

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		26-3301		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: 5/28/2009 TIME 14:29

PART I - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY: ST. LOUIS CHILDREN'S HOSPITAL 26-3301 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	TITLE XVIII	B	TITLE XIX
		1	2	3	4	
1	HOSPITAL	0	264,534	139,197	12,409,208	
100	TOTAL	0	264,534	139,197	12,409,208	

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: ONE CHILDREN'S PLACE P.O. BOX:
 1.01 CITY: ST. LOUIS STATE: MO ZIP CODE: 63110- COUNTY: ST. LOUIS

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P, T, O OR N)
02.00 HOSPITAL	ST. LOUIS CHILDREN'S HOSPITAL	26-3301	2.01	7/1/1966	V XVIII XIX
16.00 RENAL DIALYSIS	ST. LOUIS CHILDREN'S HOSPITAL	26-2309		1/1/1974	4 5 6 0 T 0

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 1/1/2008 TO: 12/31/2008 1 2
 18 TYPE OF CONTROL 2

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 7
 20 SUBPROVIDER

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42.412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? N

21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N N

21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1

21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1

21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER "Y" FOR YES, AND "N" FOR NO. Y

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N

23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW. Y

23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. 6/30/1977 / /

23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /

23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy) / /

24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER: ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /

25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? Y

25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-1, CHAPTER 4? Y

25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART 11. Y

25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-1, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N

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

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

HOSPITAL RENAL DIALYSIS DEPARTMENT
 STATISTICAL DATA

PROVIDER NO: 26-3301
 SATELLITE NO:
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/28/2009
 WORKSHEET S-5

DESCRIPTION	----- OUTPATIENT -----		----- TRAINING -----		----- HOME -----	
	REGULAR 1	HIGH FLUX 2	HEMO- DIALYSIS 3	CAPD CCPD 4	HEMO- DIALYSIS 5	CAPD CCPD 6
1 NUMBER OF PATIENTS IN PROGRAM AT END OF COST REPORTING PERIOD		6				8
2 NUMBER OF TIMES PER WEEK PATIENT RECEIVES DIALYSIS	3.00					7.00
3 AVERAGE PATIENT DIALYSIS TIME INCLUDING SETUP	4.20					
4 CAPD EXCHANGES PER DAY						5.00
5 NUMBER OF DAYS IN YEAR DIALYSIS FURNISHED	366					
6 NUMBER OF STATIONS	5					
7 TREATMENT CAPACITY PER DAY PER STATION	2					
8 UTILIZATION (SEE INSTRUCTIONS)						
9 AVERAGE TIMES DIALYZERS RE-USED						
10 PERCENTAGE OF PATIENTS RE-USING DIALYZERS						
TRANSPLANT INFORMATION						
11 NUMBER OF PATIENTS ON TRANSPLANT LIST		3				
12 NUMBER OF PATIENTS TRANSPLANTED DURING THE COST REPORTING PERIOD		3				
EPOIETIN						
13 NET COSTS OF EPOIETIN FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER		80,730				
13 . 1 EPOIETIN AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM						
14 NUMBER OF EPO UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT		255				
14 . 1 NUMBER OF EPO UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT						
PHYSICIAN PAYMENT METHOD (ENTER "X" IF METHOD(S) IS APPLICABLE)						
15 MCP [X] INITIAL METHOD []						
ARANESP						
16 NET COSTS OF ARANESP FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER						
17 ARANESP AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM						
18 NUMBER OF ARANESP UNITS FURNISHED RELATING TO RENAL DIALYSIS DEPARTMENT						
19 NUMBER OF ARANESP UNITS FURNISHED RELATING TO HOME DIALYSIS DEPARTMENT						

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT				14,246,772	14,246,772
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				17,740,323	17,740,323
5	0500 EMPLOYEE BENEFITS	2,628,228	22,125,962	24,754,190	-1,147,341	23,606,849
6.01	0640 ADMITTING	927,125	237,106	1,164,231	-17,250	1,146,981
6.02	0660 OTHER ADMINISTRATIVE AND GENERAL	16,409,243	100,424,406	116,833,649	-57,649,126	59,184,523
7	0700 MAINTENANCE & REPAIRS	316,622	950,163	1,266,785	-501,656	765,129
8	0800 OPERATION OF PLANT	1,644,053	4,007,733	5,651,786	-632,429	5,019,357
9	0900 LAUNDRY & LINEN SERVICE		147,003	147,003		147,003
10	1000 HOUSEKEEPING	2,752,891	1,100,262	3,853,153	-14,996	3,838,157
11	1100 DIETARY				696,310	696,310
12	1200 CAFETERIA	2,259,784	3,856,957	6,116,741	354,174	6,470,915
14	1400 NURSING ADMINISTRATION	3,669,297	876,922	4,546,219	-23,337	4,522,882
15	1500 CENTRAL SERVICES & SUPPLY				3,306,345	3,306,345
16	1600 PHARMACY				12,309,528	12,309,528
17	1700 MEDICAL RECORDS & LIBRARY	1,891,843	695,929	2,587,772	-12,272	2,575,500
18	1800 SOCIAL SERVICE	1,227,441	244,447	1,471,888	-4,063	1,467,825
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD	4,705,129	3,539,765	8,244,894	29,800,308	38,045,202
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	17,109,675	5,145,805	22,255,480	-1,899,645	20,355,835
26	2600 INTENSIVE CARE UNIT	8,825,032	2,655,306	11,480,338	-189,301	11,291,037
26.01	2060 NEONATAL INTENSIVE CARE UNIT	14,567,645	2,637,650	17,205,295	113,898	17,319,193
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	5,715,692	18,822,293	24,537,985	-14,064,900	10,473,085
38	3800 RECOVERY ROOM	1,111,422	253,125	1,364,547	532,629	1,897,176
40	4000 ANESTHESIOLOGY		2,678,359	2,678,359	-1,020,297	1,658,062
41	4100 RADIOLOGY-DIAGNOSTIC	3,034,613	1,300,594	4,335,207	116,629	4,451,836
44	4400 LABORATORY	4,695,005	10,701,414	15,396,419	-685,053	14,711,366
49	4900 RESPIRATORY THERAPY	2,676,000	1,830,147	4,506,147	-1,242,208	3,263,939
50	5000 PHYSICAL THERAPY	3,549,642	604,627	4,154,269	-107,974	4,046,295
53	5300 ELECTROCARDIOLOGY		1,711,749	1,711,749	2,056	1,713,805
54	5400 ELECTROENCEPHALOGRAPHY	313,440	56,238	369,678	-1,693	367,985
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	805,944	2,944,514	3,750,458	13,912,441	17,662,899
56	5600 DRUGS CHARGED TO PATIENTS	5,305,353	14,123,668	19,429,021	-12,277,376	7,151,645
57	5700 RENAL DIALYSIS	357,767	388,666	746,433	99,815	846,248
59	3120 CARDIAC CATHETERIZATION LABORATORY	578,216	1,354,131	1,932,347	-972,161	960,186
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC	4,402,611	2,777,756	7,180,367	116,823	7,297,190
61	6100 EMERGENCY	4,360,810	3,252,572	7,613,382	-403,799	7,209,583
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
65	6500 AMBULANCE SERVICES	1,767,802	1,871,690	3,639,492	-472,367	3,167,125
68	5950 SAME DAY SURGERY	1,827,209	407,105	2,234,314	-6,266	2,228,048
71	7100 HOME HEALTH AGENCY					
	SPEC PURPOSE COST CENTERS					
83	8300 KIDNEY ACQUISITION		184,308	184,308		184,308
86	8600 OTHER ORGAN ACQUISITION		3,157,270	3,157,270		3,157,270
95	SUBTOTALS	119,435,534	217,065,642	336,501,176	2,541	336,503,717
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
98	9800 PHYSICIANS' PRIVATE OFFICES					
100	7950 OTHER NONREIMBURSABLE COST CENTERS	557,027	173,195	730,222	-2,541	727,681
101	TOTAL	119,992,561	217,238,837	337,231,398	-0-	337,231,398

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009
I 26-3301 I FROM 1/ 1/2008 I WORKSHEET A
I I TO 12/31/2008 I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
3	0300 NEW CAP REL COSTS-BLDG & FIXT	-4,520,763	9,726,009
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	-1,645,794	16,094,529
5	0500 EMPLOYEE BENEFITS	497,488	24,104,337
6.01	0640 ADMITTING	-6,085	1,140,896
6.02	0660 OTHER ADMINISTRATIVE AND GENERAL	3,383,780	62,568,303
7	0700 MAINTENANCE & REPAIRS	-5,689	759,440
8	0800 OPERATION OF PLANT		5,019,357
9	0900 LAUNDRY & LINEN SERVICE		147,003
10	1000 HOUSEKEEPING	-33,622	3,804,535
11	1100 DIETARY		696,310
12	1200 CAFETERIA	-4,369,229	2,101,686
14	1400 NURSING ADMINISTRATION	-67,177	4,455,705
15	1500 CENTRAL SERVICES & SUPPLY		3,306,345
16	1600 PHARMACY		12,309,528
17	1700 MEDICAL RECORDS & LIBRARY	-406,130	2,169,370
18	1800 SOCIAL SERVICE	-29,814	1,438,011
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD INPAT ROUTINE SRVC CNTRS	-2,919,105	35,126,097
25	2500 ADULTS & PEDIATRICS	-159,044	20,196,791
26	2600 INTENSIVE CARE UNIT	-65,115	11,225,922
26.01	2060 NEONATAL INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS	-36,785	17,282,408
37	3700 OPERATING ROOM	-160,866	10,312,219
38	3800 RECOVERY ROOM		1,897,176
40	4000 ANESTHESIOLOGY	-1,368,619	289,443
41	4100 RADIOLOGY-DIAGNOSTIC	-595,836	3,856,000
44	4400 LABORATORY	-104,098	14,607,268
49	4900 RESPIRATORY THERAPY	-6,465	3,257,474
50	5000 PHYSICAL THERAPY	-68,870	3,977,425
53	5300 ELECTROCARDIOLOGY		1,713,805
54	5400 ELECTROENCEPHALOGRAPHY		367,985
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		17,662,899
56	5600 DRUGS CHARGED TO PATIENTS	-489,995	6,661,650
57	5700 RENAL DIALYSIS	-500	845,748
59	3120 CARDIAC CATHETERIZATION LABORATORY OUTPAT SERVICE COST CNTRS	25,690	985,876
60	6000 CLINIC	-653,034	6,644,156
61	6100 EMERGENCY	-1,263,488	5,946,095
62	6200 OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS		
65	6500 AMBULANCE SERVICES	-298,061	2,869,064
68	5950 SAME DAY SURGERY	150	2,228,198
71	7100 HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS		
83	8300 KIDNEY ACQUISITION		184,308
86	8600 OTHER ORGAN ACQUISITION		3,157,270
95	SUBTOTALS NONREIMBURS COST CENTERS	-15,367,076	321,136,641
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
98	9800 PHYSICIANS' PRIVATE OFFICES		
100	7950 OTHER NONREIMBURSABLE COST CENTERS		727,681
101	TOTAL	-15,367,076	321,864,322

COST CENTERS USED IN COST REPORT

PROVIDER NO: 26-3301
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/28/2009
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	ADMINISTRATIVE	0640	ADMINISTRATIVE
6.02	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
26.01	NEONATAL INTENSIVE CARE UNIT	2060	NEONATAL INTENSIVE CARE UNIT
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
59	CARDIAC CATHETERIZATION LABORATORY	3120	CARDIAC CATHETERIZATION LABORATORY
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
68	SAME DAY SURGERY	5950	OTHER REIMBURSABLE COST CENTERS
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
83	KIDNEY ACQUISITION	8300	
86	OTHER ORGAN ACQUISITION	8600	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
98	PHYSICIANS' PRIVATE OFFICES	9800	
100	OTHER NONREIMBURSABLE COST CENTERS	7950	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
263301

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

PREPARED 5/28/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 RENTAL EXPENSE	A	NEW CAP REL COSTS-MVBLE EQUIP	4		2,651,893
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27 MALPRACTICE INSURANCE	B	OTHER ADMINISTRATIVE AND GENERAL	6.02		435,906
28					
29					
30 PROPERTY INSURANCE	C	NEW CAP REL COSTS-BLDG & FIXT	3		405,110
31		NEW CAP REL COSTS-MVBLE EQUIP	4		125,340
32 AUTO INSURANCE	D	OTHER ADMINISTRATIVE AND GENERAL	6.02		6,000
33 INTEREST EXPENSE	E	NEW CAP REL COSTS-BLDG & FIXT	3		3,715,654
34		NEW CAP REL COSTS-MVBLE EQUIP	4		1,352,685
35 DEPRECIATION	F	NEW CAP REL COSTS-BLDG & FIXT	3		10,126,008
1 DEPRECIATION	F	NEW CAP REL COSTS-MVBLE EQUIP	4		13,610,405
2 HOUSEKEEPING	G	OTHER ADMINISTRATIVE AND GENERAL	6.02		14,952
3 INFECTION SURVEILLANCE	H	INTENSIVE CARE UNIT	26	26,331	11,017
4		NEONATAL INTENSIVE CARE UNIT	26.01	60,991	25,520
5 LIBRARY	I	INTENSIVE CARE UNIT	26		13,349
6		NEONATAL INTENSIVE CARE UNIT	26.01		30,921
7 CENTRAL SERVICE	J	CENTRAL SERVICES & SUPPLY	15	805,944	2,500,401
8 PHARMACY	K	PHARMACY	16	5,305,353	7,004,175
9 TEACHING SERVICE	L	I&R SERVICES-SALARY & FRINGES APPRVD	22		29,800,955
10 TELEPHONE	M	OTHER ADMINISTRATIVE AND GENERAL	6.02		41,138
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					

RECLASSIFICATIONS

PROVIDER NO:
263301

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

PREPARED 5/28/2009
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 TELEPHONE	M				
2					
3 DIETARY	N	DIETARY	11	257,247	439,063
4 MAINTENANCE AND OPERATIONS	O	OTHER ADMINISTRATIVE AND GENERAL	6.02	752,269	364,558
5					
6 PATIENT SERVICE SUPPLIES	P	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		18,634,916
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18 BURN PATIENTS	Q	CLINIC	60		549,366
19 EXTENDED RECOVERY	R	RECOVERY ROOM	38		530,330
20 FAMILY CENTER CARE	T	INTENSIVE CARE UNIT	26	7,687	6,563
21		NEONATAL INTENSIVE CARE UNIT	26.01	17,805	15,203
22 CAFETERIA DISCOUNT	U	CAFETERIA	12		1,059,751
23 NONBILLABLE PHARMACY RECLASS	V	DRUGS CHARGED TO PATIENTS	56		444,838
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
1 NONBILLABLE PHARMACY RECLASS	V				
2					
3					
4					
5					
6					
7 EPOETIN	W	RENAL DIALYSIS	57		119,587
8 BILLABLE PHARMACY	X	DRUGS CHARGED TO PATIENTS	56		98,665
9					
10					
11					
12					
13 LAB AFFILIATE BILLINGS	Y	OPERATING ROOM	37		114,243
14		RECOVERY ROOM	38		2,695
15		ANESTHESIOLOGY	40		8,376
16		RADIOLOGY-DIAGNOSTIC	41		190,227
17		RESPIRATORY THERAPY	49		482
18		ELECTROCARDIOLOGY	53		2,056
19		MEDICAL SUPPLIES CHARGED TO PATIENTS	55		129,548
20		DRUGS CHARGED TO PATIENTS	56		62,437
36 TOTAL RECLASSIFICATIONS				7,233,627	94,644,333

(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:
263301

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

PREPARED 5/28/2009
WORKSHEET A-6

----- DECREASE -----						A-7
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER	REF
	1	6	7	8	9	10
1 RENTAL EXPENSE	A	EMPLOYEE BENEFITS	5		2,652	10
2		ADMINISTRATIVE	6.01		14,790	
3		OTHER ADMINISTRATIVE AND GENERAL	6.02		80,499	
4		MAINTENANCE & REPAIRS	7		15,465	
5		OPERATION OF PLANT	8		1,346	
6		CAFETERIA	12		8,543	
7		NURSING ADMINISTRATION	14		20,430	
8		MEDICAL RECORDS & LIBRARY	17		6,788	
9		SOCIAL SERVICE	18		2,727	
10		ADULTS & PEDIATRICS	25		22,875	
11		INTENSIVE CARE UNIT	26		126,579	
12		NEONATAL INTENSIVE CARE UNIT	26.01		32,765	
13		OPERATING ROOM	37		179,568	
14		RADIOLOGY-DIAGNOSTIC	41		6,255	
15		LABORATORY	44		8,490	
16		RESPIRATORY THERAPY	49		74,212	
17		PHYSICAL THERAPY	50		10,012	
18		ELECTROENCEPHALOGRAPHY	54		397	
19		MEDICAL SUPPLIES CHARGED TO PATIENTS	55		1,545,549	
20		DRUGS CHARGED TO PATIENTS	56		453,545	
21		CARDIAC CATHETERIZATION LABORATORY	59		801	
22		CLINIC	60		22,515	
23		EMERGENCY	61		8,990	
24		AMBULANCE SERVICES	65		420	
25		SAME DAY SURGERY	68		3,139	
26		OTHER NONREIMBURSABLE COST CENTERS	100		2,541	
27 MALPRACTICE INSURANCE	B	EMERGENCY	61		389,463	
28		AMBULANCE SERVICES	65		16,800	
29		CLINIC	60		29,643	
30 PROPERTY INSURANCE	C	OTHER ADMINISTRATIVE AND GENERAL	6.02		530,450	10
31						10
32 AUTO INSURANCE	D	AMBULANCE SERVICES	65		6,000	
33 INTEREST EXPENSE	E	OTHER ADMINISTRATIVE AND GENERAL	6.02		5,068,339	11
34						11
35 DEPRECIATION	F	OTHER ADMINISTRATIVE AND GENERAL	6.02		23,736,413	9
1 DEPRECIATION	F					9
2 HOUSEKEEPING	G	HOUSEKEEPING	10		14,952	
3 INFECTION SURVEILLANCE	H	ADULTS & PEDIATRICS	25	87,322	36,537	
4						
5 LIBRARY	I	ADULTS & PEDIATRICS	25		44,270	
6						
7 CENTRAL SERVICE	J	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	805,944	2,500,401	
8 PHARMACY	K	DRUGS CHARGED TO PATIENTS	56	5,305,353	7,004,175	
9 TEACHING SERVICE	L	OTHER ADMINISTRATIVE AND GENERAL	6.02		29,800,955	
10 TELEPHONE	M	EMPLOYEE BENEFITS	5		58	
11		ADMINISTRATIVE	6.01		2,460	
12		MAINTENANCE & REPAIRS	7		152	
13		OPERATION OF PLANT	8		295	
14		HOUSEKEEPING	10		44	
15		CAFETERIA	12		559	
16		NURSING ADMINISTRATION	14		2,777	
17		MEDICAL RECORDS & LIBRARY	17		5,484	
18		SOCIAL SERVICE	18		1,336	
19		I&R SERVICES-SALARY & FRINGES APPRVD	22		557	
20		ADULTS & PEDIATRICS	25		4,809	
21		INTENSIVE CARE UNIT	26		2,364	
22		NEONATAL INTENSIVE CARE UNIT	26.01		1,658	
23		OPERATING ROOM	37		689	
24		RECOVERY ROOM	38		396	
25		RADIOLOGY-DIAGNOSTIC	41		346	
26		LABORATORY	44		492	
27		RESPIRATORY THERAPY	49		103	
28		PHYSICAL THERAPY	50		6,385	
29		ELECTROENCEPHALOGRAPHY	54		183	
30		MEDICAL SUPPLIES CHARGED TO PATIENTS	55		129	
31		DRUGS CHARGED TO PATIENTS	56		656	
32		RENAL DIALYSIS	57		144	
33		CARDIAC CATHETERIZATION LABORATORY	59		122	
34		CLINIC	60		4,575	
35		EMERGENCY	61		617	

RECLASSIFICATIONS

PROVIDER NO:
263301

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

PREPARED 5/28/2009
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1)	DECREASE				A-7 REF 10
		COST CENTER 6	LINE NO 7	SALARY 8	OTHER 9	
1 TELEPHONE	M	AMBULANCE SERVICES	65		621	
2		SAME DAY SURGERY	68		3,127	
3 DIETARY	N	CAFETERIA	12	257,247	439,063	
4 MAINTENANCE AND OPERATIONS	O	MAINTENANCE & REPAIRS	7	121,481	364,558	
5		OPERATION OF PLANT	8	630,788		
6 PATIENT SERVICE SUPPLIES	P	ADULTS & PEDIATRICS	25		622,532	
7		INTENSIVE CARE UNIT	26		125,229	
8		OPERATING ROOM	37		13,994,377	
9		ANESTHESIOLOGY	40		703,992	
10		RADIOLOGY-DIAGNOSTIC	41		44,525	
11		LABORATORY	44		129,558	
12		RESPIRATORY THERAPY	49		1,168,231	
13		PHYSICAL THERAPY	50		91,577	
14		RENAL DIALYSIS	57		726	
15		CARDIAC CATHETERIZATION LABORATORY	59		934,301	
16		CLINIC	60		371,398	
17		AMBULANCE SERVICES	65		448,470	
18 BURN PATIENTS	Q	ADULTS & PEDIATRICS	25		549,366	
19 EXTENDED RECOVERY	R	ADULTS & PEDIATRICS	25		530,330	
20 FAMILY CENTER CARE	T	OTHER ADMINISTRATIVE AND GENERAL	6.02	25,492	21,766	
21						
22 CAFETERIA DISCOUNT	U	EMPLOYEE BENEFITS	5		1,059,751	
23 NONBILLABLE PHARMACY RECLASS	V	EMPLOYEE BENEFITS	5		84,880	
24		OTHER ADMINISTRATIVE AND GENERAL	6.02		35	
25		CAFETERIA	12		165	
26		NURSING ADMINISTRATION	14		130	
27		I&R SERVICES-SALARY & FRINGES APPRVD	22		90	
28		ADULTS & PEDIATRICS	25		1,604	
29		INTENSIVE CARE UNIT	26		76	
30		NEONATAL INTENSIVE CARE UNIT	26.01		2,119	
31		OPERATING ROOM	37		4,509	
32		ANESTHESIOLOGY	40		324,681	
33		RADIOLOGY-DIAGNOSTIC	41		975	
34		LABORATORY	44		454	
35		RESPIRATORY THERAPY	49		64	
1 NONBILLABLE PHARMACY RECLASS	V	ELECTROENCEPHALOGRAPHY	54		1,113	
2		RENAL DIALYSIS	57		18,902	
3		CARDIAC CATHETERIZATION LABORATORY	59		30	
4		CLINIC	60		226	
5		EMERGENCY	61		4,729	
6		AMBULANCE SERVICES	65		56	
7 EPOETIN	W	DRUGS CHARGED TO PATIENTS	56		119,587	
8 BILLABLE PHARMACY	X	RADIOLOGY-DIAGNOSTIC	41		21,497	
9		LABORATORY	44		35,995	
10		RESPIRATORY THERAPY	49		80	
11		CARDIAC CATHETERIZATION LABORATORY	59		36,907	
12		CLINIC	60		4,186	
13 LAB AFFILIATE BILLINGS	Y	LABORATORY	44		510,064	
14						
15						
16						
17						
18						
19						
20						
36 TOTAL RECLASSIFICATIONS				7,233,627	94,644,333	

(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:
263301

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

PREPARED 5/28/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : RENTAL EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	2,651,893	EMPLOYEE BENEFITS	5	2,652	
2.00			0	ADMINITTING	6.01	14,790	
3.00			0	OTHER ADMINISTRATIVE AND GENER	6.02	80,499	
4.00			0	MAINTENANCE & REPAIRS	7	15,465	
5.00			0	OPERATION OF PLANT	8	1,346	
6.00			0	CAFETERIA	12	8,543	
7.00			0	NURSING ADMINISTRATION	14	20,430	
8.00			0	MEDICAL RECORDS & LIBRARY	17	6,788	
9.00			0	SOCIAL SERVICE	18	2,727	
10.00			0	ADULTS & PEDIATRICS	25	22,875	
11.00			0	INTENSIVE CARE UNIT	26	126,579	
12.00			0	NEONATAL INTENSIVE CARE UNIT	26.01	32,765	
13.00			0	OPERATING ROOM	37	179,568	
14.00			0	RADIOLOGY-DIAGNOSTIC	41	6,255	
15.00			0	LABORATORY	44	8,490	
16.00			0	RESPIRATORY THERAPY	49	74,212	
17.00			0	PHYSICAL THERAPY	50	10,012	
18.00			0	ELECTROENCEPHALOGRAPHY	54	397	
19.00			0	MEDICAL SUPPLIES CHARGED TO PA	55	1,545,549	
20.00			0	DRUGS CHARGED TO PATIENTS	56	453,545	
21.00			0	CARDIAC CATHETERIZATION LABORA	59	801	
22.00			0	CLINIC	60	22,515	
23.00			0	EMERGENCY	61	8,990	
24.00			0	AMBULANCE SERVICES	65	420	
25.00			0	SAME DAY SURGERY	68	3,139	
26.00			0	OTHER NONREIMBURSABLE COST CEN	100	2,541	
TOTAL RECLASSIFICATIONS FOR CODE A			2,651,893				2,651,893

RECLASS CODE: B
EXPLANATION : MALPRACTICE INSURANCE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER ADMINISTRATIVE AND GENER	6.02	435,906	EMERGENCY	61	389,463	
2.00			0	AMBULANCE SERVICES	65	16,800	
3.00			0	CLINIC	60	29,643	
TOTAL RECLASSIFICATIONS FOR CODE B			435,906				435,906

RECLASS CODE: C
EXPLANATION : PROPERTY INSURANCE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	405,110	OTHER ADMINISTRATIVE AND GENER	6.02	530,450	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	125,340			0	
TOTAL RECLASSIFICATIONS FOR CODE C			530,450				530,450

RECLASS CODE: D
EXPLANATION : AUTO INSURANCE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER ADMINISTRATIVE AND GENER	6.02	6,000	AMBULANCE SERVICES	65	6,000	
TOTAL RECLASSIFICATIONS FOR CODE D			6,000				6,000

RECLASS CODE: E
EXPLANATION : INTEREST EXPENSE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	3,715,654	OTHER ADMINISTRATIVE AND GENER	6.02	5,068,339	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	1,352,685			0	
TOTAL RECLASSIFICATIONS FOR CODE E			5,068,339				5,068,339

RECLASS CODE: F
EXPLANATION : DEPRECIATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	10,126,008	OTHER ADMINISTRATIVE AND GENER	6.02	23,736,413	

RECLASSIFICATIONS

PROVIDER NO:
263301

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

PREPARED 5/28/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: F
EXPLANATION : DEPRECIATION

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	13,610,405
TOTAL RECLASSIFICATIONS FOR CODE F			23,736,413

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
			0
TOTAL RECLASSIFICATIONS FOR CODE F			23,736,413

RECLASS CODE: G
EXPLANATION : HOUSEKEEPING

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OTHER ADMINISTRATIVE AND GENER	6.02	14,952
TOTAL RECLASSIFICATIONS FOR CODE G			14,952

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
HOUSEKEEPING	10		14,952
TOTAL RECLASSIFICATIONS FOR CODE G			14,952

RECLASS CODE: H
EXPLANATION : INFECTION SURVEILLANCE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	INTENSIVE CARE UNIT	26	37,348
2.00	NEONATAL INTENSIVE CARE UNIT	26.01	86,511
TOTAL RECLASSIFICATIONS FOR CODE H			123,859

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADULTS & PEDIATRICS	25		123,859
			0
TOTAL RECLASSIFICATIONS FOR CODE H			123,859

RECLASS CODE: I
EXPLANATION : LIBRARY

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	INTENSIVE CARE UNIT	26	13,349
2.00	NEONATAL INTENSIVE CARE UNIT	26.01	30,921
TOTAL RECLASSIFICATIONS FOR CODE I			44,270

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADULTS & PEDIATRICS	25		44,270
			0
TOTAL RECLASSIFICATIONS FOR CODE I			44,270

RECLASS CODE: J
EXPLANATION : CENTRAL SERVICE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CENTRAL SERVICES & SUPPLY	15	3,306,345
TOTAL RECLASSIFICATIONS FOR CODE J			3,306,345

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
MEDICAL SUPPLIES CHARGED TO PA	55		3,306,345
TOTAL RECLASSIFICATIONS FOR CODE J			3,306,345

RECLASS CODE: K
EXPLANATION : PHARMACY

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	PHARMACY	16	12,309,528
TOTAL RECLASSIFICATIONS FOR CODE K			12,309,528

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DRUGS CHARGED TO PATIENTS	56		12,309,528
TOTAL RECLASSIFICATIONS FOR CODE K			12,309,528

RECLASS CODE: L
EXPLANATION : TEACHING SERVICE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	I&R SERVICES-SALARY & FRINGES	22	29,800,955
TOTAL RECLASSIFICATIONS FOR CODE L			29,800,955

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.02		29,800,955
TOTAL RECLASSIFICATIONS FOR CODE L			29,800,955

RECLASS CODE: M
EXPLANATION : TELEPHONE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OTHER ADMINISTRATIVE AND GENER	6.02	41,138
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
EMPLOYEE BENEFITS	5		58
ADMINISTRATIVE	6.01		2,460
MAINTENANCE & REPAIRS	7		152
OPERATION OF PLANT	8		295
HOUSEKEEPING	10		44
CAFETERIA	12		559
NURSING ADMINISTRATION	14		2,777
MEDICAL RECORDS & LIBRARY	17		5,484
SOCIAL SERVICE	18		1,336

RECLASSIFICATIONS

PROVIDER NO:
263301

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

PREPARED 5/28/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: M
EXPLANATION : TELEPHONE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
10.00			0	I & R SERVICES-SALARY & FRINGES	22	557	
11.00			0	ADULTS & PEDIATRICS	25	4,809	
12.00			0	INTENSIVE CARE UNIT	26	2,364	
13.00			0	NEONATAL INTENSIVE CARE UNIT	26.01	1,658	
14.00			0	OPERATING ROOM	37	689	
15.00			0	RECOVERY ROOM	38	396	
16.00			0	RADIOLOGY-DIAGNOSTIC	41	346	
17.00			0	LABORATORY	44	492	
18.00			0	RESPIRATORY THERAPY	49	103	
19.00			0	PHYSICAL THERAPY	50	6,385	
20.00			0	ELECTROENCEPHALOGRAPHY	54	183	
21.00			0	MEDICAL SUPPLIES CHARGED TO PA	55	129	
22.00			0	DRUGS CHARGED TO PATIENTS	56	656	
23.00			0	RENAL DIALYSIS	57	144	
24.00			0	CARDIAC CATHETERIZATION LABORA	59	122	
25.00			0	CLINIC	60	4,575	
26.00			0	EMERGENCY	61	617	
27.00			0	AMBULANCE SERVICES	65	621	
28.00			0	SAME DAY SURGERY	68	3,127	
TOTAL RECLASSIFICATIONS FOR CODE M			41,138				41,138

RECLASS CODE: N
EXPLANATION : DIETARY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DIETARY	11	696,310	CAFETERIA	12	696,310	
TOTAL RECLASSIFICATIONS FOR CODE N			696,310				696,310

RECLASS CODE: O
EXPLANATION : MAINTENANCE AND OPERATIONS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER ADMINISTRATIVE AND GENER	6.02	1,116,827	MAINTENANCE & REPAIRS	7	486,039	
2.00			0	OPERATION OF PLANT	8	630,788	
TOTAL RECLASSIFICATIONS FOR CODE O			1,116,827				1,116,827

RECLASS CODE: P
EXPLANATION : PATIENT SERVICE SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	18,634,916	ADULTS & PEDIATRICS	25	622,532	
2.00			0	INTENSIVE CARE UNIT	26	125,229	
3.00			0	OPERATING ROOM	37	13,994,377	
4.00			0	ANESTHESIOLOGY	40	703,992	
5.00			0	RADIOLOGY-DIAGNOSTIC	41	44,525	
6.00			0	LABORATORY	44	129,558	
7.00			0	RESPIRATORY THERAPY	49	1,168,231	
8.00			0	PHYSICAL THERAPY	50	91,577	
9.00			0	RENAL DIALYSIS	57	726	
10.00			0	CARDIAC CATHETERIZATION LABORA	59	934,301	
11.00			0	CLINIC	60	371,398	
12.00			0	AMBULANCE SERVICES	65	448,470	
TOTAL RECLASSIFICATIONS FOR CODE P			18,634,916				18,634,916

RECLASS CODE: Q
EXPLANATION : BURN PATIENTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CLINIC	60	549,366	ADULTS & PEDIATRICS	25	549,366	
TOTAL RECLASSIFICATIONS FOR CODE Q			549,366				549,366

RECLASS CODE: R
EXPLANATION : EXTENDED RECOVERY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RECOVERY ROOM	38	530,330	ADULTS & PEDIATRICS	25	530,330	
TOTAL RECLASSIFICATIONS FOR CODE R			530,330				530,330

RECLASSIFICATIONS

PROVIDER NO:
263301

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

PREPARED 5/28/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: T
EXPLANATION : FAMILY CENTER CARE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	INTENSIVE CARE UNIT	26	14,250
2.00	NEONATAL INTENSIVE CARE UNIT	26.01	33,008
TOTAL RECLASSIFICATIONS FOR CODE T			47,258

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.02	47,258	
		0	
		47,258	

RECLASS CODE: U
EXPLANATION : CAFETERIA DISCOUNT

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	1,059,751
TOTAL RECLASSIFICATIONS FOR CODE U			1,059,751

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
EMPLOYEE BENEFITS	5	1,059,751	
		1,059,751	

RECLASS CODE: V
EXPLANATION : NONBILLABLE PHARMACY RECLASS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	444,838
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0
13.00			0
14.00			0
15.00			0
16.00			0
17.00			0
18.00			0
19.00			0
TOTAL RECLASSIFICATIONS FOR CODE V			444,838

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
EMPLOYEE BENEFITS	5	84,880	
OTHER ADMINISTRATIVE AND GENER	6.02	35	
CAFETERIA	12	165	
NURSING ADMINISTRATION	14	130	
I & R SERVICES-SALARY & FRINGES	22	90	
ADULTS & PEDIATRICS	25	1,604	
INTENSIVE CARE UNIT	26	76	
NEONATAL INTENSIVE CARE UNIT	26.01	2,119	
OPERATING ROOM	37	4,509	
ANESTHESIOLOGY	40	324,681	
RADIOLOGY-DIAGNOSTIC	41	975	
LABORATORY	44	454	
RESPIRATORY THERAPY	49	64	
ELECTROENCEPHALOGRAPHY	54	1,113	
RENAL DIALYSIS	57	18,902	
CARDIAC CATHETERIZATION LABORA	59	30	
CLINIC	60	226	
EMERGENCY	61	4,729	
AMBULANCE SERVICES	65	56	
		444,838	

RECLASS CODE: W
EXPLANATION : EPOETIN

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	RENAL DIALYSIS	57	119,587
TOTAL RECLASSIFICATIONS FOR CODE W			119,587

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DRUGS CHARGED TO PATIENTS	56	119,587	
		119,587	

RECLASS CODE: X
EXPLANATION : BILLABLE PHARMACY

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	98,665
2.00			0
3.00			0
4.00			0
5.00			0
TOTAL RECLASSIFICATIONS FOR CODE X			98,665

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
RADIOLOGY-DIAGNOSTIC	41	21,497	
LABORATORY	44	35,995	
RESPIRATORY THERAPY	49	80	
CARDIAC CATHETERIZATION LABORA	59	36,907	
CLINIC	60	4,186	
		98,665	

RECLASS CODE: Y
EXPLANATION : LAB AFFILIATE BILLINGS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OPERATING ROOM	37	114,243
2.00	RECOVERY ROOM	38	2,695
3.00	ANESTHESIOLOGY	40	8,376
4.00	RADIOLOGY-DIAGNOSTIC	41	190,227
5.00	RESPIRATORY THERAPY	49	482
6.00	ELECTROCARDIOLOGY	53	2,056

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
LABORATORY	44	510,064	
		0	
		0	
		0	
		0	
		0	

RECLASSIFICATIONS

PROVIDER NO:
263301

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

PREPARED 5/28/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: Y
EXPLANATION : LAB AFFILIATE BILLINGS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
7.00	MEDICAL SUPPLIES CHARGED TO PA	55	129,548			0	
8.00	DRUGS CHARGED TO PATIENTS	56	62,437			0	
TOTAL RECLASSIFICATIONS FOR CODE Y			510,064			510,064	

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS 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	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	6,508,385					6,508,385	
2 LAND IMPROVEMENTS							
3 BUILDINGS & FIXTURE	108,411,481					108,411,481	
4 BUILDING IMPROVEMENT	205,622,974	26,708,412		26,708,412		232,331,386	
5 FIXED EQUIPMENT	50,370,196	4,890,365		4,890,365		55,260,561	
6 MOVABLE EQUIPMENT	71,950,037	10,926,561		10,926,561	11,720,196	71,156,402	
7 SUBTOTAL	442,863,073	42,525,338		42,525,338	11,720,196	473,668,215	
8 RECONCILING ITEMS							
9 TOTAL	442,863,073	42,525,338		42,525,338	11,720,196	473,668,215	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL	
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS	
*		1	2	3	4	5	6	7	8
3	NEW CAP REL COSTS-BL								
4	NEW CAP REL COSTS-MV								
5	TOTAL				1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	10,126,008	405,110	-805,109				9,726,009
4	NEW CAP REL COSTS-MV	13,610,405	2,777,233	-293,109				16,094,529
5	TOTAL	23,736,413	3,182,343	-1,098,218				25,820,538

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

SUMMARY OF OLD AND NEW CAPITAL

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

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

ADJUSTMENTS TO EXPENSES

1	DESCRPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
				COST CENTER 3	LINE NO 4	
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	B	-3,715,654	NEW CAP REL COSTS-BLDG &	3	11
4	INVESTMENT INCOME-NEW MOVABLE EQUIP	B	-1,352,685	NEW CAP REL COSTS-MVBLE E	4	11
5	INVESTMENT INCOME-OTHER					
6	TRADE, QUANTITY AND TIME DISCOUNTS					
7	REFUNDS AND REBATES OF EXPENSES					
8	RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9	TELEPHONE SERVICES					
10	TELEVISION AND RADIO SERVICE					
11	PARKING LOT					
12	PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-8,283,371			
13	SALE OF SCRAP, WASTE, ETC.					
14	RELATED ORGANIZATION TRANSACTIONS	A-8-1	204,686			
15	LAUNDRY AND LINEN SERVICE					
16	CAFETERIA--EMPLOYEES AND GUESTS	B	-4,313,285	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	B	-489,995	DRUGS CHARGED TO PATIENTS	56	
20	SALE OF MEDICAL RECORDS & ABSTRACTS	B	-406,130	MEDICAL RECORDS & LIBRARY	17	
21	NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22	VENDING MACHINES	B	-55,944	CAFETERIA	12	
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		**COST CENTER DELETED**	51	
36	ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52	
37	NON PATIENT CARE	B	-512	OTHER ADMINISTRATIVE AND	6.02	
38	DONATIONS	A	-848,424	OTHER ADMINISTRATIVE AND	6.02	
39	BAD DEBT	A	-6,310,944	OTHER ADMINISTRATIVE AND	6.02	
39.01	BAD DEBT PSYCHOLOGY	A	-51,317	CLINIC	60	
40	HOME OFFICE INTEREST	B	-805,109	NEW CAP REL COSTS-BLDG &	3	11
40.01	HOME OFFICE INTEREST	B	-293,109	NEW CAP REL COSTS-MVBLE E	4	11
41	LOBBYING	B	-100,345	OTHER ADMINISTRATIVE AND	6.02	
42	FRA ADD ON	A	21,413,136	OTHER ADMINISTRATIVE AND	6.02	
43	PENSION FUNDING	B	-1,908,072	EMPLOYEE BENEFITS	5	
44	ADVERTISING	B	-995,319	OTHER ADMINISTRATIVE AND	6.02	
45	OTHER REVENUE EMPLOYEE BENEFITS	B	-1,000	EMPLOYEE BENEFITS	5	
45.01	OTHER REVENUE ADMIN TTING	B	-5,951	ADMIN TTING	6.01	
45.02	OTHER REVENUE A&G	B	-3,479,508	OTHER ADMINISTRATIVE AND	6.02	
45.03	OTHER REVENUE MAINTENANCE & REPAIRS	B	-5,576	MAINTENANCE & REPAIRS	7	
45.04	OTHER REVENUE HOUSEKEEPING	B	-32,188	HOUSEKEEPING	10	
45.05	OTHER REVENUE NURSING ADMIN	B	-62,428	NURSING ADMINISTRATION	14	
45.06	OTHER REVENUE SOCIAL SERVICE	B	-29,814	SOCIAL SERVICE	18	
45.07	OTHER REVENUE INTERNS/RESIDENTS	B	-361,384	I&R SERVICES-SALARY & FRI	22	
45.08	OTHER REVENUE ADULTS & PEDS	B	-45,838	ADULTS & PEDIATRICS	25	
45.09	OTHER REVENUE ICU	B	-19,342	INTENSIVE CARE UNIT	26	
45.10	OTHER REVENUE NICU	B	-34,452	NEONATAL INTENSIVE CARE U	26.01	
45.11	OTHER REVENUE RADIOLOGY	B	-34,023	RADIOLOGY-DIAGNOSTIC	41	
45.12	OTHER REVENUE LAB	B	-17,423	LABORATORY	44	
45.13	OTHER REVENUE RESPIRATORY THERAPY	B	-6,170	RESPIRATORY THERAPY	49	
45.14	OTHER REVENUE PHYSICAL THERAPY	B	-67,586	PHYSICAL THERAPY	50	
45.15	OTHER REVENUE RENAL DIALYSIS	B	-500	RENAL DIALYSIS	57	
45.16	OTHER REVENUE CLINIC	B	-158,842	CLINIC	60	
46	MALPRACTICE INSURANCE	B	-2,253,588	OTHER ADMINISTRATIVE AND	6.02	
47	AFFILIATE BUILDING RENT	B	-142,668	OTHER ADMINISTRATIVE AND	6.02	
48	ENTERTAINMENT EMP BENEFITS	A	-164,769	EMPLOYEE BENEFITS	5	
48.01	ENTERTAINMENT ADMIN TTING	A	-134	ADMIN TTING	6.01	
48.02	ENTERTAINMENT ADMIN & GENERAL	A	-104,056	OTHER ADMINISTRATIVE AND	6.02	
48.03	ENTERTAINMENT MAINT & REPAIR	A	-113	MAINTENANCE & REPAIRS	7	
48.04	ENTERTAINMENT HOUSEKEEPING	A	-1,434	HOUSEKEEPING	10	
48.05	ENTERTAINMENT NURSING ADMIN	A	-4,749	NURSING ADMINISTRATION	14	
48.06	ENTERTAINMENT ADULTS & PEDS	A	-5,548	ADULTS & PEDIATRICS	25	
48.07	ENTERTAINMENT PICU	A	227	INTENSIVE CARE UNIT	26	
48.08	ENTERTAINMENT NICU	A	-2,333	NEONATAL INTENSIVE CARE U	26.01	
48.09	ENTERTAINMENT RADIOLOGY	A	-155	RADIOLOGY-DIAGNOSTIC	41	
48.10	ENTERTAINMENT LAB	A	-149	LABORATORY	44	
48.11	ENTERTAINMENT RESPIRATORY THERAPY	A	-295	RESPIRATORY THERAPY	49	
48.12	ENTERTAINMENT PHYSICAL THERAPY	A	-1,284	PHYSICAL THERAPY	50	
48.13	ENTERTAINMENT CLINIC	A	-815	CLINIC	60	
48.14	ENTERTAINMENT EMERGENCY ROOM	A	-36	EMERGENCY	61	
48.15	ENTERTAINMENT AMBULANCE	A	-3,556	AMBULANCE SERVICES	65	
48.16	ENTERTAINMENT APC	A	150	SAME DAY SURGERY	68	
49	EMPLOYEE ACTIVITIES	A	-7,353	EMPLOYEE BENEFITS	5	

ADJUSTMENTS TO EXPENSES

PROVIDER NO:
26-3301

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

PREPARED 5/28/2009
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)		-15,367,076				

-
- (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	5	EMPLOYEE BENEFITS	EMPLOYEE BENEFITS SALARY	423,586		423,586
2	5	EMPLOYEE BENEFITS	EMPLOYEE BENEFITS OTHER E	2,205,633		2,205,633
3	6 2	OTHER ADMINISTRATIVE AND	ADMIN & GENERAL SALARY	8,420,394		8,420,394
4	6 2	OTHER ADMINISTRATIVE AND	ADMIN & GENERAL OTHER EXP	8,754,454	19,530,583	-10,776,129
4.01	37	OPERATING ROOM	OR OTHER EXPENSE-LI THOTRI	10,594	18,556	-7,962
4.02	44	LABORATORY	LABORATORY	2,631,242	2,717,768	-86,526
4.03	59	CARDIAC CATHETERIZATION L	CARDIAC CATH LAB	230,490	204,800	25,690
5		TOTALS		22,676,393	22,471,707	204,686

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
1	2	3	4	5	6
1	B	0.00	BJC HEALTHCARE	0.00	HEALTH CARE
2	G	0.00	TELEPHONE FACILITIES CORP	0.00	COMMUNICATIONS
3	G	0.00	MIDWEST STONE	0.00	LI THOTRI PSY
4		0.00		0.00	
5		0.00		0.00	

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:
26-3301

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

PREPARED 5/28/2009
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 BENEFITS	50,537	50,537					
2 6 2	ADMIN & GENERAL	1,438,257	1,438,257					
3 22	INTERNS & RESIDENTS	2,557,721	2,557,721					
4 25	ADULTS & PEDS	107,658	107,658					
5 26	PICU	46,000	46,000					
6 37	OPERATING ROOM	152,904	152,904					
7 40	ANESTHESIOLOGY	1,368,619	1,368,619					
8 41	LAB	561,658	561,658					
9 60	CLINIC	442,060	442,060					
10 61	EMERGENCY ROOM	1,263,452	1,263,452					
11 65	AMBULANCE	294,505	294,505					
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	8,283,371	8,283,371					

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 26-3301
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED: 5/28/2009
 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 BENEFITS						50,537
2	6	2 ADMIN & GENERAL						1,438,257
3	22	INTERNS & RESIDENTS						2,557,721
4	25	ADULTS & PEDI						107,658
5	26	PICU						46,000
6	37	OPERATING ROOM						152,904
7	40	ANESTHESIOLOGY						1,368,619
8	41	LAB						561,658
9	60	CLINIC						442,060
10	61	EMERGENCY ROOM						1,263,452
11	65	AMBULANCE						294,505
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101		TOTAL						8,283,371

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 5/28/2009
 I 26-3301 I FROM 1/ 1/2008 I NOT A CMS WORKSHEET
 I I TO 12/31/2008 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
3	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	1	SQUARE	FEET	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS	SALARIES	ENTERED
6.01	ADMINITTING	C	GROSS	CHARGES	NOT ENTERED
6.02	OTHER ADMINISTRATIVE AND GENERAL	#	ACCUM.	COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	6	SQUARE	FEET	ENTERED
8	OPERATION OF PLANT	7	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	1	SQUARE	FEET	ENTERED
11	DIETARY	10	MEALS	SERVED	ENTERED
12	CAFETERIA	11	FTES SERVED		ENTERED
14	NURSING ADMINISTRATION	13	DIRECT	NRSING HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED	REQUIS.	ENTERED
16	PHARMACY	15	COSTED	REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	16	TIME	SPENT	ENTERED
18	SOCIAL SERVICE	17	PATIENTS SEEN		ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	20	ASSIGNED	TIME	ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION 0	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	EMPLOYEE BENE FITS 5	ADMINITTING 6.01	SUBTOTAL 6a.01	OTHER ADMINIS TRATIVE AND 6.02
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &	9,726,009	9,726,009					
005 NEW CAP REL COSTS-MVBLE E	16,094,529		16,094,529				
006 EMPLOYEE BENEFITS	24,104,337	18,097	29,947	24,152,381			
006 01 ADMINITTING	1,140,896	44,880	74,267	178,056	1,438,099		
006 02 OTHER ADMINIS TRATIVE AND	62,568,303	3,715,330	6,148,098	4,908,231		77,339,962	77,339,962
007 MAINTENANCE & REPAIRS	759,440			37,477		796,917	252,054
008 OPERATION OF PLANT	5,019,357	214,444	354,861	194,600		5,783,262	1,829,171
009 LAUNDRY & LINEN SERVICE	147,003	34,863	57,692			239,558	75,769
010 HOUSEKEEPING	3,804,535	48,998	81,081	528,698		4,463,312	1,411,688
011 DIETARY	696,310	122,719	203,074	49,405		1,071,508	338,904
012 CAFETERIA	2,101,686	265,749	439,759	384,591		3,191,785	1,009,520
014 NURSING ADMINISTRATION	4,455,705	51,722	85,590	704,696		5,297,713	1,675,598
015 CENTRAL SERVICES & SUPPLY	3,306,345			154,783		3,461,128	1,094,710
016 PHARMACY	12,309,528			1,018,904		13,328,432	4,215,610
017 MEDICAL RECORDS & LIBRARY	2,169,370	102,067	168,900	363,332		2,803,669	886,764
018 SOCIAL SERVICE	1,438,011	77,653	128,500	235,732		1,879,896	594,587
022 I&R SERVICES-SALARY & FRI	35,126,097	74,093	122,608	903,629		36,226,427	11,458,033
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	20,196,791	1,594,291	2,638,222	3,264,281	89,058	27,782,643	8,787,289
026 INTENSIVE CARE UNIT	11,225,922	393,127	650,544	1,701,398	51,487	14,022,478	4,435,127
026 01 NEONATAL INTENSIVE CARE U	17,282,408	473,211	783,066	2,812,878	121,062	21,472,625	6,791,512
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	10,312,219	284,744	471,192	1,097,710	86,142	12,252,007	3,875,151
038 RECOVERY ROOM	1,897,176	63,302	104,752	213,451	17,630	2,296,311	726,293
040 ANESTHESIOLOGY	289,443				21,289	310,732	98,280
041 RADIOLOGY-DIAGNOSTIC	3,856,000	210,713	348,687	582,803	158,160	5,156,363	1,630,891
044 LABORATORY	14,607,268	179,705	297,374	901,685	244,781	16,230,813	5,133,595
049 RESPIRATORY THERAPY	3,257,474	19,955	33,022	513,931	49,630	3,874,012	1,225,300
050 PHYSICAL THERAPY	3,977,425	258,705	428,103	681,716	31,991	5,377,940	1,700,973
053 ELECTROCARDIOLOGY	1,713,805				11,927	1,725,732	545,827
054 ELECTROENCEPHALOGRAPHY	367,985	82,251	136,109	60,197	9,421	655,963	207,473
055 MEDICAL SUPPLIES CHARGED	17,662,899	205,682	340,361		233,701	18,442,643	5,833,168
056 DRUGS CHARGED TO PATIENTS	6,661,650	122,533	202,767		174,554	7,161,504	2,265,091
057 RENAL DIALYSIS	845,748	47,527	78,647	68,710	6,846	1,047,478	331,304
059 CARDIAC CATHETERIZATION L	985,876	66,058	109,312	111,048	9,811	1,282,105	405,513
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	6,644,156	255,144	422,211	845,530	30,606	8,197,647	2,592,809
061 EMERGENCY	5,946,095	327,178	541,412	837,502	70,721	7,722,908	2,442,655
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	2,869,064	92,113	152,427	339,510	8,296	3,461,410	1,094,799
068 SAME DAY SURGERY	2,228,198	218,980	362,367	350,919	10,986	3,171,450	1,003,088
071 HOME HEALTH AGENCY							
083 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION	184,308					184,308	58,294
086 OTHER ORGAN ACQUISITION	3,157,270					3,157,270	998,603
095 SUBTOTALS	321,136,641	9,665,834	15,994,952	24,045,403	1,438,099	320,869,911	77,025,443
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC							
100 OTHER NONREIMBURSABLE COS	727,681	60,175	99,577	106,978		994,411	314,519
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	321,864,322	9,726,009	16,094,529	24,152,381	1,438,099	321,864,322	77,339,962

COST CENTER DESCRIPTION	MAINTENANCE & OPERATION OF REPAIRS		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	7	8	9	10	11	12	14	
003 GENERAL SERVICE COST CNTR								
004 NEW CAP REL COSTS-BLDG &								
005 NEW CAP REL COSTS-MVBLE E								
006 EMPLOYEE BENEFITS								
006 01 ADMINISTRATION								
006 02 OTHER ADMINISTRATIVE AND								
007 MAINTENANCE & REPAIRS	1,048,971							
008 OPERATION OF PLANT	37,709	7,650,142						
009 LAUNDRY & LINEN SERVICE	6,131	46,377	367,835					
010 HOUSEKEEPING	8,616	65,180		5,948,796				
011 DIETARY	21,580	163,248		129,222	1,724,462			
012 CAFETERIA	46,731	353,515		279,832	1,113,412	5,994,795		
014 NURSING ADMINISTRATION	9,095	68,804		54,463		184,957	7,290,630	
015 CENTRAL SERVICES & SUPPLY								
016 PHARMACY								
017 MEDICAL RECORDS & LIBRARY	17,948	135,776		107,476		174,078		
018 SOCIAL SERVICE	13,655	103,299		81,769		83,412		
022 I&R SERVICES-SALARY & FRI	13,029	98,562		78,019		355,408		
025 INPAT ROUTINE SRVC CNTRS								
025 ADULTS & PEDIATRICS	280,347	2,120,821	180,984	1,678,785	157,887	1,291,073	2,369,647	
026 INTENSIVE CARE UNIT	69,130	522,962	17,037	413,962	38,421	569,379	1,302,659	
026 01 NEONATAL INTENSIVE CARE U	83,212	629,494	57,207	498,290		815,988	1,697,381	
037 ANCILLARY SRVC COST CNTRS								
037 OPERATING ROOM	50,071	378,784	17,124	299,835		308,262	597,700	
038 RECOVERY ROOM	11,131	84,208	3,925	66,657		47,146	141,508	
040 ANESTHESIOLOGY								
041 RADIOLOGY-DIAGNOSTIC	37,053	280,304	13,170	221,880		213,970		
044 LABORATORY	31,600	239,054		189,228		340,902		
049 RESPIRATORY THERAPY	3,509	26,546		21,013		174,078		
050 PHYSICAL THERAPY	45,492	344,145	4,342	272,415		246,610	29,452	
053 ELECTROCARDIOLOGY								
054 ELECTROENCEPHALOGRAPHY	14,463	109,415	1,051	86,610		25,386		
055 MEDICAL SUPPLIES CHARGED	36,168	273,611		216,582		87,039		
056 DRUGS CHARGED TO PATIENTS	21,547	163,001		129,027		257,490		
057 RENAL DIALYSIS	8,357	63,223	967	50,046		21,760		51,741
059 CARDIAC CATHETERIZATION L	11,616	87,874	2,414	69,559		39,893	59,173	
060 OUTPAT SERVICE COST CNTRS								
060 CLINIC	44,866	339,408	12,127	268,666		257,490	211,036	
061 EMERGENCY	57,533	435,232	40,735	344,517		282,876	497,291	
062 OBSERVATION BEDS (NON-DIS								
065 OTHER REIMBURS COST CNTRS								
065 AMBULANCE SERVICES	16,198	122,534	2,299	96,994		79,786	141,116	
068 SAME DAY SURGERY	38,507	291,301	8,764	230,585		97,919	177,590	
071 HOME HEALTH AGENCY								
083 SPEC PURPOSE COST CENTERS								
083 KIDNEY ACQUISITION								
086 OTHER ORGAN ACQUISITION								
095 SUBTOTALS	1,035,294	7,546,678	362,146	5,885,432	1,309,720	5,954,902	7,276,294	
096 NONREIMBURS COST CENTERS								
096 GIFT, FLOWER, COFFEE SHOP	3,095	23,415						
098 PHYSICIANS' PRIVATE OFFICE								
100 OTHER NONREIMBURSABLE COS	10,582	80,049	5,689	63,364	414,742	39,893	14,336	
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	1,048,971	7,650,142	367,835	5,948,796	1,724,462	5,994,795	7,290,630	

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	I&R SERVICES-SALARY & FRI 22	SUBTOTAL 25	I&R COST POST STEP-DOWN ADJ 26
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 ADMINITTING							
006 02 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	4,555,838						
016 PHARMACY		17,544,042					
017 MEDICAL RECORDS & LIBRARY			4,125,711				
018 SOCIAL SERVICE				2,756,618			
022 I&R SERVICES-SALARY & FRI					48,229,478		
025 ADULTS & PEDIATRICS			521,103	943,513	21,176,472	67,290,564	-21,176,472
026 INTENSIVE CARE UNIT			126,827	229,661	2,533,966	24,281,609	-2,533,966
026 01 NEONATAL INTENSIVE CARE U			293,761	531,874	4,219,843	37,091,187	-4,219,843
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM						17,778,934	
038 RECOVERY ROOM						3,377,179	
040 ANESTHESIOLOGY					1,244,665	1,653,677	-1,244,665
041 RADIOLOGY-DIAGNOSTIC						7,553,631	
044 LABORATORY						22,165,192	
049 RESPIRATORY THERAPY					566,537	5,890,995	-566,537
050 PHYSICAL THERAPY						8,021,369	
053 ELECTROCARDIOLOGY						2,271,559	
054 ELECTROENCEPHALOGRAPHY						1,100,361	
055 MEDICAL SUPPLIES CHARGED	4,555,838					29,445,049	
056 DRUGS CHARGED TO PATIENTS		17,544,042				27,541,702	
057 RENAL DIALYSIS				5,660		1,580,536	-80,730
059 CARDIAC CATHETERIZATION L				858	853,239	2,812,244	-853,239
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC			2,067,406	664,628	10,094,662	24,750,745	-10,094,662
061 EMERGENCY			1,017,911	330,513	7,540,094	20,712,265	-7,540,094
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES						5,015,136	
068 SAME DAY SURGERY			98,703	49,911		5,167,818	
071 HOME HEALTH AGENCY							
083 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION						242,602	
086 OTHER ORGAN ACQUISITION						4,155,873	
095 SUBTOTALS	4,555,838	17,544,042	4,125,711	2,756,618	48,229,478	319,900,227	-48,310,208
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP						26,510	
098 PHYSICIANS' PRIVATE OFFIC							
100 OTHER NONREIMBURSABLE COS						1,937,585	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	4,555,838	17,544,042	4,125,711	2,756,618	48,229,478	321,864,322	-48,310,208

		TOTAL
COST CENTER DESCRIPTION		
		27
003	GENERAL SERVICE COST CNTR	
004	NEW CAP REL COSTS-BLDG &	
005	NEW CAP REL COSTS-MVBLE E	
006	EMPLOYEE BENEFITS	
006 01	ADMINISTRATIVE	
006 02	OTHER ADMINISTRATIVE AND	
007	MAINTENANCE & REPAIRS	
008	OPERATION OF PLANT	
009	LAUNDRY & LINEN SERVICE	
010	HOUSEKEEPING	
011	DIETARY	
012	CAFETERIA	
014	NURSING ADMINISTRATION	
015	CENTRAL SERVICES & SUPPLY	
016	PHARMACY	
017	MEDICAL RECORDS & LIBRARY	
018	SOCIAL SERVICE	
022	I&R SERVICES-SALARY & FRI	
	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	46,114,092
026	INTENSIVE CARE UNIT	21,747,643
026 01	NEONATAL INTENSIVE CARE U	32,871,344
	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	17,778,934
038	RECOVERY ROOM	3,377,179
040	ANESTHESIOLOGY	409,012
041	RADIOLOGY-DIAGNOSTIC	7,553,631
044	LABORATORY	22,165,192
049	RESPIRATORY THERAPY	5,324,458
050	PHYSICAL THERAPY	8,021,369
053	ELECTROCARDIOLOGY	2,271,559
054	ELECTROENCEPHALOGRAPHY	1,100,361
055	MEDICAL SUPPLIES CHARGED	29,445,049
056	DRUGS CHARGED TO PATIENTS	27,541,702
057	RENAL DIALYSIS	1,499,806
059	CARDIAC CATHETERIZATION L	1,959,005
	OUTPAT SERVICE COST CNTRS	
060	CLINIC	14,656,083
061	EMERGENCY	13,172,171
062	OBSERVATION BEDS (NON-DIS	
	OTHER REIMBURS COST CNTRS	
065	AMBULANCE SERVICES	5,015,136
068	SAME DAY SURGERY	5,167,818
071	HOME HEALTH AGENCY	
	SPEC PURPOSE COST CENTERS	
083	KIDNEY ACQUISITION	242,602
086	OTHER ORGAN ACQUISITION	4,155,873
095	SUBTOTALS	271,590,019
	NONREIMBURS COST CENTERS	
096	GIFT, FLOWER, COFFEE SHOP	26,510
098	PHYSICIANS' PRIVATE OFFIC	
100	OTHER NONREIMBURSABLE COS	1,937,585
101	CROSS FOOT ADJUSTMENT	
102	NEGATIVE COST CENTER	
103	TOTAL	273,554,114

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS	ADMITTING	OTHER ADMINISTRATIVE AND
	0	3	4	4a	5	6.01	6.02
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS	1,439	18,097	29,947	49,483	49,483		
006 01 ADMITTING	4,702	44,880	74,267	123,849	364	124,213	
006 02 OTHER ADMINISTRATIVE AND	2,659,708	3,715,330	6,148,098	12,523,136	10,103		12,533,239
007 MAINTENANCE & REPAIRS	6,114			6,114	77		40,847
008 OPERATION OF PLANT	6,003	214,444	354,861	575,308	398		296,427
009 LAUNDRY & LINEN SERVICE	90	34,863	57,692	92,645			12,279
010 HOUSEKEEPING	2,770	48,998	81,081	132,849	1,082		228,772
011 DIETARY		122,719	203,074	325,793	101		54,921
012 CAFETERIA	4,795	265,749	439,759	710,303	787		163,598
014 NURSING ADMINISTRATION	9,254	51,722	85,590	146,566	1,442		271,540
015 CENTRAL SERVICES & SUPPLY					317		177,404
016 PHARMACY					2,085		683,162
017 MEDICAL RECORDS & LIBRARY	14,695	102,067	168,900	285,662	743		143,705
018 SOCIAL SERVICE	5,907	77,653	128,500	212,060	482		96,356
022 I&R SERVICES-SALARY & FRI	496	74,093	122,608	197,197	1,849		1,856,716
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	54,599	1,594,291	2,638,222	4,287,112	6,680	7,688	1,424,027
026 INTENSIVE CARE UNIT	12,109	393,127	650,544	1,055,780	3,482	4,445	718,736
026 01 NEONATAL INTENSIVE CARE U	20,527	473,211	783,066	1,276,804	5,756	10,451	1,100,601
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	12,431	284,744	471,192	768,367	2,246	7,436	627,989
038 RECOVERY ROOM	4,070	63,302	104,752	172,124	437	1,522	117,700
040 ANESTHESIOLOGY	1,741			1,741		1,838	15,927
041 RADIOLOGY-DIAGNOSTIC	11,539	210,713	348,687	570,939	1,193	13,653	264,295
044 LABORATORY	11,642	179,705	297,374	488,721	1,845	21,200	831,927
049 RESPIRATORY THERAPY	1,951	19,955	33,022	54,928	1,052	4,284	198,566
050 PHYSICAL THERAPY	13,677	258,705	428,103	700,485	1,395	2,762	275,652
053 ELECTROCARDIOLOGY						1,030	88,454
054 ELECTROENCEPHALOGRAPHY	2,011	82,251	136,109	220,371	123	813	33,622
055 MEDICAL SUPPLIES CHARGED	3,571	205,682	340,361	549,614		20,174	945,296
056 DRUGS CHARGED TO PATIENTS	7,423	122,533	202,767	332,723		15,068	367,070
057 RENAL DIALYSIS	4,218	47,527	78,647	130,392	141	591	53,690
059 CARDIAC CATHETERIZATION L	2,346	66,058	109,312	177,716	227	847	65,716
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	14,766	255,144	422,211	692,121	1,730	2,642	420,179
061 EMERGENCY	13,044	327,178	541,412	881,634	1,714	6,105	395,845
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	4,291	92,113	152,427	248,831	695	716	177,418
068 SAME DAY SURGERY	11,039	218,980	362,367	592,386	718	948	162,556
071 HOME HEALTH AGENCY							
083 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							9,447
086 OTHER ORGAN ACQUISITION							161,829
095 SUBTOTALS	2,922,968	9,665,834	15,994,952	28,583,754	49,264	124,213	12,482,269
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
098 PHYSICIANS' PRIVATE OFFIC							
100 OTHER NONREIMBURSABLE COS	857	60,175	99,577	160,609	219		50,970
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	2,923,825	9,726,009	16,094,529	28,744,363	49,483	124,213	12,533,239

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	MAINTENANCE & OPERATIONS OF REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	7	8	9	10	11	12	14
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 ADMITTING							
006 02 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS	47,038						
008 OPERATION OF PLANT	1,691	873,824					
009 LAUNDRY & LINEN SERVICE	275	5,297	110,496				
010 HOUSEKEEPING	386	7,445		370,534			
011 DIETARY	968	18,647		8,049	408,479		
012 CAFETERIA	2,096	40,380		17,430	263,738	1,198,332	
014 NURSING ADMINISTRATION	408	7,859		3,392		36,972	468,179
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY	805	15,509		6,694		34,797	
018 SOCIAL SERVICE	612	11,799		5,093		16,674	
022 I&R SERVICES-SALARY & FRI	584	11,258		4,860		71,044	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	12,571	242,247	54,366	104,565	37,399	258,081	152,171
026 INTENSIVE CARE UNIT	3,100	59,734	5,118	25,785	9,101	113,816	83,652
026 01 NEONATAL INTENSIVE CARE U	3,731	71,903	17,185	31,037		163,112	109,000
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	2,245	43,266	5,144	18,676		61,620	38,382
038 RECOVERY ROOM	499	9,619	1,179	4,152		9,424	9,087
040 ANESTHESIOLOGY							
041 RADIOLOGY-DIAGNOSTIC	1,662	32,017	3,956	13,820		42,772	
044 LABORATORY	1,417	27,306		11,787		68,145	
049 RESPIRATORY THERAPY	157	3,032		1,309		34,797	
050 PHYSICAL THERAPY	2,040	39,309	1,304	16,968		49,296	1,891
053 ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPHY	649	12,498	316	5,395		5,075	
055 MEDICAL SUPPLIES CHARGED	1,622	31,253		13,490		17,399	
056 DRUGS CHARGED TO PATIENTS	966	18,618		8,037		51,471	
057 RENAL DIALYSIS	375	7,222	290	3,117		4,350	3,323
059 CARDIAC CATHETERIZATION L	521	10,037	725	4,333		7,974	3,800
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	2,012	38,768	3,643	16,734		51,471	13,552
061 EMERGENCY	2,580	49,714	12,237	21,459		56,546	31,934
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	726	13,996	691	6,042		15,949	9,062
068 SAME DAY SURGERY	1,727	33,273	2,633	14,363		19,573	11,404
071 HOME HEALTH AGENCY							
083 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
086 OTHER ORGAN ACQUISITION							
095 SUBTOTALS	46,425	862,006	108,787	366,587	310,238	1,190,358	467,258
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	139	2,675					
098 PHYSICIANS' PRIVATE OFFIC							
100 OTHER NONREIMBURSABLE COS	474	9,143	1,709	3,947	98,241	7,974	921
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	47,038	873,824	110,496	370,534	408,479	1,198,332	468,179

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	I&R SERVICES-SALARY & FRI 22	SUBTOTAL 25	POST STEPDOWN ADJUSTMENT 26
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 ADMIN TTING							
006 02 OTHER ADMINI STRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DI ETARY							
012 CAFETERIA							
014 NURSING ADMINI STRATION							
015 CENTRAL SERVICES & SUPPLY	177,721						
016 PHARMACY		685,247					
017 MEDICAL RECORDS & LIBRARY			487,915				
018 SOCIAL SERVICE				343,076			
022 I&R SERVICES-SALARY & FRI					2,143,508		
025 ADULTS & PEDIATRICS			61,627	117,425		6,765,959	
026 INTENSIVE CARE UNIT			14,999	28,583		2,126,331	
026 01 NEONATAL INTENSIVE CARE U			34,741	66,195		2,890,516	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM						1,575,371	
038 RECOVERY ROOM						325,743	
040 ANESTHESIOLOGY						19,506	
041 RADIOLOGY-DIAGNOSTIC						944,307	
044 LABORATORY						1,452,348	
049 RESPIRATORY THERAPY						298,125	
050 PHYSICAL THERAPY						1,091,102	
053 ELECTROCARDIOLOGY						89,484	
054 ELECTROENCEPHALOGRAPHY						278,862	
055 MEDICAL SUPPLIES CHARGED	177,721					1,756,569	
056 DRUGS CHARGED TO PATIENTS		685,247				1,479,200	
057 RENAL DIALYSIS					704	204,195	
059 CARDIAC CATHETERIZATION L					107	272,003	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC			244,495	82,716		1,570,063	
061 EMERGENCY			120,380	41,134		1,621,282	
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES						474,126	
068 SAME DAY SURGERY			11,673	6,212		857,466	
071 HOME HEALTH AGENCY							
083 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION						9,447	
086 OTHER ORGAN ACQUISITION						161,829	
095 SUBTOTALS	177,721	685,247	487,915	343,076		26,263,834	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP						2,814	
098 PHYSICIANS' PRIVATE OFFIC							
100 OTHER NONREIMBURSABLE COS						334,207	
101 CROSS FOOT ADJUSTMENTS					2,143,508	2,143,508	
102 NEGATIVE COST CENTER							
103 TOTAL	177,721	685,247	487,915	343,076	2,143,508	28,744,363	

COST CENTER DESCRIPTION		TOTAL
		27
003	GENERAL SERVICE COST CNTR	
004	NEW CAP REL COSTS-BLDG &	
005	NEW CAP REL COSTS-MVBLE E	
006	EMPLOYEE BENEFITS	
006 01	ADMINISTRATIVE AND	
006 02	MAINTENANCE & REPAIRS	
007	OPERATION OF PLANT	
008	LAUNDRY & LINEN SERVICE	
009	HOUSEKEEPING	
010	DIETARY	
011	CAFETERIA	
012	NURSING ADMINISTRATION	
014	CENTRAL SERVICES & SUPPLY	
015	PHARMACY	
016	MEDICAL RECORDS & LIBRARY	
017	SOCIAL SERVICE	
018	I&R SERVICES-SALARY & FRI	
022	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	6,765,959
026	INTENSIVE CARE UNIT	2,126,331
026 01	NEONATAL INTENSIVE CARE U	2,890,516
037	ANCILLARY SRVC COST CNTRS	
038	OPERATING ROOM	1,575,371
040	RECOVERY ROOM	325,743
041	ANESTHESIOLOGY	19,506
044	RADIOLOGY-DIAGNOSTIC	944,307
049	LABORATORY	1,452,348
050	RESPIRATORY THERAPY	298,125
053	PHYSICAL THERAPY	1,091,102
054	ELECTROCARDIOLOGY	89,484
055	ELECTROENCEPHALOGRAPHY	278,862
056	MEDICAL SUPPLIES CHARGED	1,756,569
057	DRUGS CHARGED TO PATIENTS	1,479,200
059	RENAL DIALYSIS	204,195
060	CARDIAC CATHETERIZATION L	272,003
061	OUTPAT SERVICE COST CNTRS	
062	CLINIC	1,570,063
065	EMERGENCY	1,621,282
068	OBSERVATION BEDS (NON-DIS	
071	OTHER REIMBURS COST CNTRS	
083	AMBULANCE SERVICES	474,126
086	SAME DAY SURGERY	857,466
095	HOME HEALTH AGENCY	
096	SPEC PURPOSE COST CENTERS	
098	KIDNEY ACQUISITION	9,447
100	OTHER ORGAN ACQUISITION	161,829
101	SUBTOTALS	26,263,834
102	NONREIMBURS COST CENTERS	
103	GIFT, FLOWER, COFFEE SHOP	2,814
104	PHYSICIANS' PRIVATE OFFIC	
105	OTHER NONREIMBURSABLE COS	334,207
106	CROSS FOOT ADJUSTMENTS	2,143,508
107	NEGATIVE COST CENTER	
108	TOTAL	28,744,363

COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG &	NEW CAP REL COSTS-MVBLE	EMPLOYEE BENEFITS	ADMINISTRATIVE	RECONCILIATION	OTHER ADMINISTRATIVE AND
	(SQUARE FEET)	(SQUARE FEET)	(GROSS SALARIES)	(GROSS CHARGES)		(ACCUM. COST)
	3	4	5	6.01	6a.02	6.02
003 GENERAL SERVICE COST						
004 NEW CAP REL COSTS-BLD	628,250					
005 NEW CAP REL COSTS-MVB		628,250				
006 EMPLOYEE BENEFITS	1,169	1,169	125,759,597			
006 01 ADMINITTING	2,899	2,899	927,125	549,232,386		
006 02 OTHER ADMINISTRATIVE	239,991	239,991	25,556,776		-77,339,962	244,524,360
007 MAINTENANCE & REPAIRS			195,141			796,917
008 OPERATION OF PLANT	13,852	13,852	1,013,265			5,783,262
009 LAUNDRY & LINEN SERVI	2,252	2,252				239,558
010 HOUSEKEEPING	3,165	3,165	2,752,891			4,463,312
011 DIETARY	7,927	7,927	257,247			1,071,508
012 CAFETERIA	17,166	17,166	2,002,537			3,191,785
014 NURSING ADMINISTRATIO	3,341	3,341	3,669,297			5,297,713
015 CENTRAL SERVICES & SU			805,944			3,461,128
016 PHARMACY			5,305,353			13,328,432
017 MEDICAL RECORDS & LIB	6,593	6,593	1,891,843			2,803,669
018 SOCIAL SERVICE	5,016	5,016	1,227,441			1,879,896
022 I&R SERVICES-SALARY &	4,786	4,786	4,705,129			36,226,427
025 INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	102,983	102,983	16,996,861	34,017,590		27,782,643
026 INTENSIVE CARE UNIT	25,394	25,394	8,859,050	19,666,710		14,022,478
026 01 NEONATAL INTENSIVE CA	30,567	30,567	14,646,441	46,242,102		21,472,625
037 ANCILLARY SRVC COST C						
037 OPERATING ROOM	18,393	18,393	5,715,692	32,903,875		12,252,007
038 RECOVERY ROOM	4,089	4,089	1,111,422	6,734,080		2,296,311
040 ANESTHESIOLOGY				8,131,840		310,732
041 RADIOLOGY-DIAGNOSTIC	13,611	13,611	3,034,613	60,412,587		5,156,363
044 LABORATORY	11,608	11,608	4,695,005	93,418,690		16,230,813
049 RESPIRATORY THERAPY	1,289	1,289	2,676,000	18,957,216		3,874,012
050 PHYSICAL THERAPY	16,711	16,711	3,549,642	12,219,443		5,377,940
053 ELECTROCARDIOLOGY				4,555,886		1,725,732
054 ELECTROENCEPHALOGRAPH	5,313	5,313	313,440	3,598,649		655,963
055 MEDICAL SUPPLIES CHAR	13,286	13,286		89,267,177		18,442,643
056 DRUGS CHARGED TO PATI	7,915	7,915		66,674,576		7,161,504
057 RENAL DIALYSIS	3,070	3,070	357,767	2,615,153		1,047,478
059 CARDIAC CATHETERIZATI	4,267	4,267	578,216	3,747,544		1,282,105
060 OUTPAT SERVICE COST C						
060 CLINIC	16,481	16,481	4,402,611	11,690,464		8,197,647
061 EMERGENCY	21,134	21,134	4,360,810	27,013,543		7,722,908
062 OBSERVATION BEDS (NON						
065 OTHER REIMBURS COST C						
065 AMBULANCE SERVICES	5,950	5,950	1,767,802	3,169,015		3,461,410
068 SAME DAY SURGERY	14,145	14,145	1,827,209	4,196,246		3,171,450
071 HOME HEALTH AGENCY						
071 SPEC PURPOSE COST CEN						
083 KIDNEY ACQUISITION						184,308
086 OTHER ORGAN ACQUISITI						3,157,270
095 SUBTOTALS	624,363	624,363	125,202,570	549,232,386	-77,339,962	243,529,949
096 NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE						
098 PHYSICIANS' PRIVATE O						
100 OTHER NONREIMBURSABLE	3,887	3,887	557,027			994,411
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	9,726,009	16,094,529	24,152,381	1,438,099		77,339,962
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	15.481113		.192052			
(WRKSHT B, PT I)		25.618033		.002618		.316287
105 COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED			49,483	124,213		12,533,239
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER			.000393	.000226		.051256
(WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	MAINTENANCE & OPERATION OF REPAIRS		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	(FTE'S SERVED)	(DIRECT SING HRS)	(NR)
	7	8	9	10	11	12	14	
003 GENERAL SERVICE COST								
004 NEW CAP REL COSTS-BLD								
005 NEW CAP REL COSTS-MVB								
006 EMPLOYEE BENEFITS								
006 01 ADMINITTING								
006 02 OTHER ADMINISTRATIVE								
007 MAINTENANCE & REPAIRS	385,328							
008 OPERATION OF PLANT	13,852	371,476						
009 LAUNDRY & LINEN SERVICE	2,252	2,252	2,298,463					
010 HOUSEKEEPING	3,165	3,165		364,922				
011 DIETARY	7,927	7,927		7,927	1,664,766			
012 CAFETERIA	17,166	17,166		17,166	1,074,869	1,653		
014 NURSING ADMINISTRATION	3,341	3,341		3,341		51	1,244,897	
015 CENTRAL SERVICES & SU								
016 PHARMACY								
017 MEDICAL RECORDS & LIB	6,593	6,593		6,593		48		
018 SOCIAL SERVICE	5,016	5,016		5,016		23		
022 I&R SERVICES-SALARY & INPAT ROUTINE SRVC CN	4,786	4,786		4,786		98		
025 ADULTS & PEDIATRICS	102,983	102,983	1,130,901	102,983	152,421	356	404,624	
026 INTENSIVE CARE UNIT	25,394	25,394	106,457	25,394	37,091	157	222,433	
026 01 NEONATAL INTENSIVE CA	30,567	30,567	357,468	30,567		225	289,833	
037 ANCILLARY SRVC COST C								
037 OPERATING ROOM	18,393	18,393	107,003	18,393		85	102,059	
038 RECOVERY ROOM	4,089	4,089	24,527	4,089		13	24,163	
040 ANESTHESIOLOGY								
041 RADIOLOGY-DIAGNOSTIC	13,611	13,611	82,297	13,611		59		
044 LABORATORY	11,608	11,608		11,608		94		
049 RESPIRATORY THERAPY	1,289	1,289		1,289		48		
050 PHYSICAL THERAPY	16,711	16,711	27,129	16,711		68	5,029	
053 ELECTROCARDIOLOGY								
054 ELECTROENCEPHALOGRAPH	5,313	5,313	6,566	5,313		7		
055 MEDICAL SUPPLIES CHAR	13,286	13,286		13,286		24		
056 DRUGS CHARGED TO PATI	7,915	7,915		7,915		71		
057 RENAL DIALYSIS	3,070	3,070	6,041	3,070		6	8,835	
059 CARDIAC CATHETERIZATI	4,267	4,267	15,086	4,267		11	10,104	
060 OUTPAT SERVICE COST C								
060 CLINIC	16,481	16,481	75,776	16,481		71	36,035	
061 EMERGENCY	21,134	21,134	254,538	21,134		78	84,914	
062 OBSERVATION BEDS (NON								
065 OTHER REIMBURS COST C								
065 AMBULANCE SERVICES	5,950	5,950	14,366	5,950		22	24,096	
068 SAME DAY SURGERY	14,145	14,145	54,760	14,145		27	30,324	
071 HOME HEALTH AGENCY								
083 SPEC PURPOSE COST CEN								
083 KIDNEY ACQUISITION								
086 OTHER ORGAN ACQUISITI								
095 SUBTOTALS	380,304	366,452	2,262,915	361,035	1,264,381	1,642	1,242,449	
096 NONREIMBURS COST CENT								
096 GI FT, FLOWER, COFFEE	1,137	1,137						
098 PHYSICIANS' PRIVATE O								
100 OTHER NONREIMBURSABLE	3,887	3,887	35,548	3,887	400,385	11	2,448	
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 COST TO BE ALLOCATED	1,048,971	7,650,142	367,835	5,948,796	1,724,462	5,994,795	7,290,630	
(WRKSHT B, PART I)								
104 UNIT COST MULTIPLIER		20.593906		16.301555		3,626.615245		
(WRKSHT B, PT I)	2.722281		.160035		1.035858		5.856412	
105 COST TO BE ALLOCATED								
(WRKSHT B, PART II)								
106 UNIT COST MULTIPLIER								
(WRKSHT B, PT II)								
107 COST TO BE ALLOCATED	47,038	873,824	110,496	370,534	408,479	1,198,332	468,179	
(WRKSHT B, PART III)								
108 UNIT COST MULTIPLIER		2.352303		1.015379		724.943739		
(WRKSHT B, PT III)	.122073		.048074		.245367		.376079	

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY (COSTED EQUI S.	PHARMACY (COSTED) EQUI S.	MEDICAL RECORDS & LIBRARY (TIME) SPENT	SOCIAL SERVICE (PATIENTS SEEN)	I&R SERVICES-SALARY & FRI (ASSIGNED) TIME
	15	16	17	18	22
GENERAL SERVICE COST					
003 NEW CAP REL COSTS-BLD					
004 NEW CAP REL COSTS-MVB					
005 EMPLOYEE BENEFITS					
006 01 ADMINITTING					
006 02 OTHER ADMINISTRATIVE					
007 MAINTENANCE & REPAIRS					
008 OPERATION OF PLANT					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
014 NURSING ADMINISTRATION					
015 CENTRAL SERVICES & SUPPLY	47,192,361				
016 PHARMACY		12,521,193			
017 MEDICAL RECORDS & LIBRARY			100,193		
018 SOCIAL SERVICE				16,072	
022 I&R SERVICES-SALARY & FRI					28,093
025 INPAT ROUTINE SRVC CNTR					
025 ADULTS & PEDIATRICS			12,655	5,501	12,335
026 INTENSIVE CARE UNIT			3,080	1,339	1,476
026 01 NEONATAL INTENSIVE CARE			7,134	3,101	2,458
037 ANCILLARY SRVC COST CENTER					
037 OPERATING ROOM					
038 RECOVERY ROOM					
040 ANESTHESIOLOGY					725
041 RADIOLOGY-DIAGNOSTIC					
044 LABORATORY					
049 RESPIRATORY THERAPY					330
050 PHYSICAL THERAPY					
053 ELECTROCARDIOLOGY					
054 ELECTROENCEPHALOGRAPH					
055 MEDICAL SUPPLIES CHAR	47,192,361				
056 DRUGS CHARGED TO PATIENT		12,521,193			
057 RENAL DIALYSIS				33	
059 CARDIAC CATHETERIZATION				5	497
060 OUTPAT SERVICE COST CENTER					
060 CLINIC			50,207	3,875	5,880
061 EMERGENCY			24,720	1,927	4,392
062 OBSERVATION BEDS (NON-REIMBURSABLE)					
065 OTHER REIMBURS COST CENTER					
065 AMBULANCE SERVICES					
068 SAME DAY SURGERY			2,397	291	
071 HOME HEALTH AGENCY					
SPEC PURPOSE COST CENTER					
083 KIDNEY ACQUISITION					
086 OTHER ORGAN ACQUISITION					
095 SUBTOTALS	47,192,361	12,521,193	100,193	16,072	28,093
NONREIMBURS COST CENTER					
096 GIFT, FLOWER, COFFEE					
098 PHYSICIANS' PRIVATE OFFICE					
100 OTHER NONREIMBURSABLE					
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 COST TO BE ALLOCATED	4,555,838	17,544,042	4,125,711	2,756,618	48,229,478
(PER WRKSHT B, PART I)					
104 UNIT COST MULTIPLIER		1.401148		171.516799	
(WRKSHT B, PT I)	.096538		41.177637		1,716.779198
105 COST TO BE ALLOCATED					
(PER WRKSHT B, PART I)					
106 UNIT COST MULTIPLIER					
(WRKSHT B, PT I)					
107 COST TO BE ALLOCATED	177,721	685,247	487,915	343,076	2,143,508
(PER WRKSHT B, PART I)					
108 UNIT COST MULTIPLIER		.054727		21.346192	
(WRKSHT B, PT I)	.003766		4.869751		76.300431

POST STEP DOWN ADJUSTMENTS

PROVIDER NO:
26-3301

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

PREPARED 5/28/2009
WORKSHEET B-2

DESCRIPTION	WORKSHEET		AMOUNT
	PART	LINE NO.	
1	2	3	4
1 ADJ FOR EPO COSTS IN RENAL DIA	1	57	-80,730
2 ADJ FOR EPO COSTS IN HOME PROG	1	64	
3 ADJ FOR ARANESP IN RENAL DIALY	1	57	
4 ADJ FOR ARANESP IN HOME PROGRA	1	64	

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	17,778,934	1,575,371	16,203,563			17,778,934
38	OPERATING ROOM	3,377,179	325,743	3,051,436			3,377,179
40	ANESTHESIOLOGY	409,012	19,506	389,506			409,012
41	RADIOLOGY-DIAGNOSTIC	7,553,631	944,307	6,609,324			7,553,631
44	LABORATORY	22,165,192	1,452,348	20,712,844			22,165,192
49	RESPIRATORY THERAPY	5,324,458	298,125	5,026,333			5,324,458
50	PHYSICAL THERAPY	8,021,369	1,091,102	6,930,267			8,021,369
53	ELECTROCARDIOLOGY	2,271,559	89,484	2,182,075			2,271,559
54	ELECTROENCEPHALOGRAPHY	1,100,361	278,862	821,499			1,100,361
55	MEDICAL SUPPLIES CHARGED	29,445,049	1,756,569	27,688,480			29,445,049
56	DRUGS CHARGED TO PATIENTS	27,541,702	1,479,200	26,062,502			27,541,702
57	RENAL DIALYSIS	1,499,806	204,195	1,295,611			1,499,806
59	CARDIAC CATHETERIZATION L OUTPAT SERVICE COST CNTRS	1,959,005	272,003	1,687,002			1,959,005
60	CLINIC	14,656,083	1,570,063	13,086,020			14,656,083
61	EMERGENCY	13,172,171	1,621,282	11,550,889			13,172,171
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	2,366	347	2,019			2,366
65	AMBULANCE SERVICES	5,015,136	474,126	4,541,010			5,015,136
68	SAME DAY SURGERY	5,167,818	857,466	4,310,352			5,167,818
101	SUBTOTAL	166,460,831	14,310,099	152,150,732			166,460,831
102	LESS OBSERVATION BEDS	2,366	347	2,019			2,366
103	TOTAL	166,458,465	14,309,752	152,148,713			166,458,465

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	32,903,875	.540329	.540329
38	RECOVERY ROOM	6,734,080	.501506	.501506
40	ANESTHESIOLOGY	8,131,840	.050298	.050298
41	RADIOLOGY-DIAGNOSTIC	60,412,587	.125034	.125034
44	LABORATORY	93,418,690	.237267	.237267
49	RESPIRATORY THERAPY	18,957,216	.280867	.280867
50	PHYSICAL THERAPY	12,219,443	.656443	.656443
53	ELECTROCARDIOLOGY	4,555,886	.498599	.498599
54	ELECTROENCEPHALOGRAPHY	3,598,649	.305771	.305771
55	MEDICAL SUPPLIES CHARGED	89,267,177	.329853	.329853
56	DRUGS CHARGED TO PATIENTS	66,674,576	.413077	.413077
57	RENAL DIALYSIS	2,615,153	.573506	.573506
59	CARDIAC CATHETERIZATION L OUTPAT SERVICE COST CNTRS	3,747,544	.522744	.522744
60	CLINIC	11,690,464	1.253678	1.253678
61	EMERGENCY	27,013,543	.487614	.487614
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	3,020	.783444	.783444
65	AMBULANCE SERVICES	3,169,015	1.582554	1.582554
68	SAME DAY SURGERY	4,196,246	1.231534	1.231534
101	SUBTOTAL	449,309,004		
102	LESS OBSERVATION BEDS	3,020		
103	TOTAL	449,305,984		

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	17,778,934	1,575,371	16,203,563			17,778,934
38	OPERATING ROOM	3,377,179	325,743	3,051,436			3,377,179
40	ANESTHESIOLOGY	409,012	19,506	389,506			409,012
41	RADIOLOGY-DIAGNOSTIC	7,553,631	944,307	6,609,324			7,553,631
44	LABORATORY	22,165,192	1,452,348	20,712,844			22,165,192
49	RESPIRATORY THERAPY	5,324,458	298,125	5,026,333			5,324,458
50	PHYSICAL THERAPY	8,021,369	1,091,102	6,930,267			8,021,369
53	ELECTROCARDIOLOGY	2,271,559	89,484	2,182,075			2,271,559
54	ELECTROENCEPHALOGRAPHY	1,100,361	278,862	821,499			1,100,361
55	MEDICAL SUPPLIES CHARGED	29,445,049	1,756,569	27,688,480			29,445,049
56	DRUGS CHARGED TO PATIENTS	27,541,702	1,479,200	26,062,502			27,541,702
57	RENAL DIALYSIS	1,499,806	204,195	1,295,611			1,499,806
59	CARDIAC CATHETERIZATION L OUTPAT SERVICE COST CNTRS	1,959,005	272,003	1,687,002			1,959,005
60	CLINIC	14,656,083	1,570,063	13,086,020			14,656,083
61	EMERGENCY	13,172,171	1,621,282	11,550,889			13,172,171
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	2,366	347	2,019			2,366
65	AMBULANCE SERVICES	5,015,136	474,126	4,541,010			5,015,136
68	SAME DAY SURGERY	5,167,818	857,466	4,310,352			5,167,818
101	SUBTOTAL	166,460,831	14,310,099	152,150,732			166,460,831
102	LESS OBSERVATION BEDS	2,366	347	2,019			2,366
103	TOTAL	166,458,465	14,309,752	152,148,713			166,458,465

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	32,903,875	.540329	.540329
38	RECOVERY ROOM	6,734,080	.501506	.501506
40	ANESTHESIOLOGY	8,131,840	.050298	.050298
41	RADIOLOGY-DIAGNOSTIC	60,412,587	.125034	.125034
44	LABORATORY	93,418,690	.237267	.237267
49	RESPIRATORY THERAPY	18,957,216	.280867	.280867
50	PHYSICAL THERAPY	12,219,443	.656443	.656443
53	ELECTROCARDIOLOGY	4,555,886	.498599	.498599
54	ELECTROENCEPHALOGRAPHY	3,598,649	.305771	.305771
55	MEDICAL SUPPLIES CHARGED	89,267,177	.329853	.329853
56	DRUGS CHARGED TO PATIENTS	66,674,576	.413077	.413077
57	RENAL DIALYSIS	2,615,153	.573506	.573506
59	CARDIAC CATHETERIZATION L OUTPAT SERVICE COST CNTRS	3,747,544	.522744	.522744
60	CLINIC	11,690,464	1.253678	1.253678
61	EMERGENCY	27,013,543	.487614	.487614
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	3,020	.783444	.783444
65	AMBULANCE SERVICES	3,169,015	1.582554	1.582554
68	SAME DAY SURGERY	4,196,246	1.231534	1.231534
101	SUBTOTAL	449,309,004		
102	LESS OBSERVATION BEDS	3,020		
103	TOTAL	449,305,984		

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	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		1,575,371	32,903,875	16,090		
38	RECOVERY ROOM		325,743	6,734,080	3,664		
40	ANESTHESIOLOGY		19,506	8,131,840	4,229		
41	RADIOLOGY-DIAGNOSTIC		944,307	60,412,587	38,074		
44	LABORATORY		1,452,348	93,418,690	157,362		
49	RESPIRATORY THERAPY		298,125	18,957,216	63,924		
50	PHYSICAL THERAPY		1,091,102	12,219,443	6,229		
53	ELECTROCARDIOLOGY		89,484	4,555,886	15,244		
54	ELECTROENCEPHALOGRAPHY		278,862	3,598,649			
55	MEDICAL SUPPLIES CHARGED		1,756,569	89,267,177	117,590		
56	DRUGS CHARGED TO PATIENTS		1,479,200	66,674,576	441,789		
57	RENAL DIALYSIS		204,195	2,615,153	33,820		
59	CARDIAC CATHETERIZATION L OUTPAT SERVICE COST CNTRS		272,003	3,747,544			
60	CLINIC		1,570,063	11,690,464	665		
61	EMERGENCY		1,621,282	27,013,543	9,761		
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		347	3,020			
65	AMBULANCE SERVICES						
68	SAME DAY SURGERY		857,466	4,196,246			
101	TOTAL		13,835,973	446,139,989	908,441		

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

PROVIDER NO: 26-3301
 PERIOD: FROM 1/1/2008 TO 12/31/2008
 PREPARED 5/28/2009
 WORKSHEET D
 PART III
 TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					38,984	
26	INTENSIVE CARE UNIT					9,486	
26 01	NEONATAL INTENSIVE CARE U					21,973	
101	TOTAL					70,443	

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

PROVIDER NO:	PERIOD:	PREPARED
26-3301	FROM 1/ 1/2008	5/28/2009
	TO 12/31/2008	WORKSHEET D
		PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
		7	
25	ADULTS & PEDIATRICS		162
26	INTENSIVE CARE UNIT		38
26 01	NEONATAL INTENSIVE CARE U		
101	TOTAL		200

TITLE XVIII, PART A HOSPITAL TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST		MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	CARDIAC CATHETERIZATION L						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
68	SAME DAY SURGERY						
101	TOTAL						

TITLE XVIII, PART A

HOSPITAL

TEFRA

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			32,903,875			16,090	
38	RECOVERY ROOM			6,734,080			3,664	
40	ANESTHESIOLOGY			8,131,840			4,229	
41	RADIOLOGY-DIAGNOSTIC			60,412,587			38,074	
44	LABORATORY			93,418,690			157,362	
49	RESPIRATORY THERAPY			18,957,216			63,924	
50	PHYSICAL THERAPY			12,219,443			6,229	
53	ELECTROCARDIOLOGY			4,555,886			15,244	
54	ELECTROENCEPHALOGRAPHY			3,598,649				
55	MEDICAL SUPPLIES CHARGED			89,267,177			117,590	
56	DRUGS CHARGED TO PATIENTS			66,674,576			441,789	
57	RENAL DIALYSIS			2,615,153			33,820	
59	CARDIAC CATHETERIZATION L OUTPAT SERVICE COST CNTRS			3,747,544				
60	CLINIC			11,690,464			665	
61	EMERGENCY			27,013,543			9,761	
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			3,020				
65	AMBULANCE SERVICES							
68	SAME DAY SURGERY			4,196,246				
101	TOTAL			446,139,989			908,441	

TITLE XVIII, PART A HOSPITAL TEFRA

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	4,218					
38	RECOVERY ROOM	5,771					
40	ANESTHESIOLOGY	3,256					
41	RADIOLOGY-DIAGNOSTIC	46,360					
44	LABORATORY	13,243					
49	RESPIRATORY THERAPY	1,285					
50	PHYSICAL THERAPY	1,608					
53	ELECTROCARDIOLOGY	5,666					
54	ELECTROENCEPHALOGRAPHY	933					
55	MEDICAL SUPPLIES CHARGED	26,421					
56	DRUGS CHARGED TO PATIENTS	1,418,334					
57	RENAL DIALYSIS						
59	CARDIAC CATHETERIZATION L OUTPAT SERVICE COST CNTRS						
60	CLINIC	22,629					
61	EMERGENCY	10,221					
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	3,020					
65	AMBULANCE SERVICES						
68	SAME DAY SURGERY						
101	TOTAL	1,562,965					

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				2,279	
38 RECOVERY ROOM				2,894	
40 ANESTHESIOLOGY				164	
41 RADIOLOGY-DIAGNOSTIC				5,797	
44 LABORATORY				3,142	18
49 RESPIRATORY THERAPY				361	
50 PHYSICAL THERAPY				1,056	
53 ELECTROCARDIOLOGY				2,825	
54 ELECTROENCEPHALOGRAPHY				285	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				8,715	1,094
56 DRUGS CHARGED TO PATIENTS				585,881	
57 RENAL DIALYSIS					
59 CARDIAC CATHETERIZATION LABORATORY					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC				28,369	
61 EMERGENCY				4,984	
62 OBSERVATION BEDS (NON-DISTINCT PART)				2,366	
OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
68 SAME DAY SURGERY					
101 SUBTOTAL				649,118	1,112
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				649,118	1,112

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

TITLE XIX - O/P

HOSPITAL

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	.540329				1,003,777
38 RECOVERY ROOM	.501506				637,859
40 ANESTHESIOLOGY	.050298				353,349
41 RADIOLOGY-DIAGNOSTIC	.125034				3,108,839
44 LABORATORY	.237267				3,146,625
49 RESPIRATORY THERAPY	.280867				100,215
50 PHYSICAL THERAPY	.656443				502,353
53 ELECTROCARDIOLOGY	.498599				62,820
54 ELECTROENCEPHALOGRAPHY	.305771				150,074
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.329853				3,096,119
56 DRUGS CHARGED TO PATIENTS	.413077				964,996
57 RENAL DIALYSIS	.573506				238,599
59 CARDIAC CATHETERIZATION LABORATORY OUTPAT SERVICE COST CNTRS	.522744				409,210
60 CLINIC	1.253678				673,882
61 EMERGENCY	.487614				912,456
62 OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.783444				
65 AMBULANCE SERVICES	1.582554				65,735
68 SAME DAY SURGERY	1.231534				335,022
101 SUBTOTAL					15,761,930
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES					15,761,930

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

TITLE XIX - O/P

HOSPITAL

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					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC					
44 LABORATORY					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
53 ELECTROCARDIOLOGY					
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS					
57 RENAL DIALYSIS					
59 CARDIAC CATHETERIZATION LABORATORY					
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC					
61 EMERGENCY					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
62 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
68 SAME DAY SURGERY					
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 A HOSPITAL TEFRA

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	2
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,182.90
85	OBSERVATION BED COST	2,366

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	46,114,092		2,366	
87	NEW CAPITAL-RELATED COST	6,765,959	.146722	2,366	347
88	NON PHYSICIAN ANESTHETIST	46,114,092		2,366	
89	MEDICAL EDUCATION	46,114,092		2,366	
89.01	MEDICAL EDUCATION - ALLIED HEA				
89.02	MEDICAL EDUCATION - ALL 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		124,740	
26	INTENSIVE CARE UNIT		81,358	
26	01 NEONATAL INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.540329	16,090	8,694
38	RECOVERY ROOM	.501506	3,664	1,838
40	ANESTHESIOLOGY	.050298	4,229	213
41	RADIOLOGY-DIAGNOSTIC	.125034	38,074	4,761
44	LABORATORY	.237267	157,362	37,337
49	RESPIRATORY THERAPY	.280867	63,924	17,954
50	PHYSICAL THERAPY	.656443	6,229	4,089
53	ELECTROCARDIOLOGY	.498599	15,244	7,601
54	ELECTROENCEPHALOGRAPHY	.305771		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.329853	117,590	38,787
56	DRUGS CHARGED TO PATIENTS	.413077	441,789	182,493
57	RENAL DIALYSIS	.573506	33,820	19,396
59	CARDIAC CATHETERIZATION LABORATORY OUTPAT SERVICE COST CNTRS	.522744		
60	CLINIC	1.253678	665	834
61	EMERGENCY	.487614	9,761	4,760
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.783444		
65	AMBULANCE SERVICES			
68	SAME DAY SURGERY	1.231534		
101	TOTAL		908,441	328,757
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		908,441	

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		4,591,937	
26	INTENSIVE CARE UNIT		2,989,172	
26 01	NEONATAL INTENSIVE CARE UNIT ANCILLARY SRVC COST CNTRS		9,968,297	
37	OPERATING ROOM	.540329	3,037,566	1,641,285
38	RECOVERY ROOM	.501506	243,289	122,011
40	ANESTHESIOLOGY	.050298	581,788	29,263
41	RADIOLOGY-DIAGNOSTIC	.125034	3,477,024	434,746
44	LABORATORY	.237267	8,344,896	1,979,968
49	RESPIRATORY THERAPY	.280867	2,921,482	820,548
50	PHYSICAL THERAPY	.656443	770,940	506,078
53	ELECTROCARDIOLOGY	.498599	729,361	363,659
54	ELECTROENCEPHALOGRAPHY	.305771	245,130	74,954
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.329853	10,302,760	3,398,396
56	DRUGS CHARGED TO PATIENTS	.413077	7,589,609	3,135,093
57	RENAL DIALYSIS	.573506	98,176	56,305
59	CARDIAC CATHETERIZATION LABORATORY OUTPAT SERVICE COST CNTRS	.522744	180,891	94,560
60	CLINIC	1.253678	205,298	257,378
61	EMERGENCY	.487614	505,726	246,599
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	.783444		
65	AMBULANCE SERVICES			
68	SAME DAY SURGERY	1.231534	168	207
101	TOTAL		39,234,104	13,161,050
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		39,234,104	

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	2,268	38	1,182.90		9	10,646
2	INTENSIVE CARE UNIT	15,710	43	2,292.60		18	41,267
2.01	NEONATAL INTENSIVE CARE UNIT		43.01	1,495.99			
7	TOTAL (SUM OF LINES 1-6)	17,978				27	51,913

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	.540329	42,034	22,712
9	RECOVERY ROOM	38	.501506	2,516	1,262
11	ANESTHESIOLOGY	40	.050298	7,619	383
12	RADIOLOGY-DIAGNOSTIC	41	.125034	983	123
15	LABORATORY	44	.237267	31,506	7,475
20	RESPIRATORY THERAPY	49	.280867	5,963	1,675
21	PHYSICAL THERAPY	50	.656443		
24	ELECTROCARDIOLOGY	53	.498599		
25	ELECTROENCEPHALOGRAPHY	54	.305771		
26	MEDICAL SUPPLIES CHARGED	55	.329853	947	312
27	DRUGS CHARGED TO PATIENTS	56	.413077		
28	RENAL DIALYSIS	57	.573506		
30	CARDIAC CATHETERIZATION L	59	.522744		
31	CLINIC	60	1.253678		
32	EMERGENCY	61	.487614		
33	OBSERVATION BEDS (NON-DIS	62	.783444		
35	TOTAL (SUM OF LINES 8-34)			91,568	33,942

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
		1	2	3
36	ADULTS & PEDIATRICS	D		
		2	9	
37	INTENSIVE CARE UNIT	3	18	
37.01	NEONATAL INTENSIVE CARE UNIT	3.01		
42	TOTAL (SUM OF LINES 36-41)		27	

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
		1	2	3
43	CLINIC	D		
		20		
44	EMERGENCY	21		
45	OBSERVATION BEDS (NON-DISTINCT PART)	22		
47	TOTAL (SUM OF LINES 43-46)			

KIDNEY

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	85,855		109,546	
49	INTERNS & RESIDENTS (INPATIENT)				
50	INTERNS & RESIDENTS (OUTPATIENT)				
51	DIRECT ORGAN ACQUISITION	242,602		572,462	
52	COST OF SERVS OF TEACHING PHYSICIANS				
53	TOTAL (SUM OF LINES 48-52)	328,457		682,008	
54	TOTAL USABLE ORGANS		20		
55	MEDICARE USABLE ORGANS		18		
56	RATIO MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		0.900000		
57	MEDICARE COST/CHARGES	295,611		613,807	
58	REVENUE FOR ORGANS SOLD	78,467		78,467	
59	SUBTOTAL (LN 57 MINUS LN 58)	217,144		535,340	
60	ORGANS FURNISHED PART B				
61	NET ORGAN ACQUISITION COST & CHARGES	217,144		535,340	

PART IV - STATISTICS

		LI 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	3
62	ORGANS EXCISED IN PROVIDER (1)		2	18
63	ORGANS PURCH OTH TRANSPLANT HOSPS(2)			
64	ORGANS PURCH FROM NON-TRANSPLT HOSPS			
65	ORGANS PURCHASED FROM OPOS			14
66	TOTAL (SUM OF LINES 62-65)		2	32
67	ORGANS TRANSPLANTED		2	14
68	ORGANS SOLD TO OTHER HOSPITALS			
69	ORGANS SOLD TO OPOS			18
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)		2	32

(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 B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	1,112
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	649,118
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	353,120
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.890
1.04	LINE 1.01 TIMES LINE 1.03.	577,715
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	61.12
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	224,595
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	1,112
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	3,393
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	3,393
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)	3,393
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	2,281
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	1,112
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	577,715
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	664
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	51,571
19	SUBTOTAL (SEE INSTRUCTIONS)	526,592
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	9,797
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	536,389
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	536,389
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	536,389
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	536,389
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	397,192
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	139,197
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	

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

15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	832,926
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	568,392
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	264,534
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

----- FI ONLY -----

50 ENTER THE ORIGINAL OUTLIER AMOUNT FROM E-3, I LN 1.05 (IRF)
OR 1.09 (IPF).

51 ENTER THE OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)

52 ENTER THE INTEREST RATE USED TO CALCULATE THE TIME VALUE
OF MONEY. (SEE INSTRUCTIONS).

53 ENTER THE TIME VALUE OF MONEY.

	TITLE XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2
1	COMPUTATION OF NET COST OF COVERED SERVICE			
2	INPATIENT HOSPITAL/SNF/NF SERVICES			
3	MEDICAL AND OTHER SERVICES			
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
7	SUBTOTAL			
8			30,031,149	
9			6,027,466	
10	COMPUTATION OF LESSER OF COST OR CHARGES			
11	REASONABLE CHARGES			
12	ROUTINE SERVICE CHARGES			
13	ANCILLARY SERVICE CHARGES			
14	INTERNS AND RESIDENTS SERVICE CHARGES			
15	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
16	TEACHING PHYSICIANS			
17	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
18	TOTAL REASONABLE CHARGES			
19			72,545,440	
20	CUSTOMARY CHARGES			
21	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
22	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)			
23	RATIO OF LINE 17 TO LINE 18			
24	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
25	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
26	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
27	COST OF COVERED SERVICES			
28			9,724,680	
29	PROSPECTIVE PAYMENT AMOUNT			
30	OTHER THAN OUTLIER PAYMENTS			
31	OUTLIER PAYMENTS			
32	PROGRAM CAPITAL PAYMENTS			
33	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
34	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
35	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
36	SUBTOTAL			
37			9,724,680	
38	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
39	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30			
40	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
41			9,724,680	
42	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
43	EXCESS OF REASONABLE COST			
44	SUBTOTAL			
45			9,724,680	
46	COINSURANCE			
47	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
48	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
49	01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)		
50	02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
51	03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)		
52	UTILIZATION REVIEW			
53	SUBTOTAL (SEE INSTRUCTIONS)			
54			9,724,680	
55	INPATIENT ROUTINE SERVICE COST			
56	MEDICARE INPATIENT ROUTINE CHARGES			
57	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
58	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
59	RATIO OF LINE 43 TO 44			
60	TOTAL CUSTOMARY CHARGES			
61	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
62	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
63	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
64	OTHER ADJUSTMENTS (SPECIFY)			
65	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
66	SUBTOTAL			
67			9,724,680	
68	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
69	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
70	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
71			2,684,528	
72	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
73	INTERIM PAYMENTS			
74	01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
75			12,409,208	

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

	TITLE XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
58	BALANCE DUE PROVIDER/PROGRAM		12,409,208	
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.			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		113.79
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)		3.00
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	
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)		116.79
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		146.33
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		116.79
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.		75.39
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.		51.22
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		126.61
3.10	SEE INSTRUCTIONS		101.05
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		40.88
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		50.92
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		35.00
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	42.27
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)		42.27
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		76,756.68
3.18	SEE INSTRUCTIONS		3,244,505
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		50.29
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		68.65
3.21	SEE INSTRUCTIONS	RES INIT YEARS	59.70
3.22	SEE INSTRUCTIONS		59.70
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		76,756.68
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		4,582,374
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		7,826,879

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		200
5	TOTAL INPATIENT DAYS		70,441
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.002839
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	22,221	22,221
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		70,441
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.		
6.06	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		2,615,153

TITLE XVIII

- 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) 607,506
- 13 ORGAN ACQUISITION COSTS 217,144
- 14 COST OF TEACHING PHYSICIANS
- 15 PRIMARY PAYER PAYMENTS
- 16 TOTAL PART A REASONABLE COST 824,650

PART B REASONABLE COST

- 17 REASONABLE COST 650,230
- 18 PRIMARY PAYER PAYMENTS
- 19 TOTAL PART B REASONABLE COST 650,230
- 20 TOTAL REASONABLE COST 1,474,880
- 21 RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST .559130
- 22 RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST .440870

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 22,221
(SUM OF LINES 6.01, 6.05, & 6.08)
- 24 PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY 12,424
- 25 PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY 9,797

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		113.79
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)		3.00
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		
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)		116.79
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		146.33
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		116.79
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.		75.39
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.		51.22
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		126.61
3.10	SEE INSTRUCTIONS		101.05
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		40.88
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		50.92
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		35.00
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	42.27
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)		42.27
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		76,756.68
3.18	SEE INSTRUCTIONS		3,244,505
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		50.29
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		68.65
3.21	SEE INSTRUCTIONS	RES INIT YEARS	59.70
3.22	SEE INSTRUCTIONS		59.70
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		76,756.68
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		4,582,374
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		7,826,879

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		11,632
5	TOTAL INPATIENT DAYS		70,441
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.165131
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	1,292,460	1,292,460
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		14,590
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		70,441
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.		1,392,068
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) 2,684,528
- 24 PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY
- 25 PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	7,678,560			
29 SALARIES, WAGES & FEES PAYABLE	142,180,946			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)				
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES				
36 TOTAL CURRENT LIABILITIES	149,859,506			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	51,808,026			
42 TOTAL LONG-TERM LIABILITIES	51,808,026			
43 TOTAL LIABILITIES	201,667,532			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	367,134,433			
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	367,134,433			
52 TOTAL LIABILITIES AND FUND BALANCES	568,801,965			

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		434,265,205		
2	NET INCOME (LOSS)		-67,130,744		
3	TOTAL		367,134,461		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		367,134,461		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14	BALANCING ADJ	28			
15					
16					
17					
18	TOTAL DEDUCTIONS		28		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		367,134,433		

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

DESCRIPTION

1	TOTAL PATIENT REVENUES	555,505,515
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	194,873,282
3	NET PATIENT REVENUES	360,632,233
4	LESS: TOTAL OPERATING EXPENSES	337,231,398
5	NET INCOME FROM SERVICE TO PATIENTS	23,400,835
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
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	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
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	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER (SPECIFY)	12,092,748
24.01	ASSETS RELEASE	4,380,039
25	TOTAL OTHER INCOME	16,472,787
26	TOTAL	39,873,622
	OTHER EXPENSES	
27	PHYSICIAN PRACTICE	203,115
28	LOSS ON INVESTMENTS	71,672,046
29	EXTRAORDINARY ITEM	35,129,205
30	TOTAL OTHER EXPENSES	107,004,366
31	NET INCOME (OR LOSS) FOR THE PERIOD	-67,130,744

	TOTAL COSTS 1	BASIS 2	STATISTICS 3	FTEs PER 2080 HOURS 4
1 REGISTERED NURSES	272,073	HOURS OF SERVICE	7,739.00	3.72
2 LICENCED PRACTICAL NURSES		HOURS OF SERVICE		
3 NURSES AIDES	1,387	HOURS OF SERVICE	126.00	.06
4 TECHNICIANS		HOURS OF SERVICE		
5 SOCIAL WORKERS		HOURS OF SERVICE		
6 DIETICIANS		HOURS OF SERVICE		
7 PHYSICIANS		ACCUMULATED COST		
8 NON-PATIENT CARE SALARY	84,306	ACCUMULATED COST		
9 SUBTOTAL (SUM OF LINES 1-8)	357,766			
10 EMPLOYEE BENEFITS	26,267	SALARY		
11 OLD & NEW CAPITAL RELATED COSTS-BLDGS. &		SQUARE FEET		
12 OLD & NEW CAPITAL RELATED COSTS-MOV. EQU		PERCENTAGE OF TIME		
13 MACHINE COSTS & REPAIRS		PERCENTAGE OF TIME		
14 SUPPLIES	329,738	REQUISITIONS		
15 DRUGS	119,587	REQUISITIONS		
16 OTHER	12,390	ACCUMULATED COST		
17 SUBTOTAL (SUM OF LINES 9-16)*	845,748			
18 OLD CAPITAL RELATED COSTS-BLDGS. & FIXTU		SQUARE FEET		
19 OLD CAPITAL RELATED COSTS-MOV. EQUIP.		PERCENTAGE OF TIME		
20 NEW CAPITAL RELATED COSTS-BLDGS. & FIXTU	47,527	SQUARE FEET		
21 NEW CAPITAL RELATED COSTS-MOV. EQUIP.	78,647	PERCENTAGE OF TIME		
22 EMPLOYEE BENEFITS	68,710	SALARY		
23 ADMINISTRATIVE AND GENERAL	338,150	ACCUMULATED COST		
24 MAINT./REPAIRS-OPERERATION-HOUSEKEEPING	121,626	SQUARE FEET		
25 MEDICAL EDUCATION PROGRAM COSTS				
26 CENTRAL SERVICES & SUPPLIES		REQUISITIONS		
27 PHARMACY	-80,730	REQUISITIONS		
28 OTHER ALLOCATED COST	80,128	ACCUMULATED COST		
29 SUBTOTAL (SUM OF LINES 17-28)*	1,499,806			
30 LABORATORY (SEE INSTRUCTIONS)		CHARGES		
31 RESPIRATORY THERAPY (SEE INSTRUCTIONS)		CHARGES		
32 OTHER (SEE INSTRUCTIONS)		CHARGES		
33 TOTAL COSTS (SUM OF LINES 29-32)	1,499,806			

* LINE 17, COLUMN 1 SHOULD AGREE WITH WORKSHEET A, COLUMN 7 FOR LINE 57 OR LINE 64 AS APPROPRIATE, AND LINE 29, COLUMN 1 SHOULD AGREE WITH WORKSHEET B, PART I FOR LINE 57 OR LINE 64 AS APPROPRIATE.

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES
 PROVIDER NO: 26-3301 PERIOD: FROM 1/1/2008 TO 12/31/2008 PREPARED 5/28/2009
 SATELLITE NO: WORKSHEET 1-2

CHECK ONE: XX RENAL DIALYSIS DEPARTMENT HOME PROGRAM DIALYSIS

OUTPATIENT SERVICES COMPOSITE PAYMENT RATE		CAPITAL AND RELATED COSTS EQUIPMENT		DIRECT PATIENT CARE SALARY OTHER		EMPLOYEE BENEFITS
		1	2	3	4	5
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	169,153	78,647	272,073	1,387	94,977
2	HEMODIALYSIS	106,176	49,548	123,613	233	43,154
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD	1,928	786	2,168		757
7	CCDP HOME					
8	HEMODIALYSIS					
9	INTERMITTENT PERITONEAL					
10	CAPD			56,407	1,021	19,688
11	CCDP					
12	OTHER BILLABLE SERVICES INPATIENT DIALYSIS	61,049	28,313	89,885	133	31,378
13	METHOD II HOME PATIENT					
14	EPO (INCLUDED IN RENAL DEPARTMENT)					
14.01	ARANESP (INCLUDED IN RENAL DEPARTMENT)					
15	OTHER					
16	TOTAL (SUM OF LINES 2-15)	169,153	78,647	272,073	1,387	94,977
17	MEDICAL EDUCATION PROGRAM COSTS					
18	TOTAL RENAL COSTS (LINE 16 + LINE 17)					

OUTPATIENT SERVICES COMPOSITE PAYMENT RATE		DRUGS	MEDICAL SUPPLIES	ROUTINE ANCILLARY SERVICES	SUBTOTAL (SUM OF COLS. 1-8)	OVERHEAD
		6	7	8	9	10
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	38,857	329,738		984,832	514,974
2	HEMODIALYSIS	24,385	90,126		437,235	228,633
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD	449	1,660		7,748	4,051
7	CCDP HOME					
8	HEMODIALYSIS					
9	INTERMITTENT PERITONEAL					
10	CAPD		186,123		263,239	137,649
11	CCDP					
12	OTHER BILLABLE SERVICES INPATIENT DIALYSIS	14,023	51,829		276,610	144,641
13	METHOD II HOME PATIENT					
14	EPO (INCLUDED IN RENAL DEPARTMENT)	119,587				
14.01	ARANESP (INCLUDED IN RENAL DEPARTMENT)					
15	OTHER					
16	TOTAL (SUM OF LINES 2-15)	38,857	329,738		984,832	514,974
17	MEDICAL EDUCATION PROGRAM COSTS					
18	TOTAL RENAL COSTS (LINE 16 + LINE 17)					

OUTPATIENT SERVICES COMPOSITE PAYMENT RATE		TOTAL (COL. 9 + COL. 10)
		11
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	1,499,806
2	HEMODIALYSIS	665,868
3	INTERMITTENT PERITONEAL TRAINING	
4	HEMODIALYSIS	
5	INTERMITTENT PERITONEAL	
6	CAPD	11,799
7	CCDP HOME	
8	HEMODIALYSIS	
9	INTERMITTENT PERITONEAL	
10	CAPD	400,888
11	CCDP	
12	OTHER BILLABLE SERVICES INPATIENT DIALYSIS	421,251
13	METHOD II HOME PATIENT	
14	EPO (INCLUDED IN RENAL DEPARTMENT)	
14.01	ARANESP (INCLUDED IN RENAL DEPARTMENT)	
15	OTHER	
16	TOTAL (SUM OF LINES 2-15)	1,499,806
17	MEDICAL EDUCATION PROGRAM COSTS	
18	TOTAL RENAL COSTS (LINE 16 + LINE 17)	1,499,806

CHECK ONE: XX RENAL DIALYSIS DEPARTMENT HOME PROGRAM DIALYSIS

COMPOSITE PAYMENT SERVICES		CAPITAL AND RELATED BUILDING COSTS	EQUIPMENT COSTS	DI RECT PATIENT CARE SALARY	EMPLOYEE BENEFITS
		1 (SQUARE FEET)	2 (% OF TIME)	3 (HOURS)	5 (SALARY)
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	169,153	78,647	272,073	94,977
2	HEMODIALYSIS	1,927	.63	2,965.00	174,492
3	INTERMITTENT PERITONEAL TRAINING				
4	HEMODIALYSIS				
5	INTERMITTENT PERITONEAL				
6	CAPD	35	.01	52.00	3,060
7	CCDP				
8	HOME				
9	HEMODIALYSIS				
10	INTERMITTENT PERITONEAL				
11	CAPD			1,353.00	79,608
11	CCDP				
12	OTHER BILLABLE SERVICES				
13	INPATIENT DIALYSIS TREATMENTS	406	1,108	2,156.00	126,873
14	METHOD II HOME PATIENT				
14	EPO				
14.01	ARANESP				
15	OTHER				
16	TOTAL STATISTICAL BASIS	3,070	1.00	6,526.00	384,033
17	UNIT COST MULTIPLIER (LINE 1 DIVIDED BY LINE 16)	55.098697	8647.000000	41.690622	.247315

COMPOSITE PAYMENT SERVICES		DRUGS	MEDICAL SUPPLIES	ROUTINE ANCILLARY SERVICES	SUBTOTAL (SUM OF COLS. 1-8)	OVERHEAD
		6 (REQUI ST.)	7 (REQUI ST.)	8 (CHARGES)	9	10 (ACCUMULATED COST)
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	38,857	329,738		984,832	514,974
2	HEMODIALYSIS	75,047	90,126			
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD	1,382	1,660			
7	CCDP					
8	HOME					
9	HEMODIALYSIS					
10	INTERMITTENT PERITONEAL					
11	CAPD		186,124			
11	CCDP					
12	OTHER BILLABLE SERVICES					
13	INPATIENT DIALYSIS TREATMENTS	406	43,158	51,829		
14	METHOD II HOME PATIENT					
14	EPO					
14.01	ARANESP					
15	OTHER					
16	TOTAL STATISTICAL BASIS	119,587	329,739			984,832
17	UNIT COST MULTIPLIER (LINE 1 DIVIDED BY LINE 16)	.324927	.999997			.522905

PROVIDER NO:	PERIOD:	PREPARED
26-3301	FROM 1/1/2008	5/28/2009
SATELLITE NO:	TO 12/31/2008	WORKSHEET 1-5
		RATE 0

CALCULATION OF REIMBURSABLE
BAD DEBTS - TITLE XVIII - PART B

	DESCRIPTION	
1	TOTAL EXPENSES RELATED TO CARE OF PROGRAM BENEFICIARIES (SEE INSTRUCTIONS)	362,850
2	TOTAL PAYMENT (FROM WORKSHEET 1-4, COLUMN 7, LINE 11)	67,366
3	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS	
4	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS	
5	BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE, NET OF BAD DEBT RECOVERIES	
5.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	
6	NET DEDUCTIBLES AND COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SUM OF LINES 3 & 4 LESS LINE 5)	
7	PROGRAM PAYMENT (LINE 2 LESS LINE 3, TIMES 80%)	53,893
8	UNRECOVERED FROM MEDICARE (PART B) PATIENTS (LESSER OF LINE 1 OR LINE 2 MINUS THE SUM OF LINES 6 AND 7. IF NEGATIVE, ENTER ZERO AND DO NOT COMPLETE LINE 9.)	13,473
9	REIMBURSABLE BAD DEBTS (LESSER OF LINE 8 OR LINE 5) (TRANSFER TO WORKSHEET E, PART B, LINE 26)	