

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

FORM APPROVED
 OMB NO. 0938-0050

WORKSHEET S
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	I	26-0032	I	FROM 1/ 1/2009	I	--AUDITED --DESK REVIEW	I	/ /
	I		I	TO 12/31/2009	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
	I		I		I	--FINAL 1-MCR CODE	I	
						00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT DATE: 5/25/2010 TIME 11:52

PART I - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:
 BARNES-JEWISH HOSPITAL 26-0032

FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2009 AND ENDING 12/31/2009 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	5
1	HOSPITAL	0	3,572,272	307,473	56,934,187
2	SUBPROVIDER	0	24,588	350	535,358
5	HOSPITAL-BASED SNF	0	13,354	0	0
6	HOSPITAL-BASED NF	0	0	0	-34,127
100	TOTAL	0	3,610,214	307,823	57,435,418

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.

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

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 26-0032
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/25/2010
 WORKSHEET S-3
 PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	442,741,559	5,560,296	448,301,855	17,432,816.29	25.72	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A	159,356		159,356	761.14	209.36	
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B	4,337,815		4,337,815	52,117.90	83.23	
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)	45,870,328	106,427	45,976,755	1,811,664.34	25.38	
6.01 CONTRACT SERVICES, I&R	39,211		39,211	244.90	160.11	
7 HOME OFFICE PERSONNEL						
8 SNF	2,815,022	71,467	2,886,489	139,132.01	20.75	
8.01 EXCLUDED AREA SALARIES	19,027,122	1,424,078	20,451,200	749,370.18	27.29	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	1,561,977		1,561,977	24,611.64	63.46	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT	55,133		55,133	2,058.35	26.79	
10 CONTRACT LABOR: PHYS PART A						
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)	52,377,859		52,377,859	473,272.80	110.67	
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	47,315,144		47,315,144	1,050,409.00	45.04	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	89,368,212		89,368,212			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	5,357,534		5,357,534			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A	23,508		23,508			CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B	713,048		713,048			CMS 339
19.01 WAGE-RELATED COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)	10,981,936		10,981,936			CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	7,287,125	-393,720	6,893,405	189,654.42	36.35	
22 ADMINISTRATIVE & GENERAL	43,329,594	-4,102,491	39,227,103	1,599,314.69	24.53	
22.01 A & G UNDER CONTRACT	1,043,954		1,043,954	18,559.51	56.25	
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	8,560,611	334,382	8,894,993	324,310.19	27.43	
25 LAUNDRY & LINEN SERVICE	29,710	2,269	31,979	2,409.00	13.27	
26 HOUSEKEEPING	10,798,591	46,329	10,844,920	929,581.23	11.67	
26.01 HOUSEKEEPING UNDER CONTRACT	15,913		15,913	930.25	17.11	
27 DIETARY	6,599,025	-1,417,613	5,181,412	375,979.99	13.78	
27.01 DIETARY UNDER CONTRACT	17,576		17,576	1,131.50	15.53	
28 CAFETERIA	2,363,996	1,642,763	4,006,759	327,677.51	12.23	
29 MAINTENANCE OF PERSONNEL	885,389	16,092	901,481	40,974.07	22.00	
30 NURSING ADMINISTRATION	17,366,413	1,248,012	18,614,425	536,587.04	34.69	
31 CENTRAL SERVICE AND SUPPLY	3,203,138	87,248	3,290,386	197,340.41	16.67	
32 PHARMACY	15,621,705	283,469	15,905,174	473,591.90	33.58	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	13,528,815	371,232	13,900,047	552,507.00	25.16	
34 SOCIAL SERVICE	2,498,364	-113,111	2,385,253	92,413.44	25.81	
35 OTHER GENERAL SERVICE	3,312,260	147,622	3,459,882	97,728.18	35.40	
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	393,571,648	5,453,869	399,025,517	15,589,410.41	25.60	
2 EXCLUDED AREA SALARIES	21,842,144	1,495,545	23,337,689	888,502.19	26.27	
3 SUBTOTAL SALARIES	371,729,504	3,958,324	375,687,206	14,700,908.22	25.56	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	101,310,113		101,310,113	1,550,351.79	65.35	
5 SUBTOTAL WAGE-RELATED COSTS	89,391,720		89,391,720		23.79	
6 TOTAL	562,431,337	3,958,324	566,389,661	16,251,260.01	34.85	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	136,462,179	-1,847,517	134,614,662	5,760,690.33	23.37	

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 26-0032
PERIOD: FROM 1/1/2009 TO 12/31/2009
PREPARED 5/25/2010
WORKSHEET S-7

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	4.02	4.03
1	2	3	3.01	4	4.01	4.02		4.03
1	RUC		85					
2	RUB		626					
3	RUA		51					
3.01	RUX		277					
3.02	RUL		813					
4	RVC		15					
5	RVB		1,036					
6	RVA		484					
6.01	RVX		764					
6.02	RVL		4,048					
7	RHC		235					
8	RHB		254					
9	RHA		158					
9.01	RHX							
9.02	RHL							
10	RMC		23					
11	RMB		123					
12	RMA		80					
12.01	RMX		1,096					
12.02	RML		1,841					
13	RLB							
14	RLA							
14.01	RLX							
15	SE3		445					
16	SE2		327					
17	SE1							
18	SSC							
19	SSB		161					
20	SSA		581					
21	CC2							
22	CC1		3					
23	CB2							
24	CB1		31					
25	CA2		41					
26	CA1		103					
27	IB2							
28	IB1							
29	IA2							
30	IA1							
31	BB2							
32	BB1							
33	BA2							
34	BA1							
35	PE2							
36	PE1							
37	PD2							
38	PD1							
39	PC2							
40	PC1		14					
41	PB2							
42	PB1							
43	PA2							
44	PA1							
45	Default		42					
46	TOTAL		13,757					

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

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.9006
 Wage Index Factor (after 10/01) : 0.9102
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : 7040
 SNF CBSA Code : 41180

PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

PROVIDER NO: 26-0032
PERIOD: FROM 1/1/2009 TO 12/31/2009
PREPARED 5/25/2010
WORKSHEET S-7

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

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

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

Worksheet S-2 reference data:
 Transition Period : 100% Federal
 Wage Index Factor (before 10/01): 0.9006
 Wage Index Factor (after 10/01) : 0.9102
 SNF Facility Specific Rate : 0.00
 Urban/Rural Designation : URBAN
 SNF MSA Code : 7040
 SNF CBSA Code : 41180

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
26-0032	FROM 1/1/2009	5/25/2010
	TO 12/31/2009	WORKSHEET S-10

DESCRIPTION

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04		
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
UNCOMPENSATED CARE REVENUES		
17	REVENUE FROM UNCOMPENSATED CARE	
17.01	GROSS MEDICAID REVENUES	81,942,926
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	81,942,926
UNCOMPENSATED CARE COST		
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)	.357068
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	387,260,611

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
26-0032	FROM 1/ 1/2009	5/25/2010
	TO 12/31/2009	WORKSHEET S-10

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	138,278,372
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	63,387,224
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	22,633,549
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	138,278,372

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 26-0032
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/25/2010
 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES		OTHER	TOTAL	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2		3	4	5
3	0300	GENERAL SERVICE COST CNTR					
3.01	0301	NEW CAP REL COSTS-BLDG & FIXT				1,433,832	1,433,832
3.02	0302	NEW CRC-B&F(BH PRE-MERGE)				3,611,901	3,611,901
3.03	0303	NEW CRC-B&F(BJH POSTMERGE)		32,326,550	32,326,550	-21,513,883	10,812,667
3.04	0304	NEW CRC-B&F(BJH CAMP EXP)				15,723,689	15,723,689
3.05	0305	NEW CRC-B&F(GSON)		2,445,047	2,445,047	-701,048	1,743,999
4	0400	NEW CRC-B&F(THE HIGHLANDS)					
5	0500	NEW CAP REL COSTS-MVBLE EQUIP				32,944,975	43,772,218
6.01	0610	EMPLOYEE BENEFITS		7,287,125	82,691,826	89,978,951	89,347,351
6.02	0620	NONPATIENT TELEPHONES		1,453,079	-508,513	944,566	975,144
6.03	0630	DATA PROCESSING				30,578	27,030
6.04	0640	PURCHASING, RECEIVING AND STORES		838,904	7,665,617	8,504,521	-3,975,999
6.05	0650	ADMITTING		8,389,079	2,001,158	10,390,237	245,053
6.06	0660	CASHIERING/ACCOUNTS RECEIVABLE		3,533,288	4,550,358	8,083,646	103,117
8	0800	OTHER ADMINISTRATIVE AND GENERAL		29,115,244	181,680,970	210,796,214	-67,813,197
9	0900	OPERATION OF PLANT		8,560,611	22,721,309	31,281,920	-1,150,569
10	1000	LAUNDRY & LINEN SERVICE		29,710	3,078,147	3,107,857	445
11	1100	HOUSEKEEPING		10,798,591	3,815,305	14,613,896	-934,086
12	1200	DIETARY		6,599,025	8,355,434	14,954,459	-5,764,459
13.01	1301	CAFETERIA		2,363,996	4,299,933	6,663,929	5,812,833
14	1400	EXTENDED CARE SERVICES		885,389	678,685	1,564,074	15,040
15	1500	NURSING ADMINISTRATION		17,366,413	10,274,021	27,640,434	886,201
16	1600	CENTRAL SERVICES & SUPPLY		3,203,138	11,659,087	14,862,225	-111,833
17	1700	PHARMACY		15,621,705	76,437,385	92,059,090	15,371,920
18	1800	MEDICAL RECORDS & LIBRARY		13,528,815	6,851,460	20,380,275	286,922
19.01	1951	SOCIAL SERVICE		2,498,364	785,086	3,283,450	-127,542
19.02	1952	LAB ADMINISTRATION		3,312,260	4,480,348	7,792,608	131,012
21	2100	RESEARCH ADMINISTRATION					4,472
22	2200	NURSING SCHOOL		5,940,566	3,170,491	9,111,057	46,897
24.01	2401	I&R SERVICES-SALARY & FRINGES APPRVD		45,870,328	8,073,758	53,944,086	48,291,297
24.02	2402	PARAMED ED PRGM-HOSP ADMIN					120,603
24.04	2404	PARAMED ED PRGM-PHARMACY					210,954
		PARAMED ED PRGM-PASTORAL ED					110,730
25	2500	INPAT ROUTINE SRVC CNTRS					
26	2600	ADULTS & PEDIATRICS		80,976,698	16,869,099	97,845,797	-2,805,885
27	2700	INTENSIVE CARE UNIT		6,310,569	1,215,655	7,526,224	127,874
29	2900	CORONARY CARE UNIT		3,274,980	512,324	3,787,304	58,675
30.01	2041	SURGICAL INTENSIVE CARE UNIT		5,204,197	1,141,501	6,345,698	107,327
30.02	2042	NEURO-ICU		4,151,588	961,810	5,113,398	14,556
31	3100	CARDIO-THORACIC ICU		5,367,735	1,100,561	6,468,296	84,542
33	3300	SUBPROVIDER		5,171,512	1,601,036	6,772,548	130,789
34	3400	NURSERY		825,340	269,300	1,094,640	17,723
35	3500	SKILLED NURSING FACILITY		2,815,022	1,326,562	4,141,584	62,155
36	3600	NURSING FACILITY		614	444	1,058	288,723
		OTHER LONG TERM CARE		1,315,985	416,355	1,732,340	-258,914
37	3700	ANCILLARY SRVC COST CNTRS					
38	3800	OPERATING ROOM		28,936,594	114,739,138	143,675,732	-108,835,654
39	3900	RECOVERY ROOM		8,021,393	2,839,618	10,861,011	3,924,684
40	4000	DELIVERY ROOM & LABOR ROOM		4,331,490	1,652,350	5,983,840	-586,886
41	4100	ANESTHESIOLOGY		1,560,290	10,608,937	12,169,227	-2,255,627
42	4200	RADIOLOGY-DIAGNOSTIC		15,761,074	22,634,462	38,395,536	-12,300,593
43	4300	RADIOLOGY-THERAPEUTIC		6,367,684	15,910,029	22,277,713	-3,334,681
44	4400	RADIOISOTOPE		1,675,657	984,776	2,660,433	-181,371
44.01	4401	LABORATORY		12,610,266	18,202,287	30,812,553	-261,270
47	4700	HLA LAB		727,370	2,369,620	3,096,990	-12,953
49	4900	BLOOD STORING, PROCESSING & TRANS.		4,572,952	20,826,314	25,399,266	33,926
50	5000	RESPIRATORY THERAPY		7,108,831	3,663,686	10,772,517	-553,431
51	5100	PHYSICAL THERAPY		3,538,661	643,398	4,182,059	44,046
52	5200	OCCUPATIONAL THERAPY		1,352,099	135,952	1,488,051	1,112
53	5300	SPEECH PATHOLOGY		530,715	110,199	640,914	-38,826
54	5400	ELECTROCARDIOLOGY		2,488,810	1,974,487	4,463,297	-427,137
55	5500	ELECTROENCEPHALOGRAPHY		442,378	481,011	923,389	-14,916
56	5600	MEDICAL SUPPLIES CHARGED TO PATIENTS					143,572,698
57	5700	DRUGS CHARGED TO PATIENTS					
59.01	3230	RENAL DIALYSIS		1,549,403	917,854	2,467,257	-203,520
59.02	3230	CAT SCAN		2,486,317	2,035,069	4,521,386	-727,770
59.03	3230	ULTRASOUND		825,374	1,502,493	2,327,867	-260,088
59.04	3310	CARDIAC CATHETERIZATION LABORATORY		3,111,814	23,898,705	27,010,519	-23,843,039
59.05	3330	ENDOSCOPY		3,490,289	4,459,420	7,949,709	-2,663,056
59.06	3330	OB/GYN IN VITRO		511,031	1,006,346	1,517,377	-257,687
59.07	3350	OUTPATIENT PHARMACY		2,397,377	13,424,762	15,822,139	-12,936,540
60	6000	ELECTROSHOCK THERAPY		170,801	53,594	224,395	526
61	6100	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		459,858	-259,436	200,422	48,999
62	6200	OUTPAT SERVICE COST CNTRS					
65	6500	CLINIC		7,447,151	3,492,191	10,939,342	-320,755
82	8200	EMERGENCY		11,057,565	7,491,374	18,548,939	-140,705
83	8300	OBSERVATION BEDS (NON-DISTINCT PART)					
84	8400	OTHER REIMBURS COST CNTRS					
85	8500	AMBULANCE SERVICES			894	894	894
86	8600	SPEC PURPOSE COST CENTERS					
		LUNG ACQUISITION		332,094	3,226,041	3,558,135	129,847
		KIDNEY ACQUISITION		620,389	5,205,264	5,825,653	437,004
		LIVER ACQUISITION		419,486	3,580,853	4,000,339	138,757
		HEART ACQUISITION		218,435	1,154,760	1,373,195	-69,052
		PANCREAS ACQUISITION			374,597	374,597	2,389
		OTHER ORGAN ACQUISITION		290,208	3,920,903	4,211,111	6,236

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 26-0032
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/25/2010
 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	SPEC PURPOSE COST CENTERS					
88 8800	INTEREST EXPENSE		13,592,385	13,592,385		13,592,385
90 9000	OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS	438,023,726	820,629,685	1,258,653,411	-1,372,483	1,257,280,928
	NONREIMBURSABLE COST CENTERS					
97 9700	RESEARCH				129,490	129,490
97.02 9702	RESEARCH-GCRC-I/P		46,835	46,835	57,510	104,345
97.03 9703	RESEARCH-GCRC-O/P		10,034	10,034	48,286	58,320
100 7950	OTHER NONREIMBURSABLE COST CENTERS	3,943,448	4,146,768	8,090,216	1,115,247	9,205,463
100.01 7951	DEVELOPMENT				-51	-51
100.02 7952	MARKETING/COMMUNITY RELATIONS	774,385	2,736,893	3,511,278	22,001	3,533,279
100.03 7953	GUEST MEALS					
101	TOTAL	442,741,559	827,570,215	1,270,311,774	-0-	1,270,311,774

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 26-0032
PERIOD: FROM 1/1/2009 TO 12/31/2009
PREPARED 5/25/2010
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
3 0300	NEW CAP REL COSTS-BLDG & FIXT	688,702	2,122,534
3.01 0301	NEW CRC-B&F(BH PRE-MERGE)	246,623	3,858,524
3.02 0302	NEW CRC-B&F(BJH POSTMERGE)	243,677	11,056,344
3.03 0303	NEW CRC-B&F(BJH CAMP EXP)		15,723,689
3.04 0304	NEW CRC-B&F(GSON)		1,743,999
3.05 0305	NEW CRC-B&F(THE HIGHLANDS)	1,040,509	1,040,509
4 0400	NEW CAP REL COSTS-MVBLE EQUIP	-6,204,889	37,567,329
5 0500	EMPLOYEE BENEFITS	8,434,396	97,781,747
6.01 0610	NONPATIENT TELEPHONES		975,144
6.02 0620	DATA PROCESSING		27,030
6.03 0630	PURCHASING, RECEIVING AND STORES	3,390,835	7,919,357
6.04 0640	ADMINISTRATIVE	-1,924	10,633,366
6.05 0650	CASHIERING/ACCOUNTS RECEIVABLE	-41,386	8,145,377
6.06 0660	OTHER ADMINISTRATIVE AND GENERAL	47,998,262	190,981,279
8 0800	OPERATION OF PLANT	11,209,468	41,340,819
9 0900	LAUNDRY & LINEN SERVICE		3,108,302
10 1000	HOUSEKEEPING	500	13,680,310
11 1100	DIETARY	-138,923	9,051,077
12 1200	CAFETERIA	-9,445,159	3,031,603
13.01 1301	EXTENDED CARE SERVICES	-54,443	1,524,671
14 1400	NURSING ADMINISTRATION	-496,588	28,030,047
15 1500	CENTRAL SERVICES & SUPPLY		14,750,392
16 1600	PHARMACY	-56,164	107,374,846
17 1700	MEDICAL RECORDS & LIBRARY	-1,142,779	19,524,418
18 1800	SOCIAL SERVICE		3,155,908
19.01 1951	LAB ADMINISTRATION	-4,106,118	3,817,502
19.02 1952	RESEARCH ADMINISTRATION		4,472
21 2100	NURSING SCHOOL	-10,040,367	-882,413
22 2200	I&R SERVICES-SALARY & FRINGES APPRVD	-11,668,332	90,567,051
24.01 2401	PARAMED PRGM-HOSP ADMIN		120,603
24.02 2402	PARAMED PRGM-PHARMACY		210,954
24.04 2404	PARAMED PRGM-PASTORAL ED		110,730
	INPAT ROUTINE SRVC CNTRS		
25 2500	ADULTS & PEDIATRICS	-290,680	94,749,232
26 2600	INTENSIVE CARE UNIT	-716	7,653,382
27 2700	CORONARY CARE UNIT	-479	3,845,500
29 2900	SURGICAL INTENSIVE CARE UNIT		6,453,025
30.01 2041	NEURO-ICU		5,127,954
30.02 2042	CARDIO-THORACIC ICU	-899	6,551,939
31 3100	SUBPROVIDER		6,903,337
33 3300	NURSERY		1,112,363
34 3400	SKILLED NURSING FACILITY		4,203,739
35 3500	NURSING FACILITY		289,781
36 3600	OTHER LONG TERM CARE		1,473,426
	ANCILLARY SRVC COST CNTRS		
37 3700	OPERATING ROOM	-256,933	34,583,145
38 3800	RECOVERY ROOM	-251	14,785,444
39 3900	DELIVERY ROOM & LABOR ROOM	-8,074	5,388,880
40 4000	ANESTHESIOLOGY	-3,852,879	6,060,721
41 4100	RADIOLOGY-DIAGNOSTIC	-28,105	26,066,838
42 4200	RADIOLOGY-THERAPEUTIC	-4,386,238	14,556,794
43 4300	RADIOISOTOPE		2,479,062
44 4400	LABORATORY	459,665	31,010,948
44.01 4401	HLA LAB	299,210	3,383,247
47 4700	BLOOD STORING, PROCESSING & TRANS.	320,366	25,753,558
49 4900	RESPIRATORY THERAPY	-9,726	10,209,360
50 5000	PHYSICAL THERAPY	-6,540	4,219,565
51 5100	OCCUPATIONAL THERAPY	-92	1,489,071
52 5200	SPEECH PATHOLOGY	-116	601,972
53 5300	ELECTROCARDIOLOGY	-74,311	3,961,849
54 5400	ELECTROENCEPHALOGRAPHY	-79,996	828,477
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS	-118	143,572,580
56 5600	DRUGS CHARGED TO PATIENTS	-661	-661
57 5700	RENAL DIALYSIS		2,263,737
59 3230	CAT SCAN		3,793,616
59.01 3630	ULTRASOUND		2,067,779
59.02 3120	CARDIAC CATHETERIZATION LABORATORY	-92,048	3,075,432
59.03 3330	ENDOSCOPY	-151,875	5,134,778
59.04 3331	OB/GYN IN VITRO	-93,304	1,166,386
59.05 3950	OUTPATIENT PHARMACY	-1,030,103	1,855,496
59.06 3320	ELECTROSHOCK THERAPY		224,921
59.07 3550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		249,421
	OUTPAT SERVICE COST CNTRS		
60 6000	CLINIC	-492,824	10,125,763
61 6100	EMERGENCY	-1,394,189	17,014,045
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
65 6500	AMBULANCE SERVICES	-894	
	SPEC PURPOSE COST CENTERS		
82 8200	LUNG ACQUISITION	-392	3,687,590
83 8300	KIDNEY ACQUISITION	-361,433	5,901,224
84 8400	LIVER ACQUISITION		4,139,096
85 8500	HEART ACQUISITION		1,304,143
85.01 8510	PANCREAS ACQUISITION		376,986
86 8600	OTHER ORGAN ACQUISITION	-118,086	4,099,261

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 26-0032
PERIOD: FROM 1/1/2009 TO 12/31/2009
PREPARED 5/25/2010
WORKSHEET A

COST CENTER		COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
		SPEC PURPOSE COST CENTERS		
88	8800	INTEREST EXPENSE	-13,592,385	-0-
90	9000	OTHER CAPITAL RELATED COSTS		-0-
95		SUBTOTALS	4,610,794	1,261,891,722
		NONREIMBURSABLE COST CENTERS		
97	9700	RESEARCH		129,490
97.02	9702	RESEARCH-GCRC-I/P		104,345
97.03	9703	RESEARCH-GCRC-O/P		58,320
100	7950	OTHER NONREIMBURSABLE COST CENTERS		9,205,463
100.01	7951	DEVELOPMENT		-51
100.02	7952	MARKETING/COMMUNITY RELATIONS		3,533,279
100.03	7953	GUEST MEALS		
101		TOTAL	4,610,794	1,274,922,568

COST CENTERS USED IN COST REPORT

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

COST CENTERS USED IN COST REPORT

PROVIDER NO: 26-0032
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/25/2010
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	SPEC PURPOSE COST CE		
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
97	RESEARCH	9700	
97.02	RESEARCH-GCRC-I/P	9702	RESEARCH
97.03	RESEARCH-GCRC-O/P	9703	RESEARCH
100	OTHER NONREIMBURSABLE COST CENTERS	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	DEVELOPMENT	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	MARKETING/COMMUNITY RELATIONS	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	GUEST MEALS	7953	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:
260032

PERIOD:
FROM 1/1/2009
TO 12/31/2009

PREPARED 5/25/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE			
	CODE (1)	COST CENTER	LINE NO	SALARY OTHER
1 RECLASS COST OF DRUGS SOLD	A	2	16	15,529,230
2				
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28				
29				
30				
31				
32 RECLASS COST OF MEDICAL SUPPLIES	B		55	143,572,698
33				
34				
35				
1 RECLASS COST OF MEDICAL SUPPLIES	B			
2				
3				
4				
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14				
15				
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17				
18				
19				
20				
21 RECLASS SCHOOL OF NURSING COSTS	C		10	23,519
22 RECLASS EQUIPMENT DEPRECIATION	D		4	31,767,742
23				
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35				

RECLASSIFICATIONS

PROVIDER NO:
260032

PERIOD:
FROM 1/1/2009
TO 12/31/2009

PREPARED 5/25/2010
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	----- INCREASE -----				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 RECLASS EQUIPMENT DEPRECIATION	D				
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1 RECLASS EQUIPMENT DEPRECIATION	D				
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12					
13 RECLASS DEPRECIATION	E	NEW CAP REL COSTS-BLDG & FIXT	3		1,317,226
14		NEW CRC-B&F(BH PRE-MERGE)	3.01		3,648,404
15		NEW CRC-B&F(BJH CAMP EXP)	3.03		15,854,871
16		NEW CAP REL COSTS-MVBLE EQUIP	4		734,520
17 RECLASS WASH U CONTRACT COSTS	F	I&R SERVICES-SALARY & FRINGES APPRVD	22		53,187,762
18 RECLASS COST OF INTERPRETORS	G	OTHER ADMINISTRATIVE AND GENERAL	6.06	565,828	197,627
19 RECLASS GAMMA KNIFE COSTS	H	RADIOLOGY-THERAPEUTIC	42		79,505
20					
21 RECLASS PARAMEDICAL EDUCATION	I	PARAMED ED PRGM-HOSP ADMIN	24.01	112,170	8,433
22		PARAMED ED PRGM-PHARMACY	24.02	195,965	14,989
23		PARAMED ED PRGM-PASTORAL ED	24.04	79,011	31,719
24 RECLASS FINANCE ACCRUALS	J	OTHER ADMINISTRATIVE AND GENERAL	6.06	402,592	488,781
25		OPERATION OF PLANT	8		110,884
26 RECLASS NURSING FACILITY COSTS	K	NURSING FACILITY	35	219,331	69,392
27 RECLASS DIETARY COSTS TO CAFETERIA	L	CAFETERIA	12	1,582,691	4,197,705
28 RECLASS PRE-TRANSPLANT DIETICIAN	M	LUNG ACQUISITION	82	5,690	409
29		KIDNEY ACQUISITION	83	3,191	225
30		LIVER ACQUISITION	84	11,629	810
31		HEART ACQUISITION	85	1,968	142
32 RECLASS TRANSPLANT SALARIES & FICA	N	NURSING ADMINISTRATION	14	491,704	34,095
33		ADULTS & PEDIATRICS	25	7,684	557
34		LUNG ACQUISITION	82	84,807	6,005
35		KIDNEY ACQUISITION	83	276,304	19,674

RECLASSIFICATIONS

PROVIDER NO:
260032

PERIOD:
FROM 1/ 1/2009
TO 12/31/2009

PREPARED 5/25/2010
WORKSHEET A-6
CONTD

----- INCREASE -----					
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 RECLASS TRANSPLANT SALARIES & FICA	N	LIVER ACQUISITION	84	78,565	5,141
2		PANCREAS ACQUISITION	85.01	295	22
3 RECLASS ETO POLICY CHANGE	O	EMPLOYEE BENEFITS	5	133,629	
4		NONPATIENT TELEPHONES	6.01	30,578	
5		DATA PROCESSING	6.02	27,030	
6		PURCHASING, RECEIVING AND STORES	6.03	21,487	
7		ADMINISTRATIVE	6.04	262,226	
8		CASHIERING/ACCOUNTS RECEIVABLE	6.05	107,176	
9		OPERATION OF PLANT	8	333,889	
10		LAUNDRY & LINEN SERVICE	9	2,022	
11		HOUSEKEEPING	10	292,987	
12		DIETARY	11	184,041	
13		CAFETERIA	12	60,072	
14		EXTENDED CARE SERVICES	13.01	13,132	
15		NURSING ADMINISTRATION	14	756,058	
16		CENTRAL SERVICES & SUPPLY	15	87,248	
17		PHARMACY	16	479,434	
18		MEDICAL RECORDS & LIBRARY	17	370,492	
19		SOCIAL SERVICE	18	73,861	
20		LAB ADMINISTRATION	19.01	145,370	
21		NURSING SCHOOL	21	80,618	
22		I&R SERVICES-SALARY & FRINGES APPRVD	22	89,872	
23		ADULTS & PEDIATRICS	25	1,901,121	
24		INTENSIVE CARE UNIT	26	152,685	
25		CORONARY CARE UNIT	27	85,698	
26		SURGICAL INTENSIVE CARE UNIT	29	134,373	
27		NEURO-ICU	30.01	86,373	
28		CARDIO-THORACIC ICU	30.02	123,802	
29		SUBPROVIDER	31	153,218	
30		NURSERY	33	21,532	
31		SKILLED NURSING FACILITY	34	58,540	
32		OTHER LONG TERM CARE	36	27,757	
33		OPERATING ROOM	37	844,208	
34		RECOVERY ROOM	38	288,501	
35		DELIVERY ROOM & LABOR ROOM	39	93,751	
1 RECLASS ETO POLICY CHANGE	O	ANESTHESIOLOGY	40	48,961	
2		RADIOLOGY-DIAGNOSTIC	41	453,893	
3		RADIOLOGY-THERAPEUTIC	42	182,645	
4		RADIOISOTOPE	43	67,762	
5		LABORATORY	44	381,343	
6		HLA LAB	44.01	18,434	
7		BLOOD STORING, PROCESSING & TRANS.	47	154,456	
8		RESPIRATORY THERAPY	49	217,858	
9		PHYSICAL THERAPY	50	86,955	
10		OCCUPATIONAL THERAPY	51	20,742	
11		SPEECH PATHOLOGY	52	21,519	
12		ELECTROCARDIOLOGY	53	109,433	
13		ELECTROENCEPHALOGRAPHY	54	11,371	
14		RENAL DIALYSIS	57	40,111	
15		CAT SCAN	59	65,499	
16		ULTRASOUND	59.01	23,880	
17		CARDIAC CATHETERIZATION LABORATORY	59.02	106,729	
18		ENDOSCOPY	59.03	112,263	
19		OB/GYN IN VITRO	59.04	16,009	
20		OUTPATIENT PHARMACY	59.05	83,067	
21		ELECTROSHOCK THERAPY	59.06	4,306	
22		PSYCHIATRIC/PSYCHOLOGICAL SERVICES	59.07	121,903	
23		CLINIC	60	279,757	
24		EMERGENCY	61	262,246	
25		LUNG ACQUISITION	82	12,830	
26		KIDNEY ACQUISITION	83	21,850	
27		LIVER ACQUISITION	84	16,232	
28		HEART ACQUISITION	85	13,319	
29		OTHER ORGAN ACQUISITION	86	6,236	
30		OTHER NONREIMBURSABLE COST CENTERS	100	173,001	
31		MARKETING/COMMUNITY RELATIONS	100.02	22,072	
32 RECLASS RSCH ADMIN & RSCH COSTS	P	RESEARCH ADMINISTRATION	19.02	2,252	2,220
33		RESEARCH	97	31,055	98,435
34 RECLASS BARNARD BUILDING RENTAL	Q	OTHER ADMINISTRATIVE AND GENERAL	6.06		12,814
35		LABORATORY	44		78,026

RECLASSIFICATIONS

PROVIDER NO:
260032

PERIOD:
FROM 1/1/2009
TO 12/31/2009

PREPARED 5/25/2010
WORKSHEET A-6
CONTD

----- INCREASE -----					
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 RECLASS BARNARD BUILDING RENTAL	Q	RESEARCH-GCRC-I/P	97.02		61,505
2		RESEARCH-GCRC-O/P	97.03		53,286
3		OTHER NONREIMBURSABLE COST CENTERS	100		8,554
4 RECLASS NON-REIMBURSABLE PARKING	R	OTHER NONREIMBURSABLE COST CENTERS	100	210,632	1,194,065
5					
6					
7					
8					
9 RECLASS BJC SPACE RELATED COSTS	S	EMPLOYEE BENEFITS	5		267,384
10		OTHER ADMINISTRATIVE AND GENERAL	6.06		2,153,751
11		OPERATION OF PLANT	8		445,170
12		OTHER ADMINISTRATIVE AND GENERAL	6.06		295,845
13					
14 RECLASS EXT RECOVERY NURSING SERVICE	T	RECOVERY ROOM	38		3,803,616
15 RECLASS PHYSICIAN SUITE CLEANING	U	OTHER NONREIMBURSABLE COST CENTERS	100	248,508	72,868
16 RECLASS PROPERTY INSURANCE	V	OTHER CAPITAL RELATED COSTS	90		1,415,857
17 RECLASS RECRUITING BONUSES	W	EMPLOYEE BENEFITS	5	124,433	
18		CASHIERING/ACCOUNTS RECEIVABLE	6.05	2,180	
19		OTHER ADMINISTRATIVE AND GENERAL	6.06	399,721	
20		NURSING SCHOOL	21	35,924	
21		I&R SERVICES-SALARY & FRINGES APPRVD	22	15,695	
22 RECLASS EMPLOYEE AWARDS	X	EMPLOYEE BENEFITS	5	1,233	
23		OTHER ADMINISTRATIVE AND GENERAL	6.06	298	
24		OPERATION OF PLANT	8	493	
25		LAUNDRY & LINEN SERVICE	9	247	
26		HOUSEKEEPING	10	1,850	
27		DIETARY	11	3,515	
28		EXTENDED CARE SERVICES	13.01	2,960	
29		NURSING ADMINISTRATION	14	250	
30		MEDICAL RECORDS & LIBRARY	17	740	
31		I&R SERVICES-SALARY & FRINGES APPRVD	22	860	
32		ADULTS & PEDIATRICS	25	208	
33		CARDIO-THORACIC ICU	30.02	233	
34		SKILLED NURSING FACILITY	34	12,927	
35		OTHER LONG TERM CARE	36	6,945	
1 RECLASS EMPLOYEE AWARDS	X	OPERATING ROOM	37	215	
2		RADIOLOGY-DIAGNOSTIC	41	275	
3		RADIOISOTOPE	43	93	
4		LABORATORY	44	123	
5		BLOOD STORING, PROCESSING & TRANS.	47	433	
6		PHYSICAL THERAPY	50	5,365	
7		ENDOSCOPY	59.03	36	
8		CLINIC	60	287	
9		EMERGENCY	61	205	
10 RECLASS PRETRANSPLANT SOCIAL SERVICE	Y	LUNG ACQUISITION	82	24,501	1,805
11		KIDNEY ACQUISITION	83	108,441	7,729
12		LIVER ACQUISITION	84	24,573	1,807
13		HEART ACQUISITION	85	27,527	2,008
14		PANCREAS ACQUISITION	85.01	1,930	142
36 TOTAL RECLASSIFICATIONS				16,096,051	280,878,974

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

RECLASSIFICATIONS

PROVIDER NO:
260032

PERIOD:
FROM 1/ 1/2009
TO 12/31/2009

PREPARED 5/25/2010
WORKSHEET A-6

----- DECREASE -----						
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	LINE NO 7	SALARY 8	OTHER 9	A-7 REF 10
1 RECLASS COST OF DRUGS SOLD	A	LAB ADMINISTRATION	19.01		6,840	
2		ADULTS & PEDIATRICS	25		1,431	
3		INTENSIVE CARE UNIT	26		25	
4		CORONARY CARE UNIT	27		7	
5		SURGICAL INTENSIVE CARE UNIT	29		107	
6		NEURO-ICU	30.01		793	
7		CARDIO-THORACIC ICU	30.02		44	
8		SUBPROVIDER	31		51	
9		OPERATING ROOM	37		21,068	
10		RECOVERY ROOM	38		560	
11		DELIVERY ROOM & LABOR ROOM	39		411	
12		ANESTHESIOLOGY	40		1,447,342	
13		RADIOLOGY-DIAGNOSTIC	41		225,727	
14		RADIOLOGY-THERAPEUTIC	42		427,463	
15		RADIOISOTOPE	43		123	
16		LABORATORY	44		620	
17		BLOOD STORING, PROCESSING & TRANS.	47		5,626	
18		RESPIRATORY THERAPY	49		1,818	
19		ELECTROCARDIOLOGY	53		3,124	
20		RENAL DIALYSIS	57		12,046	
21		CAT SCAN	59		20,468	
22		ULTRASOUND	59.01		2,202	
23		CARDIAC CATHETERIZATION LABORATORY	59.02		23	
24		ENDOSCOPY	59.03		362	
25		OB/GYN IN VITRO	59.04		21,309	
26		OUTPATIENT PHARMACY	59.05		12,991,354	
27		ELECTROSHOCK THERAPY	59.06		60	
28		PSYCHIATRIC/PSYCHOLOGICAL SERVICES	59.07		72,904	
29		CLINIC	60		242,972	
30		EMERGENCY	61		22,326	
31		RESEARCH-GCRC-I/P	97.02		24	
32 RECLASS COST OF MEDICAL SUPPLIES	B	PURCHASING, RECEIVING AND STORES	6.03		3,436,972	
33		PHARMACY	16		379,321	
34		ADULTS & PEDIATRICS	25		11,365	
35		SURGICAL INTENSIVE CARE UNIT	29		2,697	
1 RECLASS COST OF MEDICAL SUPPLIES	B	NEURO-ICU	30.01		4,377	
2		OPERATING ROOM	37		104,615,131	
3		RECOVERY ROOM	38		97,973	
4		DELIVERY ROOM & LABOR ROOM	39		605,525	
5		ANESTHESIOLOGY	40		138,809	
6		RADIOLOGY-DIAGNOSTIC	41		8,021,882	
7		RADIOLOGY-THERAPEUTIC	42		688,399	
8		BLOOD STORING, PROCESSING & TRANS.	47		888	
9		RESPIRATORY THERAPY	49		270,937	
10		PHYSICAL THERAPY	50		23,559	
11		OCCUPATIONAL THERAPY	51		19,630	
12		SPEECH PATHOLOGY	52		14,576	
13		ELECTROCARDIOLOGY	53		127,632	
14		RENAL DIALYSIS	57		166,374	
15		CAT SCAN	59		18	
16		ULTRASOUND	59.01		841	
17		CARDIAC CATHETERIZATION LABORATORY	59.02		22,500,000	
18		ENDOSCOPY	59.03		2,070,394	
19		CLINIC	60		307,580	
20		EMERGENCY	61		67,818	
21 RECLASS SCHOOL OF NURSING COSTS	C	NURSING SCHOOL	21		23,519	
22 RECLASS EQUIPMENT DEPRECIATION	D	EMPLOYEE BENEFITS	5		124,980	
23		PURCHASING, RECEIVING AND STORES	6.03		422	
24		ADMITTING	6.04		17,173	
25		CASHIERING/ACCOUNTS RECEIVABLE	6.05		4,059	
26		OTHER ADMINISTRATIVE AND GENERAL	6.06		11,050,515	
27		OPERATION OF PLANT	8		416,591	
28		LAUNDRY & LINEN SERVICE	9		1,824	
29		HOUSEKEEPING	10		99,676	
30		DIETARY	11		147,555	
31		CAFETERIA	12		27,635	
32		EXTENDED CARE SERVICES	13.01		1,052	
33		NURSING ADMINISTRATION	14		395,906	
34		CENTRAL SERVICES & SUPPLY	15		199,081	
35		PHARMACY	16		46,469	

RECLASSIFICATIONS

PROVIDER NO:
260032

PERIOD:
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TO 12/31/2009

PREPARED 5/25/2010
WORKSHEET A-6
CONTD

----- DECREASE -----						
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER	A-7 REF
	1	6	7	8	9	10
1 RECLASS EQUIPMENT DEPRECIATION	D	MEDICAL RECORDS & LIBRARY	17		84,310	
2		SOCIAL SERVICE	18		940	
3		LAB ADMINISTRATION	19.01		7,518	
4		NURSING SCHOOL	21		10,202	
5		I&R SERVICES-SALARY & FRINGES APPRVD	22		4,853	
6		ADULTS & PEDIATRICS	25		899,043	
7		INTENSIVE CARE UNIT	26		24,786	
8		CORONARY CARE UNIT	27		27,016	
9		SURGICAL INTENSIVE CARE UNIT	29		24,242	
10		NEURO-ICU	30.01		66,647	
11		CARDIO-THORACIC ICU	30.02		39,449	
12		SUBPROVIDER	31		22,378	
13		NURSERY	33		3,809	
14		SKI LLED NURSING FACILITY	34		9,312	
15		OTHER LONG TERM CARE	36		4,893	
16		OPERATING ROOM	37		4,153,041	
17		RECOVERY ROOM	38		68,900	
18		DELIVERY ROOM & LABOR ROOM	39		74,701	
19		ANESTHESIOLOGY	40		718,437	
20		RADIOLOGY-DIAGNOSTIC	41		4,454,327	
21		RADIOLOGY-THERAPEUTIC	42		2,480,969	
22		RADIOISOTOPE	43		249,103	
23		LABORATORY	44		720,142	
24		HLA LAB	44.01		31,387	
25		BLOOD STORING, PROCESSING & TRANS.	47		114,449	
26		RESPIRATORY THERAPY	49		498,534	
27		PHYSICAL THERAPY	50		24,715	
28		SPEECH PATHOLOGY	52		45,769	
29		ELECTROCARDIOLOGY	53		405,814	
30		ELECTROENCEPHALOGRAPHY	54		26,287	
31		RENAL DIALYSIS	57		65,211	
32		CAT SCAN	59		746,103	
33		ULTRASOUND	59.01		280,925	
34		CARDIAC CATHETERIZATION LABORATORY	59.02		1,449,745	
35		ENDOSCOPY	59.03		704,599	
1 RECLASS EQUIPMENT DEPRECIATION	D	OB/GYN IN VITRO	59.04		252,387	
2		OUTPATIENT PHARMACY	59.05		28,253	
3		ELECTROSHOCK THERAPY	59.06		3,720	
4		CLINIC	60		50,247	
5		EMERGENCY	61		313,012	
6		LUNG ACQUISITION	82		6,200	
7		KIDNEY ACQUISITION	83		410	
8		RESEARCH-GCRC-I/P	97.02		3,971	
9		RESEARCH-GCRC-O/P	97.03		5,000	
10		OTHER NONREIMBURSABLE COST CENTERS	100		28,926	
11		DEVELOPMENT	100.01		51	
12		MARKETING/COMMUNITY RELATIONS	100.02		71	
13 RECLASS DEPRECIATION	E	NEW CRC-B&F(BJH POSTMERGE)	3.02		20,820,501	9
14		NEW CRC-B&F(GSON)	3.04		734,520	9
15						9
16						9
17 RECLASS WASH U CONTRACT COSTS	F	OTHER ADMINISTRATIVE AND GENERAL	6.06		53,187,762	
18 RECLASS COST OF INTERPRETORS	G	OTHER NONREIMBURSABLE COST CENTERS	100	565,828	197,627	
19 RECLASS GAMMA KNIFE COSTS	H	RADIOLOGY-DIAGNOSTIC	41		52,825	
20		CAT SCAN	59		26,680	
21 RECLASS PARAMEDICAL EDUCATION	I	OTHER ADMINISTRATIVE AND GENERAL	6.06	112,170	8,433	
22		PHARMACY	16	195,965	14,989	
23		OTHER ADMINISTRATIVE AND GENERAL	6.06	79,011	31,719	
24 RECLASS FINANCE ACCRUALS	J	EMPLOYEE BENEFITS	5	402,592	39,573	
25		PURCHASING, RECEIVING AND STORES	6.03		560,092	
26 RECLASS NURSING FACILITY COSTS	K	OTHER LONG TERM CARE	36	219,331	69,392	
27 RECLASS DIETARY COSTS TO CAFETERIA	L	DIETARY	11	1,582,691	4,197,705	
28 RECLASS PRE-TRANSPLANT DIETICIAN	M	DIETARY	11	22,478	1,586	
29						
30						
31						
32 RECLASS TRANSPLANT SALARIES & FICA	N	OPERATING ROOM	37	832,502	58,335	
33		HEART ACQUISITION	85	106,858	7,158	
34						
35						

RECLASSIFICATIONS

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PREPARED 5/25/2010
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CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE				A-7 REF 10
			LINE NO	SALARY	OTHER		
1 RECLASS TRANSPLANT SALARIES & FICA	N						
2							
3 RECLASS ETO POLICY CHANGE	0	I&R SERVICES-SALARY & FRINGES APPRVD	22		4,982,344		
4		OTHER ADMINISTRATIVE AND GENERAL	6.06	5,697,119			
5							
6							
7							
8							
9							
10							
11							
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22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
32 RECLASS RSCH ADMIN & RSCH COSTS	P	OTHER ADMINISTRATIVE AND GENERAL	6.06	33,307	100,655		
33							
34 RECLASS BARNARD BUILDING RENTAL	Q	OTHER ADMINISTRATIVE AND GENERAL	6.06		214,185		
35							

RECLASSIFICATIONS

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WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE			OTHER	A-7 REF
			6	LINE NO	7		
1 RECLASS BARNARD BUILDING RENTAL	Q						
2							
3							
4 RECLASS NON-REIMBURSABLE PARKING	R	NEW CRC-B&F(BJH POSTMERGE)		3.02		461,524	9
5		NEW CRC-B&F(BJH CAMP EXP)		3.03		443,793	9
6		NEW CAP REL COSTS-MVBLE EQUIP		4		24,490	9
7		EMPLOYEE BENEFITS		5	210,632	216,278	
8		OPERATION OF PLANT		8		47,980	
9 RECLASS BJC SPACE RELATED COSTS	S	NEW CAP REL COSTS-BLDG & FIXT		3		16,458	9
10		NEW CRC-B&F(BH PRE-MERGE)		3.01		263,172	9
11		NEW CRC-B&F(BJH POSTMERGE)		3.02		474,696	9
12		OPERATION OF PLANT		8		1,576,434	
13		HOUSEKEEPING		10		831,390	
14 RECLASS EXT RECOVERY NURSING SERVICE	T	ADULTS & PEDIATRICS		25		3,803,616	
15 RECLASS PHYSICIAN SUITE CLEANING	U	HOUSEKEEPING		10	248,508	72,868	
16 RECLASS PROPERTY INSURANCE	V	OTHER ADMINISTRATIVE AND GENERAL		6.06		1,415,857	
17 RECLASS RECRUITING BONUSES	W	EMPLOYEE BENEFITS		5		124,433	
18		CASHIERING/ACCOUNTS RECEIVABLE		6.05		2,180	
19		OTHER ADMINISTRATIVE AND GENERAL		6.06		399,721	
20		NURSING SCHOOL		21		35,924	
21		I&R SERVICES-SALARY & FRINGES APPRVD		22		15,695	
22 RECLASS EMPLOYEE AWARDS	X	EMPLOYEE BENEFITS		5	39,791		
23							
24							
25							
26							
27							
28							
29							
30							
31							
32							
33							
34							
35							
1 RECLASS EMPLOYEE AWARDS	X						
2							
3							
4							
5							
6							
7							
8							
9							
10 RECLASS PRETRANSPLANT SOCIAL SERVICE	Y	SOCIAL SERVICE		18	186,972	13,491	
11							
12							
13							
14							
36 TOTAL RECLASSIFICATIONS					10,535,755	286,439,270	

(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:
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PERIOD:
FROM 1/ 1/2009
TO 12/31/2009

PREPARED 5/25/2010
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : RECLASS COST OF DRUGS SOLD

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PHARMACY	16	15,529,230	LAB ADMINISTRATION	19.01	6,840	
2.00			0	ADULTS & PEDIATRICS	25	1,431	
3.00			0	INTENSIVE CARE UNIT	26	25	
4.00			0	CORONARY CARE UNIT	27	7	
5.00			0	SURGICAL INTENSIVE CARE UNIT	29	107	
6.00			0	NEURO-ICU	30.01	793	
7.00			0	CARDIO-THORACIC ICU	30.02	44	
8.00			0	SUBPROVIDER	31	51	
9.00			0	OPERATING ROOM	37	21,068	
10.00			0	RECOVERY ROOM	38	560	
11.00			0	DELIVERY ROOM & LABOR ROOM	39	411	
12.00			0	ANESTHESIOLOGY	40	1,447,342	
13.00			0	RADIOLOGY-DIAGNOSTIC	41	225,727	
14.00			0	RADIOLOGY-THERAPEUTIC	42	427,463	
15.00			0	RADIOISOTOPE	43	123	
16.00			0	LABORATORY	44	620	
17.00			0	BLOOD STORING, PROCESSING & TR	47	5,626	
18.00			0	RESPIRATORY THERAPY	49	1,818	
19.00			0	ELECTROCARDIOLOGY	53	3,124	
20.00			0	RENAL DIALYSIS	57	12,046	
21.00			0	CAT SCAN	59	20,468	
22.00			0	ULTRASOUND	59.01	2,202	
23.00			0	CARDIAC CATHETERIZATION LABORA	59.02	23	
24.00			0	ENDOSCOPY	59.03	362	
25.00			0	OB/GYN IN VITRO	59.04	21,309	
26.00			0	OUTPATIENT PHARMACY	59.05	12,991,354	
27.00			0	ELECTROSHOCK THERAPY	59.06	60	
28.00			0	PSYCHIATRIC/PSYCHOLOGICAL SERV	59.07	72,904	
29.00			0	CLINIC	60	242,972	
30.00			0	EMERGENCY	61	22,326	
31.00			0	RESEARCH-GCRC-I/P	97.02	24	
TOTAL RECLASSIFICATIONS FOR CODE A			15,529,230	TOTAL RECLASSIFICATIONS FOR CODE A			15,529,230

RECLASS CODE: B
EXPLANATION : RECLASS COST OF MEDICAL SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	143,572,698	PURCHASING, RECEIVING AND STOR	6.03	3,436,972	
2.00			0	PHARMACY	16	379,321	
3.00			0	ADULTS & PEDIATRICS	25	11,365	
4.00			0	SURGICAL INTENSIVE CARE UNIT	29	2,697	
5.00			0	NEURO-ICU	30.01	4,377	
6.00			0	OPERATING ROOM	37	104,615,131	
7.00			0	RECOVERY ROOM	38	97,973	
8.00			0	DELIVERY ROOM & LABOR ROOM	39	605,525	
9.00			0	ANESTHESIOLOGY	40	138,809	
10.00			0	RADIOLOGY-DIAGNOSTIC	41	8,021,882	
11.00			0	RADIOLOGY-THERAPEUTIC	42	688,399	
12.00			0	BLOOD STORING, PROCESSING & TR	47	888	
13.00			0	RESPIRATORY THERAPY	49	270,937	
14.00			0	PHYSICAL THERAPY	50	23,559	
15.00			0	OCCUPATIONAL THERAPY	51	19,630	
16.00			0	SPEECH PATHOLOGY	52	14,576	
17.00			0	ELECTROCARDIOLOGY	53	127,632	
18.00			0	RENAL DIALYSIS	57	166,374	
19.00			0	CAT SCAN	59	18	
20.00			0	ULTRASOUND	59.01	841	
21.00			0	CARDIAC CATHETERIZATION LABORA	59.02	22,500,000	
22.00			0	ENDOSCOPY	59.03	2,070,394	
23.00			0	CLINIC	60	307,580	
24.00			0	EMERGENCY	61	67,818	
TOTAL RECLASSIFICATIONS FOR CODE B			143,572,698	TOTAL RECLASSIFICATIONS FOR CODE B			143,572,698

RECLASS CODE: C
EXPLANATION : RECLASS SCHOOL OF NURSING COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	HOUSEKEEPING	10	23,519	NURSING SCHOOL	21	23,519	
TOTAL RECLASSIFICATIONS FOR CODE C			23,519	TOTAL RECLASSIFICATIONS FOR CODE C			23,519

RECLASS CODE: D
EXPLANATION : RECLASS EQUIPMENT DEPRECIATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	31,767,742	EMPLOYEE BENEFITS	5	124,980	

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RECLASS CODE: D
EXPLANATION: RECLASS EQUIPMENT DEPRECIATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
2.00			0	PURCHASING, RECEIVING AND STOR	6.03	422	
3.00			0	ADMITTING	6.04	17,173	
4.00			0	CASHIERING/ACCOUNTS RECEIVABLE	6.05	4,059	
5.00			0	OTHER ADMINISTRATIVE AND GENER	6.06	11,050,515	
6.00			0	OPERATION OF PLANT	8	416,591	
7.00			0	LAUNDRY & LINEN SERVICE	9	1,824	
8.00			0	HOUSEKEEPING	10	99,676	
9.00			0	DIETARY	11	147,555	
10.00			0	CAFETERIA	12	27,635	
11.00			0	EXTENDED CARE SERVICES	13.01	1,052	
12.00			0	NURSING ADMINISTRATION	14	395,906	
13.00			0	CENTRAL SERVICES & SUPPLY	15	199,081	
14.00			0	PHARMACY	16	46,469	
15.00			0	MEDICAL RECORDS & LIBRARY	17	84,310	
16.00			0	SOCIAL SERVICE	18	940	
17.00			0	LAB ADMINISTRATION	19.01	7,518	
18.00			0	NURSING SCHOOL	21	10,202	
19.00			0	I&R SERVICES-SALARY & FRINGES	22	4,853	
20.00			0	ADULTS & PEDIATRICS	25	899,043	
21.00			0	INTENSIVE CARE UNIT	26	24,786	
22.00			0	CORONARY CARE UNIT	27	27,016	
23.00			0	SURGICAL INTENSIVE CARE UNIT	29	24,242	
24.00			0	NEURO-ICU	30.01	66,647	
25.00			0	CARDIO-THORACIC ICU	30.02	39,449	
26.00			0	SUBPROVIDER	31	22,378	
27.00			0	NURSERY	33	3,809	
28.00			0	SKILLED NURSING FACILITY	34	9,312	
29.00			0	OTHER LONG TERM CARE	36	4,893	
30.00			0	OPERATING ROOM	37	4,153,041	
31.00			0	RECOVERY ROOM	38	68,900	
32.00			0	DELIVERY ROOM & LABOR ROOM	39	74,701	
33.00			0	ANESTHESIOLOGY	40	718,437	
34.00			0	RADIOLOGY-DIAGNOSTIC	41	4,454,327	
35.00			0	RADIOLOGY-THERAPEUTIC	42	2,480,969	
36.00			0	RADIOISOTOPE	43	249,103	
37.00			0	LABORATORY	44	720,142	
38.00			0	HLA LAB	44.01	31,387	
39.00			0	BLOOD STORING, PROCESSING & TR	47	114,449	
40.00			0	RESPIRATORY THERAPY	49	498,534	
41.00			0	PHYSICAL THERAPY	50	24,715	
42.00			0	SPEECH PATHOLOGY	52	45,769	
43.00			0	ELECTROCARDIOLOGY	53	405,814	
44.00			0	ELECTROENCEPHALOGRAPHY	54	26,287	
45.00			0	RENAL DIALYSIS	57	65,211	
46.00			0	CAT SCAN	59	746,103	
47.00			0	ULTRASOUND	59.01	280,925	
48.00			0	CARDIAC CATHETERIZATION LABORA	59.02	1,449,745	
49.00			0	ENDOSCOPY	59.03	704,599	
50.00			0	OB/GYN IN VITRO	59.04	252,387	
51.00			0	OUTPATIENT PHARMACY	59.05	28,253	
52.00			0	ELECTROSHOCK THERAPY	59.06	3,720	
53.00			0	CLINIC	60	50,247	
54.00			0	EMERGENCY	61	313,012	
55.00			0	LUNG ACQUISITION	82	6,200	
56.00			0	KIDNEY ACQUISITION	83	410	
57.00			0	RESEARCH-GCRC-I/P	97.02	3,971	
58.00			0	RESEARCH-GCRC-O/P	97.03	5,000	
59.00			0	OTHER NONREIMBURSABLE COST CEN	100	28,926	
60.00			0	DEVELOPMENT	100.01	51	
61.00			0	MARKETING/COMMUNITY RELATIONS	100.02	71	
TOTAL RECLASSIFICATIONS FOR CODE D			31,767,742	TOTAL RECLASSIFICATIONS FOR CODE D			31,767,742

RECLASS CODE: E
EXPLANATION: RECLASS DEPRECIATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	1,317,226	NEW CRC-B&F(BJH POSTMERGE)	3.02	20,820,501	
2.00	NEW CRC-B&F(BH PRE-MERGE)	3.01	3,648,404	NEW CRC-B&F(GSON)	3.04	734,520	
3.00	NEW CRC-B&F(BJH CAMP EXP)	3.03	15,854,871			0	
4.00	NEW CAP REL COSTS-MVBLE EQUIP	4	734,520			0	
TOTAL RECLASSIFICATIONS FOR CODE E			21,555,021	TOTAL RECLASSIFICATIONS FOR CODE E			21,555,021

RECLASS CODE: F
EXPLANATION: RECLASS WASH U CONTRACT COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	I&R SERVICES-SALARY & FRINGES	22	53,187,762	OTHER ADMINISTRATIVE AND GENER	6.06	53,187,762	
TOTAL RECLASSIFICATIONS FOR CODE F			53,187,762	TOTAL RECLASSIFICATIONS FOR CODE F			53,187,762

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RECLASS CODE: G
EXPLANATION: RECLASS COST OF INTERPRETORS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OTHER ADMINISTRATIVE AND GENER	6.06	763,455
TOTAL RECLASSIFICATIONS FOR CODE G			763,455

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER NONREIMBURSABLE COST CEN	100	763,455	

RECLASS CODE: H
EXPLANATION: RECLASS GAMMA KNIFE COSTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	RADIOLOGY-THERAPEUTIC	42	79,505
2.00			0
TOTAL RECLASSIFICATIONS FOR CODE H			79,505

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
RADIOLOGY-DIAGNOSTIC	41	52,825	
CAT SCAN	59	26,680	
TOTAL			79,505

RECLASS CODE: I
EXPLANATION: RECLASS PARAMEDICAL EDUCATION

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	PARAMED ED PRGM-HOSP ADMIN	24.01	120,603
2.00	PARAMED ED PRGM-PHARMACY	24.02	210,954
3.00	PARAMED ED PRGM-PASTORAL ED	24.04	110,730
TOTAL RECLASSIFICATIONS FOR CODE I			442,287

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.06	120,603	
PHARMACY	16	210,954	
OTHER ADMINISTRATIVE AND GENER	6.06	110,730	
TOTAL			442,287

RECLASS CODE: J
EXPLANATION: RECLASS FINANCE ACCRUALS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OTHER ADMINISTRATIVE AND GENER	6.06	891,373
2.00	OPERATION OF PLANT	8	110,884
TOTAL RECLASSIFICATIONS FOR CODE J			1,002,257

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
EMPLOYEE BENEFITS	5	442,165	
PURCHASING, RECEIVING AND STOR	6.03	560,092	
TOTAL			1,002,257

RECLASS CODE: K
EXPLANATION: RECLASS NURSING FACILITY COSTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NURSING FACILITY	35	288,723
TOTAL RECLASSIFICATIONS FOR CODE K			288,723

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER LONG TERM CARE	36	288,723	

RECLASS CODE: L
EXPLANATION: RECLASS DIETARY COSTS TO CAFETERIA

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	5,780,396
TOTAL RECLASSIFICATIONS FOR CODE L			5,780,396

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DIETARY	11	5,780,396	

RECLASS CODE: M
EXPLANATION: RECLASS PRE-TRANSPLANT DIETICIAN

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	LUNG ACQUISITION	82	6,099
2.00	KIDNEY ACQUISITION	83	3,416
3.00	LIVER ACQUISITION	84	12,439
4.00	HEART ACQUISITION	85	2,110
TOTAL RECLASSIFICATIONS FOR CODE M			24,064

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DIETARY	11	24,064	

RECLASS CODE: N
EXPLANATION: RECLASS TRANSPLANT SALARIES & FICA

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NURSING ADMINISTRATION	14	525,799
2.00	ADULTS & PEDIATRICS	25	8,241
3.00	LUNG ACQUISITION	82	90,812
4.00	KIDNEY ACQUISITION	83	295,978
5.00	LIVER ACQUISITION	84	83,706

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OPERATING ROOM	37	890,837	
HEART ACQUISITION	85	114,016	
		0	
		0	
		0	

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RECLASS CODE: N
EXPLANATION : RECLASS TRANSPLANT SALARIES & FICA

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
6.00	PANCREAS ACQUISITION	85.01	317			0	
TOTAL RECLASSIFICATIONS FOR CODE N			1,004,853			1,004,853	

RECLASS CODE: 0
EXPLANATION : RECLASS ETO POLICY CHANGE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	133,629	I&R SERVICES-SALARY & FRINGES	22	4,982,344	
2.00	NONPATIENT TELEPHONES	6.01	30,578	OTHER ADMINISTRATIVE AND GENER	6.06	5,697,119	
3.00	DATA PROCESSING	6.02	27,030			0	
4.00	PURCHASING, RECEIVING AND STOR	6.03	21,487			0	
5.00	ADMINITTING	6.04	262,226			0	
6.00	CASHIERING/ACCOUNTS RECEIVABLE	6.05	107,176			0	
7.00	OPERATION OF PLANT	8	333,889			0	
8.00	LAUNDRY & LINEN SERVICE	9	2,022			0	
9.00	HOUSEKEEPING	10	292,987			0	
10.00	DIETARY	11	184,041			0	
11.00	CAFETERIA	12	60,072			0	
12.00	EXTENDED CARE SERVICES	13.01	13,132			0	
13.00	NURSING ADMINISTRATION	14	756,058			0	
14.00	CENTRAL SERVICES & SUPPLY	15	87,248			0	
15.00	PHARMACY	16	479,434			0	
16.00	MEDICAL RECORDS & LIBRARY	17	370,492			0	
17.00	SOCIAL SERVICE	18	73,861			0	
18.00	LAB ADMINISTRATION	19.01	145,370			0	
19.00	NURSING SCHOOL	21	80,618			0	
20.00	I&R SERVICES-SALARY & FRINGES	22	89,872			0	
21.00	ADULTS & PEDIATRICS	25	1,901,121			0	
22.00	INTENSIVE CARE UNIT	26	152,685			0	
23.00	CORONARY CARE UNIT	27	85,698			0	
24.00	SURGICAL INTENSIVE CARE UNIT	29	134,373			0	
25.00	NEURO-ICU	30.01	86,373			0	
26.00	CARDIO-THORACIC ICU	30.02	123,802			0	
27.00	SUBPROVIDER	31	153,218			0	
28.00	NURSERY	33	21,532			0	
29.00	SKILLED NURSING FACILITY	34	58,540			0	
30.00	OTHER LONG TERM CARE	36	27,757			0	
31.00	OPERATING ROOM	37	844,208			0	
32.00	RECOVERY ROOM	38	288,501			0	
33.00	DELIVERY ROOM & LABOR ROOM	39	93,751			0	
34.00	ANESTHESIOLOGY	40	48,961			0	
35.00	RADIOLOGY-DIAGNOSTIC	41	453,893			0	
36.00	RADIOLOGY-THERAPEUTIC	42	182,645			0	
37.00	RADIOISOTOPE	43	67,762			0	
38.00	LABORATORY	44	381,343			0	
39.00	HLA LAB	44.01	18,434			0	
40.00	BLOOD STORING, PROCESSING & TR	47	154,456			0	
41.00	RESPIRATORY THERAPY	49	217,858			0	
42.00	PHYSICAL THERAPY	50	86,955			0	
43.00	OCCUPATIONAL THERAPY	51	20,742			0	
44.00	SPEECH PATHOLOGY	52	21,519			0	
45.00	ELECTROCARDIOLOGY	53	109,433			0	
46.00	ELECTROENCEPHALOGRAPHY	54	11,371			0	
47.00	RENAL DIALYSIS	57	40,111			0	
48.00	CAT SCAN	59	65,499			0	
49.00	ULTRASOUND	59.01	23,880			0	
50.00	CARDIAC CATHETERIZATION LABORA	59.02	106,729			0	
51.00	ENDOSCOPY	59.03	112,263			0	
52.00	OB/GYN IN VITRO	59.04	16,009			0	
53.00	OUTPATIENT PHARMACY	59.05	83,067			0	
54.00	ELECTROSHOCK THERAPY	59.06	4,306			0	
55.00	PSYCHIATRIC/PSYCHOLOGICAL SERV	59.07	121,903			0	
56.00	CLINIC	60	279,757			0	
57.00	EMERGENCY	61	262,246			0	
58.00	LUNG ACQUISITION	82	12,830			0	
59.00	KIDNEY ACQUISITION	83	21,850			0	
60.00	LIVER ACQUISITION	84	16,232			0	
61.00	HEART ACQUISITION	85	13,319			0	
62.00	OTHER ORGAN ACQUISITION	86	6,236			0	
63.00	OTHER NONREIMBURSABLE COST CEN	100	173,001			0	
64.00	MARKETING/COMMUNITY RELATIONS	100.02	22,072			0	
TOTAL RECLASSIFICATIONS FOR CODE 0			10,679,463			10,679,463	

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

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RESEARCH ADMINISTRATION	19.02	4,472	OTHER ADMINISTRATIVE AND GENER	6.06	133,962	

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

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
2.00	RESEARCH	97	129,490
TOTAL RECLASSIFICATIONS FOR CODE P			133,962

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
			0
TOTAL RECLASSIFICATIONS FOR CODE P			133,962

RECLASS CODE: Q
EXPLANATION: RECLASS BARNARD BUILDING RENTAL

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OTHER ADMINISTRATIVE AND GENER	6.06	12,814
2.00	LABORATORY	44	78,026
3.00	RESEARCH-GCRC-I/P	97.02	61,505
4.00	RESEARCH-GCRC-O/P	97.03	53,286
5.00	OTHER NONREIMBURSABLE COST CEN	100	8,554
TOTAL RECLASSIFICATIONS FOR CODE Q			214,185

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.06	214,185	
TOTAL RECLASSIFICATIONS FOR CODE Q			214,185

RECLASS CODE: R
EXPLANATION: RECLASS NON-REIMBURSABLE PARKING

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OTHER NONREIMBURSABLE COST CEN	100	1,404,697
2.00			0
3.00			0
4.00			0
5.00			0
TOTAL RECLASSIFICATIONS FOR CODE R			1,404,697

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
NEW CRC-B&F(BJH POSTMERGE)	3.02	461,524	
NEW CRC-B&F(BJH CAMP EXP)	3.03	443,793	
NEW CAP REL COSTS-MVBLE EQUIP	4	24,490	
EMPLOYEE BENEFITS	5	426,910	
OPERATION OF PLANT	8	47,980	
TOTAL RECLASSIFICATIONS FOR CODE R			1,404,697

RECLASS CODE: S
EXPLANATION: RECLASS BJC SPACE RELATED COSTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	5	267,384
2.00	OTHER ADMINISTRATIVE AND GENER	6.06	2,153,751
3.00	OPERATION OF PLANT	8	445,170
4.00	OTHER ADMINISTRATIVE AND GENER	6.06	295,845
5.00			0
TOTAL RECLASSIFICATIONS FOR CODE S			3,162,150

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
NEW CAP REL COSTS-BLDG & FIXT	3	16,458	
NEW CRC-B&F(BH PRE-MERGE)	3.01	263,172	
NEW CRC-B&F(BJH POSTMERGE)	3.02	474,696	
OPERATION OF PLANT	8	1,576,434	
HOUSEKEEPING	10	831,390	
TOTAL RECLASSIFICATIONS FOR CODE S			3,162,150

RECLASS CODE: T
EXPLANATION: RECLASS EXT RECOVERY NURSING SERVICE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	RECOVERY ROOM	38	3,803,616
TOTAL RECLASSIFICATIONS FOR CODE T			3,803,616

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADULTS & PEDIATRICS	25	3,803,616	
TOTAL RECLASSIFICATIONS FOR CODE T			3,803,616

RECLASS CODE: U
EXPLANATION: RECLASS PHYSICIAN SUITE CLEANING

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OTHER NONREIMBURSABLE COST CEN	100	321,376
TOTAL RECLASSIFICATIONS FOR CODE U			321,376

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
HOUSEKEEPING	10	321,376	
TOTAL RECLASSIFICATIONS FOR CODE U			321,376

RECLASS CODE: V
EXPLANATION: RECLASS PROPERTY INSURANCE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OTHER CAPITAL RELATED COSTS	90	1,415,857
TOTAL RECLASSIFICATIONS FOR CODE V			1,415,857

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.06	1,415,857	
TOTAL RECLASSIFICATIONS FOR CODE V			1,415,857

RECLASS CODE: W
EXPLANATION: RECLASS RECRUITING BONUSES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	5	124,433

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
EMPLOYEE BENEFITS	5	124,433	

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RECLASS CODE: W
EXPLANATION : RECLASS RECRUITING BONUSES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
2.00	CASHIERING/ACCOUNTS RECEIVABLE	6.05	2,180	CASHIERING/ACCOUNTS RECEIVABLE	6.05	2,180	
3.00	OTHER ADMINISTRATIVE AND GENER	6.06	399,721	OTHER ADMINISTRATIVE AND GENER	6.06	399,721	
4.00	NURSING SCHOOL	21	35,924	NURSING SCHOOL	21	35,924	
5.00	I&R SERVICES-SALARY & FRINGES	22	15,695	I&R SERVICES-SALARY & FRINGES	22	15,695	
TOTAL RECLASSIFICATIONS FOR CODE W			577,953	TOTAL RECLASSIFICATIONS FOR CODE W			577,953

RECLASS CODE: X
EXPLANATION : RECLASS EMPLOYEE AWARDS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	1,233	EMPLOYEE BENEFITS	5	39,791	
2.00	OTHER ADMINISTRATIVE AND GENER	6.06	298			0	
3.00	OPERATION OF PLANT	8	493			0	
4.00	LAUNDRY & LINEN SERVICE	9	247			0	
5.00	HOUSEKEEPING	10	1,850			0	
6.00	DIETARY	11	3,515			0	
7.00	EXTENDED CARE SERVICES	13.01	2,960			0	
8.00	NURSING ADMINISTRATION	14	250			0	
9.00	MEDICAL RECORDS & LIBRARY	17	740			0	
10.00	I&R SERVICES-SALARY & FRINGES	22	860			0	
11.00	ADULTS & PEDIATRICS	25	208			0	
12.00	CARDIO-THORACIC ICU	30.02	233			0	
13.00	SKILLED NURSING FACILITY	34	12,927			0	
14.00	OTHER LONG TERM CARE	36	6,945			0	
15.00	OPERATING ROOM	37	215			0	
16.00	RADIOLOGY-DIAGNOSTIC	41	275			0	
17.00	RADIOISOTOPE	43	93			0	
18.00	LABORATORY	44	123			0	
19.00	BLOOD STORING, PROCESSING & TR	47	433			0	
20.00	PHYSICAL THERAPY	50	5,365			0	
21.00	ENDOSCOPY	59.03	36			0	
22.00	CLINIC	60	287			0	
23.00	EMERGENCY	61	205			0	
TOTAL RECLASSIFICATIONS FOR CODE X			39,791	TOTAL RECLASSIFICATIONS FOR CODE X			39,791

RECLASS CODE: Y
EXPLANATION : RECLASS PRETRANSPLANT SOCIAL SERVICE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	LUNG ACQUISITION	82	26,306	SOCIAL SERVICE	18	200,463	
2.00	KIDNEY ACQUISITION	83	116,170			0	
3.00	LIVER ACQUISITION	84	26,380			0	
4.00	HEART ACQUISITION	85	29,535			0	
5.00	PANCREAS ACQUISITION	85.01	2,072			0	
TOTAL RECLASSIFICATIONS FOR CODE Y			200,463	TOTAL RECLASSIFICATIONS FOR CODE Y			200,463

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	20,790,512				11,750	20,778,762	
2 LAND IMPROVEMENTS	7,432,607	445,500		445,500	18,135	7,859,972	1,137,615
3 BUILDINGS & FIXTURE	352,733,191	3,329,081		3,329,081	1,021,709	355,040,563	19,328,919
4 BUILDING IMPROVEMENT	20,939,548				4,506,632	16,432,916	6,901,826
5 FIXED EQUIPMENT	541,326,175	12,698,654		12,698,654	1,073,538	552,951,291	70,731,464
6 MOVABLE EQUIPMENT	421,436,507	50,036,475		50,036,475	12,058,396	459,414,586	113,937,238
7 SUBTOTAL	1,364,658,540	66,509,710		66,509,710	18,690,160	1,412,478,090	212,037,062
8 RECONCILING ITEMS							
9 TOTAL	1,364,658,540	66,509,710		66,509,710	18,690,160	1,412,478,090	212,037,062

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

*	DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS 1	CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO 3	RATIO 4	INSURANCE 5	TAXES 6	OTHER CAPITAL RELATED COSTS 7	
3	NEW CAP REL COSTS-BL	130,846,316		130,846,316	.093981	133,064		133,064	
3 01	NEW CRC-B&F(BH PRE-M	222,891,404		222,891,404	.160093	226,669		226,669	
3 02	NEW CRC-B&F(BJH POST	238,790,347		238,790,347	.171513	242,838		242,838	
3 03	NEW CRC-B&F(BJH CAMP	307,401,029		307,401,029	.220793	312,611		312,611	
3 04	NEW CRC-B&F(GSON)	32,914,846		32,914,846	.023641	33,472		33,472	
3 05	NEW CRC-B&F(THE HIGH								
4	NEW CAP REL COSTS-MV	459,414,586		459,414,586	.329979	467,203		467,203	
5	TOTAL	1392,258,528		1392,258,528	1.000000	1,415,857		1,415,857	

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL	1,989,470			133,064			2,122,534
3 01	NEW CRC-B&F(BH PRE-M	3,631,855			226,669			3,858,524
3 02	NEW CRC-B&F(BJH POST	10,813,506			242,838			11,056,344
3 03	NEW CRC-B&F(BJH CAMP	15,411,078			312,611			15,723,689
3 04	NEW CRC-B&F(GSON)	1,710,527			33,472			1,743,999
3 05	NEW CRC-B&F(THE HIGH		1,040,509					1,040,509
4	NEW CAP REL COSTS-MV	37,100,126			467,203			37,567,329
5	TOTAL	70,656,562	1,040,509		1,415,857			73,112,928

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

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
		9	10	11	12	13	14	15
3	NEW CAP REL COSTS-BL							
3 01	NEW CRC-B&F(BH PRE-M							
3 02	NEW CRC-B&F(BJH POST	32,326,550						32,326,550
3 03	NEW CRC-B&F(BJH CAMP							
3 04	NEW CRC-B&F(GSON)	2,445,047						2,445,047
3 05	NEW CRC-B&F(THE HIGH							
4	NEW CAP REL COSTS-MV	10,827,243						10,827,243
5	TOTAL	45,598,840						45,598,840

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

ADJUSTMENTS TO EXPENSES

DESCRPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON		WKST. A-7 REF. 5
			WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED	LINE NO	
	1	2	COST CENTER	3	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			NEW CAP REL COSTS-BLDG &		3
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E		4
5 INVESTMENT INCOME-OTHER	B	-13,592,385	INTEREST EXPENSE		88
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT	B	-1,100,880	EMPLOYEE BENEFITS		5
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-18,212,530			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATI ON TRANSACTIONS	A-8-1	-6,664,426			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-8,971,336	CAFETERIA		12
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS					
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY		49
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY		50
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATI ON REVIEW-PHYSIAN COMP			**COST CENTER DELETED**		89
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**		1
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**		2
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &		3
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E		4
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**		20
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY		51
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY		52
37 OTHER REVENUE	B	1,040,509	NEW CRC-B&F(THE HIGHLANDS	3.05	10
37.01 OTHER REVENUE	B	-597,045	EMPLOYEE BENEFITS		5
37.02 OTHER REVENUE	B	-41,386	CASHIERING/ACCOUNTS RECEI		6.05
37.03 OTHER REVENUE	B	-2,420,583	OTHER ADMINISTRATIVE AND		6.06
37.04 OTHER REVENUE	B	-4,473	OPERATION OF PLANT		8
37.05 OTHER REVENUE	B	-138,923	DIETARY		11
37.06 OTHER REVENUE	B	-463,905	CAFETERIA		12
37.07 OTHER REVENUE	B	-38,952	NURSING ADMINISTRATION		14
37.08 OTHER REVENUE	B	-55,302	PHARMACY		16
37.09 OTHER REVENUE	B	-1,023,962	MEDICAL RECORDS & LIBRARY		17
37.10 OTHER REVENUE	B	-9,860,468	NURSING SCHOOL		21
37.11 OTHER REVENUE	B	-2,360,083	I & R SERVICES-SALARY & FRI		22
37.12 OTHER REVENUE	B	-131,548	OPERATING ROOM		37
37.13 OTHER REVENUE	B	-7,813	DELIVERY ROOM & LABOR ROO		39
37.14 OTHER REVENUE	B	-26,883	RADIOLOGY-DIAGNOSTIC		41
37.15 OTHER REVENUE	B	-9,719	RADIOLOGY-THERAPEUTIC		42
37.16 OTHER REVENUE	B	225	LABORATORY		44
37.17 OTHER REVENUE	B	-6,498	PHYSICAL THERAPY		50
37.18 OTHER REVENUE	B	-72,786	ELECTROCARDIOLOGY		53
37.19 OTHER REVENUE	B	-83,239	OB/GYN IN VITRO		59.04
37.20 OTHER REVENUE	B	-1,030,103	OUTPATIENT PHARMACY		59.05
37.21 OTHER REVENUE	B	-256,760	CLINIC		60
37.22 OTHER REVENUE	B	-120,477	EMERGENCY		61
37.23 OTHER REVENUE	B	-392	LUNG ACQUISITION		82
37.24 OTHER REVENUE	B	-526	KIDNEY ACQUISITION		83
37.25 OTHER REVENUE	B	-118,086	OTHER ORGAN ACQUISITION		86
38 AMBULANCE ZERO-OUT COST	A	-894	AMBULANCE SERVICES		65
39 FINANCE ACCRUALS - NON-ALLOWABLE EXP	A	-10,481,092	OTHER ADMINISTRATIVE AND		6.06
40 ALLOWABLE FRA COSTS	A	75,546,946	OTHER ADMINISTRATIVE AND		6.06
41 CAFETERIA REVENUE @ BJECF	B	-9,918	CAFETERIA		12
42 MEDICARE/BOOK DEPR ADJ (NORTH)	A	688,702	NEW CAP REL COSTS-BLDG &		3
42.01 MEDICARE/BOOK DEPR ADJ (NORTH)	A	35,098	NEW CAP REL COSTS-MVBLE E		4
42.02 MEDICARE/BOOK DEPR ADJ (SOUTH)	A	246,623	NEW CRC-B&F(BH PRE-MERGE)		3.01
42.03 MEDICARE/BOOK DEPR ADJ (SOUTH)	A	4,681	NEW CAP REL COSTS-MVBLE E		4
43 REMOVE ESTIMATED DEPRECIATION	A	-6,547,204	NEW CAP REL COSTS-MVBLE E		4
44 RESEARCH ANCI LLARY COSTS	A	-3,639	LABORATORY		44
44.01 RESEARCH ANCI LLARY COSTS	A	-118	MEDICAL SUPPLIES CHARGED		55
44.02 RESEARCH ANCI LLARY COSTS	A	-661	DRUGS CHARGED TO PATIENTS		56
45 PATIENT PHONES	A	-287,612	ADULTS & PEDIATRICALS		25
46 PATIENT PHONES	A	-17,405	EXTENDED CARE SERVICES		13.01
47 BAD DEBTS	A	-85,538	NURSING SCHOOL		21
48 MALPRACTICE EXP	A	17,904,846	OTHER ADMINISTRATIVE AND		6.06
49 WASH UNIV ASSESSMENTS	A	-548,419	OTHER ADMINISTRATIVE AND		6.06
49.01 LOBBYING PORTION OF DUES	A	-159,652	OTHER ADMINISTRATIVE AND		6.06
49.02 NONALLOWABLE INTER/RESIDENT COSTS	A	-1,120	MEDICAL RECORDS & LIBRARY		17
49.03 NONALLOWABLE INTER/RESIDENT COSTS	A	-11,208	CARDIAC CATHETERIZATION L		59.02
49.04 NONALLOWABLE INTER/RESIDENT COSTS	A	-3,136	EMERGENCY		61
49.05 ENTERTAINMENT/PROMOTION EXP	A	-4,920	EMPLOYEE BENEFITS		5

ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	(2)		EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
	BASIS/CODE 1	AMOUNT 2	COST CENTER 3	LINE NO 4	
49.06 ENTERTAINMENT/PROMOTION EXP	A	-1,924	ADMITTING	6.04	
49.07 ENTERTAINMENT/PROMOTION EXP	A	-39,535	OTHER ADMINISTRATIVE AND	6.06	
49.08 ENTERTAINMENT/PROMOTION EXP	A	-3,974	OPERATION OF PLANT	8	
49.09 ENTERTAINMENT/PROMOTION EXP	A	-6,760	EXTENDED CARE SERVICES	13.01	
49.10 ENTERTAINMENT/PROMOTION EXP	A	-11,378	NURSING ADMINISTRATION	14	
49.11 ENTERTAINMENT/PROMOTION EXP	A	-7,372	MEDICAL RECORDS & LIBRARY	17	
49.12 ENTERTAINMENT/PROMOTION EXP	A	-4,015	ADULTS & PEDIATRICS	25	
49.13 ENTERTAINMENT/PROMOTION EXP	A	-716	INTENSIVE CARE UNIT	26	
49.14 ENTERTAINMENT/PROMOTION EXP	A	-479	CORONARY CARE UNIT	27	
49.15 ENTERTAINMENT/PROMOTION EXP	A	-334	CARDIO-THORACIC ICU	30.02	
49.16 ENTERTAINMENT/PROMOTION EXP	A	-1,710	OPERATING ROOM	37	
49.17 ENTERTAINMENT/PROMOTION EXP	A	-251	RECOVERY ROOM	38	
49.18 ENTERTAINMENT/PROMOTION EXP	A	-1,066	RADIOLOGY-DIAGNOSTIC	41	
49.19 ENTERTAINMENT/PROMOTION EXP	A	-22	BLOOD STORING, PROCESSING	47	
49.20 ENTERTAINMENT/PROMOTION EXP	A	-1,267	RESPIRATORY THERAPY	49	
49.21 ENTERTAINMENT/PROMOTION EXP	A	-544	PHYSICAL THERAPY	50	
49.22 ENTERTAINMENT/PROMOTION EXP	A	-1,525	ELECTROCARDIOLOGY	53	
49.23 ENTERTAINMENT/PROMOTION EXP	A	-2,453	CLINIC	60	
49.24 ENTERTAINMENT/PROMOTION EXP	A	-4,001	EMERGENCY	61	
49.25 ENTERTAINMENT/PROMOTION EXP	A	-415	KIDNEY ACQUISITION	83	
49.26 ECF LAB	A	-69,048	LABORATORY	44	
49.27 COSTS TO BJC HO	A	-267,384	EMPLOYEE BENEFITS	5	
49.28 COSTS TO BJC HO	A	-2,154,580	OTHER ADMINISTRATIVE AND	6.06	
49.29 COSTS TO BJC HO	A	-445,170	OPERATION OF PLANT	8	
49.30 COSTS TO BJC HO	A	-295,845	OTHER ADMINISTRATIVE AND	6.06	
49.31 ADVERTISING EXPENSE	A	-3,204	EMPLOYEE BENEFITS	5	
49.32 ADVERTISING EXPENSE	A	-57,404	OTHER ADMINISTRATIVE AND	6.06	
49.33 ADVERTISING EXPENSE	A	-28,191	EXTENDED CARE SERVICES	13.01	
49.34 ADVERTISING EXPENSE	A	-253	RADIOLOGY-DIAGNOSTIC	41	
49.35 ADVERTISING EXPENSE	A	-59,566	NURSING SCHOOL	21	
49.36 ADVERTISING EXPENSE	A	-10,065	OB/GYN IN VITRO	59.04	
49.37 PHYSICIAN RECRUITMENT	A	-56,155	OTHER ADMINISTRATIVE AND	6.06	
49.38 PHYSICIAN RECRUITMENT	A	-253,585	NURSING ADMINISTRATION	14	
49.39 PHYSICIAN RECRUITMENT	A	-151,875	ENDOSCOPY	59.03	
49.40 PHYSICIAN RECRUITMENT	A	-360,492	KIDNEY ACQUISITION	83	
49.41 SPEC EVENTS-NONALLOWABLE	A	-39,805	EMPLOYEE BENEFITS	5	
49.42 SPEC EVENTS-NONALLOWABLE	A	-33,089	OTHER ADMINISTRATIVE AND	6.06	
49.43 SPEC EVENTS-NONALLOWABLE	A	500	HOUSEKEEPING	10	
49.44 SPEC EVENTS-NONALLOWABLE	A	-2,087	EXTENDED CARE SERVICES	13.01	
49.45 SPEC EVENTS-NONALLOWABLE	A	-26,429	NURSING ADMINISTRATION	14	
49.46 SPEC EVENTS-NONALLOWABLE	A	-7,213	MEDICAL RECORDS & LIBRARY	17	
49.47 SPEC EVENTS-NONALLOWABLE	A	-34,440	NURSING SCHOOL	21	
49.48 SPEC EVENTS-NONALLOWABLE	A	947	ADULTS & PEDIATRICS	25	
49.49 SPEC EVENTS-NONALLOWABLE	A	-565	CARDIO-THORACIC ICU	30.02	
49.50 SPEC EVENTS-NONALLOWABLE	A	-261	DELIVERY ROOM & LABOR ROOM	39	
49.51 SPEC EVENTS-NONALLOWABLE	A	97	RADIOLOGY-DIAGNOSTIC	41	
49.52 SPEC EVENTS-NONALLOWABLE	A	-8,459	RESPIRATORY THERAPY	49	
49.53 SPEC EVENTS-NONALLOWABLE	A	502	PHYSICAL THERAPY	50	
49.54 SPEC EVENTS-NONALLOWABLE	A	-92	OCCUPATIONAL THERAPY	51	
49.55 SPEC EVENTS-NONALLOWABLE	A	-116	SPEECH PATHOLOGY	52	
49.56 SPEC EVENTS-NONALLOWABLE	A	-27	CLINIC	60	
49.57 SPEC EVENTS-NONALLOWABLE	A	-12,021	EMERGENCY	61	
49.58 BJC DAY AT THE BALLPARK	A	-24,522	EMPLOYEE BENEFITS	5	
49.59 ALLOWABLE PENSION EXP/FUNDING	A	-797,628	EMPLOYEE BENEFITS	5	
49.60 ADJUST BARNARD BLDG RENTAL EXPENSE	A	4,435	OTHER ADMINISTRATIVE AND	6.06	
50 TOTAL (SUM OF LINES 1 THRU 49)		4,610,794			

(1) Description - all chapter references in this column pertain to CMS Pub. 15-1.

(2) Basis for adjustment (see instructions).

A. Costs - if cost, including applicable overhead, can be determined.

B. Amount Received - if cost cannot be determined.

(3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.

Note: See instructions for column 5 referencing to Worksheet A-7

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.	
1	2	3	4	5	6		
1	44	LABORATORY	AFFILIATE BILLING TO BJC	-1,995,525	-1,828,477	-167,048	
2	44	1 HLA LAB	AFFILIATE BILLING TO BJC	-287,087	-584,817	297,730	
3	47	BLOOD STORING, PROCESSING	AFFILIATE BILLING TO BJC	-422,845	-731,855	309,010	
4	44	LABORATORY	AFFILIATE BILLING TO REHA	-209,760	-183,818	-25,942	
4.01	44	1 HLA LAB	AFFILIATE BILLING TO REHA	-881	-2,361	1,480	
4.02	47	BLOOD STORING, PROCESSING	AFFILIATE BILLING TO REHA	-18,376	-29,754	11,378	
4.03	37	OPERATING ROOM	MIDWEST STONE	449,298	572,973	-123,675	
4.04	6	6 OTHER ADMINISTRATIVE AND	TFC	3,477,992	4,587,170	-1,109,178	
4.05	3	2 NEW CRC-B&F(BJH POSTMERGE	GAMMA KNIFE DEPR - B&F	243,677		243,677	9
4.06	4	NEW CAP REL COSTS-MVBLE E	GAMMA KNIFE DEPR - MME	302,536		302,536	9
4.07	42	RADIOLOGY-THERAPEUTIC	GAMMA KNIFE DEPR EXPENSES	965,889	5,342,408	-4,376,519	
4.08	5	EMPLOYEE BENEFITS	BJC EMPLOYEE BENEFITS	11,318,060		11,318,060	
4.09	6	3 PURCHASING, RECEIVING AND	BJC PURCHASING	3,390,835		3,390,835	
4.10	6	6 OTHER ADMINISTRATIVE AND	BJC OTHER A&G	53,102,360	81,040,268	-27,937,908	
4.11	8	OPERATION OF PLANT	BJC OPERATION OF PLANT	11,663,085		11,663,085	
4.12	44	LABORATORY	SLCH AFFILIATE BILLINGS	2,335,939	1,610,822	725,117	
4.13	59	2 CARDIAC CATHETERIZATION L	SLCH AFFILIATE BILLINGS	166,675	247,515	-80,840	
4.14	22	I&R SERVICES-SALARY & FRI	BJWCH WU TEACHING SVCS	-1,106,224		-1,106,224	
5		TOTALS		83,375,648	90,040,074	-6,664,426	

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 26-0032
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED: 5/25/2010
 WORKSHEET: A-8-2
 GROUP: 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 5	EMPLOYEE HEALTH	48,276	48,276					
2 6	DI DIRECTOR'S OFFICE	229,356		229,356	177,200	761	64,831	3,242
3 14	NURSING ADMINISTRATION	166,244	166,244					
4 16	PHARMACY	862	862					
5 17	MEDICAL RECORDS	103,112	103,112					
6 19	LAB ADMINISTRATION	4,106,118	4,106,118					
7 21	NURSING SCHOOL	355	355					
8 22	PHYSICIAN ASM/HOSPITALIST	8,202,025	8,202,025					
9 40	ANESTHESIOLOGY	3,852,879	3,852,879					
10 41	RADIOLOGY-DIAGNOSTIC							
11 42	RADIOLOGY-THERAPEUTIC							
12 54	ELECTROENCEPHALOGRAPHY	79,996	79,996					
13 60	CLINIC	233,584	233,584					
14 61	ER	1,254,554	1,254,554					
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	18,277,361	18,048,005	229,356		761	64,831	3,242

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 26-0032
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED: 5/25/2010
 WORKSHEET: A-8-2
 GROUP: 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 5	EMPLOYEE HEALTH							48,276
2 6	DIRECTOR'S OFFICE					64,831	164,525	164,525
3 14	NURSING ADMINISTRATION							166,244
4 16	PHARMACY							862
5 17	MEDICAL RECORDS							103,112
6 19	LAB ADMINISTRATION							4,106,118
7 21	NURSING SCHOOL							355
8 22	PHYSICIAN ASM/HOSPITALIST							8,202,025
9 40	ANESTHESIOLOGY							3,852,879
10 41	RADIOLOGY-DIAGNOSTIC							
11 42	RADIOLOGY-THERAPEUTIC							
12 54	ELECTROENCEPHALOGRAPHY							79,996
13 60	CLINIC							233,584
14 61	ER							1,254,554
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					64,831	164,525	18,212,530

COST ALLOCATION STATISTICS

PROVIDER NO: 26-0032
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/25/2010
 NOT A CMS WORKSHEET

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

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 26-0032
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/25/2010
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CRC-B&F(B H PRE-MERGE)	NEW CRC-B&F(B JH POSTMERGE)	NEW CRC-B&F(B JH CAMP EXP)	NEW CRC-B&F(G SON)	NEW CRC-B&F(T HE HIGHLANDS)
	0	3	3.01	3.02	3.03	3.04	3.05
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &	2,122,534	2,122,534					
003 02 NEW CRC-B&F(BH PRE-MERGE)	3,858,524		3,858,524				
003 03 NEW CRC-B&F(BJH POSTMERGE)	11,056,344			11,056,344			
003 04 NEW CRC-B&F(BJH CAMP EXP)	15,723,689				15,723,689		
003 05 NEW CRC-B&F(GSON)	1,743,999					1,743,999	
004 NEW CAP REL COSTS-MVBLE E	1,040,509						1,040,509
005 EMPLOYEE BENEFITS	37,567,329						
006 01 NONPATIENT TELEPHONES	97,781,747	33,229	27,104	110,598			
006 02 DATA PROCESSING	975,144	3,413	29,861	62,171	23,340		
006 03 PURCHASING, RECEIVING AND	27,030						
006 04 ADMINISTRATION	7,919,357	18,710	26,777	83,881	7,656		
006 05 CASHIERING/ACCOUNTS RECEI	10,633,366	25,968	43,123	127,604			12,286
006 06 OTHER ADMINISTRATIVE AND	8,145,377		39,552	74,220			
008 OPERATION OF PLANT	190,981,279	736,118	789,860	2,805,526	3,830,717		334,152
009 LAUNDRY & LINEN SERVICE	41,340,819	201,966	407,393	1,127,561	2,748,836		5,430
010 HOUSEKEEPING	3,108,302	5,016	1,705	12,217	851		
011 DIETARY	13,680,310	28,127	42,258	129,862	46,593		1,551
012 CAFETERIA	9,051,077	43,903	81,039	230,996	5,628		
013 01 EXTENDED CARE SERVICES	3,031,603	21,524	85,516	199,168	4,188		
014 NURSING ADMINISTRATION	1,524,671		37,747	70,833			
015 CENTRAL SERVICES & SUPPLY	28,030,047	59,632	28,796	161,239	22,293		
016 PHARMACY	14,750,392	24,541	62,647	161,676	116,591		
017 MEDICAL RECORDS & LIBRARY	107,374,846	20,938	45,839	123,660	66,224		
018 SOCIAL SERVICE	19,524,418	64,820	10,471	136,175	2,552		
019 01 LAB ADMINISTRATION	3,155,908		2,286	4,290	18,956		
019 02 RESEARCH ADMINISTRATION	3,817,502		6,631	12,443			
021 NURSING SCHOOL	4,472						
022 I&R SERVICES-SALARY & FRI	-882,413					1,743,999	
024 01 PARAMEDICAL PRGM-HOSP ADMI	90,567,051	7,809	47,276	102,752			
024 02 PARAMEDICAL PRGM-PHARMACY	120,603						
024 04 PARAMEDICAL PRGM-PASTORAL	210,954						
025 INPATIENT ROUTINE SRVC CNTRS	110,730						
026 ADULTS & PEDIATRICS	94,749,232	257,178	911,816	2,173,389			
027 INTENSIVE CARE UNIT	7,653,382	33,280	30,013	116,146			
029 CORONARY CARE UNIT	3,845,500		25,473	47,802			
029 SURGICAL INTENSIVE CARE U	6,453,025		53,102	99,649			
030 01 NEURO-ICU	5,127,954		30,220	56,709			
030 02 CARDIO-THORACIC ICU	6,551,939				418,112		
031 SUBPROVIDER	6,903,337		80,330	150,742			
033 NURSERY	1,112,363		5,499	10,319			
034 SKILLED NURSING FACILITY	4,203,739		42,078	78,962			
035 NURSING FACILITY	289,781		6,462	12,126			
036 OTHER LONG TERM CARE	1,473,426		32,821	61,590			
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	34,583,145	10,086	134,364	270,270	1,855,177		
039 RECOVERY ROOM	14,785,444		81,991	153,859	376,166		
039 DELIVERY ROOM & LABOR ROO	5,388,880		51,863	97,324			
040 ANESTHESIOLOGY	6,060,721						
041 RADIOLOGY-DIAGNOSTIC	26,066,838	89,930	1,685	164,827	834,392		24,551
042 RADIOLOGY-THERAPEUTIC	14,556,794	7,106		12,774	991,970		
043 RADIOISOTOPE	2,479,062	26,174		47,052			
044 LABORATORY	31,010,948	6,887	87,787	177,117	148,198		12,286
044 01 HLA LAB	3,383,247		7,030	13,192			
047 BLOOD STORING, PROCESSING	25,753,558		9,874	18,530	164,514		
049 RESPIRATORY THERAPY	10,209,360	7,480	15,996	43,464			
050 PHYSICAL THERAPY	4,219,565	4,947	8,953	25,693			
051 OCCUPATIONAL THERAPY	1,489,071	1,336	2,560	7,206			
052 SPEECH PATHOLOGY	601,972	668	1,280	3,603			
053 ELECTROCARDIOLOGY	3,961,849	1,403	20,440	40,879	59,811		
054 ELECTROENCEPHALOGRAPHY	828,477		3,720	6,981			
055 MEDICAL SUPPLIES CHARGED	143,572,580						
056 DRUGS CHARGED TO PATIENTS	-661						
057 RENAL DIALYSIS	2,263,737	1,753	19,216	39,212			
059 CAT SCAN	3,793,616				66,704		
059 01 ULTRASOUND	2,067,779	26,174	835	48,619	83,304		
059 02 CARDIAC CATHETERIZATION L	3,075,432		2,094	3,930	491,840		
059 03 ENDOSCOPY	5,134,778	1,069	10,666	21,936	295,807		
059 04 OB/GYN IN VITRO	1,166,386		11,756	22,061			
059 05 OUTPATIENT PHARMACY	1,855,496				81,035		
059 06 ELECTROSHOCK THERAPY	224,921		5,909	11,088			
059 07 PSYCHIATRIC/PSYCHOLOGICAL	249,421						
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC	10,125,763	9,086	9,810	34,744	317,162		
062 EMERGENCY	17,014,045		3,728	6,995	935,147		
065 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
082 AMBULANCE SERVICES							
082 LUNG ACQUISITION	3,687,590	3,565	141	6,673	4,581		
083 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION	5,901,224	7,838	141	14,355	10,078		
084 LIVER ACQUISITION	4,139,096	4,495	141	8,345	5,780		
085 HEART ACQUISITION	1,304,143	1,318	141	2,633	1,680		
085 01 PANCREAS ACQUISITION	376,986						

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 26-0032
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/25/2010
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG & 3	NEW CRC-B&F(B H PRE-MERGE) 3.01	NEW CRC-B&F(B JH POSTMERGE) 3.02	NEW CRC-B&F(B JH CAMP EXP) 3.03	NEW CRC-B&F(G SON) 3.04	NEW CRC-B&F(T HE HIGHLANDS) 3.05
086 SPEC PURPOSE COST CENTERS							
086 OTHER ORGAN ACQUISITION	4,099,261						
095 SUBTOTALS	1,261,891,722	1,797,487	3,525,816	9,847,668	14,035,883	1,743,999	390,256
NONREIMBURS COST CENTERS							
097 RESEARCH	129,490						
097 02 RESEARCH-GCRC-I/P	104,345						
097 03 RESEARCH-GCRC-O/P	58,320						
100 OTHER NONREIMBURSABLE COS	9,205,463	325,047	330,929	1,205,337	1,687,806		650,253
100 01 DEVELOPMENT	-51						
100 02 MARKETING/COMMUNITY RELAT	3,533,279		1,779	3,339			
100 03 GUEST MEALS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	1,274,922,568	2,122,534	3,858,524	11,056,344	15,723,689	1,743,999	1,040,509

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	SUBTOTAL	DATA PROCESSING	PURCHASING, RECEIVING AND	R ADMINISTRATION
	4	5	6.01	6a.01	6.02	6.03	6.04
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CRC-B&F (BH PRE-MERGE)							
003 03 NEW CRC-B&F (BJH POSTMERGE)							
003 04 NEW CRC-B&F (BJH CAMP EXP)							
003 05 NEW CRC-B&F (GSON)							
004 NEW CAP REL COSTS-MVBLE E	37,567,329						
005 EMPLOYEE BENEFITS	158,860	98,111,538					
006 01 NONPATIENT TELEPHONES		329,771	1,423,700				
006 02 DATA PROCESSING		6,008		33,038	33,038		
006 03 PURCHASING, RECEIVING AND	482	191,238	1,076	8,249,177	214	8,249,391	
006 04 ADMINISTRATION	19,608	1,922,917	57,390	12,842,262	334	18,198	12,860,794
006 05 CASHIERING/ACCOUNTS RECEI	4,635	809,647	25,980	9,099,411	237	3,186	
006 06 OTHER ADMINISTRATIVE AND	12,617,528	5,459,388	99,108	217,653,676	5,552	23,750	
008 OPERATION OF PLANT	475,666	1,977,081	41,948	48,326,700	1,256	50,198	
009 LAUNDRY & LINEN SERVICE	2,083	7,108	227	3,137,509	82	70,803	
010 HOUSEKEEPING	113,811	2,410,490	29,340	16,482,342	429	35,585	
011 DIETARY	168,479	1,151,667	19,846	10,752,635	280	64,788	
012 CAFETERIA	31,554	890,578	5,775	4,269,906	111	182,126	
013 01 EXTENDED CARE SERVICES	67,732	200,371	24,337	1,925,691	50	1,821	
014 NURSING ADMINISTRATION	452,047	4,137,410	56,785	32,948,249	857	15,008	
015 CENTRAL SERVICES & SUPPLY	227,312	731,351	13,498	16,088,008	418	257,265	
016 PHARMACY	53,059	3,535,227	38,799	111,258,592	2,893	1,824,474	
017 MEDICAL RECORDS & LIBRARY	96,266	3,089,550	50,766	22,975,018	597	11,982	
018 SOCIAL SERVICE	1,073	530,168	9,922	3,722,603	97	537	
019 01 LAB ADMINISTRATION	8,584	768,524	4,141	4,617,825	120	1,323	
019 02 RESEARCH ADMINISTRATION		501		4,973			
021 NURSING SCHOOL	850,326	1,346,308	26,650	3,084,870	80	17,513	
022 I&R SERVICES-SALARY & FRI	5,541	10,219,207	45,727	100,995,363	2,626	1,585	
024 01 PARAMEDICAL PRGM-HOSP ADMI		24,932		145,535	4		
024 02 PARAMEDICAL PRGM-PHARMACY		43,557		254,511	7		
024 04 PARAMEDICAL PRGM-PASTORAL		17,562		128,292	3		
025 INPATIENT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,026,532	18,423,044	260,863	117,802,054	3,063	146,798	835,072
026 INTENSIVE CARE UNIT	28,301	1,436,581	10,499	9,308,202	242	12,097	80,506
027 CORONARY CARE UNIT	30,847	746,975	3,647	4,700,244	122	5,141	36,312
029 SURGICAL INTENSIVE CARE U	27,680	1,186,599	11,871	7,831,926	204	11,512	65,902
030 01 NEURO-ICU	76,098	941,967	7,269	6,240,217	162	11,387	56,507
030 02 CARDIO-THORACIC ICU	45,043	1,220,650	12,814	8,248,558	214	12,093	56,616
031 SUBPROVIDER	25,551	1,183,522	14,625	8,358,107	217	4,547	38,669
033 NURSERY	4,349	188,233	1,366	1,322,129	34	4,952	13,967
034 SKILLED NURSING FACILITY	10,632	641,577	1,663	4,978,651	129	14,340	32,020
035 NURSING FACILITY		48,887		357,256	9	10	2,649
036 OTHER LONG TERM CARE	5,587	251,465	914	1,825,803	47	3,871	10,739
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	4,741,963	6,434,357	126,508	48,155,870	1,252	100,430	880,410
038 RECOVERY ROOM	78,670	1,847,032	28,391	17,351,553	451	36,771	233,117
039 DELIVERY ROOM & LABOR ROO	85,294	983,594	8,480	6,615,435	172	10,592	40,425
040 ANESTHESIOLOGY	820,315	357,687	6,993	7,245,716	188	141,573	240,487
041 RADIOLOGY-DIAGNOSTIC	5,085,973	3,604,146	51,262	35,923,604	934	109,880	1,140,166
042 RADIOLOGY-THERAPEUTIC	3,178,220	1,455,935	29,726	20,232,525	526	25,340	450,283
043 RADIOISOTOPE	284,427	387,529	6,379	3,230,623	84	2,262	74,690
044 LABORATORY	822,262	2,887,659	38,716	35,191,860	915	289,365	1,777,183
044 01 HLA LAB	35,838	165,769	1,896	3,606,972	94	58,329	144,520
047 BLOOD STORING, PROCESSING	130,678	1,050,852	10,484	27,138,490	706	507,985	615,017
049 RESPIRATORY THERAPY	569,229	1,628,496	11,983	12,486,008	325	43,116	236,360
050 PHYSICAL THERAPY	28,220	807,055	6,929	5,101,362	133	1,111	79,630
051 OCCUPATIONAL THERAPY		305,140	1,158	1,806,471	47	192	27,830
052 SPEECH PATHOLOGY	52,259	122,744	800	783,326	20	100	7,729
053 ELECTROCARDIOLOGY	463,360	577,509	8,340	5,133,591	133	24,211	333,505
054 ELECTROENCEPHALOGRAPHY	30,015	100,854	1,705	971,752	25	583	22,849
055 MEDICAL SUPPLIES CHARGED				143,572,580	3,733	3,570,042	1,852,542
056 DRUGS CHARGED TO PATIENTS				-661			1,441,577
057 RENAL DIALYSIS	74,458	353,300	4,176	2,755,852	72	12,461	62,567
059 CAT SCAN	851,904	567,190	7,121	5,286,535	137	30,212	729,871
059 01 ULTRASOUND	320,762	188,763	3,397	2,739,633	71	3,459	94,196
059 02 CARDIAC CATHETERIZATION L	1,655,326	715,382	18,731	5,962,735	155	745	217,632
059 03 ENDOSCOPY	804,515	800,744	10,213	7,079,728	184	25,047	144,522
059 04 OB/GYN IN VITRO	288,177	117,145	376	1,605,901	42	6,397	10,871
059 05 OUTPATIENT PHARMACY	32,259	551,326	16,170	2,536,286	66	322,543	60,876
059 06 ELECTROSHOCK THERAPY	4,248	38,921	1,266	286,353	7	433	3,493
059 07 PSYCHIATRIC/PSYCHOLOGICAL		129,307	3,173	381,901	10	2,440	10,477
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	57,372	1,717,516	51,481	12,322,934	320	22,100	105,878
061 EMERGENCY	357,399	2,516,089	56,207	20,889,610	543	74,022	463,986
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
082 LUNG ACQUISITION	7,079	102,226	2,502	3,814,357	99	347	20,891
083 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION	468	228,976	2,549	6,165,629	160	769	52,857
084 LIVER ACQUISITION		122,356	1,572	4,281,785	111	152	26,455
085 HEART ACQUISITION		34,316	1,508	1,345,739	35	203	6,796
085 01 PANCREAS ACQUISITION		495	8	377,489	10		2,233

COST CENTER DESCRIPTION	NEW CAP OSTS-MVBLE	REL C EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	SUBTOTAL	DATA PROCESSING	PURCHASING RECEIVING AND	R ADMITTING
	4	5	6.01	6a.01	6.02	6.03	6.04
086 SPEC PURPOSE COST CENTERS							
095 OTHER ORGAN ACQUISITION		65,890		4,165,151	108	212	17,721
095 SUBTOTALS	37,495,956	97,036,361	1,397,046	1,256,514,028	32,558	8,230,314	12,858,401
097 NONREIMBURS COST CENTERS							
097 RESEARCH		6,903		136,393	4		
097 02 RESEARCH-GCRC-I/P	4,534			108,879	3	808	2,355
097 03 RESEARCH-GCRC-O/P	5,709			64,029	2	9	38
100 OTHER NONREIMBURSABLE COS	60,991	891,246	19,552	14,376,624	374	17,415	
100 01 DEVELOPMENT	58			7			
100 02 MARKETING/COMMUNITY RELAT	81	177,028	7,102	3,722,608	97	845	
100 03 GUEST MEALS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	37,567,329	98,111,538	1,423,700	1,274,922,568	33,038	8,249,391	12,860,794

COST CENTER DESCRIPTION	CASHIERING/AC COUNTS RECEI	SUBTOTAL	OTHER ADMINIS TRATIVE AND	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY
	6.05	6a.05	6.06	8	9	10	11
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CRC-B&F(BH PRE-MERGE)							
003 03 NEW CRC-B&F(BJH POSTMERGE)							
003 04 NEW CRC-B&F(BJH CAMP EXP)							
003 05 NEW CRC-B&F(GSON)							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMINITTING							
006 05 CASHIERING/ACCOUNTS RECEI	9,102,834						
006 06 OTHER ADMINISTRATIVE AND		217,682,978	217,682,978				
008 OPERATION OF PLANT		48,378,154	9,960,917	58,339,071			
009 LAUNDRY & LINEN SERVICE		3,208,394	660,599	225,552	4,094,545		
010 HOUSEKEEPING		16,518,356	3,401,080	845,642	124,187	20,889,265	
011 DIETARY		10,817,703	2,227,333	1,612,382	1,906	615,522	15,274,846
012 CAFETERIA		4,452,143	916,683	1,194,105		455,846	
013 01 EXTENDED CARE SERVICES		1,927,562	396,879	422,721		161,372	2,066,135
014 NURSING ADMINISTRATION		32,964,114	6,787,212	1,150,956		439,374	
015 CENTRAL SERVICES & SUPPLY		16,345,691	3,365,529	1,118,099	6,927	426,831	
016 PHARMACY		113,085,959	23,284,060	848,824		324,036	
017 MEDICAL RECORDS & LIBRARY		22,987,597	4,733,077	816,025		311,515	
018 SOCIAL SERVICE		3,723,237	766,603	50,518		19,285	
019 01 LAB ADMINISTRATION		4,619,268	951,093	74,257		28,347	
019 02 RESEARCH ADMINISTRATION		4,973	1,024				
021 NURSING SCHOOL		3,102,463	638,788	2,672,537	832	1,020,233	
022 I&R SERVICES-SALARY & FRI		100,999,574	20,795,509	628,261	47,047	239,837	
024 01 PARAMED ED PRGM-HOSP ADMI		145,539	29,966				
024 02 PARAMED ED PRGM-PHARMACY		254,518	52,404				
024 04 PARAMED ED PRGM-PASTORAL		128,295	26,416				
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	591,017	119,378,004	24,579,573	12,970,415	2,315,807	4,951,413	11,394,603
026 INTENSIVE CARE UNIT	56,977	9,458,024	1,947,379	693,142	80,712	264,605	257,965
027 CORONARY CARE UNIT	25,700	4,767,519	981,618	285,273	41,996	108,902	127,948
029 SURGICAL INTENSIVE CARE U	46,642	7,956,186	1,638,155	631,787	94,902	241,183	52,643
030 01 NEURO-ICU	39,993	6,348,266	1,307,089	338,429	57,919	129,194	144,193
030 02 CARDIO-THORACIC ICU	40,070	8,357,551	1,720,795	549,560	79,308	209,793	122,661
031 SUBPROVIDER	27,368	8,428,908	1,735,487	899,600	54,702	343,419	714,011
033 NURSERY	9,885	1,350,967	278,160	61,585	27,381	23,510	
034 SKILLED NURSING FACILITY	22,662	5,047,802	1,039,327	471,231	50,229	179,891	
035 NURSING FACILITY	1,875	361,799	74,493	72,365	8,795	27,625	
036 OTHER LONG TERM CARE	7,601	1,848,061	380,510	367,558	40,555	140,314	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	623,105	49,761,067	10,245,654	4,050,880	92,152	1,546,411	
038 RECOVERY ROOM	164,987	17,786,879	3,662,265	1,412,633	64,255	539,268	
039 DELIVERY ROOM & LABOR ROO	28,611	6,695,235	1,378,529	580,811	29,594	221,723	
040 ANESTHESIOLOGY	170,203	7,798,167	1,605,619				
041 RADIOLOGY-DIAGNOSTIC	806,945	37,981,529	7,820,283	2,821,940	251,273	1,077,267	
042 RADIOLOGY-THERAPEUTIC	318,685	21,027,359	4,329,470	1,436,372	14,256	548,331	
043 RADIOISOTOPE	52,861	3,360,520	691,921	280,801	19,248	107,195	
044 LABORATORY	1,257,791	38,517,114	7,930,558	1,416,876		540,888	
044 01 HLA LAB	102,283	3,912,198	805,510	78,730		30,055	
047 BLOOD STORING, PROCESSING	435,274	28,697,472	5,908,723	326,817	14,157	124,761	
049 RESPIRATORY THERAPY	167,282	12,933,091	2,662,885	259,384		99,019	
050 PHYSICAL THERAPY	56,358	5,238,594	1,078,611	153,331	879	58,534	
051 OCCUPATIONAL THERAPY	19,696	1,854,236	381,782	43,006		16,417	
052 SPEECH PATHOLOGY	5,470	796,645	164,027	21,503		8,209	
053 ELECTROCARDIOLOGY	235,895	5,727,135	1,179,200	322,574	11,720	123,142	
054 ELECTROENCEPHALOGRAPHY	16,171	1,011,380	208,240	41,658	585	15,903	
055 MEDICAL SUPPLIES CHARGED	1,311,811	150,310,708	30,949,043				
056 DRUGS CHARGED TO PATIENTS	1,020,267	2,461,183	506,750				
057 RENAL DIALYSIS	44,282	2,875,234	592,002	234,010	4,952	89,333	
059 CAT SCAN	516,562	6,563,317	1,351,367	245,937	25,821	93,886	
059 01 ULTRASOUND	66,667	2,904,026	597,930	472,378	4,062	180,329	
059 02 CARDIAC CATHETERIZATION L	154,027	6,335,294	1,304,418	669,919	26,204	255,740	
059 03 ENDOSCOPY	102,285	7,351,766	1,513,707	519,713	18,019	198,399	
059 04 OB/GYN IN VITRO	7,694	1,630,905	335,798	131,656		50,259	
059 05 OUTPATIENT PHARMACY	43,084	2,962,855	610,043	106,512		40,660	
059 06 ELECTROSHOCK THERAPY	2,472	292,758	60,278	66,172		25,261	
059 07 PSYCHIATRIC/PSYCHOLOGICAL	7,415	402,243	82,821	118,009		45,049	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	74,934	12,526,166	2,579,100	1,335,910	30,122	509,980	
061 EMERGENCY	328,383	21,756,544	4,479,607	1,314,178	424,270	501,683	
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
082 LUNG ACQUISITION	14,785	3,850,479	792,802	46,074		17,589	
083 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION	37,409	6,256,824	1,288,261	102,526		39,139	
084 LIVER ACQUISITION	18,724	4,327,227	890,963	62,760		23,958	
085 HEART ACQUISITION	4,810	1,357,583	279,522	16,457		6,282	
085 01 PANCREAS ACQUISITION	1,580	381,312	78,511				

COST CENTER DESCRIPTION		CASHIERING/AC COUNTS RECEI	SUBTOTAL	OTHER ADMINIS TRATIVE AND	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY
		6.05	6a.05	6.06	8	9	10	11
SPEC PURPOSE COST CENTERS								
086	OTHER ORGAN ACQUISITION	12,542	4,195,734	863,889				
095	SUBTOTALS	9,101,140	1,256,490,384	213,887,847	47,690,351	4,064,774	17,796,717	14,880,159
NONREIMBURS COST CENTERS								
097	RESEARCH		136,397	28,084				
097 02	RESEARCH-GCRC-I/P	1,667	113,712	23,413	112,332	6,917	42,882	16,724
097 03	RESEARCH-GCRC-O/P	27	64,105	13,199	101,666		38,811	16,705
100	OTHER NONREIMBURSABLE COS		14,394,413	2,963,766	10,317,058	22,854	2,965,937	
100 01	DEVELOPMENT		7	1				
100 02	MARKETING/COMMUNITY RELAT		3,723,550	766,668	117,664		44,918	
100 03	GUEST MEALS							361,258
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	9,102,834	1,274,922,568	217,682,978	58,339,071	4,094,545	20,889,265	15,274,846

COST CENTER DESCRIPTION	CAFETERIA	EXTENDED CARE SERVICES	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
	12	13.01	14	15	16	17	18
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CRC-B&F (BH PRE-MERGE)							
003 03 NEW CRC-B&F (BJH POSTMERGE)							
003 04 NEW CRC-B&F (BJH CAMP EXP)							
003 05 NEW CRC-B&F (GSON)							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMINISTRATION							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATION AND							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA	7,018,777						
013 01 EXTENDED CARE SERVICES	21,330	4,995,999					
014 NURSING ADMINISTRATION	278,362		41,620,018				
015 CENTRAL SERVICES & SUPPLY	102,386			21,365,463			
016 PHARMACY	237,834				137,780,713		
017 MEDICAL RECORDS & LIBRARY	283,695					29,131,909	
018 SOCIAL SERVICE	46,927						4,606,570
019 01 LAB ADMINISTRATION	51,193				10,664		
019 02 RESEARCH ADMINISTRATION							
021 NURSING SCHOOL	86,388						
022 I&R SERVICES-SALARY & FRI	893,745						
024 01 PARAMEDICAL PRGM-HOSP ADMI	2,133						
024 02 PARAMEDICAL PRGM-PHARMACY	5,333						
024 04 PARAMEDICAL PRGM-PASTORAL	1,067						
025 INPATIENT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,654,175		18,989,866		2,231	1,891,775	3,920,445
026 INTENSIVE CARE UNIT	114,118		1,307,735		39	182,378	157,495
027 CORONARY CARE UNIT	60,792		700,954		11	82,261	71,860
029 SURGICAL INTENSIVE CARE U	95,987		1,106,193		167	149,294	125,178
030 01 NEURO-ICU	73,590		839,233		1,236	128,012	106,893
030 02 CARDIO-THORACIC ICU	91,721		1,056,219		69	128,258	108,235
031 SUBPROVIDER	104,519		1,196,217		80	87,601	
033 NURSERY	15,998		184,227			31,641	116,464
034 SKILLED NURSING FACILITY	73,590	2,605,944	965,336			72,539	
035 NURSING FACILITY	6,399	484,461	23,383			6,001	
036 OTHER LONG TERM CARE	34,129	1,905,594	553,605			24,329	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	463,937		5,325,890		32,845	1,994,484	
038 RECOVERY ROOM	135,448		1,560,781		873	528,104	
039 DELIVERY ROOM & LABOR ROO	90,654		1,034,678		641	91,579	
040 ANESTHESIOLOGY	49,060				2,256,438	544,800	
041 RADIOLOGY-DIAGNOSTIC	312,491				351,913	2,582,936	
042 RADIOLOGY-THERAPEUTIC	105,586				666,424	1,020,073	
043 RADIOISOTOPE	29,863				192	169,203	
044 LABORATORY	297,559				967	4,026,038	
044 01 HLA LAB	14,931					327,396	
047 BLOOD STORING, PROCESSING	88,521				8,771	1,393,261	
049 RESPIRATORY THERAPY	129,049				2,834	535,450	
050 PHYSICAL THERAPY	72,523					180,394	
051 OCCUPATIONAL THERAPY	24,530					63,046	
052 SPEECH PATHOLOGY	8,532					17,510	
053 ELECTROCARDIOLOGY	50,127				4,870	755,071	
054 ELECTROENCEPHALOGRAPHY	10,665					51,763	
055 MEDICAL SUPPLIES CHARGED				21,365,463		4,193,773	
056 DRUGS CHARGED TO PATIENTS					113,570,301	3,265,753	
057 RENAL DIALYSIS	24,530				18,780	141,741	
059 CAT SCAN	51,193		587,782		31,910	1,653,454	
059 01 ULTRASOUND	14,931				3,433	213,392	
059 02 CARDIAC CATHETERIZATION L	55,459		641,270		36	493,023	
059 03 ENDOSCOPY	60,792		693,933		564	327,401	
059 04 OB/GYN IN VITRO	9,599		111,418		33,221	24,627	
059 05 OUTPATIENT PHARMACY	39,461				20,253,807	137,908	
059 06 ELECTROSHOCK THERAPY	4,266				94	7,912	
059 07 PSYCHIATRIC/PSYCHOLOGICAL	14,931				113,659	23,736	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	141,847		1,628,064		378,799	239,856	
061 EMERGENCY	231,435		2,660,494		34,807	1,051,115	
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
082 LUNG ACQUISITION	8,532		93,397			47,326	
083 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION	18,131		210,164			119,743	
084 LIVER ACQUISITION	10,665		116,821			59,932	
085 HEART ACQUISITION	3,200		31,846			15,395	
085 01 PANCREAS ACQUISITION			512			5,059	

COST CENTER DESCRIPTION		CAFETERIA	EXTENDED CARE SERVICES	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
		12	13.01	14	15	16	17	18
086	SPEC PURPOSE COST CENTERS							
	OTHER ORGAN ACQUISITION	4,266					40,144	
095	SUBTOTALS	6,912,125	4,995,999	41,620,018	21,365,463	137,780,676	29,126,487	4,606,570
NONREIMBURS COST CENTERS								
097	RESEARCH							
097	02 RESEARCH-GCRC-I/P					37	5,335	
097	03 RESEARCH-GCRC-O/P						87	
100	OTHER NONREIMBURSABLE COS	91,721						
100	01 DEVELOPMENT							
100	02 MARKETING/COMMUNITY RELAT	14,931						
100	03 GUEST MEALS							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	7,018,777	4,995,999	41,620,018	21,365,463	137,780,713	29,131,909	4,606,570

COST CENTER DESCRIPTION	LAB ADMINISTRATION	RESEARCH ADMINISTRATION	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	SUBTOTAL	PARAMED ED PR GM-HOSP ADMI	PARAMED ED PR GM-PHARMACY
	19.01	19.02	21	22	24a.00	24.01	24.02
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CRC-B&F (BH PRE-MERGE)							
003 03 NEW CRC-B&F (BJH POSTMERGE)							
003 04 NEW CRC-B&F (BJH CAMP EXP)							
003 05 NEW CRC-B&F (GSON)							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMINISTRATION							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATION AND							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 01 EXTENDED CARE SERVICES							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE							
019 01 LAB ADMINISTRATION	5,734,822						
019 02 RESEARCH ADMINISTRATION		5,997					
021 NURSING SCHOOL			7,521,241				
022 I&R SERVICES-SALARY & FRI				123,603,973			
024 01 PARAMED ED PRGM-HOSP ADMI					177,638	177,638	
024 02 PARAMED ED PRGM-PHARMACY					312,255	43	312,298
024 04 PARAMED ED PRGM-PASTORAL					155,778	22	
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS			6,237,709	53,662,665	261,948,681	36,858	
027 INTENSIVE CARE UNIT			202,166	8,448,332	23,114,090	3,213	
029 CORONARY CARE UNIT					7,229,134	1,005	
029 SURGICAL INTENSIVE CARE U					1,470,887	1,885	
030 01 NEURO-ICU					673,642	1,411	
030 02 CARDIO-THORACIC ICU					67,982	1,736	
031 SUBPROVIDER			413,218	2,027,105	16,004,867	2,225	
033 NURSERY					37,081	296	
034 SKILLED NURSING FACILITY					10,505,889	1,460	
035 NURSING FACILITY					1,065,321	148	
036 OTHER LONG TERM CARE					5,294,655	736	
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM				19,195,697	92,709,017	12,887	
038 RECOVERY ROOM			43,877		25,734,383	3,577	
039 DELIVERY ROOM & LABOR ROO			624,271	1,328,743	12,076,458	1,679	
040 ANESTHESIOLOGY				7,323,535	19,577,619	2,721	
041 RADIOLOGY-DIAGNOSTIC				1,001,192	54,200,824	7,534	
042 RADIOLOGY-THERAPEUTIC					29,147,871	4,052	
043 RADIOISOTOPE				166,865	4,825,808	671	
044 LABORATORY	4,264,143			6,192,559	63,186,702	8,783	
044 01 HLA LAB	207,447				5,376,267	747	
047 BLOOD STORING, PROCESSING	1,263,232			426,434	38,252,149	5,317	
049 RESPIRATORY THERAPY					16,621,712	2,310	
050 PHYSICAL THERAPY					6,782,866	943	
051 OCCUPATIONAL THERAPY					2,383,017	331	
052 SPEECH PATHOLOGY					1,016,426	141	
053 ELECTROCARDIOLOGY					8,173,839	1,136	
054 ELECTROENCEPHALOGRAPHY				247,208	1,587,402	221	
055 MEDICAL SUPPLIES CHARGED					206,818,987	28,748	
056 DRUGS CHARGED TO PATIENTS					119,803,987	16,653	312,298
057 RENAL DIALYSIS					3,980,582	553	
059 CAT SCAN				160,685	10,765,352	1,496	
059 01 ULTRASOUND				74,162	4,464,643	621	
059 02 CARDIAC CATHETERIZATION L				457,335	10,238,698	1,423	
059 03 ENDOSCOPY					10,684,294	1,485	
059 04 OB/GYN IN VITRO				346,091	2,673,574	372	
059 05 OUTPATIENT PHARMACY					24,151,246	3,357	
059 06 ELECTROSHOCK THERAPY					456,741	63	
059 07 PSYCHIATRIC/PSYCHOLOGICAL					800,448	111	
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC				10,283,851	29,653,695	4,122	
061 EMERGENCY				10,005,742	42,459,875	5,902	
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
082 LUNG ACQUISITION					4,856,199	675	
082 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION					8,034,788	1,117	
084 LIVER ACQUISITION					5,492,326	763	
085 HEART ACQUISITION					1,710,285	238	
085 01 PANCREAS ACQUISITION					465,394	65	

COST CENTER DESCRIPTION		LAB ADMINISTRATION	RESEARCH ADMINISTRATION	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	SUBTOTAL	PARAMED ED PR GM-HOSP ADMI	PARAMED ED PR GM-PHARMACY
		19.01	19.02	21	22	24a.00	24.01	24.02
086	SPEC PURPOSE COST CENTERS							
	OTHER ORGAN ACQUISITION					5,104,033	709	
095	SUBTOTALS	5,734,822		7,521,241	123,597,793	1,238,405,239	172,561	312,298
	NONREIMBURS COST CENTERS							
097	RESEARCH		5,997			170,478	24	
097 02	RESEARCH-GCRC-I/P				6,180	327,532	46	
097 03	RESEARCH-GCRC-O/P					234,573	33	
100	OTHER NONREIMBURSABLE COS					30,755,749	4,275	
100 01	DEVELOPMENT					8		
100 02	MARKETING/COMMUNITY RELAT					4,667,731	649	
100 03	GUEST MEALS					361,258	50	
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	5,734,822	5,997	7,521,241	123,603,973	1,274,922,568	177,638	312,298

COST CENTER DESCRIPTION	SUBTOTAL 24a. 02	PARAMED ED PR GM-PASTORAL 24. 04	SUBTOTAL 25	I&R COST POST STEP-DOWN ADJ 26	TOTAL 27
003 GENERAL SERVICE COST CNTR					
003 01 NEW CAP REL COSTS-BLDG &					
003 02 NEW CRC-B&F (BH PRE-MERGE)					
003 03 NEW CRC-B&F (BJH POSTMERGE)					
003 04 NEW CRC-B&F (BJH CAMP EXP)					
003 05 NEW CRC-B&F (GSON)					
004 NEW CAP REL COSTS-MVBLE E					
005 EMPLOYEE BENEFITS					
006 01 NONPATIENT TELEPHONES					
006 02 DATA PROCESSING					
006 03 PURCHASING, RECEIVING AND					
006 04 ADMINISTRATION					
006 05 CASHIERING/ACCOUNTS RECEI					
006 06 OTHER ADMINISTRATION AND					
008 OPERATION OF PLANT					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
013 01 EXTENDED CARE SERVICES					
014 NURSING ADMINISTRATION					
015 CENTRAL SERVICES & SUPPLY					
016 PHARMACY					
017 MEDICAL RECORDS & LIBRARY					
018 SOCIAL SERVICE					
019 01 LAB ADMINISTRATION					
019 02 RESEARCH ADMINISTRATION					
021 NURSING SCHOOL					
022 I&R SERVICES-SALARY & FRI					
024 01 PARAMED ED PRGM-HOSP ADMI					
024 02 PARAMED ED PRGM-PHARMACY					
024 04 PARAMED ED PRGM-PASTORAL	155,800	155,800			
025 INPAT ROUTINE SRVC CNTRS					
025 ADULTS & PEDIATRICS	261,985,539	32,237	262,017,776	-53,662,665	208,355,111
026 INTENSIVE CARE UNIT	23,117,303	2,820	23,120,123	-8,448,332	14,671,791
027 CORONARY CARE UNIT	7,230,139	882	7,231,021		7,231,021
029 SURGICAL INTENSIVE CARE U	13,564,447	1,655	13,566,102	-1,470,887	12,095,215
030 01 NEURO-ICU	10,149,107	1,238	10,150,345	-673,642	9,476,703
030 02 CARDIO-THORACIC ICU	12,493,888	1,524	12,495,412	-67,982	12,427,430
031 SUBPROVIDER	16,007,092	1,953	16,009,045	-2,027,105	13,981,940
033 NURSERY	2,127,310	260	2,127,570	-37,081	2,090,489
034 SKILLED NURSING FACILITY	10,507,349	1,282	10,508,631		10,508,631
035 NURSING FACILITY	1,065,469	130	1,065,599		1,065,599
036 OTHER LONG TERM CARE	5,295,391	646	5,296,037		5,296,037
037 ANCILLARY SRVC COST CNTRS					
037 OPERATING ROOM	92,721,904	11,312	92,733,216	-19,195,697	73,537,519
038 RECOVERY ROOM	25,737,960	3,140	25,741,100		25,741,100
039 DELIVERY ROOM & LABOR ROO	12,078,137	1,474	12,079,611	-1,328,743	10,750,868
040 ANESTHESIOLOGY	19,580,340	2,389	19,582,729	-7,323,535	12,259,194
041 RADIOLOGY-DIAGNOSTIC	54,208,358	6,613	54,214,971	-1,001,192	53,213,779
042 RADIOLOGY-THERAPEUTIC	29,151,923	3,557	29,155,480		29,155,480
043 RADIOISOTOPE	4,826,479	589	4,827,068	-166,865	4,660,203
044 LABORATORY	63,195,485	7,710	63,203,195	-6,192,559	57,010,636
044 01 HLA LAB	5,377,014	656	5,377,670		5,377,670
047 BLOOD STORING, PROCESSING	38,257,466	4,667	38,262,133	-426,434	37,835,699
049 RESPIRATORY THERAPY	16,624,022	2,028	16,626,050		16,626,050
050 PHYSICAL THERAPY	6,783,809	828	6,784,637		6,784,637
051 OCCUPATIONAL THERAPY	2,383,348	291	2,383,639		2,383,639
052 SPEECH PATHOLOGY	1,016,567	124	1,016,691		1,016,691
053 ELECTROCARDIOLOGY	8,174,975	997	8,175,972		8,175,972
054 ELECTROENCEPHALOGRAPHY	1,587,623	194	1,587,817	-247,208	1,340,609
055 MEDICAL SUPPLIES CHARGED	206,847,735	25,235	206,872,970		206,872,970
056 DRUGS CHARGED TO PATIENTS	120,132,938	14,656	120,147,594		120,147,594
057 RENAL DIALYSIS	3,981,135	486	3,981,621		3,981,621
059 CAT SCAN	10,766,848	1,314	10,768,162	-160,685	10,607,477
059 01 ULTRASOUND	4,465,264	545	4,465,809	-74,162	4,391,647
059 02 CARDIAC CATHETERIZATION L	10,240,121	1,249	10,241,370	-457,335	9,784,035
059 03 ENDOSCOPY	10,685,779	1,304	10,687,083		10,687,083
059 04 OB/GYN IN VITRO	2,673,946	326	2,674,272	-346,091	2,328,181
059 05 OUTPATIENT PHARMACY	24,154,603	2,947	24,157,550		24,157,550
059 06 ELECTROSHOCK THERAPY	456,804	56	456,860		456,860
059 07 PSYCHIATRIC/PSYCHOLOGICAL	800,559	98	800,657		800,657
060 OUTPAT SERVICE COST CNTRS					
060 CLINIC	29,657,817	3,618	29,661,435	-10,283,851	19,377,584
061 EMERGENCY	42,465,777	5,181	42,470,958	-10,005,742	32,465,216
062 OBSERVATION BEDS (NON-DIS					
062 OTHER REIMBURS COST CNTRS					
065 AMBULANCE SERVICES					
082 LUNG ACQUISITION	4,856,874	593	4,857,467		4,857,467
083 SPEC PURPOSE COST CENTERS					
083 KIDNEY ACQUISITION	8,035,905	980	8,036,885		8,036,885
084 LIVER ACQUISITION	5,493,089	670	5,493,759		5,493,759
085 HEART ACQUISITION	1,710,523	209	1,710,732		1,710,732
085 01 PANCREAS ACQUISITION	465,459	57	465,516		465,516

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 26-0032
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/25/2010
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION		SUBTOTAL 24a. 02	PARAMED ED PR GM-PASTORAL 24. 04	SUBTOTAL 25	I&R COST POST STEP- DOWN ADJ 26	TOTAL 27
SPEC PURPOSE COST CENTERS						
086	OTHER ORGAN ACQUISITION	5,104,742	623	5,105,365		5,105,365
095	SUBTOTALS	1,238,400,162	151,343	1,238,395,705	-123,597,793	1,114,797,912
NONREIMBURS COST CENTERS						
097	RESEARCH	170,502	21	170,523		170,523
097 02	RESEARCH-GCRC-I/P	327,578	40	327,618	-6,180	321,438
097 03	RESEARCH-GCRC-O/P	234,606	29	234,635		234,635
100	OTHER NONREIMBURSABLE COS	30,760,024	3,753	30,763,777		30,763,777
100 01	DEVELOPMENT	8		8		8
100 02	MARKETING/COMMUNITY RELAT	4,668,380	570	4,668,950		4,668,950
100 03	GUEST MEALS	361,308	44	361,352		361,352
101	CROSS FOOT ADJUSTMENT					
102	NEGATIVE COST CENTER					
103	TOTAL	1,274,922,568	155,800	1,274,922,568	-123,603,973	1,151,318,595

ALLOCATION OF NEW CAPITAL RELATED COSTS

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 PERIOD: FROM 1/1/2009 TO 12/31/2009
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 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSIGNED NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	NEW CRC-B&F(B H PRE-MERGE)	NEW CRC-B&F(B JH POSTMERGE)	NEW CRC-B&F(B JH CAMP EXP)	NEW CRC-B&F(G SON)	NEW CRC-B&F(T HE HIGHLANDS)
	0	3	3.01	3.02	3.03	3.04	3.05
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CRC-B&F(BH PRE-MERGE)							
003 03 NEW CRC-B&F(BJH POSTMERGE)							
003 04 NEW CRC-B&F(BJH CAMP EXP)							
003 05 NEW CRC-B&F(GSON)							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	179,757	33,229	27,104	110,598			
006 01 NONPATIENT TELEPHONES	9,066	3,413	29,861	62,171	23,340		
006 02 DATA PROCESSING	-323,007						
006 03 PURCHASING, RECEIVING AND	-53,284	18,710	26,777	83,881	7,656		
006 04 ADMINITTING	119,845	25,968	43,123	127,604			12,286
006 05 CASHIERING/ACCOUNTS RECEI	48,796		39,552	74,220			
006 06 OTHER ADMINISTRATIVE AND	5,833,874	736,118	789,860	2,805,526	3,830,717		334,152
008 OPERATION OF PLANT	-44,964	201,966	407,393	1,127,561	2,748,836		5,430
009 LAUNDRY & LINEN SERVICE	691	5,016	1,705	12,217	851		
010 HOUSEKEEPING	63,539	28,127	42,258	129,862	46,593		1,551
011 DIETARY	26,842	43,903	81,039	230,996	5,628		
012 CAFETERIA	25,671	21,524	85,516	199,168	4,188		
013 01 EXTENDED CARE SERVICES	78,030		37,747	70,833			
014 NURSING ADMINISTRATION	135,397	59,632	28,796	161,239	22,293		
015 CENTRAL SERVICES & SUPPLY	7,386,295	24,541	62,647	161,676	116,591		
016 PHARMACY	1,956,063	20,938	45,839	123,660	66,224		
017 MEDICAL RECORDS & LIBRARY	156,471	64,820	10,471	136,175	2,552		
018 SOCIAL SERVICE	12,881		2,286	4,290	18,956		
019 01 LAB ADMINISTRATION	7,942		6,631	12,443			
019 02 RESEARCH ADMINISTRATION							
021 NURSING SCHOOL	66,185					1,743,999	
022 I&R SERVICES-SALARY & FRI	69,021	7,809	47,276	102,752			
024 01 PARAMEDICAL PRGM-HOSP ADMI							
024 02 PARAMEDICAL PRGM-PHARMACY							
024 04 PARAMEDICAL PRGM-PASTORAL							
025 INPATIENT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	108,652	257,178	911,816	2,173,389			
026 INTENSIVE CARE UNIT	15,733	33,280	30,013	116,146			
027 CORONARY CARE UNIT	4,537		25,473	47,802			
029 SURGICAL INTENSIVE CARE U	15,209		53,102	99,649			
030 01 NEURO-ICU	9,470		30,220	56,709			
030 02 CARDIO-THORACIC ICU	17,137				418,112		
031 SUBPROVIDER	29,267		80,330	150,742			
033 NURSERY	1,699		5,499	10,319			
034 SKILLED NURSING FACILITY	101,216		42,078	78,962			
035 NURSING FACILITY			6,462	12,126			
036 OTHER LONG TERM CARE	1,137		32,821	61,590			
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	208,518	10,086	134,364	270,270	1,855,177		
038 RECOVERY ROOM	294,119		81,991	153,859	376,166		
039 DELIVERY ROOM & LABOR ROO	14,595		51,863	97,324			
040 ANESTHESIOLOGY	11,539						
041 RADIOLOGY-DIAGNOSTIC	1,280,485	89,930	1,685	164,827	834,392		24,551
042 RADIOLOGY-THERAPEUTIC	-15,287	7,106		12,774	991,970		
043 RADIOISOTOPE	259,593	26,174		47,052			
044 LABORATORY	174,151	6,887	87,787	177,117	148,198		12,286
044 01 HLA LAB	5,130		7,030	13,192			
047 BLOOD STORING, PROCESSING	70,261		9,874	18,530	164,514		
049 RESPIRATORY THERAPY	71,638	7,480	15,996	43,464			
050 PHYSICAL THERAPY	20,949	4,947	8,953	25,693			
051 OCCUPATIONAL THERAPY	1,441	1,336	2,560	7,206			
052 SPEECH PATHOLOGY	996	668	1,280	3,603			
053 ELECTROCARDIOLOGY	16,179	1,403	20,440	40,879	59,811		
054 ELECTROENCEPHALOGRAPHY	2,121		3,720	6,981			
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS	5,195	1,753	19,216	39,212			
059 CAT SCAN	21,070				66,704		
059 01 ULTRASOUND	10,303	26,174	835	48,619	83,304		
059 02 CARDIAC CATHETERIZATION L	28,481		2,094	3,930	491,840		
059 03 ENDOSCOPY	19,104	1,069	10,666	21,936	295,807		
059 04 OB/GYN IN VITRO	3,149		11,756	22,061			
059 05 OUTPATIENT PHARMACY	31,292				81,035		
059 06 ELECTROSHOCK THERAPY	1,575		5,909	11,088			
059 07 PSYCHIATRIC/PSYCHOLOGICAL	106,211						
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	85,335	9,086	9,810	34,744	317,162		
061 EMERGENCY	113,224		3,728	6,995	935,147		
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
082 LUNG ACQUISITION	6,509	3,565	141	6,673	4,581		
082 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION	4,545	7,838	141	14,355	10,078		
084 LIVER ACQUISITION	2,744	4,495	141	8,345	5,780		
085 HEART ACQUISITION	5,427	1,318	141	2,633	1,680		
085 01 PANCREAS ACQUISITION	9						

ALLOCATION OF NEW CAPITAL RELATED COSTS

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 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	NEW CRC-B&F(B H PRE-MERGE)	NEW CRC-B&F(B JH POSTMERGE)	NEW CRC-B&F(B JH CAMP EXP)	NEW CRC-B&F(G SON)	NEW CRC-B&F(T HE HIGHLANDS)
	0	3	3.01	3.02	3.03	3.04	3.05
086 SPEC PURPOSE COST CENTERS							
095 OTHER ORGAN ACQUISITION							
095 SUBTOTALS	18,919,769	1,797,487	3,525,816	9,847,668	14,035,883	1,743,999	390,256
097 NONREIMBURS COST CENTERS							
097 RESEARCH							
097 02 RESEARCH-GCRC-I/P	61,505						
097 03 RESEARCH-GCRC-O/P	53,286						
100 OTHER NONREIMBURSABLE COS	421,567	325,047	330,929	1,205,337	1,687,806		650,253
100 01 DEVELOPMENT							
100 02 MARKETING/COMMUNITY RELAT	16,650		1,779	3,339			
100 03 GUEST MEALS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	19,472,777	2,122,534	3,858,524	11,056,344	15,723,689	1,743,999	1,040,509

ALLOCATION OF NEW CAPITAL RELATED COSTS

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 PART III

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING AND	ADMINISTRATIVE
	4	4a	5	6.01	6.02	6.03	6.04
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CRC-B&F (BH PRE-MERGE)							
003 03 NEW CRC-B&F (BJH POSTMERGE)							
003 04 NEW CRC-B&F (BJH CAMP EXP)							
003 05 NEW CRC-B&F (GSON)							
003 06 NEW CRC-B&F (THE HIGHLANDS)							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	158,860	509,548	509,548				
006 01 NONPATIENT TELEPHONES		127,851	1,712	129,563			
006 02 DATA PROCESSING		-323,007	31		-322,976		
006 03 PURCHASING, RECEIVING AND	482	84,222	993	98		85,313	
006 04 ADMINITTING	19,608	348,434	9,984	5,223		188	363,829
006 05 CASHIERING/ACCOUNTS RECEI	4,635	167,203	4,204	2,364		33	
006 06 OTHER ADMINI STRATIVE AND	12,617,528	26,947,775	28,345	9,019		245	
008 OPERATION OF PLANT	475,666	4,921,888	10,265	3,817		519	
009 LAUNDRY & LINEN SERVICE	2,083	22,563	37	21		732	
010 HOUSEKEEPING	113,811	425,741	12,515	2,670		368	
011 DIETARY	168,479	556,887	5,979	1,806		670	
012 CAFETERIA	31,554	367,621	4,624	526		1,882	
013 01 EXTENDED CARE SERVICES	67,732	254,342	1,040	2,215		19	
014 NURSING ADMINI STRATION	452,047	859,404	21,481	5,168		155	
015 CENTRAL SERVICES & SUPPLY	227,312	7,979,062	3,797	1,228		2,659	
016 PHARMACY	53,059	2,265,783	18,355	3,531		18,857	
017 MEDICAL RECORDS & LIBRARY	96,266	466,755	16,041	4,620		124	
018 SOCIAL SERVICE	1,073	39,486	2,753	903		6	
019 01 LAB ADMINI STRATION	8,584	35,600	3,990	377		14	
019 02 RESEARCH ADMINI STRATION			3				
021 NURSING SCHOOL	850,326	2,660,510	6,990	2,425		181	
022 I&R SERVICES-SALARY & FRI	5,541	232,399	53,057	4,161		16	
024 01 PARAMED ED PRGM-HOSP ADMI			129				
024 02 PARAMED ED PRGM-PHARMACY			226				
024 04 PARAMED ED PRGM-PASTORAL			91				
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDI ATRICS	1,026,532	4,477,567	95,812	23,742		1,517	23,625
026 INTENSIVE CARE UNIT	28,301	223,473	7,459	955		125	2,278
027 CORONARY CARE UNIT	30,847	108,659	3,878	332		53	1,027
029 SURGICAL INTENSIVE CARE U	27,680	195,640	6,161	1,080		119	1,864
030 01 NEURO-ICU	76,098	172,497	4,891	661		118	1,599
030 02 CARDIO-THORACIC ICU	45,043	480,292	6,338	1,166		125	1,602
031 SUBPROVIDER	25,551	285,890	6,145	1,331		47	1,094
033 NURSERY	4,349	21,866	977	124		51	395
034 SKILLED NURSING FACILITY	10,632	232,888	3,331	151		148	906
035 NURSING FACILITY		18,588	254				75
036 OTHER LONG TERM CARE	5,587	101,135	1,306	83		40	304
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	4,741,963	7,220,378	33,407	11,513		1,038	24,907
038 RECOVERY ROOM	78,670	984,805	9,590	2,584		380	6,595
039 DELIVERY ROOM & LABOR ROO	85,294	249,076	5,107	772		109	1,144
040 ANESTHESIOLOGY	820,315	831,854	1,857	636		1,463	6,804
041 RADIOLOGY-DIAGNOSTIC	5,085,973	7,481,843	18,712	4,665		1,136	32,256
042 RADIOLOGY-THERAPEUTIC	3,178,220	4,174,783	7,559	2,705		262	12,739
043 RADIOISOTOPE	284,427	617,246	2,012	581		23	2,113
044 LABORATORY	822,262	1,428,688	14,992	3,523		2,991	50,278
044 01 HLA LAB	35,838	61,190	861	173		603	4,089
047 BLOOD STORING, PROCESSING	130,678	393,857	5,456	954		5,250	17,399
049 RESPIRATORY THERAPY	569,229	707,807	8,455	1,090		446	6,687
050 PHYSICAL THERAPY	28,220	88,762	4,190	631		11	2,253
051 OCCUPATIONAL THERAPY		12,543	1,584	105		2	787
052 SPEECH PATHOLOGY	52,259	58,806	637	73		1	219
053 ELECTROCARDIOLOGY	463,360	602,072	2,998	759		250	9,429
054 ELECTROENCEPHALOGRAPHY	30,015	42,837	524	155		6	646
055 MEDICAL SUPPLIES CHARGED						36,950	52,399
056 DRUGS CHARGED TO PATIENTS							40,783
057 RENAL DIALYSIS	74,458	139,834	1,834	380		129	1,770
059 CAT SCAN	851,904	939,678	2,945	648		312	20,648
059 01 ULTRASOUND	320,762	489,997	980	309		36	2,665
059 02 CARDIAC CATHETERIZATION L	1,655,326	2,181,671	3,714	1,705		8	6,157
059 03 ENDOSCOPY	804,515	1,153,097	4,157	929		259	4,089
059 04 OB/GYN IN VITRO	288,177	325,143	608	34		66	308
059 05 OUTPATIENT PHARMACY	32,259	144,586	2,862	1,472		3,334	1,722
059 06 ELECTROSHOCK THERAPY	4,248	22,820	202	115		4	99
059 07 PSYCHIATRIC/PSYCHOLOGICAL		106,211	671	289		25	296
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	57,372	513,509	8,917	4,685		228	2,995
061 EMERGENCY	357,399	1,416,493	13,063	5,115		765	13,126
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
082 LUNG ACQUISITION	7,079	28,548	531	228		4	591
082 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION	468	37,425	1,189	232		8	1,495
084 LIVER ACQUISITION		21,505	635	143		2	748
085 HEART ACQUISITION		11,199	178	137		2	192
085 01 PANCREAS ACQUISITION		9	3	1			63

ALLOCATION OF NEW CAPITAL RELATED COSTS

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 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	NEW CAP REL COSTS-MVBLE	SUBTOTAL	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING AND	R ADMITTING
	4	4a	5	6.01	6.02	6.03	6.04
086 SPEC PURPOSE COST CENTERS							
095 OTHER ORGAN ACQUISITION			342			2	501
095 SUBTOTALS	37,495,956	87,756,834	503,966	127,138		85,116	363,761
097 NONREIMBURS COST CENTERS							
097 RESEARCH			36				
097 02 RESEARCH-GCRC-I/P	4,534	66,039				8	67
097 03 RESEARCH-GCRC-O/P	5,709	58,995					1
100 OTHER NONREIMBURSABLE COS	60,991	4,681,930	4,627	1,779		180	
100 01 DEVELOPMENT	58	58					
100 02 MARKETING/COMMUNITY RELAT	81	21,849	919	646		9	
100 03 GUEST MEALS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER					-322,976		
103 TOTAL	37,567,329	92,585,705	509,548	129,563		85,313	363,829

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COST CENTER DESCRIPTION	CASHIERING/AC COUNTS RECEI	OTHER ADMINIS TRATIVE AND	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	6.05	6.06	8	9	10	11	12
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CRC-B&F (BH PRE-MERGE)							
003 03 NEW CRC-B&F (BJH POSTMERGE)							
003 04 NEW CRC-B&F (BJH CAMP EXP)							
003 05 NEW CRC-B&F (GSON)							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMINITTING							
006 05 CASHIERING/ACCOUNTS RECEI	173,804						
006 06 OTHER ADMINISTRATION AND		26,985,384					
008 OPERATION OF PLANT		1,234,804	6,171,293				
009 LAUNDRY & LINEN SERVICE		81,891	23,860	129,104			
010 HOUSEKEEPING		421,615	89,455	3,916	956,280		
011 DIETARY		276,111	170,563			1,040,254	
012 CAFETERIA		113,636	126,316				635,473
013 01 EXTENDED CARE SERVICES		49,199	44,717			7,387	1,931
014 NURSING ADMINISTRATION		841,376	121,752			20,114	25,203
015 CENTRAL SERVICES & SUPPLY		417,207	118,276		218	19,540	9,270
016 PHARMACY		2,886,406	89,791			14,834	21,533
017 MEDICAL RECORDS & LIBRARY		586,735	86,322			14,261	25,685
018 SOCIAL SERVICE		95,032	5,344			883	4,249
019 01 LAB ADMINISTRATION		117,902	7,855			1,298	4,635
019 02 RESEARCH ADMINISTRATION		127					
021 NURSING SCHOOL		79,187	282,710		26	46,705	7,822
022 I&R SERVICES-SALARY & FRI		2,577,913	66,459		1,483	10,979	80,919
024 01 PARAMEDICAL PRGM-HOSP ADMI		3,715					193
024 02 PARAMEDICAL PRGM-PHARMACY		6,496					483
024 04 PARAMEDICAL PRGM-PASTORAL		3,275					97
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	11,212	3,047,004	1,372,050	73,019	226,670	775,998	149,765
026 INTENSIVE CARE UNIT	1,081	241,407	73,323	2,545	12,113	17,568	10,332
027 CORONARY CARE UNIT	488	121,686	30,177	1,324	4,985	8,714	5,504
029 SURGICAL INTENSIVE CARE U	885	203,074	66,832	2,992	11,041	3,585	8,691
030 01 NEURO-ICU	759	162,033	35,800	1,826	5,914	9,820	6,663
030 02 CARDIO-THORACIC ICU	760	213,318	58,134	2,501	9,604	8,354	8,304
031 SUBPROVIDER	519	215,139	95,163	1,725	15,721	48,626	9,463
033 NURSERY	188	34,482	6,515	863	1,076		1,448
034 SKILLED NURSING FACILITY	430	128,840	49,848	1,584	8,235		6,663
035 NURSING FACILITY	36	9,235	7,655	277	1,265		579
036 OTHER LONG TERM CARE	144	47,170	38,881	1,279	6,423		3,090
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	11,820	1,270,101	428,515	2,906	70,792		42,004
038 RECOVERY ROOM	3,130	453,992	149,433	2,026	24,687		12,263
039 DELIVERY ROOM & LABOR ROO	543	170,889	61,440	933	10,150		8,208
040 ANESTHESIOLOGY	3,229	199,040					4,442
041 RADIOLOGY-DIAGNOSTIC	15,308	969,441	298,514	7,923	49,316		28,293
042 RADIOLOGY-THERAPEUTIC	6,046	536,702	151,944	450	25,102		9,560
043 RADIOISOTOPE	1,003	85,774	29,704	607	4,907		2,704
044 LABORATORY	23,861	983,111	149,882		24,761		26,941
044 01 HLA LAB	1,940	99,855	8,328		1,376		1,352
047 BLOOD STORING, PROCESSING	8,257	732,474	34,572	446	5,711		8,015
049 RESPIRATORY THERAPY	3,173	330,104	27,438		4,533		11,684
050 PHYSICAL THERAPY	1,069	133,710	16,220	28	2,680		6,566
051 OCCUPATIONAL THERAPY	374	47,328	4,549		752		2,221
052 SPEECH PATHOLOGY	104	20,334	2,275		376		772
053 ELECTROCARDIOLOGY	4,475	146,179	34,123	370	5,637		4,538
054 ELECTROENCEPHALOGRAPHY	307	25,814	4,407	18	728		966
055 MEDICAL SUPPLIES CHARGED	26,003	3,836,936					
056 DRUGS CHARGED TO PATIENTS	19,355	62,819					
057 RENAL DIALYSIS	840	73,387	24,754	156	4,090		2,221
059 CAT SCAN	9,799	167,522	26,016	814	4,298		4,635
059 01 ULTRASOUND	1,265	74,122	49,970	128	8,255		1,352
059 02 CARDIAC CATHETERIZATION L	2,922	161,702	70,866	826	11,707		5,021
059 03 ENDOSCOPY	1,940	187,646	54,977	568	9,082		5,504
059 04 OB/GYN IN VITRO	146	41,627	13,927		2,301		869
059 05 OUTPATIENT PHARMACY	817	75,624	11,267		1,861		3,573
059 06 ELECTROSHOCK THERAPY	47	7,472	7,000		1,156		386
059 07 PSYCHIATRIC/PSYCHOLOGICAL	141	10,267	12,483		2,062		1,352
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	1,422	319,718	141,317	950	23,346		12,843
061 EMERGENCY	6,229	555,314	139,018	13,378	22,966		20,954
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
082 LUNG ACQUISITION	280	98,280	4,874		805		772
082 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION	710	159,699	10,846		1,792		1,642
084 LIVER ACQUISITION	355	110,448	6,639		1,097		966
085 HEART ACQUISITION	91	34,651	1,741		288		290
085 01 PANCREAS ACQUISITION	30	9,733					

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COST CENTER DESCRIPTION		CASHIERING/AC COUNTS RECEI	OTHER ADMINIS TRATIVE AND	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
		6.05	6.06	8	9	10	11	12
086	SPEC PURPOSE COST CENTERS							
	OTHER ORGAN ACQUISITION	238	107,092					386
095	SUBTOTALS	173,771	26,514,922	5,044,837	128,165	814,708	1,013,374	625,817
NONREIMBURS COST CENTERS								
097	RESEARCH		3,481					
097 02	RESEARCH-GCRC-I/P	32	2,902	11,883	218	1,963	1,139	
097 03	RESEARCH-GCRC-O/P	1	1,636	10,755		1,777	1,138	
100	OTHER NONREIMBURSABLE COS		367,403	1,091,371	721	135,776		8,304
100 01	DEVELOPMENT							
100 02	MARKETING/COMMUNITY RELAT		95,040	12,447		2,056		1,352
100 03	GUEST MEALS						24,603	
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL	173,804	26,985,384	6,171,293	129,104	956,280	1,040,254	635,473

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COST CENTER DESCRIPTION	EXTENDED CARE SERVICES	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SERVICES	LAB ADMINISTRATION
	13.01	14	15	16	17	18		19.01
003 GENERAL SERVICE COST CNTR								
003 01 NEW CAP REL COSTS-BLDG &								
003 02 NEW CRC-B&F (BH PRE-MERGE)								
003 03 NEW CRC-B&F (BJH POSTMERGE)								
003 04 NEW CRC-B&F (BJH CAMP EXP)								
003 05 NEW CRC-B&F (GSON)								
004 NEW CAP REL COSTS-MVBLE E								
005 EMPLOYEE BENEFITS								
006 01 NONPATIENT TELEPHONES								
006 02 DATA PROCESSING								
006 03 PURCHASING, RECEIVING AND								
006 04 ADMINISTRATION								
006 05 CASHIERING/ACCOUNTS RECEI								
006 06 OTHER ADMINISTRATION AND								
008 OPERATION OF PLANT								
009 LAUNDRY & LINEN SERVICE								
010 HOUSEKEEPING								
011 DIETARY								
012 CAFETERIA								
013 01 EXTENDED CARE SERVICES	501,559							
014 NURSING ADMINISTRATION		1,894,653						
015 CENTRAL SERVICES & SUPPLY			8,551,257					
016 PHARMACY				5,319,090				
017 MEDICAL RECORDS & LIBRARY					1,200,543			
018 SOCIAL SERVICE							148,656	
019 01 LAB ADMINISTRATION				412				172,083
019 02 RESEARCH ADMINISTRATION								
021 NURSING SCHOOL								
022 I&R SERVICES-SALARY & FRI								
024 01 PARAMEDICAL PRGM-HOSP ADMI								
024 02 PARAMEDICAL PRGM-PHARMACY								
024 04 PARAMEDICAL PRGM-PASTORAL								
INPAT ROUTINE SRVC CNTRS								
025 ADULTS & PEDIATRICS		864,470		86	77,881		126,514	
026 INTENSIVE CARE UNIT		59,531		2	7,508		5,082	
027 CORONARY CARE UNIT		31,909			3,387		2,319	
029 SURGICAL INTENSIVE CARE U		50,357		6	6,146		4,040	
030 01 NEURO-ICU		38,204		48	5,270		3,450	
030 02 CARDIO-THORACIC ICU		48,082		3	5,280		3,493	
031 SUBPROVIDER		54,455		3	3,606			
033 NURSERY		8,386			1,303		3,758	
034 SKILLED NURSING FACILITY	261,616	43,945			2,986			
035 NURSING FACILITY	48,636	1,064			247			
036 OTHER LONG TERM CARE	191,307	25,202			1,002			
ANCILLARY SRVC COST CNTRS								
037 OPERATING ROOM		242,448		1,268	82,110			
038 RECOVERY ROOM		71,051		34	21,741			
039 DELIVERY ROOM & LABOR ROO		47,101		25	3,770			
040 ANESTHESIOLOGY				87,111	22,429			
041 RADIOLOGY-DIAGNOSTIC				13,586	106,335			
042 RADIOLOGY-THERAPEUTIC				25,728	41,995			
043 RADIOISOTOPE				7	6,966			
044 LABORATORY				37	165,745			127,953
044 01 HLA LAB					13,478			6,225
047 BLOOD STORING, PROCESSING				339	57,358			37,905
049 RESPIRATORY THERAPY				109	22,044			
050 PHYSICAL THERAPY					7,427			
051 OCCUPATIONAL THERAPY					2,595			
052 SPEECH PATHOLOGY					721			
053 ELECTROCARDIOLOGY				188	31,085			
054 ELECTROENCEPHALOGRAPHY					2,131			
055 MEDICAL SUPPLIES CHARGED			8,551,257		173,880			
056 DRUGS CHARGED TO PATIENTS				4,384,430	134,446			
057 RENAL DIALYSIS				725	5,835			
059 CAT SCAN		26,757		1,232	68,070			
059 01 ULTRASOUND				133	8,785			
059 02 CARDIAC CATHETERIZATION L		29,192		1	20,297			
059 03 ENDOSCOPY		31,590		22	13,479			
059 04 OB/GYN IN VITRO		5,072		1,283	1,014			
059 05 OUTPATIENT PHARMACY				781,911	5,677			
059 06 ELECTROSHOCK THERAPY				4	326			
059 07 PSYCHIATRIC/PSYCHOLOGICAL				4,388	977			
OUTPAT SERVICE COST CNTRS								
060 CLINIC		74,114		14,624	9,874			
061 EMERGENCY		121,113		1,344	43,273			
062 OBSERVATION BEDS (NON-DIS								
OTHER REIMBURS COST CNTRS								
065 AMBULANCE SERVICES								
082 LUNG ACQUISITION		4,252			1,948			
SPEC PURPOSE COST CENTERS								
083 KIDNEY ACQUISITION		9,567			4,930			
084 LIVER ACQUISITION		5,318			2,467			
085 HEART ACQUISITION		1,450			634			
085 01 PANCREAS ACQUISITION		23			208			

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COST CENTER DESCRIPTION	EXTENDED CARE SERVICES	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	LABORATORY	ADMINISTRATION
	13.01	14	15	16	17	18		19.01
086 SPEC PURPOSE COST CENTERS								
095 OTHER ORGAN ACQUISITION					1,653			
095 SUBTOTALS	501,559	1,894,653	8,551,257	5,319,089	1,200,319	148,656		172,083
097 NONREIMBURS COST CENTERS								
097 RESEARCH								
097 02 RESEARCH-GCRC-I/P				1	220			
097 03 RESEARCH-GCRC-O/P					4			
100 OTHER NONREIMBURSABLE COS								
100 01 DEVELOPMENT								
100 02 MARKETING/COMMUNITY RELAT								
100 03 GUEST MEALS								
101 CROSS FOOT ADJUSTMENTS								
102 NEGATIVE COST CENTER								
103 TOTAL	501,559	1,894,653	8,551,257	5,319,090	1,200,543	148,656		172,083

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	RESEARCH ADMINISTRATION	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	PARAMED ED PR GM-HOSP ADMIN	PARAMED ED PR GM-PHARMACY	PARAMED ED PR GM-PASTORAL	SUBTOTAL
	19.02	21	22	24.01	24.02	24.04	25
003	GENERAL SERVICE COST CNTR						
003 01	NEW CAP REL COSTS-BLDG &						
003 02	NEW CRC-B&F (BH PRE-MERGE)						
003 03	NEW CRC-B&F (BJH POSTMERGE)						
003 04	NEW CRC-B&F (BJH CAMP EXP)						
003 05	NEW CRC-B&F (GSON)						
004	NEW CAP REL COSTS-MVBLE E						
005	EMPLOYEE BENEFITS						
006 01	NONPATIENT TELEPHONES						
006 02	DATA PROCESSING						
006 03	PURCHASING, RECEIVING AND						
006 04	ADMINISTRATIVE						
006 05	CASHIERING/ACCOUNTS RECEI						
006 06	OTHER ADMINISTRATIVE AND						
008	OPERATION OF PLANT						
009	LAUNDRY & LINEN SERVICE						
010	HOUSEKEEPING						
011	DIETARY						
012	CAFETERIA						
013 01	EXTENDED CARE SERVICES						
014	NURSING ADMINISTRATION						
015	CENTRAL SERVICES & SUPPLY						
016	PHARMACY						
017	MEDICAL RECORDS & LIBRARY						
018	SOCIAL SERVICE						
019 01	LAB ADMINISTRATION						
019 02	RESEARCH ADMINISTRATION	130					
021	NURSING SCHOOL		2,762,454				
022	I&R SERVICES-SALARY & FRI			3,027,386			
024 01	PARAMED ED PRGM-HOSP ADMIN				4,037		
024 02	PARAMED ED PRGM-PHARMACY					1	
024 04	PARAMED ED PRGM-PASTORAL					7,206	
	INPAT ROUTINE SRVC CNTRS						3,463
025	ADULTS & PEDIATRICS						11,346,932
026	INTENSIVE CARE UNIT						664,782
027	CORONARY CARE UNIT						324,442
029	SURGICAL INTENSIVE CARE U						562,513
030 01	NEURO-ICU						449,553
030 02	CARDIO-THORACIC ICU						847,356
031	SUBPROVIDER						738,927
033	NURSERY						81,432
034	SKILLED NURSING FACILITY						741,571
035	NURSING FACILITY						87,911
036	OTHER LONG TERM CARE						417,366
	ANCILLARY SRVC COST CNTRS						
037	OPERATING ROOM						9,443,207
038	RECOVERY ROOM						1,742,311
039	DELIVERY ROOM & LABOR ROO						559,267
040	ANESTHESIOLOGY						1,158,865
041	RADIOLOGY-DIAGNOSTIC						9,027,328
042	RADIOLOGY-THERAPEUTIC						4,995,575
043	RADIOISOTOPE						753,647
044	LABORATORY						3,002,763
044 01	HLA LAB						199,470
047	BLOOD STORING, PROCESSING						1,307,993
049	RESPIRATORY THERAPY						1,123,570
050	PHYSICAL THERAPY						263,547
051	OCCUPATIONAL THERAPY						72,840
052	SPEECH PATHOLOGY						84,318
053	ELECTROCARDIOLOGY						842,103
054	ELECTROENCEPHALOGRAPHY						78,539
055	MEDICAL SUPPLIES CHARGED						12,677,425
056	DRUGS CHARGED TO PATIENTS						4,641,833
057	RENAL DIALYSIS						255,955
059	CAT SCAN						1,273,374
059 01	ULTRASOUND						637,997
059 02	CARDIAC CATHETERIZATION L						2,495,789
059 03	ENDOSCOPY						1,467,339
059 04	OB/GYN IN VITRO						392,398
059 05	OUTPATIENT PHARMACY						1,034,706
059 06	ELECTROSHOCK THERAPY						39,631
059 07	PSYCHIATRIC/PSYCHOLOGICAL						139,162
	OUTPAT SERVICE COST CNTRS						
060	CLINIC						1,128,542
061	EMERGENCY						2,372,151
062	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
065	AMBULANCE SERVICES						
082	LUNG ACQUISITION						141,113
	SPEC PURPOSE COST CENTERS						
083	KIDNEY ACQUISITION						229,535
084	LIVER ACQUISITION						150,323
085	HEART ACQUISITION						50,853
085 01	PANCREAS ACQUISITION						10,070

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	RESEARCH ADMINISTRATION	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	PARAMED ED PR GM-HOSP ADMIN	PARAMED ED PR GM-PHARMACY	PARAMED ED PR GM-PASTORAL	SUBTOTAL
	19.02	21	22	24.01	24.02	24.04	25
086	SPEC PURPOSE COST CENTERS						
	OTHER ORGAN ACQUISITION						110,214
095	SUBTOTALS						1
	NONREIMBURS COST CENTERS						80,166,538
097	RESEARCH						130
097	02	RESEARCH-GCRC-I/P					3,647
097	03	RESEARCH-GCRC-O/P					84,472
100	OTHER NONREIMBURSABLE COS						74,307
100	01	DEVELOPMENT					6,292,091
100	02	MARKETING/COMMUNITY RELAT					58
100	03	GUEST MEALS					134,318
101	CROSS FOOT ADJUSTMENTS						24,603
102	NEGATIVE COST CENTER						2,762,454
103	TOTAL						3,027,386
		3,086,556	3,027,386	4,036	7,206	3,463	5,804,545
							1,126
							92,585,705

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COST CENTER DESCRIPTION	POST STEPDOWN ADJUSTMENT	TOTAL
	26	27
003	GENERAL SERVICE COST CNTR	
003 01	NEW CAP REL COSTS-BLDG &	
003 02	NEW CRC-B&F (BH PRE-MERGE)	
003 03	NEW CRC-B&F (BJH POSTMERGE)	
003 04	NEW CRC-B&F (BJH CAMP EXP)	
003 05	NEW CRC-B&F (GSON)	
004	NEW CAP REL COSTS-MVBLE E	
005	EMPLOYEE BENEFITS	
006 01	NONPATIENT TELEPHONES	
006 02	DATA PROCESSING	
006 03	PURCHASING, RECEIVING AND	
006 04	ADMINISTRATIVE	
006 05	CASHIERING/ACCOUNTS RECEI	
006 06	OTHER ADMINISTRATIVE AND	
008	OPERATION OF PLANT	
009	LAUNDRY & LINEN SERVICE	
010	HOUSEKEEPING	
011	DIETARY	
012	CAFETERIA	
013 01	EXTENDED CARE SERVICES	
014	NURSING ADMINISTRATION	
015	CENTRAL SERVICES & SUPPLY	
016	PHARMACY	
017	MEDICAL RECORDS & LIBRARY	
018	SOCIAL SERVICE	
019 01	LAB ADMINISTRATION	
019 02	RESEARCH ADMINISTRATION	
021	NURSING SCHOOL	
022	I&R SERVICES-SALARY & FRI	
024 01	PARAMEDICAL PRGM-HOSP ADMI	
024 02	PARAMEDICAL PRGM-PHARMACY	
024 04	PARAMEDICAL PRGM-PASTORAL	
025	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	11,346,932
026	INTENSIVE CARE UNIT	664,782
027	CORONARY CARE UNIT	324,442
029	SURGICAL INTENSIVE CARE U	562,513
030 01	NEURO-ICU	449,553
030 02	CARDIO-THORACIC ICU	847,356
031	SUBPROVIDER	738,927
033	NURSERY	81,432
034	SKILLED NURSING FACILITY	741,571
035	NURSING FACILITY	87,911
036	OTHER LONG TERM CARE	417,366
037	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	9,443,207
038	RECOVERY ROOM	1,742,311
039	DELIVERY ROOM & LABOR ROO	559,267
040	ANESTHESIOLOGY	1,158,865
041	RADIOLOGY-DIAGNOSTIC	9,027,328
042	RADIOLOGY-THERAPEUTIC	4,995,575
043	RADIOISOTOPE	753,647
044	LABORATORY	3,002,763
044 01	HLA LAB	199,470
047	BLOOD STORING, PROCESSING	1,307,993
049	RESPIRATORY THERAPY	1,123,570
050	PHYSICAL THERAPY	263,547
051	OCCUPATIONAL THERAPY	72,840
052	SPEECH PATHOLOGY	84,318
053	ELECTROCARDIOLOGY	842,103
054	ELECTROENCEPHALOGRAPHY	78,539
055	MEDICAL SUPPLIES CHARGED	12,677,425
056	DRUGS CHARGED TO PATIENTS	4,641,833
057	RENAL DIALYSIS	255,955
059	CAT SCAN	1,273,374
059 01	ULTRASOUND	637,997
059 02	CARDIAC CATHETERIZATION L	2,495,789
059 03	ENDOSCOPY	1,467,339
059 04	OB/GYN IN VITRO	392,398
059 05	OUTPATIENT PHARMACY	1,034,706
059 06	ELECTROSHOCK THERAPY	39,631
059 07	PSYCHIATRIC/PSYCHOLOGICAL	139,162
060	OUTPAT SERVICE COST CNTRS	
060	CLINIC	1,128,542
061	EMERGENCY	2,372,151
062	OBSERVATION BEDS (NON-DIS	
062	OTHER REIMBURS COST CNTRS	
065	AMBULANCE SERVICES	
082	LUNG ACQUISITION	141,113
082	SPEC PURPOSE COST CENTERS	
083	KIDNEY ACQUISITION	229,535
084	LIVER ACQUISITION	150,323
085	HEART ACQUISITION	50,853
085 01	PANCREAS ACQUISITION	10,070

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 26-0032
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/25/2010
 WORKSHEET B
 PART III

	COST CENTER DESCRIPTION	POST STEPDOWN ADJUSTMENT	TOTAL
		26	27
	SPEC PURPOSE COST CENTERS		
086	OTHER ORGAN ACQUISITION		110,214
095	SUBTOTALS		80,166,538
	NONREIMBURS COST CENTERS		
097	RESEARCH		3,647
097 02	RESEARCH-GCRC-I/P		84,472
097 03	RESEARCH-GCRC-O/P		74,307
100	OTHER NONREIMBURSABLE COS		6,292,091
100 01	DEVELOPMENT		58
100 02	MARKETING/COMMUNITY RELAT		134,318
100 03	GUEST MEALS		24,603
101	CROSS FOOT ADJUSTMENTS		5,804,545
102	NEGATIVE COST CENTER		1,126
103	TOTAL		92,585,705

COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG & (JH SQ FT)	NEW CRC-B&F(BH PRE-MERGE) (BH SQ FT)	NEW CRC-B&F(B JH POSTMERGE) (BJH SQ FT)	NEW CRC-B&F(B JH CAMP EXP) (NEW STRUCT SQ FT)	NEW CRC-B&F(G SON) (GSON SQ FT)	NEW CRC-B&F(T HE HIGHLANDS) (THE HIGHLANDS SQ FT)
GENERAL SERVICE COST	3	3.01	3.02	3.03	3.04	3.05
003 NEW CAP REL COSTS-BLD	794,236					
003 01 NEW CRC-B&F(BH PRE-ME		1,507,153				
003 02 NEW CRC-B&F(BJH POSTM			2,301,389			
003 03 NEW CRC-B&F(BJH CAMP				720,839		
003 04 NEW CRC-B&F(GSON)					93,215	
003 05 NEW CRC-B&F(THE HIGHL						49,629
004 NEW CAP REL COSTS-MVB						
005 EMPLOYEE BENEFITS	12,434	10,587	23,021			
006 01 NONPATIENT TELEPHONES	1,277	11,664	12,941	1,070		
006 02 DATA PROCESSING						
006 03 PURCHASING, RECEIVING	7,001	10,459	17,460	351		
006 04 ADMINISTRATION	9,717	16,844	26,561			586
006 05 CASHIERING/ACCOUNTS R		15,449	15,449			
006 06 OTHER ADMINISTRATION	275,451	308,522	583,973	175,616		15,938
008 OPERATION OF PLANT	75,574	159,129	234,703	126,018		259
009 LAUNDRY & LINEN SERVICE	1,877	666	2,543	39		
010 HOUSEKEEPING	10,525	16,506	27,031	2,136		74
011 DIETARY	16,428	31,654	48,082	258		
012 CAFETERIA	8,054	33,403	41,457	192		
013 01 EXTENDED CARE SERVICE		14,744	14,744			
014 NURSING ADMINISTRATION	22,314	11,248	33,562	1,022		
015 CENTRAL SERVICES & SU	9,183	24,470	33,653	5,345		
016 PHARMACY	7,835	17,905	25,740	3,036		
017 MEDICAL RECORDS & LIB	24,255	4,090	28,345	117		
018 SOCIAL SERVICE		893	893	869		
019 01 LAB ADMINISTRATION		2,590	2,590			
019 02 RESEARCH ADMINISTRATION						
021 NURSING SCHOOL					93,215	
022 I&R SERVICES-SALARY &	2,922	18,466	21,388			
024 01 PARAMEDICAL PRGM-HOSP						
024 02 PARAMEDICAL PRGM-PHARM						
024 04 PARAMEDICAL PRGM-PASTO						
025 INPATIENT ROUTINE SERVICE						
025 ADULTS & PEDIATRICS	96,234	356,159	452,393			
026 INTENSIVE CARE UNIT	12,453	11,723	24,176			
027 CORONARY CARE UNIT		9,950	9,950			
029 SURGICAL INTENSIVE CA		20,742	20,742			
030 01 NEURO-ICU		11,804	11,804			
030 02 CARDIO-THORACIC ICU				19,168		
031 SUBPROVIDER		31,377	31,377			
033 NURSERY		2,148	2,148			
034 SKILLED NURSING FACIL		16,436	16,436			
035 NURSING FACILITY		2,524	2,524			
036 OTHER LONG TERM CARE		12,820	12,820			
037 ANCILLARY SERVICE COST						
037 OPERATING ROOM	3,774	52,483	56,257	85,049		
038 RECOVERY ROOM		32,026	32,026	17,245		
039 DELIVERY ROOM & LABOR		20,258	20,258			
040 ANESTHESIOLOGY						
041 RADIOLOGY-DIAGNOSTIC	33,651	658	34,309	38,252		1,171
042 RADIOLOGY-THERAPEUTIC	2,659		2,659	45,476		
043 RADIOISOTOPE	9,794		9,794			
044 LABORATORY	2,577	34,290	36,867	6,794		586
044 01 HLA LAB		2,746	2,746			
047 BLOOD STORAGE, PROCES		3,857	3,857	7,542		
049 RESPIRATORY THERAPY	2,799	6,248	9,047			
050 PHYSICAL THERAPY	1,851	3,497	5,348			
051 OCCUPATIONAL THERAPY	500	1,000	1,500			
052 SPEECH PATHOLOGY	250	500	750			
053 ELECTROCARDIOLOGY	525	7,984	8,509	2,742		
054 ELECTROENCEPHALOGRAPH		1,453	1,453			
055 MEDICAL SUPPLIES CHAR						
056 DRUGS CHARGED TO PATI						
057 RENAL DIALYSIS	656	7,506	8,162			
059 CAT SCAN				3,058		
059 01 ULTRASOUND	9,794	326	10,120	3,819		
059 02 CARDIAC CATHETERIZATI		818	818	22,548		
059 03 ENDOSCOPY	400	4,166	4,566	13,561		
059 04 OB/GYN IN VITRO		4,592	4,592			
059 05 OUTPATIENT PHARMACY				3,715		
059 06 ELECTROSHOCK THERAPY		2,308	2,308			
059 07 PSYCHIATRIC/PSYCHOLOG						
060 OUTPATIENT SERVICE COST						
060 CLINIC	3,400	3,832	7,232	14,540		
061 EMERGENCY		1,456	1,456	42,871		
062 OBSERVATION BEDS (NON						
062 OTHER REIMBURSE COST						
065 AMBULANCE SERVICES						
082 LUNG ACQUISITION	1,334	55	1,389	210		
082 SPEC PURPOSE COST CEN						
083 KIDNEY ACQUISITION	2,933	55	2,988	462		

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 26-0032
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/25/2010
 WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG & (JH SQ FT)	NEW CRC-B&F(BH PRE-MERGE) (BH SQ FT)	NEW CRC-B&F(B JH POSTMERGE) (BJH SQ FT)	NEW CRC-B&F(B JH CAMP EXP) (NEW STRUCT) (SQ FT)	NEW CRC-B&F(G SON) (GSON SQ FT)	NEW CRC-B&F(T HE HIGHLANDS) (THE HIGHLANDS) (SQ FT)
SPEC PURPOSE COST CEN	3	3.01	3.02	3.03	3.04	3.05
084 LIVER ACQUISITION	1,682	55	1,737	265		
085 HEART ACQUISITION	493	55	548	77		
085 01 PANCREAS ACQUISITION						
086 OTHER ORGAN ACQUISITION						
095 SUBTOTALS	672,606	1,377,196	2,049,802	643,463	93,215	18,614
NONREIMBURS COST CENT						
097 RESEARCH						
097 02 RESEARCH-GCRC-I/P						
097 03 RESEARCH-GCRC-O/P						
100 OTHER NONREIMBURSABLE	121,630	129,262	250,892	77,376		31,015
100 01 DEVELOPMENT						
100 02 MARKETING/COMMUNITY R		695	695			
100 03 GUEST MEALS						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	2,122,534	3,858,524	11,056,344	15,723,689	1,743,999	1,040,509
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	2.672422		4.804205		18.709424	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)		2.560141		21.813039		20.965746
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED (WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)						

COST CENTER DESCRIPTION	NEW CAP REL COSTS-MVBLE	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	RECONCILIATION	DATA PROCESSING	PURCHASING RECEIVING AND	R ADMITTING
	(ACTUAL DEPR NEW EQUIP)	(GROSS SALARIES)	(RENT EXP)		(ACCUM. COST)	(\$ AMT PURCHASES)	(TOTAL REVENUE)
	4	5	6.01	6a.02	6.02	6.03	6.04
GENERAL SERVICE COST							
003 01 NEW CAP REL COSTS-BLD							
003 02 NEW CRC-B&F (BH PRE-ME							
003 03 NEW CRC-B&F (BJH POSTM							
003 04 NEW CRC-B&F (BJH CAMP							
003 05 NEW CRC-B&F (GSON)							
003 06 NEW CRC-B&F (THE HIGHL							
004 NEW CAP REL COSTS-MVB	32,901,706						
005 EMPLOYEE BENEFITS	139,131	441,408,451					
006 01 NONPATIENT TELEPHONES		1,483,657	4,166,389				
006 02 DATA PROCESSING		27,030		-33,038	1274,890,191		
006 03 PURCHASING, RECEIVING	422	860,391	3,150		8,249,177	331,755,271	
006 04 ADMITTING	17,173	8,651,305	167,950		12,842,262	731,858	3083,218,801
006 05 CASHIERING/ACCOUNTS R	4,059	3,642,644	76,028		9,099,411	128,138	
006 06 OTHER ADMINISTRATION	11,050,515	24,562,076	290,034		217,653,676	955,129	
008 OPERATION OF PLANT	416,591	8,894,993	122,760		48,326,700	2,018,755	
009 LAUNDRY & LINEN SERVI	1,824	31,979	663		3,137,509	2,847,372	
010 HOUSEKEEPING	99,676	10,844,920	85,862		16,482,342	1,431,063	
011 DIETARY	147,555	5,181,412	58,079		10,752,635	2,605,496	
012 CAFETERIA	27,635	4,006,759	16,900		4,269,906	7,324,298	
013 01 EXTENDED CARE SERVICE	59,320	901,481	71,221		1,925,691	73,220	
014 NURSING ADMINISTRATION	395,906	18,614,425	166,179		32,948,249	603,558	
015 CENTRAL SERVICES & SU	199,081	3,290,386	39,501		16,088,008	10,346,041	
016 PHARMACY	46,469	15,905,174	113,544		111,258,592	73,372,224	
017 MEDICAL RECORDS & LIB	84,310	13,900,047	148,565		22,975,018	481,874	
018 SOCIAL SERVICE	940	2,385,253	29,037		3,722,603	21,585	
019 01 LAB ADMINISTRATION	7,518	3,457,630	12,119		4,617,825	53,201	
019 02 RESEARCH ADMINISTRATION		2,252			4,973		
021 NURSING SCHOOL	744,721	6,057,109	77,991		3,084,870	704,286	
022 I&R SERVICES-SALARY &	4,853	45,976,755	133,819		100,995,363	63,735	
024 01 PARAMED ED PRGM-HOSP		112,170			145,535		
024 02 PARAMED ED PRGM-PHARM		195,965			254,511		
024 04 PARAMED ED PRGM-PASTO		79,011			128,292		
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	899,043	82,885,711	763,398		117,802,054	5,903,546	200,208,966
026 INTENSIVE CARE UNIT	24,786	6,463,254	30,724		9,308,202	486,493	19,301,302
027 CORONARY CARE UNIT	27,016	3,360,678	10,673		4,700,244	206,738	8,705,794
029 SURGICAL INTENSIVE CA	24,242	5,338,570	34,741		7,831,926	462,944	15,799,996
030 01 NEURO-ICU	66,647	4,237,961	21,271		6,240,217	457,944	13,547,629
030 02 CARDIO-THORACIC ICU	39,449	5,491,770	37,499		8,248,558	486,339	13,573,681
031 SUBPROVIDER	22,378	5,324,730	42,800		8,358,107	182,870	9,270,960
033 NURSERY	3,809	846,872	3,997		1,322,129	199,131	3,348,642
034 SKILLED NURSING FACIL	9,312	2,886,489	4,868		4,978,651	576,707	7,676,899
035 NURSING FACILITY		219,945			357,256	397	635,046
036 OTHER LONG TERM CARE	4,893	1,131,356	2,675		1,825,803	155,666	2,574,749
037 ANCILLARY SRVC COST C							
037 OPERATING ROOM	4,153,041	28,948,515	370,219		48,155,870	4,038,838	211,078,868
038 RECOVERY ROOM	68,900	8,309,894	83,085		17,351,553	1,478,757	55,889,939
039 DELIVER ROOM & LABOR	74,701	4,425,241	24,817		6,615,435	425,961	9,691,910
040 ANESTHESIOLOGY	718,437	1,609,251	20,464		7,245,716	5,693,453	57,656,930
041 RADIOLOGY-DIAGNOSTIC	4,454,327	16,215,242	150,016		35,923,604	4,418,880	273,355,502
042 RADIOLOGY-THERAPEUTIC	2,783,505	6,550,329	86,993		20,232,525	1,019,057	107,955,665
043 RADIOISOTOPE	249,103	1,743,512	18,668		3,230,623	90,954	17,907,005
044 LABORATORY	720,142	12,991,732	113,299		35,191,860	11,636,966	426,080,805
044 01 HLA LAB	31,387	745,804	5,548		3,606,972	2,345,753	34,648,729
047 BLOOD STORING, PROCES	114,449	4,727,841	30,681		27,138,490	20,428,891	147,450,640
049 RESPIRATORY THERAPY	498,534	7,326,689	35,067		12,486,008	1,733,921	56,667,373
050 PHYSICAL THERAPY	24,715	3,630,981	20,276		5,101,362	44,688	19,091,335
051 OCCUPATIONAL THERAPY		1,372,841	3,389		1,806,471	7,741	6,672,206
052 SPEECH PATHOLOGY	45,769	552,234	2,342		783,326	4,010	1,853,149
053 ELECTROCARDIOLOGY	405,814	2,598,243	24,407		5,133,591	973,643	79,910,144
054 ELECTROENCEPHALOGRAPH	26,287	453,749	4,989		971,752	23,437	5,478,149
055 MEDICAL SUPPLIES CHAR					143,572,580	143,572,698	443,983,439
056 DRUGS CHARGED TO PATI				661			345,618,932
057 RENAL DIALYSIS	65,211	1,589,514	12,220		2,755,852	501,126	15,000,585
059 CAT SCAN	746,103	2,551,816	20,838		5,286,535	1,214,978	174,987,149
059 01 ULTRASOUND	280,925	849,254	9,941		2,739,633	139,107	22,583,560
059 02 CARDIAC CATHETERIZATI	1,449,745	3,218,543	54,816		5,962,735	29,973	52,177,299
059 03 ENDOSCOPY	704,599	3,602,588	29,889		7,079,728	1,007,282	34,649,265
059 04 OB/GYN IN VITRO	252,387	527,040	1,100		1,605,901	257,278	2,606,351
059 05 OUTPATIENT PHARMACY	28,253	2,480,444	47,321		2,536,286	12,971,231	14,594,954
059 06 ELECTROSHOCK THERAPY	3,720	175,107	3,704		286,353	17,410	837,369
059 07 PSYCHIATRIC/PSYCHOLOG		581,761	9,287		381,901	98,122	2,511,979
060 OUTPAT SERVICE COST C							
060 CLINIC	50,247	7,727,195	150,656		12,322,934	888,768	25,384,252
061 EMERGENCY	313,012	11,320,016	164,488		20,889,610	2,976,844	111,240,911
062 OBSERVATION BEDS (NON							
062 OTHER REIMBURS COST C							
065 AMBULANCE SERVICES							
082 LUNG ACQUISITION	6,200	459,922	7,323		3,814,357	13,938	5,008,591
082 SPEC PURPOSE COST CEN							
083 KIDNEY ACQUISITION	410	1,030,175	7,459		6,165,629	30,935	12,672,507

COST CENTER DESCRIPTION	NEW CAP REL COSTS-MVBLE	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	RECONCILIATION	DATA PROCESSING	PURCHASING RECEIVING AND	R ADMITTING	(TOTAL REVENUE)
	(ACTUAL DEPR NEW EQUIP)	(GROSS SALARIES)	(RENT EXP)		(ACCUM. COST)	(\$\$ AMT PURCHASES)		
	4	5	6.01	6a.02	6.02	6.03		6.04
084 SPEC PURPOSE COST CEN								
085 LIVER ACQUISITION		550,485	4,601		4,281,785	6,117		6,342,655
085 HEART ACQUISITION		154,391	4,414		1,345,739	8,149		1,629,322
085 01 PANCREAS ACQUISITION		2,225	22		377,489			535,356
086 OTHER ORGAN ACQUISITION		296,444			4,165,151	8,538		4,248,544
095 SUBTOTALS	32,839,197	436,571,178	4,088,387	-32,377	1256,481,651	330,988,052		3082,645,033
097 NONREIMBURS COST CENT								
097 RESEARCH		31,055			136,393			
097 02 RESEARCH-GCRC-I/P	3,971				108,879	32,476		564,607
097 03 RESEARCH-GCRC-O/P	5,000				64,029	379		9,161
100 OTHER NONREIMBURSABLE	53,416	4,009,761	57,219		14,376,624	700,362		
100 01 DEVELOPMENT	51				7			
100 02 MARKETING/COMMUNITY R	71	796,457	20,783		3,722,608	34,002		
100 03 GUEST MEALS								
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	37,567,329	98,111,538	1,423,700		33,038	8,249,391		12,860,794
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	1.141805	.222269	.341711		.000026	.024866		.004171
105 COST TO BE ALLOCATED (WRKSHT B, PART II)								
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)								
107 COST TO BE ALLOCATED (WRKSHT B, PART III)		509,548	129,563		-322,976	85,313		363,829
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)		.001154	.031097		.000253	.000257		.000118

COST CENTER DESCRIPTION	CASHIERING/AC COUNTS RECEI	OTHER ADMINIS TRATIVE AND	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	
	(TOTAL REVENUE)	RECONCILI- IATION	(ACCUM. COST)	(BJH TOTAL) SQ FT	(LAUNDRY) POUNDS	(BJH TOTAL) SQ FT	(MEALS SERVED)
	6.05	6a.06	6.06	8	9	10	11
GENERAL SERVICE COST							
003 01 NEW CAP REL COSTS-BLD							
003 02 NEW CRC-B&F (BH PRE-ME							
003 03 NEW CRC-B&F (BJH POSTM							
003 04 NEW CRC-B&F (BJH CAMP							
003 05 NEW CRC-B&F (GSON)							
003 06 NEW CRC-B&F (THE HIGHL							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING							
006 04 ADMINISTRATION							
006 05 CASHIERING/ACCOUNTS R	3083,218,801						
006 06 OTHER ADMINISTRATION		-217,682,978	1057,239,590				
008 OPERATION OF PLANT			48,378,154	2,034,799			
009 LAUNDRY & LINEN SERVI			3,208,394	7,867	7,064,896		
010 HOUSEKEEPING			16,518,356	29,495	214,277	1,908,577	
011 DIETARY			10,817,703	56,238	3,288	56,238	797,360
012 CAFETERIA			4,452,143	41,649		41,649	
013 01 EXTENDED CARE SERVICE			1,927,562	14,744		14,744	107,854
014 NURSING ADMINISTRATION			32,964,114	40,144		40,144	
015 CENTRAL SERVICES & SU			16,345,691	38,998	11,952	38,998	
016 PHARMACY			113,085,959	29,606		29,606	
017 MEDICAL RECORDS & LIB			22,987,597	28,462		28,462	
018 SOCIAL SERVICE			3,723,237	1,762		1,762	
019 01 LAB ADMINISTRATION			4,619,268	2,590		2,590	
019 02 RESEARCH ADMINISTRATION			4,973				
021 NURSING SCHOOL			3,102,463	93,215	1,436	93,215	
022 I&R SERVICES-SALARY &			100,999,574	21,913	81,176	21,913	
024 01 PARAMED ED PRGM-HOSP			145,539				
024 02 PARAMED ED PRGM-PHARM			254,518				
024 04 PARAMED ED PRGM-PASTO			128,295				
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	200,208,966		119,378,004	452,393	3,995,791	452,393	594,808
026 INTENSIVE CARE UNIT	19,301,302		9,458,024	24,176	139,263	24,176	13,466
027 CORONARY CARE UNIT	8,705,794		4,767,519	9,950	72,461	9,950	6,679
029 SURGICAL INTENSIVE CA	15,799,996		7,956,186	22,036	163,748	22,036	2,748
030 01 NEURO-ICU	13,547,629		6,348,266	11,804	99,936	11,804	7,527
030 02 CARDIO-THORACIC ICU	13,573,681		8,357,551	19,168	136,841	19,168	6,403
031 SUBPROVIDER	9,270,960		8,428,908	31,377	94,385	31,377	37,272
033 NURSERY	3,348,642		1,350,967	2,148	47,245	2,148	
034 SKILLED NURSING FACIL	7,676,899		5,047,802	16,436	86,667	16,436	
035 NURSING FACILITY	635,046		361,799	2,524	15,175	2,524	
036 OTHER LONG TERM CARE	2,574,749		1,848,061	12,820	69,975	12,820	
037 ANCILLARY SRVC COST C							
037 OPERATING ROOM	211,078,868		49,761,067	141,290	159,003	141,290	
038 RECOVERY ROOM	55,889,939		17,786,879	49,271	110,869	49,271	
039 DELIVERY ROOM & LABOR	9,691,910		6,695,235	20,258	51,063	20,258	
040 ANESTHESIOLOGY	57,656,930		7,798,167				
041 RADIOLOGY-DIAGNOSTIC	273,355,502		37,981,529	98,426	433,556	98,426	
042 RADIOLOGY-THERAPEUTIC	107,955,665		21,027,359	50,099	24,598	50,099	
043 RADIOISOTOPE	17,907,005		3,360,520	9,794	33,211	9,794	
044 LABORATORY	426,080,805		38,517,114	49,419		49,419	
044 01 HLA LAB	34,648,729		3,912,198	2,746		2,746	
047 BLOOD STORING, PROCES	147,450,640		28,697,472	11,399	24,427	11,399	
049 RESPIRATORY THERAPY	56,667,373		12,933,091	9,047		9,047	
050 PHYSICAL THERAPY	19,091,335		5,238,594	5,348	1,517	5,348	
051 OCCUPATIONAL THERAPY	6,672,206		1,854,236	1,500		1,500	
052 SPEECH PATHOLOGY	1,853,149		796,645	750		750	
053 ELECTROCARDIOLOGY	79,910,144		5,727,135	11,251	20,222	11,251	
054 ELECTROENCEPHALOGRAPH	5,478,149		1,011,380	1,453	1,010	1,453	
055 MEDICAL SUPPLIES CHAR	443,983,439		150,310,708				
056 DRUGS CHARGED TO PATI	345,618,932		2,461,183				
057 RENAL DIALYSIS	15,000,585		2,875,234	8,162	8,545	8,162	
059 CAT SCAN	174,987,149		6,563,317	8,578	44,553	8,578	
059 01 ULTRASOUND	22,583,560		2,904,026	16,476	7,009	16,476	
059 02 CARDIAC CATHETERIZATI	52,177,299		6,335,294	23,366	45,214	23,366	
059 03 ENDOSCOPY	34,649,265		7,351,766	18,127	31,090	18,127	
059 04 OB/GYN IN VITRO	2,606,351		1,630,905	4,592		4,592	
059 05 OUTPATIENT PHARMACY	14,594,954		2,962,855	3,715		3,715	
059 06 ELECTROSHOCK THERAPY	837,369		292,758	2,308		2,308	
059 07 PSYCHIATRIC/PSYCHOLOG	2,511,979		402,243	4,116		4,116	
060 OUTPAT SERVICE COST C							
060 CLINIC	25,384,252		12,526,166	46,595	51,973	46,595	
061 EMERGENCY	111,240,911		21,756,544	45,837	732,052	45,837	
062 OBSERVATION BEDS (NON							
062 OTHER REIMBURS COST C							
065 AMBULANCE SERVICES							
082 LUNG ACQUISITION	5,008,591		3,850,479	1,607		1,607	
082 SPEC PURPOSE COST CEN							
083 KIDNEY ACQUISITION	12,672,507		6,256,824	3,576		3,576	

COST CENTER DESCRIPTION	CASHIERING/AC COUNTS RECEI		OTHER ADMINIS	OPERATION OF	LAUNDRY & LIN	HOUSEKEEPING	DIETARY
	(TOTAL REVENUE)	RECONCILIATION	(ACCUM. COST)	(BJH TOTAL) SQ FT	(LAUNDRY) POUNDS	(BJH TOTAL) SQ FT	(MEALS SERVED)
SPEC PURPOSE COST CEN	6.05	6a.06	6.06	8	9	10	11
084 LIVER ACQUISITION	6,342,655		4,327,227	2,189		2,189	
085 HEART ACQUISITION	1,629,322		1,357,583	574		574	
085 01 PANCREAS ACQUISITION	535,356		381,312				
086 OTHER ORGAN ACQUISITION	4,248,544		4,195,734				
095 SUBTOTALS	3082,645,033	-217,682,978	1038,807,406	1,663,384	7,013,528	1,626,022	776,757
NONREIMBURS COST CENT							
097 RESEARCH			136,397				
097 02 RESEARCH-GCRC-I/P	564,607		113,712	3,918	11,935	3,918	873
097 03 RESEARCH-GCRC-O/P	9,161		64,105	3,546		3,546	872
100 OTHER NONREIMBURSABLE			14,394,413	359,847	39,433	270,987	
100 01 DEVELOPMENT			7				
100 02 MARKETING/COMMUNITY R			3,723,550	4,104		4,104	
100 03 GUEST MEALS							18,858
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	9,102,834		217,682,978	58,339,071	4,094,545	20,889,265	15,274,846
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	.002952		.205897	28.670680	.579562	10.944942	19.156775
105 COST TO BE ALLOCATED (WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	173,804		26,985,384	6,171,293	129,104	956,280	1,040,254
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.000056		.025524	3.032876	.018274	.501043	1.304623

COST CENTER DESCRIPTION	CAFETERIA (FTE HOURS)	EXTENDED CARE SERVICES (ECF PT DAYS)	NURSING ADMINISTRATION (NURSING HOURS)	CENTRAL SERVICES & SUPPLY (SUPPLY REQUIS.)	PHARMACY (PHARMACY REQUIS.)	MEDICAL RECORDS & LIBRARY (TOTAL REVENUE)	SOCIAL SERVICES (PATIENT DAYS)
	12	13.01	14	15	16	17	18
GENERAL SERVICE COST							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CRC-B&F (BH PRE-ME							
003 02 NEW CRC-B&F (BJH POSTM							
003 03 NEW CRC-B&F (BJH CAMP							
003 04 NEW CRC-B&F (GSON)							
003 05 NEW CRC-B&F (THE HIGHL							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING							
006 04 ADMINISTRATION							
006 05 CASHIERING/ACCOUNTS R							
006 06 OTHER ADMINISTRATIVE							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA	6,581						
013 01 EXTENDED CARE SERVICE	20	35,939					
014 NURSING ADMINISTRATION	261		7,071,650				
015 CENTRAL SERVICES & SUPPLY	96			10,000			
016 PHARMACY	223				88,376,385		
017 MEDICAL RECORDS & LIBRARY	266					3083,218,801	
018 SOCIAL SERVICE	44						284,944
019 01 LAB ADMINISTRATION	48				6,840		
019 02 RESEARCH ADMINISTRATION							
021 NURSING SCHOOL	81						
022 I&R SERVICES-SALARY & BENEFITS	838						
024 01 PARAMEDICAL PRGM-HOSP	2						
024 02 PARAMEDICAL PRGM-PHARM	5						
024 04 PARAMEDICAL PRGM-PASTORAL	1						
025 INPATIENT ROUTINE SERVICE CENTER							
025 ADULTS & PEDIATRICS	1,551		3,226,565		1,431	200,208,966	242,503
026 INTENSIVE CARE UNIT	107		222,197		25	19,301,302	9,742
027 CORONARY CARE UNIT	57		119,099		7	8,705,794	4,445
029 SURGICAL INTENSIVE CARE	90		187,953		107	15,799,996	7,743
030 01 NEURO-ICU	69		142,594		793	13,547,629	6,612
030 02 CARDIO-THORACIC ICU	86		179,462		44	13,573,681	6,695
031 SUBPROVIDER	98		203,249		51	9,270,960	
033 NURSERY	15		31,302			3,348,642	7,204
034 SKILLED NURSING FACILITY	69	18,746	164,020			7,676,899	
035 NURSING FACILITY	6	3,485	3,973			635,046	
036 OTHER LONG TERM CARE	32	13,708	94,063			2,574,749	
037 ANCILLARY SERVICE COST CENTER							
037 OPERATING ROOM	435		904,921		21,068	211,078,868	
038 RECOVERY ROOM	127		265,192		560	55,889,939	
039 DELIVERY ROOM & LABOR	85		175,802		411	9,691,910	
040 ANESTHESIOLOGY	46				1,447,342	57,656,930	
041 RADIOLOGY-DIAGNOSTIC	293				225,727	273,355,502	
042 RADIOLOGY-THERAPEUTIC	99				427,463	107,955,665	
043 RADIOISOTOPE	28				123	17,907,005	
044 LABORATORY	279				620	426,080,805	
044 01 HLA LAB	14					34,648,729	
047 BLOOD STORAGE, PROCESSING	83				5,626	147,450,640	
049 RESPIRATORY THERAPY	121				1,818	56,667,373	
050 PHYSICAL THERAPY	68					19,091,335	
051 OCCUPATIONAL THERAPY	23					6,672,206	
052 SPEECH PATHOLOGY	8					1,853,149	
053 ELECTROCARDIOLOGY	47				3,124	79,910,144	
054 ELECTROENCEPHALOGRAPHY	10					5,478,149	
055 MEDICAL SUPPLIES CHARACTERIZATION				10,000		443,983,439	
056 DRUGS CHARGED TO PATIENT					72,847,155	345,618,932	
057 RENAL DIALYSIS	23				12,046	15,000,585	
059 CAT SCAN	48		99,870		20,468	174,987,149	
059 01 ULTRASOUND	14				2,202	22,583,560	
059 02 CARDIAC CATHETERIZATION	52		108,958		23	52,177,299	
059 03 ENDOSCOPY	57		117,906		362	34,649,265	
059 04 OB/GYN IN VITRO	9		18,931		21,309	2,606,351	
059 05 OUTPATIENT PHARMACY	37				12,991,354	14,594,954	
059 06 ELECTROSHOCK THERAPY	4				60	837,369	
059 07 PSYCHIATRIC/PSYCHOLOGICAL	14				72,904	2,511,979	
060 OUTPATIENT SERVICE COST CENTER							
060 CLINIC	133		276,624		242,972	25,384,252	
061 EMERGENCY	217		452,044		22,326	111,240,911	
062 OBSERVATION BEDS (NON-REVENUE)							
062 OTHER REIMBURSED COST CENTER							
065 AMBULANCE SERVICES							
082 LUNG ACQUISITION	8		15,869			5,008,591	
082 SPECIFIC PURPOSE COST CENTER							
083 KIDNEY ACQUISITION	17		35,709			12,672,507	

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COST CENTER DESCRIPTION	CAFETERIA (FTE HOURS)	EXTENDED CARE SERVICES (ECF PT DAYS)	NURSING ADMINISTRATION (NURSING HOURS)	CENTRAL SERVICES & SUPPLY (SUPPLY REQUIS.)	PHARMACY (PHARMACY REQUIS.)	MEDICAL RECORDS & LIBRARY (TOTAL REVENUE)	SOCIAL SERVICES (PATIENT DAYS)
SPEC PURPOSE COST CEN	12	13.01	14	15	16	17	18
084 LIVER ACQUISITION	10		19,849			6,342,655	
085 HEART ACQUISITION	3		5,411			1,629,322	
085 01 PANCREAS ACQUISITION			87			535,356	
086 OTHER ORGAN ACQUISITION	4					4,248,544	
095 SUBTOTALS	6,481	35,939	7,071,650	10,000	88,376,361	3082,645,033	284,944
NONREIMBURS COST CENT							
097 RESEARCH							
097 02 RESEARCH-GCRC-I/P					24	564,607	
097 03 RESEARCH-GCRC-O/P						9,161	
100 OTHER NONREIMBURSABLE	86						
100 01 DEVELOPMENT							
100 02 MARKETING/COMMUNITY R	14						
100 03 GUEST MEALS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	7,018,777	4,995,999	41,620,018	21,365,463	137,780,713	29,131,909	4,606,570
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	1,066.521349	139.013300	5.885475	2,136.546300	1.559022	.009449	16.166580
105 COST TO BE ALLOCATED (WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	635,473	501,559	1,894,653	8,551,257	5,319,090	1,200,543	148,656
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	96.561769	13.955842	.267922	855.125700	.060187	.000389	.521703

COST CENTER DESCRIPTION	LAB ADMINISTRATION (LAB HOURS)	RESEARCH ADMINISTRATION (RESEARCH HOURS)	NURSING SCHOOL (STUDENT HOURS)	I&R SERVICES-SALARY & FRI (% OF TIME)	RECONCILIATION	PARAMED PRGM-HOSP (ACCUM. COST)	PARAMED PRGM-PHARMACY (% OF TIME)
	19.01	19.02	21	22	24a.01	24.01	24.02
GENERAL SERVICE COST							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CRC-B&F (BH PRE-ME							
003 02 NEW CRC-B&F (BJH POSTM							
003 03 NEW CRC-B&F (BJH CAMP							
003 04 NEW CRC-B&F (GSON)							
003 05 NEW CRC-B&F (THE HIGHL							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING							
006 04 ADMINISTRATION							
006 05 CASHIERING/ACCOUNTS R							
006 06 OTHER ADMINISTRATIVE							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVI							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 01 EXTENDED CARE SERVICE							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SU							
016 PHARMACY							
017 MEDICAL RECORDS & LIB							
018 SOCIAL SERVICE							
019 01 LAB ADMINISTRATION	780,024						
019 02 RESEARCH ADMINISTRATION		100					
021 NURSING SCHOOL			27,084				
022 I&R SERVICES-SALARY &				20,000			
024 01 PARAMED PRGM-HOSP					-177,638	1274,744,930	
024 02 PARAMED PRGM-PHARM						312,255	100
024 04 PARAMED PRGM-PASTO						155,778	
INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS			22,462	8,683		261,948,681	
026 INTENSIVE CARE UNIT			728	1,367		23,114,090	
027 CORONARY CARE UNIT						7,229,134	
029 SURGICAL INTENSIVE CA				238		13,562,562	
030 01 NEURO-ICU				109		10,147,696	
030 02 CARDIO-THORACIC ICU				11		12,492,152	
031 SUBPROVIDER			1,488	328		16,004,867	
033 NURSERY				6		2,127,014	
034 SKILLED NURSING FACIL						10,505,889	
035 NURSING FACILITY						1,065,321	
036 OTHER LONG TERM CARE						5,294,655	
ANCILLARY SRVC COST C							
037 OPERATING ROOM				3,106		92,709,017	
038 RECOVERY ROOM			158			25,734,383	
039 DELIVERY ROOM & LABOR			2,248	215		12,076,458	
040 ANESTHESIOLOGY				1,185		19,577,619	
041 RADIOLOGY-DIAGNOSTIC				162		54,200,824	
042 RADIOLOGY-THERAPEUTIC						29,147,871	
043 RADIOISOTOPE				27		4,825,808	
044 LABORATORY	579,989			1,002		63,186,702	
044 01 HLA LAB	28,216					5,376,267	
047 BLOOD STORING, PROCES	171,819			69		38,252,149	
049 RESPIRATORY THERAPY						16,621,712	
050 PHYSICAL THERAPY						6,782,866	
051 OCCUPATIONAL THERAPY						2,383,017	
052 SPEECH PATHOLOGY						1,016,426	
053 ELECTROCARDIOLOGY						8,173,839	
054 ELECTROENCEPHALOGRAPH				40		1,587,402	
055 MEDICAL SUPPLIES CHAR						206,818,987	
056 DRUGS CHARGED TO PATI						119,803,987	100
057 RENAL DIALYSIS						3,980,582	
059 CAT SCAN				26		10,765,352	
059 01 ULTRASOUND				12		4,464,643	
059 02 CARDIAC CATHETERIZATI				74		10,238,698	
059 03 ENDOSCOPY						10,684,294	
059 04 OB/GYN IN VITRO				56		2,673,574	
059 05 OUTPATIENT PHARMACY						24,151,246	
059 06 ELECTROSHOCK THERAPY						456,741	
059 07 PSYCHIATRIC/PSYCHOLOG						800,448	
OUTPAT SERVICE COST C							
060 CLINIC				1,664		29,653,695	
061 EMERGENCY				1,619		42,459,875	
062 OBSERVATION BEDS (NON							
OTHER REIMBURS COST C							
065 AMBULANCE SERVICES						4,856,199	
082 LUNG ACQUISITION							
SPEC PURPOSE COST CEN							
083 KIDNEY ACQUISITION						8,034,788	

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COST CENTER DESCRIPTION	LAB ADMINISTRATION (LAB HOURS)	RESEARCH ADMINISTRATION (RESEARCH HOURS)	NURSING SCHOOL (STUDENT HOURS)	I&R SERVICES-SALARY & FRI (% OF TIME)	RECONCILIATION	PARAMED ED PR GM-HOSP ADMI (ACCUM. COST)	PARAMED ED PR GM-PHARMACY (% OF TIME)
SPEC PURPOSE COST CEN	19.01	19.02	21	22	24a.01	24.01	24.02
084 LIVER ACQUISITION						5,492,326	
085 HEART ACQUISITION						1,710,285	
085 01 PANCREAS ACQUISITION						465,394	
086 OTHER ORGAN ACQUISITION						5,104,033	
095 SUBTOTALS	780,024		27,084	19,999	-177,638	1238,227,601	100
NONREIMBURS COST CENT							
097 RESEARCH		100				170,478	
097 02 RESEARCH-GCRC-I/P				1		327,532	
097 03 RESEARCH-GCRC-O/P						234,573	
100 OTHER NONREIMBURSABLE						30,755,749	
100 01 DEVELOPMENT						8	
100 02 MARKETING/COMMUNITY R						4,667,731	
100 03 GUEST MEALS						361,258	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	5,734,822	5,997	7,521,241	123,603,973		177,638	312,298
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	7.352110	59.970000	277.700524	6,180.198650		.000139	3,122.980000
105 COST TO BE ALLOCATED (WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	172,083	130	2,762,454	3,027,386		4,037	7,206
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.220612	1.300000	101.995791	151.369300		.000003	72.060000

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	RECONCILIATION	PARAMED PRGM-PASTORAL (ACCUM. COST)
	24a. 04	24. 04
003 GENERAL SERVICE COST		
003 01 NEW CAP REL COSTS-BLD		
003 02 NEW CRC-B&F (BH PRE-ME		
003 03 NEW CRC-B&F (BJH POSTM		
003 04 NEW CRC-B&F (BJH CAMP		
003 05 NEW CRC-B&F (GSON)		
003 06 NEW CRC-B&F (THE HIGHL		
004 NEW CAP REL COSTS-MVB		
005 EMPLOYEE BENEFITS		
006 01 NONPATIENT TELEPHONES		
006 02 DATA PROCESSING		
006 03 PURCHASING, RECEIVING		
006 04 ADMINISTRATION		
006 05 CASHIERING/ACCOUNTS R		
006 06 OTHER ADMINISTRATIVE		
008 OPERATION OF PLANT		
009 LAUNDRY & LINEN SERVI		
010 HOUSEKEEPING		
011 DIETARY		
012 CAFETERIA		
013 01 EXTENDED CARE SERVICE		
014 NURSING ADMINISTRATION		
015 CENTRAL SERVICES & SU		
016 PHARMACY		
017 MEDICAL RECORDS & LIB		
018 SOCIAL SERVICE		
019 01 LAB ADMINISTRATION		
019 02 RESEARCH ADMINISTRATION		
021 NURSING SCHOOL		
022 I&R SERVICES-SALARY &		
024 01 PARAMED PRGM-HOSP		
024 02 PARAMED PRGM-PHARM	-155,800	1274,766,768
024 04 PARAMED PRGM-PASTO		
025 INPAT ROUTINE SRVC CN		
026 ADULTS & PEDIATRICS		261,985,539
027 INTENSIVE CARE UNIT		23,117,303
029 CORONARY CARE UNIT		7,230,139
030 SURGICAL INTENSIVE CA		13,564,447
030 01 NEURO-ICU		10,149,107
030 02 CARDIO-THORACIC ICU		12,493,888
031 SUBPROVIDER		16,007,092
033 NURSERY		2,127,310
034 SKILLED NURSING FACIL		10,507,349
035 NURSING FACILITY		1,065,469
036 OTHER LONG TERM CARE		5,295,391
037 ANCILLARY SRVC COST C		
038 OPERATING ROOM		92,721,904
039 RECOVERY ROOM		25,737,960
040 DELIVERY ROOM & LABOR		12,078,137
041 ANESTHESIOLOGY		19,580,340
042 RADIOLOGY-DIAGNOSTIC		54,208,358
043 RADIOLOGY-THERAPEUTIC		29,151,923
044 RADIOISOTOPE		4,826,479
044 LABORATORY		63,195,485
044 01 HLA LAB		5,377,014
047 BLOOD STORAGE, PROCES		38,257,466
049 RESPIRATORY THERAPY		16,624,022
050 PHYSICAL THERAPY		6,783,809
051 OCCUPATIONAL THERAPY		2,383,348
052 SPEECH PATHOLOGY		1,016,567
053 ELECTROCARDIOLOGY		8,174,975
054 ELECTROENCEPHALOGRAPH		1,587,623
055 MEDICAL SUPPLIES CHAR		206,847,735
056 DRUGS CHARGED TO PATI		120,132,938
057 RENAL DIALYSIS		3,981,135
059 CAT SCAN		10,766,848
059 01 ULTRASOUND		4,465,264
059 02 CARDIAC CATHETERIZATI		10,240,121
059 03 ENDOSCOPY		10,685,779
059 04 OB/GYN IN VITRO		2,673,946
059 05 OUTPATIENT PHARMACY		24,154,603
059 06 ELECTROSHOCK THERAPY		456,804
059 07 PSYCHIATRIC/PSYCHOLOG		800,559
060 OUTPAT SERVICE COST C		
061 CLINIC		29,657,817
062 EMERGENCY		42,465,777
065 OBSERVATION BEDS (NON		
082 OTHER REIMBURS COST C		
083 AMBULANCE SERVICES		
082 LUNG ACQUISITION		4,856,874
083 SPEC PURPOSE COST CEN		
083 KIDNEY ACQUISITION		8,035,905

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 PREPARED 5/25/2010
 WORKSHEET B-1

COST CENTER DESCRIPTION	RECONCILIATION	PARAMETER GM-PASTORAL	ACCUM. COST
	24a.04		24.04
084 SPEC PURPOSE COST CEN			
084 LIVER ACQUISITION			5,493,089
085 HEART ACQUISITION			1,710,523
085 01 PANCREAS ACQUISITION			465,459
086 OTHER ORGAN ACQUISITION			5,104,742
095 SUBTOTALS	-155,800	1238,244,362	
NONREIMBURS COST CENT			
097 RESEARCH			170,502
097 02 RESEARCH-GCRC-I/P			327,578
097 03 RESEARCH-GCRC-O/P			234,606
100 OTHER NONREIMBURSABLE			30,760,024
100 01 DEVELOPMENT			8
100 02 MARKETING/COMMUNITY R			4,668,380
100 03 GUEST MEALS			361,308
101 CROSS FOOT ADJUSTMENT			
102 NEGATIVE COST CENTER			
103 COST TO BE ALLOCATED			155,800
(PER WRKSHT B, PART			
104 UNIT COST MULTIPLIER			.000122
(WRKSHT B, PT I)			
105 COST TO BE ALLOCATED			
(PER WRKSHT B, PART			
106 UNIT COST MULTIPLIER			
(WRKSHT B, PT I I)			
107 COST TO BE ALLOCATED			3,463
(PER WRKSHT B, PART			
108 UNIT COST MULTIPLIER			.000003
(WRKSHT B, PT I I I)			

COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO:

PERIOD:

PREPARED 5/25/2010

26-0032

FROM 1/ 1/2009

WORKSHEET C

TO 12/31/2009

PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	208,355,111		208,355,111		208,355,111
26	INTENSIVE CARE UNIT	14,671,791		14,671,791		14,671,791
27	CORONARY CARE UNIT	7,231,021		7,231,021		7,231,021
29	SURGICAL INTENSIVE CARE U	12,095,215		12,095,215		12,095,215
30 01	NEURO-ICU	9,476,703		9,476,703		9,476,703
30 02	CARDIO-THORACIC ICU	12,427,430		12,427,430		12,427,430
31	SUBPROVIDER	13,981,940		13,981,940		13,981,940
33	NURSERY	2,090,489		2,090,489		2,090,489
34	SKILLED NURSING FACILITY	10,508,631		10,508,631		10,508,631
35	NURSING FACILITY	1,065,599		1,065,599		1,065,599
36	OTHER LONG TERM CARE	5,296,037		5,296,037		5,296,037
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	73,537,519		73,537,519		73,537,519
38	RECOVERY ROOM	25,741,100		25,741,100		25,741,100
39	DELIVERY ROOM & LABOR ROO	10,750,868		10,750,868		10,750,868
40	ANESTHESIOLOGY	12,259,194		12,259,194		12,259,194
41	RADIOLOGY-DIAGNOSTIC	53,213,779		53,213,779		53,213,779
42	RADIOLOGY-THERAPEUTIC	29,155,480		29,155,480		29,155,480
43	RADIOISOTOPE	4,660,203		4,660,203		4,660,203
44	LABORATORY	57,010,636		57,010,636		57,010,636
44 01	HLA LAB	5,377,670		5,377,670		5,377,670
47	BLOOD STORING, PROCESSING	37,835,699		37,835,699		37,835,699
49	RESPIRATORY THERAPY	16,626,050		16,626,050		16,626,050
50	PHYSICAL THERAPY	6,784,637		6,784,637		6,784,637
51	OCCUPATIONAL THERAPY	2,383,639		2,383,639		2,383,639
52	SPEECH PATHOLOGY	1,016,691		1,016,691		1,016,691
53	ELECTROCARDIOLOGY	8,175,972		8,175,972		8,175,972
54	ELECTROENCEPHALOGRAPHY	1,340,609		1,340,609		1,340,609
55	MEDICAL SUPPLIES CHARGED	206,872,970		206,872,970		206,872,970
56	DRUGS CHARGED TO PATIENTS	120,147,594		120,147,594		120,147,594
57	RENAL DIALYSIS	3,981,621		3,981,621		3,981,621
59	CAT SCAN	10,607,477		10,607,477		10,607,477
59 01	ULTRASOUND	4,391,647		4,391,647		4,391,647
59 02	CARDIAC CATHETERIZATION L	9,784,035		9,784,035		9,784,035
59 03	ENDOSCOPY	10,687,083		10,687,083		10,687,083
59 04	OB/GYN IN VITRO	2,328,181		2,328,181		2,328,181
59 05	OUTPATIENT PHARMACY	24,157,550		24,157,550		24,157,550
59 06	ELECTROSHOCK THERAPY	456,860		456,860		456,860
59 07	PSYCHIATRIC/PSYCHOLOGICAL	800,657		800,657		800,657
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	19,377,584		19,377,584		19,377,584
61	EMERGENCY	32,465,216		32,465,216		32,465,216
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,323,565		1,323,565		1,323,565
65	AMBULANCE SERVICES					
101	SUBTOTAL	1090,451,753		1090,451,753		1090,451,753
102	LESS OBSERVATION BEDS	1,323,565		1,323,565		1,323,565
103	TOTAL	1089,128,188		1089,128,188		1089,128,188

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	196,918,994		196,918,994			
26	INTENSIVE CARE UNIT	19,417,694		19,417,694			
27	CORONARY CARE UNIT	8,753,528		8,753,528			
29	SURGICAL INTENSIVE CARE U	15,803,566		15,803,566			
30 01	NEURO-ICU	13,495,944		13,495,944			
30 02	CARDIO-THORACIC ICU	13,666,870		13,666,870			
31	SUBPROVIDER	9,290,219		9,290,219			
33	NURSERY	3,348,642		3,348,642			
34	SKILLED NURSING FACILITY	7,676,899		7,676,899			
35	NURSING FACILITY	635,046		635,046			
36	OTHER LONG TERM CARE	2,574,749		2,574,749			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	144,971,021	66,107,847	211,078,868	.348389	.348389	.348389
38	RECOVERY ROOM	22,303,252	33,586,686	55,889,938	.460568	.460568	.460568
39	DELIVERY ROOM & LABOR ROO	7,972,292	1,719,617	9,691,909	1.109262	1.109262	1.109262
40	ANESTHESIOLOGY	32,630,022	25,026,908	57,656,930	.212623	.212623	.212623
41	RADIOLOGY-DIAGNOSTIC	95,505,959	177,849,543	273,355,502	.194669	.194669	.194669
42	RADIOLOGY-THERAPEUTIC	6,182,673	101,772,992	107,955,665	.270069	.270069	.270069
43	RADIOISOTOPE	5,646,246	12,260,759	17,907,005	.260245	.260245	.260245
44	LABORATORY	266,094,958	159,985,847	426,080,805	.133802	.133802	.133802
44 01	HLA LAB	4,172,887	30,475,842	34,648,729	.155205	.155205	.155205
47	BLOOD STORING, PROCESSING	113,785,486	33,665,154	147,450,640	.256599	.256599	.256599
49	RESPIRATORY THERAPY	54,061,617	2,605,756	56,667,373	.293397	.293397	.293397
50	PHYSICAL THERAPY	18,920,162	171,173	19,091,335	.355378	.355378	.355378
51	OCCUPATIONAL THERAPY	6,507,803	164,403	6,672,206	.357249	.357249	.357249
52	SPEECH PATHOLOGY	1,744,804	108,345	1,853,149	.548629	.548629	.548629
53	ELECTROCARDIOLOGY	41,955,058	37,955,086	79,910,144	.102315	.102315	.102315
54	ELECTROENCEPHALOGRAPHY	4,790,250	687,899	5,478,149	.244719	.244719	.244719
55	MEDICAL SUPPLIES CHARGED	347,063,978	96,919,461	443,983,439	.465947	.465947	.465947
56	DRUGS CHARGED TO PATIENTS	266,003,160	79,615,773	345,618,933	.347630	.347630	.347630
57	RENAL DIALYSIS	14,789,611	210,974	15,000,585	.265431	.265431	.265431
59	CAT SCAN	68,964,489	106,022,660	174,987,149	.060619	.060619	.060619
59 01	ULTRASOUND	6,643,411	15,940,149	22,583,560	.194462	.194462	.194462
59 02	CARDIAC CATHETERIZATION L	32,612,628	19,564,671	52,177,299	.187515	.187515	.187515
59 03	ENDOSCOPY	9,496,061	25,153,205	34,649,266	.308436	.308436	.308436
59 04	OB/GYN IN VITRO		2,606,351	2,606,351	.893272	.893272	.893272
59 05	OUTPATIENT PHARMACY	1,871	14,593,083	14,594,954	1.655199	1.655199	1.655199
59 06	ELECTROSHOCK THERAPY	325,144	512,225	837,369	.545590	.545590	.545590
59 07	PSYCHIATRIC/PSYCHOLOGICAL	16,320	2,495,659	2,511,979	.318736	.318736	.318736
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	434,974	24,949,278	25,384,252	.763370	.763370	.763370
61	EMERGENCY	48,854,968	62,382,610	111,237,578	.291855	.291855	.291855
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	104,641	947,032	1,051,673	1.258533	1.258533	1.258533
65	AMBULANCE SERVICES						
101	SUBTOTAL	1914,137,897	1136,056,988	3050,194,885			
102	LESS OBSERVATION BEDS						
103	TOTAL	1914,137,897	1136,056,988	3050,194,885			

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	73,537,519	9,443,207	64,094,312			73,537,519
38	OPERATING ROOM	25,741,100	1,742,311	23,998,789			25,741,100
39	RECOVERY ROOM	10,750,868	559,267	10,191,601			10,750,868
40	DELIVERY ROOM & LABOR ROO	12,259,194	1,158,865	11,100,329			12,259,194
41	ANESTHESIOLOGY	53,213,779	9,027,328	44,186,451			53,213,779
42	RADIOLOGY-DIAGNOSTIC	29,155,480	4,995,575	24,159,905			29,155,480
43	RADIOLOGY-THERAPEUTIC	4,660,203	753,647	3,906,556			4,660,203
44	RADIOISOTOPE	57,010,636	3,002,763	54,007,873			57,010,636
44	LABORATORY	5,377,670	199,470	5,178,200			5,377,670
47	HLA LAB	37,835,699	1,307,993	36,527,706			37,835,699
49	BLOOD STORING, PROCESSING	16,626,050	1,123,570	15,502,480			16,626,050
50	RESPIRATORY THERAPY	6,784,637	263,547	6,521,090			6,784,637
51	PHYSICAL THERAPY	2,383,639	72,840	2,310,799			2,383,639
52	OCCUPATIONAL THERAPY	1,016,691	84,318	932,373			1,016,691
53	SPEECH PATHOLOGY	8,175,972	842,103	7,333,869			8,175,972
54	ELECTROCARDIOLOGY	1,340,609	78,539	1,262,070			1,340,609
55	ELECTROENCEPHALOGRAPHY	206,872,970	12,677,425	194,195,545			206,872,970
56	MEDICAL SUPPLIES CHARGED	120,147,594	4,641,833	115,505,761			120,147,594
57	DRUGS CHARGED TO PATIENTS	3,981,621	255,955	3,725,666			3,981,621
59	RENAL DIALYSIS	10,607,477	1,273,374	9,334,103			10,607,477
59	CAT SCAN	4,391,647	637,997	3,753,650			4,391,647
59	01 ULTRASOUND	9,784,035	2,495,789	7,288,246			9,784,035
59	02 CARDIAC CATHETERIZATION L	10,687,083	1,467,339	9,219,744			10,687,083
59	03 ENDOSCOPY	2,328,181	392,398	1,935,783			2,328,181
59	04 OB/GYN IN VITRO	24,157,550	1,034,706	23,122,844			24,157,550
59	05 OUTPATIENT PHARMACY	456,860	39,631	417,229			456,860
59	06 ELECTROSHOCK THERAPY	800,657	139,162	661,495			800,657
59	07 PSYCHIATRIC/PSYCHOLOGICAL OUTPAT SERVICE COST CNTRS	19,377,584	1,128,542	18,249,042			19,377,584
60	CLINIC	32,465,216	2,372,151	30,093,065			32,465,216
61	EMERGENCY	1,323,565	71,837	1,251,728			1,323,565
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	SUBTOTAL	793,251,786	63,283,482	729,968,304			793,251,786
102	LESS OBSERVATION BEDS	1,323,565	71,837	1,251,728			1,323,565
103	TOTAL	791,928,221	63,211,645	728,716,576			791,928,221

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	211,078,868	.348389	.348389
38	RECOVERY ROOM	55,889,938	.460568	.460568
39	DELIVERY ROOM & LABOR ROO	9,691,909	1.109262	1.109262
40	ANESTHESIOLOGY	57,656,930	.212623	.212623
41	RADIOLOGY-DIAGNOSTIC	273,355,502	.194669	.194669
42	RADIOLOGY-THERAPEUTIC	107,955,665	.270069	.270069
43	RADIOISOTOPE	17,907,005	.260245	.260245
44	LABORATORY	426,080,805	.133802	.133802
44	01 HLA LAB	34,648,729	.155205	.155205
47	BLOOD STORING, PROCESSING	147,450,640	.256599	.256599
49	RESPIRATORY THERAPY	56,667,373	.293397	.293397
50	PHYSICAL THERAPY	19,091,335	.355378	.355378
51	OCCUPATIONAL THERAPY	6,672,206	.357249	.357249
52	SPEECH PATHOLOGY	1,853,149	.548629	.548629
53	ELECTROCARDIOLOGY	79,910,144	.102315	.102315
54	ELECTROENCEPHALOGRAPHY	5,478,149	.244719	.244719
55	MEDICAL SUPPLIES CHARGED	443,983,439	.465947	.465947
56	DRUGS CHARGED TO PATIENTS	345,618,933	.347630	.347630
57	RENAL DIALYSIS	15,000,585	.265431	.265431
59	CAT SCAN	174,987,149	.060619	.060619
59	01 ULTRASOUND	22,583,560	.194462	.194462
59	02 CARDIAC CATHETERIZATION L	52,177,299	.187515	.187515
59	03 ENDOSCOPY	34,649,266	.308436	.308436
59	04 OB/GYN IN VITRO	2,606,351	.893272	.893272
59	05 OUTPATIENT PHARMACY	14,594,954	1.655199	1.655199
59	06 ELECTROSHOCK THERAPY	837,369	.545590	.545590
59	07 PSYCHIATRIC/PSYCHOLOGICAL	2,511,979	.318736	.318736
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	25,384,252	.763370	.763370
61	EMERGENCY	111,237,578	.291855	.291855
62	OBSERVATION BEDS (NON-DIS	1,051,673	1.258533	1.258533
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	SUBTOTAL	2758,612,734		
102	LESS OBSERVATION BEDS	1,051,673		
103	TOTAL	2757,561,061		

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	73,537,519	9,443,207	64,094,312	944,321	3,717,470	68,875,728
38	OPERATING ROOM	25,741,100	1,742,311	23,998,789	174,231	1,391,930	24,174,939
39	RECOVERY ROOM	10,750,868	559,267	10,191,601	55,927	591,113	10,103,828
40	DELIVERY ROOM & LABOR ROO	12,259,194	1,158,865	11,100,329	115,887	643,819	11,499,488
41	ANESTHESIOLOGY	53,213,779	9,027,328	44,186,451	902,733	2,562,814	49,748,232
42	RADIOLOGY-DIAGNOSTIC	29,155,480	4,995,575	24,159,905	499,558	1,401,274	27,254,648
43	RADIOLOGY-THERAPEUTIC	4,660,203	753,647	3,906,556	75,365	226,580	4,358,258
44	RADIOISOTOPE	57,010,636	3,002,763	54,007,873	300,276	3,132,457	53,577,903
44	LABORATORY	5,377,670	199,470	5,178,200	19,947	300,336	5,057,387
47	HLA LAB	37,835,699	1,307,993	36,527,706	130,799	2,118,607	35,586,293
49	BLOOD STORING, PROCESSING	16,626,050	1,123,570	15,502,480	112,357	899,144	15,614,549
50	RESPIRATORY THERAPY	6,784,637	763,547	6,021,090	26,355	378,223	6,380,059
51	PHYSICAL THERAPY	2,383,639	23,840	2,310,799	7,284	134,026	2,242,329
52	OCCUPATIONAL THERAPY	1,016,691	84,318	932,373	8,432	54,078	954,181
53	SPEECH PATHOLOGY	8,175,972	842,103	7,333,869	84,210	425,364	7,666,398
54	ELECTROCARDIOLOGY	1,340,609	78,539	1,262,070	7,854	73,200	1,259,555
55	ELECTROENCEPHALOGRAPHY	206,872,970	12,677,425	194,195,545	1,267,743	11,263,342	194,341,885
56	MEDICAL SUPPLIES CHARGED	120,147,594	4,641,833	115,505,761	464,183	6,699,334	112,984,077
57	DRUGS CHARGED TO PATIENTS	3,981,621	255,955	3,725,666	25,596	216,089	3,739,936
59	RENAL DIALYSIS	10,607,477	1,273,374	9,334,103	127,337	541,378	9,938,762
59	CAT SCAN	4,391,647	637,997	3,753,650	63,800	217,712	4,110,135
59	01 ULTRASOUND	9,784,035	2,495,789	7,288,246	249,579	422,718	9,111,738
59	02 CARDIAC CATHETERIZATION L	10,687,083	1,467,339	9,219,744	146,734	534,745	10,005,604
59	03 ENDOSCOPY	2,328,181	392,398	1,935,783	39,240	112,275	2,176,666
59	04 OB/GYN IN VITRO	24,157,550	1,034,706	23,122,844	103,471	1,341,125	22,712,954
59	05 OUTPATIENT PHARMACY	456,860	39,631	417,229	3,963	24,199	428,698
59	06 ELECTROSHOCK THERAPY	800,657	139,162	661,495	13,916	38,367	748,374
59	07 PSYCHIATRIC/PSYCHOLOGICAL OUTPAT SERVICE COST CNTRS	19,377,584	1,128,542	18,249,042	112,854	1,058,444	18,206,286
60	CLINIC	32,465,216	2,372,151	30,093,065	237,215	1,745,398	30,482,603
61	EMERGENCY	1,323,565	71,837	1,251,728	7,184	72,600	1,243,781
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	SUBTOTAL	793,251,786	63,283,482	729,968,304	6,328,351	42,338,161	744,585,274
102	LESS OBSERVATION BEDS	1,323,565	71,837	1,251,728	7,184	72,600	1,243,781
103	TOTAL	791,928,221	63,211,645	728,716,576	6,321,167	42,265,561	743,341,493

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	211,078,868	.326303	.343915
38	RECOVERY ROOM	55,889,938	.432545	.457450
39	DELIVERY ROOM & LABOR ROO	9,691,909	1.042501	1.103492
40	ANESTHESIOLOGY	57,656,930	.199447	.210613
41	RADIOLOGY-DIAGNOSTIC	273,355,502	.181991	.191366
42	RADIOLOGY-THERAPEUTIC	107,955,665	.252461	.265442
43	RADIOISOTOPE	17,907,005	.243383	.256036
44	LABORATORY	426,080,805	.125746	.133098
44	01 HLA LAB	34,648,729	.145962	.154630
47	BLOOD STORING, PROCESSING	147,450,640	.241344	.255712
49	RESPIRATORY THERAPY	56,667,373	.275547	.291414
50	PHYSICAL THERAPY	19,091,335	.334186	.353997
51	OCCUPATIONAL THERAPY	6,672,206	.336070	.356157
52	SPEECH PATHOLOGY	1,853,149	.514897	.544079
53	ELECTROCARDIOLOGY	79,910,144	.095938	.101261
54	ELECTROENCEPHALOGRAPHY	5,478,149	.229923	.243286
55	MEDICAL SUPPLIES CHARGED	443,983,439	.437723	.463092
56	DRUGS CHARGED TO PATIENTS	345,618,933	.326904	.346287
57	RENAL DIALYSIS	15,000,585	.249319	.263725
59	CAT SCAN	174,987,149	.056797	.059891
59	01 ULTRASOUND	22,583,560	.181997	.191637
59	02 CARDIAC CATHETERIZATION L	52,177,299	.174630	.182732
59	03 ENDOSCOPY	34,649,266	.288768	.304201
59	04 OB/GYN IN VITRO	2,606,351	.835139	.878217
59	05 OUTPATIENT PHARMACY	14,594,954	1.556220	1.648109
59	06 ELECTROSHOCK THERAPY	837,369	.511958	.540857
59	07 PSYCHIATRIC/PSYCHOLOGICAL OUTPAT SERVICE COST CNTRS	2,511,979	.297922	.313196
60	CLINIC	25,384,252	.717228	.758924
61	EMERGENCY	111,237,578	.274032	.289722
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	1,051,673	1.182669	1.251702
65	AMBULANCE SERVICES			
101	SUBTOTAL	2758,612,734		
102	LESS OBSERVATION BEDS	1,051,673		
103	TOTAL	2757,561,061		

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

PROVIDER NO: 26-0032
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/25/2010
 WORKSHEET D
 PART I

TITLE XVIII, PART A

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, I I) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, I I I) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS				11,346,932		11,346,932
26	INTENSIVE CARE UNIT				664,782		664,782
27	CORONARY CARE UNIT				324,442		324,442
29	SURGICAL INTENSIVE CARE U				562,513		562,513
30 01	NEURO-ICU				449,553		449,553
30 02	CARDIO-THORACIC ICU				847,356		847,356
31	SUBPROVIDER				738,927		738,927
33	NURSERY				81,432		81,432
101	TOTAL				15,015,937		15,015,937

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	243,875	90,819			46.53	4,225,808
26	INTENSIVE CARE UNIT	9,742	4,311			68.24	294,183
27	CORONARY CARE UNIT	4,445	2,367			72.99	172,767
29	SURGICAL INTENSIVE CARE U	7,743	2,673			72.65	194,193
30	01 NEURO-ICU	6,612	1,946			67.99	132,309
30	02 CARDIO-THORACIC ICU	6,695	3,494			126.57	442,236
31	SUBPROVIDER	12,560	5,869			58.83	345,273
33	NURSERY	7,204				11.30	
101	TOTAL	298,876	111,479				5,806,769

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 26-0032
 COMPONENT NO: 26-0032
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/25/2010
 WORKSHEET D
 PART II

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		9,443,207	211,078,868	45,055,157		
38	RECOVERY ROOM		1,742,311	55,889,938	7,408,803		
39	DELIVERY ROOM & LABOR ROO		559,267	9,691,909	180,703		
40	ANESTHESIOLOGY		1,158,865	57,656,930	10,661,448		
41	RADIOLOGY-DIAGNOSTIC		9,027,328	273,355,502	34,694,880		
42	RADIOLOGY-THERAPEUTIC		4,995,575	107,955,665	2,288,898		
43	RADIOISOTOPE		753,647	17,907,005	2,831,006		
44	LABORATORY		3,002,763	426,080,805	100,289,888		
44	01 HLA LAB		199,470	34,648,729	1,686,557		
47	BLOOD STORING, PROCESSING		1,307,993	147,450,640	40,236,424		
49	RESPIRATORY THERAPY		1,123,570	56,667,373	23,852,730		
50	PHYSICAL THERAPY		263,547	19,091,335	5,360,841		
51	OCCUPATIONAL THERAPY		72,840	6,672,206	2,770,772		
52	SPEECH PATHOLOGY		84,318	1,853,149	783,044		
53	ELECTROCARDIOLOGY		842,103	79,910,144	20,057,978		
54	ELECTROENCEPHALOGRAPHY		78,539	5,478,149	1,686,557		
55	MEDICAL SUPPLIES CHARGED		12,677,425	443,983,439	134,141,488		
56	DRUGS CHARGED TO PATIENTS		4,641,833	345,618,933	93,242,491		
57	RENAL DIALYSIS		255,955	15,000,585	8,974,891		
59	CAT SCAN		1,273,374	174,987,149	25,840,458		
59	01 ULTRASOUND		637,997	22,583,560	2,590,069		
59	02 CARDIAC CATHETERIZATION L		2,495,789	52,177,299	16,443,928		
59	03 ENDOSCOPY		1,467,339	34,649,266	3,915,221		
59	04 OB/GYN IN VITRO		392,398	2,606,351			
59	05 OUTPATIENT PHARMACY		1,034,706	14,594,954			
59	06 ELECTROSHOCK THERAPY		39,631	837,369			
59	07 PSYCHIATRIC/PSYCHOLOGICAL OUTPAT SERVICE COST CNTRS		139,162	2,511,979			
60	CLINIC		1,128,542	25,384,252	240,937		
61	EMERGENCY		2,372,151	111,237,578	17,106,503		
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		71,837	1,051,673			
65	AMBULANCE SERVICES						
101	TOTAL		63,283,482	2758,612,734	602,341,672		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 26-0032
 COMPONENT NO: 26-0032
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/25/2010
 WORKSHEET D
 PART II
 PPS

TITLE XVIII, PART A HOSPITAL

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.044738	2,015,678
38	RECOVERY ROOM	.031174	230,962
39	DELIVERY ROOM & LABOR ROO	.057705	10,427
40	ANESTHESIOLOGY	.020099	214,284
41	RADIOLOGY-DIAGNOSTIC	.033024	1,145,764
42	RADIOLOGY-THERAPEUTIC	.046274	105,916
43	RADIOISOTOPE	.042087	119,149
44	LABORATORY	.007047	706,743
44	01 HLA LAB	.005757	9,710
47	BLOOD STORING, PROCESSING	.008871	356,937
49	RESPIRATORY THERAPY	.019827	472,928
50	PHYSICAL THERAPY	.013805	74,006
51	OCCUPATIONAL THERAPY	.010917	30,249
52	SPEECH PATHOLOGY	.045500	35,629
53	ELECTROCARDIOLOGY	.010538	211,371
54	ELECTROENCEPHALOGRAPHY	.014337	24,180
55	MEDICAL SUPPLIES CHARGED	.028554	3,830,276
56	DRUGS CHARGED TO PATIENTS	.013430	1,252,247
57	RENAL DIALYSIS	.017063	153,139
59	CAT SCAN	.007277	188,041
59	01 ULTRASOUND	.028251	73,172
59	02 CARDIAC CATHETERIZATION L	.047833	786,562
59	03 ENDOSCOPY	.042348	165,802
59	04 OB/GYN IN VITRO	.150555	
59	05 OUTPATIENT PHARMACY	.070895	
59	06 ELECTROSHOCK THERAPY	.047328	
59	07 PSYCHIATRIC/PSYCHOLOGICAL	.055399	
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.044458	10,712
61	EMERGENCY	.021325	364,796
62	OBSERVATION BEDS (NON-DIS	.068307	
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
101	TOTAL		12,588,680

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

PROVIDER NO: 26-0032
PERIOD: FROM 1/1/2009 TO 12/31/2009
PREPARED 5/25/2010
WORKSHEET D
PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		6,237,709	69,095			6,306,804
26	INTENSIVE CARE UNIT		202,166	6,033			208,199
27	CORONARY CARE UNIT			1,887			1,887
29	SURGICAL INTENSIVE CARE U			3,540			3,540
30 01	NEURO-ICU			2,649			2,649
30 02	CARDIO-THORACIC ICU			3,260			3,260
31	SUBPROVIDER		413,218	4,178			417,396
33	NURSERY			556			556
34	SKILLED NURSING FACILITY			2,742			2,742
35	NURSING FACILITY			278			278
101	TOTAL		6,853,093	94,218			6,947,311

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

PROVIDER NO: 26-0032
PERIOD: FROM 1/1/2009 TO 12/31/2009
PREPARED 5/25/2010
WORKSHEET D
PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS	PER DIEM	INPAT PROG DAYS	INPAT PROG PASS THRU COST
		5	6	7	8
25	ADULTS & PEDIATRICS	243,875	25.86	90,819	2,348,579
26	INTENSIVE CARE UNIT	9,742	21.37	4,311	92,126
27	CORONARY CARE UNIT	4,445	.42	2,367	994
29	SURGICAL INTENSIVE CARE U	7,743	.46	2,673	1,230
30 01	NEURO-ICU	6,612	.40	1,946	778
30 02	CARDIO-THORACIC ICU	6,695	.49	3,494	1,712
31	SUBPROVIDER	12,560	33.23	5,869	195,027
33	NURSERY	7,204	.08		
34	SKILLED NURSING FACILITY	18,746	.15	13,757	2,064
35	NURSING FACILITY	3,485	.08		
101	TOTAL	321,107		125,236	2,642,510

TITLE XVIII, PART A		HOSPITAL		PPS		
WKST A	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
LINE NO.		1	2	2.01	2.02	2.03
	ANCILLARY SRVC COST CNTRS	1.01				
37	OPERATING ROOM			24,199		
38	RECOVERY ROOM		43,877	6,717		
39	DELIVERY ROOM & LABOR ROO		624,271	3,153		
40	ANESTHESIOLOGY			5,110		
41	RADIOLOGY-DIAGNOSTIC			14,147		
42	RADIOLOGY-THERAPEUTIC			7,609		
43	RADIOISOTOPE			1,260		
44	LABORATORY			16,493		
44	01 HLA LAB			1,403		
47	BLOOD STORING, PROCESSING			9,984		
49	RESPIRATORY THERAPY			4,338		
50	PHYSICAL THERAPY			1,771		
51	OCCUPATIONAL THERAPY			622		
52	SPEECH PATHOLOGY			265		
53	ELECTROCARDIOLOGY			2,133		
54	ELECTROENCEPHALOGRAPHY			415		
55	MEDICAL SUPPLIES CHARGED			53,983		
56	DRUGS CHARGED TO PATIENTS			343,607		
57	RENAL DIALYSIS			1,039		
59	CAT SCAN			2,810		
59	01 ULTRASOUND			1,166		
59	02 CARDIAC CATHETERIZATION L			2,672		
59	03 ENDOSCOPY			2,789		
59	04 OB/GYN IN VITRO			698		
59	05 OUTPATIENT PHARMACY			6,304		
59	06 ELECTROSHOCK THERAPY			119		
59	07 PSYCHIATRIC/PSYCHOLOGICAL			209		
60	OUTPAT SERVICE COST CNTRS					
60	CLINIC			7,740		
61	EMERGENCY			11,083		
62	OBSERVATION BEDS (NON-DIS		39,566	434		
62	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES					
101	TOTAL		707,714	534,272		

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM	24,199	24,199	211,078,868	.000115	.000115	45,055,157	5,181
38	RECOVERY ROOM	50,594	50,594	55,889,938	.000905	.000905	7,408,803	6,705
39	DELIVERY ROOM & LABOR ROO	627,424	627,424	9,691,909	.064737	.064737	180,703	11,698
40	ANESTHESIOLOGY	5,110	5,110	57,656,930	.000089	.000089	10,661,448	949
41	RADIOLOGY-DIAGNOSTIC	14,147	14,147	273,355,502	.000052	.000052	34,694,880	1,804
42	RADIOLOGY-THERAPEUTIC	7,609	7,609	107,955,665	.000070	.000070	2,288,898	160
43	RADIOISOTOPE	1,260	1,260	17,907,005	.000070	.000070	2,831,006	198
44	LABORATORY	16,493	16,493	426,080,805	.000039	.000039	100,289,888	3,911
44	01 HLA LAB	1,403	1,403	34,648,729	.000040	.000040	1,686,557	67
47	BLOOD STORING, PROCESSING	9,984	9,984	147,450,640	.000068	.000068	40,236,424	2,736
49	RESPIRATORY THERAPY	4,338	4,338	56,667,373	.000077	.000077	23,852,730	1,837
50	PHYSICAL THERAPY	1,771	1,771	19,091,335	.000093	.000093	5,360,841	499
51	OCCUPATIONAL THERAPY	622	622	6,672,206	.000093	.000093	2,770,772	258
52	SPEECH PATHOLOGY	265	265	1,853,149	.000143	.000143	783,044	112
53	ELECTROCARDIOLOGY	2,133	2,133	79,910,144	.000027	.000027	20,057,978	542
54	ELECTROENCEPHALOGRAPHY	415	415	5,478,149	.000076	.000076	1,686,557	128
55	MEDICAL SUPPLIES CHARGED	53,983	53,983	443,983,439	.000122	.000122	134,141,488	16,365
56	DRUGS CHARGED TO PATIENTS	343,607	343,607	345,618,933	.000994	.000994	93,242,491	92,683
57	RENAL DIALYSIS	1,039	1,039	15,000,585	.000069	.000069	8,974,891	619
59	CAT SCAN	2,810	2,810	174,987,149	.000016	.000016	25,840,458	413
59	01 ULTRASOUND	1,166	1,166	22,583,560	.000052	.000052	2,590,069	135
59	02 CARDIAC CATHETERIZATION L	2,672	2,672	52,177,299	.000051	.000051	16,443,928	839
59	03 ENDOSCOPY	2,789	2,789	34,649,266	.000080	.000080	3,915,221	313
59	04 OB/GYN IN VITRO	698	698	2,606,351	.000268	.000268		
59	05 OUTPATIENT PHARMACY	6,304	6,304	14,594,954	.000432	.000432		
59	06 ELECTROSHOCK THERAPY	119	119	837,369	.000142	.000142		
59	07 PSYCHIATRIC/PSYCHOLOGICAL OUTPAT SERVICE COST CNTRS	209	209	2,511,979	.000083	.000083		
60	CLINIC	7,740	7,740	25,384,252	.000305	.000305	240,937	73
61	EMERGENCY	11,083	11,083	111,237,578	.000100	.000100	17,106,503	1,711
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	40,000	40,000	1,051,673	.038035	.038035		
65	AMBULANCE SERVICES							
101	TOTAL	1,241,986	1,241,986	2758,612,734			602,341,672	149,936

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	15,289,187			1,758		
38	RECOVERY ROOM	7,892,879			7,143		
39	DELIVERY ROOM & LABOR ROO	26,135			1,692		
40	ANESTHESIOLOGY	5,148,666			458		
41	RADIOLOGY-DIAGNOSTIC	41,947,256			2,181		
42	RADIOLOGY-THERAPEUTIC	28,853,440			2,020		
43	RADIOISOTOPE	3,894,169			273		
44	LABORATORY	16,308,466			636		
44	01 HLA LAB	2,195,370			88		
47	BLOOD STORING, PROCESSING	10,558,686			718		
49	RESPIRATORY THERAPY	836,332			64		
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	11,159,800			301		
54	ELECTROENCEPHALOGRAPHY	130,677			10		
55	MEDICAL SUPPLIES CHARGED	29,951,125			3,654		
56	DRUGS CHARGED TO PATIENTS	24,880,865			24,732		
57	RENAL DIALYSIS	156,812			11		
59	CAT SCAN	30,604,509			490		
59	01 ULTRASOUND	2,326,047			121		
59	02 CARDIAC CATHETERIZATION L	7,056,548			360		
59	03 ENDOSCOPY	7,108,818			569		
59	04 OB/GYN IN VITRO						
59	05 OUTPATIENT PHARMACY						
59	06 ELECTROSHOCK THERAPY						
59	07 PSYCHIATRIC/PSYCHOLOGICAL OUTPAT SERVICE COST CNTRS	209,083			17		
60	CLINIC	6,377,028			1,945		
61	EMERGENCY	7,945,150			795		
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	496,572			18,887		
65	AMBULANCE SERVICES						
101	TOTAL	261,353,620			68,923		

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO:	PERIOD:	PREPARED
26-0032	FROM 1/1/2009	5/25/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET D
26-0032		PART V

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.348389	.348389			
38 RECOVERY ROOM	.460568	.460568			
39 DELIVERY ROOM & LABOR ROOM	1.109262	1.109262			
40 ANESTHESIOLOGY	.212623	.212623			
41 RADIOLOGY-DIAGNOSTIC	.194669	.194669			
42 RADIOLOGY-THERAPEUTIC	.270069	.270069			
43 RADIOISOTOPE	.260245	.260245			
44 LABORATORY	.133802	.133802			
44 01 HLA LAB	.155205	.155205			
47 BLOOD STORING, PROCESSING & TRANS.	.256599	.256599			
49 RESPIRATORY THERAPY	.293397	.293397			
50 PHYSICAL THERAPY	.355378	.355378			
51 OCCUPATIONAL THERAPY	.357249	.357249			
52 SPEECH PATHOLOGY	.548629	.548629			
53 ELECTROCARDIOLOGY	.102315	.102315			
54 ELECTROENCEPHALOGRAPHY	.244719	.244719			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.465947	.465947			
56 DRUGS CHARGED TO PATIENTS	.347630	.347630			
57 RENAL DIALYSIS	.265431	.265431			
59 CAT SCAN	.060619	.060619			
59 01 ULTRASOUND	.194462	.194462			
59 02 CARDIAC CATHETERIZATION LABORATORY	.187515	.187515			
59 03 ENDOSCOPY	.308436	.308436			
59 04 OB/GYN IN VITRO	.893272	.893272			
59 05 OUTPATIENT PHARMACY	1.655199	1.655199			
59 06 ELECTROSHOCK THERAPY	.545590	.545590			
59 07 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	.318736	.318736			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC	.763370	.763370			
61 EMERGENCY	.291855	.291855			
62 OBSERVATION BEDS (NON-DISTINCT PART)	1.258533	1.258533			
65 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

(A) WORKSHEET A LINE NUMBERS

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

TITLE XVIII, PART B		HOSPITAL					
		All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr	
Cost Center	Description	5	5.01	5.02	5.03	6	
(A)	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM		15,289,187				
38	RECOVERY ROOM		7,892,879				
39	DELIVERY ROOM & LABOR ROOM		26,135				
40	ANESTHESIOLOGY		5,148,666				
41	RADIOLOGY-DIAGNOSTIC		41,947,256				
42	RADIOLOGY-THERAPEUTIC		28,853,440				
43	RADIOISOTOPE		3,894,169				
44	LABORATORY		16,308,466				
44	01 HLA LAB		2,195,370				
47	BLOOD STORING, PROCESSING & TRANS.		10,558,686				
49	RESPIRATORY THERAPY		836,332	232,118			
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY		11,159,800				
54	ELECTROENCEPHALOGRAPHY		130,677				
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		29,951,125				
56	DRUGS CHARGED TO PATIENTS		24,880,865	6,258			
57	RENAL DIALYSIS		156,812				
59	CAT SCAN		30,604,509				
59	01 ULTRASOUND		2,326,047				
59	02 CARDIAC CATHETERIZATION LABORATORY		7,056,548				
59	03 ENDOSCOPY		7,108,818				
59	04 OB/GYN IN VITRO						
59	05 OUTPATIENT PHARMACY						
59	06 ELECTROSHOCK THERAPY						
59	07 PSYCHIATRIC/PSYCHOLOGICAL SERVICES		209,083				
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		6,377,028				
61	EMERGENCY		7,945,150				
62	OBSERVATION BEDS (NON-DISTINCT PART)		496,572				
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	SUBTOTAL		261,353,620	238,376			
102	CRNA CHARGES						
103	LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES						
104	NET CHARGES		261,353,620	238,376			

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				5,326,585	
38 RECOVERY ROOM				3,635,207	
39 DELIVERY ROOM & LABOR ROOM				28,991	
40 ANESTHESIOLOGY				1,094,725	
41 RADIOLOGY-DIAGNOSTIC				8,165,830	
42 RADIOLOGY-THERAPEUTIC				7,792,420	
43 RADIOISOTOPE				1,013,438	
44 LABORATORY				2,182,105	
44 01 HLA LAB				340,732	
47 BLOOD STORING, PROCESSING & TRANS.				2,709,348	
49 RESPIRATORY THERAPY				245,377	68,103
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY				1,141,815	
54 ELECTROENCEPHALOGRAPHY				31,979	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				13,955,637	
56 DRUGS CHARGED TO PATIENTS				8,649,335	2,175
57 RENAL DIALYSIS				41,623	
59 CAT SCAN				1,855,215	
59 01 ULTRASOUND				452,328	
59 02 CARDIAC CATHETERIZATION LABORATORY				1,323,209	
59 03 ENDOSCOPY				2,192,615	
59 04 OB/GYN IN VITRO					
59 05 OUTPATIENT PHARMACY					
59 06 ELECTROSHOCK THERAPY					
59 07 PSYCHIATRIC/PSYCHOLOGICAL SERVICES				66,642	
OUTPAT SERVICE COST CNTRS					
60 CLINIC				4,868,032	
61 EMERGENCY				2,318,832	
62 OBSERVATION BEDS (NON-DISTINCT PART)				624,952	
OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
101 SUBTOTAL				70,056,972	70,278
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				70,056,972	70,278

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

TITLE XVIII, PART B HOSPITAL

Cost Center Description	PPS Services 1/1 to FYE	Hospital I/P Part B Charges	Hospital I/P Part B Costs
	9.03	10	11
(A) ANCILLARY SRVC COST CNTRS			
37 OPERATING ROOM			
38 RECOVERY ROOM			
39 DELIVERY ROOM & LABOR ROOM			
40 ANESTHESIOLOGY			
41 RADIOLOGY-DIAGNOSTIC			
42 RADIOLOGY-THERAPEUTIC			
43 RADIOISOTOPE			
44 LABORATORY			
44 01 HLA LAB			
47 BLOOD STORING, PROCESSING & TRANS.			
49 RESPIRATORY THERAPY			
50 PHYSICAL THERAPY			
51 OCCUPATIONAL THERAPY			
52 SPEECH PATHOLOGY			
53 ELECTROCARDIOLOGY			
54 ELECTROENCEPHALOGRAPHY			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS			
56 DRUGS CHARGED TO PATIENTS			
57 RENAL DIALYSIS			
59 CAT SCAN			
59 01 ULTRASOUND			
59 02 CARDIAC CATHETERIZATION LABORATORY			
59 03 ENDOSCOPY			
59 04 OB/GYN IN VITRO			
59 05 OUTPATIENT PHARMACY			
59 06 ELECTROSHOCK THERAPY			
59 07 PSYCHIATRIC/PSYCHOLOGICAL SERVICES			
OUTPAT SERVICE COST CNTRS			
60 CLINIC			
61 EMERGENCY			
62 OBSERVATION BEDS (NON-DISTINCT PART)			
OTHER REIMBURS COST CNTRS			
65 AMBULANCE SERVICES			
101 SUBTOTAL			
102 CRNA CHARGES			
103 LESS PBP CLINIC LAB SVCS-			
PROGRAM ONLY CHARGES			
104 NET CHARGES			

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

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 26-0032
 COMPONENT NO: 26-S032
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/25/2010
 WORKSHEET D
 PART II

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		9,443,207	211,078,868	4,679		
38	RECOVERY ROOM		1,742,311	55,889,938			
39	DELIVERY ROOM & LABOR ROO		559,267	9,691,909			
40	ANESTHESIOLOGY		1,158,865	57,656,930	4,345		
41	RADIOLOGY-DIAGNOSTIC		9,027,328	273,355,502	129,011		
42	RADIOLOGY-THERAPEUTIC		4,995,575	107,955,665	35,094		
43	RADIOISOTOPE		753,647	17,907,005	1,671		
44	LABORATORY		3,002,763	426,080,805	817,515		
44	01 HLA LAB		199,470	34,648,729			
47	BLOOD STORING, PROCESSING		1,307,993	147,450,640	4,345		
49	RESPIRATORY THERAPY		1,123,570	56,667,373	116,979		
50	PHYSICAL THERAPY		263,547	19,091,335	43,784		
51	OCCUPATIONAL THERAPY		72,840	6,672,206	32,420		
52	SPEECH PATHOLOGY		84,318	1,853,149	4,345		
53	ELECTROCARDIOLOGY		842,103	79,910,144	37,433		
54	ELECTROENCEPHALOGRAPHY		78,539	5,478,149	12,366		
55	MEDICAL SUPPLIES CHARGED		12,677,425	443,983,439	78,543		
56	DRUGS CHARGED TO PATIENTS		4,641,833	345,618,933	1,208,558		
57	RENAL DIALYSIS		255,955	15,000,585	30,749		
59	CAT SCAN		1,273,374	174,987,149	157,754		
59	01 ULTRASOUND		637,997	22,583,560	9,693		
59	02 CARDIAC CATHETERIZATION L		2,495,789	52,177,299	8,021		
59	03 ENDOSCOPY		1,467,339	34,649,266	7,353		
59	04 OB/GYN IN VITRO		392,398	2,606,351			
59	05 OUTPATIENT PHARMACY		1,034,706	14,594,954			
59	06 ELECTROSHOCK THERAPY		39,631	837,369	175,803		
59	07 PSYCHIATRIC/PSYCHOLOGICAL		139,162	2,511,979	10,695		
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		1,128,542	25,384,252	2,340		
61	EMERGENCY		2,372,151	111,237,578	408,758		
62	OBSERVATION BEDS (NON-DIS		71,837	1,051,673			
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL		63,283,482	2758,612,734	3,342,254		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 26-0032
 COMPONENT NO: 26-S032
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/25/2010
 WORKSHEET D
 PART II
 PPS

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.044738	209
38	RECOVERY ROOM	.031174	
39	DELIVERY ROOM & LABOR ROO	.057705	
40	ANESTHESIOLOGY	.020099	87
41	RADIOLOGY-DIAGNOSTIC	.033024	4,260
42	RADIOLOGY-THERAPEUTIC	.046274	1,624
43	RADIOISOTOPE	.042087	70
44	LABORATORY	.007047	5,761
44	01 HLA LAB	.005757	
47	BLOOD STORING, PROCESSING	.008871	39
49	RESPIRATORY THERAPY	.019827	2,319
50	PHYSICAL THERAPY	.013805	604
51	OCCUPATIONAL THERAPY	.010917	354
52	SPEECH PATHOLOGY	.045500	198
53	ELECTROCARDIOLOGY	.010538	394
54	ELECTROENCEPHALOGRAPHY	.014337	177
55	MEDICAL SUPPLIES CHARGED	.028554	2,243
56	DRUGS CHARGED TO PATIENTS	.013430	16,231
57	RENAL DIALYSIS	.017063	525
59	CAT SCAN	.007277	1,148
59	01 ULTRASOUND	.028251	274
59	02 CARDIAC CATHETERIZATION L	.047833	384
59	03 ENDOSCOPY	.042348	311
59	04 OB/GYN IN VITRO	.150555	
59	05 OUTPATIENT PHARMACY	.070895	
59	06 ELECTROSHOCK THERAPY	.047328	8,320
59	07 PSYCHIATRIC/PSYCHOLOGICAL	.055399	592
	OUTPAT SERVICE COST CNTRS		
60	CLINIC	.044458	104
61	EMERGENCY	.021325	8,717
62	OBSERVATION BEDS (NON-DIS	.068307	
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
101	TOTAL		54,945

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	1.01	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	BLOOD CLOT FOR HEMOPHILIACS 2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM				24,199		
38	RECOVERY ROOM			43,877	6,717		
39	DELIVERY ROOM & LABOR ROO			624,271	3,153		
40	ANESTHESIOLOGY				5,110		
41	RADIOLOGY-DIAGNOSTIC				14,147		
42	RADIOLOGY-THERAPEUTIC				7,609		
43	RADIOISOTOPE				1,260		
44	LABORATORY				16,493		
44	01 HLA LAB				1,403		
47	BLOOD STORING, PROCESSING				9,984		
49	RESPIRATORY THERAPY				4,338		
50	PHYSICAL THERAPY				1,771		
51	OCCUPATIONAL THERAPY				622		
52	SPEECH PATHOLOGY				265		
53	ELECTROCARDIOLOGY				2,133		
54	ELECTROENCEPHALOGRAPHY				415		
55	MEDICAL SUPPLIES CHARGED				53,983		
56	DRUGS CHARGED TO PATIENTS				343,607		
57	RENAL DIALYSIS				1,039		
59	CAT SCAN				2,810		
59	01 ULTRASOUND				1,166		
59	02 CARDIAC CATHETERIZATION L				2,672		
59	03 ENDOSCOPY				2,789		
59	04 OB/GYN IN VITRO				698		
59	05 OUTPATIENT PHARMACY				6,304		
59	06 ELECTROSHOCK THERAPY				119		
59	07 PSYCHIATRIC/PSYCHOLOGICAL				209		
	OUTPAT SERVICE COST CNTRS						
60	CLINIC				7,740		
61	EMERGENCY				11,083		
62	OBSERVATION BEDS (NON-DIS			39,566	434		
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL			707,714	534,272		

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM	24,199	24,199	211,078,868	.000115	.000115	4,679	1
38	RECOVERY ROOM	50,594	50,594	55,889,938	.000905	.000905		
39	DELIVERY ROOM & LABOR ROO	627,424	627,424	9,691,909	.064737	.064737		
40	ANESTHESIOLOGY	5,110	5,110	57,656,930	.000089	.000089	4,345	
41	RADIOLOGY-DIAGNOSTIC	14,147	14,147	273,355,502	.000052	.000052	129,011	7
42	RADIOLOGY-THERAPEUTIC	7,609	7,609	107,955,665	.000070	.000070	35,094	2
43	RADIOISOTOPE	1,260	1,260	17,907,005	.000070	.000070	1,671	
44	LABORATORY	16,493	16,493	426,080,805	.000039	.000039	817,515	32
44	01 HLA LAB	1,403	1,403	34,648,729	.000040	.000040		
47	BLOOD STORING, PROCESSING	9,984	9,984	147,450,640	.000068	.000068	4,345	
49	RESPIRATORY THERAPY	4,338	4,338	56,667,373	.000077	.000077	116,979	9
50	PHYSICAL THERAPY	1,771	1,771	19,091,335	.000093	.000093	43,784	4
51	OCCUPATIONAL THERAPY	622	622	6,672,206	.000093	.000093	32,420	3
52	SPEECH PATHOLOGY	265	265	1,853,149	.000143	.000143	4,345	1
53	ELECTROCARDIOLOGY	2,133	2,133	79,910,144	.000027	.000027	37,433	1
54	ELECTROENCEPHALOGRAPHY	415	415	5,478,149	.000076	.000076	12,366	1
55	MEDICAL SUPPLIES CHARGED	53,983	53,983	443,983,439	.000122	.000122	78,543	10
56	DRUGS CHARGED TO PATIENTS	343,607	343,607	345,618,933	.000994	.000994	1,208,558	1,201
57	RENAL DIALYSIS	1,039	1,039	15,000,585	.000069	.000069	30,749	2
59	CAT SCAN	2,810	2,810	174,987,149	.000016	.000016	157,754	3
59	01 ULTRASOUND	1,166	1,166	22,583,560	.000052	.000052	9,693	1
59	02 CARDIAC CATHETERIZATION L	2,672	2,672	52,177,299	.000051	.000051	8,021	
59	03 ENDOSCOPY	2,789	2,789	34,649,266	.000080	.000080	7,353	1
59	04 OB/GYN IN VITRO	698	698	2,606,351	.000268	.000268		
59	05 OUTPATIENT PHARMACY	6,304	6,304	14,594,954	.000432	.000432		
59	06 ELECTROSHOCK THERAPY	119	119	837,369	.000142	.000142	175,803	25
59	07 PSYCHIATRIC/PSYCHOLOGICAL OUTPAT SERVICE COST CNTRS	209	209	2,511,979	.000083	.000083	10,695	1
60	CLINIC	7,740	7,740	25,384,252	.000305	.000305	2,340	1
61	EMERGENCY	11,083	11,083	111,237,578	.000100	.000100	408,758	41
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	40,000	40,000	1,051,673	.038035	.038035		
65	AMBULANCE SERVICES							
101	TOTAL	1,241,986	1,241,986	2758,612,734			3,342,254	1,347

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	1,254					
38	RECOVERY ROOM	6,307				6	
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	35,511				2	
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	594					
44	01 HLA LAB						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY	200					
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	7,912					
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED	1,903					
56	DRUGS CHARGED TO PATIENTS	169,937				169	
57	RENAL DIALYSIS						
59	CAT SCAN	42,436				1	
59	01 ULTRASOUND						
59	02 CARDIAC CATHETERIZATION L	670					
59	03 ENDOSCOPY						
59	04 OB/GYN IN VITRO						
59	05 OUTPATIENT PHARMACY						
59	06 ELECTROSHOCK THERAPY	167,511				24	
59	07 PSYCHIATRIC/PSYCHOLOGICAL	1,471,377				122	
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	1,195					
61	EMERGENCY	257,867				26	
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL	2,164,674				350	

TITLE XVIII, PART B SUBPROVIDER 1

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				437	
38 RECOVERY ROOM				2,905	
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC				6,913	
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE					
44 LABORATORY				79	
44 01 HLA LAB					
47 BLOOD STORING, PROCESSING & TRANS.					
49 RESPIRATORY THERAPY				59	
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY				810	
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				887	
56 DRUGS CHARGED TO PATIENTS				59,075	
57 RENAL DIALYSIS					
59 CAT SCAN				2,572	
59 01 ULTRASOUND					
59 02 CARDIAC CATHETERIZATION LABORATORY				126	
59 03 ENDOSCOPY					
59 04 OB/GYN IN VITRO					
59 05 OUTPATIENT PHARMACY					
59 06 ELECTROSHOCK THERAPY				91,392	
59 07 PSYCHIATRIC/PSYCHOLOGICAL SERVICES				468,981	
OUTPAT SERVICE COST CNTRS					
60 CLINIC				912	
61 EMERGENCY				75,260	
62 OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
101 SUBTOTAL				710,408	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				710,408	

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

TITLE XVIII, PART B SUBPROVIDER 1

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

Cost Center Description 9.03 10 11

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

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

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 26-0032
 COMPONENT NO: 26-5439
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/25/2010
 WORKSHEET D
 PART II

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

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

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 26-0032
 COMPONENT NO: 26-5439
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/25/2010
 WORKSHEET D
 PART II

TITLE XVIII, PART A SKILLED NURSING FACILITY

PPS

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

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	1.01	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	BLOOD CLOT FOR HEMOPHILIACS 2.03
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM				24,199		
38	RECOVERY ROOM			43,877	6,717		
39	DELIVERY ROOM & LABOR ROO			624,271	3,153		
40	ANESTHESIOLOGY				5,110		
41	RADIOLOGY-DIAGNOSTIC				14,147		
42	RADIOLOGY-THERAPEUTIC				7,609		
43	RADIOISOTOPE				1,260		
44	LABORATORY				16,493		
44	01 HLA LAB				1,403		
47	BLOOD STORING, PROCESSING				9,984		
49	RESPIRATORY THERAPY				4,338		
50	PHYSICAL THERAPY				1,771		
51	OCCUPATIONAL THERAPY				622		
52	SPEECH PATHOLOGY				265		
53	ELECTROCARDIOLOGY				2,133		
54	ELECTROENCEPHALOGRAPHY				415		
55	MEDICAL SUPPLIES CHARGED				53,983		
56	DRUGS CHARGED TO PATIENTS				343,607		
57	RENAL DIALYSIS				1,039		
59	CAT SCAN				2,810		
59	01 ULTRASOUND				1,166		
59	02 CARDIAC CATHETERIZATION L				2,672		
59	03 ENDOSCOPY				2,789		
59	04 OB/GYN IN VITRO				698		
59	05 OUTPATIENT PHARMACY				6,304		
59	06 ELECTROSHOCK THERAPY				119		
59	07 PSYCHIATRIC/PSYCHOLOGICAL OUTPAT SERVICE COST CNTRS				209		
60	CLINIC				7,740		
61	EMERGENCY				11,083		
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL			668,148	533,838		

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM	24,199	24,199	211,078,868	.000115	.000115		
38	RECOVERY ROOM	50,594	50,594	55,889,938	.000905	.000905		
39	DELIVERY ROOM & LABOR ROO	627,424	627,424	9,691,909	.064737	.064737		
40	ANESTHESIOLOGY	5,110	5,110	57,656,930	.000089	.000089		
41	RADIOLOGY-DIAGNOSTIC	14,147	14,147	273,355,502	.000052	.000052	24,938	1
42	RADIOLOGY-THERAPEUTIC	7,609	7,609	107,955,665	.000070	.000070		
43	RADIOISOTOPE	1,260	1,260	17,907,005	.000070	.000070		
44	LABORATORY	16,493	16,493	426,080,805	.000039	.000039	406,052	16
44	01 HLA LAB	1,403	1,403	34,648,729	.000040	.000040		
47	BLOOD STORING, PROCESSING	9,984	9,984	147,450,640	.000068	.000068		
49	RESPIRATORY THERAPY	4,338	4,338	56,667,373	.000077	.000077		
50	PHYSICAL THERAPY	1,771	1,771	19,091,335	.000093	.000093	2,191,170	204
51	OCCUPATIONAL THERAPY	622	622	6,672,206	.000093	.000093	2,031,886	189
52	SPEECH PATHOLOGY	265	265	1,853,149	.000143	.000143	265,329	38
53	ELECTROCARDIOLOGY	2,133	2,133	79,910,144	.000027	.000027	419	
54	ELECTROENCEPHALOGRAPHY	415	415	5,478,149	.000076	.000076		
55	MEDICAL SUPPLIES CHARGED	53,983	53,983	443,983,439	.000122	.000122	224,527	27
56	DRUGS CHARGED TO PATIENTS	343,607	343,607	345,618,933	.000994	.000994	1,802,786	1,792
57	RENAL DIALYSIS	1,039	1,039	15,000,585	.000069	.000069		
59	CAT SCAN	2,810	2,810	174,987,149	.000016	.000016		
59	01 ULTRASOUND	1,166	1,166	22,583,560	.000052	.000052		
59	02 CARDIAC CATHETERIZATION L	2,672	2,672	52,177,299	.000051	.000051		
59	03 ENDOSCOPY	2,789	2,789	34,649,266	.000080	.000080		
59	04 OB/GYN IN VITRO	698	698	2,606,351	.000268	.000268		
59	05 OUTPATIENT PHARMACY	6,304	6,304	14,594,954	.000432	.000432		
59	06 ELECTROSHOCK THERAPY	119	119	837,369	.000142	.000142		
59	07 PSYCHIATRIC/PSYCHOLOGICAL OUTPAT SERVICE COST CNTRS	209	209	2,511,979	.000083	.000083		
60	CLINIC	7,740	7,740	25,384,252	.000305	.000305		
61	EMERGENCY	11,083	11,083	111,237,578	.000100	.000100		
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			1,051,673				
65	AMBULANCE SERVICES							
101	TOTAL	1,201,986	1,201,986	2758,612,734			6,947,107	2,267

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

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

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 26-0032
 COMPONENT NO: 26-S032
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/25/2010
 WORKSHEET D
 PART V

TITLE XIX - O/P

SUBPROVIDER 1

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic	All Other (1)
	1	2	3	4	5
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.326303				
38 RECOVERY ROOM	.432545				
39 DELIVERY ROOM & LABOR ROOM	1.042501				
40 ANESTHESIOLOGY	.199447				
41 RADIOLOGY-DIAGNOSTIC	.181991				10,921
42 RADIOLOGY-THERAPEUTIC	.252461				759
43 RADIOISOTOPE	.243383				
44 LABORATORY	.125746				263,493
44 01 HLA LAB	.145962				
47 BLOOD STORING, PROCESSING & TRANS.	.241344				594
49 RESPIRATORY THERAPY	.275547				
50 PHYSICAL THERAPY	.334186				
51 OCCUPATIONAL THERAPY	.336070				
52 SPEECH PATHOLOGY	.514897				229
53 ELECTROCARDIOLOGY	.095938				5,508
54 ELECTROENCEPHALOGRAPHY	.229923				
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.437723				88
56 DRUGS CHARGED TO PATIENTS	.326904				4,998
57 RENAL DIALYSIS	.249319				
59 CAT SCAN	.056797				12,013
59 01 ULTRASOUND	.181997				3,853
59 02 CARDIAC CATHETERIZATION LABORATORY	.174630				
59 03 ENDOSCOPY	.288768				
59 04 OB/GYN IN VITRO	.835139				
59 05 OUTPATIENT PHARMACY	1.556220				
59 06 ELECTROSHOCK THERAPY	.511958				19,440
59 07 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	.297922				501,461
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC	.717228				4,019
61 EMERGENCY	.274032				
62 OBSERVATION BEDS (NON-DISTINCT PART)	1.182669				
65 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
101 SUBTOTAL					827,376
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					827,376

(A) WORKSHEET A LINE NUMBERS

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

TITLE XIX - O/P		SUBPROVIDER 1				
		Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE
Cost Center	Description	8	9	9.01	9.02	9.03
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM					
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROOM					
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC		1,988			
42	RADIOLOGY-THERAPEUTIC		192			
43	RADIOISOTOPE					
44	LABORATORY		33,133			
44	01 HLA LAB					
47	BLOOD STORING, PROCESSING & TRANS.		143			
49	RESPIRATORY THERAPY					
50	PHYSICAL THERAPY					
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY		118			
53	ELECTROCARDIOLOGY		528			
54	ELECTROENCEPHALOGRAPHY					
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		39			
56	DRUGS CHARGED TO PATIENTS		1,634			
57	RENAL DIALYSIS					
59	CAT SCAN		682			
59	01 ULTRASOUND		701			
59	02 CARDIAC CATHETERIZATION LABORATORY					
59	03 ENDOSCOPY					
59	04 OB/GYN IN VITRO					
59	05 OUTPATIENT PHARMACY					
59	06 ELECTROSHOCK THERAPY		9,952			
59	07 PSYCHIATRIC/PSYCHOLOGICAL SERVICES		149,396			
	OUTPAT SERVICE COST CNTRS					
60	CLINIC		2,883			
61	EMERGENCY					
62	OBSERVATION BEDS (NON-DISTINCT PART)					
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES					
101	SUBTOTAL		201,389			
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-					
	PROGRAM ONLY CHARGES					
104	NET CHARGES		201,389			

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

TITLE XVIII PART A SUBPROVIDER I PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	136
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,113.21
85	OBSERVATION BED COST	151,397

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	13,981,940		151,397	
87	NEW CAPITAL-RELATED COST	738,927	.052849	151,397	8,001
88	NON PHYSICIAN ANESTHETIST			151,397	
89	MEDICAL EDUCATION	413,218	.029554	151,397	4,474
89.01	MEDICAL EDUCATION - ALLIED HEA	4,178	.000299	151,397	45
89.02	MEDICAL EDUCATION - ALL OTHER			151,397	

TITLE XVIII PART A SNF PPS

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

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	10,264,264
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	547.54
68	PROGRAM ROUTINE SERVICE COST	7,532,508
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	7,532,508
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	741,571
72	PER DIEM CAPITAL-RELATED COSTS	39.56
73	PROGRAM CAPITAL-RELATED COSTS	544,227
74	INPATIENT ROUTINE SERVICE COST	6,988,281
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	6,988,281
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	
78	INPATIENT ROUTINE SERVICE COST LIMITATION	
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	7,532,508
80	PROGRAM INPATIENT ANCILLARY SERVICES	2,440,699
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	9,973,207

PART IV - COMPUTATION OF OBSERVATION BED COST

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

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

TITLE XIX - I/P SUBPROVIDER I OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 1,112.76
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 3,176,930
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 3,176,930

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY)					
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT					
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					
47.01 NEURO-ICU					
47.02 CARDIO-THORACIC ICU					
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					1 432,296
49 TOTAL PROGRAM INPATIENT COSTS					3,609,226

PASS THROUGH COST ADJUSTMENTS

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

TARGET AMOUNT AND LIMIT COMPUTATION

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

PROGRAM INPATIENT ROUTINE SWING BED COST

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

TITLE XIX - I/P NF OTHER

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

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	1,017,512
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	291.97
68	PROGRAM ROUTINE SERVICE COST	703,940
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	703,940
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	87,911
72	PER DIEM CAPITAL-RELATED COSTS	25.23
73	PROGRAM CAPITAL-RELATED COSTS	60,830
74	INPATIENT ROUTINE SERVICE COST	643,110
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	643,110
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	999.00
78	INPATIENT ROUTINE SERVICE COST LIMITATION	2,408,589
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	703,940
80	PROGRAM INPATIENT ANCILLARY SERVICES	8,541
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	712,481

PART IV - COMPUTATION OF OBSERVATION BED COST

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

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

TITLE XIX - I/P ICF/MR OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

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

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST				
87	NEW CAPITAL-RELATED COST				
88	NON PHYSICIAN ANESTHETIST				
89	MEDICAL EDUCATION				
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		70,923,471	
26	INTENSIVE CARE UNIT		8,606,812	
27	CORONARY CARE UNIT		4,747,444	
29	SURGICAL INTENSIVE CARE UNIT		5,500,051	
30	01 NEURO-ICU		3,985,806	
30	02 CARDIO-THORACIC ICU		7,264,161	
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.348389	45,055,157	15,696,721
38	RECOVERY ROOM	.460568	7,408,803	3,412,258
39	DELIVERY ROOM & LABOR ROOM	1.109262	180,703	200,447
40	ANESTHESIOLOGY	.212623	10,661,448	2,266,869
41	RADIOLOGY-DIAGNOSTIC	.194669	34,694,880	6,754,018
42	RADIOLOGY-THERAPEUTIC	.270069	2,288,898	618,160
43	RADIOISOTOPE	.260245	2,831,006	736,755
44	LABORATORY	.133802	100,289,888	13,418,988
44	01 HLA LAB	.155205	1,686,557	261,762
47	BLOOD STORING, PROCESSING & TRANS.	.256599	40,236,424	10,324,626
49	RESPIRATORY THERAPY	.293397	23,852,730	6,998,319
50	PHYSICAL THERAPY	.355378	5,360,841	1,905,125
51	OCCUPATIONAL THERAPY	.357249	2,770,772	989,856
52	SPEECH PATHOLOGY	.548629	783,044	429,601
53	ELECTROCARDIOLOGY	.102315	20,057,978	2,052,232
54	ELECTROENCEPHALOGRAPHY	.244719	1,686,557	412,733
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.465947	134,141,488	62,502,824
56	DRUGS CHARGED TO PATIENTS	.347630	93,242,491	32,413,887
57	RENAL DIALYSIS	.265431	8,974,891	2,382,214
59	CAT SCAN	.060619	25,840,458	1,566,423
59	01 ULTRASOUND	.194462	2,590,069	503,670
59	02 CARDIAC CATHETERIZATION LABORATORY	.187515	16,443,928	3,083,483
59	03 ENDOSCOPY	.308436	3,915,221	1,207,595
59	04 OB/GYN IN VITRO	.893272		
59	05 OUTPATIENT PHARMACY	1.655199		
59	06 ELECTROSHOCK THERAPY	.545590		
59	07 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	.318736		
60	OUTPAT SERVICE COST CNTRS CLINIC	.763370	240,937	183,924
61	EMERGENCY	.291855	17,106,503	4,992,618
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	1.258533		
65	AMBULANCE SERVICES			
101	TOTAL		602,341,672	175,315,108
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		602,341,672	

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
30	01 NEURO-ICU			
30	02 CARDIO-THORACIC ICU			
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS		4,277,512	
37	OPERATING ROOM	.348389	4,679	1,630
38	RECOVERY ROOM	.460568		
39	DELIVERY ROOM & LABOR ROOM	1.109262		
40	ANESTHESIOLOGY	.212623	4,345	924
41	RADIOLOGY-DIAGNOSTIC	.194669	129,011	25,114
42	RADIOLOGY-THERAPEUTIC	.270069	35,094	9,478
43	RADIOISOTOPE	.260245	1,671	435
44	LABORATORY	.133802	817,515	109,385
44	01 HLA LAB	.155205		
47	BLOOD STORING, PROCESSING & TRANS.	.256599	4,345	1,115
49	RESPIRATORY THERAPY	.293397	116,979	34,321
50	PHYSICAL THERAPY	.355378	43,784	15,560
51	OCCUPATIONAL THERAPY	.357249	32,420	11,582
52	SPEECH PATHOLOGY	.548629	4,345	2,384
53	ELECTROCARDIOLOGY	.102315	37,433	3,830
54	ELECTROENCEPHALOGRAPHY	.244719	12,366	3,026
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.465947	78,543	36,597
56	DRUGS CHARGED TO PATIENTS	.347630	1,208,558	420,131
57	RENAL DIALYSIS	.265431	30,749	8,162
59	CAT SCAN	.060619	157,754	9,563
59	01 ULTRASOUND	.194462	9,693	1,885
59	02 CARDIAC CATHETERIZATION LABORATORY	.187515	8,021	1,504
59	03 ENDOSCOPY	.308436	7,353	2,268
59	04 OB/GYN IN VITRO	.893272		
59	05 OUTPATIENT PHARMACY	1.655199		
59	06 ELECTROSHOCK THERAPY	.545590	175,803	95,916
59	07 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	.318736	10,695	3,409
60	OUTPAT SERVICE COST CNTRS CLINIC	.763370	2,340	1,786
61	EMERGENCY	.291855	408,758	119,298
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	1.258533		
65	AMBULANCE SERVICES			
101	TOTAL		3,342,254	919,303
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		3,342,254	

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
30	01 NEURO-ICU			
30	02 CARDIO-THORACIC ICU			
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.348389		
38	RECOVERY ROOM	.460568		
39	DELIVERY ROOM & LABOR ROOM	1.109262		
40	ANESTHESIOLOGY	.212623		
41	RADIOLOGY-DIAGNOSTIC	.194669	24,938	4,855
42	RADIOLOGY-THERAPEUTIC	.270069		
43	RADIOISOTOPE	.260245		
44	LABORATORY	.133802	406,052	54,331
44	01 HLA LAB	.155205		
47	BLOOD STORING, PROCESSING & TRANS.	.256599		
49	RESPIRATORY THERAPY	.293397		
50	PHYSICAL THERAPY	.355378	2,191,170	778,694
51	OCCUPATIONAL THERAPY	.357249	2,031,886	725,889
52	SPEECH PATHOLOGY	.548629	265,329	145,567
53	ELECTROCARDIOLOGY	.102315	419	43
54	ELECTROENCEPHALOGRAPHY	.244719		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.465947	224,527	104,618
56	DRUGS CHARGED TO PATIENTS	.347630	1,802,786	626,702
57	RENAL DIALYSIS	.265431		
59	CAT SCAN	.060619		
59	01 ULTRASOUND	.194462		
59	02 CARDIAC CATHETERIZATION LABORATORY	.187515		
59	03 ENDOSCOPY	.308436		
59	04 OB/GYN IN VITRO	.893272		
59	05 OUTPATIENT PHARMACY	1.655199		
59	06 ELECTROSHOCK THERAPY	.545590		
59	07 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	.318736		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.763370		
61	EMERGENCY	.291855		
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.258533		
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		6,947,107	2,440,699
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		6,947,107	

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		23,195,367	
26	INTENSIVE CARE UNIT		3,148,188	
27	CORONARY CARE UNIT		930,434	
29	SURGICAL INTENSIVE CARE UNIT		2,137,676	
30	01 NEURO-ICU		1,573,663	
30	02 CARDIO-THORACIC ICU		672,816	
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.348389	671,415	233,914
38	RECOVERY ROOM	.460568	1,602,083	737,868
39	DELIVERY ROOM & LABOR ROOM	1.109262	947,437	1,050,956
40	ANESTHESIOLOGY	.212623	2,554,300	543,103
41	RADIOLOGY-DIAGNOSTIC	.194669	10,610,064	2,065,451
42	RADIOLOGY-THERAPEUTIC	.270069	715,811	193,318
43	RADIOISOTOPE	.260245	641,155	166,857
44	LABORATORY	.133802	30,789,683	4,119,721
44	01 HLA LAB	.155205	254,392	39,483
47	BLOOD STORING, PROCESSING & TRANS.	.256599	11,235,347	2,882,979
49	RESPIRATORY THERAPY	.293397	6,129,988	1,798,520
50	PHYSICAL THERAPY	.355378	1,037,062	368,549
51	OCCUPATIONAL THERAPY	.357249	624,252	223,013
52	SPEECH PATHOLOGY	.548629	217,471	119,311
53	ELECTROCARDIOLOGY	.102315	4,644,562	475,208
54	ELECTROENCEPHALOGRAPHY	.244719	521,567	127,637
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.465947	35,841,152	16,700,077
56	DRUGS CHARGED TO PATIENTS	.347630	29,281,453	10,179,112
57	RENAL DIALYSIS	.265431	1,449,229	384,670
59	CAT SCAN	.060619	9,059,052	549,151
59	01 ULTRASOUND	.194462	924,141	179,710
59	02 CARDIAC CATHETERIZATION LABORATORY	.187515	1,105,860	207,365
59	03 ENDOSCOPY	.308436	861,194	265,623
59	04 OB/GYN IN VITRO	.893272		
59	05 OUTPATIENT PHARMACY	1.655199		
59	06 ELECTROSHOCK THERAPY	.545590		
59	07 PSYCHIATRIC/PSYCHOLOGICAL SERVICES OUTPAT SERVICE COST CNTRS	.318736	381	121
60	CLINIC	.763370	47,326	36,127
61	EMERGENCY	.291855	8,103,814	2,365,139
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	1.258533	36,372	45,775
65	AMBULANCE SERVICES			
101	TOTAL		159,906,563	46,058,758
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		159,906,563	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 26-0032
 COMPONENT NO: 26-S032
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/25/2010
 WORKSHEET D-4

TITLE XIX

SUBPROVIDER 1

OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
30	01 NEURO-ICU			
30	02 CARDIO-THORACIC ICU			
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS		2,208,906	
37	OPERATING ROOM	.348389	23,667	8,245
38	RECOVERY ROOM	.460568	1,886	869
39	DELIVERY ROOM & LABOR ROOM	1.109262		
40	ANESTHESIOLOGY	.212623	2,640	561
41	RADIOLOGY-DIAGNOSTIC	.194669	72,892	14,190
42	RADIOLOGY-THERAPEUTIC	.270069		
43	RADIOISOTOPE	.260245		
44	LABORATORY	.133802	510,195	68,265
44	01 HLA LAB	.155205		
47	BLOOD STORING, PROCESSING & TRANS.	.256599	2,908	746
49	RESPIRATORY THERAPY	.293397	6,258	1,836
50	PHYSICAL THERAPY	.355378	4,452	1,582
51	OCCUPATIONAL THERAPY	.357249	1,884	673
52	SPEECH PATHOLOGY	.548629	631	346
53	ELECTROCARDIOLOGY	.102315	18,235	1,866
54	ELECTROENCEPHALOGRAPHY	.244719	3,219	788
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.465947	11,376	5,301
56	DRUGS CHARGED TO PATIENTS	.347630	457,236	158,949
57	RENAL DIALYSIS	.265431		
59	CAT SCAN	.060619	86,752	5,259
59	01 ULTRASOUND	.194462	2,660	517
59	02 CARDIAC CATHETERIZATION LABORATORY	.187515		
59	03 ENDOSCOPY	.308436	1,924	593
59	04 OB/GYN IN VITRO	.893272		
59	05 OUTPATIENT PHARMACY	1.655199		
59	06 ELECTROSHOCK THERAPY	.545590	43,120	23,526
59	07 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	.318736	926	295
60	OUTPAT SERVICE COST CNTRS CLINIC	.763370	1,234	942
61	EMERGENCY	.291855	469,230	136,947
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	1.258533		
65	AMBULANCE SERVICES			
101	TOTAL		1,723,325	432,296
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,723,325	

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS			
26	ADULTS & PEDIATRICS			
27	INTENSIVE CARE UNIT			
29	CORONARY CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
30	01 NEURO-ICU			
30	02 CARDIO-THORACIC ICU			
31	SUBPROVIDER			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.348389		
38	RECOVERY ROOM	.460568		
39	DELIVERY ROOM & LABOR ROOM	1.109262		
40	ANESTHESIOLOGY	.212623		
41	RADIOLOGY-DIAGNOSTIC	.194669		
42	RADIOLOGY-THERAPEUTIC	.270069		
43	RADIOISOTOPE	.260245		
44	LABORATORY	.133802		
44	01 HLA LAB	.155205		
47	BLOOD STORING, PROCESSING & TRANS.	.256599		
49	RESPIRATORY THERAPY	.293397	1,603	470
50	PHYSICAL THERAPY	.355378		
51	OCCUPATIONAL THERAPY	.357249		
52	SPEECH PATHOLOGY	.548629		
53	ELECTROCARDIOLOGY	.102315		
54	ELECTROENCEPHALOGRAPHY	.244719		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.465947	14,814	6,903
56	DRUGS CHARGED TO PATIENTS	.347630	3,361	1,168
57	RENAL DIALYSIS	.265431		
59	CAT SCAN	.060619		
59	01 ULTRASOUND	.194462		
59	02 CARDIAC CATHETERIZATION LABORATORY	.187515		
59	03 ENDOSCOPY	.308436		
59	04 OB/GYN IN VITRO	.893272		
59	05 OUTPATIENT PHARMACY	1.655199		
59	06 ELECTROSHOCK THERAPY	.545590		
59	07 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	.318736		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.763370		
61	EMERGENCY	.291855		
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.258533		
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		19,778	8,541
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		19,778	

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	148,623	38	854.35		253	216,151
2	INTENSIVE CARE UNIT		43	1,506.03			
3	CORONARY CARE UNIT	4,084	44	1,626.78		2	3,254
5	SURGICAL INTENSIVE CARE UNIT	3,063	46	1,562.08		2	3,124
6.01	NEURO-ICU	20,101	47.01	1,433.26		10	14,333
6.02	CARDIO-THORACIC ICU	20,420	47.02	1,856.23		10	18,562
7	TOTAL (SUM OF LINES 1-6)	196,291				277	255,424

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	.348389	932,881	325,005
9	RECOVERY ROOM	38	.460568	9,287	4,277
10	DELIVERY ROOM & LABOR ROO	39	1.109262		
11	ANESTHESIOLOGY	40	.212623	253,243	53,845
12	RADIOLOGY-DIAGNOSTIC	41	.194669	1,190,916	231,834
13	RADIOLOGY-THERAPEUTIC	42	.270069		
14	RADIOISOTOPE	43	.260245		
15	LABORATORY	44	.133802	4,465,400	597,479
15.01	HLA LAB	44.01	.155205	18,609,458	2,888,281
18	BLOOD STORING, PROCESSING	47	.256599	206,349	52,949
20	RESPIRATORY THERAPY	49	.293397	48,995	14,375
21	PHYSICAL THERAPY	50	.355378	818	291
22	OCCUPATIONAL THERAPY	51	.357249		
23	SPEECH PATHOLOGY	52	.548629	1,696	930
24	ELECTROCARDIOLOGY	53	.102315	1,087,928	111,311
25	ELECTROENCEPHALOGRAPHY	54	.244719	1,073	263
26	MEDICAL SUPPLIES CHARGED	55	.465947	60,930	28,390
27	DRUGS CHARGED TO PATIENTS	56	.347630	199,498	69,351
28	RENAL DIALYSIS	57	.265431	56,264	14,934
30	CAT SCAN	59	.060619		
30.01	ULTRASOUND	59.01	.194462	1,242	242
30.02	CARDIAC CATHETERIZATION L	59.02	.187515	174,468	32,715
30.03	ENDOSCOPY	59.03	.308436	30,025	9,261
30.04	OB/GYN IN VITRO	59.04	.893272		
30.05	OUTPATIENT PHARMACY	59.05	1.655199		
30.06	ELECTROSHOCK THERAPY	59.06	.545590		
30.07	PSYCHIATRIC/PSYCHOLOGICAL	59.07	.318736		
31	CLINIC	60	.763370		
32	EMERGENCY	61	.291855	4,071	1,188
33	OBSERVATION BEDS (NON-DIS	62	1.258533	21,006	26,437
35	TOTAL (SUM OF LINES 8-34)			27,355,548	4,463,358

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

COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		AVERAGE COST PER DAY	ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS
D		1	2	3
36	ADULTS & PEDIATRICS	2	253	
37	INTENSIVE CARE UNIT	3		
38	CORONARY CARE UNIT	4	2	
40	SURGICAL INTENSIVE CARE UNIT	6	2	
41.01	NEURO-ICU	7.01	10	
41.02	CARDIO-THORACIC ICU	7.02	10	
42	TOTAL (SUM OF LINES 36-41)		277	

COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED		ORGAN ACQUISITION CHARGES	RATIO OF COST TO CHARGES	ORGAN ACQUISITION COSTS
D		1	2	3
43	CLINIC	20		
44	EMERGENCY	4,071		
45	OBSERVATION BEDS (NON-DISTINCT PART)	21,006		
47	TOTAL (SUM OF LINES 43-46)	25,077		

KIDNEY

PART III - SUMMARY OF COSTS AND CHARGES

		C O S T		C H A R G E S	
		PART A 1	PART B 2	PART A 3	PART B 4
48	ROUTINE & ANCILLARY FROM PT 1	4,718,782		27,551,839	
49	INTERNS & RESIDENTS (INPATIENT)				
50	INTERNS & RESIDENTS (OUTPATIENT)				
51	DIRECT ORGAN ACQUISITION	8,036,885		12,672,507	
52	COST OF SERVS OF TEACHING PHYSICIANS				
53	TOTAL (SUM OF LINES 48-52)	12,755,667		40,224,346	
54	TOTAL USABLE ORGANS		203		
55	MEDICARE USABLE ORGANS		118		
56	RATIO MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		0.581281		
57	MEDICARE COST/CHARGES	7,414,627		23,381,648	
58	REVENUE FOR ORGANS SOLD	536,214		536,214	
59	SUBTOTAL (LN 57 MINUS LN 58)	6,878,413		22,845,434	
60	ORGANS FURNISHED PART B				
61	NET ORGAN ACQUISITION COST & CHARGES	6,878,413		22,845,434	

PART IV - STATISTICS

		LI V I N G R E L A T E D 1	C A D A V E R I C 2	R E V E N U E 3
62	ORGANS EXCISED IN PROVIDER (1)	61	10	
63	ORGANS PURCH OTH TRANSPLANT HOSPS(2)			
64	ORGANS PURCH FROM NON-TRANSPLT HOSPS			
65	ORGANS PURCHASED FROM OPOS		132	
66	TOTAL (SUM OF LINES 62-65)	61	142	
67	ORGANS TRANSPLANTED	61	132	12,672,507
68	ORGANS SOLD TO OTHER HOSPITALS			
69	ORGANS SOLD TO OPOS		10	536,214
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)	61	142	

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

LIVER

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

COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		INPATIENT ROUTINE ORGAN CHARGES		PER DIEM COSTS FROM WKST. D-1		ORGAN ACQUISITION DAYS	COST (COL. 2 X COL. 3)
		1	D	2	D-1	3	4
1	ADULTS & PEDIATRICS	35,536	38	854.	35	28	23,922
2	INTENSIVE CARE UNIT	2,042	43	1,506.	03	1	1,506
3	CORONARY CARE UNIT		44	1,626.	78		
5	SURGICAL INTENSIVE CARE UNIT	510	46	1,562.	08		
6.01	NEURO-ICU	14,559	47.01	1,433.	26	7	10,033
6.02	CARDIO-THORACIC ICU		47.02	1,856.	23		
7	TOTAL (SUM OF LINES 1-6)	52,647				36	35,461

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	.348389	25,864	9,011
9	RECOVERY ROOM	38	.460568	14,451	6,656
10	DELIVERY ROOM & LABOR ROO	39	1.109262		
11	ANESTHESIOLOGY	40	.212623	7,677	1,632
12	RADIOLOGY-DIAGNOSTIC	41	.194669	2,476,458	482,090
13	RADIOLOGY-THERAPEUTIC	42	.270069		
14	RADIOISOTOPE	43	.260245		
15	LABORATORY	44	.133802	1,964,802	262,894
15.01	HLA LAB	44.01	.155205		
18	BLOOD STORING, PROCESSING	47	.256599	14,262	3,660
20	RESPIRATORY THERAPY	49	.293397	19,043	5,587
21	PHYSICAL THERAPY	50	.355378		
22	OCCUPATIONAL THERAPY	51	.357249		
23	SPEECH PATHOLOGY	52	.548629	1,515	831
24	ELECTROCARDIOLOGY	53	.102315	1,134,759	116,103
25	ELECTROENCEPHALOGRAPHY	54	.244719	1,073	263
26	MEDICAL SUPPLIES CHARGED	55	.465947	8,296	3,865
27	DRUGS CHARGED TO PATIENTS	56	.347630	66,640	23,166
28	RENAL DIALYSIS	57	.265431	3,588	952
30	CAT SCAN	59	.060619		
30.01	ULTRASOUND	59.01	.194462		
30.02	CARDIAC CATHETERIZATION L	59.02	.187515	76,291	14,306
30.03	ENDOSCOPY	59.03	.308436	113,081	34,878
30.04	OB/GYN IN VITRO	59.04	.893272		
30.05	OUTPATIENT PHARMACY	59.05	1.655199		
30.06	ELECTROSHOCK THERAPY	59.06	.545590		
30.07	PSYCHIATRIC/PSYCHOLOGICAL	59.07	.318736		
31	CLINIC	60	.763370	552	421
32	EMERGENCY	61	.291855	6,728	1,964
33	OBSERVATION BEDS (NON-DIS	62	1.258533	8,728	10,984
35	TOTAL (SUM OF LINES 8-34)			5,943,808	979,263

LIVER

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

COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		AVERAGE COST PER DAY	ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS
D		1	2	3
36	ADULTS & PEDIATRICS	2	28	
37	INTENSIVE CARE UNIT	3	1	
38	CORONARY CARE UNIT	4		
40	SURGICAL INTENSIVE CARE UNIT	6		
41.01	NEURO-ICU	7.01	7	
41.02	CARDIO-THORACIC ICU	7.02		
42	TOTAL (SUM OF LINES 36-41)		36	

COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED		ORGAN ACQUISITION CHARGES	RATIO OF COST TO CHARGES	ORGAN ACQUISITION COSTS
D		1	2	3
43	CLINIC	552 20		
44	EMERGENCY	6,728 21		
45	OBSERVATION BEDS (NON-DISTINCT PART)	8,728 22		
47	TOTAL (SUM OF LINES 43-46)	16,008		

LIVER

PART III - SUMMARY OF COSTS AND CHARGES

	C O S T		C H A R G E S	
	PART A 1	PART B 2	PART A 3	PART B 4
48 ROUTINE & ANCILLARY FROM PT 1	1,014,724		5,996,455	
49 INTERNS & RESIDENTS (INPATIENT)				
50 INTERNS & RESIDENTS (OUTPATIENT)				
51 DIRECT ORGAN ACQUISITION	5,493,759		6,342,655	
52 COST OF SERVS OF TEACHING PHYSICIANS				
53 TOTAL (SUM OF LINES 48-52)	6,508,483		12,339,110	
54 TOTAL USABLE ORGANS		88		
55 MEDICARE USABLE ORGANS		30		
56 RATIO MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		0.340909		
57 MEDICARE COST/CHARGES	2,218,800		4,206,514	
58 REVENUE FOR ORGANS SOLD	182,751		182,751	
59 SUBTOTAL (LN 57 MINUS LN 58)	2,036,049		4,023,763	
60 ORGANS FURNISHED PART B				
61 NET ORGAN ACQUISITION COST & CHARGES	2,036,049		4,023,763	

PART IV - STATISTICS

	LIVING RELATED 1	CADAVERIC 2	REVENUE 3
62 ORGANS EXCISED IN PROVIDER (1)			
63 ORGANS PURCH OTHER TRANSPLANT HOSPS(2)			
64 ORGANS PURCH FROM NON-TRANSPLT HOSPS			
65 ORGANS PURCHASED FROM OPOS		85	
66 TOTAL (SUM OF LINES 62-65)		88	
67 ORGANS TRANSPLANTED		85	6,342,655
68 ORGANS SOLD TO OTHER HOSPITALS			
69 ORGANS SOLD TO OPOS		3	182,751
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)		88	

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

HEART

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

COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		INPATIENT ROUTINE ORGAN CHARGES		PER DIEM COSTS FROM WKST. D-1		ORGAN ACQUISITION DAYS	COST (COL. 2 X COL. 3)
		1	D	2	D-1	3	4
1	ADULTS & PEDIATRICS	4,076	38	854.35		1	854
2	INTENSIVE CARE UNIT		43	1,506.03			
3	CORONARY CARE UNIT	4,084	44	1,626.78		2	3,254
5	SURGICAL INTENSIVE CARE UNIT		170	1,562.08			
6.01	NEURO-ICU	2,116	47.01	1,433.26		1	1,433
6.02	CARDIO-THORACIC ICU		47.02	1,856.23			
7	TOTAL (SUM OF LINES 1-6)	10,446				4	5,541

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	.348389	40,185	14,000
9	RECOVERY ROOM	38	.460568		
10	DELIVERY ROOM & LABOR ROO	39	1.109262		
11	ANESTHESIOLOGY	40	.212623		
12	RADIOLOGY-DIAGNOSTIC	41	.194669	110,782	21,566
13	RADIOLOGY-THERAPEUTIC	42	.270069		
14	RADIOISOTOPE	43	.260245		
15	LABORATORY	44	.133802	561,709	75,158
15.01	HLA LAB	44.01	.155205		
18	BLOOD STORING, PROCESSING	47	.256599	3,687	946
20	RESPIRATORY THERAPY	49	.293397	10,696	3,138
21	PHYSICAL THERAPY	50	.355378		
22	OCCUPATIONAL THERAPY	51	.357249		
23	SPEECH PATHOLOGY	52	.548629		
24	ELECTROCARDIOLOGY	53	.102315	154,744	15,833
25	ELECTROENCEPHALOGRAPHY	54	.244719		
26	MEDICAL SUPPLIES CHARGED	55	.465947	2,770	1,291
27	DRUGS CHARGED TO PATIENTS	56	.347630	5,624	1,955
28	RENAL DIALYSIS	57	.265431		
30	CAT SCAN	59	.060619		
30.01	ULTRASOUND	59.01	.194462	611	119
30.02	CARDIAC CATHETERIZATION L	59.02	.187515	216,762	40,646
30.03	ENDOSCOPY	59.03	.308436	24,105	7,435
30.04	OB/GYN IN VITRO	59.04	.893272		
30.05	OUTPATIENT PHARMACY	59.05	1.655199		
30.06	ELECTROSHOCK THERAPY	59.06	.545590		
30.07	PSYCHIATRIC/PSYCHOLOGICAL	59.07	.318736		
31	CLINIC	60	.763370	64	49
32	EMERGENCY	61	.291855	184	54
33	OBSERVATION BEDS (NON-DIS	62	1.258533		
35	TOTAL (SUM OF LINES 8-34)			1,131,923	182,190

HEART

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

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

COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED		ORGAN ACQUISITION CHARGES	RATIO OF COST TO CHARGES	ORGAN ACQUISITION COSTS
D		1	2	3
43	CLINIC	64	20	
44	EMERGENCY	184	21	
45	OBSERVATION BEDS (NON-DISTINCT PART)		22	
47	TOTAL (SUM OF LINES 43-46)	248		

HEART

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	187,731		1,142,369	
49	INTERNS & RESIDENTS (INPATIENT)				
50	INTERNS & RESIDENTS (OUTPATIENT)				
51	DIRECT ORGAN ACQUISITION	1,710,732		1,629,322	
52	COST OF SERVS OF TEACHING PHYSICIANS				
53	TOTAL (SUM OF LINES 48-52)	1,898,463		2,771,691	
54	TOTAL USABLE ORGANS		23		
55	MEDICARE USABLE ORGANS		8		
56	RATIO MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		0.347826		
57	MEDICARE COST/CHARGES	660,335		964,066	
58	REVENUE FOR ORGANS SOLD	33,202		33,202	
59	SUBTOTAL (LN 57 MINUS LN 58)	627,133		930,864	
60	ORGANS FURNISHED PART B				
61	NET ORGAN ACQUISITION COST & CHARGES	627,133		930,864	

PART IV - STATISTICS

		LIVING RELATED	CADAVERIC	REVENUE
		1	2	3
62	ORGANS EXCISED IN PROVIDER (1)			
63	ORGANS PURCH OTHER TRANSPLANT HOSPS(2)			
64	ORGANS PURCH FROM NON-TRANSPLT HOSPS			
65	ORGANS PURCHASED FROM OPOS			23
66	TOTAL (SUM OF LINES 62-65)			23
67	ORGANS TRANSPLANTED		23	1,629,322
68	ORGANS SOLD TO OTHER HOSPITALS			
69	ORGANS SOLD TO OPOS			33,202
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)		23	

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

LUNG

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

COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		INPATIENT ROUTINE ORGAN CHARGES		PER DIEM COSTS FROM WKST. D-1		ORGAN ACQUISITION DAYS	COST (COL. 2 X COL. 3)
		1	D	2	D-1	3	4
1	ADULTS & PEDIATRICS	160,288	38	854.35		80	68,348
2	INTENSIVE CARE UNIT	16,336	43	1,506.03		9	13,554
3	CORONARY CARE UNIT	6,126	44	1,626.78		2	3,254
5	SURGICAL INTENSIVE CARE UNIT	340	46	1,562.08			
6.01	NEURO-ICU	7,167	47.01	1,433.26		4	5,733
6.02	CARDIO-THORACIC ICU		47.02	1,856.23			
7	TOTAL (SUM OF LINES 1-6)	190,257				95	90,889

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	.348389	4,647	1,619
9	RECOVERY ROOM	38	.460568	3,136	1,444
10	DELIVERY ROOM & LABOR ROO	39	1.109262		
11	ANESTHESIOLOGY	40	.212623	646	137
12	RADIOLOGY-DIAGNOSTIC	41	.194669	806,143	156,931
13	RADIOLOGY-THERAPEUTIC	42	.270069		
14	RADIOISOTOPE	43	.260245		
15	LABORATORY	44	.133802	1,370,502	183,376
15.01	HLA LAB	44.01	.155205		
18	BLOOD STORING, PROCESSING	47	.256599	10,810	2,774
20	RESPIRATORY THERAPY	49	.293397	104,215	30,576
21	PHYSICAL THERAPY	50	.355378		
22	OCCUPATIONAL THERAPY	51	.357249		
23	SPEECH PATHOLOGY	52	.548629	1,803	989
24	ELECTROCARDIOLOGY	53	.102315	191,350	19,578
25	ELECTROENCEPHALOGRAPHY	54	.244719		
26	MEDICAL SUPPLIES CHARGED	55	.465947	15,696	7,314
27	DRUGS CHARGED TO PATIENTS	56	.347630	54,886	19,080
28	RENAL DIALYSIS	57	.265431		
30	CAT SCAN	59	.060619		
30.01	ULTRASOUND	59.01	.194462		
30.02	CARDIAC CATHETERIZATION L	59.02	.187515	781,766	146,593
30.03	ENDOSCOPY	59.03	.308436	24,085	7,429
30.04	OB/GYN IN VITRO	59.04	.893272		
30.05	OUTPATIENT PHARMACY	59.05	1.655199		
30.06	ELECTROSHOCK THERAPY	59.06	.545590		
30.07	PSYCHIATRIC/PSYCHOLOGICAL	59.07	.318736		
31	CLINIC	60	.763370	1,231	940
32	EMERGENCY	61	.291855	1,133	331
33	OBSERVATION BEDS (NON-DIS	62	1.258533	3,204	4,032
35	TOTAL (SUM OF LINES 8-34)			3,375,253	583,143

LUNG

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

COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		AVERAGE COST PER DAY	ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS
D		1	2	3
36	ADULTS & PEDIATRICS	2	80	
37	INTENSIVE CARE UNIT	3	9	
38	CORONARY CARE UNIT	4	2	
40	SURGICAL INTENSIVE CARE UNIT	6		
41.01	NEURO-ICU	7.01	4	
41.02	CARDIO-THORACIC ICU	7.02		
42	TOTAL (SUM OF LINES 36-41)		95	

COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED		ORGAN ACQUISITION CHARGES	RATIO OF COST TO CHARGES	ORGAN ACQUISITION COSTS
D		1	2	3
43	CLINIC	1,231	20	
44	EMERGENCY	1,133	21	
45	OBSERVATION BEDS (NON-DISTINCT PART)	3,204	22	
47	TOTAL (SUM OF LINES 43-46)	5,568		

LUNG

PART III - SUMMARY OF COSTS AND CHARGES

	C O S T		C H A R G E S	
	PART A 1	PART B 2	PART A 3	PART B 4
48 ROUTINE & ANCILLARY FROM PT 1	674,032		3,565,510	
49 INTERNS & RESIDENTS (INPATIENT)				
50 INTERNS & RESIDENTS (OUTPATIENT)				
51 DIRECT ORGAN ACQUISITION	4,857,467		5,008,591	
52 COST OF SERVS OF TEACHING PHYSICIANS				
53 TOTAL (SUM OF LINES 48-52)	5,531,499		8,574,101	
54 TOTAL USABLE ORGANS		57		
55 MEDICARE USABLE ORGANS		18		
56 RATIO MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		0.315789		
57 MEDICARE COST/CHARGES	1,746,787		2,707,607	
58 REVENUE FOR ORGANS SOLD	101,362		101,362	
59 SUBTOTAL (LN 57 MINUS LN 58)	1,645,425		2,606,245	
60 ORGANS FURNISHED PART B				
61 NET ORGAN ACQUISITION COST & CHARGES	1,645,425		2,606,245	

PART IV - STATISTICS

	LIVING RELATED 1	CADAVERIC 2	REVENUE 3
62 ORGANS EXCISED IN PROVIDER (1)			
63 ORGANS PURCH OTHER TRANSPLANT HOSPS(2)			
64 ORGANS PURCH FROM NON-TRANSPLT HOSPS			
65 ORGANS PURCHASED FROM OPOS		57	
66 TOTAL (SUM OF LINES 62-65)		57	
67 ORGANS TRANSPLANTED		57	5,008,591
68 ORGANS SOLD TO OTHER HOSPITALS			
69 ORGANS SOLD TO OPOS			101,362
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)		57	

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

PANCREAS

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

COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		INPATIENT ROUTINE ORGAN CHARGES		PER DIEM COSTS FROM WKST. D-1		ORGAN ACQUISITION DAYS	COST (COL. 2 X COL. 3)
		1	D	2	D-1	3	4
1	ADULTS & PEDIATRICS		38		854.35		
2	INTENSIVE CARE UNIT		43		1,506.03		
3	CORONARY CARE UNIT		44		1,626.78		
5	SURGICAL INTENSIVE CARE UNIT		46		1,562.08		
6.01	NEURO-ICU	924	47.01		1,433.26		
6.02	CARDIO-THORACIC ICU		47.02		1,856.23		
7	TOTAL (SUM OF LINES 1-6)	924					

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	.348389		
9	RECOVERY ROOM	38	.460568	910	419
10	DELIVERY ROOM & LABOR ROO	39	1.109262		
11	ANESTHESIOLOGY	40	.212623		
12	RADIOLOGY-DIAGNOSTIC	41	.194669	1,299	253
13	RADIOLOGY-THERAPEUTIC	42	.270069		
14	RADIOISOTOPE	43	.260245		
15	LABORATORY	44	.133802	13,718	1,835
15.01	HLA LAB	44.01	.155205		
18	BLOOD STORING, PROCESSING	47	.256599	1,760	452
20	RESPIRATORY THERAPY	49	.293397	353	104
21	PHYSICAL THERAPY	50	.355378		
22	OCCUPATIONAL THERAPY	51	.357249		
23	SPEECH PATHOLOGY	52	.548629		
24	ELECTROCARDIOLOGY	53	.102315	1,613	165
25	ELECTROENCEPHALOGRAPHY	54	.244719		
26	MEDICAL SUPPLIES CHARGED	55	.465947	187	87
27	DRUGS CHARGED TO PATIENTS	56	.347630	330	115
28	RENAL DIALYSIS	57	.265431	897	238
30	CAT SCAN	59	.060619		
30.01	ULTRASOUND	59.01	.194462		
30.02	CARDIAC CATHETERIZATION L	59.02	.187515		
30.03	ENDOSCOPY	59.03	.308436		
30.04	OB/GYN IN VITRO	59.04	.893272		
30.05	OUTPATIENT PHARMACY	59.05	1.655199		
30.06	ELECTROSHOCK THERAPY	59.06	.545590		
30.07	PSYCHIATRIC/PSYCHOLOGICAL	59.07	.318736		
31	CLINIC	60	.763370		
32	EMERGENCY	61	.291855	61	18
33	OBSERVATION BEDS (NON-DIS	62	1.258533		
35	TOTAL (SUM OF LINES 8-34)			21,128	3,686

PANCREAS

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

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

COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED		ORGAN ACQUISITION CHARGES	RATIO OF COST TO CHARGES	ORGAN ACQUISITION COSTS
D		1	2	3
43	CLINIC			
				20
44	EMERGENCY			
		61		21
45	OBSERVATION BEDS (NON-DISTINCT PART)			
				22
47	TOTAL (SUM OF LINES 43-46)			
		61		

PANCREAS

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	3,686		22,052	
49	INTERNS & RESIDENTS (INPATIENT)				
50	INTERNS & RESIDENTS (OUTPATIENT)				
51	DIRECT ORGAN ACQUISITION	465,516		535,356	
52	COST OF SERVS OF TEACHING PHYSICIANS				
53	TOTAL (SUM OF LINES 48-52)	469,202		557,408	
54	TOTAL USABLE ORGANS		9		
55	MEDICARE USABLE ORGANS		4		
56	RATIO MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		0.444444		
57	MEDICARE COST/CHARGES	208,534		247,737	
58	REVENUE FOR ORGANS SOLD	13,580		13,580	
59	SUBTOTAL (LN 57 MINUS LN 58)	194,954		234,157	
60	ORGANS FURNISHED PART B				
61	NET ORGAN ACQUISITION COST & CHARGES	194,954		234,157	

PART IV - STATISTICS

		LIVING RELATED	CADAVERIC	REVENUE
		1	2	3
62	ORGANS EXCISED IN PROVIDER (1)			
63	ORGANS PURCH OTH TRANSPLANT HOSPS(2)			
64	ORGANS PURCH FROM NON-TRANSPLT HOSPS			
65	ORGANS PURCHASED FROM OPOS			9
66	TOTAL (SUM OF LINES 62-65)			9
67	ORGANS TRANSPLANTED			9
68	ORGANS SOLD TO OTHER HOSPITALS			535,356
69	ORGANS SOLD TO OPOS			13,580
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)			9

(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.

PROVIDER NO: 26-0032
 COMPONENT NO: 26-0032
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/25/2010
 WORKSHEET E
 PART A

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	127,703,997	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	43,350,074	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1		
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST	11,631,486	
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	4,019,484	
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1		
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	13,135,939	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	1,138.39	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.	563.66	
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)	52.59	
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)	-8.83	
	FOR CR PERIODS ENDING ON OR AFTER 7/1/2005	
	E-3 PT 6 LN 15 PLUS LN 3.06	
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)	607.42	
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	624.23	
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)	607.42	
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE	603.21	
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE	605.39	
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).	605.34	
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)	.531751	
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	.533442	
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19 (SEE INST)	.531751	
3.21 I ME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1	35,458,512	
3.22 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)	12,054,747	
3.23 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	SUM OF LINES 3.21 - 3.23	PLUS E-3, PT VI, LINE 23
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).	47,513,259	47,513,259
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	8.44	
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I	23.63	
4.02 SUM OF LINES 4 AND 4.01	32.07	
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)	15.67	
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	26,804,173	
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, 317 OR MS-DRGS 652, 682 - 685. (SEE INSTRUCTIONS)		
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
26-0032	FROM 1/1/2009	5/25/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET E
26-0032		PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
HOSPITAL

DESCRIPTION	1	1.01
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)		
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	258,507,442	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000)		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	258,507,442	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	19,769,990	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)	20,514,290	
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	331,438	
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST	11,381,974	
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS	2,445,419	
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS	149,936	
16 TOTAL	313,100,489	
17 PRIMARY PAYER PAYMENTS	85,497	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	313,014,992	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	12,227,795	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	1,417,866	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	6,301,415	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	4,410,991	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	4,256,357	
22 SUBTOTAL	303,780,322	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	303,780,322	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	300,208,050	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	3,572,272	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	9,177,000	

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

50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
26-0032	FROM 1/ 1/2009	5/25/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET E
26-0032		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	76,501
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	69,988,049
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	59,585,729
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	68,923
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	76,501
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	256,276
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	256,276
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)	256,276
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	179,775
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	76,501
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	59,654,652
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	179,107
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	13,210,587
19	SUBTOTAL (SEE INSTRUCTIONS)	46,341,459
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	4,795,714
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	51,137,173
24	PRIMARY PAYER PAYMENTS	14,775
25	SUBTOTAL	51,122,398
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	51,122,398
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	51,122,398
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	50,814,925
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	307,473
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	
TO BE COMPLETED BY CONTRACTOR		
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
26-0032	FROM 1/ 1/2009	5/25/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET E
26-S032		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

SUBPROVIDER 1

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	710,058
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	814,790
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	350
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	

COMPUTATION OF LESSER OF COST OR CHARGES

REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	
CUSTOMARY CHARGES		
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	815,140

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	185,760
19	SUBTOTAL (SEE INSTRUCTIONS)	629,380
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	629,380
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	629,380

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	629,380
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	629,380
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	629,030
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	350
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2	

TO BE COMPLETED BY CONTRACTOR

50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)	
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

TITLE XVII HOSPITAL

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		299,362,550		50,764,125
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01	7/22/2009	476,600	7/22/2009	50,800
ADJUSTMENTS TO PROVIDER .02	12/10/2009	368,900		
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99		845,500		50,800
4 TOTAL INTERIM PAYMENTS		300,208,050		50,814,925
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		3,572,272		307,473
7 TOTAL MEDICARE PROGRAM LIABILITY		303,780,322		51,122,398

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:
 SIGNATURE OF AUTHORIZED PERSON: _____
 DATE: ___/___/___

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 26-0032
 COMPONENT NO: 26-S032
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/25/2010
 WORKSHEET E-1

TITLE XVII SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		4,279,330		629,030
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS		NONE		NONE
TO BE COMPLETED BY INTERMEDIARY		4,279,330		629,030
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		NONE		NONE
SETTLEMENT TO PROVIDER		24,588		350
SETTLEMENT TO PROGRAM		.02		
7 TOTAL MEDICARE PROGRAM LIABILITY		4,303,918		629,380

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 26-0032
 COMPONENT NO: 26-5439
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/25/2010
 WORKSHEET E-1

TITLE XVIII SNF

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		4,844,216		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01				
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
SUBTOTAL .99				
4 TOTAL INTERIM PAYMENTS		4,844,216		NONE
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
SUBTOTAL .99				
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		13,354		NONE
7 TOTAL MEDICARE PROGRAM LIABILITY		4,857,570		

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
26-0032	FROM 1/ 1/2009	5/25/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET E-3
26-S032		PART I

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

16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	4,303,918
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	4,279,330
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	24,588
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.

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO: 26-0032
 COMPONENT NO: 26-5439
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/25/2010
 WORKSHEET E-3
 PART III

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

	TITLE XVIII	SNF	PPS TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2
1	COMPUTATION OF NET COST OF COVERED SERVICE			
2	INPATIENT HOSPITAL/SNF/NF SERVICES			
3	MEDICAL AND OTHER SERVICES			
4	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
5	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
6	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
7	SUBTOTAL			
8	INPATIENT PRIMARY PAYER PAYMENTS			1
9	OUTPATIENT PRIMARY PAYER PAYMENTS			
	SUBTOTAL			-1
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES			
11	ANCILLARY SERVICE CHARGES			
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES			
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
19	RATIO OF LINE 17 TO LINE 18			
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			1
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES			-1
	PROSPECTIVE PAYMENT AMOUNT			
24	OTHER THAN OUTLIER PAYMENTS			5,444,654
25	OUTLIER PAYMENTS			
26	PROGRAM CAPITAL PAYMENTS			
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS			2,064
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			2,267
30	SUBTOTAL			5,448,984
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30			5,448,984
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL			5,448,984
36	COINSURANCE			613,566
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			30,005
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			3,829
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			22,152
39	UTILIZATION REVIEW			
40	SUBTOTAL (SEE INSTRUCTIONS)			4,857,570
41	INPATIENT ROUTINE SERVICE COST			
42	MEDICARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
45	RATIO OF LINE 43 TO 44			
46	TOTAL CUSTOMARY CHARGES			
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
50	OTHER ADJUSTMENTS (SPECIFY)			
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
52	SUBTOTAL			4,857,570
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER			4,857,570
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS			4,844,216
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM			13,354

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
26-0032	FROM 1/ 1/2009	5/25/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET E-3
26-5439		PART III

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

TITLE XVIII

SNF

PPS
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
26-0032	FROM 1/ 1/2009	5/25/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET E-3
-		PART III

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

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
26-0032	FROM 1/ 1/2009	5/25/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET E-3
-		PART III

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

TITLE XIX

HOSPITAL

OTHER
 TITLE V OR
 TITLE XIX
 1

TITLE XVIII
 SNF PPS
 2

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
26-0032	FROM 1/ 1/2009	5/25/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET E-3
26-S032		PART III

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

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
26-0032	FROM 1/ 1/2009	5/25/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET E-3
26-S032		PART III

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

TITLE XIX

SUBPROVIDER 1

OTHER
 TITLE V OR
 TITLE XIX
 1

TITLE XVIII
 SNF PPS
 2

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
26-0032	FROM 1/ 1/2009	5/25/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET E-3
26-5439		PART III

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

	TITLE XIX	NF	OTHER TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES			
			712,481	
2	MEDICAL AND OTHER SERVICES			
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL			
			712,481	
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL			
			712,481	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES			
			431,596	
11	ANCILLARY SERVICE CHARGES			
			19,778	
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES			
			451,374	
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
19	RATIO OF LINE 17 TO LINE 18			
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
			451,374	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES			
			261,107	
			712,481	
	PROSPECTIVE PAYMENT AMOUNT			
24	OTHER THAN OUTLIER PAYMENTS			
25	OUTLIER PAYMENTS			
26	PROGRAM CAPITAL PAYMENTS			
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
30	SUBTOTAL			
			712,481	
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30			
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
			712,481	
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
			261,107	
35	SUBTOTAL			
			451,374	
36	COINSURANCE			
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
39	UTILIZATION REVIEW			
40	SUBTOTAL (SEE INSTRUCTIONS)			
			451,374	
41	INPATIENT ROUTINE SERVICE COST			
42	MEDICARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
45	RATIO OF LINE 43 TO 44			
46	TOTAL CUSTOMARY CHARGES			
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
50	OTHER ADJUSTMENTS (SPECIFY)			
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
52	SUBTOTAL			
			451,374	
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
			451,374	
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS			
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM			
			-34,127	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
26-0032	FROM 1/ 1/2009	5/25/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET E-3
26-5439		PART III

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

TITLE XIX

NF

OTHER
 TITLE V OR
 TITLE XIX
 1

TITLE XVIII
 SNF PPS
 2

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

TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)		
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY		
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)		
3	AGGREGATE APPROVED AMOUNT		
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96		584.03
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)		52.59
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4).	E-3, PT 6 LN 4 + LINE 3.03	-7.51
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)	-7.51	629.11
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		632.86
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		629.11
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		163.92
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.		396.50
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		560.42
3.10	SEE INSTRUCTIONS		557.10
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		394.15
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		395.73
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		388.90
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	392.93
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)		392.93
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		108,075.64
3.18	SEE INSTRUCTIONS		42,466,161
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		162.43
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		159.92
3.21	SEE INSTRUCTIONS	RES INIT YEARS	161.77
3.22	SEE INSTRUCTIONS		161.77
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		114,134.85
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		18,463,595
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		60,929,756

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		111,479
5	TOTAL INPATIENT DAYS		290,164
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.384193
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	23,408,786	23,408,786
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		10,544
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		290,164
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.		1,901,218
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)		
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	PRIOR TO 422 E-3, 6 LN 12	100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD		

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

7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS		1,039
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES		15,000,585
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES		.000069

TITLE XVIII

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)	291,684,876
13	ORGAN ACQUISITION COSTS	11,381,974
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	85,498
16	TOTAL PART A REASONABLE COST	302,981,352

PART B REASONABLE COST

17	REASONABLE COST	70,843,881
18	PRIMARY PAYER PAYMENTS	14,775
19	TOTAL PART B REASONABLE COST	70,829,106
20	TOTAL REASONABLE COST	373,810,458
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.810521
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.189479

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

23	TOTAL PROGRAM GME PAYMENT	
23.01	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 10/1/97 (SUM OF LINES 6.01, 6.05, & 6.08)	25,310,004
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	20,514,290
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	4,795,714

TITLE XIX

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)		
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY		
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)		
3	AGGREGATE APPROVED AMOUNT		
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96		584.03
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)		52.59
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4).	E-3, PT 6 LN 4 + LINE 3.03	-7.51
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)		629.11
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		632.86
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		629.11
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		163.92
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.		396.50
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		560.42
3.10	SEE INSTRUCTIONS		557.10
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		394.15
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		395.73
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		388.90
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	392.93
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)		392.93
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		108,075.64
3.18	SEE INSTRUCTIONS		42,466,161
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		162.43
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		159.92
3.21	SEE INSTRUCTIONS	RES INIT YEARS	161.77
3.22	SEE INSTRUCTIONS		161.77
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		114,134.85
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		18,463,595
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		60,929,756

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		35,560
5	TOTAL INPATIENT DAYS		290,164
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.122551
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	7,467,003	7,467,003
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		33,386
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		290,164
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.		6,019,931
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
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES

TITLE XIX

- 10 MEDICARE OUTPATIENT ESRD CHARGES
- 11 MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS

APPORTIONMENT BASED ON MEDICARE REASONABLE COST TITLE XVIII ONLY

PART A REASONABLE COST

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

PART B REASONABLE COST

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

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

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

13,486,934

	GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS				
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	444,484,446			
5 OTHER RECEIVABLES				
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-250,029,350			
7 INVENTORY	38,892,880			
8 PREPAID EXPENSES	3,925,888			
9 OTHER CURRENT ASSETS				
10 DUE FROM OTHER FUNDS	8,991,768			
11 TOTAL CURRENT ASSETS	246,265,632			
FIXED ASSETS				
12 LAND	20,778,762			
12.01 LAND IMPROVEMENTS	7,859,972			
13.01 LESS ACCUMULATED DEPRECIATION	-5,062,408			
14 BUILDINGS	536,750,292			
14.01 LESS ACCUMULATED DEPRECIATION	-167,052,572			
15 LEASEHOLD IMPROVEMENTS	16,432,916			
15.01 LESS ACCUMULATED DEPRECIATION	-12,685,225			
16 FIXED EQUIPMENT	628,469,882			
16.01 LESS ACCUMULATED DEPRECIATION	-401,197,543			
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT	383,895,995			
18.01 LESS ACCUMULATED DEPRECIATION	-298,206,217			
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	709,983,854			
OTHER ASSETS				
22 INVESTMENTS	8,609,097			
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	1329,440,227			
26 TOTAL OTHER ASSETS	1338,049,324			
27 TOTAL ASSETS	2294,298,810			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	29,096,304			
29 SALARIES, WAGES & FEES PAYABLE	60,017,759			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	9,276,887			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	792,302,363			
35 OTHER CURRENT LIABILITIES	1,697,008			
36 TOTAL CURRENT LIABILITIES	892,390,321			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	76,353,705			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	103,720,032			
42 TOTAL LONG-TERM LIABILITIES	180,073,737			
43 TOTAL LIABILITIES	1072,464,058			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	1221,834,752			
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	1221,834,752			
52 TOTAL LIABILITIES AND FUND BALANCES	2294,298,810			

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		937,560,462		
2	NET INCOME (LOSS)		284,278,027		
3	TOTAL		1,221,838,489		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		1,221,838,489		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14	CHANGE IN 2008 ENDING BAL	3,737			
15					
16					
17					
18	TOTAL DEDUCTIONS		3,737		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		1,221,834,752		

		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	CHANGE IN 2008 ENDING BAL				
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	200,118,563		200,118,563
2 00 SUBPROVIDER	9,271,158		9,271,158
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY	8,035,631		8,035,631
7 00 NURSING FACILITY	635,046		635,046
8 00 OTHER LONG TERM CARE	2,906,776		2,906,776
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	220,967,174		220,967,174
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	19,301,414		19,301,414
11 00 CORONARY CARE UNIT	8,705,794		8,705,794
13 00 SURGICAL INTENSIVE CARE UNIT	15,799,996		15,799,996
14 01 NEURO-ICU	13,547,629		13,547,629
14 02 CARDIO-THORACIC ICU	13,573,679		13,573,679
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	70,928,512		70,928,512
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	291,895,686		291,895,686
17 00 ANCILLARY SERVICES	1605,252,919	1052,100,514	2657,353,433
18 00 OUTPATIENT SERVICES	49,397,734	88,279,103	137,676,837
20 00 AMBULANCE SERVICES			
24 00			
25 00 TOTAL PATIENT REVENUES	1946,546,339	1140,379,617	3086,925,956

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES		1270,311,774	
ADD (SPECIFY)			
27 00 ADD (SPECIFY)			
28 00 BAD DEBTS	48,104,899		
29 00			
30 00			
31 00			
32 00			
33 00 TOTAL ADDITIONS		48,104,899	
DEDUCT (SPECIFY)			
34 00 DEDUCT (SPECIFY)			
35 00 PARKVIEW AUZILLARY	1,096,053		
36 00 VISION CENTER	878,452		
37 00 PLAZA AUZILLARY	1,576,559		
38 00 ROUNDING	1		
39 00 TOTAL DEDUCTIONS		3,551,065	
40 00 TOTAL OPERATING EXPENSES		1314,865,608	

STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 26-0032
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/25/2010
 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	3086,925,956
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	1763,934,066
3	NET PATIENT REVENUES	1322,991,890
4	LESS: TOTAL OPERATING EXPENSES	1314,865,608
5	NET INCOME FROM SERVICE TO PATIENTS	8,126,282
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	1,153,913
7	INCOME FROM INVESTMENTS	236,090,637
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	3,135,920
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	12,452,575
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	1,085,405
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	1,023,962
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	12,991,642
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	6,975,595
21	RENTAL OF VENDING MACHINES	881
22	RENTAL OF HOSPITAL SPACE	133,560
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER	1,119,405
25	TOTAL OTHER INCOME	276,163,495
26	TOTAL	284,289,777
	OTHER EXPENSES	
27	LOSS ON SALE OF ASSETS	11,750
28		
29		
30	TOTAL OTHER EXPENSES	11,750
31	NET INCOME (OR LOSS) FOR THE PERIOD	284,278,027

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED
26-0032	FROM 1/ 1/2009	5/25/2010
COMPONENT NO:	TO 12/31/2009	WORKSHEET
26-0032		PARTS I-IV

FULLY PROSPECTIVE METHOD

TITLE XVIII, PART A HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	14,008,168
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	1,296,018
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	760.93
	IN THE COST REPORTING PERIOD	
4 .01	NUMBER OF INTERNS AND RESIDENTS	605.34
	(SEE INSTRUCTIONS)	
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	25.17
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	3,525,856
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	8.44
	MEDICARE PART A PATIENT DAYS	
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	23.63
	DAYS REPORTED ON S-3, PART I	
5 .02	SUM OF 5 AND 5.01	32.07
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	6.71
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	939,948
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	19,769,990
PART II - HOLD HARMLESS METHOD		
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III - PAYMENT UNDER REASONABLE COST		
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV - COMPUTATION OF EXCEPTION PAYMENTS		
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	