
31.00			0	DELIVERY ROOM & LABOR ROOM	39	94,921	
32.00			0	ANESTHESIOLOGY	40	592,797	
33.00			0	RADIOLOGY-DIAGNOSTIC	41	3,432,971	
34.00			0	RADIOLOGY-THERAPEUTIC	42	2,088,085	
35.00			0	RADIOISOTOPE	43	126,595	
36.00			0	LABORATORY	44	723,525	
37.00			0	HLA LAB	44.01	20,292	
38.00			0	BLOOD STORING, PROCESSING & TR	47	102,039	
39.00			0	RESPIRATORY THERAPY	49	398,182	
40.00			0	PHYSICAL THERAPY	50	28,356	
41.00			0	OCCUPATIONAL THERAPY	51	436	
42.00			0	SPEECH PATHOLOGY	52	48,833	
43.00			0	ELECTROCARDIOLOGY	53	539,344	
44.00			0	ELECTROENCEPHALOGRAPHY	54	63,048	
45.00			0	RENAL DIALYSIS	57	43,281	
46.00			0	CAT SCAN	59	699,314	
47.00			0	ULTRASOUND	59.01	251,180	
48.00			0	CARDIAC CATHETERIZATION LABORA	59.02	1,491,053	
49.00			0	ENDOSCOPY	59.03	639,303	
50.00			0	OB/GYN IN VITRO	59.04	33,115	
51.00			0	OUTPATIENT PHARMACY	59.05	28,253	
52.00			0	ELECTROSHOCK THERAPY	59.06	3,122	
53.00			0	PSYCHIATRIC/PSYCHOLOGICAL SERV	59.07	214	
54.00			0	CLINIC	60	94,398	
55.00			0	EMERGENCY	61	288,334	
56.00			0	LUNG ACQUISITION	82	5,209	
57.00			0	KIDNEY ACQUISITION	83	410	
58.00			0	RESEARCH-GCRC-I/P	97.02	3,971	

RECLASSIFICATIONS

PROVIDER NO:
260032

PERIOD:
FROM 1/ 1/2008
TO 12/31/2008

PREPARED 5/25/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: D
EXPLANATION : RECLASS EQUIPMENT DEPRECIATION

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
59.00			0
60.00			0
61.00			0
62.00			0
TOTAL RECLASSIFICATIONS FOR CODE D			29,394,102

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
RESEARCH-GCRC-O/P	97.03	5,000	
OTHER NONREIMBURSABLE COST CEN	100	12,806	
DEVELOPMENT	100.01	354	
MARKETING/COMMUNITY RELATIONS	100.02	154	
			29,394,102

RECLASS CODE: E
EXPLANATION : RECLASS DEPRECIATION

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	1,474,802
2.00	NEW CRC-B&F(BH PRE-MERGE)	3.01	4,204,710
3.00	NEW CRC-B&F(BJH CAMP EXP)	3.03	15,567,508
4.00	NEW CAP REL COSTS-MVBLE EQUIP	4	717,880
TOTAL RECLASSIFICATIONS FOR CODE E			21,964,900

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
NEW CRC-B&F(BJH POSTMERGE)	3.02	21,247,020	
NEW CRC-B&F(GSON)	3.04	717,880	
			0
			0
			21,964,900

RECLASS CODE: F
EXPLANATION : RECLASS WASH U CONTRACT COSTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	I&R SERVICES-SALARY & FRINGES	22	46,581,420
TOTAL RECLASSIFICATIONS FOR CODE F			46,581,420

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.06	46,581,420	
			46,581,420

RECLASS CODE: G
EXPLANATION : RECLASS COST OF INTERPRETORS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OTHER ADMINISTRATIVE AND GENER	6.06	682,833
TOTAL RECLASSIFICATIONS FOR CODE G			682,833

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER NONREIMBURSABLE COST CEN	100	682,833	
			682,833

RECLASS CODE: H
EXPLANATION : RECLASS GAMMA KNIFE COSTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	RADIOLOGY-THERAPEUTIC	42	86,025
2.00			0
TOTAL RECLASSIFICATIONS FOR CODE H			86,025

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
RADIOLOGY-DIAGNOSTIC	41	57,965	
CAT SCAN	59	28,060	
			86,025

RECLASS CODE: I
EXPLANATION : RECLASS PARAMEDICAL EDUCATION

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	PARAMED ED PRGM-HOSP ADMIN	24.01	165,083
2.00	PARAMED ED PRGM-PHARMACY	24.02	210,954
3.00	PARAMED ED PRGM-PASTORAL ED	24.04	101,317
TOTAL RECLASSIFICATIONS FOR CODE I			477,354

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.06	165,083	
PHARMACY	16	210,954	
OTHER ADMINISTRATIVE AND GENER	6.06	101,317	
			477,354

RECLASS CODE: J
EXPLANATION : RECLASS FINANCE ACCRUALS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	5	588,827
2.00	OTHER ADMINISTRATIVE AND GENER	6.06	1,479,960
3.00	OPERATION OF PLANT	8	142,961
TOTAL RECLASSIFICATIONS FOR CODE J			2,211,748

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
PURCHASING, RECEIVING AND STOR	6.03	1,667,368	
OTHER ADMINISTRATIVE AND GENER	6.06	544,380	
			0
			2,211,748

RECLASS CODE: K
EXPLANATION : RECLASS NURSING FACILITY COSTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NURSING FACILITY	35	299,858
TOTAL RECLASSIFICATIONS FOR CODE K			299,858

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER LONG TERM CARE	36	299,858	
			299,858

RECLASSIFICATIONS

PROVIDER NO:
260032

PERIOD:
FROM 1/1/2008
TO 12/31/2008

PREPARED 5/25/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: L
EXPLANATION: RECLASS DIETARY COSTS TO CAFETERIA

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	5,442,241	DIETARY	11	5,442,241	
TOTAL RECLASSIFICATIONS FOR CODE L			5,442,241				5,442,241

RECLASS CODE: M
EXPLANATION: RECLASS PRE-TRANSPLANT DIETICIAN

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	LUNG ACQUISITION	82	9,345	DIETARY	11	24,256	
2.00	KIDNEY ACQUISITION	83	2,475			0	
3.00	LIVER ACQUISITION	84	9,296			0	
4.00	HEART ACQUISITION	85	3,140			0	
TOTAL RECLASSIFICATIONS FOR CODE M			24,256				24,256

RECLASS CODE: N
EXPLANATION: RECLASS TRANSPLANT SALARIES & FICA

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NURSING ADMINISTRATION	14	417,581	OPERATING ROOM	37	852,608	
2.00	LUNG ACQUISITION	82	98,785	HEART ACQUISITION	85	47,983	
3.00	KIDNEY ACQUISITION	83	284,242			0	
4.00	LIVER ACQUISITION	84	99,983			0	
TOTAL RECLASSIFICATIONS FOR CODE N			900,591				900,591

RECLASS CODE: P
EXPLANATION: RECLASS RSCH ADMIN & RSCH COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RESEARCH ADMINISTRATION	19.02	5,020	OTHER ADMINISTRATIVE AND GENER	6.06	65,139	
2.00	RESEARCH	97	60,119			0	
TOTAL RECLASSIFICATIONS FOR CODE P			65,139				65,139

RECLASS CODE: Q
EXPLANATION: RECLASS BARNARD BUILDING RENTAL

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER ADMINISTRATIVE AND GENER	6.06	12,443	OTHER ADMINISTRATIVE AND GENER	6.06	207,987	
2.00	LABORATORY	44	75,769			0	
3.00	RESEARCH-GCRC-I/P	97.02	59,725			0	
4.00	RESEARCH-GCRC-O/P	97.03	51,744			0	
5.00	OTHER NONREIMBURSABLE COST CEN	100	8,306			0	
TOTAL RECLASSIFICATIONS FOR CODE Q			207,987				207,987

RECLASS CODE: R
EXPLANATION: RECLASS NON-REIMBURSABLE PARKING

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER NONREIMBURSABLE COST CEN	100	1,285,771	NEW CRC-B&F(BJH POSTMERGE)	3.02	471,985	
2.00			0	NEW CRC-B&F(BJH CAMP EXP)	3.03	442,388	
3.00			0	NEW CAP REL COSTS-MVBLE EQUIP	4	24,533	
4.00			0	EMPLOYEE BENEFITS	5	302,145	
5.00			0	OPERATION OF PLANT	8	44,720	
TOTAL RECLASSIFICATIONS FOR CODE R			1,285,771				1,285,771

RECLASS CODE: S
EXPLANATION: RECLASS BJC SPACE RELATED COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	186,067	NEW CAP REL COSTS-BLDG & FIXT	3	37,176	
2.00	OTHER ADMINISTRATIVE AND GENER	6.06	1,794,892	NEW CRC-B&F(BH PRE-MERGE)	3.01	250,132	
3.00	OPERATION OF PLANT	8	813,809	NEW CRC-B&F(BJH POSTMERGE)	3.02	625,383	
4.00	OTHER ADMINISTRATIVE AND GENER	6.06	301,100	OPERATION OF PLANT	8	1,365,441	
5.00			0	HOUSEKEEPING	10	817,736	
TOTAL RECLASSIFICATIONS FOR CODE S			3,095,868				3,095,868

RECLASSIFICATIONS

PROVIDER NO:
260032

PERIOD:
FROM 1/ 1/2008
TO 12/31/2008

PREPARED 5/25/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: X
EXPLANATION : RECLASS EMPLOYEE AWARDS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
35.00	LABORATORY	44	37,524			0	
36.00	HLA LAB	44.01	1,873			0	
37.00	BLOOD STORING, PROCESSING & TR	47	10,761			0	
38.00	RESPIRATORY THERAPY	49	15,383			0	
39.00	PHYSICAL THERAPY	50	6,802			0	
40.00	OCCUPATIONAL THERAPY	51	3,055			0	
41.00	SPEECH PATHOLOGY	52	1,134			0	
42.00	ELECTROCARDIOLOGY	53	8,950			0	
43.00	ELECTROENCEPHALOGRAPHY	54	756			0	
44.00	RENAL DIALYSIS	57	3,082			0	
45.00	CAT SCAN	59	6,113			0	
46.00	ULTRASOUND	59.01	1,782			0	
47.00	CARDIAC CATHETERIZATION LABORA	59.02	6,861			0	
48.00	ENDOSCOPY	59.03	7,582			0	
49.00	OB/GYN IN VI TRO	59.04	923			0	
50.00	OUTPATIENT PHARMACY	59.05	4,958			0	
51.00	ELECTROSHOCK THERAPY	59.06	588			0	
52.00	PSYCHIATRIC/PSYCHOLOGICAL SERV	59.07	13,533			0	
53.00	CLINIC	60	16,823			0	
54.00	EMERGENCY	61	26,916			0	
55.00	LUNG ACQUISITION	82	907			0	
56.00	KIDNEY ACQUISITION	83	1,163			0	
57.00	LIVER ACQUISITION	84	1,118			0	
58.00	HEART ACQUISITION	85	605			0	
59.00	OTHER ORGAN ACQUISITION	86	605			0	
60.00	OTHER NONREIMBURSABLE COST CEN	100	14,772			0	
61.00	MARKETING/COMMUNITY RELATIONS	100.02	1,118			0	
TOTAL RECLASSIFICATIONS FOR CODE X			1,090,087				1,090,087

RECLASS CODE: Y
EXPLANATION : RECLASS PRETRANSPLANT SOCIAL SERVICE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	LUNG ACQUISITION	82	22,328	SOCIAL SERVICE	18	148,765	
2.00	KIDNEY ACQUISITION	83	80,334			0	
3.00	LIVER ACQUISITION	84	19,567			0	
4.00	HEART ACQUISITION	85	26,145			0	
5.00	PANCREAS ACQUISITION	85.01	391			0	
TOTAL RECLASSIFICATIONS FOR CODE Y			148,765				148,765

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	17,459,712	3,330,800		3,330,800		20,790,512	
2 LAND IMPROVEMENTS	7,164,907	267,700		267,700		7,432,607	1,134,156
3 BUILDINGS & FIXTURE	322,492,735	30,274,170		30,274,170	33,714	352,733,191	18,639,894
4 BUILDING IMPROVEMENT	24,428,467				3,488,919	20,939,548	6,873,811
5 FIXED EQUIPMENT	491,540,287	49,799,061		49,799,061	13,173	541,326,175	64,751,321
6 MOVABLE EQUIPMENT	397,862,110	37,130,071		37,130,071	13,555,674	421,436,507	113,472,633
7 SUBTOTAL	1,260,948,218	120,801,802		120,801,802	17,091,480	1,364,658,540	204,871,815
8 RECONCILING ITEMS							
9 TOTAL	1,260,948,218	120,801,802		120,801,802	17,091,480	1,364,658,540	204,871,815

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

*	DESCRIPTION	GROSS ASSETS 1	COMPUTATION OF RATIOS		RATIO 4	ALLOCATION OF OTHER CAPITAL			TOTAL 8
			CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO 3		INSURANCE 5	TAXES 6	OTHER CAPITAL RELATED COSTS 7	
3	NEW CAP REL COSTS-BL	130,364,389		130,364,389	.096966	125,123			125,123
3 01	NEW CRC-B&F(BH PRE-M	222,891,404		222,891,404	.165789	213,931			213,931
3 02	NEW CRC-B&F(BJH POST	238,626,778		238,626,778	.177493	229,033			229,033
3 03	NEW CRC-B&F(BJH CAMP	298,193,304		298,193,304	.221800	286,206			286,206
3 04	NEW CRC-B&F(GSON)	32,914,846		32,914,846	.024482	31,591			31,591
3 05	NEW CRC-B&F(THE HIGH								
4	NEW CAP REL COSTS-MV	421,436,507		421,436,507	.313470	404,495			404,495
5	TOTAL	1344,427,228		1344,427,228	1.000000	1,290,379			1,290,379

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
3	NEW CAP REL COSTS-BL	2,185,501			125,123			2,310,624
3 01	NEW CRC-B&F(BH PRE-M	4,009,495			213,931			4,223,426
3 02	NEW CRC-B&F(BJH POST	13,845,969			229,033			14,075,002
3 03	NEW CRC-B&F(BJH CAMP	15,125,120			286,206			15,411,326
3 04	NEW CRC-B&F(GSON)	1,701,957			31,591			1,733,548
3 05	NEW CRC-B&F(THE HIGH	730,941						730,941
4	NEW CAP REL COSTS-MV	34,908,811			404,495			35,313,306
5	TOTAL	72,507,794			1,290,379			73,798,173

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

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
3	NEW CAP REL COSTS-BL							
3 01	NEW CRC-B&F(BH PRE-M							
3 02	NEW CRC-B&F(BJH POST	36,125,996						36,125,996
3 03	NEW CRC-B&F(BJH CAMP							
3 04	NEW CRC-B&F(GSON)	2,419,837						2,419,837
3 05	NEW CRC-B&F(THE HIGH							
4	NEW CAP REL COSTS-MV	11,939,118						11,939,118
5	TOTAL	50,484,951						50,484,951

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

ADJUSTMENTS TO EXPENSES

DESCRPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER	B	-21,202,554	INTEREST EXPENSE	88	
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT	B	-1,052,040	EMPLOYEE BENEFITS	5	
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-27,131,711			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-6,883,333			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-8,684,960	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS					
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 OTHER REVENUE	B	730,941	NEW CRC-B&F(THE HIGHLANDS	3.05	9
37.01 OTHER REVENUE	B	-404,985	EMPLOYEE BENEFITS	5	
37.02 OTHER REVENUE	B	-71,222	CASHIERING/ACCOUNTS RECEI	6.05	
37.03 OTHER REVENUE	B	-2,949,756	OTHER ADMINISTRATIVE AND	6.06	
37.04 OTHER REVENUE	B	-9,883	OPERATION OF PLANT	8	
37.05 OTHER REVENUE	B	-109,612	DIETARY	11	
37.06 OTHER REVENUE	B	-446,664	CAFETERIA	12	
37.07 OTHER REVENUE	B	-3,100	EXTENDED CARE SERVICES	13.01	
37.08 OTHER REVENUE	B	-84,147	NURSING ADMINISTRATION	14	
37.09 OTHER REVENUE	B	40	CENTRAL SERVICES & SUPPLY	15	
37.10 OTHER REVENUE	B	-66,962	PHARMACY	16	
37.11 OTHER REVENUE	B	-838,152	MEDICAL RECORDS & LIBRARY	17	
37.12 OTHER REVENUE	B	-7,496,620	NURSING SCHOOL	21	
37.13 OTHER REVENUE	B	-2,111,270	I&R SERVICES-SALARY & FRI	22	
37.14 OTHER REVENUE	B	-10,324	SUBPROVIDER	31	
37.15 OTHER REVENUE	B	-85,783	OPERATING ROOM	37	
37.16 OTHER REVENUE	B	-25,459	RADIOLOGY-DIAGNOSTIC	41	
37.17 OTHER REVENUE	B	-5,225	RADIOLOGY-THERAPEUTIC	42	
37.18 OTHER REVENUE	B	-1,670	PHYSICAL THERAPY	50	
37.19 OTHER REVENUE	B	100	SPEECH PATHOLOGY	52	
37.20 OTHER REVENUE	B	-82,158	ELECTROCARDIOLOGY	53	
37.21 OTHER REVENUE	B	-73,382	OB/GYN IN VITRO	59.04	
37.22 OTHER REVENUE	B	-905,197	OUTPATIENT PHARMACY	59.05	
37.23 OTHER REVENUE	B	-313,857	CLINIC	60	
37.24 OTHER REVENUE	B	-113,660	EMERGENCY	61	
37.25 OTHER REVENUE	B	-152	LUNG ACQUISITION	82	
37.26 OTHER REVENUE	B	-502	KIDNEY ACQUISITION	83	
37.27 OTHER REVENUE	B	-13,824	OTHER ORGAN ACQUISITION	86	
38 AMBULANCE ZERO-OUT COST	A	-754	AMBULANCE SERVICES	65	
39 FINANCE ACCRUALS - NON-ALLOWABLE EXP	A	-1,828,412	OTHER ADMINISTRATIVE AND	6.06	
40 ALLOWABLE FRA COSTS	A	73,876,570	OTHER ADMINISTRATIVE AND	6.06	
41 CAFETERIA REVENUE @ BJECF	B	-14,524	CAFETERIA	12	
42 MEDICARE/BOOK DEPR ADJ (NORTH)	A	747,875	NEW CAP REL COSTS-BLDG &	3	9
42.01 MEDICARE/BOOK DEPR ADJ (NORTH)	A	53,714	NEW CAP REL COSTS-MVBLE E	4	9
42.02 MEDICARE/BOOK DEPR ADJ (SOUTH)	A	54,917	NEW CRC-B&F(BH PRE-MERGE)	3.01	9
42.03 MEDICARE/BOOK DEPR ADJ (SOUTH)	A	38,217	NEW CAP REL COSTS-MVBLE E	4	9
43 REMOVE ESTIMATED DEPRECIATION	A	-7,659,505	NEW CAP REL COSTS-MVBLE E	4	9
44 RESEARCH ANCI LLARY COSTS	A	-34	OPERATING ROOM	37	
44.01 RESEARCH ANCI LLARY COSTS	A	-103	RADIOLOGY-DIAGNOSTIC	41	
44.02 RESEARCH ANCI LLARY COSTS	A	-24,421	LABORATORY	44	
44.03 RESEARCH ANCI LLARY COSTS	A	-541	DRUGS CHARGED TO PATIENTS	56	
45 PATIENT PHONES	A	-225,286	ADULTS & PEDIATRICS	25	
45.01 PATIENT PHONES	A	-12,329	EXTENDED CARE SERVICES	13.01	
46 BAD DEBTS	A	-238,865	NURSING SCHOOL	21	
47 MALPRACTICE EXP	A	-17,457,000	OTHER ADMINISTRATIVE AND	6.06	
48 WASH UNIV ASSESSMENTS	A	-696,000	OTHER ADMINISTRATIVE AND	6.06	
49 LOBBYING PORTION OF DUES	A	-108,594	OTHER ADMINISTRATIVE AND	6.06	
49.01 NONALLOWABLE INTERN/RESIDENT COSTS	A	-200	NURSING ADMINISTRATION	14	

ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
49.02 NONALLOWABLE INTERN/RESIDENT COSTS	A	-11,400	CARDIAC CATHETERIZATION L	59.02	
49.03 NONALLOWABLE INTERN/RESIDENT COSTS	A	66	CLINIC	60	
49.04 NONALLOWABLE INTERN/RESIDENT COSTS	A	-621	EMERGENCY	61	
49.05 ENTERTAINMENT/PROMOTION EXP	A	-246	EMPLOYEE BENEFITS	5	
49.06 ENTERTAINMENT/PROMOTION EXP	A	-75	NONPATIENT TELEPHONES	6.01	
49.07 ENTERTAINMENT/PROMOTION EXP	A	-36,880	OTHER ADMINISTRATIVE AND	6.06	
49.08 ENTERTAINMENT/PROMOTION EXP	A	-7,543	OPERATION OF PLANT	8	
49.09 ENTERTAINMENT/PROMOTION EXP	A	-7,854	EXTENDED CARE SERVICES	13.01	
49.10 ENTERTAINMENT/PROMOTION EXP	A	-210	NURSING ADMINISTRATION	14	
49.11 ENTERTAINMENT/PROMOTION EXP	A	-133	CENTRAL SERVICES & SUPPLY	15	
49.12 ENTERTAINMENT/PROMOTION EXP	A	-14	MEDICAL RECORDS & LIBRARY	17	
49.13 ENTERTAINMENT/PROMOTION EXP	A	-1,591	NURSING SCHOOL	21	
49.14 ENTERTAINMENT/PROMOTION EXP	A	-4,126	ADULTS & PEDIATRICS	25	
49.15 ENTERTAINMENT/PROMOTION EXP	A	-337	CARDIO-THORACIC ICU	30.02	
49.16 ENTERTAINMENT/PROMOTION EXP	A	-2,048	OPERATING ROOM	37	
49.17 ENTERTAINMENT/PROMOTION EXP	A	-80	ANESTHESIOLOGY	40	
49.18 ENTERTAINMENT/PROMOTION EXP	A	-176	RADIOLOGY-DIAGNOSTIC	41	
49.19 ENTERTAINMENT/PROMOTION EXP	A	-52	RADIOLOGY-THERAPEUTIC	42	
49.20 ENTERTAINMENT/PROMOTION EXP	A	-66	LABORATORY	44	
49.21 ENTERTAINMENT/PROMOTION EXP	A	-812	HLA LAB	44.01	
49.22 ENTERTAINMENT/PROMOTION EXP	A	-165	BLOOD STORING, PROCESSING	47	
49.23 ENTERTAINMENT/PROMOTION EXP	A	-4,767	RESPIRATORY THERAPY	49	
49.24 ENTERTAINMENT/PROMOTION EXP	A	-24	ELECTROCARDIOLOGY	53	
49.25 ENTERTAINMENT/PROMOTION EXP	A	-131	ENDOSCOPY	59.03	
49.26 ENTERTAINMENT/PROMOTION EXP	A	-2,420	CLINIC	60	
49.27 ENTERTAINMENT/PROMOTION EXP	A	-3,994	EMERGENCY	61	
49.28 ECF LAB	A	-72,998	LABORATORY	44	
49.29 COSTS TO BJC HO	A	-186,067	EMPLOYEE BENEFITS	5	
49.30 COSTS TO BJC HO	A	-1,797,630	OTHER ADMINISTRATIVE AND	6.06	
49.31 COSTS TO BJC HO	A	-813,809	OPERATION OF PLANT	8	
49.32 COSTS TO BJC HO	A	-301,100	OTHER ADMINISTRATIVE AND	6.06	
49.33 ADVERTISING EXPENSE	A	-5,228	EMPLOYEE BENEFITS	5	
49.34 ADVERTISING EXPENSE	A	-146,536	OTHER ADMINISTRATIVE AND	6.06	
49.35 ADVERTISING EXPENSE	A	-19,286	EXTENDED CARE SERVICES	13.01	
49.36 ADVERTISING EXPENSE	A	-99,000	NURSING SCHOOL	21	
49.37 ADVERTISING EXPENSE	A	-8,213	OB/GYN IN VITRO	59.04	
49.38 PHYSICIAN RECRUITMENT	A	40,571	OTHER ADMINISTRATIVE AND	6.06	
49.39 PHYSICIAN RECRUITMENT	A	-697,091	NURSING ADMINISTRATION	14	
49.40 PHYSICIAN RECRUITMENT	A	-376,406	KIDNEY ACQUISITION	83	
49.53 SPEC EVENTS-NONALLOWABLE	A	-22,289	EMPLOYEE BENEFITS	5	
49.54 SPEC EVENTS-NONALLOWABLE	A	-61,965	OTHER ADMINISTRATIVE AND	6.06	
49.55 SPEC EVENTS-NONALLOWABLE	A	-6,630	EXTENDED CARE SERVICES	13.01	
49.56 SPEC EVENTS-NONALLOWABLE	A	-4,754	NURSING ADMINISTRATION	14	
49.57 SPEC EVENTS-NONALLOWABLE	A	-2,300	MEDICAL RECORDS & LIBRARY	17	
49.58 SPEC EVENTS-NONALLOWABLE	A	-29,833	NURSING SCHOOL	21	
49.59 SPEC EVENTS-NONALLOWABLE	A	-18	ADULTS & PEDIATRICS	25	
49.60 SPEC EVENTS-NONALLOWABLE	A	471	INTENSIVE CARE UNIT	26	
49.61 SPEC EVENTS-NONALLOWABLE	A	-24	CORONARY CARE UNIT	27	
49.62 SPEC EVENTS-NONALLOWABLE	A	-29	SKILLED NURSING FACILITY	34	
49.63 SPEC EVENTS-NONALLOWABLE	A	-1,137	OPERATING ROOM	37	
49.64 SPEC EVENTS-NONALLOWABLE	A	-7,305	RADIOLOGY-DIAGNOSTIC	41	
49.65 SPEC EVENTS-NONALLOWABLE	A	-240	RESPIRATORY THERAPY	49	
49.66 SPEC EVENTS-NONALLOWABLE	A	-120	PHYSICAL THERAPY	50	
49.67 SPEC EVENTS-NONALLOWABLE	A	-490	OCCUPATIONAL THERAPY	51	
49.68 SPEC EVENTS-NONALLOWABLE	A	-102	SPEECH PATHOLOGY	52	
49.69 SPEC EVENTS-NONALLOWABLE	A	-1	CAT SCAN	59	
49.70 SPEC EVENTS-NONALLOWABLE	A	248	CARDIAC CATHETERIZATION L	59.02	
49.71 SPEC EVENTS-NONALLOWABLE	A	-495	CLINIC	60	
49.72 SPEC EVENTS-NONALLOWABLE	A	700	EMERGENCY	61	
49.73 BJC DAY AT THE BALLPARK	A	-19,404	EMPLOYEE BENEFITS	5	
49.74 ALLOWABLE PENSION EXP/FUNDING	A	-14,166,058	EMPLOYEE BENEFITS	5	
49.75 ADJUST BARNARD BLDG RENTAL EXPENSE	A	4,435	OTHER ADMINISTRATIVE AND	6.06	
49.76 SEVERANCE PAYMENTS	A	50,606	EMPLOYEE BENEFITS	5	
49.77 SEVERANCE PAYMENTS	A	396	NONPATIENT TELEPHONES	6.01	
49.78 SEVERANCE PAYMENTS	A	15,742	ADMITTING	6.04	
49.79 SEVERANCE PAYMENTS	A	-7,803	OTHER ADMINISTRATIVE AND	6.06	
49.80 SEVERANCE PAYMENTS	A	23,317	NURSING ADMINISTRATION	14	
49.81 SEVERANCE PAYMENTS	A	1,291	CENTRAL SERVICES & SUPPLY	15	
49.82 SEVERANCE PAYMENTS	A	8,320	NURSING SCHOOL	21	
49.83 SEVERANCE PAYMENTS	A	-124	ADULTS & PEDIATRICS	25	
49.84 SEVERANCE PAYMENTS	A	7,029	NEURO-ICU	30.01	
49.85 SEVERANCE PAYMENTS	A	-30	SUBPROVIDER	31	
49.86 SEVERANCE PAYMENTS	A	7,637	OPERATING ROOM	37	
49.87 SEVERANCE PAYMENTS	A	8,338	RADIOLOGY-DIAGNOSTIC	41	
49.88 SEVERANCE PAYMENTS	A	-261	PSYCHIATRIC/PSYCHOLOGICAL	59.07	
49.89 SEVERANCE PAYMENTS	A	10,947	CLINIC	60	
49.90 SEVERANCE PAYMENTS	A	1,248	OTHER NONREIMBURSABLE COS	100	
49.91 FOOT CLINIC INVESTIGATION COST	A	-17,150	CASHIERING/ACCOUNTS RECEI	6.05	
49.92 FOOT CLINIC INVESTIGATION COST	A	-6,248	OTHER ADMINISTRATIVE AND	6.06	
49.93 FOOT CLINIC INVESTIGATION COST	A	-1,497	MEDICAL RECORDS & LIBRARY	17	
49.94 FOOT CLINIC INVESTIGATION COST	A	-393	CLINIC	60	
49.95 OFFICE OF RESRCH AFFAIRS CORRECTION	A	-60,462	OTHER ADMINISTRATIVE AND	6.06	
50 TOTAL (SUM OF LINES 1 THRU 49)		-52,787,287			

ADJUSTMENTS TO EXPENSES

PROVIDER NO:
26-0032

PERIOD:
FROM 1/ 1/2008
TO 12/31/2008

PREPARED 5/25/2009
WORKSHEET A-8

DESCRIPTION (1)	(2)		EXPENSE CLASSIFICATION ON			WKST. A-7 REF. 5
	BASIS/CODE 1	AMOUNT 2	WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED	COST CENTER 3	LINE NO 4	
50 TOTAL (SUM OF LINES 1 THRU 49)		-52,787,287				

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.	
1	2	3	4	5	6		
1	44	LABORATORY	AFFILIATE BILLING TO BJC	-1,728,727	-1,632,894	-95,833	
2	44	1 HLA LAB	AFFILIATE BILLING TO BJC	-49,249	-163,106	113,857	
3	47	BLOOD STORING, PROCESSING	AFFILIATE BILLING TO BJC	-692,150	-797,412	105,262	
4	44	LABORATORY	AFFILIATE BILLING TO REHA	-246,730	-147,447	-99,283	
4.01	44	1 HLA LAB	AFFILIATE BILLING TO REHA	-267	-1,325	1,058	
4.02	47	BLOOD STORING, PROCESSING	AFFILIATE BILLING TO REHA	-16,613	-26,734	10,121	
4.03	37	OPERATING ROOM	MIDWEST STONE	555,528	762,047	-206,519	
4.04	6	6 OTHER ADMINISTRATIVE AND	TFC	3,503,354	4,498,400	-995,046	
4.05	3	2 NEW CRC-B&F(BJH POSTMERGE	GAMMA KNIFE DEPR - B&F	64,361		64,361	9
4.06	4	NEW CAP REL COSTS-MVBLE E	GAMMA KNIFE DEPR - MME	449,818		449,818	9
4.07	42	RADIOLOGY-THERAPEUTIC	GAMMA KNIFE EXPENSES	1,022,590	6,191,242	-5,168,652	
4.08	5	EMPLOYEE BENEFITS	BJC EMPLOYEE BENEFITS	9,354,637		9,354,637	
4.09	6	3 PURCHASING, RECEIVING AND	BJC PURCHASING	3,366,344		3,366,344	
4.10	6	6 OTHER ADMINISTRATIVE AND	BJC OTHER A & G	44,190,183	67,199,203	-23,009,020	
4.11	8	OPERATION OF PLANT	BJC OPERATION OF PLANT	10,197,113		10,197,113	
4.12	44	LABORATORY	SLCH AFFILIATE BILLINGS	1,341,141	978,535	362,606	
4.13	59	2 CARDIAC CATHETERIZATION L	SLCH AFFILIATE BILLINGS	230,490	204,800	25,690	
4.14	22	I&R SERVICES-SALARY & FRI	BJWCH WU TEACHING SVCS	-1,359,847		-1,359,847	
5		TOTALS		70,181,976	77,065,309	-6,883,333	

* 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 XVIIII.

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	B	0.00	BJC HEALTHCARE	0.00	HEALTH CARE
2	B	0.00	BJC STAFFING AGENCY	0.00	TEMPORARY STAFFING
3	G	0.00	TFC	0.00	TELECOMMUNICATIONS
4	G	0.00	BJ GAMMA KNIFE FACILITY	0.00	NEURO-SURGICAL PROCEDURES
5	C	0.00	MIDWEST STONE	0.00	LITHOTRIPSY PROCEDURES

- (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.
JOINT VENTURE

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 26-0032
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED: 5/25/2009
 WORKSHEET: A-8-2
 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 5	EMPLOYEE HEALTH	131,604	131,604					
2 6	DI RECTOR'S OFFICE	387,213	107,657	279,556	177,200	1,917	163,314	8,166
3 16	PHARMACY	77,268	77,268					
4 17	MEDICAL RECORDS	79,624	79,624					
5 19	LAB ADMIN	4,061,411	4,061,411					
6 21	NURSING SCHOOL	3,137	3,137					
7 22	PHYSICIAN ASM/HOSPITALIST	7,729,272	7,729,272					
8 40	ANESTHESIOLOGY	6,448,296	6,448,296					
9 41	RADIOLOGY-DIAGNOSTIC	1,476,152	1,476,152					
10 42	RADIOLOGY-THERAPEUTIC	4,535,264	4,535,264					
11 60	CLINIC	120,448	120,448					
12 61	ER	1,183,852	1,183,852					
13 14	NURSING ADMINISTRATION	1,061,484	1,061,484					
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	27,295,025	27,015,469	279,556		1,917	163,314	8,166

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 26-0032
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED: 5/25/2009
 WORKSHEET: A-8-2
 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	5	EMPLOYEE HEALTH						131,604
2	6	6 DIRECTOR'S OFFICE				163,314	116,242	223,899
3	16	PHARMACY						77,268
4	17	MEDICAL RECORDS						79,624
5	19	1 LAB ADMIN						4,061,411
6	21	NURSING SCHOOL						3,137
7	22	PHYSICIAN ASM/HOSPITALIST						7,729,272
8	40	ANESTHESIOLOGY						6,448,296
9	41	RADIOLOGY-DIAGNOSTIC						1,476,152
10	42	RADIOLOGY-THERAPEUTIC						4,535,264
11	60	CLINIC						120,448
12	61	ER						1,183,852
13	14	NURSING ADMINISTRATION						1,061,484
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101		TOTAL				163,314	116,242	27,131,711

COST ALLOCATION STATISTICS

PROVIDER NO: 26-0032
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/25/2009
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
3	NEW CAP REL COSTS-BLDG & FIXT	3	JH SQ FT	ENTERED
3.01	NEW CRC-B&F(BH PRE-MERGE)	31	BH SQ FT	ENTERED
3.02	NEW CRC-B&F(BJH POSTMERGE)	32	BJH SQ FT	ENTERED
3.03	NEW CRC-B&F(BJH CAMP EXP)	33	NEW STRUCT SQ FT	ENTERED
3.04	NEW CRC-B&F(GSON)	34	GSON SQ FT	ENTERED
3.05	NEW CRC-B&F(THE HIGHLANDS)	35	THE HIGHLANDS SQ FT	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	ACTUAL DEPR NEW EQUIP	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS SALARIES	ENTERED
6.01	NONPATIENT TELEPHONES	61	RENT EXP	ENTERED
6.02	DATA PROCESSING	#	ACCUM. COST	NOT ENTERED
6.03	PURCHASING, RECEIVING AND STORES	63	\$\$ AMT PURCHASES	ENTERED
6.04	ADMITTING	64	TOTAL REVENUE	ENTERED
6.05	CASHIERING/ACCOUNTS RECEIVABLE	64	TOTAL REVENUE	ENTERED
6.06	OTHER ADMINISTRATIVE AND GENERAL	#	ACCUM. COST	NOT ENTERED
8	OPERATION OF PLANT	8	BJH TOTAL SQ FT	ENTERED
9	LAUNDRY & LINEN SERVICE	9	LAUNDRY POUNDS	ENTERED
10	HOUSEKEEPING	10	BJH TOTAL SQ FT	ENTERED
11	DIETARY	11	MEALS SERVED	ENTERED
12	CAFETERIA	12	FTE HOURS	ENTERED
13.01	EXTENDED CARE SERVICES	13	ECF PT DAYS	ENTERED
14	NURSING ADMINISTRATION	14	NURSING HOURS	ENTERED
15	CENTRAL SERVICES & SUPPLY	15	SUPPLY REQUI S.	ENTERED
16	PHARMACY	16	PHARMACY REQUI S.	ENTERED
17	MEDICAL RECORDS & LIBRARY	64	TOTAL REVENUE	ENTERED
18	SOCIAL SERVICE	18	PATIENT DAYS	ENTERED
19.01	LAB ADMINISTRATION	19	LAB HOURS	ENTERED
19.02	RESEARCH ADMINISTRATION	20	RESEARCH HOURS	ENTERED
21	NURSING SCHOOL	21	STUDENT HOURS	ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	23	% OF TIME	ENTERED
24.01	PARAMED ED PRGM-HOSP ADMIN	#	ACCUM. COST	NOT ENTERED
24.02	PARAMED ED PRGM-PHARMACY	24	% OF TIME	ENTERED
24.04	PARAMED ED PRGM-PASTORAL ED	#	ACCUM. COST	NOT ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 26-0032
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/25/2009
 WORKSHEET B PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CRC-B&F(B H PRE-MERGE)	NEW CRC-B&F(B JH POSTMERGE)	NEW CRC-B&F(B JH CAMP EXP)	NEW CRC-B&F(G SON)	NEW CRC-B&F(T HE HIGHLANDS)
	0	3	3.01	3.02	3.03	3.04	3.05
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &	2,310,624	2,310,624					
003 02 NEW CRC-B&F(BH PRE-MERGE)	4,223,426		4,223,426				
003 03 NEW CRC-B&F(BJH POSTMERGE)	14,075,002			14,075,002			
003 04 NEW CRC-B&F(BJH CAMP EXP)	15,411,326				15,411,326		
003 05 NEW CRC-B&F(GSON)	1,733,548					1,733,548	
004 NEW CAP REL COSTS-MVBLE E	730,941						730,941
005 EMPLOYEE BENEFITS	35,313,306						
006 01 NONPATIENT TELEPHONES	65,503,517	34,949	30,290	141,130			
006 02 DATA PROCESSING	907,120	3,545	30,290	72,459	23,017		
006 03 PURCHASING, RECEIVING AND	5,205,974	19,434	29,719	105,984	7,550		
006 04 ADMINISTRATION	9,971,927	28,017	47,861	163,510			9,474
006 05 CASHIERING/ACCOUNTS RECEI	6,909,524		43,898	93,777			
006 06 OTHER ADMINISTRATIVE AND	150,319,672	925,733	896,999	3,940,522	3,861,562		171,086
008 OPERATION OF PLANT	34,692,881	211,042	432,805	1,386,072	2,594,285		873
009 LAUNDRY & LINEN SERVICE	3,202,469	6,176	1,892	17,549	839		
010 HOUSEKEEPING	13,028,105	19,826	46,753	143,230	45,947		178
011 DIETARY	8,599,695	45,603	95,700	304,161			
012 CAFETERIA	5,265,258	22,357	94,913	251,648	4,130		
013 01 EXTENDED CARE SERVICES	1,364,310		41,894	89,498			
014 NURSING ADMINISTRATION	26,161,127	61,345	28,738	195,536	21,963		
015 CENTRAL SERVICES & SUPPLY	12,171,430	25,491	68,263	201,570	112,545		
016 PHARMACY	93,151,158	13,930	44,972	126,531	65,307		
017 MEDICAL RECORDS & LIBRARY	15,800,631	46,841	28,062	162,375			
018 SOCIAL SERVICE	3,062,027		389	832	18,693		
019 01 LAB ADMINISTRATION	3,544,845		7,359	15,722			
019 02 RESEARCH ADMINISTRATION	5,020						
021 NURSING SCHOOL	925						
022 I&R SERVICES-SALARY & FRI	86,907,370	7,678	40,261	102,797		1,733,548	
024 01 PARAMEDICAL PRGM-HOSP ADMI	165,083						
024 02 PARAMEDICAL PRGM-PHARMACY	210,954						
024 04 PARAMEDICAL PRGM-PASTORAL	101,317						
025 INPATIENT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	90,379,155	274,261	941,444	2,610,892			
026 INTENSIVE CARE UNIT	7,306,885	24,564	33,310	124,874			
027 CORONARY CARE UNIT	3,952,360		28,272	60,398			
029 SURGICAL INTENSIVE CARE U	6,096,031		59,165	126,392			
030 01 NEURO-ICU	4,954,245		33,541	71,652			
030 02 CARDIO-THORACIC ICU	6,758,259		6,888	14,714	412,322		
031 SUBPROVIDER	6,857,231		89,156	190,462			
033 NURSERY	1,091,679		6,103	13,039			
034 SKILLED NURSING FACILITY	3,688,227		46,702	99,768			
035 NURSING FACILITY	300,374		7,172	15,321			
036 OTHER LONG TERM CARE	1,409,314		36,427	77,819			
037 OPERATING ROOM	43,680,255	9,949	149,128	340,333	1,821,289		
038 RECOVERY ROOM	11,272,499		91,000	194,401	370,956		
039 DELIVERY ROOM & LABOR ROO	5,679,241		57,562	122,968			
040 ANESTHESIOLOGY	3,256,765						
041 RADIOLOGY-DIAGNOSTIC	20,572,815	91,750	1,870	204,623	822,708		18,932
042 RADIOLOGY-THERAPEUTIC	9,001,366	7,381		16,140	978,232		
043 RADIOISOTOPE	2,446,885	27,187		59,451			
044 LABORATORY	26,875,179	7,154	97,809	224,588	146,145		9,474
044 01 HLA LAB	2,629,919		7,803	16,669			
047 BLOOD STORING, PROCESSING	23,852,031		10,959	23,412	162,236		
049 RESPIRATORY THERAPY	7,502,311	4,652	19,336	51,481			
050 PHYSICAL THERAPY	3,865,802	5,138	9,937	32,463			
051 OCCUPATIONAL THERAPY	1,358,377	1,388	2,841	9,105			
052 SPEECH PATHOLOGY	531,315	694	1,421	4,553			
053 ELECTROCARDIOLOGY	2,915,101	1,457	22,686	51,651	58,983		
054 ELECTROENCEPHALOGRAPHY	745,195		4,129	8,820			
055 MEDICAL SUPPLIES CHARGED	140,145,303						
056 DRUGS CHARGED TO PATIENTS	-541						
057 RENAL DIALYSIS	2,234,987		21,328	45,562			
059 CAT SCAN	2,482,619				65,780		
059 01 ULTRASOUND	1,636,814	27,187	926	61,429	82,150		
059 02 CARDIAC CATHETERIZATION L	4,124,460		2,324	4,965	485,029		
059 03 ENDOSCOPY	4,216,855		13,199	28,196	291,710		
059 04 OB/GYN IN VITRO	998,946		13,048	27,874			
059 05 OUTPATIENT PHARMACY	1,352,950				79,913		
059 06 ELECTROSHOCK THERAPY	230,899		6,558	14,010			
059 07 PSYCHIATRIC/PSYCHOLOGICAL	485,732						
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	8,820,618	9,438	10,888	43,899	312,769		
061 EMERGENCY	15,257,456		4,137	8,838	922,196		
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
082 LUNG ACQUISITION	3,732,384	3,820	156	8,686	4,646		
082 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION	4,309,662	7,534	156	16,808	9,185		
084 LIVER ACQUISITION	4,146,561	5,041	156	11,357	6,152		
085 HEART ACQUISITION	1,330,267	1,374	156	3,339	1,678		
085 01 PANCREAS ACQUISITION	142,495						

COST ALLOCATION - GENERAL SERVICE COSTS | PROVIDER NO: | PERIOD: | PREPARED 5/25/2009
 | 26-0032 | FROM 1/ 1/2008 | WORKSHEET B
 | | TO 12/31/2008 | PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG & 3	NEW CRC-B&F(B H PRE-MERGE) 3.01	NEW CRC-B&F(B JH POSTMERGE) 3.02	NEW CRC-B&F(B JH CAMP EXP) 3.03	NEW CRC-B&F(G SON) 3.04	NEW CRC-B&F(T HE HIGHLANDS) 3.05
086 SPEC PURPOSE COST CENTERS							
086 OTHER ORGAN ACQUISITION	3,681,919						
095 SUBTOTALS	1,118,359,714	1,981,936	3,848,751	12,555,855	13,789,917	1,733,548	210,017
NONREIMBURS COST CENTERS							
097 RESEARCH	60,119						
097 02 RESEARCH-GCRC-I/P	101,444						
097 03 RESEARCH-GCRC-O/P	57,533						
100 OTHER NONREIMBURSABLE COS	8,642,909	328,688	372,700	1,514,928	1,621,409		520,924
100 01 DEVELOPMENT	6,205						
100 02 MARKETING/COMMUNITY RELAT	3,174,681		1,975	4,219			
100 03 GUEST MEALS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	1,130,402,605	2,310,624	4,223,426	14,075,002	15,411,326	1,733,548	730,941

COST CENTER DESCRIPTION	NEW CAP REL COSTS-MVBLE	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	SUBTOTAL	DATA PROCESSING	PURCHASING, RECEIVING AND	R ADMINISTRATION
	4	5	6.01	6a.01	6.02	6.03	6.04
003 GENERAL SERVICE COST CNTR							
003 01 NEW CRC-B&F (BH PRE-MERGE)							
003 02 NEW CRC-B&F (BJH POSTMERGE)							
003 03 NEW CRC-B&F (BJH CAMP EXP)							
003 04 NEW CRC-B&F (GSON)							
003 05 NEW CRC-B&F (THE HIGHLANDS)							
004 NEW CAP REL COSTS-MVBLE	35,313,306						
005 EMPLOYEE BENEFITS	57,381	65,767,267					
006 01 NONPATIENT TELEPHONES		231,083	1,267,514				
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND	496	174,442	659	5,544,258		5,544,258	
006 04 ADMINISTRATION	47,575	1,317,186	54,475	11,640,025		11,346	11,651,371
006 05 CASHIERING/ACCOUNTS RECEI	4,826	557,066	25,080	7,634,171		2,551	
006 06 OTHER ADMINISTRATIVE AND	13,079,883	2,973,251	100,738	176,269,446		61,106	
008 OPERATION OF PLANT	512,064	1,341,291	43,471	41,214,784		36,064	
009 LAUNDRY & LINEN SERVICE	1,941	4,384	114	3,235,364		50,371	
010 HOUSEKEEPING	120,491	1,692,419	25,994	15,122,943		24,358	
011 DIETARY	110,080	789,987	19,135	9,964,361		46,011	
012 CAFETERIA	35,812	622,619	5,385	6,302,122		124,562	
013 01 EXTENDED CARE SERVICES	97,631	131,582	14,843	1,739,758		1,276	
014 NURSING ADMINISTRATION	531,398	2,780,865	51,025	29,831,997		6,244	
015 CENTRAL SERVICES & SUPPLY	321,408	460,666	12,399	13,373,772		152,256	
016 PHARMACY	33,006	2,346,283	34,194	95,815,381		1,081,974	
017 MEDICAL RECORDS & LIBRARY	106,303	1,834,562	46,837	18,025,611		8,624	
018 SOCIAL SERVICE	1,111	368,371	8,941	3,460,364		471	
019 01 LAB ADMINISTRATION	8,860	522,017	3,066	4,101,869		756	
019 02 RESEARCH ADMINISTRATION		417		5,437			
021 NURSING SCHOOL	12,023	230,353	22,355	1,999,204		11,472	
022 I&R SERVICES-SALARY & FRI	9,308	7,368,933	40,423	94,476,770		1,246	
024 01 PARAMEDICAL PRGM-HOSP ADMI		24,826		189,909			
024 02 PARAMEDICAL PRGM-PHARMACY		31,668		242,622			
024 04 PARAMEDICAL PRGM-PASTORAL		11,810		113,127			
025 INPATIENT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,059,172	12,851,178	221,841	108,337,943		77,538	754,755
026 INTENSIVE CARE UNIT	44,149	1,016,487	11,089	8,561,358		6,533	74,631
027 CORONARY CARE UNIT	34,610	544,845	2,827	4,623,312		2,918	34,694
029 SURGICAL INTENSIVE CARE U	43,334	843,488	11,948	7,180,358		6,045	59,693
030 01 NEURO-ICU	83,920	691,333	7,267	5,841,958		4,245	52,137
030 02 CARDIO-THORACIC ICU	70,298	939,822	11,297	8,213,600		6,694	62,010
031 SUBPROVIDER	12,911	867,285	15,170	8,032,215		2,400	38,342
033 NURSERY	4,243	137,573	1,351	1,253,988		3,066	14,131
034 SKILLED NURSING FACILITY	10,866	436,957	69	4,282,589		4,776	31,684
035 NURSING FACILITY		35,560		358,427			2,491
036 OTHER LONG TERM CARE		177,413	69	1,701,042		1,140	10,476
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	4,246,617	4,216,585	104,252	54,568,408		260,168	749,825
038 RECOVERY ROOM	76,587	1,199,266	17,340	13,222,049		10,824	193,796
039 DELIVERY ROOM & LABOR ROO	111,866	722,940	8,374	6,702,951		13,136	37,794
040 ANESTHESIOLOGY	698,624	222,146	3,484	4,181,019		56,093	219,602
041 RADIOLOGY-DIAGNOSTIC	4,045,832	2,437,194	46,659	28,242,383		43,735	983,745
042 RADIOLOGY-THERAPEUTIC	2,990,975	988,198	26,639	14,008,931		16,055	412,531
043 RADIOISOTOPE	149,195	290,618	6,167	2,979,503		653	74,383
044 LABORATORY	852,690	1,955,803	39,269	30,208,111		189,506	1,741,988
044 01 HLA LAB	23,915	117,232	1,852	2,797,390		29,581	82,995
047 BLOOD STORAGE, PROCESSING	120,255	697,114	8,421	24,874,428		341,321	546,329
049 RESPIRATORY THERAPY	469,266	1,034,690	9,320	9,091,056		2,354	196,520
050 PHYSICAL THERAPY	33,418	544,709	3,908	4,495,375		1,214	73,197
051 OCCUPATIONAL THERAPY	514	201,989	1,218	1,575,432		132	24,975
052 SPEECH PATHOLOGY	57,551	76,427	600	672,561		19	6,077
053 ELECTROCARDIOLOGY	635,629	381,850	7,925	4,075,282		3,941	297,568
054 ELECTROENCEPHALOGRAPHY	74,303	63,516	1,495	897,458		203	19,707
055 MEDICAL SUPPLIES CHARGED				140,145,303		2,499,664	1,735,193
056 DRUGS CHARGED TO PATIENTS				-541			1,377,431
057 RENAL DIALYSIS	51,008	238,425	3,741	2,595,051		10,808	60,354
059 CAT SCAN	824,157	393,362	6,380	3,772,298		3,621	642,093
059 01 ULTRASOUND	296,021	118,714	4,082	2,227,323		1,513	80,859
059 02 CARDIAC CATHETERIZATION L	1,757,239	477,824	16,424	6,868,265		25,268	177,946
059 03 ENDOSCOPY	753,433	514,723	9,431	5,827,547		9,425	115,787
059 04 OB/GYN IN VITRO	39,027	75,652	292	1,154,839		3,087	11,595
059 05 OUTPATIENT PHARMACY	33,297	370,964	15,136	1,852,260		233,415	60,831
059 06 ELECTROSHOCK THERAPY	3,679	31,002	1,360	287,508		191	3,006
059 07 PSYCHIATRIC/PSYCHOLOGICAL	252	80,222	3,900	570,106		1,529	9,262
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	111,250	1,072,819	42,918	10,424,599		12,782	76,696
061 EMERGENCY	339,808	1,797,757	52,267	18,382,459		24,126	384,581
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
082 LUNG ACQUISITION	6,139	70,086	3,078	3,828,995		171	21,540
082 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION	483	140,246	2,387	4,486,461		476	45,237
084 LIVER ACQUISITION		84,203	1,590	4,255,060		191	27,247
085 HEART ACQUISITION		24,899	1,592	1,363,305		193	7,295
085 01 PANCREAS ACQUISITION		59		142,554			1,192

COST CENTER DESCRIPTION	NEW CAP OSTS-MVBLE	REL C EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	SUBTOTAL	DATA PROCESSING	PURCHASING RECEIVING	R ADMITTING
	4	5	6.01	6a.01	6.02	6.03	6.04
086 SPEC PURPOSE COST CENTERS							
095 OTHER ORGAN ACQUISITION		44,494		3,726,413			15,040
095 SUBTOTALS	35,258,130	65,043,750	1,243,563	1,113,192,227		5,531,438	11,649,261
097 NONREIMBURS COST CENTERS							
097 RESEARCH		6,956		67,075			
097 02 RESEARCH-GCRC-I/P	4,680		346	106,470		526	2,018
097 03 RESEARCH-GCRC-O/P	5,893			63,426		13	92
100 OTHER NONREIMBURSABLE COS	44,005	622,709	16,401	13,684,673		11,804	
100 01 DEVELOPMENT	417			6,622		2	
100 02 MARKETING/COMMUNITY RELAT	181	93,852	7,204	3,282,112		475	
100 03 GUEST MEALS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	35,313,306	65,767,267	1,267,514	1,130,402,605		5,544,258	11,651,371

COST CENTER DESCRIPTION	CASHIERING/AC COUNTS RECEI	SUBTOTAL	OTHER ADMINIS TRATIVE AND	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY
	6.05	6a.05	6.06	8	9	10	11
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CRC-B&F(BH PRE-MERGE)							
003 03 NEW CRC-B&F(BJH POSTMERGE)							
003 04 NEW CRC-B&F(BJH CAMP EXP)							
003 05 NEW CRC-B&F(GSON)							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMINITTING							
006 05 CASHIERING/ACCOUNTS RECEI	7,636,722						
006 06 OTHER ADMINISTRATION AND		176,330,552	176,330,552				
008 OPERATION OF PLANT		41,250,848	7,623,940	48,874,788			
009 LAUNDRY & LINEN SERVICE		3,285,735	607,266	201,931	4,094,932		
010 HOUSEKEEPING		15,147,301	2,799,509	639,026	126,926	18,712,762	
011 DIETARY		10,010,372	1,850,107	1,376,032	1,718	561,605	13,799,834
012 CAFETERIA		6,426,684	1,187,773	1,023,765		417,833	
013 01 EXTENDED CARE SERVICES		1,741,034	321,776	362,419		147,915	1,961,541
014 NURSING ADMINISTRATION		29,838,241	5,514,674	959,830		391,739	
015 CENTRAL SERVICES & SUPPLY		13,526,028	2,499,867	944,860	7,387	385,629	
016 PHARMACY		96,897,355	17,908,472	587,013		239,580	
017 MEDICAL RECORDS & LIBRARY		18,034,235	3,333,069	657,536		268,363	
018 SOCIAL SERVICE		3,460,835	639,628	24,728		10,092	
019 01 LAB ADMINISTRATION		4,102,625	758,243	63,664		25,984	
019 02 RESEARCH ADMINISTRATION		5,437	1,005				
021 NURSING SCHOOL		2,010,676	371,611	2,291,297	346	935,156	
022 I&R SERVICES-SALARY & FRI		94,478,016	17,461,332	429,180	48,583	175,163	
024 01 PARAMEDICAL PRGM-HOSP ADMI		189,909	35,099				
024 02 PARAMEDICAL PRGM-PHARMACY		242,622	44,841				
024 04 PARAMEDICAL PRGM-PASTORAL		113,127	20,908				
025 INPATIENT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	494,745	109,664,981	20,268,172	10,572,756	2,260,635	4,315,101	10,144,384
026 INTENSIVE CARE UNIT	48,921	8,691,443	1,606,344	505,676	82,328	206,383	221,101
027 CORONARY CARE UNIT	22,742	4,683,666	865,630	244,579	44,222	99,821	128,416
029 SURGICAL INTENSIVE CARE U	39,129	7,285,225	1,346,448	543,628	94,648	221,873	76,881
030 01 NEURO-ICU	34,176	5,932,516	1,096,442	290,151	59,293	118,421	118,530
030 02 CARDIO-THORACIC ICU	40,648	8,322,952	1,538,240	530,748	96,637	216,616	110,593
031 SUBPROVIDER	25,133	8,098,090	1,496,681	771,271	59,334	314,782	688,837
033 NURSERY	9,263	1,280,448	236,651	52,800	30,109	21,549	
034 SKILLED NURSING FACILITY	20,769	4,339,818	802,081	404,010	49,646	164,890	
035 NURSING FACILITY	1,633	362,551	67,006	62,042	8,691	25,321	
036 OTHER LONG TERM CARE	6,867	1,719,525	317,801	315,126	40,089	128,613	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	491,513	56,069,914	10,362,785	3,459,375	94,800	1,411,888	
038 RECOVERY ROOM	127,034	13,553,703	2,504,982	1,211,119	65,157	494,299	
039 DELIVERY ROOM & LABOR ROO	24,774	6,778,655	1,252,824	497,957	28,609	203,233	
040 ANESTHESIOLOGY	143,950	4,600,664	850,290				
041 RADIOLOGY-DIAGNOSTIC	644,848	29,914,711	5,528,807	2,404,516	257,237	981,364	
042 RADIOLOGY-THERAPEUTIC	270,416	14,707,933	2,718,305	1,231,472	15,209	502,605	
043 RADIOISOTOPE	48,758	3,103,297	573,548	240,744	19,800	98,256	
044 LABORATORY	1,141,088	33,280,693	6,150,904	1,214,757		495,783	
044 01 HLA LAB	54,403	2,964,369	547,872	67,499		27,549	
047 BLOOD STORING, PROCESSING	358,121	26,120,199	4,827,509	280,196	14,713	114,358	
049 RESPIRATORY THERAPY	128,820	9,418,750	1,740,764	208,470		85,083	
050 PHYSICAL THERAPY	47,981	4,617,767	853,451	131,458	871	53,652	
051 OCCUPATIONAL THERAPY	16,371	1,616,910	298,836	36,871		15,048	
052 SPEECH PATHOLOGY	3,983	682,640	126,165	18,436		7,524	
053 ELECTROCARDIOLOGY	195,057	4,571,848	844,964	276,558	12,084	112,873	
054 ELECTROENCEPHALOGRAPHY	12,918	930,286	171,935	35,716	661	14,577	
055 MEDICAL SUPPLIES CHARGED	1,137,425	145,517,585	26,894,326				
056 DRUGS CHARGED TO PATIENTS	902,911	2,279,801	421,351				
057 RENAL DIALYSIS	39,562	2,705,775	500,079	184,503	5,203	75,302	
059 CAT SCAN	420,894	4,838,906	894,322	210,854	26,977	86,057	
059 01 ULTRASOUND	53,003	2,362,698	436,671	404,993	4,190	165,291	
059 02 CARDIAC CATHETERIZATION L	116,644	7,188,123	1,328,502	574,354	26,978	234,413	
059 03 ENDOSCOPY	75,899	6,028,658	1,114,211	447,518	19,079	182,647	
059 04 OB/GYN IN VITRO	7,601	1,177,122	217,555	112,875		46,068	
059 05 OUTPATIENT PHARMACY	39,875	2,186,381	404,085	91,318		37,270	
059 06 ELECTROSHOCK THERAPY	1,970	292,675	54,092	56,732		23,154	
059 07 PSYCHIATRIC/PSYCHOLOGICAL	6,071	586,968	108,483	101,174		41,293	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	50,275	10,564,352	1,952,493	1,145,341	31,551	467,452	
061 EMERGENCY	252,094	19,043,260	3,519,556	1,126,709	431,247	459,848	
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
082 LUNG ACQUISITION	14,119	3,864,825	714,293	40,485		16,523	
083 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION	29,653	4,561,827	843,112	78,560		32,063	
084 LIVER ACQUISITION	17,860	4,300,358	794,788	53,021		21,640	
085 HEART ACQUISITION	4,782	1,375,575	254,232	15,437		6,300	
085 01 PANCREAS ACQUISITION	781	144,527	26,711				

COST CENTER DESCRIPTION		CASHIERING/AC COUNTS RECEI	SUBTOTAL	OTHER ADMINIS TRATIVE AND	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY
		6.05	6a.05	6.06	8	9	10	11
086	SPEC PURPOSE COST CENTERS							
	OTHER ORGAN ACQUISITION	9,859	3,751,312	693,314				
095	SUBTOTALS	7,635,339	1,113,175,914	173,146,733	39,813,086	4,064,958	15,905,842	13,450,283
	NONREIMBURS COST CENTERS							
097	RESEARCH		67,075	12,397				
097 02	RESEARCH-GCRC-I/P	1,323	110,337	20,392	96,307	7,388	39,306	11,456
097 03	RESEARCH-GCRC-O/P	60	63,591	11,753	78,118		31,882	
100	OTHER NONREIMBURSABLE COS		13,696,477	2,531,369	8,786,398	22,586	2,694,560	
100 01	DEVELOPMENT		6,624	1,224				
100 02	MARKETING/COMMUNITY RELAT		3,282,587	606,684	100,879		41,172	
100 03	GUEST MEALS							338,095
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	7,636,722	1,130,402,605	176,330,552	48,874,788	4,094,932	18,712,762	13,799,834

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 26-0032
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/25/2009
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	CAFETERIA	EXTENDED CARE SERVICES	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
	12	13.01	14	15	16	17	18
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CRC-B&F (BH PRE-MERGE)							
003 03 NEW CRC-B&F (BJH POSTMERGE)							
003 04 NEW CRC-B&F (BJH CAMP EXP)							
003 05 NEW CRC-B&F (GSON)							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMINISTRATION							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATION AND							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA	9,056,055						
013 01 EXTENDED CARE SERVICES	27,290	4,561,975					
014 NURSING ADMINISTRATION	356,210		37,060,694				
015 CENTRAL SERVICES & SUPPLY	120,652			17,484,423			
016 PHARMACY	304,502				115,936,922		
017 MEDICAL RECORDS & LIBRARY	321,738					22,614,941	
018 SOCIAL SERVICE	58,889						4,194,172
019 01 LAB ADMINISTRATION	66,071						
019 02 RESEARCH ADMINISTRATION							
021 NURSING SCHOOL	99,107						
022 I&R SERVICES-SALARY & FRI	1,195,026						
024 01 PARAMEDICAL PRGM-HOSP ADMI	4,309						
024 02 PARAMEDICAL PRGM-PHARMACY	7,182						
024 04 PARAMEDICAL PRGM-PASTORAL	1,436						
025 INPATIENT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	2,176,036		17,069,879		1,486	1,465,092	3,522,436
026 INTENSIVE CARE UNIT	147,942		1,164,941			144,870	146,179
027 CORONARY CARE UNIT	81,871		644,408		10	67,347	68,684
029 SURGICAL INTENSIVE CARE U	126,397		991,275		101	115,873	113,318
030 01 NEURO-ICU	104,852		817,007		143	101,205	99,373
030 02 CARDIO-THORACIC ICU	136,451		1,068,628		31	120,370	125,566
031 SUBPROVIDER	142,197		1,110,118		619	74,427	
033 NURSERY	21,545		171,077			27,430	118,616
034 SKILLED NURSING FACILITY	94,798	2,364,609	852,962			61,504	
035 NURSING FACILITY	10,054	431,632	93,989			4,836	
036 OTHER LONG TERM CARE	47,399	1,765,734	450,672			20,336	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	574,532		4,508,850		46,136	1,455,521	
038 RECOVERY ROOM	169,487		1,335,021		430	376,186	
039 DELIVERY ROOM & LABOR ROO	122,088		962,320		109	73,363	
040 ANESTHESIOLOGY	57,453				2,030,027	426,279	
041 RADIOLOGY-DIAGNOSTIC	412,226				316,556	1,909,594	
042 RADIOLOGY-THERAPEUTIC	136,451				550,727	800,784	
043 RADIOISOTOPE	41,654				101	144,388	
044 LABORATORY	382,064				149	3,379,369	
044 01 HLA LAB	18,672					161,105	
047 BLOOD STORING, PROCESSING	109,161				15,775	1,060,505	
049 RESPIRATORY THERAPY	156,560				2,347	381,475	
050 PHYSICAL THERAPY	91,925					142,087	
051 OCCUPATIONAL THERAPY	30,163					48,481	
052 SPEECH PATHOLOGY	10,054					11,796	
053 ELECTROCARDIOLOGY	66,071				6,601	577,622	
054 ELECTROENCEPHALOGRAPHY	11,491					38,255	
055 MEDICAL SUPPLIES CHARGED				17,484,423		3,368,266	
056 DRUGS CHARGED TO PATIENTS					92,675,028	2,673,796	
057 RENAL DIALYSIS	33,036				20,414	117,156	
059 CAT SCAN	66,071		518,149		35,463	1,246,398	
059 01 ULTRASOUND	17,236				4,189	156,958	
059 02 CARDIAC CATHETERIZATION L	71,816		560,582		146	345,420	
059 03 ENDOSCOPY	73,253		579,705		358	224,760	
059 04 OB/GYN IN VITRO	11,491		91,291		38,621	22,507	
059 05 OUTPATIENT PHARMACY	51,708				19,619,536	118,082	
059 06 ELECTROSHOCK THERAPY	5,745				245	5,835	
059 07 PSYCHIATRIC/PSYCHOLOGICAL	17,236				105,596	17,978	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	166,614		1,301,667		425,226	148,879	
061 EMERGENCY	304,502		2,387,202		40,682	746,528	
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
082 LUNG ACQUISITION	10,054		82,629			41,812	
083 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION	21,545		165,443			87,811	
084 LIVER ACQUISITION	12,927		105,647			52,890	
085 HEART ACQUISITION	2,873		27,151			14,160	
085 01 PANCREAS ACQUISITION			81			2,314	

COST CENTER DESCRIPTION		CAFETERIA	EXTENDED CARE SERVICES	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
		12	13.01	14	15	16	17	18
086	SPEC PURPOSE COST CENTERS							
	OTHER ORGAN ACQUISITION	5,745					29,195	
095	SUBTOTALS	8,913,858	4,561,975	37,060,694	17,484,423	115,936,852	22,610,845	4,194,172
NONREIMBURS COST CENTERS								
097	RESEARCH							
097	02 RESEARCH-GCRC-I/P					70	3,917	
097	03 RESEARCH-GCRC-O/P						179	
100	OTHER NONREIMBURSABLE COS	126,397						
100	01 DEVELOPMENT							
100	02 MARKETING/COMMUNITY RELAT	15,800						
100	03 GUEST MEALS							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	9,056,055	4,561,975	37,060,694	17,484,423	115,936,922	22,614,941	4,194,172

COST CENTER DESCRIPTION	LAB ADMINISTRATION	RESEARCH ADMINISTRATION	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	SUBTOTAL	PARAMED ED PR GM-HOSP ADMI	PARAMED ED PR GM-PHARMACY
	19.01	19.02	21	22	24a.00	24.01	24.02
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CRC-B&F (BH PRE-MERGE)							
003 03 NEW CRC-B&F (BJH POSTMERGE)							
003 04 NEW CRC-B&F (BJH CAMP EXP)							
003 05 NEW CRC-B&F (GSON)							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMINISTRATION							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATION AND							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 01 EXTENDED CARE SERVICES							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE							
019 01 LAB ADMINISTRATION	5,016,587						
019 02 RESEARCH ADMINISTRATION		6,442					
021 NURSING SCHOOL			5,708,193				
022 I&R SERVICES-SALARY & FRI				113,787,300			
024 01 PARAMED ED PRGM-HOSP ADMI					229,317	229,317	
024 02 PARAMED ED PRGM-PHARMACY					294,645	60	294,705
024 04 PARAMED ED PRGM-PASTORAL					135,471	28	
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS			4,690,168	49,400,757	235,551,883	47,711	
027 INTENSIVE CARE UNIT			154,259	7,777,362	20,848,828	4,232	
027 CORONARY CARE UNIT					6,928,654	1,407	
029 SURGICAL INTENSIVE CARE U			37,321	1,354,069	12,307,057	2,498	
030 01 NEURO-ICU			69,665	620,141	9,427,739	1,914	
030 02 CARDIO-THORACIC ICU				62,583	12,329,415	2,503	
031 SUBPROVIDER			416,747	1,866,112	15,039,215	3,053	
033 NURSERY				34,136	1,994,361	405	
034 SKILLED NURSING FACILITY					9,134,318	1,854	
035 NURSING FACILITY					1,066,122	216	
036 OTHER LONG TERM CARE					4,805,295	975	
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM				17,671,168	95,654,969	19,418	
038 RECOVERY ROOM					19,710,384	4,001	
039 DELIVERY ROOM & LABOR ROO			340,033	1,223,213	11,482,404	2,331	
040 ANESTHESIOLOGY				6,741,898	14,706,611	2,985	
041 RADIOLOGY-DIAGNOSTIC				921,677	42,646,688	8,657	
042 RADIOLOGY-THERAPEUTIC					20,663,486	4,195	
043 RADIOISOTOPE				153,613	4,375,401	888	
044 LABORATORY	3,753,197			5,700,744	54,357,660	11,035	
044 01 HLA LAB	188,558				3,975,624	807	
047 BLOOD STORING, PROCESSING	1,074,832			392,566	34,009,814	6,904	
049 RESPIRATORY THERAPY					11,993,449	2,435	
050 PHYSICAL THERAPY					5,891,211	1,196	
051 OCCUPATIONAL THERAPY					2,046,309	415	
052 SPEECH PATHOLOGY					856,615	174	
053 ELECTROCARDIOLOGY					6,468,621	1,313	
054 ELECTROENCEPHALOGRAPHY				227,575	1,430,496	290	
055 MEDICAL SUPPLIES CHARGED					193,264,600	39,233	
056 DRUGS CHARGED TO PATIENTS					98,049,976	19,904	294,705
057 RENAL DIALYSIS					3,641,468	739	
059 CAT SCAN				147,923	8,071,120	1,638	
059 01 ULTRASOUND				68,272	3,620,498	735	
059 02 CARDIAC CATHETERIZATION L				421,013	10,751,347	2,183	
059 03 ENDOSCOPY					8,670,189	1,760	
059 04 OB/GYN IN VITRO				318,604	2,036,134	413	
059 05 OUTPATIENT PHARMACY					22,508,380	4,569	
059 06 ELECTROSHOCK THERAPY					438,478	89	
059 07 PSYCHIATRIC/PSYCHOLOGICAL					978,728	199	
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC				9,467,103	25,670,678	5,211	
061 EMERGENCY				9,211,082	37,270,616	7,566	
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
082 LUNG ACQUISITION					4,770,621	968	
082 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION					5,790,361	1,175	
084 LIVER ACQUISITION					5,341,271	1,084	
085 HEART ACQUISITION					1,695,728	344	
085 01 PANCREAS ACQUISITION					173,633	35	

COST CENTER DESCRIPTION		LAB ADMINISTRATION	RESEARCH ADMINISTRATION	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	SUBTOTAL	PARAMED ED PR GM-HOSP ADMIN	PARAMED ED PR GM-PHARMACY
		19.01	19.02	21	22	24a.00	24.01	24.02
086	SPEC PURPOSE COST CENTERS							
	OTHER ORGAN ACQUISITION					4,479,566	909	
095	SUBTOTALS	5,016,587		5,708,193	113,781,611	1,097,585,454	222,654	294,705
NONREIMBURS COST CENTERS								
097	RESEARCH		6,442			85,914	17	
097 02	RESEARCH-GCRC-I/P				5,689	294,862	60	
097 03	RESEARCH-GCRC-O/P					185,523	38	
100	OTHER NONREIMBURSABLE COS					27,857,787	5,655	
100 01	DEVELOPMENT					7,848	2	
100 02	MARKETING/COMMUNITY RELAT					4,047,122	822	
100 03	GUEST MEALS					338,095	69	
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	5,016,587	6,442	5,708,193	113,787,300	1,130,402,605	229,317	294,705

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	SUBTOTAL	PARAMED ED PR GM-PASTORAL	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	24a. 02	24. 04	25	26	27
003 GENERAL SERVICE COST CNTR					
003 01 NEW CAP REL COSTS-BLDG &					
003 02 NEW CRC-B&F (BH PRE-MERGE)					
003 03 NEW CRC-B&F (BJH POSTMERGE)					
003 04 NEW CRC-B&F (BJH CAMP EXP)					
003 05 NEW CRC-B&F (GSON)					
004 NEW CAP REL COSTS-MVBLE E					
005 EMPLOYEE BENEFITS					
006 01 NONPATIENT TELEPHONES					
006 02 DATA PROCESSING					
006 03 PURCHASING, RECEIVING AND					
006 04 ADMINISTRATION					
006 05 CASHIERING/ACCOUNTS RECEI					
006 06 OTHER ADMINISTRATION AND					
008 OPERATION OF PLANT					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
013 01 EXTENDED CARE SERVICES					
014 NURSING ADMINISTRATION					
015 CENTRAL SERVICES & SUPPLY					
016 PHARMACY					
017 MEDICAL RECORDS & LIBRARY					
018 SOCIAL SERVICE					
019 01 LAB ADMINISTRATION					
019 02 RESEARCH ADMINISTRATION					
021 NURSING SCHOOL					
022 I&R SERVICES-SALARY & FRI					
024 01 PARAMED ED PRGM-HOSP ADMI					
024 02 PARAMED ED PRGM-PHARMACY					
024 04 PARAMED ED PRGM-PASTORAL	135,499	135,499			
025 INPAT ROUTINE SRVC CNTRS					
025 ADULTS & PEDIATRICS	235,599,594	28,137	235,627,731	-49,400,757	186,226,974
026 INTENSIVE CARE UNIT	20,853,060	2,502	20,855,562	-7,777,362	13,078,200
027 CORONARY CARE UNIT	6,930,061	832	6,930,893		6,930,893
029 SURGICAL INTENSIVE CARE U	12,309,555	1,477	12,311,032	-1,354,069	10,956,963
030 01 NEURO-ICU	9,429,653	1,132	9,430,785	-620,141	8,810,644
030 02 CARDIO-THORACIC ICU	12,331,918	1,480	12,333,398	-62,583	12,270,815
031 SUBPROVIDER	15,042,268	1,805	15,044,073	-1,866,112	13,177,961
033 NURSERY	1,994,766	239	1,995,005	-34,136	1,960,869
034 SKILLED NURSING FACILITY	9,136,172	1,096	9,137,268		9,137,268
035 NURSING FACILITY	1,066,338	128	1,066,466		1,066,466
036 OTHER LONG TERM CARE	4,806,270	577	4,806,847		4,806,847
037 ANCILLARY SRVC COST CNTRS					
037 OPERATING ROOM	95,674,387	11,481	95,685,868	-17,671,168	78,014,700
038 RECOVERY ROOM	19,714,385	2,366	19,716,751		19,716,751
039 DELIVERY ROOM & LABOR ROO	11,484,735	1,378	11,486,113	-1,223,213	10,262,900
040 ANESTHESIOLOGY	14,709,596	1,765	14,711,361	-6,741,898	7,969,463
041 RADIOLOGY-DIAGNOSTIC	42,655,345	5,119	42,660,464	-921,677	41,738,787
042 RADIOLOGY-THERAPEUTIC	20,667,681	2,480	20,670,161		20,670,161
043 RADIOISOTOPE	4,376,289	525	4,376,814	-153,613	4,223,201
044 LABORATORY	54,368,695	6,524	54,375,219	-5,700,744	48,674,475
044 01 HLA LAB	3,976,431	477	3,976,908		3,976,908
047 BLOOD STORING, PROCESSING	34,016,718	4,082	34,020,800	-392,566	33,628,234
049 RESPIRATORY THERAPY	11,995,884	1,440	11,997,324		11,997,324
050 PHYSICAL THERAPY	5,892,407	707	5,893,114		5,893,114
051 OCCUPATIONAL THERAPY	2,046,724	246	2,046,970		2,046,970
052 SPEECH PATHOLOGY	856,789	103	856,892		856,892
053 ELECTROCARDIOLOGY	6,469,934	776	6,470,710		6,470,710
054 ELECTROENCEPHALOGRAPHY	1,430,786	172	1,430,958	-227,575	1,203,383
055 MEDICAL SUPPLIES CHARGED	193,303,833	23,196	193,327,029		193,327,029
056 DRUGS CHARGED TO PATIENTS	98,364,585	11,804	98,376,389		98,376,389
057 RENAL DIALYSIS	3,642,207	437	3,642,644		3,642,644
059 CAT SCAN	8,072,758	969	8,073,727	-147,923	7,925,804
059 01 ULTRASOUND	3,621,233	435	3,621,668	-68,272	3,553,396
059 02 CARDIAC CATHETERIZATION L	10,753,530	1,290	10,754,820	-421,013	10,333,807
059 03 ENDOSCOPY	8,671,949	1,041	8,672,990		8,672,990
059 04 OB/GYN IN VITRO	2,036,547	244	2,036,791	-318,604	1,718,187
059 05 OUTPATIENT PHARMACY	22,512,949	2,702	22,515,651		22,515,651
059 06 ELECTROSHOCK THERAPY	438,567	53	438,620		438,620
059 07 PSYCHIATRIC/PSYCHOLOGICAL	978,927	117	979,044		979,044
060 OUTPAT SERVICE COST CNTRS					
060 CLINIC	25,675,889	3,081	25,678,970	-9,467,103	16,211,867
061 EMERGENCY	37,278,182	4,473	37,282,655	-9,211,082	28,071,573
062 OBSERVATION BEDS (NON-DIS					
062 OTHER REIMBURS COST CNTRS					
065 AMBULANCE SERVICES					
082 LUNG ACQUISITION	4,771,589	573	4,772,162		4,772,162
083 SPEC PURPOSE COST CENTERS					
083 KIDNEY ACQUISITION	5,791,536	695	5,792,231		5,792,231
084 LIVER ACQUISITION	5,342,355	641	5,342,996		5,342,996
085 HEART ACQUISITION	1,696,072	204	1,696,276		1,696,276
085 01 PANCREAS ACQUISITION	173,668	21	173,689		173,689

COST ALLOCATION - GENERAL SERVICE COSTS

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 PREPARED 5/25/2009
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION		SUBTOTAL 24a. 02	PARAMED ED PR GM-PASTORAL 24. 04	SUBTOTAL 25	I&R COST POST STEP- DOWN ADJ 26	TOTAL 27
SPEC PURPOSE COST CENTERS						
086	OTHER ORGAN ACQUISITION	4,480,475	538	4,481,013		4,481,013
095	SUBTOTALS	1,097,578,791	131,560	1,097,574,852	-113,781,611	983,793,241
NONREIMBURS COST CENTERS						
097	RESEARCH	85,931	10	85,941		85,941
097 02	RESEARCH-GCRC-I/P	294,922	35	294,957	-5,689	289,268
097 03	RESEARCH-GCRC-O/P	185,561	22	185,583		185,583
100	OTHER NONREIMBURSABLE COS	27,863,442	3,344	27,866,786		27,866,786
100 01	DEVELOPMENT	7,850	1	7,851		7,851
100 02	MARKETING/COMMUNITY RELAT	4,047,944	486	4,048,430		4,048,430
100 03	GUEST MEALS	338,164	41	338,205		338,205
101	CROSS FOOT ADJUSTMENT					
102	NEGATIVE COST CENTER					
103	TOTAL	1,130,402,605	135,499	1,130,402,605	-113,787,300	1,016,615,305

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 26-0032
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/25/2009
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	NEW CRC-B&F(B H PRE-MERGE)	NEW CRC-B&F(B JH POSTMERGE)	NEW CRC-B&F(B JH CAMP EXP)	NEW CRC-B&F(G SON)	NEW CRC-B&F(T HE HIGHLANDS)
	0	3	3.01	3.02	3.03	3.04	3.05
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CRC-B&F(BH PRE-MERGE)							
003 03 NEW CRC-B&F(BJH POSTMERGE)							
003 04 NEW CRC-B&F(BJH CAMP EXP)							
003 05 NEW CRC-B&F(GSON)							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	7,224	34,949	30,290	141,130			
006 01 NONPATIENT TELEPHONES	9,413	3,545	30,290	72,459	23,017		
006 02 DATA PROCESSING	-310,030						
006 03 PURCHASING, RECEIVING AND	-73,632	19,434	29,719	105,984	7,550		
006 04 ADMINITTING	117,599	28,017	47,861	163,510			9,474
006 05 CASHIERING/ACCOUNTS RECEI	49,360		43,898	93,777			
006 06 OTHER ADMINISTRATIVE AND	5,232,453	925,733	896,999	3,940,522	3,861,562		171,086
008 OPERATION OF PLANT	-169,368	211,042	432,805	1,386,072	2,594,285		873
009 LAUNDRY & LINEN SERVICE	575	6,176	1,892	17,549	839		
010 HOUSEKEEPING	52,895	19,826	46,753	143,230	45,947		178
011 DIETARY	43,946	45,603	95,700	304,161			
012 CAFETERIA	7,327	22,357	94,913	251,648	4,130		
013 01 EXTENDED CARE SERVICES	58,144		41,894	89,498			
014 NURSING ADMINISTRATION	121,585	61,345	28,738	195,536	21,963		
015 CENTRAL SERVICES & SUPPLY	7,264,128	25,491	68,263	201,570	112,545		
016 PHARMACY	1,707,410	13,930	44,972	126,531	65,307		
017 MEDICAL RECORDS & LIBRARY	137,364	46,841	28,062	162,375			
018 SOCIAL SERVICE	12,708		389	832	18,693		
019 01 LAB ADMINISTRATION	7,090		7,359	15,722			
019 02 RESEARCH ADMINISTRATION							
021 NURSING SCHOOL	67,811					1,733,548	
022 I&R SERVICES-SALARY & FRI	65,886	7,678	40,261	102,797			
024 01 PARAMEDICAL PRGM-HOSP ADMI							
024 02 PARAMEDICAL PRGM-PHARMACY							
024 04 PARAMEDICAL PRGM-PASTORAL							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	183,355	274,261	941,444	2,610,892			
026 INTENSIVE CARE UNIT	16,566	24,564	33,310	124,874			
027 CORONARY CARE UNIT	3,848		28,272	60,398			
029 SURGICAL INTENSIVE CARE U	16,690		59,165	126,392			
030 01 NEURO-ICU	10,301		33,541	71,652			
030 02 CARDIO-THORACIC ICU	16,660		6,888	14,714	412,322		
031 SUBPROVIDER	31,493		89,156	190,462			
033 NURSERY	1,839		6,103	13,039			
034 SKILLED NURSING FACILITY	160,521		46,702	99,768			
035 NURSING FACILITY			7,172	15,321			
036 OTHER LONG TERM CARE	94		36,427	77,819			
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	271,498	9,949	149,128	340,333	1,821,289		
038 RECOVERY ROOM	179,112		91,000	194,401	370,956		
039 DELIVERY ROOM & LABOR ROO	16,049		57,562	122,968			
040 ANESTHESIOLOGY	7,708						
041 RADIOLOGY-DIAGNOSTIC	1,331,464	91,750	1,870	204,623	822,708		18,932
042 RADIOLOGY-THERAPEUTIC	-15,334	7,381		16,140	978,232		
043 RADIOISOTOPE	231,640	27,187		59,451			
044 LABORATORY	171,337	7,154	97,809	224,588	146,145		9,474
044 01 HLA LAB	5,731		7,803	16,669			
047 BLOOD STORING, PROCESSING	16,720		10,959	23,412	162,236		
049 RESPIRATORY THERAPY	80,619	4,652	19,336	51,481			
050 PHYSICAL THERAPY	16,060	5,138	9,937	32,463			
051 OCCUPATIONAL THERAPY	1,657	1,388	2,841	9,105			
052 SPEECH PATHOLOGY	817	694	1,421	4,553			
053 ELECTROCARDIOLOGY	15,994	1,457	22,686	51,651	58,983		
054 ELECTROENCEPHALOGRAPHY	2,035		4,129	8,820			
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS	7,891		21,328	45,562			
059 CAT SCAN	18,510						
059 01 ULTRASOUND	11,930	27,187	926	61,429	82,150		
059 02 CARDIAC CATHETERIZATION L	25,591		2,324	4,965	485,029		
059 03 ENDOSCOPY	18,623		13,199	28,196	291,710		
059 04 OB/GYN IN VITRO	2,998		13,048	27,874			
059 05 OUTPATIENT PHARMACY	31,299				79,913		
059 06 ELECTROSHOCK THERAPY	1,851		6,558	14,010			
059 07 PSYCHIATRIC/PSYCHOLOGICAL	107,802						
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	83,059	9,438	10,888	43,899	312,769		
061 EMERGENCY	118,284		4,137	8,838	922,196		
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
082 LUNG ACQUISITION	7,560	3,820	156	8,686	4,646		
082 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION	4,565	7,534	156	16,808	9,185		
084 LIVER ACQUISITION	3,045	5,041	156	11,357	6,152		
085 HEART ACQUISITION	5,857	1,374	156	3,339	1,678		
085 01 PANCREAS ACQUISITION							

ALLOCATION OF NEW CAPITAL RELATED COSTS

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 PREPARED 5/25/2009
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	NEW CRC-B&F(B H PRE-MERGE)	NEW CRC-B&F(B JH POSTMERGE)	NEW CRC-B&F(B JH CAMP EXP)	NEW CRC-B&F(G SON)	NEW CRC-B&F(T HE HIGHLANDS)
	0	3	3.01	3.02	3.03	3.04	3.05
086 SPEC PURPOSE COST CENTERS							
095 OTHER ORGAN ACQUISITION							
095 SUBTOTALS	17,633,227	1,981,936	3,848,751	12,555,855	13,789,917	1,733,548	210,017
097 NONREIMBURS COST CENTERS							
097 RESEARCH							
097 02 RESEARCH-GCRC-I/P	57,971						
097 03 RESEARCH-GCRC-O/P	49,816						
100 OTHER NONREIMBURSABLE COS	12,947	328,688	372,700	1,514,928	1,621,409		520,924
100 01 DEVELOPMENT							
100 02 MARKETING/COMMUNITY RELAT	17,021		1,975	4,219			
100 03 GUEST MEALS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	17,770,982	2,310,624	4,223,426	14,075,002	15,411,326	1,733,548	730,941

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	NEW CAP REL COSTS-MVBLE	SUBTOTAL	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING AND	ADMINISTRATIVE
	4	4a	5	6.01	6.02	6.03	6.04
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CRC-B&F (BH PRE-MERGE)							
003 03 NEW CRC-B&F (BJH POSTMERGE)							
003 04 NEW CRC-B&F (BJH CAMP EXP)							
003 05 NEW CRC-B&F (GSON)							
003 06 NEW CRC-B&F (THE HIGHLANDS)							
004 NEW CAP REL COSTS-MVBLE							
005 EMPLOYEE BENEFITS	57,381	270,974	270,974				
006 01 NONPATIENT TELEPHONES		138,724	952	139,676			
006 02 DATA PROCESSING		-310,030			-310,030		
006 03 PURCHASING, RECEIVING AND	496	89,551	719	73		90,343	
006 04 ADMINISTRATION	47,575	414,036	5,429	6,003		185	425,653
006 05 CASHIERING/ACCOUNTS RECEI	4,826	191,861	2,296	2,764		42	
006 06 OTHER ADMINISTRATIVE AND	13,079,883	28,108,238	12,254	11,101		997	
008 OPERATION OF PLANT	512,064	4,967,773	5,528	4,790		588	
009 LAUNDRY & LINEN SERVICE	1,941	28,972	18	13		822	
010 HOUSEKEEPING	120,491	429,320	6,975	2,864		397	
011 DIETARY	110,080	599,490	3,256	2,109		751	
012 CAFETERIA	35,812	416,187	2,566	593		2,032	
013 01 EXTENDED CARE SERVICES	97,631	287,167	542	1,636		21	
014 NURSING ADMINISTRATION	531,398	960,565	11,461	5,623		102	
015 CENTRAL SERVICES & SUPPLY	321,408	7,993,405	1,899	1,366		2,484	
016 PHARMACY	33,006	1,991,156	9,670	3,768		17,652	
017 MEDICAL RECORDS & LIBRARY	106,303	480,945	7,561	5,161		141	
018 SOCIAL SERVICE	1,111	33,733	1,518	985		8	
019 01 LAB ADMINISTRATION	8,860	39,031	2,151	338		12	
019 02 RESEARCH ADMINISTRATION			2				
021 NURSING SCHOOL	12,023	1,813,382	949	2,463		187	
022 I&R SERVICES-SALARY & FRI	9,308	225,930	30,369	4,455		20	
024 01 PARAMEDICAL PRGM-HOSP ADMI			102				
024 02 PARAMEDICAL PRGM-PHARMACY			131				
024 04 PARAMEDICAL PRGM-PASTORAL			49				
025 INPATIENT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,059,172	5,069,124	52,891	24,444		1,265	27,506
026 INTENSIVE CARE UNIT	44,149	243,463	4,189	1,222		107	2,720
027 CORONARY CARE UNIT	34,610	127,128	2,245	312		48	1,264
029 SURGICAL INTENSIVE CARE U	43,334	245,581	3,476	1,317		99	2,175
030 01 NEURO-ICU	83,920	199,414	2,849	801		69	1,900
030 02 CARDIO-THORACIC ICU	70,298	520,882	3,873	1,245		109	2,260
031 SUBPROVIDER	12,911	324,022	3,574	1,672		39	1,397
033 NURSERY	4,243	25,224	567	149		50	515
034 SKILLED NURSING FACILITY	10,866	317,857	1,801	8		78	1,155
035 NURSING FACILITY		22,493	147				91
036 OTHER LONG TERM CARE		114,340	731	8		19	382
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	4,246,617	6,838,814	17,378	11,488		4,244	27,327
038 RECOVERY ROOM	76,587	912,056	4,943	1,911		177	7,063
039 DELIVERY ROOM & LABOR ROO	111,866	308,445	2,979	923		214	1,377
040 ANESTHESIOLOGY	698,624	706,332	916	384		915	8,003
041 RADIOLOGY-DIAGNOSTIC	4,045,832	6,517,179	10,044	5,142		714	35,852
042 RADIOLOGY-THERAPEUTIC	2,990,975	3,977,394	4,073	2,936		262	15,034
043 RADIOISOTOPE	149,195	467,473	1,198	680		11	2,711
044 LABORATORY	852,690	1,509,197	8,060	4,327		3,092	64,511
044 01 HLA LAB	23,915	54,118	483	204		483	3,025
047 BLOOD STORING, PROCESSING	120,255	333,582	2,873	928		5,568	19,911
049 RESPIRATORY THERAPY	469,266	625,354	4,264	1,027		38	7,162
050 PHYSICAL THERAPY	33,418	97,016	2,245	431		20	2,668
051 OCCUPATIONAL THERAPY	514	15,505	832	134		2	910
052 SPEECH PATHOLOGY	57,551	65,036	315	66			221
053 ELECTROCARDIOLOGY	635,629	786,400	1,574	873		64	10,845
054 ELECTROENCEPHALOGRAPHY	74,303	89,287	262	165		3	718
055 MEDICAL SUPPLIES CHARGED						40,670	63,238
056 DRUGS CHARGED TO PATIENTS							50,199
057 RENAL DIALYSIS	51,008	125,789	983	412		176	2,200
059 CAT SCAN	824,157	908,447	1,621	703		59	23,401
059 01 ULTRASOUND	296,021	479,643	489	450		25	2,947
059 02 CARDIAC CATHETERIZATION L	1,757,239	2,275,148	1,969	1,810		412	6,485
059 03 ENDOSCOPY	753,433	1,105,161	2,121	1,039		154	4,220
059 04 OB/GYN IN VITRO	39,027	82,947	312	32		50	423
059 05 OUTPATIENT PHARMACY	33,297	144,509	1,529	1,668		3,808	2,217
059 06 ELECTROSHOCK THERAPY	3,679	26,098	128	150		3	110
059 07 PSYCHIATRIC/PSYCHOLOGICAL	252	108,054	331	430		25	338
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	111,250	571,303	4,421	4,729		209	2,795
061 EMERGENCY	339,808	1,393,263	7,409	5,760		394	14,016
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
082 LUNG ACQUISITION	6,139	31,007	289	339		3	785
083 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION	483	38,731	578	263		8	1,649
084 LIVER ACQUISITION		25,751	347	175		3	993
085 HEART ACQUISITION		12,404	103	175		3	266
085 01 PANCREAS ACQUISITION							43

ALLOCATION OF NEW CAPITAL RELATED COSTS

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COST CENTER DESCRIPTION	NEW CAP REL COSTS-MVBLE	SUBTOTAL	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING AND	R ADMITTING
	4	4a	5	6.01	6.02	6.03	6.04
086 SPEC PURPOSE COST CENTERS							
095 OTHER ORGAN ACQUISITION			183				548
095 SUBTOTALS	35,258,130	87,011,381	267,992	137,037		90,133	425,576
097 NONREIMBURS COST CENTERS							
097 RESEARCH			29				
097 02 RESEARCH-GCRC-I/P	4,680	62,651		38		9	74
097 03 RESEARCH-GCRC-O/P	5,893	55,709					3
100 OTHER NONREIMBURSABLE COS	44,005	4,415,601	2,566	1,807		193	
100 01 DEVELOPMENT	417	417					
100 02 MARKETING/COMMUNITY RELAT	181	23,396	387	794		8	
100 03 GUEST MEALS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER					-310,030		
103 TOTAL	35,313,306	91,569,155	270,974	139,676		90,343	425,653

ALLOCATION OF NEW CAPITAL RELATED COSTS

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COST CENTER DESCRIPTION	CASHIERING/AC COUNTS RECEI	OTHER ADMINIS TRATIVE AND	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	6.05	6.06	8	9	10	11	12
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CRC-B&F (BH PRE-MERGE)							
003 03 NEW CRC-B&F (BJH POSTMERGE)							
003 04 NEW CRC-B&F (BJH CAMP EXP)							
003 05 NEW CRC-B&F (GSON)							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMINISTRATION							
006 05 CASHIERING/ACCOUNTS RECEI	196,963						
006 06 OTHER ADMINISTRATION AND		28,132,590					
008 OPERATION OF PLANT		1,216,364	6,195,043				
009 LAUNDRY & LINEN SERVICE		96,886	25,595	152,306			
010 HOUSEKEEPING		446,648	80,999	4,721	971,924		
011 DIETARY		295,176	174,417	64	29,169	1,104,432	
012 CAFETERIA		189,504	129,766		21,702		762,350
013 01 EXTENDED CARE SERVICES		51,338	45,938		7,683	156,987	2,297
014 NURSING ADMINISTRATION		879,840	121,662		20,347		29,986
015 CENTRAL SERVICES & SUPPLY		398,842	119,764		275		10,157
016 PHARMACY		2,857,212	74,406				25,633
017 MEDICAL RECORDS & LIBRARY		531,775	83,345				27,084
018 SOCIAL SERVICE		102,050	3,134			524	4,957
019 01 LAB ADMINISTRATION		120,974	8,070			1,350	5,562
019 02 RESEARCH ADMINISTRATION		160					
021 NURSING SCHOOL		59,289	290,430	13	48,571		8,343
022 I&R SERVICES-SALARY & FRI		2,785,873	54,400	1,807	9,098		100,599
024 01 PARAMEDICAL PRGM-HOSP ADMI		5,600					363
024 02 PARAMEDICAL PRGM-PHARMACY		7,154					605
024 04 PARAMEDICAL PRGM-PASTORAL		3,336					121
025 INPATIENT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	12,824	3,233,691	1,340,130	84,081	224,119	811,878	183,181
026 INTENSIVE CARE UNIT	1,268	256,285	64,096	3,062	10,719	17,695	12,454
027 CORONARY CARE UNIT	589	138,107	31,001	1,645	5,185	10,277	6,892
029 SURGICAL INTENSIVE CARE U	1,014	214,819	68,907	3,520	11,524	6,153	10,640
030 01 NEURO-ICU	886	174,932	36,778	2,205	6,151	9,486	8,827
030 02 CARDIO-THORACIC ICU	1,054	245,419	67,274	3,594	11,251	8,851	11,487
031 SUBPROVIDER	651	238,788	97,761	2,207	16,349	55,129	11,970
033 NURSERY	240	37,757	6,693	1,120	1,119		1,814
034 SKILLED NURSING FACILITY	538	127,968	51,210	1,847	8,564		7,980
035 NURSING FACILITY	42	10,691	7,864	323	1,315		846
036 OTHER LONG TERM CARE	178	50,704	39,943	1,491	6,680		3,990
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	12,740	1,653,334	438,487	3,526	73,332		48,365
038 RECOVERY ROOM	3,293	399,658	153,513	2,423	25,673		14,268
039 DELIVERY ROOM & LABOR ROO	642	199,882	63,118	1,064	10,556		10,278
040 ANESTHESIOLOGY	3,731	135,660					4,836
041 RADIOLOGY-DIAGNOSTIC	16,715	882,095	304,780	9,568	50,971		34,702
042 RADIOLOGY-THERAPEUTIC	7,009	433,693	156,093	566	26,105		11,487
043 RADIOISOTOPE	1,264	91,507	30,515	736	5,103		3,506
044 LABORATORY	28,596	981,348	153,975		25,751		32,163
044 01 HLA LAB	1,410	87,410	8,556		1,431		1,572
047 BLOOD STORING, PROCESSING	9,283	770,206	35,516	547	5,940		9,189
049 RESPIRATORY THERAPY	3,339	277,731	26,424		4,419		13,179
050 PHYSICAL THERAPY	1,244	136,164	16,663	32	2,787		7,738
051 OCCUPATIONAL THERAPY	424	47,678	4,674		782		2,539
052 SPEECH PATHOLOGY	103	20,129	2,337		391		846
053 ELECTROCARDIOLOGY	5,056	134,810	35,055	449	5,863		5,562
054 ELECTROENCEPHALOGRAPHY	335	27,431	4,527	25	757		967
055 MEDICAL SUPPLIES CHARGED	29,482	4,290,743					
056 DRUGS CHARGED TO PATIENTS	23,404	67,224					
057 RENAL DIALYSIS	1,025	79,785	23,386	194	3,911		2,781
059 CAT SCAN	10,910	142,685	26,726	1,003	4,470		5,562
059 01 ULTRASOUND	1,374	69,669	51,334	156	8,585		1,451
059 02 CARDIAC CATHETERIZATION L	3,023	211,956	72,801	1,003	12,175		6,046
059 03 ENDOSCOPY	1,967	177,767	56,724	710	9,487		6,167
059 04 OB/GYN IN VITRO	197	34,710	14,307		2,393		967
059 05 OUTPATIENT PHARMACY	1,034	64,470	11,575		1,936		4,353
059 06 ELECTROSHOCK THERAPY	51	8,630	7,191		1,203		484
059 07 PSYCHIATRIC/PSYCHOLOGICAL	157	17,308	12,824		2,145		1,451
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	1,303	311,511	145,176	1,174	24,279		14,026
061 EMERGENCY	6,534	561,529	142,814	16,040	23,884		25,633
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
082 LUNG ACQUISITION	366	113,962	5,132		858		846
082 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION	769	134,515	9,958		1,665		1,814
084 LIVER ACQUISITION	463	126,805	6,721		1,124		1,088
085 HEART ACQUISITION	124	40,562	1,957		327		242
085 01 PANCREAS ACQUISITION	20	4,262					

ALLOCATION OF NEW CAPITAL RELATED COSTS

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COST CENTER DESCRIPTION		CASHIERING/AC COUNTS RECEI	OTHER ADMINIS TRATIVE AND	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
		6.05	6.06	8	9	10	11	12
086	SPEC PURPOSE COST CENTERS							
	OTHER ORGAN ACQUISITION	256	110,615					484
095	SUBTOTALS	196,927	27,624,626	5,046,442	151,191	826,135	1,076,456	750,380
	NONREIMBURS COST CENTERS							
097	RESEARCH		1,978					
097 02	RESEARCH-GCRC-I/P	34	3,254	12,207	275	2,042	917	
097 03	RESEARCH-GCRC-O/P	2	1,875	9,902		1,656		
100	OTHER NONREIMBURSABLE COS		403,868	1,113,705	840	139,953		10,640
100 01	DEVELOPMENT		195					
100 02	MARKETING/COMMUNITY RELAT		96,794	12,787		2,138		1,330
100 03	GUEST MEALS						27,059	
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	196,963	28,132,590	6,195,043	152,306	971,924	1,104,432	762,350

ALLOCATION OF NEW CAPITAL RELATED COSTS

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COST CENTER DESCRIPTION	EXTENDED CARE SERVICES	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SERVICES	LAB ADMINISTRATION
	13.01	14	15	16	17	18		19.01
003 GENERAL SERVICE COST CNTR								
003 01 NEW CAP REL COSTS-BLDG &								
003 02 NEW CRC-B&F (BH PRE-MERGE)								
003 03 NEW CRC-B&F (BJH POSTMERGE)								
003 04 NEW CRC-B&F (BJH CAMP EXP)								
003 05 NEW CRC-B&F (GSON)								
004 NEW CAP REL COSTS-MVBLE E								
005 EMPLOYEE BENEFITS								
006 01 NONPATIENT TELEPHONES								
006 02 DATA PROCESSING								
006 03 PURCHASING, RECEIVING AND								
006 04 ADMINISTRATION								
006 05 CASHIERING/ACCOUNTS RECEI								
006 06 OTHER ADMINISTRATION AND								
008 OPERATION OF PLANT								
009 LAUNDRY & LINEN SERVICE								
010 HOUSEKEEPING								
011 DIETARY								
012 CAFETERIA								
013 01 EXTENDED CARE SERVICES	553,609							
014 NURSING ADMINISTRATION		2,029,586						
015 CENTRAL SERVICES & SUPPLY			8,548,221					
016 PHARMACY				4,991,941				
017 MEDICAL RECORDS & LIBRARY					1,149,951			
018 SOCIAL SERVICE							146,909	
019 01 LAB ADMINISTRATION								177,488
019 02 RESEARCH ADMINISTRATION								
021 NURSING SCHOOL								
022 I&R SERVICES-SALARY & FRI								
024 01 PARAMEDICAL PRGM-HOSP ADMI								
024 02 PARAMEDICAL PRGM-PHARMACY								
024 04 PARAMEDICAL PRGM-PASTORAL								
025 INPATIENT ROUTINE SRVC CNTRS								
025 ADULTS & PEDIATRICS		934,815		64	74,528		123,380	
026 INTENSIVE CARE UNIT		63,797			7,369		5,120	
027 CORONARY CARE UNIT		35,290			3,426		2,406	
029 SURGICAL INTENSIVE CARE U		54,286		4	5,894		3,969	
030 01 NEURO-ICU		44,742		6	5,148		3,481	
030 02 CARDIO-THORACIC ICU		58,522		1	6,123		4,398	
031 SUBPROVIDER		60,794		27	3,786			
033 NURSERY		9,369			1,395		4,155	
034 SKILLED NURSING FACILITY	286,952	46,711			3,129			
035 NURSING FACILITY	52,380	5,147			246			
036 OTHER LONG TERM CARE	214,277	24,680			1,034			
037 ANCILLARY SRVC COST CNTRS								
037 OPERATING ROOM		246,922		1,986	74,041			
038 RECOVERY ROOM		73,111		19	19,136			
039 DELIVERY ROOM & LABOR ROO		52,700		5	3,732			
040 ANESTHESIOLOGY				87,408	21,684			
041 RADIOLOGY-DIAGNOSTIC				13,630	97,139			
042 RADIOLOGY-THERAPEUTIC				23,713	40,735			
043 RADIOISOTOPE				4	7,345			
044 LABORATORY				6	171,460			132,789
044 01 HLA LAB					8,195			6,671
047 BLOOD STORING, PROCESSING				679	53,947			38,028
049 RESPIRATORY THERAPY				101	19,405			
050 PHYSICAL THERAPY					7,228			
051 OCCUPATIONAL THERAPY					2,466			
052 SPEECH PATHOLOGY					600			
053 ELECTROCARDIOLOGY				284	29,383			
054 ELECTROENCEPHALOGRAPHY					1,946			
055 MEDICAL SUPPLIES CHARGED			8,548,221		171,340			
056 DRUGS CHARGED TO PATIENTS				3,990,341	136,013			
057 RENAL DIALYSIS				879	5,960			
059 CAT SCAN		28,376		1,527	63,403			
059 01 ULTRASOUND				180	7,984			
059 02 CARDIAC CATHETERIZATION L		30,700		6	17,571			
059 03 ENDOSCOPY		31,747		15	11,433			
059 04 OB/GYN IN VITRO		4,999		1,663	1,145			
059 05 OUTPATIENT PHARMACY				844,771	6,007			
059 06 ELECTROSHOCK THERAPY				11	297			
059 07 PSYCHIATRIC/PSYCHOLOGICAL				4,547	915			
060 OUTPAT SERVICE COST CNTRS								
060 CLINIC		71,284		18,309	7,573			
061 EMERGENCY		130,732		1,752	37,975			
062 OBSERVATION BEDS (NON-DIS								
062 OTHER REIMBURS COST CNTRS								
065 AMBULANCE SERVICES								
082 LUNG ACQUISITION		4,525			2,127			
082 SPEC PURPOSE COST CENTERS								
083 KIDNEY ACQUISITION		9,060			4,467			
084 LIVER ACQUISITION		5,786			2,690			
085 HEART ACQUISITION		1,487			720			
085 01 PANCREAS ACQUISITION		4			118			

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COST CENTER DESCRIPTION	EXTENDED CARE SERVICES	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	LABORATORY	ADMINISTRATION
	13.01	14	15	16	17	18		19.01
086 SPEC PURPOSE COST CENTERS								
095 OTHER ORGAN ACQUISITION					1,485			
095 SUBTOTALS	553,609	2,029,586	8,548,221	4,991,938	1,149,743	146,909		177,488
097 NONREIMBURS COST CENTERS								
097 RESEARCH								
097 02 RESEARCH-GCRC-I/P				3	199			
097 03 RESEARCH-GCRC-O/P					9			
100 OTHER NONREIMBURSABLE COS								
100 01 DEVELOPMENT								
100 02 MARKETING/COMMUNITY RELAT								
100 03 GUEST MEALS								
101 CROSS FOOT ADJUSTMENTS								
102 NEGATIVE COST CENTER								
103 TOTAL	553,609	2,029,586	8,548,221	4,991,941	1,149,951	146,909		177,488

ALLOCATION OF NEW CAPITAL RELATED COSTS

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 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/25/2009
 WORKSHEET B
 PART III

	RESEARCH ADMINISTRATION	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	PARAMED ED PR GM-HOSP ADMIN	PARAMED ED PR GM-PHARMACY	PARAMED ED PR GM-PASTORAL	SUBTOTAL
	19.02	21	22	24.01	24.02	24.04	25
003							
	GENERAL SERVICE COST CNTR						
	NEW CAP REL COSTS-BLDG &						
003 01							
	NEW CRC-B&F (BH PRE-MERGE)						
003 02							
	NEW CRC-B&F (BJH POSTMERGE)						
003 03							
	NEW CRC-B&F (BJH CAMP EXP)						
003 04							
	NEW CRC-B&F (GSON)						
003 05							
	NEW CRC-B&F (THE HIGHLANDS)						
004							
	NEW CAP REL COSTS-MVBLE E						
005							
	EMPLOYEE BENEFITS						
006 01							
	NONPATIENT TELEPHONES						
006 02							
	DATA PROCESSING						
006 03							
	PURCHASING, RECEIVING AND						
006 04							
	ADMINISTRATIVE						
006 05							
	CASHIERING/ACCOUNTS RECEI						
006 06							
	OTHER ADMINISTRATIVE AND						
008							
	OPERATION OF PLANT						
009							
	LAUNDRY & LINEN SERVICE						
010							
	HOUSEKEEPING						
011							
	DIETARY						
012							
	CAFETERIA						
013 01							
	EXTENDED CARE SERVICES						
014							
	NURSING ADMINISTRATION						
015							
	CENTRAL SERVICES & SUPPLY						
016							
	PHARMACY						
017							
	MEDICAL RECORDS & LIBRARY						
018							
	SOCIAL SERVICE						
019 01							
	LAB ADMINISTRATION						
019 02	162						
	RESEARCH ADMINISTRATION						
021		2,223,627					
	NURSING SCHOOL						
022			3,212,551				
	I&R SERVICES-SALARY & FRI						
024 01				6,065			
	PARAMED ED PRGM-HOSP ADMIN						
024 02				1	7,891		
	PARAMED ED PRGM-PHARMACY						
024 04				1		3,507	
	PARAMED ED PRGM-PASTORAL						
	INPAT ROUTINE SRVC CNTRS						
025							12,197,921
	ADULTS & PEDIATRICS						
026							693,566
	INTENSIVE CARE UNIT						
027							365,815
	CORONARY CARE UNIT						
029							633,378
	SURGICAL INTENSIVE CARE U						
030 01							497,675
	NEURO-ICU						
030 02							946,343
	CARDIO-THORACIC ICU						
031							818,166
	SUBPROVIDER						
033							90,167
	NURSERY						
034							855,798
	SKILLED NURSING FACILITY						
035							101,585
	NURSING FACILITY						
036							458,457
	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST CNTRS						
037							9,451,984
	OPERATING ROOM						
038							1,617,244
	RECOVERY ROOM						
039							655,915
	DELIVERY ROOM & LABOR ROO						
040							969,869
	ANESTHESIOLOGY						
041							7,978,531
	RADIOLOGY-DIAGNOSTIC						
042							4,699,100
	RADIOLOGY-THERAPEUTIC						
043							612,053
	RADIOISOTOPE						
044							3,115,275
	LABORATORY						
044 01							173,558
	HLA LAB						
047							1,286,197
	BLOOD STORING, PROCESSING						
049							982,443
	RESPIRATORY THERAPY						
050							274,236
	PHYSICAL THERAPY						
051							75,946
	OCCUPATIONAL THERAPY						
052							90,044
	SPEECH PATHOLOGY						
053							1,016,218
	ELECTROCARDIOLOGY						
054							126,423
	ELECTROENCEPHALOGRAPHY						
055							13,143,694
	MEDICAL SUPPLIES CHARGED						
056							4,267,181
	DRUGS CHARGED TO PATIENTS						
057							247,481
	RENAL DIALYSIS						
059							1,218,893
	CAT SCAN						
059 01							624,287
	ULTRASOUND						
059 02							2,641,105
	CARDIAC CATHETERIZATION L						
059 03							1,408,712
	ENDOSCOPY						
059 04							144,145
	OB/GYN IN VITRO						
059 05							1,087,877
	OUTPATIENT PHARMACY						
059 06							44,356
	ELECTROSHOCK THERAPY						
059 07							148,525
	PSYCHIATRIC/PSYCHOLOGICAL						
	OUTPAT SERVICE COST CNTRS						
060							1,178,092
	CLINIC						
061							2,367,735
	EMERGENCY						
062							
	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
065							
	AMBULANCE SERVICES						
082							160,239
	LUNG ACQUISITION						
	SPEC PURPOSE COST CENTERS						
083							203,477
	KIDNEY ACQUISITION						
084							171,946
	LIVER ACQUISITION						
085							58,370
	HEART ACQUISITION						
085 01							4,447
	PANCREAS ACQUISITION						

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	POST STEPDOWN ADJUSTMENT	TOTAL
	26	27
003 GENERAL SERVICE COST CNTR		
003 01 NEW CAP REL COSTS-BLDG &		
003 02 NEW CRC-B&F (BH PRE-MERGE)		
003 03 NEW CRC-B&F (BJH POSTMERGE)		
003 04 NEW CRC-B&F (BJH CAMP EXP)		
003 05 NEW CRC-B&F (GSON)		
004 NEW CAP REL COSTS-MVBLE E		
005 EMPLOYEE BENEFITS		
006 01 NONPATIENT TELEPHONES		
006 02 DATA PROCESSING		
006 03 PURCHASING, RECEIVING AND		
006 04 ADMINISTRATION		
006 05 CASHIERING/ACCOUNTS RECEI		
006 06 OTHER ADMINISTRATION AND		
008 OPERATION OF PLANT		
009 LAUNDRY & LINEN SERVICE		
010 HOUSEKEEPING		
011 DIETARY		
012 CAFETERIA		
013 01 EXTENDED CARE SERVICES		
014 NURSING ADMINISTRATION		
015 CENTRAL SERVICES & SUPPLY		
016 PHARMACY		
017 MEDICAL RECORDS & LIBRARY		
018 SOCIAL SERVICE		
019 01 LAB ADMINISTRATION		
019 02 RESEARCH ADMINISTRATION		
021 NURSING SCHOOL		
022 I&R SERVICES-SALARY & FRI		
024 01 PARAMEDICAL PRGM-HOSP ADMI		
024 02 PARAMEDICAL PRGM-PHARMACY		
024 04 PARAMEDICAL PRGM-PASTORAL		
025 INPAT ROUTINE SRVC CNTRS		
025 ADULTS & PEDIATRICS		12,197,921
026 INTENSIVE CARE UNIT		693,566
027 CORONARY CARE UNIT		365,815
029 SURGICAL INTENSIVE CARE U		633,378
030 01 NEURO-ICU		497,675
030 02 CARDIO-THORACIC ICU		946,343
031 SUBPROVIDER		818,166
033 NURSERY		90,167
034 SKILLED NURSING FACILITY		855,798
035 NURSING FACILITY		101,585
036 OTHER LONG TERM CARE		458,457
037 ANCILLARY SRVC COST CNTRS		
037 OPERATING ROOM		9,451,984
038 RECOVERY ROOM		1,617,244
039 DELIVERY ROOM & LABOR ROO		655,915
040 ANESTHESIOLOGY		969,869
041 RADIOLOGY-DIAGNOSTIC		7,978,531
042 RADIOLOGY-THERAPEUTIC		4,699,100
043 RADIOISOTOPE		612,053
044 LABORATORY		3,115,275
044 01 HLA LAB		173,558
047 BLOOD STORING, PROCESSING		1,286,197
049 RESPIRATORY THERAPY		982,443
050 PHYSICAL THERAPY		274,236
051 OCCUPATIONAL THERAPY		75,946
052 SPEECH PATHOLOGY		90,044
053 ELECTROCARDIOLOGY		1,016,218
054 ELECTROENCEPHALOGRAPHY		126,423
055 MEDICAL SUPPLIES CHARGED		13,143,694
056 DRUGS CHARGED TO PATIENTS		4,267,181
057 RENAL DIALYSIS		247,481
059 CAT SCAN		1,218,893
059 01 ULTRASOUND		624,287
059 02 CARDIAC CATHETERIZATION L		2,641,105
059 03 ENDOSCOPY		1,408,712
059 04 OB/GYN IN VITRO		144,145
059 05 OUTPATIENT PHARMACY		1,087,877
059 06 ELECTROSHOCK THERAPY		44,356
059 07 PSYCHIATRIC/PSYCHOLOGICAL		148,525
060 OUTPAT SERVICE COST CNTRS		
060 CLINIC		1,178,092
061 EMERGENCY		2,367,735
062 OBSERVATION BEDS (NON-DIS		
062 OTHER REIMBURS COST CNTRS		
065 AMBULANCE SERVICES		
082 LUNG ACQUISITION		160,239
082 SPEC PURPOSE COST CENTERS		
083 KIDNEY ACQUISITION		203,477
084 LIVER ACQUISITION		171,946
085 HEART ACQUISITION		58,370
085 01 PANCREAS ACQUISITION		4,447

ALLOCATION OF NEW CAPITAL RELATED COSTS

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 WORKSHEET B
 PART III

	COST CENTER DESCRIPTION	POST STEPDOWN ADJUSTMENT	TOTAL
		26	27
	SPEC PURPOSE COST CENTERS		
086	OTHER ORGAN ACQUISITION		113,571
095	SUBTOTALS		80,018,040
	NONREIMBURS COST CENTERS		
097	RESEARCH		2,169
097 02	RESEARCH-GCRC-I/P		81,703
097 03	RESEARCH-GCRC-O/P		69,156
100	OTHER NONREIMBURSABLE COS		6,089,173
100 01	DEVELOPMENT		612
100 02	MARKETING/COMMUNITY RELAT		137,634
100 03	GUEST MEALS		27,059
101	CROSS FOOT ADJUSTMENTS		5,453,639
102	NEGATIVE COST CENTER		-310,030
103	TOTAL		91,569,155

COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG & (JH SQ FT)	NEW CRC-B&F(BH PRE-MERGE) (BH SQ FT)	NEW CRC-B&F(BJH POSTMERGE) (BJH SQ FT)	NEW CRC-B&F(BJH CAMP EXP) (NEW STRUCT SQ FT)	NEW CRC-B&F(GSON) (GSON SQ FT)	NEW CRC-B&F(THE HIGHLANDS) (THE HIGHLANDS SQ FT)
GENERAL SERVICE COST	3	3.01	3.02	3.03	3.04	3.05
003 NEW CAP REL COSTS-BLD	832,381					
003 01 NEW CRC-B&F(BH PRE-ME		1,486,360				
003 02 NEW CRC-B&F(BJH POSTM			2,318,741			
003 03 NEW CRC-B&F(BJH CAMP				716,441		
003 04 NEW CRC-B&F(GSON)					93,215	
003 05 NEW CRC-B&F(THE HIGHL						45,210
004 NEW CAP REL COSTS-MVB						
005 EMPLOYEE BENEFITS	12,590	10,660	23,250			
006 01 NONPATIENT TELEPHONES	1,277	10,660	11,937	1,070		
006 02 DATA PROCESSING						
006 03 PURCHASING, RECEIVING	7,001	10,459	17,460	351		
006 04 ADMINISTRATION	10,093	16,844	26,937			586
006 05 CASHIERING/ACCOUNTS R		15,449	15,449			
006 06 OTHER ADMINISTRATION	333,486	315,683	649,169	179,516		10,582
008 OPERATION OF PLANT	76,026	152,318	228,344	120,603		54
009 LAUNDRY & LINEN SERVI	2,225	666	2,891	39		
010 HOUSEKEEPING	7,142	16,454	23,596	2,136		11
011 DIETARY	16,428	33,680	50,108			
012 CAFETERIA	8,054	33,403	41,457	192		
013 01 EXTENDED CARE SERVICE		14,744	14,744			
014 NURSING ADMINISTRATION	22,099	10,114	32,213	1,021		
015 CENTRAL SERVICES & SU	9,183	24,024	33,207	5,232		
016 PHARMACY	5,018	15,827	20,845	3,036		
017 MEDICAL RECORDS & LIB	16,874	9,876	26,750			
018 SOCIAL SERVICE		137	137	869		
019 01 LAB ADMINISTRATION		2,590	2,590			
019 02 RESEARCH ADMINISTRATION						
021 NURSING SCHOOL					93,215	
022 I&R SERVICES-SALARY &	2,766	14,169	16,935			
024 01 PARAMEDICAL PRGM-HOSP						
024 02 PARAMEDICAL PRGM-PHARM						
024 04 PARAMEDICAL PRGM-PASTO						
025 INPATIENT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	98,800	331,323	430,123			
026 INTENSIVE CARE UNIT	8,849	11,723	20,572			
027 CORONARY CARE UNIT		9,950	9,950			
029 SURGICAL INTENSIVE CA		20,822	20,822			
030 01 NEURO-ICU		11,804	11,804			
030 02 CARDIO-THORACIC ICU		2,424	2,424	19,168		
031 SUBPROVIDER		31,377	31,377			
033 NURSERY		2,148	2,148			
034 SKILLED NURSING FACIL		16,436	16,436			
035 NURSING FACILITY		2,524	2,524			
036 OTHER LONG TERM CARE		12,820	12,820			
037 ANCILLARY SRVC COST C						
037 OPERATING ROOM	3,584	52,483	56,067	84,668		
038 RECOVERY ROOM		32,026	32,026	17,245		
039 DELIVERY ROOM & LABOR		20,258	20,258			
040 ANESTHESIOLOGY						
041 RADIOLOGY-DIAGNOSTIC	33,052	658	33,710	38,246		1,171
042 RADIOLOGY-THERAPEUTIC	2,659		2,659	45,476		
043 RADIOISOTOPE	9,794		9,794			
044 LABORATORY	2,577	34,422	36,999	6,794		586
044 01 HLA LAB		2,746	2,746			
047 BLOOD STORAGE, PROCES		3,857	3,857	7,542		
049 RESPIRATORY THERAPY	1,676	6,805	8,481			
050 PHYSICAL THERAPY	1,851	3,497	5,348			
051 OCCUPATIONAL THERAPY	500	1,000	1,500			
052 SPEECH PATHOLOGY	250	500	750			
053 ELECTROCARDIOLOGY	525	7,984	8,509	2,742		
054 ELECTROENCEPHALOGRAPH		1,453	1,453			
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATI						
057 RENAL DIALYSIS		7,506	7,506			
059 CAT SCAN				3,058		
059 01 ULTRASOUND	9,794	326	10,120	3,819		
059 02 CARDIAC CATHETERIZATI		818	818	22,548		
059 03 ENDOSCOPY		4,645	4,645	13,561		
059 04 OB/GYN IN VITRO		4,592	4,592			
059 05 OUTPATIENT PHARMACY				3,715		
059 06 ELECTROSHOCK THERAPY		2,308	2,308			
059 07 PSYCHIATRIC/PSYCHOLOG						
060 OUTPAT SERVICE COST C						
060 CLINIC	3,400	3,832	7,232	14,540		
061 EMERGENCY		1,456	1,456	42,871		
062 OBSERVATION BEDS (NON						
062 OTHER REIMBURS COST C						
065 AMBULANCE SERVICES						
082 LUNG ACQUISITION	1,376	55	1,431	216		
082 SPEC PURPOSE COST CEN						
083 KIDNEY ACQUISITION	2,714	55	2,769	427		

COST ALLOCATION - STATISTICAL BASIS

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 PREPARED 5/25/2009
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COST CENTER DESCRIPTION	NEW CAP REL C OSTS-BLDG & (JH SQ FT)	NEW CRC-B&F(B H PRE-MERGE) (BH SQ FT)	NEW CRC-B&F(B JH POSTMERGE) (BJH SQ FT)	NEW CRC-B&F(B JH CAMP EXP) (NEW STRUCT SQ FT)	NEW CRC-B&F(G SON) (GSON SQ FT)	NEW CRC-B&F(T HE HIGHLANDS) (THE HIGHLANDS SQ FT)
SPEC PURPOSE COST CEN	3	3.01	3.02	3.03	3.04	3.05
084 LIVER ACQUISITION	1,816	55	1,871	286		
085 HEART ACQUISITION	495	55	550	78		
085 01 PANCREAS ACQUISITION						
086 OTHER ORGAN ACQUISITION						
095 SUBTOTALS	713,974	1,354,500	2,068,474	641,065	93,215	12,990
NONREIMBURS COST CENT						
097 RESEARCH						
097 02 RESEARCH-GCRC-I/P						
097 03 RESEARCH-GCRC-O/P						
100 OTHER NONREIMBURSABLE	118,407	131,165	249,572	75,376		32,220
100 01 DEVELOPMENT						
100 02 MARKETING/COMMUNITY R		695	695			
100 03 GUEST MEALS						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED (WRKSH B, PART I)	2,310,624	4,223,426	14,075,002	15,411,326	1,733,548	730,941
104 UNIT COST MULTIPLIER (WRKSH B, PT I)	2.775921	2.841456	6.070105	21.510949	18.597307	16.167684
105 COST TO BE ALLOCATED (WRKSH B, PART II)						
106 UNIT COST MULTIPLIER (WRKSH B, PT II)						
107 COST TO BE ALLOCATED (WRKSH B, PART III)						
108 UNIT COST MULTIPLIER (WRKSH B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

26-0032

FROM 1/ 1/2008

WORKSHEET B-1

TO 12/31/2008

COST CENTER DESCRIPTION		NEW CAP REL C OSTS-MVBLE	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	RECONCILIATION	DATA PROCESSING	PURCHASING, RECEIVING AND	R ADMITTING	(TOTAL REVENUE)
		(ACTUAL DEPR NEW EQUIP)	(GROSS SALARIES)	(RENT EXP)		(ACCUM. COST)	(\$ AMT PURCHASES)		
		4	5	6.01	6a.02	6.02	6.03		6.04
	GENERAL SERVICE COST								
003	01 NEW CAP REL COSTS-BLD								
003	02 NEW CRC-B&F (BH PRE-ME								
003	03 NEW CRC-B&F (BJH POSTM								
003	04 NEW CRC-B&F (BJH CAMP								
003	05 NEW CRC-B&F (GSON)								
003	05 NEW CRC-B&F (THE HIGHL								
004	NEW CAP REL COSTS-MVB	29,964,056							
005	EMPLOYEE BENEFITS	48,689	406,976,556						
006	01 NONPATIENT TELEPHONES		1,429,971	4,057,745					
006	02 DATA PROCESSING					1130,403,146			
006	03 PURCHASING, RECEIVING	421	1,079,470	2,110		5,544,258	310,835,207		
006	04 ADMITTING	40,368	8,150,905	174,393		11,640,025	636,096	2868,841,556	
006	05 CASHIERING/ACCOUNTS R	4,095	3,447,188	80,290		7,634,171	143,022		
006	06 OTHER ADMINISTRATION	11,098,544	18,398,832	322,498		176,269,446	3,425,798		
008	OPERATION OF PLANT	434,497	8,300,070	139,164		41,214,784	2,021,875		
009	LAUNDRY & LINEN SERVI	1,647	27,130	364		3,235,364	2,823,984		
010	HOUSEKEEPING	102,239	10,472,888	83,216		15,122,943	1,365,566		
011	DIETARY	93,405	4,888,535	61,259		9,964,361	2,579,534		
012	CAFETERIA	30,387	3,852,838	17,238		6,302,122	6,983,355		
013	01 EXTENDED CARE SERVICE	82,842	814,244	47,517		1,739,758	71,557		
014	NURSING ADMINISTRATION	450,902	17,208,325	163,349		29,831,997	350,032		
015	CENTRAL SERVICES & SU	272,721	2,850,656	39,692		13,373,772	8,535,984		
016	PHARMACY	28,006	14,519,080	109,466		95,815,381	60,658,951		
017	MEDICAL RECORDS & LIB	90,200	11,352,490	149,941		18,025,611	483,505		
018	SOCIAL SERVICE	943	2,279,524	28,622		3,460,364	26,415		
019	01 LAB ADMINISTRATION	7,518	3,230,302	9,816		4,101,869	42,366		
019	02 RESEARCH ADMINISTRATION		2,578			5,437			
021	NURSING SCHOOL	10,202	1,425,452	71,566		1,999,204	643,179		
022	I&R SERVICES-SALARY &	7,898	45,599,836	129,409		94,476,770	69,881		
024	01 PARAMEDICAL PRGM-HOSP		153,629			189,909			
024	02 PARAMEDICAL PRGM-PHARM		195,965			242,622			
024	04 PARAMEDICAL PRGM-PASTO		73,082			113,127			
	INPAT ROUTINE SRVC CN								
025	ADULTS & PEDIATRICS	898,729	79,525,515	710,181		108,337,943	4,347,049	185,854,580	
026	INTENSIVE CARE UNIT	37,461	6,290,142	35,500		8,561,358	366,276	18,377,477	
027	CORONARY CARE UNIT	29,367	3,371,563	9,051		4,623,312	163,595	8,543,304	
029	SURGICAL INTENSIVE CA	36,770	5,219,607	38,250		7,180,358	338,890	14,699,058	
030	01 NEURO-ICU	71,208	4,278,051	23,263		5,841,958	237,961	12,838,420	
030	02 CARDIO-THORACIC ICU	59,649	5,815,731	36,167		8,213,600	375,261	15,269,594	
031	SUBPROVIDER	10,955	5,366,860	48,563		8,032,215	134,577	9,441,396	
033	NURSERY	3,600	851,320	4,325		1,253,988	171,891	3,479,604	
034	SKILLED NURSING FACIL	9,220	2,703,941	221		4,282,589	267,740	7,802,131	
035	NURSING FACILITY		220,049			358,427		613,426	
036	OTHER LONG TERM CARE		1,097,852	221		1,701,042	63,920	2,579,725	
	ANCILLARY SRVC COST C								
037	OPERATING ROOM	3,603,341	26,092,726	333,746		54,568,408	14,585,887	184,640,540	
038	RECOVERY ROOM	64,986	7,421,201	55,511		13,222,049	606,837	47,721,188	
039	DELIVERY ROOM & LABOR	94,921	4,473,636	26,808		6,702,951	736,455	9,306,463	
040	ANESTHESIOLOGY	592,797	1,374,665	11,155		4,181,019	3,144,767	54,075,784	
041	RADIOLOGY-DIAGNOSTIC	3,432,971	15,081,643	149,372		28,242,383	2,451,910	242,242,031	
042	RADIOLOGY-THERAPEUTIC	2,537,903	6,115,084	85,280		14,008,931	900,070	101,583,599	
043	RADIOISOTOPE	126,595	1,798,378	19,744		2,979,503	36,601	18,316,425	
044	LABORATORY	723,525	12,102,741	125,715		30,208,111	10,624,328	428,708,117	
044	01 HLA LAB	20,292	725,446	5,928		2,797,390	1,658,411	20,436,983	
047	BLOOD STORING, PROCES	102,039	4,313,826	26,958		24,874,428	19,135,542	134,530,688	
049	RESPIRATORY THERAPY	398,182	6,402,782	29,837		9,091,056	131,948	48,392,060	
050	PHYSICAL THERAPY	28,356	3,370,723	12,512		4,495,375	68,059	18,024,452	
051	OCCUPATIONAL THERAPY	436	1,249,931	3,899		1,575,432	7,411	6,150,020	
052	SPEECH PATHOLOGY	48,833	472,937	1,921		672,561	1,085	1,496,392	
053	ELECTROCARDIOLOGY	539,344	2,362,935	25,372		4,075,282	220,951	73,274,445	
054	ELECTROENCEPHALOGRAPH	63,048	393,044	4,787		897,458	11,374	4,852,809	
055	MEDICAL SUPPLIES CHAR					140,145,303	140,145,292	427,282,254	
056	DRUGS CHARGED TO PATI				541			339,185,141	
057	RENAL DIALYSIS	43,281	1,475,400	11,977		2,595,051	605,951	14,861,894	
059	CAT SCAN	699,314	2,434,170	20,424		3,772,298	202,987	158,112,114	
059	01 ULTRASOUND	251,180	734,618	13,068		2,227,323	84,844	19,910,985	
059	02 CARDIAC CATHETERIZATI	1,491,053	2,956,831	52,580		6,868,265	1,416,620	43,818,357	
059	03 ENDOSCOPY	639,303	3,185,166	30,193		5,827,547	528,399	28,512,048	
059	04 OB/GYN IN VITRO	33,115	468,142	934		1,154,839	173,044	2,855,188	
059	05 OUTPATIENT PHARMACY	28,253	2,295,569	48,454		1,852,260	13,086,027	14,979,278	
059	06 ELECTROSHOCK THERAPY	3,122	191,847	4,354		287,508	10,729	740,151	
059	07 PSYCHIATRIC/PSYCHOLOG	214	496,426	12,484		570,106	85,736	2,280,632	
	OUTPAT SERVICE COST C								
060	CLINIC	94,398	6,638,730	137,394		10,424,599	716,588	18,886,109	
061	EMERGENCY	288,334	11,124,737	167,325		18,382,459	1,352,577	94,700,953	
062	OBSERVATION BEDS (NON								
	OTHER REIMBURS COST C								
065	AMBULANCE SERVICES								
082	LUNG ACQUISITION	5,209	433,700	9,855		3,828,995	9,585	5,304,072	
	SPEC PURPOSE COST CEN								
083	KIDNEY ACQUISITION	410	867,861	7,641		4,486,461	26,671	11,139,262	

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO:
26-0032

PERIOD:
FROM 1/1/2008
TO 12/31/2008

PREPARED 5/25/2009
WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	RECONCILIATION	DATA PROCESSING	PURCHASING, RECEIVING AND	R ADMITTING	(TOTAL REVENUE)
	(ACTUAL DEPR NEW EQUIP)	(GROSS SALARIES)	(RENT EXP)		(ACCUM. COST)	(\$\$ AMT PURCHASES)		
SPEC PURPOSE COST CEN	4	5	6.01	6a.02	6.02	6.03		6.04
084 LIVER ACQUISITION		521,058	5,090		4,255,060	10,688		6,709,402
085 HEART ACQUISITION		154,077	5,097		1,363,305	10,835		1,796,306
085 01 PANCREAS ACQUISITION		365			142,554			293,508
086 OTHER ORGAN ACQUISITION		275,333			3,726,413			3,703,580
095 SUBTOTALS	29,917,238	402,499,349	3,981,067	541	1113,192,768	310,116,469		2868,321,945
NONREIMBURS COST CENT								
097 RESEARCH		43,042			67,075			
097 02 RESEARCH-GCRC-I/P	3,971		1,108		106,470	29,477		496,908
097 03 RESEARCH-GCRC-O/P	5,000				63,426	735		22,703
100 OTHER NONREIMBURSABLE	37,339	3,853,399	52,506		13,684,673	661,765		
100 01 DEVELOPMENT	354				6,622	124		
100 02 MARKETING/COMMUNITY R	154	580,766	23,064		3,282,112	26,637		
100 03 GUEST MEALS								
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 COST TO BE ALLOCATED (WRKSH B, PART I)	35,313,306	65,767,267	1,267,514			5,544,258		11,651,371
104 UNIT COST MULTIPLIER (WRKSH B, PT I)	1.178522	.161600	.312369			.017837		.004061
105 COST TO BE ALLOCATED (WRKSH B, PART II)								
106 UNIT COST MULTIPLIER (WRKSH B, PT II)								
107 COST TO BE ALLOCATED (WRKSH B, PART III)		270,974	139,676		-310,030	90,343		425,653
108 UNIT COST MULTIPLIER (WRKSH B, PT III)		.000666	.034422		.000274	.000291		.000148

COST CENTER DESCRIPTION	CASHIERING/AC COUNTS RECEI		OTHER ADMINIS	OPERATION OF	LAUNDRY & LIN	HOUSEKEEPING	DIETARY
	(TOTAL REVENUE)	RECONCILI- IATION	(ACCUM. COST	(BJH TOTAL)Q FT	S(LAUNDRY)POUNDS	(BJH TOTAL)Q FT	S(MEALS) SERVED)
	6.05	6a.06	6.06	8	9	10	11
GENERAL SERVICE COST							
003 01 NEW CAP REL COSTS-BLD							
003 02 NEW CRC-B&F (BH PRE-ME							
003 03 NEW CRC-B&F (BJH POSTM							
003 04 NEW CRC-B&F (BJH CAMP							
003 05 NEW CRC-B&F (GSON)							
004 01 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING							
006 04 ADMINISTRATION							
006 05 CASHIERING/ACCOUNTS R	2868,841,556						
006 06 OTHER ADMINISTRATION		-176,330,552	954,072,053				
008 OPERATION OF PLANT			41,250,848	1,988,334			
009 LAUNDRY & LINEN SERVI			3,285,735	8,215	6,966,515		
010 HOUSEKEEPING			15,147,301	25,997	215,933	1,865,262	
011 DIETARY			10,010,372	55,980	2,923	55,980	799,839
012 CAFETERIA			6,426,684	41,649		41,649	
013 01 EXTENDED CARE SERVICE			1,741,034	14,744		14,744	113,691
014 NURSING ADMINISTRATION			29,838,241	39,048		39,048	
015 CENTRAL SERVICES & SU			13,526,028	38,439	12,568	38,439	
016 PHARMACY			96,897,355	23,881		23,881	
017 MEDICAL RECORDS & LIB			18,034,235	26,750		26,750	
018 SOCIAL SERVICE			3,460,835	1,006		1,006	
019 01 LAB ADMINISTRATION			4,102,625	2,590		2,590	
019 02 RESEARCH ADMINISTRATION			5,437				
021 NURSING SCHOOL			2,010,676	93,215	589	93,215	
022 I&R SERVICES-SALARY &			94,478,016	17,460	82,652	17,460	
024 01 PARAMEDICAL PRGM-HOSP			189,909				
024 02 PARAMEDICAL PRGM-PHARM			242,622				
024 04 PARAMEDICAL PRGM-PASTO			113,127				
025 INPATIENT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	185,854,580		109,664,981	430,123	3,845,905	430,123	587,969
026 INTENSIVE CARE UNIT	18,377,477		8,691,443	20,572	140,060	20,572	12,815
027 CORONARY CARE UNIT	8,543,304		4,683,666	9,950	75,233	9,950	7,443
029 SURGICAL INTENSIVE CA	14,699,058		7,285,225	22,116	161,020	22,116	4,456
030 01 NEURO-ICU	12,838,420		5,932,516	11,804	100,873	11,804	6,870
030 02 CARDIO-THORACIC ICU	15,269,594		8,322,952	21,592	164,404	21,592	6,410
031 SUBPROVIDER	9,441,396		8,098,090	31,377	100,943	31,377	39,925
033 NURSERY	3,479,604		1,280,448	2,148	51,223	2,148	
034 SKILLED NURSING FACIL	7,802,131		4,339,818	16,436	84,461	16,436	
035 NURSING FACILITY	613,426		362,551	2,524	14,785	2,524	
036 OTHER LONG TERM CARE	2,579,725		1,719,525	12,820	68,202	12,820	
037 ANCILLARY SRVC COST C							
037 OPERATING ROOM	184,640,540		56,069,914	140,735	161,279	140,735	
038 RECOVERY ROOM	47,721,188		13,553,703	49,271	110,849	49,271	
039 DELIVERY ROOM & LABOR	9,306,463		6,778,655	20,258	48,672	20,258	
040 ANESTHESIOLOGY	54,075,784		4,600,664				
041 RADIOLOGY-DIAGNOSTIC	242,242,031		29,914,711	97,821	437,625	97,821	
042 RADIOLOGY-THERAPEUTIC	101,583,599		14,707,933	50,099	25,874	50,099	
043 RADIOISOTOPE	18,316,425		3,103,297	9,794	33,685	9,794	
044 LABORATORY	428,708,117		33,280,693	49,419		49,419	
044 01 HLA LAB	20,436,983		2,964,369	2,746		2,746	
047 BLOOD STORAGE, PROCES	134,530,688		26,120,199	11,399	25,031	11,399	
049 RESPIRATORY THERAPY	48,392,060		9,418,750	8,481		8,481	
050 PHYSICAL THERAPY	18,024,452		4,617,767	5,348	1,482	5,348	
051 OCCUPATIONAL THERAPY	6,150,020		1,616,910	1,500		1,500	
052 SPEECH PATHOLOGY	1,496,392		682,640	750		750	
053 ELECTROCARDIOLOGY	73,274,445		4,571,848	11,251	20,558	11,251	
054 ELECTROENCEPHALOGRAPH	4,852,809		930,286	1,453	1,125	1,453	
055 MEDICAL SUPPLIES CHAR	427,282,254		145,517,585				
056 DRUGS CHARGED TO PATI	339,185,141		2,279,801				
057 RENAL DIALYSIS	14,861,894		2,705,775	7,506	8,852	7,506	
059 CAT SCAN	158,112,114		4,838,906	8,578	45,895	8,578	
059 01 ULTRASOUND	19,910,985		2,362,698	16,476	7,128	16,476	
059 02 CARDIAC CATHETERIZATI	43,818,357		7,188,123	23,366	45,897	23,366	
059 03 ENDOSCOPY	28,512,048		6,028,658	18,206	32,458	18,206	
059 04 OB/GYN IN VITRO	2,855,188		1,177,122	4,592		4,592	
059 05 OUTPATIENT PHARMACY	14,979,278		2,186,381	3,715		3,715	
059 06 ELECTROSHOCK THERAPY	740,151		292,675	2,308		2,308	
059 07 PSYCHIATRIC/PSYCHOLOG	2,280,632		586,968	4,116		4,116	
060 OUTPAT SERVICE COST C							
060 CLINIC	18,886,109		10,564,352	46,595	53,677	46,595	
061 EMERGENCY	94,700,953		19,043,260	45,837	733,661	45,837	
062 OBSERVATION BEDS (NON							
062 OTHER REIMBURS COST C							
065 AMBULANCE SERVICES							
082 LUNG ACQUISITION	5,304,072		3,864,825	1,647		1,647	
082 SPEC PURPOSE COST CEN							
083 KIDNEY ACQUISITION	11,139,262		4,561,827	3,196		3,196	

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 26-0032
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/25/2009
 WORKSHEET B-1

COST CENTER DESCRIPTION	CASHIERING/AC COUNTS RECEI		OTHER ADMINIS TRATIVE AND	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY
	(TOTAL REVENUE)	RECONCILIATION	(ACCUM. COST	(BJH TOTAL)Q FT	S(LAUNDRY)POUNDS	(BJH TOTAL)Q FT	S(MEALS) SERVED)
SPEC PURPOSE COST CEN	6.05	6a.06	6.06	8	9	10	11
084 LIVER ACQUISITION	6,709,402		4,300,358	2,157		2,157	
085 HEART ACQUISITION	1,796,306		1,375,575	628		628	
085 01 PANCREAS ACQUISITION	293,508		144,527				
086 OTHER ORGAN ACQUISITION	3,703,580		3,751,312				
095 SUBTOTALS	2868,321,945	-176,330,552	936,845,362	1,619,684	6,915,522	1,585,472	779,579
097 NONREIMBURS COST CENT RESEARCH			67,075				
097 02 RESEARCH-GCRC-I/P	496,908		110,337	3,918	12,569	3,918	664
097 03 RESEARCH-GCRC-O/P	22,703		63,591	3,178		3,178	
100 OTHER NONREIMBURSABLE			13,696,477	357,450	38,424	268,590	
100 01 DEVELOPMENT			6,624				
100 02 MARKETING/COMMUNITY R			3,282,587	4,104		4,104	
100 03 GUEST MEALS							19,596
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	7,636,722		176,330,552	48,874,788	4,094,932	18,712,762	13,799,834
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	.002662		.184819	24.580774	.587802	10.032243	17.253265
105 COST TO BE ALLOCATED (WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	196,963		28,132,590	6,195,043	152,306	971,924	1,104,432
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.000069		.029487	3.115695	.021863	.521066	1.380818

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 26-0032
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/25/2009
 WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA (FTE HOURS)	EXTENDED CARE SERVICES (ECF PT DAYS)	NURSING ADMINISTRATION (NURSING HOURS)	CENTRAL SERVICES & SUPPLY (SUPPLY REQUIS.)	PHARMACY (PHARMACY REQUIS.)	MEDICAL RECORDS & LIBRARY (TOTAL REVENUE)	SOCIAL SERVICES (PATIENT DAYS)
	12	13.01	14	15	16	17	18
GENERAL SERVICE COST							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CRC-B&F (BH PRE-ME							
003 02 NEW CRC-B&F (BJH POSTM							
003 03 NEW CRC-B&F (BJH CAMP							
003 04 NEW CRC-B&F (GSON)							
003 05 NEW CRC-B&F (THE HIGHL							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING							
006 04 ADMINISTRATION							
006 05 CASHIERING/ACCOUNTS R							
006 06 OTHER ADMINISTRATIVE							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVI							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA	6,305						
013 01 EXTENDED CARE SERVICE	19	36,770					
014 NURSING ADMINISTRATION	248		6,841,242				
015 CENTRAL SERVICES & SU	84			10,000			
016 PHARMACY	212				79,595,140		
017 MEDICAL RECORDS & LIB	224					2868,841,556	
018 SOCIAL SERVICE	41						281,813
019 01 LAB ADMINISTRATION	46						
019 02 RESEARCH ADMINISTRATION							
021 NURSING SCHOOL	69						
022 I&R SERVICES-SALARY &	832						
024 01 PARAMED ED PRGM-HOSP	3						
024 02 PARAMED ED PRGM-PHARM	5						
024 04 PARAMED ED PRGM-PASTO	1						
INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	1,515		3,151,025		1,020	185,854,580	236,678
026 INTENSIVE CARE UNIT	103		215,043			18,377,477	9,822
027 CORONARY CARE UNIT	57		118,955		7	8,543,304	4,615
029 SURGICAL INTENSIVE CA	88		182,985		69	14,699,058	7,614
030 01 NEURO-ICU	73		150,816		98	12,838,420	6,677
030 02 CARDIO-THORACIC ICU	95		197,264		21	15,269,594	8,437
031 SUBPROVIDER	99		204,923		425	9,441,396	
033 NURSERY	15		31,580			3,479,604	7,970
034 SKILLED NURSING FACIL	66	19,059	157,453			7,802,131	
035 NURSING FACILITY	7	3,479	17,350			613,426	
036 OTHER LONG TERM CARE	33	14,232	83,192			2,579,725	
ANCILLARY SRVC COST C							
037 OPERATING ROOM	400		832,314		31,674	184,640,540	
038 RECOVERY ROOM	118		246,439		295	47,721,188	
039 DELIVERY ROOM & LABOR	85		177,640		75	9,306,463	
040 ANESTHESIOLOGY	40				1,393,691	54,075,784	
041 RADIOLOGY-DIAGNOSTIC	287				217,328	242,242,031	
042 RADIOLOGY-THERAPEUTIC	95				378,095	101,583,599	
043 RADIOISOTOPE	29				69	18,316,425	
044 LABORATORY	266				102	428,708,117	
044 01 HLA LAB	13					20,436,983	
047 BLOOD STORAGE, PROCES	76				10,830	134,530,688	
049 RESPIRATORY THERAPY	109				1,611	48,392,060	
050 PHYSICAL THERAPY	64					18,024,452	
051 OCCUPATIONAL THERAPY	21					6,150,020	
052 SPEECH PATHOLOGY	7					1,496,392	
053 ELECTROCARDIOLOGY	46				4,532	73,274,445	
054 ELECTROENCEPHALOGRAPH	8					4,852,809	
055 MEDICAL SUPPLIES CHAR				10,000		427,282,254	
056 DRUGS CHARGED TO PATI					63,624,960	339,185,141	
057 RENAL DIALYSIS	23				14,015	14,861,894	
059 CAT SCAN	46		95,648		24,347	158,112,114	
059 01 ULTRASOUND	12				2,876	19,910,985	
059 02 CARDIAC CATHETERIZATI	50		103,481		100	43,818,357	
059 03 ENDOSCOPY	51		107,011		246	28,512,048	
059 04 OB/GYN IN VITRO	8		16,852		26,515	2,855,188	
059 05 OUTPATIENT PHARMACY	36				13,469,563	14,979,278	
059 06 ELECTROSHOCK THERAPY	4				168	740,151	
059 07 PSYCHIATRIC/PSYCHOLOG	12				72,496	2,280,632	
OUTPAT SERVICE COST C							
060 CLINIC	116		240,282		291,934	18,886,109	
061 EMERGENCY	212		440,667		27,930	94,700,953	
062 OBSERVATION BEDS (NON							
OTHER REIMBURS COST C							
065 AMBULANCE SERVICES							
082 LUNG ACQUISITION	7		15,253			5,304,072	
SPEC PURPOSE COST CEN							
083 KIDNEY ACQUISITION	15		30,540			11,139,262	

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 26-0032
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/25/2009
 WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA (FTE HOURS)	EXTENDED CARE SERVICES (ECF PT DAYS)	NURSING ADMINISTRATION (NURSING HOURS)	CENTRAL SERVICES & SUPPLY (SUPPLY REQUIS.)	PHARMACY (PHARMACY REQUIS.)	MEDICAL RECORDS & LIBRARY (TOTAL REVENUE)	SOCIAL SERVICES (PATIENT DAYS)
SPEC PURPOSE COST CEN	12	13.01	14	15	16	17	18
084 LIVER ACQUISITION	9		19,502			6,709,402	
085 HEART ACQUISITION	2		5,012			1,796,306	
085 01 PANCREAS ACQUISITION			15			293,508	
086 OTHER ORGAN ACQUISITION	4					3,703,580	
095 SUBTOTALS	6,206	36,770	6,841,242	10,000	79,595,092	2868,321,945	281,813
NONREIMBURS COST CENT							
097 RESEARCH							
097 02 RESEARCH-GCRC-I/P					48	496,908	
097 03 RESEARCH-GCRC-O/P						22,703	
100 OTHER NONREIMBURSABLE	88						
100 01 DEVELOPMENT							
100 02 MARKETING/COMMUNITY R	11						
100 03 GUEST MEALS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	9,056,055	4,561,975	37,060,694	17,484,423	115,936,922	22,614,941	4,194,172
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	1,436.329104	124.067854	5.417246	1,748.442300	1.456583	.007883	14.882819
105 COST TO BE ALLOCATED (WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	762,350	553,609	2,029,586	8,548,221	4,991,941	1,149,951	146,909
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	120.911975	15.055997	.296669	854.822100	.062717	.000401	.521300

COST CENTER DESCRIPTION	LAB ADMINISTRATION (LAB HOURS)	RESEARCH ADMINISTRATION (RESEARCH HOURS)	NURSING SCHOOL (STUDENT HOURS)	I&R SERVICES-SALARY & FRI (% OF TIME)	RECONCILIATION	PARAMED PRGM-HOSP (ACCUM. COST)	PARAMED PRGM-PHARMACY (% OF TIME)
	19.01	19.02	21	22	24a.01	24.01	24.02
GENERAL SERVICE COST							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CRC-B&F (BH PRE-ME							
003 02 NEW CRC-B&F (BJH POSTM							
003 03 NEW CRC-B&F (BJH CAMP							
003 04 NEW CRC-B&F (GSON)							
003 05 NEW CRC-B&F (THE HIGHL							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING							
006 04 ADMINISTRATION							
006 05 CASHIERING/ACCOUNTS R							
006 06 OTHER ADMINISTRATIVE							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVI							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 01 EXTENDED CARE SERVICE							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SU							
016 PHARMACY							
017 MEDICAL RECORDS & LIB							
018 SOCIAL SERVICE							
019 01 LAB ADMINISTRATION	740,737						
019 02 RESEARCH ADMINISTRATION		100					
021 NURSING SCHOOL			27,531				
022 I&R SERVICES-SALARY &				20,000			
024 01 PARAMED PRGM-HOSP					-229,317	1130,173,288	
024 02 PARAMED PRGM-PHARM						294,645	100
024 04 PARAMED PRGM-PASTO						135,471	
INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS			22,621	8,683		235,551,883	
026 INTENSIVE CARE UNIT			744	1,367		20,848,828	
027 CORONARY CARE UNIT						6,928,654	
029 SURGICAL INTENSIVE CA			180	238		12,307,057	
030 01 NEURO-ICU			336	109		9,427,739	
030 02 CARDIO-THORACIC ICU				11		12,329,415	
031 SUBPROVIDER			2,010	328		15,039,215	
033 NURSERY				6		1,994,361	
034 SKILLED NURSING FACIL						9,134,318	
035 NURSING FACILITY						1,066,122	
036 OTHER LONG TERM CARE						4,805,295	
ANCILLARY SRVC COST C							
037 OPERATING ROOM				3,106		95,654,969	
038 RECOVERY ROOM						19,710,384	
039 DELIVERY ROOM & LABOR			1,640	215		11,482,404	
040 ANESTHESIOLOGY				1,185		14,706,611	
041 RADIOLOGY-DIAGNOSTIC				162		42,646,688	
042 RADIOLOGY-THERAPEUTIC						20,663,486	
043 RADIOISOTOPE				27		4,375,401	
044 LABORATORY	554,188			1,002		54,357,660	
044 01 HLA LAB	27,842					3,975,624	
047 BLOOD STORING, PROCES	158,707			69		34,009,814	
049 RESPIRATORY THERAPY						11,993,449	
050 PHYSICAL THERAPY						5,891,211	
051 OCCUPATIONAL THERAPY						2,046,309	
052 SPEECH PATHOLOGY						856,615	
053 ELECTROCARDIOLOGY						6,468,621	
054 ELECTROENCEPHALOGRAPH				40		1,430,496	
055 MEDICAL SUPPLIES CHAR						193,264,600	
056 DRUGS CHARGED TO PATI						98,049,976	100
057 RENAL DIALYSIS						3,641,468	
059 CAT SCAN				26		8,071,120	
059 01 ULTRASOUND				12		3,620,498	
059 02 CARDIAC CATHETERIZATI				74		10,751,347	
059 03 ENDOSCOPY						8,670,189	
059 04 OB/GYN IN VITRO				56		2,036,134	
059 05 OUTPATIENT PHARMACY						22,508,380	
059 06 ELECTROSHOCK THERAPY						438,478	
059 07 PSYCHIATRIC/PSYCHOLOG						978,728	
OUTPAT SERVICE COST C							
060 CLINIC				1,664		25,670,678	
061 EMERGENCY				1,619		37,270,616	
062 OBSERVATION BEDS (NON							
OTHER REIMBURS COST C							
065 AMBULANCE SERVICES						4,770,621	
082 LUNG ACQUISITION							
SPEC PURPOSE COST CEN							
083 KIDNEY ACQUISITION						5,790,361	

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 26-0032
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/25/2009
 WORKSHEET B-1

COST CENTER DESCRIPTION	LAB ADMINISTRATION (LAB HOURS)	RESEARCH ADMINISTRATION (RESEARCH HOURS)	NURSING SCHOOL (STUDENT HOURS)	I&R SERVICES-SALARY & FRI (% OF TIME)	RECONCILIATION	PARAMED ED PR GM-HOSP ADMI (ACCUM. COST)	PARAMED ED PR GM-PHARMACY (% OF TIME)
SPEC PURPOSE COST CEN	19.01	19.02	21	22	24a.01	24.01	24.02
084 LIVER ACQUISITION						5,341,271	
085 HEART ACQUISITION						1,695,728	
085 01 PANCREAS ACQUISITION						173,633	
086 OTHER ORGAN ACQUISITION						4,479,566	
095 SUBTOTALS	740,737		27,531	19,999	-229,317	1097,356,137	100
NONREIMBURS COST CENT							
097 RESEARCH		100				85,914	
097 02 RESEARCH-GCRC-I/P				1		294,862	
097 03 RESEARCH-GCRC-O/P						185,523	
100 OTHER NONREIMBURSABLE						27,857,787	
100 01 DEVELOPMENT						7,848	
100 02 MARKETING/COMMUNITY R						4,047,122	
100 03 GUEST MEALS						338,095	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	5,016,587	6,442	5,708,193	113,787,300		229,317	294,705
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	6.772427	64.420000	207.336929	5,689.365000		.000203	2,947.050000
105 COST TO BE ALLOCATED (WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	177,488	162	2,223,627	3,212,551		6,065	7,891
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.239610	1.620000	80.768116	160.627550		.000005	78.910000

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	RECONCILIATION	PARAMED PR GM-PASTORAL (ACCUM. COST)
	24a. 04	24. 04
GENERAL SERVICE COST		
003 NEW CAP REL COSTS-BLD		
003 01 NEW CRC-B&F (BH PRE-ME		
003 02 NEW CRC-B&F (BJH POSTM		
003 03 NEW CRC-B&F (BJH CAMP		
003 04 NEW CRC-B&F (GSON)		
003 05 NEW CRC-B&F (THE HIGHL		
004 NEW CAP REL COSTS-MVB		
005 EMPLOYEE BENEFITS		
006 01 NONPATIENT TELEPHONES		
006 02 DATA PROCESSING		
006 03 PURCHASING, RECEIVING		
006 04 ADMINISTRATION		
006 05 CASHIERING/ACCOUNTS R		
006 06 OTHER ADMINISTRATIVE		
008 OPERATION OF PLANT		
009 LAUNDRY & LINEN SERVI		
010 HOUSEKEEPING		
011 DIETARY		
012 CAFETERIA		
013 01 EXTENDED CARE SERVICE		
014 NURSING ADMINISTRATION		
015 CENTRAL SERVICES & SU		
016 PHARMACY		
017 MEDICAL RECORDS & LIB		
018 SOCIAL SERVICE		
019 01 LAB ADMINISTRATION		
019 02 RESEARCH ADMINISTRATION		
021 NURSING SCHOOL		
022 I&R SERVICES-SALARY &		
024 01 PARAMED PRGM-HOSP		
024 02 PARAMED PRGM-PHARM	-135,499	1130,267,106
024 04 PARAMED PRGM-PASTO		
INPAT ROUTINE SRVC CN		
025 ADULTS & PEDIATRICS		235,599,594
026 INTENSIVE CARE UNIT		20,853,060
027 CORONARY CARE UNIT		6,930,061
029 SURGICAL INTENSIVE CA		12,309,555
030 01 NEURO-ICU		9,429,653
030 02 CARDIO-THORACIC ICU		12,331,918
031 SUBPROVIDER		15,042,268
033 NURSERY		1,994,766
034 SKILLED NURSING FACIL		9,136,172
035 NURSING FACILITY		1,066,338
036 OTHER LONG TERM CARE		4,806,270
ANCILLARY SRVC COST C		
037 OPERATING ROOM		95,674,387
038 RECOVERY ROOM		19,714,385
039 DELIVERY ROOM & LABOR		11,484,735
040 ANESTHESIOLOGY		14,709,596
041 RADIOLOGY-DIAGNOSTIC		42,655,345
042 RADIOLOGY-THERAPEUTIC		20,667,681
043 RADIOISOTOPE		4,376,289
044 LABORATORY		54,368,695
044 01 HLA LAB		3,976,431
047 BLOOD STORAGE, PROCES		34,016,718
049 RESPIRATORY THERAPY		11,995,884
050 PHYSICAL THERAPY		5,892,407
051 OCCUPATIONAL THERAPY		2,046,724
052 SPEECH PATHOLOGY		856,789
053 ELECTROCARDIOLOGY		6,469,934
054 ELECTROENCEPHALOGRAPH		1,430,786
055 MEDICAL SUPPLIES CHAR		193,303,833
056 DRUGS CHARGED TO PATI		98,364,585
057 RENAL DIALYSIS		3,642,207
059 CAT SCAN		8,072,758
059 01 ULTRASOUND		3,621,233
059 02 CARDIAC CATHETERIZATI		10,753,530
059 03 ENDOSCOPY		8,671,949
059 04 OB/GYN IN VITRO		2,036,547
059 05 OUTPATIENT PHARMACY		22,512,949
059 06 ELECTROSHOCK THERAPY		438,567
059 07 PSYCHIATRIC/PSYCHOLOG		978,927
OUTPAT SERVICE COST C		
060 CLINIC		25,675,889
061 EMERGENCY		37,278,182
062 OBSERVATION BEDS (NON		
OTHER REIMBURS COST C		
065 AMBULANCE SERVICES		
082 LUNG ACQUISITION		4,771,589
SPEC PURPOSE COST CEN		
083 KIDNEY ACQUISITION		5,791,536

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 26-0032
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/25/2009
 WORKSHEET B-1

COST CENTER DESCRIPTION	PARAMETER GM-PASTORAL	RECONCILIATION	(ACCUM. COST)
		24a.04	24.04
084 SPEC PURPOSE COST CENTER			
084 LIVER ACQUISITION			5,342,355
085 HEART ACQUISITION			1,696,072
085 01 PANCREAS ACQUISITION			173,668
086 OTHER ORGAN ACQUISITION			4,480,475
095 SUBTOTALS		-135,499	1097,443,292
NONREIMBURSABLE COST CENTER			
097 RESEARCH			85,931
097 02 RESEARCH-GCRC-I/P			294,922
097 03 RESEARCH-GCRC-O/P			185,561
100 OTHER NONREIMBURSABLE			27,863,442
100 01 DEVELOPMENT			7,850
100 02 MARKETING/COMMUNITY R			4,047,944
100 03 GUEST MEALS			338,164
101 CROSS FOOT ADJUSTMENT			
102 NEGATIVE COST CENTER			
103 COST TO BE ALLOCATED			135,499
(PER WORKSHEET B, PART			
104 UNIT COST MULTIPLIER			.000120
(WORKSHEET B, PART I)			
105 COST TO BE ALLOCATED			
(PER WORKSHEET B, PART			
106 UNIT COST MULTIPLIER			
(WORKSHEET B, PART II)			
107 COST TO BE ALLOCATED			3,507
(PER WORKSHEET B, PART			
108 UNIT COST MULTIPLIER			.000003
(WORKSHEET B, PART III)			

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	186,226,974		186,226,974		186,226,974
26	INTENSIVE CARE UNIT	13,078,200		13,078,200		13,078,200
27	CORONARY CARE UNIT	6,930,893		6,930,893		6,930,893
29	SURGICAL INTENSIVE CARE U	10,956,963		10,956,963		10,956,963
30	01 NEURO-ICU	8,810,644		8,810,644		8,810,644
30	02 CARDIO-THORACIC ICU	12,270,815		12,270,815		12,270,815
31	SUBPROVIDER	13,177,961		13,177,961		13,177,961
33	NURSERY	1,960,869		1,960,869		1,960,869
34	SKILLED NURSING FACILITY	9,137,268		9,137,268		9,137,268
35	NURSING FACILITY	1,066,466		1,066,466		1,066,466
36	OTHER LONG TERM CARE	4,806,847		4,806,847		4,806,847
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	78,014,700		78,014,700		78,014,700
38	RECOVERY ROOM	19,716,751		19,716,751		19,716,751
39	DELIVERY ROOM & LABOR ROO	10,262,900		10,262,900		10,262,900
40	ANESTHESIOLOGY	7,969,463		7,969,463		7,969,463
41	RADIOLOGY-DIAGNOSTIC	41,738,787		41,738,787		41,738,787
42	RADIOLOGY-THERAPEUTIC	20,670,161		20,670,161		20,670,161
43	RADIOISOTOPE	4,223,201		4,223,201		4,223,201
44	LABORATORY	48,674,475		48,674,475		48,674,475
44	01 HLA LAB	3,976,908		3,976,908		3,976,908
47	BLOOD STORING, PROCESSING	33,628,234		33,628,234		33,628,234
49	RESPIRATORY THERAPY	11,997,324		11,997,324		11,997,324
50	PHYSICAL THERAPY	5,893,114		5,893,114		5,893,114
51	OCCUPATIONAL THERAPY	2,046,970		2,046,970		2,046,970
52	SPEECH PATHOLOGY	856,892		856,892		856,892
53	ELECTROCARDIOLOGY	6,470,710		6,470,710		6,470,710
54	ELECTROENCEPHALOGRAPHY	1,203,383		1,203,383		1,203,383
55	MEDICAL SUPPLIES CHARGED	193,327,029		193,327,029		193,327,029
56	DRUGS CHARGED TO PATIENTS	98,376,389		98,376,389		98,376,389
57	RENAL DIALYSIS	3,642,644		3,642,644		3,642,644
59	CAT SCAN	7,925,804		7,925,804		7,925,804
59	01 ULTRASOUND	3,553,396		3,553,396		3,553,396
59	02 CARDIAC CATHETERIZATION L	10,333,807		10,333,807		10,333,807
59	03 ENDOSCOPY	8,672,990		8,672,990		8,672,990
59	04 OB/GYN IN VITRO	1,718,187		1,718,187		1,718,187
59	05 OUTPATIENT PHARMACY	22,515,651		22,515,651		22,515,651
59	06 ELECTROSHOCK THERAPY	438,620		438,620		438,620
59	07 PSYCHIATRIC/PSYCHOLOGICAL	979,044		979,044		979,044
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	16,211,867		16,211,867		16,211,867
61	EMERGENCY	28,071,573		28,071,573		28,071,573
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	823,568		823,568		823,568
65	AMBULANCE SERVICES					
101	SUBTOTAL	962,358,442		962,358,442		962,358,442
102	LESS OBSERVATION BEDS	823,568		823,568		823,568
103	TOTAL	961,534,874		961,534,874		961,534,874

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	182,393,607		182,393,607			
26	INTENSIVE CARE UNIT	18,436,311		18,436,311			
27	CORONARY CARE UNIT	8,589,285		8,589,285			
29	SURGICAL INTENSIVE CARE U	14,606,451		14,606,451			
30 01	NEURO-ICU	12,820,590		12,820,590			
30 02	CARDIO-THORACIC ICU	15,375,642		15,375,642			
31	SUBPROVIDER	9,443,006		9,443,006			
33	NURSERY	3,483,296		3,483,296			
34	SKILLED NURSING FACILITY	7,802,131		7,802,131			
35	NURSING FACILITY	613,426		613,426			
36	OTHER LONG TERM CARE	2,579,725		2,579,725			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	129,123,959	55,516,581	184,640,540	.422522	.422522	.422522
38	RECOVERY ROOM	20,243,116	27,478,072	47,721,188	.413166	.413166	.413166
39	DELIVERY ROOM & LABOR ROO	7,719,066	1,587,397	9,306,463	1.102771	1.102771	1.102771
40	ANESTHESIOLOGY	31,422,177	22,653,607	54,075,784	.147376	.147376	.147376
41	RADIOLOGY-DIAGNOSTIC	86,862,930	155,379,101	242,242,031	.172302	.172302	.172302
42	RADIOLOGY-THERAPEUTIC	5,858,216	95,725,383	101,583,599	.203479	.203479	.203479
43	RADIOISOTOPE	5,891,362	12,425,063	18,316,425	.230569	.230569	.230569
44	LABORATORY	279,830,931	148,877,186	428,708,117	.113538	.113538	.113538
44 01	HLA LAB	2,386,919	18,050,064	20,436,983	.194594	.194594	.194594
47	BLOOD STORING, PROCESSING	103,546,504	30,984,184	134,530,688	.249967	.249967	.249967
49	RESPIRATORY THERAPY	45,903,975	2,488,085	48,392,060	.247919	.247919	.247919
50	PHYSICAL THERAPY	17,873,827	150,625	18,024,452	.326951	.326951	.326951
51	OCCUPATIONAL THERAPY	5,994,157	155,863	6,150,020	.332840	.332840	.332840
52	SPEECH PATHOLOGY	1,398,770	97,622	1,496,392	.572639	.572639	.572639
53	ELECTROCARDIOLOGY	38,940,621	34,333,824	73,274,445	.088308	.088308	.088308
54	ELECTROENCEPHALOGRAPHY	4,249,930	602,879	4,852,809	.247977	.247977	.247977
55	MEDICAL SUPPLIES CHARGED	342,393,967	84,888,287	427,282,254	.452457	.452457	.452457
56	DRUGS CHARGED TO PATIENTS	268,325,019	70,860,122	339,185,141	.290037	.290037	.290037
57	RENAL DIALYSIS	14,621,897	239,997	14,861,894	.245100	.245100	.245100
59	CAT SCAN	64,232,403	93,879,711	158,112,114	.050128	.050128	.050128
59 01	ULTRASOUND	5,514,443	14,396,542	19,910,985	.178464	.178464	.178464
59 02	CARDIAC CATHETERIZATION L	28,303,023	15,515,334	43,818,357	.235833	.235833	.235833
59 03	ENDOSCOPY	7,249,493	21,262,555	28,512,048	.304187	.304187	.304187
59 04	OB/GYN IN VITRO	20,781	2,834,407	2,855,188	.601777	.601777	.601777
59 05	OUTPATIENT PHARMACY	943	14,978,335	14,979,278	1.503120	1.503120	1.503120
59 06	ELECTROSHOCK THERAPY	331,573	408,578	740,151	.592609	.592609	.592609
59 07	PSYCHIATRIC/PSYCHOLOGICAL	7,372	2,273,689	2,281,061	.429206	.429206	.429206
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	188,986	18,697,123	18,886,109	.858402	.858402	.858402
61	EMERGENCY	40,289,131	54,404,032	94,693,163	.296448	.296448	.296448
62	OBSERVATION BEDS (NON-DIS	120,172	544,498	664,670	1.239063	1.239063	1.239063
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	SUBTOTAL	1834,989,133	1001,688,746	2836,677,879			
102	LESS OBSERVATION BEDS						
103	TOTAL	1834,989,133	1001,688,746	2836,677,879			

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	186,226,974		186,226,974		186,226,974
26	INTENSIVE CARE UNIT	13,078,200		13,078,200		13,078,200
27	CORONARY CARE UNIT	6,930,893		6,930,893		6,930,893
29	SURGICAL INTENSIVE CARE U	10,956,963		10,956,963		10,956,963
30	01 NEURO-ICU	8,810,644		8,810,644		8,810,644
30	02 CARDIO-THORACIC ICU	12,270,815		12,270,815		12,270,815
31	SUBPROVIDER	13,177,961		13,177,961		13,177,961
33	NURSERY	1,960,869		1,960,869		1,960,869
34	SKILLED NURSING FACILITY	9,137,268		9,137,268		9,137,268
35	NURSING FACILITY	1,066,466		1,066,466		1,066,466
36	OTHER LONG TERM CARE	4,806,847		4,806,847		4,806,847
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	78,014,700		78,014,700		78,014,700
38	RECOVERY ROOM	19,716,751		19,716,751		19,716,751
39	DELIVERY ROOM & LABOR ROO	10,262,900		10,262,900		10,262,900
40	ANESTHESIOLOGY	7,969,463		7,969,463		7,969,463
41	RADIOLOGY-DIAGNOSTIC	41,738,787		41,738,787		41,738,787
42	RADIOLOGY-THERAPEUTIC	20,670,161		20,670,161		20,670,161
43	RADIOISOTOPE	4,223,201		4,223,201		4,223,201
44	LABORATORY	48,674,475		48,674,475		48,674,475
44	01 HLA LAB	3,976,908		3,976,908		3,976,908
47	BLOOD STORING, PROCESSING	33,628,234		33,628,234		33,628,234
49	RESPIRATORY THERAPY	11,997,324		11,997,324		11,997,324
50	PHYSICAL THERAPY	5,893,114		5,893,114		5,893,114
51	OCCUPATIONAL THERAPY	2,046,970		2,046,970		2,046,970
52	SPEECH PATHOLOGY	856,892		856,892		856,892
53	ELECTROCARDIOLOGY	6,470,710		6,470,710		6,470,710
54	ELECTROENCEPHALOGRAPHY	1,203,383		1,203,383		1,203,383
55	MEDICAL SUPPLIES CHARGED	193,327,029		193,327,029		193,327,029
56	DRUGS CHARGED TO PATIENTS	98,376,389		98,376,389		98,376,389
57	RENAL DIALYSIS	3,642,644		3,642,644		3,642,644
59	CAT SCAN	7,925,804		7,925,804		7,925,804
59	01 ULTRASOUND	3,553,396		3,553,396		3,553,396
59	02 CARDIAC CATHETERIZATION L	10,333,807		10,333,807		10,333,807
59	03 ENDOSCOPY	8,672,990		8,672,990		8,672,990
59	04 OB/GYN IN VITRO	1,718,187		1,718,187		1,718,187
59	05 OUTPATIENT PHARMACY	22,515,651		22,515,651		22,515,651
59	06 ELECTROSHOCK THERAPY	438,620		438,620		438,620
59	07 PSYCHIATRIC/PSYCHOLOGICAL	979,044		979,044		979,044
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	16,211,867		16,211,867		16,211,867
61	EMERGENCY	28,071,573		28,071,573		28,071,573
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	823,568		823,568		823,568
65	AMBULANCE SERVICES					
101	SUBTOTAL	962,358,442		962,358,442		962,358,442
102	LESS OBSERVATION BEDS	823,568		823,568		823,568
103	TOTAL	961,534,874		961,534,874		961,534,874

PROVIDER NO:
26-0032

PERIOD:
FROM 1/1/2008
TO 12/31/2008

PREPARED 5/25/2009
WORKSHEET C
PART I

COMPUTATION OF RATIO OF COSTS TO CHARGES
SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	182,393,607		182,393,607			
26	INTENSIVE CARE UNIT	18,436,311		18,436,311			
27	CORONARY CARE UNIT	8,589,285		8,589,285			
29	SURGICAL INTENSIVE CARE U	14,606,451		14,606,451			
30 01	NEURO-ICU	12,820,590		12,820,590			
30 02	CARDIO-THORACIC ICU	15,375,642		15,375,642			
31	SUBPROVIDER	9,443,006		9,443,006			
33	NURSERY	3,483,296		3,483,296			
34	SKILLED NURSING FACILITY	7,802,131		7,802,131			
35	NURSING FACILITY	613,426		613,426			
36	OTHER LONG TERM CARE	2,579,725		2,579,725			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	129,123,959	55,516,581	184,640,540	.422522	.422522	.422522
38	RECOVERY ROOM	20,243,116	27,478,072	47,721,188	.413166	.413166	.413166
39	DELIVERY ROOM & LABOR ROO	7,719,066	1,587,397	9,306,463	1.102771	1.102771	1.102771
40	ANESTHESIOLOGY	31,422,177	22,653,607	54,075,784	.147376	.147376	.147376
41	RADIOLOGY-DIAGNOSTIC	86,862,930	155,379,101	242,242,031	.172302	.172302	.172302
42	RADIOLOGY-THERAPEUTIC	5,858,216	95,725,383	101,583,599	.203479	.203479	.203479
43	RADIOISOTOPE	5,891,362	12,425,063	18,316,425	.230569	.230569	.230569
44	LABORATORY	279,830,931	148,877,186	428,708,117	.113538	.113538	.113538
44 01	HLA LAB	2,386,919	18,050,064	20,436,983	.194594	.194594	.194594
47	BLOOD STORING, PROCESSING	103,546,504	30,984,184	134,530,688	.249967	.249967	.249967
49	RESPIRATORY THERAPY	45,903,975	2,488,085	48,392,060	.247919	.247919	.247919
50	PHYSICAL THERAPY	17,873,827	150,625	18,024,452	.326951	.326951	.326951
51	OCCUPATIONAL THERAPY	5,994,157	155,863	6,150,020	.332840	.332840	.332840
52	SPEECH PATHOLOGY	1,398,770	97,622	1,496,392	.572639	.572639	.572639
53	ELECTROCARDIOLOGY	38,940,621	34,333,824	73,274,445	.088308	.088308	.088308
54	ELECTROENCEPHALOGRAPHY	4,249,930	602,879	4,852,809	.247977	.247977	.247977
55	MEDICAL SUPPLIES CHARGED	342,393,967	84,888,287	427,282,254	.452457	.452457	.452457
56	DRUGS CHARGED TO PATIENTS	268,325,019	70,860,122	339,185,141	.290037	.290037	.290037
57	RENAL DIALYSIS	14,621,897	239,997	14,861,894	.245100	.245100	.245100
59	CAT SCAN	64,232,403	93,879,711	158,112,114	.050128	.050128	.050128
59 01	ULTRASOUND	5,514,443	14,396,542	19,910,985	.178464	.178464	.178464
59 02	CARDIAC CATHETERIZATION L	28,303,023	15,515,334	43,818,357	.235833	.235833	.235833
59 03	ENDOSCOPY	7,249,493	21,262,555	28,512,048	.304187	.304187	.304187
59 04	OB/GYN IN VITRO	20,781	2,834,407	2,855,188	.601777	.601777	.601777
59 05	OUTPATIENT PHARMACY	943	14,978,335	14,979,278	1.503120	1.503120	1.503120
59 06	ELECTROSHOCK THERAPY	331,573	408,578	740,151	.592609	.592609	.592609
59 07	PSYCHIATRIC/PSYCHOLOGICAL	7,372	2,273,689	2,281,061	.429206	.429206	.429206
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	188,986	18,697,123	18,886,109	.858402	.858402	.858402
61	EMERGENCY	40,289,131	54,404,032	94,693,163	.296448	.296448	.296448
62	OBSERVATION BEDS (NON-DIS	120,172	544,498	664,670	1.239063	1.239063	1.239063
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	SUBTOTAL	1834,989,133	1001,688,746	2836,677,879			
102	LESS OBSERVATION BEDS						
103	TOTAL	1834,989,133	1001,688,746	2836,677,879			

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	78,014,700	9,451,984	68,562,716			78,014,700
38	RECOVERY ROOM	19,716,751	1,617,244	18,099,507			19,716,751
39	DELIVERY ROOM & LABOR ROO	10,262,900	655,915	9,606,985			10,262,900
40	ANESTHESIOLOGY	7,969,463	969,869	6,999,594			7,969,463
41	RADIOLOGY-DIAGNOSTIC	41,738,787	7,978,531	33,760,256			41,738,787
42	RADIOLOGY-THERAPEUTIC	20,670,161	4,699,100	15,971,061			20,670,161
43	RADIOISOTOPE	4,223,201	612,053	3,611,148			4,223,201
44	LABORATORY	48,674,475	3,115,275	45,559,200			48,674,475
44	01 HLA LAB	3,976,908	173,558	3,803,350			3,976,908
47	BLOOD STORING, PROCESSING	33,628,234	1,286,197	32,342,037			33,628,234
49	RESPIRATORY THERAPY	11,997,324	982,443	11,014,881			11,997,324
50	PHYSICAL THERAPY	5,893,114	274,236	5,618,878			5,893,114
51	OCCUPATIONAL THERAPY	2,046,970	75,946	1,971,024			2,046,970
52	SPEECH PATHOLOGY	856,892	90,044	766,848			856,892
53	ELECTROCARDIOLOGY	6,470,710	1,016,218	5,454,492			6,470,710
54	ELECTROENCEPHALOGRAPHY	1,203,383	126,423	1,076,960			1,203,383
55	MEDICAL SUPPLIES CHARGED	193,327,029	13,143,694	180,183,335			193,327,029
56	DRUGS CHARGED TO PATIENTS	98,376,389	4,267,181	94,109,208			98,376,389
57	RENAL DIALYSIS	3,642,644	247,481	3,395,163			3,642,644
59	CAT SCAN	7,925,804	1,218,893	6,706,911			7,925,804
59	01 ULTRASOUND	3,553,396	624,287	2,929,109			3,553,396
59	02 CARDIAC CATHETERIZATION L	10,333,807	2,641,105	7,692,702			10,333,807
59	03 ENDOSCOPY	8,672,990	1,408,712	7,264,278			8,672,990
59	04 OB/GYN IN VITRO	1,718,187	144,145	1,574,042			1,718,187
59	05 OUTPATIENT PHARMACY	22,515,651	1,087,877	21,427,774			22,515,651
59	06 ELECTROSHOCK THERAPY	438,620	44,356	394,264			438,620
59	07 PSYCHIATRIC/PSYCHOLOGICAL OUTPAT SERVICE COST CNTRS	979,044	148,525	830,519			979,044
60	CLINIC	16,211,867	1,178,092	15,033,775			16,211,867
61	EMERGENCY	28,071,573	2,367,735	25,703,838			28,071,573
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	823,568	53,338	770,230			823,568
65	AMBULANCE SERVICES						
101	SUBTOTAL	693,934,542	61,700,457	632,234,085			693,934,542
102	LESS OBSERVATION BEDS	823,568	53,338	770,230			823,568
103	TOTAL	693,110,974	61,647,119	631,463,855			693,110,974

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	184,640,540	.422522	.422522
38	RECOVERY ROOM	47,721,188	.413166	.413166
39	DELIVERY ROOM & LABOR ROO	9,306,463	1.102771	1.102771
40	ANESTHESIOLOGY	54,075,784	.147376	.147376
41	RADIOLOGY-DIAGNOSTIC	242,242,031	.172302	.172302
42	RADIOLOGY-THERAPEUTIC	101,583,599	.203479	.203479
43	RADIOISOTOPE	18,316,425	.230569	.230569
44	LABORATORY	428,708,117	.113538	.113538
44	01 HLA LAB	20,436,983	.194594	.194594
47	BLOOD STORING, PROCESSING	134,530,688	.249967	.249967
49	RESPIRATORY THERAPY	48,392,060	.247919	.247919
50	PHYSICAL THERAPY	18,024,452	.326951	.326951
51	OCCUPATIONAL THERAPY	6,150,020	.332840	.332840
52	SPEECH PATHOLOGY	1,496,392	.572639	.572639
53	ELECTROCARDIOLOGY	73,274,445	.088308	.088308
54	ELECTROENCEPHALOGRAPHY	4,852,809	.247977	.247977
55	MEDICAL SUPPLIES CHARGED	427,282,254	.452457	.452457
56	DRUGS CHARGED TO PATIENTS	339,185,141	.290037	.290037
57	RENAL DIALYSIS	14,861,894	.245100	.245100
59	CAT SCAN	158,112,114	.050128	.050128
59	01 ULTRASOUND	19,910,985	.178464	.178464
59	02 CARDIAC CATHETERIZATION L	43,818,357	.235833	.235833
59	03 ENDOSCOPY	28,512,048	.304187	.304187
59	04 OB/GYN IN VITRO	2,855,188	.601777	.601777
59	05 OUTPATIENT PHARMACY	14,979,278	1.503120	1.503120
59	06 ELECTROSHOCK THERAPY	740,151	.592609	.592609
59	07 PSYCHIATRIC/PSYCHOLOGICAL OUTPAT SERVICE COST CNTRS	2,281,061	.429206	.429206
60	CLINIC	18,886,109	.858402	.858402
61	EMERGENCY	94,693,163	.296448	.296448
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	664,670	1.239063	1.239063
65	AMBULANCE SERVICES			
101	SUBTOTAL	2560,534,409		
102	LESS OBSERVATION BEDS	664,670		
103	TOTAL	2559,869,739		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS	78,014,700	9,451,984	68,562,716	945,198	3,976,638	73,092,864
38	OPERATING ROOM	19,716,751	1,617,244	18,099,507	161,724	1,049,771	18,505,256
39	RECOVERY ROOM	10,262,900	655,915	9,606,985	65,592	557,205	9,640,103
40	DELIVERY ROOM & LABOR ROO	7,969,463	969,869	6,999,594	96,987	405,976	7,466,500
41	ANESTHESIOLOGY	41,738,787	7,978,531	33,760,256	797,853	1,958,095	38,982,839
42	RADIOLOGY-DIAGNOSTIC	20,670,161	4,699,100	15,971,061	469,910	926,322	19,273,929
43	RADIOLOGY-THERAPEUTIC	4,223,201	612,053	3,611,148	61,205	209,447	3,952,549
44	RADIOISOTOPE	48,674,475	3,115,275	45,559,200	311,528	2,642,434	45,720,513
44	LABORATORY	3,976,908	173,558	3,803,350	17,356	220,594	3,738,958
47	HLA LAB	33,628,234	1,286,197	32,342,037	128,620	1,875,838	31,623,776
49	BLOOD STORING, PROCESSING	11,997,324	982,443	11,014,881	98,244	638,863	11,260,217
50	RESPIRATORY THERAPY	5,893,114	274,236	5,618,878	27,424	325,895	5,539,795
51	PHYSICAL THERAPY	2,046,970	75,946	1,971,024	7,595	114,319	1,925,056
52	OCCUPATIONAL THERAPY	856,892	90,044	766,848	9,004	44,477	803,411
53	SPEECH PATHOLOGY	6,470,710	1,016,218	5,454,492	101,622	316,361	6,052,727
54	ELECTROCARDIOLOGY	1,203,383	126,423	1,076,960	12,642	62,464	1,128,277
55	ELECTROENCEPHALOGRAPHY	193,327,029	13,143,694	180,183,335	1,314,369	10,450,633	181,562,027
56	MEDICAL SUPPLIES CHARGED	98,376,389	4,267,181	94,109,208	426,718	5,458,334	92,491,337
57	DRUGS CHARGED TO PATIENTS	3,642,644	247,481	3,395,163	24,748	196,919	3,420,977
59	RENAL DIALYSIS	7,925,804	1,218,893	6,706,911	121,889	389,001	7,414,914
59	CAT SCAN	3,553,396	624,287	2,929,109	62,429	169,888	3,321,079
59	01 ULTRASOUND	10,333,807	2,641,105	7,692,702	264,111	446,177	9,623,519
59	02 CARDIAC CATHETERIZATION L	8,672,990	1,408,712	7,264,278	140,871	421,328	8,110,791
59	03 ENDOSCOPY	1,718,187	144,145	1,574,042	14,415	91,294	1,612,478
59	04 OB/GYN IN VITRO	22,515,651	1,087,877	21,427,774	108,788	1,242,811	21,164,052
59	05 OUTPATIENT PHARMACY	438,620	44,356	394,264	4,436	22,867	411,317
59	06 ELECTROSHOCK THERAPY	979,044	148,525	830,519	14,853	48,170	916,021
59	07 PSYCHIATRIC/PSYCHOLOGICAL OUTPAT SERVICE COST CNTRS	16,211,867	1,178,092	15,033,775	117,809	871,959	15,222,099
60	CLINIC	28,071,573	2,367,735	25,703,838	236,774	1,490,823	26,343,976
61	EMERGENCY	823,568	53,338	770,230	5,334	44,673	773,561
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	SUBTOTAL	693,934,542	61,700,457	632,234,085	6,170,048	36,669,576	651,094,918
102	LESS OBSERVATION BEDS	823,568	53,338	770,230	5,334	44,673	773,561
103	TOTAL	693,110,974	61,647,119	631,463,855	6,164,714	36,624,903	650,321,357

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	184,640,540	.395866	.417403
38	RECOVERY ROOM	47,721,188	.387779	.409777
39	DELIVERY ROOM & LABOR ROO	9,306,463	1.035850	1.095723
40	ANESTHESIOLOGY	54,075,784	.138075	.145582
41	RADIOLOGY-DIAGNOSTIC	242,242,031	.160925	.169008
42	RADIOLOGY-THERAPEUTIC	101,583,599	.189735	.198853
43	RADIOISOTOPE	18,316,425	.215793	.227228
44	LABORATORY	428,708,117	.106647	.112811
44	01 HLA LAB	20,436,983	.182951	.193744
47	BLOOD STORING, PROCESSING	134,530,688	.235067	.249011
49	RESPIRATORY THERAPY	48,392,060	.232687	.245889
50	PHYSICAL THERAPY	18,024,452	.307349	.325430
51	OCCUPATIONAL THERAPY	6,150,020	.313016	.331605
52	SPEECH PATHOLOGY	1,496,392	.536899	.566622
53	ELECTROCARDIOLOGY	73,274,445	.082604	.086921
54	ELECTROENCEPHALOGRAPHY	4,852,809	.232500	.245371
55	MEDICAL SUPPLIES CHARGED	427,282,254	.424923	.449381
56	DRUGS CHARGED TO PATIENTS	339,185,141	.272687	.288779
57	RENAL DIALYSIS	14,861,894	.230184	.243434
59	CAT SCAN	158,112,114	.046897	.049357
59	01 ULTRASOUND	19,910,985	.166796	.175329
59	02 CARDIAC CATHETERIZATION L	43,818,357	.219623	.229805
59	03 ENDOSCOPY	28,512,048	.284469	.299246
59	04 OB/GYN IN VITRO	2,855,188	.564754	.596728
59	05 OUTPATIENT PHARMACY	14,979,278	1.412889	1.495857
59	06 ELECTROSHOCK THERAPY	740,151	.555720	.586615
59	07 PSYCHIATRIC/PSYCHOLOGICAL OUTPAT SERVICE COST CNTRS	2,281,061	.401577	.422694
60	CLINIC	18,886,109	.805994	.852164
61	EMERGENCY	94,693,163	.278204	.293947
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	664,670	1.163827	1.231038
65	AMBULANCE SERVICES			
101	SUBTOTAL	2560,534,409		
102	LESS OBSERVATION BEDS	664,670		
103	TOTAL	2559,869,739		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	237,502	91,521			51.36	4,700,519
26	INTENSIVE CARE UNIT	9,822	4,156			70.61	293,455
27	CORONARY CARE UNIT	4,615	2,171			79.27	172,095
29	SURGICAL INTENSIVE CARE U	7,614	2,811			83.19	233,847
30	01 NEURO-ICU	6,677	2,078			74.54	154,894
30	02 CARDIO-THORACIC ICU	8,437	3,922			112.17	439,931
31	SUBPROVIDER	13,515	6,288			60.54	380,676
33	NURSERY	7,970				11.31	
101	TOTAL	296,152	112,947				6,375,417

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		9,451,984	184,640,540	41,694,618		
38	RECOVERY ROOM		1,617,244	47,721,188	6,529,102		
39	DELIVERY ROOM & LABOR ROO		655,915	9,306,463	114,546		
40	ANESTHESIOLOGY		969,869	54,075,784	10,366,382		
41	RADIOLOGY-DIAGNOSTIC		7,978,531	242,242,031	32,015,511		
42	RADIOLOGY-THERAPEUTIC		4,699,100	101,583,599	1,832,730		
43	RADIOISOTOPE		612,053	18,316,425	2,863,641		
44	LABORATORY		3,115,275	428,708,117	105,954,731		
44	01 HLA LAB		173,558	20,436,983	859,092		
47	BLOOD STORING, PROCESSING		1,286,197	134,530,688	35,165,516		
49	RESPIRATORY THERAPY		982,443	48,392,060	20,904,582		
50	PHYSICAL THERAPY		274,236	18,024,452	5,154,554		
51	OCCUPATIONAL THERAPY		75,946	6,150,020	2,634,550		
52	SPEECH PATHOLOGY		90,044	1,496,392	687,274		
53	ELECTROCARDIOLOGY		1,016,218	73,274,445	18,728,215		
54	ELECTROENCEPHALOGRAPHY		126,423	4,852,809	1,260,002		
55	MEDICAL SUPPLIES CHARGED		13,143,694	427,282,254	125,141,129		
56	DRUGS CHARGED TO PATIENTS		4,267,181	339,185,141	94,786,530		
57	RENAL DIALYSIS		247,481	14,861,894	8,934,561		
59	CAT SCAN		1,218,893	158,112,114	24,340,952		
59	01 ULTRASOUND		624,287	19,910,985	2,004,549		
59	02 CARDIAC CATHETERIZATION L		2,641,105	43,818,357	13,230,023		
59	03 ENDOSCOPY		1,408,712	28,512,048	3,264,551		
59	04 OB/GYN IN VITRO		144,145	2,855,188			
59	05 OUTPATIENT PHARMACY		1,087,877	14,979,278			
59	06 ELECTROSHOCK THERAPY		44,356	740,151			
59	07 PSYCHIATRIC/PSYCHOLOGICAL OUTPAT SERVICE COST CNTRS		148,525	2,281,061			
60	CLINIC		1,178,092	18,886,109	114,546		
61	EMERGENCY		2,367,735	94,693,163	14,146,388		
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		53,338	664,670			
65	AMBULANCE SERVICES						
101	TOTAL		61,700,457	2560,534,409	572,728,275		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 26-0032
 COMPONENT NO: 26-0032
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/25/2009
 WORKSHEET D
 PART II
 PPS

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.051191	2,134,389
38	RECOVERY ROOM	.033889	221,265
39	DELIVERY ROOM & LABOR ROO	.070480	8,073
40	ANESTHESIOLOGY	.017935	185,921
41	RADIOLOGY-DIAGNOSTIC	.032936	1,054,463
42	RADIOLOGY-THERAPEUTIC	.046258	84,778
43	RADIOISOTOPE	.033416	95,691
44	LABORATORY	.007267	769,973
44	01 HLA LAB	.008492	7,295
47	BLOOD STORING, PROCESSING	.009561	336,217
49	RESPIRATORY THERAPY	.020302	424,405
50	PHYSICAL THERAPY	.015215	78,427
51	OCCUPATIONAL THERAPY	.012349	32,534
52	SPEECH PATHOLOGY	.060174	41,356
53	ELECTROCARDIOLOGY	.013869	259,742
54	ELECTROENCEPHALOGRAPHY	.026052	32,826
55	MEDICAL SUPPLIES CHARGED	.030761	3,849,466
56	DRUGS CHARGED TO PATIENTS	.012581	1,192,509
57	RENAL DIALYSIS	.016652	148,778
59	CAT SCAN	.007709	187,644
59	01 ULTRASOUND	.031354	62,851
59	02 CARDIAC CATHETERIZATION L	.060274	797,426
59	03 ENDOSCOPY	.049408	161,295
59	04 OB/GYN IN VITRO	.050485	
59	05 OUTPATIENT PHARMACY	.072625	
59	06 ELECTROSHOCK THERAPY	.059928	
59	07 PSYCHIATRIC/PSYCHOLOGICAL	.065112	
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.062379	7,145
61	EMERGENCY	.025004	353,716
62	OBSERVATION BEDS (NON-DIS	.080247	
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
101	TOTAL		12,528,185

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

PROVIDER NO: 26-0032
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 5/25/2009
WORKSHEET D
PART III

PPS

WKST 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 ADULTS & PEDIATRICS		4,690,168	75,848			4,766,016
26	INTENSIVE CARE UNIT		154,259	6,734			160,993
27	CORONARY CARE UNIT			2,239			2,239
29	SURGICAL INTENSIVE CARE U		37,321	3,975			41,296
30 01	NEURO-ICU		69,665	3,046			72,711
30 02	CARDIO-THORACIC ICU			3,983			3,983
31	SUBPROVIDER		416,747	4,858			421,605
33	NURSERY			644			644
34	SKILLED NURSING FACILITY			2,950			2,950
35	NURSING FACILITY			344			344
101	TOTAL		5,368,160	104,621			5,472,781

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

PROVIDER NO: 26-0032
PERIOD: FROM 1/1/2008 TO 12/31/2008
PREPARED 5/25/2009
WORKSHEET D
PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS	PER DIEM	INPAT PROG DAYS	INPAT PROG PASS THRU COST
		5	6	7	8
25	ADULTS & PEDIATRICS	237,502	20.07	91,521	1,836,826
26	INTENSIVE CARE UNIT	9,822	16.39	4,156	68,117
27	CORONARY CARE UNIT	4,615	.49	2,171	1,064
29	SURGICAL INTENSIVE CARE U	7,614	5.42	2,811	15,236
30 01	NEURO-ICU	6,677	10.89	2,078	22,629
30 02	CARDIO-THORACIC ICU	8,437	.47	3,922	1,843
31	SUBPROVIDER	13,515	31.20	6,288	196,186
33	NURSERY	7,970	.08		
34	SKILLED NURSING FACILITY	19,059	.15	14,718	2,208
35	NURSING FACILITY	3,479	.10		
101	TOTAL	318,690		127,665	2,144,109

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
	ANCILLARY SRVC COST CNTRS										
37	OPERATING ROOM						30,899				
38	RECOVERY ROOM						6,367				
39	DELIVERY ROOM & LABOR ROO			340,033			3,709				
40	ANESTHESIOLOGY						4,750				
41	RADIOLOGY-DIAGNOSTIC						13,776				
42	RADIOLOGY-THERAPEUTIC						6,675				
43	RADIOISOTOPE						1,413				
44	LABORATORY						17,559				
44	01 HLA LAB						1,284				
47	BLOOD STORING, PROCESSING						10,986				
49	RESPIRATORY THERAPY						3,875				
50	PHYSICAL THERAPY						1,903				
51	OCCUPATIONAL THERAPY						661				
52	SPEECH PATHOLOGY						277				
53	ELECTROCARDIOLOGY						2,089				
54	ELECTROENCEPHALOGRAPHY						462				
55	MEDICAL SUPPLIES CHARGED						62,429				
56	DRUGS CHARGED TO PATIENTS						326,413				
57	RENAL DIALYSIS						1,176				
59	CAT SCAN						2,607				
59	01 ULTRASOUND						1,170				
59	02 CARDIAC CATHETERIZATION L						3,473				
59	03 ENDOSCOPY						2,801				
59	04 OB/GYN IN VITRO						657				
59	05 OUTPATIENT PHARMACY						7,271				
59	06 ELECTROSHOCK THERAPY						142				
59	07 PSYCHIATRIC/PSYCHOLOGICAL						316				
	OUTPAT SERVICE COST CNTRS										
60	CLINIC						8,292				
61	EMERGENCY						12,039				
62	OBSERVATION BEDS (NON-DIS			21,884			328				
	OTHER REIMBURS COST CNTRS										
65	AMBULANCE SERVICES										
101	TOTAL						361,917				535,799

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS	30,899	30,899	184,640,540	.000167	.000167	41,694,618	6,963
38	OPERATING ROOM	6,367	6,367	47,721,188	.000133	.000133	6,529,102	868
39	DELIVERY ROOM & LABOR ROO	343,742	343,742	9,306,463	.036936	.036936	114,546	4,231
40	ANESTHESIOLOGY	4,750	4,750	54,075,784	.000088	.000088	10,366,382	912
41	RADIOLOGY-DIAGNOSTIC	13,776	13,776	242,242,031	.000057	.000057	32,015,511	1,825
42	RADIOLOGY-THERAPEUTIC	6,675	6,675	101,583,599	.000066	.000066	1,832,730	121
43	RADIOISOTOPE	1,413	1,413	18,316,425	.000077	.000077	2,863,641	221
44	LABORATORY	17,559	17,559	428,708,117	.000041	.000041	105,954,731	4,344
44	01 HLA LAB	1,284	1,284	20,436,983	.000063	.000063	859,092	54
47	BLOOD STORING, PROCESSING	10,986	10,986	134,530,688	.000082	.000082	35,165,516	2,884
49	RESPIRATORY THERAPY	3,875	3,875	48,392,060	.000080	.000080	20,904,582	1,672
50	PHYSICAL THERAPY	1,903	1,903	18,024,452	.000106	.000106	5,154,554	546
51	OCCUPATIONAL THERAPY	661	661	6,150,020	.000107	.000107	2,634,550	282
52	SPEECH PATHOLOGY	277	277	1,496,392	.000185	.000185	687,274	127
53	ELECTROCARDIOLOGY	2,089	2,089	73,274,445	.000029	.000029	18,728,215	543
54	ELECTROENCEPHALOGRAPHY	462	462	4,852,809	.000095	.000095	1,260,002	120
55	MEDICAL SUPPLIES CHARGED	62,429	62,429	427,282,254	.000146	.000146	125,141,129	18,271
56	DRUGS CHARGED TO PATIENTS	326,413	326,413	339,185,141	.000962	.000962	94,786,530	91,185
57	RENAL DIALYSIS	1,176	1,176	14,861,894	.000079	.000079	8,934,561	706
59	CAT SCAN	2,607	2,607	158,112,114	.000016	.000016	24,340,952	389
59	01 ULTRASOUND	1,170	1,170	19,910,985	.000059	.000059	2,004,549	118
59	02 CARDIAC CATHETERIZATION L	3,473	3,473	43,818,357	.000079	.000079	13,230,023	1,045
59	03 ENDOSCOPY	2,801	2,801	28,512,048	.000098	.000098	3,264,551	320
59	04 OB/GYN IN VITRO	657	657	2,855,188	.000230	.000230		
59	05 OUTPATIENT PHARMACY	7,271	7,271	14,979,278	.000485	.000485		
59	06 ELECTROSHOCK THERAPY	142	142	740,151	.000192	.000192		
59	07 PSYCHIATRIC/PSYCHOLOGICAL OUTPAT SERVICE COST CNTRS	316	316	2,281,061	.000139	.000139		
60	CLINIC	8,292	8,292	18,886,109	.000439	.000439	114,546	50
61	EMERGENCY	12,039	12,039	94,693,163	.000127	.000127	14,146,388	1,797
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	22,212	22,212	664,670	.033418	.033418		
65	AMBULANCE SERVICES							
101	TOTAL	897,716	897,716	2560,534,409			572,728,275	139,594

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	13,356,086			2,230		
38	RECOVERY ROOM	6,678,043			888		
39	DELIVERY ROOM & LABOR ROO	22,485			831		
40	ANESTHESIOLOGY	4,991,669			439		
41	RADIOLOGY-DIAGNOSTIC	35,256,469			2,010		
42	RADIOLOGY-THERAPEUTIC	24,553,613			1,621		
43	RADIOISOTOPE	3,889,904			300		
44	LABORATORY	13,266,146			544		
44	01 HLA LAB	1,169,220			74		
47	BLOOD STORING, PROCESSING	7,307,623			599		
49	RESPIRATORY THERAPY	876,915			70		
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	9,803,457			284		
54	ELECTROENCEPHALOGRAPHY	134,910			13		
55	MEDICAL SUPPLIES CHARGED	26,172,532			3,821		
56	DRUGS CHARGED TO PATIENTS	21,922,869			21,090		
57	RENAL DIALYSIS	247,335			20		
59	CAT SCAN	28,938,187			463		
59	01 ULTRASOUND	2,068,619			122		
59	02 CARDIAC CATHETERIZATION L	6,025,978			476		
59	03 ENDOSCOPY	6,183,373			606		
59	04 OB/GYN IN VITRO						
59	05 OUTPATIENT PHARMACY						
59	06 ELECTROSHOCK THERAPY						
59	07 PSYCHIATRIC/PSYCHOLOGICAL OUTPAT SERVICE COST CNTRS	134,910			19		
60	CLINIC	4,699,364			2,063		
61	EMERGENCY	6,812,953			865		
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	337,275			11,271		
65	AMBULANCE SERVICES						
101	TOTAL	224,849,935			50,719		

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO:	PERIOD:	PREPARED
26-0032	FROM 1/ 1/2008	5/25/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET D
26-0032		PART V

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.422522	.422522			
38 RECOVERY ROOM	.413166	.413166			
39 DELIVERY ROOM & LABOR ROOM	1.102771	1.102771			
40 ANESTHESIOLOGY	.147376	.147376			
41 RADIOLOGY-DIAGNOSTIC	.172302	.172302			
42 RADIOLOGY-THERAPEUTIC	.203479	.203479			
43 RADIOISOTOPE	.230569	.230569			
44 LABORATORY	.113538	.113538			
44 01 HLA LAB	.194594	.194594			
47 BLOOD STORING, PROCESSING & TRANS.	.249967	.249967			
49 RESPIRATORY THERAPY	.247919	.247919			
50 PHYSICAL THERAPY	.326951	.326951			
51 OCCUPATIONAL THERAPY	.332840	.332840			
52 SPEECH PATHOLOGY	.572639	.572639			
53 ELECTROCARDIOLOGY	.088308	.088308			
54 ELECTROENCEPHALOGRAPHY	.247977	.247977			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.452457	.452457			
56 DRUGS CHARGED TO PATIENTS	.290037	.290037			
57 RENAL DIALYSIS	.245100	.245100			
59 CAT SCAN	.050128	.050128			
59 01 ULTRASOUND	.178464	.178464			
59 02 CARDIAC CATHETERIZATION LABORATORY	.235833	.235833			
59 03 ENDOSCOPY	.304187	.304187			
59 04 OB/GYN IN VITRO	.601777	.601777			
59 05 OUTPATIENT PHARMACY	1.503120	1.503120			
59 06 ELECTROSHOCK THERAPY	.592609	.592609			
59 07 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	.429206	.429206			
OUTPAT SERVICE COST CNTRS					
60 CLINIC	.858402	.858402			
61 EMERGENCY	.296448	.296448			
62 OBSERVATION BEDS (NON-DISTINCT PART)	1.239063	1.239063			
OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

(A) WORKSHEET A LINE NUMBERS

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

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) ANCILLARY SRVC COST CNTRS
- 37 OPERATING ROOM
- 38 RECOVERY ROOM
- 39 DELIVERY ROOM & LABOR ROOM
- 40 ANESTHESIOLOGY
- 41 RADIOLOGY-DIAGNOSTIC
- 42 RADIOLOGY-THERAPEUTIC
- 43 RADIOISOTOPE
- 44 LABORATORY
- 44 01 HLA LAB
- 47 BLOOD STORING, PROCESSING & TRANS.
- 49 RESPIRATORY THERAPY
- 50 PHYSICAL THERAPY
- 51 OCCUPATIONAL THERAPY
- 52 SPEECH PATHOLOGY
- 53 ELECTROCARDIOLOGY
- 54 ELECTROENCEPHALOGRAPHY
- 55 MEDICAL SUPPLIES CHARGED TO PATIENTS
- 56 DRUGS CHARGED TO PATIENTS
- 57 RENAL DIALYSIS
- 59 CAT SCAN
- 59 01 ULTRASOUND
- 59 02 CARDIAC CATHETERIZATION LABORATORY
- 59 03 ENDOSCOPY
- 59 04 OB/GYN IN VITRO
- 59 05 OUTPATIENT PHARMACY
- 59 06 ELECTROSHOCK THERAPY
- 59 07 PSYCHIATRIC/PSYCHOLOGICAL SERVICES
- OUTPAT SERVICE COST CNTRS
- 60 CLINIC
- 61 EMERGENCY
- 62 OBSERVATION BEDS (NON-DISTINCT PART)
- OTHER REIMBURS COST CNTRS
- 65 AMBULANCE SERVICES
- 101 SUBTOTAL
- 102 CRNA CHARGES
- 103 LESS PBP CLINIC LAB SVCS-
- PROGRAM ONLY CHARGES
- 104 NET CHARGES

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 26-0032
 COMPONENT NO: 26-S032
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/25/2009
 WORKSHEET D
 PART II

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		9,451,984	184,640,540	41,446		
38	RECOVERY ROOM		1,617,244	47,721,188	3,573		
39	DELIVERY ROOM & LABOR ROO		655,915	9,306,463			
40	ANESTHESIOLOGY		969,869	54,075,784	6,789		
41	RADIOLOGY-DIAGNOSTIC		7,978,531	242,242,031	190,797		
42	RADIOLOGY-THERAPEUTIC		4,699,100	101,583,599	715		
43	RADIOISOTOPE		612,053	18,316,425	6,431		
44	LABORATORY		3,115,275	428,708,117	965,774		
44	01 HLA LAB		173,558	20,436,983			
47	BLOOD STORING, PROCESSING		1,286,197	134,530,688	26,083		
49	RESPIRATORY THERAPY		982,443	48,392,060	77,891		
50	PHYSICAL THERAPY		274,236	18,024,452	32,157		
51	OCCUPATIONAL THERAPY		75,946	6,150,020	25,368		
52	SPEECH PATHOLOGY		90,044	1,496,392	1,429		
53	ELECTROCARDIOLOGY		1,016,218	73,274,445	29,656		
54	ELECTROENCEPHALOGRAPHY		126,423	4,852,809	6,431		
55	MEDICAL SUPPLIES CHARGED		13,143,694	427,282,254	87,895		
56	DRUGS CHARGED TO PATIENTS		4,267,181	339,185,141	1,319,853		
57	RENAL DIALYSIS		247,481	14,861,894	26,440		
59	CAT SCAN		1,218,893	158,112,114	155,424		
59	01 ULTRASOUND		624,287	19,910,985	10,362		
59	02 CARDIAC CATHETERIZATION L		2,641,105	43,818,357	7,146		
59	03 ENDOSCOPY		1,408,712	28,512,048	9,647		
59	04 OB/GYN IN VITRO		144,145	2,855,188			
59	05 OUTPATIENT PHARMACY		1,087,877	14,979,278			
59	06 ELECTROSHOCK THERAPY		44,356	740,151	151,494		
59	07 PSYCHIATRIC/PSYCHOLOGICAL OUTPAT SERVICE COST CNTRS		148,525	2,281,061	6,074		
60	CLINIC		1,178,092	18,886,109	7,861		
61	EMERGENCY		2,367,735	94,693,163	376,234		
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		53,338	664,670			
65	AMBULANCE SERVICES						
101	TOTAL		61,700,457	2560,534,409	3,572,970		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO:	PERIOD:	PREPARED
26-0032	FROM 1/ 1/2008	5/25/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET D
26-S032		PART II

PPS

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.051191	2,122
38	RECOVERY ROOM	.033889	121
39	DELIVERY ROOM & LABOR ROO	.070480	
40	ANESTHESIOLOGY	.017935	122
41	RADIOLOGY-DIAGNOSTIC	.032936	6,284
42	RADIOLOGY-THERAPEUTIC	.046258	33
43	RADIOISOTOPE	.033416	215
44	LABORATORY	.007267	7,018
44	01 HLA LAB	.008492	
47	BLOOD STORING, PROCESSING	.009561	249
49	RESPIRATORY THERAPY	.020302	1,581
50	PHYSICAL THERAPY	.015215	489
51	OCCUPATIONAL THERAPY	.012349	313
52	SPEECH PATHOLOGY	.060174	86
53	ELECTROCARDIOLOGY	.013869	411
54	ELECTROENCEPHALOGRAPHY	.026052	168
55	MEDICAL SUPPLIES CHARGED	.030761	2,704
56	DRUGS CHARGED TO PATIENTS	.012581	16,605
57	RENAL DIALYSIS	.016652	440
59	CAT SCAN	.007709	1,198
59	01 ULTRASOUND	.031354	325
59	02 CARDIAC CATHETERIZATION L	.060274	431
59	03 ENDOSCOPY	.049408	477
59	04 OB/GYN IN VITRO	.050485	
59	05 OUTPATIENT PHARMACY	.072625	
59	06 ELECTROSHOCK THERAPY	.059928	9,079
59	07 PSYCHIATRIC/PSYCHOLOGICAL OUTPAT SERVICE COST CNTRS	.065112	395
60	CLINIC	.062379	490
61	EMERGENCY	.025004	9,407
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	.080247	
65	AMBULANCE SERVICES		
101	TOTAL		60,763

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37	ANCILLARY SRVC COST CNTRS										
	OPERATING ROOM						30,899				
38	RECOVERY ROOM						6,367				
39	DELIVERY ROOM & LABOR ROO			340,033			3,709				
40	ANESTHESIOLOGY						4,750				
41	RADIOLOGY-DIAGNOSTIC						13,776				
42	RADIOLOGY-THERAPEUTIC						6,675				
43	RADIOISOTOPE						1,413				
44	LABORATORY						17,559				
44	01 HLA LAB						1,284				
47	BLOOD STORING, PROCESSING						10,986				
49	RESPIRATORY THERAPY						3,875				
50	PHYSICAL THERAPY						1,903				
51	OCCUPATIONAL THERAPY						661				
52	SPEECH PATHOLOGY						277				
53	ELECTROCARDIOLOGY						2,089				
54	ELECTROENCEPHALOGRAPHY						462				
55	MEDICAL SUPPLIES CHARGED						62,429				
56	DRUGS CHARGED TO PATIENTS						326,413				
57	RENAL DIALYSIS						1,176				
59	CAT SCAN						2,607				
59	01 ULTRASOUND						1,170				
59	02 CARDIAC CATHETERIZATION L						3,473				
59	03 ENDOSCOPY						2,801				
59	04 OB/GYN IN VITRO						657				
59	05 OUTPATIENT PHARMACY						7,271				
59	06 ELECTROSHOCK THERAPY						142				
59	07 PSYCHIATRIC/PSYCHOLOGICAL						316				
	OUTPAT SERVICE COST CNTRS										
60	CLINIC						8,292				
61	EMERGENCY						12,039				
62	OBSERVATION BEDS (NON-DIS			21,884			328				
	OTHER REIMBURS COST CNTRS										
65	AMBULANCE SERVICES										
101	TOTAL			361,917		535,799					

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM	30,899	30,899	184,640,540	.000167	.000167	41,446	7
38	RECOVERY ROOM	6,367	6,367	47,721,188	.000133	.000133	3,573	
39	DELIVERY ROOM & LABOR ROO	343,742	343,742	9,306,463	.036936	.036936		
40	ANESTHESIOLOGY	4,750	4,750	54,075,784	.000088	.000088	6,789	1
41	RADIOLOGY-DIAGNOSTIC	13,776	13,776	242,242,031	.000057	.000057	190,797	11
42	RADIOLOGY-THERAPEUTIC	6,675	6,675	101,583,599	.000066	.000066	715	
43	RADIOISOTOPE	1,413	1,413	18,316,425	.000077	.000077	6,431	
44	LABORATORY	17,559	17,559	428,708,117	.000041	.000041	965,774	40
44	01 HLA LAB	1,284	1,284	20,436,983	.000063	.000063		
47	BLOOD STORING, PROCESSING	10,986	10,986	134,530,688	.000082	.000082	26,083	2
49	RESPIRATORY THERAPY	3,875	3,875	48,392,060	.000080	.000080	77,891	6
50	PHYSICAL THERAPY	1,903	1,903	18,024,452	.000106	.000106	32,157	3
51	OCCUPATIONAL THERAPY	661	661	6,150,020	.000107	.000107	25,368	3
52	SPEECH PATHOLOGY	277	277	1,496,392	.000185	.000185	1,429	
53	ELECTROCARDIOLOGY	2,089	2,089	73,274,445	.000029	.000029	29,656	1
54	ELECTROENCEPHALOGRAPHY	462	462	4,852,809	.000095	.000095	6,431	1
55	MEDICAL SUPPLIES CHARGED	62,429	62,429	427,282,254	.000146	.000146	87,895	13
56	DRUGS CHARGED TO PATIENTS	326,413	326,413	339,185,141	.000962	.000962	1,319,853	1,270
57	RENAL DIALYSIS	1,176	1,176	14,861,894	.000079	.000079	26,440	2
59	CAT SCAN	2,607	2,607	158,112,114	.000016	.000016	155,424	2
59	01 ULTRASOUND	1,170	1,170	19,910,985	.000059	.000059	10,362	1
59	02 CARDIAC CATHETERIZATION L	3,473	3,473	43,818,357	.000079	.000079	7,146	1
59	03 ENDOSCOPY	2,801	2,801	28,512,048	.000098	.000098	9,647	1
59	04 OB/GYN IN VITRO	657	657	2,855,188	.000230	.000230		
59	05 OUTPATIENT PHARMACY	7,271	7,271	14,979,278	.000485	.000485		
59	06 ELECTROSHOCK THERAPY	142	142	740,151	.000192	.000192	151,494	29
59	07 PSYCHIATRIC/PSYCHOLOGICAL OUTPAT SERVICE COST CNTRS	316	316	2,281,061	.000139	.000139	6,074	1
60	CLINIC	8,292	8,292	18,886,109	.000439	.000439	7,861	3
61	EMERGENCY	12,039	12,039	94,693,163	.000127	.000127	376,234	48
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	22,212	22,212	664,670	.033418	.033418		
65	AMBULANCE SERVICES							
101	TOTAL	897,716	897,716	2560,534,409			3,572,970	1,446

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	1,029					
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY	187					
42	RADIOLOGY-DIAGNOSTIC	50,771			3		
43	RADIOLOGY-THERAPEUTIC	971					
44	RADIOISOTOPE						
44	LABORATORY	3,457					
44	01 HLA LAB						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY	821					
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	11,389					
54	ELECTROENCEPHALOGRAPHY	993					
55	MEDICAL SUPPLIES CHARGED	4,457			1		
56	DRUGS CHARGED TO PATIENTS	140,912			136		
57	RENAL DIALYSIS						
59	CAT SCAN	49,530			1		
59	01 ULTRASOUND	825					
59	02 CARDIAC CATHETERIZATION L						
59	03 ENDOSCOPY						
59	04 OB/GYN IN VITRO						
59	05 OUTPATIENT PHARMACY						
59	06 ELECTROSHOCK THERAPY	138,580			27		
59	07 PSYCHIATRIC/PSYCHOLOGICAL	1,395,161			194		
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	568					
61	EMERGENCY	238,118			30		
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL	2,037,769			392		

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 26-0032
 COMPONENT NO: 26-S032
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/25/2009
 WORKSHEET D
 PART V

TITLE XVIII, PART B

SUBPROVIDER 1

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	.422522	.422522			
38 RECOVERY ROOM	.413166	.413166			
39 DELIVERY ROOM & LABOR ROOM	1.102771	1.102771			
40 ANESTHESIOLOGY	.147376	.147376			
41 RADIOLOGY-DIAGNOSTIC	.172302	.172302			
42 RADIOLOGY-THERAPEUTIC	.203479	.203479			
43 RADIOISOTOPE	.230569	.230569			
44 LABORATORY	.113538	.113538			
44 01 HLA LAB	.194594	.194594			
47 BLOOD STORING, PROCESSING & TRANS.	.249967	.249967			
49 RESPIRATORY THERAPY	.247919	.247919			
50 PHYSICAL THERAPY	.326951	.326951			
51 OCCUPATIONAL THERAPY	.332840	.332840			
52 SPEECH PATHOLOGY	.572639	.572639			
53 ELECTROCARDIOLOGY	.088308	.088308			
54 ELECTROENCEPHALOGRAPHY	.247977	.247977			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.452457	.452457			
56 DRUGS CHARGED TO PATIENTS	.290037	.290037			
57 RENAL DIALYSIS	.245100	.245100			
59 CAT SCAN	.050128	.050128			
59 01 ULTRASOUND	.178464	.178464			
59 02 CARDIAC CATHETERIZATION LABORATORY	.235833	.235833			
59 03 ENDOSCOPY	.304187	.304187			
59 04 OB/GYN IN VITRO	.601777	.601777			
59 05 OUTPATIENT PHARMACY	1.503120	1.503120			
59 06 ELECTROSHOCK THERAPY	.592609	.592609			
59 07 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	.429206	.429206			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC	.858402	.858402			
61 EMERGENCY	.296448	.296448			
62 OBSERVATION BEDS (NON-DISTINCT PART)	1.239063	1.239063			
65 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

(A) WORKSHEET A LINE NUMBERS

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

TITLE XVIII, PART B SUBPROVIDER 1

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) ANCILLARY SRVC COST CNTRS
- 37 OPERATING ROOM
- 38 RECOVERY ROOM
- 39 DELIVERY ROOM & LABOR ROOM
- 40 ANESTHESIOLOGY
- 41 RADIOLOGY-DIAGNOSTIC
- 42 RADIOLOGY-THERAPEUTIC
- 43 RADIOISOTOPE
- 44 LABORATORY
- 44 01 HLA LAB
- 47 BLOOD STORING, PROCESSING & TRANS.
- 49 RESPIRATORY THERAPY
- 50 PHYSICAL THERAPY
- 51 OCCUPATIONAL THERAPY
- 52 SPEECH PATHOLOGY
- 53 ELECTROCARDIOLOGY
- 54 ELECTROENCEPHALOGRAPHY
- 55 MEDICAL SUPPLIES CHARGED TO PATIENTS
- 56 DRUGS CHARGED TO PATIENTS
- 57 RENAL DIALYSIS
- 59 CAT SCAN
- 59 01 ULTRASOUND
- 59 02 CARDIAC CATHETERIZATION LABORATORY
- 59 03 ENDOSCOPY
- 59 04 OB/GYN IN VITRO
- 59 05 OUTPATIENT PHARMACY
- 59 06 ELECTROSHOCK THERAPY
- 59 07 PSYCHIATRIC/PSYCHOLOGICAL SERVICES
- OUTPAT SERVICE COST CNTRS
- 60 CLINIC
- 61 EMERGENCY
- 62 OBSERVATION BEDS (NON-DISTINCT PART)
- OTHER REIMBURS COST CNTRS
- 65 AMBULANCE SERVICES
- 101 SUBTOTAL
- 102 CRNA CHARGES
- 103 LESS PBP CLINIC LAB SVCS-
- PROGRAM ONLY CHARGES
- 104 NET CHARGES

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 26-0032
 COMPONENT NO: 26-5439
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/25/2009
 WORKSHEET D
 PART II

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM						
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
42	RADIOLOGY-DIAGNOSTIC						
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
44	LABORATORY						
44	01 HLA LAB						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	CAT SCAN						
59	01 ULTRASOUND						
59	02 CARDIAC CATHETERIZATION L						
59	03 ENDOSCOPY						
59	04 OB/GYN IN VITRO						
59	05 OUTPATIENT PHARMACY						
59	06 ELECTROSHOCK THERAPY						
59	07 PSYCHIATRIC/PSYCHOLOGICAL						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
62	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 26-0032
 COMPONENT NO: 26-5439
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/25/2009
 WORKSHEET D
 PART II

TITLE XVIII, PART A SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
38	OPERATING ROOM		
39	RECOVERY ROOM		
40	DELIVERY ROOM & LABOR ROO		
41	ANESTHESIOLOGY		
42	RADIOLOGY-DIAGNOSTIC		
43	RADIOLOGY-THERAPEUTIC		
44	RADIOISOTOPE		
44	LABORATORY		
44	01 HLA LAB		
47	BLOOD STORING, PROCESSING		
49	RESPIRATORY THERAPY		
50	PHYSICAL THERAPY		
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY		
54	ELECTROENCEPHALOGRAPHY		
55	MEDICAL SUPPLIES CHARGED		
56	DRUGS CHARGED TO PATIENTS		
57	RENAL DIALYSIS		
59	CAT SCAN		
59	01 ULTRASOUND		
59	02 CARDIAC CATHETERIZATION L		
59	03 ENDOSCOPY		
59	04 OB/GYN IN VITRO		
59	05 OUTPATIENT PHARMACY		
59	06 ELECTROSHOCK THERAPY		
59	07 PSYCHIATRIC/PSYCHOLOGICAL		
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
61	EMERGENCY		
62	OBSERVATION BEDS (NON-DIS		
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
101	TOTAL		

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	1.01	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	BLOOD CLOT FOR HEMOPHILIACS 2.03
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM				30,899		
38	RECOVERY ROOM				6,367		
39	DELIVERY ROOM & LABOR ROO			340,033	3,709		
40	ANESTHESIOLOGY				4,750		
41	RADIOLOGY-DIAGNOSTIC				13,776		
42	RADIOLOGY-THERAPEUTIC				6,675		
43	RADIOISOTOPE				1,413		
44	LABORATORY				17,559		
44	01 HLA LAB				1,284		
47	BLOOD STORING, PROCESSING				10,986		
49	RESPIRATORY THERAPY				3,875		
50	PHYSICAL THERAPY				1,903		
51	OCCUPATIONAL THERAPY				661		
52	SPEECH PATHOLOGY				277		
53	ELECTROCARDIOLOGY				2,089		
54	ELECTROENCEPHALOGRAPHY				462		
55	MEDICAL SUPPLIES CHARGED				62,429		
56	DRUGS CHARGED TO PATIENTS				326,413		
57	RENAL DIALYSIS				1,176		
59	CAT SCAN				2,607		
59	01 ULTRASOUND				1,170		
59	02 CARDIAC CATHETERIZATION L				3,473		
59	03 ENDOSCOPY				2,801		
59	04 OB/GYN IN VITRO				657		
59	05 OUTPATIENT PHARMACY				7,271		
59	06 ELECTROSHOCK THERAPY				142		
59	07 PSYCHIATRIC/PSYCHOLOGICAL				316		
	OUTPAT SERVICE COST CNTRS						
60	CLINIC				8,292		
61	EMERGENCY				12,039		
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL			340,033	535,471		

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM	30,899	30,899	184,640,540	.000167	.000167		
38	RECOVERY ROOM	6,367	6,367	47,721,188	.000133	.000133		
39	DELIVERY ROOM & LABOR ROO	343,742	343,742	9,306,463	.036936	.036936		
40	ANESTHESIOLOGY	4,750	4,750	54,075,784	.000088	.000088		
41	RADIOLOGY-DIAGNOSTIC	13,776	13,776	242,242,031	.000057	.000057	16,871	1
42	RADIOLOGY-THERAPEUTIC	6,675	6,675	101,583,599	.000066	.000066		
43	RADIOISOTOPE	1,413	1,413	18,316,425	.000077	.000077		
44	LABORATORY	17,559	17,559	428,708,117	.000041	.000041	320,864	13
44	01 HLA LAB	1,284	1,284	20,436,983	.000063	.000063		
47	BLOOD STORING, PROCESSING	10,986	10,986	134,530,688	.000082	.000082		
49	RESPIRATORY THERAPY	3,875	3,875	48,392,060	.000080	.000080		
50	PHYSICAL THERAPY	1,903	1,903	18,024,452	.000106	.000106	2,380,168	252
51	OCCUPATIONAL THERAPY	661	661	6,150,020	.000107	.000107	2,033,222	218
52	SPEECH PATHOLOGY	277	277	1,496,392	.000185	.000185	264,195	49
53	ELECTROCARDIOLOGY	2,089	2,089	73,274,445	.000029	.000029	279	
54	ELECTROENCEPHALOGRAPHY	462	462	4,852,809	.000095	.000095		
55	MEDICAL SUPPLIES CHARGED	62,429	62,429	427,282,254	.000146	.000146	247,437	36
56	DRUGS CHARGED TO PATIENTS	326,413	326,413	339,185,141	.000962	.000962	1,550,197	1,491
57	RENAL DIALYSIS	1,176	1,176	14,861,894	.000079	.000079		
59	CAT SCAN	2,607	2,607	158,112,114	.000016	.000016		
59	01 ULTRASOUND	1,170	1,170	19,910,985	.000059	.000059		
59	02 CARDIAC CATHETERIZATION L	3,473	3,473	43,818,357	.000079	.000079		
59	03 ENDOSCOPY	2,801	2,801	28,512,048	.000098	.000098		
59	04 OB/GYN IN VITRO	657	657	2,855,188	.000230	.000230		
59	05 OUTPATIENT PHARMACY	7,271	7,271	14,979,278	.000485	.000485		
59	06 ELECTROSHOCK THERAPY	142	142	740,151	.000192	.000192		
59	07 PSYCHIATRIC/PSYCHOLOGICAL OUTPAT SERVICE COST CNTRS	316	316	2,281,061	.000139	.000139		
60	CLINIC	8,292	8,292	18,886,109	.000439	.000439		
61	EMERGENCY	12,039	12,039	94,693,163	.000127	.000127		
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			664,670				
65	AMBULANCE SERVICES							
101	TOTAL	875,504	875,504	2560,534,409			6,813,233	2,060

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
44	01 HLA LAB						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	CAT SCAN						
59	01 ULTRASOUND						
59	02 CARDIAC CATHETERIZATION L						
59	03 ENDOSCOPY						
59	04 OB/GYN IN VITRO						
59	05 OUTPATIENT PHARMACY						
59	06 ELECTROSHOCK THERAPY						
59	07 PSYCHIATRIC/PSYCHOLOGICAL						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

TITLE XIX - O/P

HOSPITAL

Cost Center Description	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology
	5.01	5.02	5.03	6	7
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC					
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE					
44 LABORATORY					
44 01 HLA LAB					
47 BLOOD STORING, PROCESSING & TRANS.					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY					
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS					
57 RENAL DIALYSIS					
59 CAT SCAN					
59 01 ULTRASOUND					
59 02 CARDIAC CATHETERIZATION LABORATORY					
59 03 ENDOSCOPY					
59 04 OB/GYN IN VITRO					
59 05 OUTPATIENT PHARMACY					
59 06 ELECTROSHOCK THERAPY					
59 07 PSYCHIATRIC/PSYCHOLOGICAL SERVICES					
OUTPAT SERVICE COST CNTRS					
60 CLINIC					
61 EMERGENCY					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES					

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 26-0032
 COMPONENT NO: 26-S032
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/25/2009
 WORKSHEET D
 PART V

TITLE XIX - O/P

SUBPROVIDER 1

Cost Center	Description	Cost/Charge Ratio (C, Pt I, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic	All Other (1)
		1	2	3	4	5
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	.395866				
38	RECOVERY ROOM	.387779				
39	DELIVERY ROOM & LABOR ROOM	1.035850				
40	ANESTHESIOLOGY	.138075				
41	RADIOLOGY-DIAGNOSTIC	.160925				23,779
42	RADIOLOGY-THERAPEUTIC	.189735				
43	RADIOISOTOPE	.215793				2,776
44	LABORATORY	.106647				273,244
44	01 HLA LAB	.182951				
47	BLOOD STORING, PROCESSING & TRANS.	.235067				4,219
49	RESPIRATORY THERAPY	.232687				92
50	PHYSICAL THERAPY	.307349				
51	OCCUPATIONAL THERAPY	.313016				
52	SPEECH PATHOLOGY	.536899				
53	ELECTROCARDIOLOGY	.082604				8,927
54	ELECTROENCEPHALOGRAPHY	.232500				
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.424923				81
56	DRUGS CHARGED TO PATIENTS	.272687				7,828
57	RENAL DIALYSIS	.230184				
59	CAT SCAN	.046897				3,843
59	01 ULTRASOUND	.166796				680
59	02 CARDIAC CATHETERIZATION LABORATORY	.219623				
59	03 ENDOSCOPY	.284469				
59	04 OB/GYN IN VITRO	.564754				
59	05 OUTPATIENT PHARMACY	1.412889				
59	06 ELECTROSHOCK THERAPY	.555720				36,000
59	07 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	.401577				459,334
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	.805994				3,527
61	EMERGENCY	.278204				
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.163827				
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES					
101	SUBTOTAL					824,330
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104	NET CHARGES					824,330

(A) WORKSHEET A LINE NUMBERS

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

TITLE XIX - O/P SUBPROVIDER 1

Cost Center Description	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology
	5.01	5.02	5.03	6	7
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC					
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE					
44 LABORATORY					
44 01 HLA LAB					
47 BLOOD STORING, PROCESSING & TRANS.					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY					
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS					
57 RENAL DIALYSIS					
59 CAT SCAN					
59 01 ULTRASOUND					
59 02 CARDIAC CATHETERIZATION LABORATORY					
59 03 ENDOSCOPY					
59 04 OB/GYN IN VITRO					
59 05 OUTPATIENT PHARMACY					
59 06 ELECTROSHOCK THERAPY					
59 07 PSYCHIATRIC/PSYCHOLOGICAL SERVICES					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
61 EMERGENCY					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
65 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
104 PROGRAM ONLY CHARGES					
104 NET CHARGES					

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					784.11
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					71,762,531
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					71,762,531

	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						
44	13,078,200	9,822	1,331.52	4,156	5,533,797	
45	6,930,893	4,615	1,501.82	2,171	3,260,451	
46						
47	10,956,963	7,614	1,439.05	2,811	4,045,170	
47.01	8,810,644	6,677	1,319.55	2,078	2,742,025	
47.02	12,270,815	8,437	1,454.41	3,922	5,704,196	
					1	
48	PROGRAM INPATIENT ANCILLARY SERVICE COST					155,895,504
49	TOTAL PROGRAM INPATIENT COSTS					248,943,674

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES					7,940,456
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES					12,667,779
52	TOTAL PROGRAM EXCLUDABLE COST					20,608,235
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS					228,335,439

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

COMPUTATION OF INPATIENT OPERATING COST

PROVIDER NO:	PERIOD:	PREPARED
26-0032	FROM 1/ 1/2008	5/25/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET D-1
-		PART I

TITLE XIX - I/P

ICF/MR

OTHER

PART I - ALL PROVIDER COMPONENTS

INPATIENT DAYS

- 1 INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)
- 2 INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)
- 3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)
- 4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)
- 5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
- 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)
- 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
- 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

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

- 28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)
- 29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)
- 30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)
- 31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO
- 32 AVERAGE PRIVATE ROOM PER DIEM CHARGE
- 33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE
- 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

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		68,073,693	
26	INTENSIVE CARE UNIT		8,080,637	
27	CORONARY CARE UNIT		4,179,941	
29	SURGICAL INTENSIVE CARE UNIT		5,640,157	
30	01 NEURO-ICU		4,022,866	
30	02 CARDIO-THORACIC ICU		7,164,366	
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.422522	41,694,618	17,616,893
38	RECOVERY ROOM	.413166	6,529,102	2,697,603
39	DELIVERY ROOM & LABOR ROOM	1.102771	114,546	126,318
40	ANESTHESIOLOGY	.147376	10,366,382	1,527,756
41	RADIOLOGY-DIAGNOSTIC	.172302	32,015,511	5,516,337
42	RADIOLOGY-THERAPEUTIC	.203479	1,832,730	372,922
43	RADIOISOTOPE	.230569	2,863,641	660,267
44	LABORATORY	.113538	105,954,731	12,029,888
44	01 HLA LAB	.194594	859,092	167,174
47	BLOOD STORING, PROCESSING & TRANS.	.249967	35,165,516	8,790,219
49	RESPIRATORY THERAPY	.247919	20,904,582	5,182,643
50	PHYSICAL THERAPY	.326951	5,154,554	1,685,287
51	OCCUPATIONAL THERAPY	.332840	2,634,550	876,884
52	SPEECH PATHOLOGY	.572639	687,274	393,560
53	ELECTROCARDIOLOGY	.088308	18,728,215	1,653,851
54	ELECTROENCEPHALOGRAPHY	.247977	1,260,002	312,452
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.452457	125,141,129	56,620,980
56	DRUGS CHARGED TO PATIENTS	.290037	94,786,530	27,491,601
57	RENAL DIALYSIS	.245100	8,934,561	2,189,861
59	CAT SCAN	.050128	24,340,952	1,220,163
59	01 ULTRASOUND	.178464	2,004,549	357,740
59	02 CARDIAC CATHETERIZATION LABORATORY	.235833	13,230,023	3,120,076
59	03 ENDOSCOPY	.304187	3,264,551	993,034
59	04 OB/GYN IN VITRO	.601777		
59	05 OUTPATIENT PHARMACY	1.503120		
59	06 ELECTROSHOCK THERAPY	.592609		
59	07 PSYCHIATRIC/PSYCHOLOGICAL SERVICES OUTPAT SERVICE COST CNTRS	.429206		
60	CLINIC	.858402	114,546	98,327
61	EMERGENCY	.296448	14,146,388	4,193,668
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	1.239063		
65	AMBULANCE SERVICES			
101	TOTAL		572,728,275	155,895,504
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		572,728,275	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 26-0032
 COMPONENT NO: 26-S032
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/25/2009
 WORKSHEET D-4

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
30	01 NEURO-ICU			
30	02 CARDIO-THORACIC ICU			
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS		4,378,512	
37	OPERATING ROOM	.422522	41,446	17,512
38	RECOVERY ROOM	.413166	3,573	1,476
39	DELIVERY ROOM & LABOR ROOM	1.102771		
40	ANESTHESIOLOGY	.147376	6,789	1,001
41	RADIOLOGY-DIAGNOSTIC	.172302	190,797	32,875
42	RADIOLOGY-THERAPEUTIC	.203479	715	145
43	RADIOISOTOPE	.230569	6,431	1,483
44	LABORATORY	.113538	965,774	109,652
44	01 HLA LAB	.194594		
47	BLOOD STORING, PROCESSING & TRANS.	.249967	26,083	6,520
49	RESPIRATORY THERAPY	.247919	77,891	19,311
50	PHYSICAL THERAPY	.326951	32,157	10,514
51	OCCUPATIONAL THERAPY	.332840	25,368	8,443
52	SPEECH PATHOLOGY	.572639	1,429	818
53	ELECTROCARDIOLOGY	.088308	29,656	2,619
54	ELECTROENCEPHALOGRAPHY	.247977	6,431	1,595
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.452457	87,895	39,769
56	DRUGS CHARGED TO PATIENTS	.290037	1,319,853	382,806
57	RENAL DIALYSIS	.245100	26,440	6,480
59	CAT SCAN	.050128	155,424	7,791
59	01 ULTRASOUND	.178464	10,362	1,849
59	02 CARDIAC CATHETERIZATION LABORATORY	.235833	7,146	1,685
59	03 ENDOSCOPY	.304187	9,647	2,934
59	04 OB/GYN IN VITRO	.601777		
59	05 OUTPATIENT PHARMACY	1.503120		
59	06 ELECTROSHOCK THERAPY	.592609	151,494	89,777
59	07 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	.429206	6,074	2,607
60	OUTPAT SERVICE COST CNTRS CLINIC	.858402	7,861	6,748
61	EMERGENCY	.296448	376,234	111,534
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	1.239063		
65	AMBULANCE SERVICES			
101	TOTAL		3,572,970	867,944
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		3,572,970	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 26-0032
 COMPONENT NO: 26-5439
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/25/2009
 WORKSHEET D-4

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
	INPAT ROUTINE SRVC CNTRS			
25	ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
30	01 NEURO-ICU			
30	02 CARDIO-THORACIC ICU			
31	SUBPROVIDER			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.422522		
38	RECOVERY ROOM	.413166		
39	DELIVERY ROOM & LABOR ROOM	1.102771		
40	ANESTHESIOLOGY	.147376		
41	RADIOLOGY-DIAGNOSTIC	.172302	16,871	2,907
42	RADIOLOGY-THERAPEUTIC	.203479		
43	RADIOISOTOPE	.230569		
44	LABORATORY	.113538	320,864	36,430
44	01 HLA LAB	.194594		
47	BLOOD STORING, PROCESSING & TRANS.	.249967		
49	RESPIRATORY THERAPY	.247919		
50	PHYSICAL THERAPY	.326951	2,380,168	778,198
51	OCCUPATIONAL THERAPY	.332840	2,033,222	676,738
52	SPEECH PATHOLOGY	.572639	264,195	151,288
53	ELECTROCARDIOLOGY	.088308	279	25
54	ELECTROENCEPHALOGRAPHY	.247977		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.452457	247,437	111,955
56	DRUGS CHARGED TO PATIENTS	.290037	1,550,197	449,614
57	RENAL DIALYSIS	.245100		
59	CAT SCAN	.050128		
59	01 ULTRASOUND	.178464		
59	02 CARDIAC CATHETERIZATION LABORATORY	.235833		
59	03 ENDOSCOPY	.304187		
59	04 OB/GYN IN VITRO	.601777		
59	05 OUTPATIENT PHARMACY	1.503120		
59	06 ELECTROSHOCK THERAPY	.592609		
59	07 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	.429206		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.858402		
61	EMERGENCY	.296448		
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.239063		
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		6,813,233	2,207,155
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		6,813,233	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 26-0032
 COMPONENT NO: 26-0032
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/25/2009
 WORKSHEET D-4

WKST A LINE NO.	TITLE XIX COST CENTER DESCRIPTION	HOSPITAL	RATIO COST TO CHARGES 1	INPATIENT	
				CHARGES 2	COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			20,585,506	
26	INTENSIVE CARE UNIT			2,177,196	
27	CORONARY CARE UNIT			1,003,228	
29	SURGICAL INTENSIVE CARE UNIT			1,863,090	
30	01 NEURO-ICU			1,561,108	
30	02 CARDIO-THORACIC ICU			915,552	
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS				
37	OPERATING ROOM		.422522	519,403	219,459
38	RECOVERY ROOM		.413166	1,377,675	569,208
39	DELIVERY ROOM & LABOR ROOM		1.102771	1,103,833	1,217,275
40	ANESTHESIOLOGY		.147376	2,320,517	341,989
41	RADIOLOGY-DIAGNOSTIC		.172302	9,163,096	1,578,820
42	RADIOLOGY-THERAPEUTIC		.203479	825,177	167,906
43	RADIOISOTOPE		.230569	601,577	138,705
44	LABORATORY		.113538	31,187,220	3,540,935
44	01 HLA LAB		.194594	149,176	29,029
47	BLOOD STORING, PROCESSING & TRANS.		.249967	11,336,478	2,833,745
49	RESPIRATORY THERAPY		.247919	4,849,173	1,202,202
50	PHYSICAL THERAPY		.326951	938,147	306,728
51	OCCUPATIONAL THERAPY		.332840	587,355	195,495
52	SPEECH PATHOLOGY		.572639	152,239	87,178
53	ELECTROCARDIOLOGY		.088308	4,229,255	373,477
54	ELECTROENCEPHALOGRAPHY		.247977	454,036	112,590
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		.452457	33,481,265	15,148,833
56	DRUGS CHARGED TO PATIENTS		.290037	27,289,872	7,915,073
57	RENAL DIALYSIS		.245100	1,216,881	298,258
59	CAT SCAN		.050128	7,831,444	392,575
59	01 ULTRASOUND		.178464	784,897	140,076
59	02 CARDIAC CATHETERIZATION LABORATORY		.235833	625,598	147,537
59	03 ENDOSCOPY		.304187	644,744	196,123
59	04 OB/GYN IN VITRO		.601777		
59	05 OUTPATIENT PHARMACY		1.503120		
59	06 ELECTROSHOCK THERAPY		.592609	500	296
59	07 PSYCHIATRIC/PSYCHOLOGICAL SERVICES OUTPAT SERVICE COST CNTRS		.429206	314	135
60	CLINIC		.858402	43,469	37,314
61	EMERGENCY		.296448	6,430,830	1,906,407
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS		1.239063		
65	AMBULANCE SERVICES				
101	TOTAL			148,144,171	39,097,368
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES				
103	NET CHARGES			148,144,171	

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
30	01 NEURO-ICU			
30	02 CARDIO-THORACIC ICU			
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS		2,323,589	
37	OPERATING ROOM	.422522	36,208	15,299
38	RECOVERY ROOM	.413166	4,739	1,958
39	DELIVERY ROOM & LABOR ROOM	1.102771	1,632	1,800
40	ANESTHESIOLOGY	.147376	4,752	700
41	RADIOLOGY-DIAGNOSTIC	.172302	60,751	10,468
42	RADIOLOGY-THERAPEUTIC	.203479		
43	RADIOISOTOPE	.230569		
44	LABORATORY	.113538	540,458	61,363
44	01 HLA LAB	.194594		
47	BLOOD STORING, PROCESSING & TRANS.	.249967	11,929	2,982
49	RESPIRATORY THERAPY	.247919	19,332	4,793
50	PHYSICAL THERAPY	.326951	6,112	1,998
51	OCCUPATIONAL THERAPY	.332840	11,162	3,715
52	SPEECH PATHOLOGY	.572639	816	467
53	ELECTROCARDIOLOGY	.088308	10,972	969
54	ELECTROENCEPHALOGRAPHY	.247977	7,944	1,970
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.452457	25,232	11,416
56	DRUGS CHARGED TO PATIENTS	.290037	507,303	147,137
57	RENAL DIALYSIS	.245100	6,856	1,680
59	CAT SCAN	.050128	79,965	4,008
59	01 ULTRASOUND	.178464	1,859	332
59	02 CARDIAC CATHETERIZATION LABORATORY	.235833		
59	03 ENDOSCOPY	.304187	7,235	2,201
59	04 OB/GYN IN VITRO	.601777		
59	05 OUTPATIENT PHARMACY	1.503120		
59	06 ELECTROSHOCK THERAPY	.592609	61,500	36,445
59	07 PSYCHIATRIC/PSYCHOLOGICAL SERVICES OUTPAT SERVICE COST CNTRS	.429206	984	422
60	CLINIC	.858402	2,925	2,511
61	EMERGENCY	.296448	456,091	135,207
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	1.239063		
65	AMBULANCE SERVICES			
101	TOTAL		1,866,757	449,841
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,866,757	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 26-0032
 COMPONENT NO: 26-5439
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/25/2009
 WORKSHEET D-4

TITLE XIX

NURSING FACILITY

OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
30	01 NEURO-ICU			
30	02 CARDIO-THORACIC ICU			
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.422522		
38	RECOVERY ROOM	.413166		
39	DELIVERY ROOM & LABOR ROOM	1.102771		
40	ANESTHESIOLOGY	.147376		
41	RADIOLOGY-DIAGNOSTIC	.172302		
42	RADIOLOGY-THERAPEUTIC	.203479		
43	RADIOISOTOPE	.230569		
44	LABORATORY	.113538		
44	01 HLA LAB	.194594		
47	BLOOD STORING, PROCESSING & TRANS.	.249967		
49	RESPIRATORY THERAPY	.247919	928	230
50	PHYSICAL THERAPY	.326951		
51	OCCUPATIONAL THERAPY	.332840		
52	SPEECH PATHOLOGY	.572639		
53	ELECTROCARDIOLOGY	.088308		
54	ELECTROENCEPHALOGRAPHY	.247977		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.452457	18,986	8,590
56	DRUGS CHARGED TO PATIENTS	.290037	4,585	1,330
57	RENAL DIALYSIS	.245100		
59	CAT SCAN	.050128		
59	01 ULTRASOUND	.178464		
59	02 CARDIAC CATHETERIZATION LABORATORY	.235833		
59	03 ENDOSCOPY	.304187		
59	04 OB/GYN IN VITRO	.601777		
59	05 OUTPATIENT PHARMACY	1.503120		
59	06 ELECTROSHOCK THERAPY	.592609		
59	07 PSYCHIATRIC/PSYCHOLOGICAL SERVICES OUTPAT SERVICE COST CNTRS	.429206		
60	CLINIC	.858402		
61	EMERGENCY	.296448		
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	1.239063		
65	AMBULANCE SERVICES			
101	TOTAL		24,499	10,150
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		24,499	

KIDNEY

PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)

COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		INPATIENT ROUTINE ORGAN CHARGES		PER DIEM COSTS FROM WKST. D-1		ORGAN ACQUISITION DAYS	COST (COL. 2 X COL. 3) 4
		1	D	2	D-1	3	
1	ADULTS & PEDIATRICS	153,675	38	784.11		285	223,471
2	INTENSIVE CARE UNIT		43	1,331.52			
3	CORONARY CARE UNIT		44	1,501.82			
5	SURGICAL INTENSIVE CARE UNIT	6,612	46	1,439.05		3	4,317
6.01	NEURO-ICU	17,141	47.01	1,319.55		9	11,876
6.02	CARDIO-THORACIC ICU		47.02	1,454.41			
7	TOTAL (SUM OF LINES 1-6)	177,428				297	239,664

COMPUTATION OF ANCILLARY SERVICE COST APPLICABLE TO ORGAN ACQUISITION		C	RATIO OF COST/ CHARGES	ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS
		1		2	3
8	OPERATING ROOM	37	.422522	697,526	294,720
9	RECOVERY ROOM	38	.413166	81,978	33,871
10	DELIVERY ROOM & LABOR ROO	39	1.102771		
11	ANESTHESIOLOGY	40	.147376	192,788	28,412
12	RADIOLOGY-DIAGNOSTIC	41	.172302	541,072	93,228
13	RADIOLOGY-THERAPEUTIC	42	.203479		
14	RADIOISOTOPE	43	.230569		
15	LABORATORY	44	.113538	2,910,471	330,449
15.01	HLA LAB	44.01	.194594	12,007,890	2,336,663
18	BLOOD STORING, PROCESSING	47	.249967	315,329	78,822
20	RESPIRATORY THERAPY	49	.247919	31,541	7,820
21	PHYSICAL THERAPY	50	.326951	2,688	879
22	OCCUPATIONAL THERAPY	51	.332840		
23	SPEECH PATHOLOGY	52	.572639		
24	ELECTROCARDIOLOGY	53	.088308	855,956	75,588
25	ELECTROENCEPHALOGRAPHY	54	.247977		
26	MEDICAL SUPPLIES CHARGED	55	.452457	55,558	25,138
27	DRUGS CHARGED TO PATIENTS	56	.290037	192,652	55,876
28	RENAL DIALYSIS	57	.245100		
30	CAT SCAN	59	.050128		
30.01	ULTRASOUND	59.01	.178464	1,251	223
30.02	CARDIAC CATHETERIZATION L	59.02	.235833	63,214	14,908
30.03	ENDOSCOPY	59.03	.304187	30,913	9,403
30.04	OB/GYN IN VITRO	59.04	.601777		
30.05	OUTPATIENT PHARMACY	59.05	1.503120		
30.06	ELECTROSHOCK THERAPY	59.06	.592609		
30.07	PSYCHIATRIC/PSYCHOLOGICAL	59.07	.429206		
31	CLINIC	60	.858402	249	214
32	EMERGENCY	61	.296448	4,793	1,421
33	OBSERVATION BEDS (NON-DIS	62	1.239063	2,184	2,706
35	TOTAL (SUM OF LINES 8-34)			17,988,053	3,390,341

KIDNEY

PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICE COSTS)

COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		AVERAGE COST PER DAY	ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS
D		1	2	3
36	ADULTS & PEDIATRICS	2	285	
37	INTENSIVE CARE UNIT	3		
38	CORONARY CARE UNIT	4		
40	SURGICAL INTENSIVE CARE UNIT	6	3	
41.01	NEURO-ICU	7.01	9	
41.02	CARDIO-THORACIC ICU	7.02		
42	TOTAL (SUM OF LINES 36-41)		297	

COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED		ORGAN ACQUISITION CHARGES	RATIO OF COST TO CHARGES	ORGAN ACQUISITION COSTS
D		1	2	3
43	CLINIC	249 20		
44	EMERGENCY	4,793 21		
45	OBSERVATION BEDS (NON-DISTINCT PART)	2,184 22		
47	TOTAL (SUM OF LINES 43-46)	7,226		

KIDNEY

PART III - SUMMARY OF COSTS AND CHARGES

	C O S T		C H A R G E S	
	PART A 1	PART B 2	PART A 3	PART B 4
48 ROUTINE & ANCILLARY FROM PT 1	3,630,005		18,165,481	
49 INTERNS & RESIDENTS (INPATIENT)				
50 INTERNS & RESIDENTS (OUTPATIENT)				
51 DIRECT ORGAN ACQUISITION	5,792,231		11,139,262	
52 COST OF SERVS OF TEACHING PHYSICIANS				
53 TOTAL (SUM OF LINES 48-52)	9,422,236		29,304,743	
54 TOTAL USABLE ORGANS		194		
55 MEDICARE USABLE ORGANS		118		
56 RATIO MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		0.608247		
57 MEDICARE COST/CHARGES	5,731,047		17,824,522	
58 REVENUE FOR ORGANS SOLD	485,520		485,520	
59 SUBTOTAL (LN 57 MINUS LN 58)	5,245,527		17,339,002	
60 ORGANS FURNISHED PART B				
61 NET ORGAN ACQUISITION COST & CHARGES	5,245,527		17,339,002	

PART IV - STATISTICS

	L I V I N G R E L A T E D		C A D A V E R I C	R E V E N U E
	1	2		
62 ORGANS EXCISED IN PROVIDER (1)		58	34	
63 ORGANS PURCH OTH TRANSPLANT HOSPS(2)				
64 ORGANS PURCH FROM NON-TRANSPLT HOSPS				
65 ORGANS PURCHASED FROM OPOS			102	
66 TOTAL (SUM OF LINES 62-65)		58	136	
67 ORGANS TRANSPLANTED		58	102	11,139,262
68 ORGANS SOLD TO OTHER HOSPITALS				
69 ORGANS SOLD TO OPOS			34	485,520
70 ORGANS SOLD TO TRANSPLANT HOSPITALS				
71 ORGANS SOLD TO MILITARY OR VA HOSPS				
72 ORGANS SOLD OUTSIDE UNITED STATES				
73 ORGANS SENT OUTSIDE U.S. NO REVENUE				
74 ORGANS USED FOR RESEARCH				
75 UNUSABLE/DISCARDED ORGANS				
76 TOTAL (SUM LNS 67-75 SHOULD = LN 66)		58	136	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team are included in the count.

LIVER

PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)

COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		INPATIENT ROUTINE ORGAN CHARGES		PER DIEM COSTS FROM WKST. D-1		ORGAN ACQUISITION DAYS	COST (COL. 2 X COL. 3)
		1	D	2	D-1	3	4
1	ADULTS & PEDIATRICS	22,062	38	784.	11	20	15,682
2	INTENSIVE CARE UNIT	5,778	43	1,331.	52	4	5,326
3	CORONARY CARE UNIT		44	1,501.	82		
5	SURGICAL INTENSIVE CARE UNIT	5,425	46	1,439.	05	2	2,878
6.01	NEURO-ICU	12,344	47.01	1,319.	55	6	7,917
6.02	CARDIO-THORACIC ICU		47.02	1,454.	41		
7	TOTAL (SUM OF LINES 1-6)	45,609				32	31,803

COMPUTATION OF ANCILLARY SERVICE COST APPLICABLE TO ORGAN ACQUISITION		C	RATIO OF COST/ CHARGES	ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS
		1		2	3
8	OPERATING ROOM	37	.422522	54,877	23,187
9	RECOVERY ROOM	38	.413166	5,953	2,460
10	DELIVERY ROOM & LABOR ROO	39	1.102771		
11	ANESTHESIOLOGY	40	.147376	19,772	2,914
12	RADIOLOGY-DIAGNOSTIC	41	.172302	1,802,581	310,588
13	RADIOLOGY-THERAPEUTIC	42	.203479		
14	RADIOISOTOPE	43	.230569		
15	LABORATORY	44	.113538	1,529,224	173,625
15.01	HLA LAB	44.01	.194594		
18	BLOOD STORING, PROCESSING	47	.249967	20,478	5,119
20	RESPIRATORY THERAPY	49	.247919	12,975	3,217
21	PHYSICAL THERAPY	50	.326951		
22	OCCUPATIONAL THERAPY	51	.332840		
23	SPEECH PATHOLOGY	52	.572639	179	103
24	ELECTROCARDIOLOGY	53	.088308	839,618	74,145
25	ELECTROENCEPHALOGRAPHY	54	.247977	993	246
26	MEDICAL SUPPLIES CHARGED	55	.452457	8,560	3,873
27	DRUGS CHARGED TO PATIENTS	56	.290037	68,559	19,885
28	RENAL DIALYSIS	57	.245100		
30	CAT SCAN	59	.050128		
30.01	ULTRASOUND	59.01	.178464		
30.02	CARDIAC CATHETERIZATION L	59.02	.235833	31,090	7,332
30.03	ENDOSCOPY	59.03	.304187	72,579	22,078
30.04	OB/GYN IN VITRO	59.04	.601777		
30.05	OUTPATIENT PHARMACY	59.05	1.503120		
30.06	ELECTROSHOCK THERAPY	59.06	.592609		
30.07	PSYCHIATRIC/PSYCHOLOGICAL	59.07	.429206		
31	CLINIC	60	.858402	567	487
32	EMERGENCY	61	.296448	8,425	2,498
33	OBSERVATION BEDS (NON-DIS	62	1.239063	1,716	2,126
35	TOTAL (SUM OF LINES 8-34)			4,478,146	653,883

LIVER

PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICE COSTS)

COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		AVERAGE COST PER DAY	ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS
D		1	2	3
36	ADULTS & PEDIATRICS	2	20	
37	INTENSIVE CARE UNIT	3	4	
38	CORONARY CARE UNIT	4		
40	SURGICAL INTENSIVE CARE UNIT	6	2	
41.01	NEURO-ICU	7.01	6	
41.02	CARDIO-THORACIC ICU	7.02		
42	TOTAL (SUM OF LINES 36-41)		32	

COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED		ORGAN ACQUISITION CHARGES	RATIO OF COST TO CHARGES	ORGAN ACQUISITION COSTS
D		1	2	3
43	CLINIC	567.20		
44	EMERGENCY	8,425.21		
45	OBSERVATION BEDS (NON-DISTINCT PART)	1,716.22		
47	TOTAL (SUM OF LINES 43-46)	10,708		

LIVER

PART III - SUMMARY OF COSTS AND CHARGES

	C O S T		C H A R G E S	
	PART A 1	PART B 2	PART A 3	PART B 4
48 ROUTINE & ANCILLARY FROM PT 1	685,686		4,523,755	
49 INTERNS & RESIDENTS (INPATIENT)				
50 INTERNS & RESIDENTS (OUTPATIENT)				
51 DIRECT ORGAN ACQUISITION	5,342,996		6,709,402	
52 COST OF SERVS OF TEACHING PHYSICIANS				
53 TOTAL (SUM OF LINES 48-52)	6,028,682		11,233,157	
54 TOTAL USABLE ORGANS		105		
55 MEDICARE USABLE ORGANS		44		
56 RATIO MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		0.419048		
57 MEDICARE COST/CHARGES	2,526,307		4,707,232	
58 REVENUE FOR ORGANS SOLD	130,791		130,791	
59 SUBTOTAL (LN 57 MINUS LN 58)	2,395,516		4,576,441	
60 ORGANS FURNISHED PART B				
61 NET ORGAN ACQUISITION COST & CHARGES	2,395,516		4,576,441	

PART IV - STATISTICS

	LIVING RELATED 1	CADAVERIC 2	REVENUE 3
62 ORGANS EXCISED IN PROVIDER (1)		20	
63 ORGANS PURCH OTHER TRANSPLANT HOSPS(2)			
64 ORGANS PURCH FROM NON-TRANSPLT HOSPS			
65 ORGANS PURCHASED FROM OPOS		85	
66 TOTAL (SUM OF LINES 62-65)		105	
67 ORGANS TRANSPLANTED		85	6,709,402
68 ORGANS SOLD TO OTHER HOSPITALS			
69 ORGANS SOLD TO OPOS		20	130,791
70 ORGANS SOLD TO TRANSPLANT HOSPITALS			
71 ORGANS SOLD TO MILITARY OR VA HOSPS			
72 ORGANS SOLD OUTSIDE UNITED STATES			
73 ORGANS SENT OUTSIDE U.S. NO REVENUE			
74 ORGANS USED FOR RESEARCH			
75 UNUSABLE/DISCARDED ORGANS			
76 TOTAL (SUM LNS 67-75 SHOULD = LN 66)		105	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team are included in the count.

HEART

PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)

COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		INPATIENT ROUTINE ORGAN CHARGES		PER DIEM COSTS FROM WKST. D-1		ORGAN ACQUISITION DAYS	COST (COL. 2 X COL. 3) 4
		1	D	2	D-1	3	
1	ADULTS & PEDIATRICS	28,036	38	784.11			
2	INTENSIVE CARE UNIT		43	1,331.52			
3	CORONARY CARE UNIT		44	1,501.82			
5	SURGICAL INTENSIVE CARE UNIT	1,091	46	1,439.05		1	1,439
6.01	NEURO-ICU	1,398	47.01	1,319.55		1	1,320
6.02	CARDIO-THORACIC ICU		47.02	1,454.41			
7	TOTAL (SUM OF LINES 1-6)	30,525				2	2,759

COMPUTATION OF ANCILLARY SERVICE COST APPLICABLE TO ORGAN ACQUISITION		C	RATIO OF COST/ CHARGES	ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS
		1	2	3	
8	OPERATING ROOM	37	.422522	24,524	10,362
9	RECOVERY ROOM	38	.413166		
10	DELIVERY ROOM & LABOR ROO	39	1.102771		
11	ANESTHESIOLOGY	40	.147376	2,081	307
12	RADIOLOGY-DIAGNOSTIC	41	.172302	49,028	8,448
13	RADIOLOGY-THERAPEUTIC	42	.203479		
14	RADIOISOTOPE	43	.230569		
15	LABORATORY	44	.113538	507,880	57,664
15.01	HLA LAB	44.01	.194594		
18	BLOOD STORING, PROCESSING	47	.249967	2,855	714
20	RESPIRATORY THERAPY	49	.247919	15,827	3,924
21	PHYSICAL THERAPY	50	.326951		
22	OCCUPATIONAL THERAPY	51	.332840		
23	SPEECH PATHOLOGY	52	.572639	214	123
24	ELECTROCARDIOLOGY	53	.088308	93,197	8,230
25	ELECTROENCEPHALOGRAPHY	54	.247977		
26	MEDICAL SUPPLIES CHARGED	55	.452457	1,118	506
27	DRUGS CHARGED TO PATIENTS	56	.290037	12,823	3,719
28	RENAL DIALYSIS	57	.245100		
30	CAT SCAN	59	.050128		
30.01	ULTRASOUND	59.01	.178464		
30.02	CARDIAC CATHETERIZATION L	59.02	.235833	106,866	25,203
30.03	ENDOSCOPY	59.03	.304187	4,145	1,261
30.04	OB/GYN IN VITRO	59.04	.601777		
30.05	OUTPATIENT PHARMACY	59.05	1.503120		
30.06	ELECTROSHOCK THERAPY	59.06	.592609		
30.07	PSYCHIATRIC/PSYCHOLOGICAL	59.07	.429206		
31	CLINIC	60	.858402		
32	EMERGENCY	61	.296448	440	130
33	OBSERVATION BEDS (NON-DIS	62	1.239063		
35	TOTAL (SUM OF LINES 8-34)			820,998	120,591

HEART

PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICE COSTS)

COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		AVERAGE COST PER DAY	ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS
D		1	2	3
36	ADULTS & PEDIATRICS	2		
37	INTENSIVE CARE UNIT	3		
38	CORONARY CARE UNIT	4		
40	SURGICAL INTENSIVE CARE UNIT	6	1	
41.01	NEURO-ICU	7.01	1	
41.02	CARDIO-THORACIC ICU	7.02		
42	TOTAL (SUM OF LINES 36-41)		2	

COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED		ORGAN ACQUISITION CHARGES	RATIO OF COST TO CHARGES	ORGAN ACQUISITION COSTS
D		1	2	3
43	CLINIC	20		
44	EMERGENCY	440		
45	OBSERVATION BEDS (NON-DISTINCT PART)	22		
47	TOTAL (SUM OF LINES 43-46)	440		

HEART

PART III - SUMMARY OF COSTS AND CHARGES

	C O S T		C H A R G E S	
	PART A 1	PART B 2	PART A 3	PART B 4
48 ROUTINE & ANCILLARY FROM PT 1	123,350		851,523	
49 INTERNS & RESIDENTS (INPATIENT)				
50 INTERNS & RESIDENTS (OUTPATIENT)				
51 DIRECT ORGAN ACQUISITION	1,696,276		1,796,306	
52 COST OF SERVS OF TEACHING PHYSICIANS				
53 TOTAL (SUM OF LINES 48-52)	1,819,626		2,647,829	
54 TOTAL USABLE ORGANS		28		
55 MEDICARE USABLE ORGANS		13		
56 RATIO MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		0.464286		
57 MEDICARE COST/CHARGES	844,827		1,229,350	
58 REVENUE FOR ORGANS SOLD	25,557		25,557	
59 SUBTOTAL (LN 57 MINUS LN 58)	819,270		1,203,793	
60 ORGANS FURNISHED PART B				
61 NET ORGAN ACQUISITION COST & CHARGES	819,270		1,203,793	

PART IV - STATISTICS

	LIVING RELATED 1	CADAVERIC 2	REVENUE 3
62 ORGANS EXCISED IN PROVIDER (1)		4	
63 ORGANS PURCH OTH TRANSPLANT HOSPS(2)			
64 ORGANS PURCH FROM NON-TRANSPLT HOSPS			
65 ORGANS PURCHASED FROM OPOS		24	
66 TOTAL (SUM OF LINES 62-65)		28	
67 ORGANS TRANSPLANTED		24	1,796,306
68 ORGANS SOLD TO OTHER HOSPITALS			
69 ORGANS SOLD TO OPOS		4	25,557
70 ORGANS SOLD TO TRANSPLANT HOSPITALS			
71 ORGANS SOLD TO MILITARY OR VA HOSPS			
72 ORGANS SOLD OUTSIDE UNITED STATES			
73 ORGANS SENT OUTSIDE U.S. NO REVENUE			
74 ORGANS USED FOR RESEARCH			
75 UNUSABLE/DISCARDED ORGANS			
76 TOTAL (SUM LNS 67-75 SHOULD = LN 66)		28	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team are included in the count.

LUNG

PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)

COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		INPATIENT ROUTINE ORGAN CHARGES		PER DIEM COSTS FROM WKST. D-1		ORGAN ACQUISITION DAYS	COST (COL. 2 X COL. 3) 4
		1	D	2	D-1	3	
1	ADULTS & PEDIATRICS	121,201	38	784.11			
2	INTENSIVE CARE UNIT		43	1,331.52			
3	CORONARY CARE UNIT		44	1,501.82			
5	SURGICAL INTENSIVE CARE UNIT	1,412	46	1,439.05		1	1,439
6.01	NEURO-ICU	3,594	47.01	1,319.55		2	2,639
6.02	CARDIO-THORACIC ICU		47.02	1,454.41			
7	TOTAL (SUM OF LINES 1-6)	126,207				3	4,078

COMPUTATION OF ANCILLARY SERVICE COST APPLICABLE TO ORGAN ACQUISITION		C	RATIO OF COST/ CHARGES	ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS
		1	2	3	
8	OPERATING ROOM	37	.422522	11,191	4,728
9	RECOVERY ROOM	38	.413166	687	284
10	DELIVERY ROOM & LABOR ROO	39	1.102771		
11	ANESTHESIOLOGY	40	.147376	1,079	159
12	RADIOLOGY-DIAGNOSTIC	41	.172302	735,459	126,721
13	RADIOLOGY-THERAPEUTIC	42	.203479		
14	RADIOISOTOPE	43	.230569		
15	LABORATORY	44	.113538	1,029,227	116,856
15.01	HLA LAB	44.01	.194594		
18	BLOOD STORING, PROCESSING	47	.249967	4,347	1,087
20	RESPIRATORY THERAPY	49	.247919	38,923	9,650
21	PHYSICAL THERAPY	50	.326951		
22	OCCUPATIONAL THERAPY	51	.332840		
23	SPEECH PATHOLOGY	52	.572639	848	486
24	ELECTROCARDIOLOGY	53	.088308	116,267	10,267
25	ELECTROENCEPHALOGRAPHY	54	.247977		
26	MEDICAL SUPPLIES CHARGED	55	.452457	1,509	683
27	DRUGS CHARGED TO PATIENTS	56	.290037	50,047	14,515
28	RENAL DIALYSIS	57	.245100		
30	CAT SCAN	59	.050128		
30.01	ULTRASOUND	59.01	.178464		
30.02	CARDIAC CATHETERIZATION L	59.02	.235833	550,907	129,922
30.03	ENDOSCOPY	59.03	.304187	21,454	6,526
30.04	OB/GYN IN VITRO	59.04	.601777		
30.05	OUTPATIENT PHARMACY	59.05	1.503120		
30.06	ELECTROSHOCK THERAPY	59.06	.592609		
30.07	PSYCHIATRIC/PSYCHOLOGICAL	59.07	.429206		
31	CLINIC	60	.858402	138	118
32	EMERGENCY	61	.296448	2,658	788
33	OBSERVATION BEDS (NON-DIS	62	1.239063		
35	TOTAL (SUM OF LINES 8-34)			2,564,741	422,790

LUNG

PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICE COSTS)

COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		AVERAGE COST PER DAY	ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS
D		1	2	3
36	ADULTS & PEDIATRICS	2		
37	INTENSIVE CARE UNIT	3		
38	CORONARY CARE UNIT	4		
40	SURGICAL INTENSIVE CARE UNIT	6	1	
41.01	NEURO-ICU	7.01	2	
41.02	CARDIO-THORACIC ICU	7.02		
42	TOTAL (SUM OF LINES 36-41)		3	

COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED		ORGAN ACQUISITION CHARGES	RATIO OF COST TO CHARGES	ORGAN ACQUISITION COSTS
D		1	2	3
43	CLINIC	138	20	
44	EMERGENCY	2,658	21	
45	OBSERVATION BEDS (NON-DISTINCT PART)		22	
47	TOTAL (SUM OF LINES 43-46)	2,796		

LUNG

PART III - SUMMARY OF COSTS AND CHARGES

		C O S T		C H A R G E S	
		PART A	PART B	PART A	PART B
		1	2	3	4
48	ROUTINE & ANCILLARY FROM PT 1	426,868		2,690,948	
49	INTERNS & RESIDENTS (INPATIENT)				
50	INTERNS & RESIDENTS (OUTPATIENT)				
51	DIRECT ORGAN ACQUISITION	4,772,162		5,304,072	
52	COST OF SERVS OF TEACHING PHYSICIANS				
53	TOTAL (SUM OF LINES 48-52)	5,199,030		7,995,020	
54	TOTAL USABLE ORGANS		68		
55	MEDICARE USABLE ORGANS		31		
56	RATIO MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		0.455882		
57	MEDICARE COST/CHARGES	2,370,144		3,644,786	
58	REVENUE FOR ORGANS SOLD	45,191		45,191	
59	SUBTOTAL (LN 57 MINUS LN 58)	2,324,953		3,599,595	
60	ORGANS FURNISHED PART B				
61	NET ORGAN ACQUISITION COST & CHARGES	2,324,953		3,599,595	

PART IV - STATISTICS

		LIVING RELATED	CADAVERIC	REVENUE
		1	2	3
62	ORGANS EXCISED IN PROVIDER (1)		10	
63	ORGANS PURCH OTH TRANSPLANT HOSPS(2)			
64	ORGANS PURCH FROM NON-TRANSPLT HOSPS			
65	ORGANS PURCHASED FROM OPOS		58	
66	TOTAL (SUM OF LINES 62-65)		68	
67	ORGANS TRANSPLANTED		58	5,304,072
68	ORGANS SOLD TO OTHER HOSPITALS			
69	ORGANS SOLD TO OPOS		10	45,191
70	ORGANS SOLD TO TRANSPLANT HOSPITALS			
71	ORGANS SOLD TO MILITARY OR VA HOSPS			
72	ORGANS SOLD OUTSIDE UNITED STATES			
73	ORGANS SENT OUTSIDE U.S. NO REVENUE			
74	ORGANS USED FOR RESEARCH			
75	UNUSABLE/DISCARDED ORGANS			
76	TOTAL (SUM LNS 67-75 SHOULD = LN 66)		68	

(1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team are included in the count.

PANCREAS

PART I - COMPUTATION OF ORGAN ACQUISITION COSTS (INPATIENT ROUTINE AND ANCILLARY SERVICES)

COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		INPATIENT ROUTINE ORGAN CHARGES		PER DIEM COSTS FROM WKST. D-1		ORGAN ACQUISITION DAYS	COST (COL. 2 X COL. 3) 4
		1	D	2	D-1	3	
1	ADULTS & PEDIATRICS		38		784.11		
2	INTENSIVE CARE UNIT		43		1,331.52		
3	CORONARY CARE UNIT		44		1,501.82		
5	SURGICAL INTENSIVE CARE UNIT	867	46		1,439.05		
6.01	NEURO-ICU	193	47.01		1,319.55		
6.02	CARDIO-THORACIC ICU		47.02		1,454.41		
7	TOTAL (SUM OF LINES 1-6)		1,060				

COMPUTATION OF ANCILLARY SERVICE COST APPLICABLE TO ORGAN ACQUISITION		C	RATIO OF COST/ CHARGES	ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS
			1	2	3
8	OPERATING ROOM	37	.422522	3,012	1,273
9	RECOVERY ROOM	38	.413166		
10	DELIVERY ROOM & LABOR ROO	39	1.102771		
11	ANESTHESIOLOGY	40	.147376	423	62
12	RADIOLOGY-DIAGNOSTIC	41	.172302	318	55
13	RADIOLOGY-THERAPEUTIC	42	.203479		
14	RADIOISOTOPE	43	.230569		
15	LABORATORY	44	.113538	3,720	422
15.01	HLA LAB	44.01	.194594		
18	BLOOD STORING, PROCESSING	47	.249967	1,056	264
20	RESPIRATORY THERAPY	49	.247919	906	225
21	PHYSICAL THERAPY	50	.326951		
22	OCCUPATIONAL THERAPY	51	.332840		
23	SPEECH PATHOLOGY	52	.572639		
24	ELECTROCARDIOLOGY	53	.088308	1,085	96
25	ELECTROENCEPHALOGRAPHY	54	.247977		
26	MEDICAL SUPPLIES CHARGED	55	.452457	222	100
27	DRUGS CHARGED TO PATIENTS	56	.290037	781	227
28	RENAL DIALYSIS	57	.245100		
30	CAT SCAN	59	.050128		
30.01	ULTRASOUND	59.01	.178464		
30.02	CARDIAC CATHETERIZATION L	59.02	.235833		
30.03	ENDOSCOPY	59.03	.304187		
30.04	OB/GYN IN VITRO	59.04	.601777		
30.05	OUTPATIENT PHARMACY	59.05	1.503120		
30.06	ELECTROSHOCK THERAPY	59.06	.592609		
30.07	PSYCHIATRIC/PSYCHOLOGICAL	59.07	.429206		
31	CLINIC	60	.858402		
32	EMERGENCY	61	.296448	34	10
33	OBSERVATION BEDS (NON-DIS	62	1.239063		
35	TOTAL (SUM OF LINES 8-34)			11,557	2,734

PANCREAS

PART II - COMPUTATION OF ORGAN ACQUISITION COSTS (OTHER THAN INPATIENT ROUTINE AND ANCILLARY SERVICE COSTS)

COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		AVERAGE COST PER DAY	ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS
D		1	2	3
36	ADULTS & PEDIATRICS			
		2		
37	INTENSIVE CARE UNIT			
		3		
38	CORONARY CARE UNIT			
		4		
40	SURGICAL INTENSIVE CARE UNIT			
		6		
41.01	NEURO-ICU			
		7.01		
41.02	CARDIO-THORACIC ICU			
		7.02		
42	TOTAL (SUM OF LINES 36-41)			

COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED		ORGAN ACQUISITION CHARGES	RATIO OF COST TO CHARGES	ORGAN ACQUISITION COSTS
D		1	2	3
43	CLINIC			
				20
44	EMERGENCY			
		34		21
45	OBSERVATION BEDS (NON-DISTINCT PART)			
				22
47	TOTAL (SUM OF LINES 43-46)			
		34		

PANCREAS

PART III - SUMMARY OF COSTS AND CHARGES

	C O S T		C H A R G E S	
	PART A 1	PART B 2	PART A 3	PART B 4
48 ROUTINE & ANCILLARY FROM PT 1	2,734		12,617	
49 INTERNS & RESIDENTS (INPATIENT)				
50 INTERNS & RESIDENTS (OUTPATIENT)				
51 DIRECT ORGAN ACQUISITION	173,689		293,508	
52 COST OF SERVS OF TEACHING PHYSICIANS				
53 TOTAL (SUM OF LINES 48-52)	176,423		306,125	
54 TOTAL USABLE ORGANS		6		
55 MEDICARE USABLE ORGANS		3		
56 RATIO MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		0.500000		
57 MEDICARE COST/CHARGES	88,212		153,063	
58 REVENUE FOR ORGANS SOLD	12,617		12,617	
59 SUBTOTAL (LN 57 MINUS LN 58)	75,595		140,446	
60 ORGANS FURNISHED PART B				
61 NET ORGAN ACQUISITION COST & CHARGES	75,595		140,446	

PART IV - STATISTICS

	LIVING RELATED 1	CADAVERIC 2	REVENUE 3
62 ORGANS EXCISED IN PROVIDER (1)			
63 ORGANS PURCH OTHER TRANSPLANT HOSPS(2)			
64 ORGANS PURCH FROM NON-TRANSPLT HOSPS			
65 ORGANS PURCHASED FROM OPOS			5
66 TOTAL (SUM OF LINES 62-65)			6
67 ORGANS TRANSPLANTED		5	293,508
68 ORGANS SOLD TO OTHER HOSPITALS			
69 ORGANS SOLD TO OPOS		1	12,617
70 ORGANS SOLD TO TRANSPLANT HOSPITALS			
71 ORGANS SOLD TO MILITARY OR VA HOSPS			
72 ORGANS SOLD OUTSIDE UNITED STATES			
73 ORGANS SENT OUTSIDE U.S. NO REVENUE			
74 ORGANS USED FOR RESEARCH			
75 UNUSABLE/DISCARDED ORGANS			
76 TOTAL (SUM LNS 67-75 SHOULD = LN 66)		6	

- (1) Organs procured outside your center by a procurement team from your center are not to be included in the count.
 (2) Organs procured outside your center by a procurement team are included in the count.

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	118,660,369	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	42,043,938	
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	7,407,534	
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	2,536,397	
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)	10,683,477	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	1,165.19	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.	563.66	
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)	52.59	
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)	-13.02	
		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)	603.23	
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	621.73	
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)	603.23	
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE	605.39	
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	607.55	
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).	605.39	
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)	.519563	
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	.510947	
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19. (SEE INST)	.510947	
3.21 I ME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1	30,964,798	
3.22 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)	10,949,822	
3.23 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	SUM OF LINES 3.21 - 3.23	PLUS E-3, PT VI, LINE 23
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).	41,914,620	41,914,620
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	8.44	
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I	22.68	
4.02 SUM OF LINES 4 AND 4.01	31.12	
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)	14.89	
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	23,928,871	
5 ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGS 302, 316, 317 OR MS-DRGS 652, 682 - 685. (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
26-0032	FROM 1/ 1/2008	5/25/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET E
26-0032		PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
HOSPITAL

DESCRIPTION	1	1.01
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		
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, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)		
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	237,231,275	
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)		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	237,231,275	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	19,016,941	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)	21,305,088	
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	400,000	
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST	10,860,861	
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS	1,945,715	
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS	139,594	
16 TOTAL	290,899,474	
17 PRIMARY PAYER PAYMENTS	436,852	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	290,462,622	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	11,567,785	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	1,461,432	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	5,298,387	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	3,708,871	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	3,093,700	
22 SUBTOTAL	281,142,276	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	281,142,276	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	278,415,344	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	2,726,932	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	8,540,000	
----- 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

PROVIDER NO:	PERIOD:	PREPARED
26-0032	FROM 1/ 1/2008	5/25/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET E
26-0032		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	70,809
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	55,669,149
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	51,410,357
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.	50,719
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	70,809
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	310,159
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	310,159
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)	310,159
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	239,350
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	70,809
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	51,461,076
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	170,099
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	12,433,576
19	SUBTOTAL (SEE INSTRUCTIONS)	38,928,210
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	4,411,222
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	43,339,432
24	PRIMARY PAYER PAYMENTS	20,749
25	SUBTOTAL	43,318,683
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)		
26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	43,318,683
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	43,318,683
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	43,923,680
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-604,997
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
26-0032	FROM 1/ 1/2008	5/25/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET E
26-S032		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

SUBPROVIDER 1

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	808,396
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	836,341
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.	392
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)	836,733

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	193,863
19	SUBTOTAL (SEE INSTRUCTIONS)	642,870
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	642,870
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	642,870

REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	642,870
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	642,870
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	642,478
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	392
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 26-0032
 COMPONENT NO: 26-S032
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/25/2009
 WORKSHEET E-1

TITLE XVII SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		4,402,912		642,478
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS		NONE		NONE
TO BE COMPLETED BY INTERMEDIARY		4,402,912		642,478
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		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		NONE		NONE
SETTLEMENT TO PROVIDER		.01		392
SETTLEMENT TO PROGRAM		.02	115,121	
7 TOTAL MEDICARE PROGRAM LIABILITY			4,287,791	642,870

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

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.

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 26-0032
 COMPONENT NO: 26-5439
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/25/2009
 WORKSHEET E-1

TITLE XVIII SNF

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		4,929,247		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS			NONE	NONE
			4,929,247	
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		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)			NONE	NONE
SETTLEMENT TO PROVIDER		.01		
SETTLEMENT TO PROGRAM		.02		
			6,384	
7 TOTAL MEDICARE PROGRAM LIABILITY			4,922,863	

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

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.

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
SUBPROVIDER 1

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)		
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)		
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT		
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)		
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)		
1.05	OUTLIER PAYMENTS		
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)		
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		
	INPATIENT PSYCHIATRIC FACILITY (IPF)		
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)		4,077,171
1.09	NET IPF PPS OUTLIER PAYMENTS		167,683
1.10	NET IPF PPS ECT PAYMENTS		73,046
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)		4.26
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)		
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		6.66
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		4.26
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)		36.428962
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1)\}$.		.058608
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).		238,955
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)		4,556,855
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)		
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)		
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)		
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)		4,556,855
	INPATIENT REHABILITATION FACILITY (IRF)		
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)		
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)		
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)		
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.39/1.40)) \text{ RAISED TO THE POWER OF } .9012 - 1)\}$.		
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).		
2	ORGAN ACQUISITION		
3	COST OF TEACHING PHYSICIANS		
4	SUBTOTAL (SEE INSTRUCTIONS)		4,556,855
5	PRIMARY PAYER PAYMENTS		
6	SUBTOTAL		4,556,855
7	DEDUCTIBLES		290,464
8	SUBTOTAL		4,266,391
9	COINSURANCE		176,232
10	SUBTOTAL		4,090,159
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)		
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
12	SUBTOTAL		4,090,159
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		197,632
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
15	OTHER ADJUSTMENTS (SPECIFY)		
15.99	OUTLIER RECONCILIATION ADJUSTMENT		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
26-0032	FROM 1/ 1/2008	5/25/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET E-3
26-S032		PART I

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
SUBPROVIDER 1

16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	4,287,791
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	4,402,912
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	-115,121
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
26-0032	FROM 1/ 1/2008	5/25/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET E-3
26-5439		PART III

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

	TITLE XVIII	SNF	PPS TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES			
2	MEDICAL AND OTHER SERVICES			
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL			
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL			
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES			
11	ANCILLARY SERVICE CHARGES			
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES			
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
	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)			
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES			
	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			
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			
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL			
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)			
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			
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS			
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM			

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
26-0032	FROM 1/ 1/2008	5/25/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET E-3
26-5439		PART III

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

TITLE XVIII

SNF

PPS
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

59 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)
IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
26-0032	FROM 1/ 1/2008	5/25/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET E-3
-		PART III

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

	TITLE XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES			
2	MEDICAL AND OTHER SERVICES			
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL			
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL			
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES			
11	ANCILLARY SERVICE CHARGES			
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES			
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR 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)			
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES			
24	PROSPECTIVE PAYMENT AMOUNT			
25	OTHER THAN OUTLIER PAYMENTS			
26	OUTLIER PAYMENTS			
27	PROGRAM CAPITAL PAYMENTS			
28	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
29	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
30	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
31	SUBTOTAL			
32	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
33	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30			
	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL			
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)			
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			
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS			
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM			

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
26-0032	FROM 1/ 1/2008	5/25/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET E-3
-		PART III

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

TITLE XIX

HOSPITAL

OTHER
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

59 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)
IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
26-0032	FROM 1/ 1/2008	5/25/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET E-3
26-S032		PART III

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

	TITLE XIX	SUBPROVIDER 1	OTHER TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES			
2	MEDICAL AND OTHER SERVICES			
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL			
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL			
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES			
11	ANCILLARY SERVICE CHARGES			
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES			
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR 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)			
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES			
	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			
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			
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL			
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)			
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 OTHER ADJUSTMENTS (SPECIFY)			
50	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
51	SUBTOTAL			
52	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
53	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
54	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
55	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
56	INTERIM PAYMENTS			
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM			

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
26-0032	FROM 1/ 1/2008	5/25/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET E-3
26-S032		PART III

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

TITLE XIX

SUBPROVIDER 1

OTHER
 TITLE V OR
 TITLE XIX
 1

TITLE XVIII
 SNF PPS
 2

59 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)
 IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
26-0032	FROM 1/ 1/2008	5/25/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET E-3
26-5439		PART III

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

	TITLE XIX	NF	OTHER TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES			
2			739,157	
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			739,157	
8	SUBTOTAL			
9			739,157	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES			
11			429,549	
12	ANCILLARY SERVICE CHARGES			
13			24,499	
14	INTERNS AND RESIDENTS SERVICE CHARGES			
15	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
16	TEACHING PHYSICIANS			
17	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
18			454,048	
19	TOTAL REASONABLE CHARGES			
20			454,048	
	CUSTOMARY CHARGES			
21	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
22	PAYMENT FOR SERVICES ON A CHARGE BASIS			
23	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
24	FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT			
25	BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
26	RATIO OF LINE 17 TO LINE 18			
27	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
28			454,048	
29	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
30			285,109	
31	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
32			739,157	
33	COST OF COVERED SERVICES			
34			739,157	
	PROSPECTIVE PAYMENT AMOUNT			
35	OTHER THAN OUTLIER PAYMENTS			
36	OUTLIER PAYMENTS			
37	PROGRAM CAPITAL PAYMENTS			
38	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
39	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
40	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
41			739,157	
42	SUBTOTAL			
43			739,157	
44	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
45	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE			
46	XVIII ENTER AMOUNT FROM LINE 30			
47			739,157	
48	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
49			285,109	
50	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
51	EXCESS OF REASONABLE COST			
52			454,048	
53	SUBTOTAL			
54			454,048	
55	COINSURANCE			
56	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
57	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
58	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING			
59	BEFORE 10/01/05 (SEE INSTRUCTIONS)			
60	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
61	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING			
62	ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
63			454,048	
64	UTILIZATION REVIEW			
65	SUBTOTAL (SEE INSTRUCTIONS)			
66			454,048	
67	INPATIENT ROUTINE SERVICE COST			
68	MEDICARE INPATIENT ROUTINE CHARGES			
69	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
70	PAYMENT FOR SERVICES ON A CHARGE BASIS			
71	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
72	FOR PAYMENT OF PART A SERVICES			
73	RATIO OF LINE 43 TO 44			
74	TOTAL CUSTOMARY CHARGES			
75			454,048	
76	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
77			454,048	
78	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
79	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER			
80	TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
81	OTHER ADJUSTMENTS (SPECIFY)			
82	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS			
83	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
84			454,048	
85	SUBTOTAL			
86			454,048	
87	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
88	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
89			454,048	
90	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
91			463,530	
92	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
93			463,530	
94	INTERIM PAYMENTS			
95			463,530	
96	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
97			-9,482	
98	BALANCE DUE PROVIDER/PROGRAM			

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
26-0032	FROM 1/ 1/2008	5/25/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET E-3
26-5439		PART III

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

TITLE XIX

NF

OTHER
 TITLE V OR
 TITLE XIX
 1

TITLE XVIII
 SNF PPS
 2

59 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)
 IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.

TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)		
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY		
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)		
3	AGGREGATE APPROVED AMOUNT		
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96		584.03
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)		52.59
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4).	E-3, PT 6 LN 4 + LINE 3.03	-12.21
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)		624.41
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		630.64
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		624.41
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		163.70
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		401.33
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		565.03
3.10	SEE INSTRUCTIONS		559.45
3.11	WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		
3.12	SEE INSTRUCTIONS		397.37
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		388.90
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		384.88
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	390.38
3.16	ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS)		390.38
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		110,011.85
3.18	SEE INSTRUCTIONS		42,946,426
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		159.92
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		169.55
3.21	SEE INSTRUCTIONS	RES INIT YEARS	163.85
3.22	SEE INSTRUCTIONS		163.85
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		116,179.61
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		19,036,029
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		61,982,455

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		112,947
5	TOTAL INPATIENT DAYS		287,176
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.393302
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	24,377,824	24,377,824
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		7,222
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		287,176
6.04	ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS)		100.00
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.		1,338,486
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)		
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	PRIOR TO 422 E-3, 6 LN 12	100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD		

DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY

7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS		1,176
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES		14,861,894

TITLE XVIII

9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES	.000079
10	MEDICARE OUTPATIENT ESRD CHARGES	
11	MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS	

APPORTIONMENT BASED ON MEDICARE REASONABLE COST TITLE XVIII ONLY
 PART A REASONABLE COST

12	REASONABLE COST (SEE INSTRUCTIONS)	262,837,442
13	ORGAN ACQUISITION COSTS	10,860,861
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	436,852
16	TOTAL PART A REASONABLE COST	273,261,451

PART B REASONABLE COST

17	REASONABLE COST	56,599,465
18	PRIMARY PAYER PAYMENTS	20,749
19	TOTAL PART B REASONABLE COST	56,578,716
20	TOTAL REASONABLE COST	329,840,167
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.828466
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.171534

ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B

23	TOTAL PROGRAM GME PAYMENT	
23.01	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 10/1/97 (SUM OF LINES 6.01, 6.05, & 6.08)	25,716,310
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	21,305,088
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	4,411,222

TITLE XIX

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)		
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY		
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)		
3	AGGREGATE APPROVED AMOUNT		
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96		584.03
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)		52.59
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4).	E-3, PT 6 LN 4 + LINE 3.03	-12.21
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)		624.41
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		630.64
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		624.41
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		163.70
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		401.33
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		565.03
3.10	SEE INSTRUCTIONS		559.45
3.11	WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		
3.12	SEE INSTRUCTIONS		397.37
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		388.90
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		384.88
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	390.38
3.16	ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS)		390.38
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		110,011.85
3.18	SEE INSTRUCTIONS		42,946,426
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		159.92
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		169.55
3.21	SEE INSTRUCTIONS	RES INIT YEARS	163.85
3.22	SEE INSTRUCTIONS		163.85
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		116,179.61
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		19,036,029
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		61,982,455

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		33,024
5	TOTAL INPATIENT DAYS		287,176
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.114996
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	7,127,734	7,127,734
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		33,036
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		287,176
6.04	ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS)		100.00
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.		6,122,768
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)		
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	PRIOR TO 422 E-3, 6 LN 12	100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD		

DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY

7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES

TITLE XIX

- 9 RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES
- 10 MEDICARE OUTPATIENT ESRD CHARGES
- 11 MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS

APPORTIONMENT BASED ON MEDICARE REASONABLE COST TITLE XVIII ONLY
PART A REASONABLE COST

- 12 REASONABLE COST (SEE INSTRUCTIONS)
- 13 ORGAN ACQUISITION COSTS
- 14 COST OF TEACHING PHYSICIANS
- 15 PRIMARY PAYER PAYMENTS
- 16 TOTAL PART A REASONABLE COST

PART B REASONABLE COST

- 17 REASONABLE COST
- 18 PRIMARY PAYER PAYMENTS
- 19 TOTAL PART B REASONABLE COST
- 20 TOTAL REASONABLE COST
- 21 RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST
- 22 RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST

ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B

- 23 TOTAL PROGRAM GME PAYMENT
- 23.01 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 10/1/97
(SUM OF LINES 6.01, 6.05, & 6.08)
- 24 PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY
- 25 PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY

13,250,502

	GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS				
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	445,462,329			
5 OTHER RECEIVABLES				
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-251,742,314			
7 INVENTORY	34,680,147			
8 PREPAID EXPENSES	6,387,859			
9 OTHER CURRENT ASSETS				
10 DUE FROM OTHER FUNDS	7,892,439			
11 TOTAL CURRENT ASSETS	242,680,460			
FIXED ASSETS				
12 LAND	20,790,512			
12.01 LAND IMPROVEMENTS	7,432,607			
13.01 LESS ACCUMULATED DEPRECIATION	-4,501,950			
14 BUILDINGS	467,157,923			
14.01 LESS ACCUMULATED DEPRECIATION	-153,689,729			
15 LEASEHOLD IMPROVEMENTS	20,939,549			
15.01 LESS ACCUMULATED DEPRECIATION	-16,801,424			
16 FIXED EQUIPMENT	610,917,443			
16.01 LESS ACCUMULATED DEPRECIATION	-373,543,799			
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT	351,845,239			
18.01 LESS ACCUMULATED DEPRECIATION	-273,335,039			
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	657,211,332			
OTHER ASSETS				
22 INVESTMENTS	8,476,092			
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	964,419,466			
26 TOTAL OTHER ASSETS	972,895,558			
27 TOTAL ASSETS	1872,787,350			

BALANCE SHEET

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	36,204,911			
29 SALARIES, WAGES & FEES PAYABLE	52,024,443			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	8,702,617			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	471,414,328			
35 OTHER CURRENT LIABILITIES	1,532,527			
36 TOTAL CURRENT LIABILITIES	569,878,826			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	85,162,649			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	280,185,413			
42 TOTAL LONG-TERM LIABILITIES	365,348,062			
43 TOTAL LIABILITIES	935,226,888			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	937,560,462			
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	937,560,462			
52 TOTAL LIABILITIES AND FUND BALANCES	1872,787,350			

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		1,388,771,166		
2	NET INCOME (LOSS)		-451,210,707		
3	TOTAL		937,560,459		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6	ROUNDING	3			
7					
8					
9					
10	TOTAL ADDITIONS		3		
11	SUBTOTAL		937,560,462		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		937,560,462		

		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	ADDITIONS (CREDIT ADJUSTM				
6	ROUNDING				
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL				
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 26-0032
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/25/2009
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	2872,902,618
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	1629,819,805
3	NET PATIENT REVENUES	1243,082,813
4	LESS: TOTAL OPERATING EXPENSES	1233,479,281
5	NET INCOME FROM SERVICE TO PATIENTS	9,603,532
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	1,038,714
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	2,975,360
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	11,923,808
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	972,159
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	830,994
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	11,255,022
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	6,544,497
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	130,583
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER	1,819,446
25	TOTAL OTHER INCOME	37,490,583
26	TOTAL	47,094,115
	OTHER EXPENSES	
27	LOSS ON SALE OF ASSETS	3,733
28	EXTRAORDINARY ITEM	149,332,671
29	LOSS ON INVESTMENTS	348,968,418
30	TOTAL OTHER EXPENSES	498,304,822
31	NET INCOME (OR LOSS) FOR THE PERIOD	-451,210,707

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED
26-0032	FROM 1/ 1/2008	5/25/2009
COMPONENT NO:	TO 12/31/2008	WORKSHEET L
26-0032		PARTS I-IV

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	13,496,513
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	1,181,299
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	748.20
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	605.39
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	25.65
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	3,461,856
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	8.44
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	22.68
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	31.12
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	6.50
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	877,273
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	19,016,941
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)	