

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

FORM APPROVED
 OMB NO. 0938-0050

WORKSHEET S
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		26-3301		FROM 1/ 1/2009		--AUDITED --DESK REVIEW		/ /
				TO 12/31/2009		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 5/25/2010 TIME 14:50

PART I - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:
 ST. LOUIS CHILDREN'S HOSPITAL 26-3301
 FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2009 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	
1	HOSPITAL	0	236,930	241,646	12,293,126	
100	TOTAL	0	236,930	241,646	12,293,126	

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

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

HOSPITAL RENAL DIALYSIS DEPARTMENT
STATISTICAL DATA

PROVIDER NO: 26-3301
SATELLITE NO:
PERIOD: FROM 1/1/2009 TO 12/31/2009
PREPARED 5/25/2010
WORKSHEET S-5

DESCRIPTION	----- OUTPATIENT -----		----- TRAINING -----		----- HOME -----	
	REGULAR 1	HIGH FLUX 2	HEMO- DIALYSIS 3	CAPD CCPD 4	HEMO- DIALYSIS 5	CAPD CCPD 6
1 NUMBER OF PATIENTS IN PROGRAM AT END OF COST REPORTING PERIOD	7					4
2 NUMBER OF TIMES PER WEEK PATIENT RECEIVES DIALYSIS	3.00					7.00
3 AVERAGE PATIENT DIALYSIS TIME INCLUDING SETUP	4.20					
4 CAPD EXCHANGES PER DAY						5.00
5 NUMBER OF DAYS IN YEAR DIALYSIS FURNISHED	365					
6 NUMBER OF STATIONS	5			3		
7 TREATMENT CAPACITY PER DAY PER STATION	2					
8 UTILIZATION (SEE INSTRUCTIONS)						
9 AVERAGE TIMES DIALYZERS RE-USED						
10 PERCENTAGE OF PATIENTS RE-USING DIALYZERS						
TRANSPLANT INFORMATION						
11 NUMBER OF PATIENTS ON TRANSPLANT LIST	6					
12 NUMBER OF PATIENTS TRANSPLANTED DURING THE COST REPORTING PERIOD	1					
EPOIETIN						
13 NET COSTS OF EPOIETIN FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER	75,161					
13 . 1 EPOIETIN AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM						
14 NUMBER OF EPO UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT	172					
14 . 1 NUMBER OF EPO UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT						
PHYSICIAN PAYMENT METHOD (ENTER "X" IF METHOD(S) IS APPLICABLE)						
15 MCP [X] INITIAL METHOD []						
ARANESP						
16 NET COSTS OF ARANESP FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER						
17 ARANESP AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM						
18 NUMBER OF ARANESP UNITS FURNISHED RELATING TO RENAL DIALYSIS DEPARTMENT						
19 NUMBER OF ARANESP UNITS FURNISHED RELATING TO HOME DIALYSIS DEPARTMENT						

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 26-3301

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
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT				12,622,339	12,622,339
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				20,069,573	20,069,573
5	0500 EMPLOYEE BENEFITS	3,848,005	25,943,020	29,791,025	-1,186,697	28,604,328
6.01	0640 ADMITTING	877,010	202,588	1,079,598	564	1,080,162
6.02	0660 OTHER ADMINISTRATIVE AND GENERAL	19,977,039	111,927,856	131,904,895	-65,307,461	66,597,434
7	0700 MAINTENANCE & REPAIRS	321,921	1,114,197	1,436,118	-528,710	907,408
8	0800 OPERATION OF PLANT	1,729,749	3,493,835	5,223,584	-601,693	4,621,891
9	0900 LAUNDRY & LINEN SERVICE		175,402	175,402		175,402
10	1000 HOUSEKEEPING	2,845,864	1,190,359	4,036,223	76,340	4,112,563
11	1100 DIETARY				594,839	594,839
12	1200 CAFETERIA	2,348,844	3,814,086	6,162,930	599,196	6,762,126
14	1400 NURSING ADMINISTRATION	4,006,958	978,047	4,985,005	106,059	5,091,064
15	1500 CENTRAL SERVICES & SUPPLY				3,688,946	3,688,946
16	1600 PHARMACY				13,182,409	13,182,409
17	1700 MEDICAL RECORDS & LIBRARY	1,919,826	637,774	2,557,600	44,338	2,601,938
18	1800 SOCIAL SERVICE	1,242,377	232,328	1,474,705	27,761	1,502,466
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD INPAT ROUTINE SRVC CNTRS	5,022,789	3,670,613	8,693,402	33,916,295	42,609,697
25	2500 ADULTS & PEDIATRICS	17,571,858	6,010,946	23,582,804	-1,406,134	22,176,670
26	2600 INTENSIVE CARE UNIT	9,422,427	2,846,225	12,268,652	219,243	12,487,895
26.01	2601 NICU ANCILLARY SRVC COST CNTRS	15,100,876	2,972,819	18,073,695	364,121	18,437,816
37	3700 OPERATING ROOM	6,213,642	18,933,819	25,147,461	-13,830,678	11,316,783
38	3800 RECOVERY ROOM	1,093,634	150,102	1,243,736	481,726	1,725,462
40	4000 ANESTHESIOLOGY		2,994,886	2,994,886	-1,032,720	1,962,166
41	4100 RADIOLOGY-DIAGNOSTIC	3,251,882	1,446,050	4,697,932	57,258	4,755,190
44	4400 LABORATORY	4,428,343	8,822,644	13,250,987	-691,390	12,559,597
47	4700 BLOOD STORING, PROCESSING & TRANS.	425,426	2,522,065	2,947,491	-50,249	2,897,242
49	4900 RESPIRATORY THERAPY	3,090,646	2,400,571	5,491,217	-1,374,673	4,116,544
50	5000 PHYSICAL THERAPY	4,364,791	832,641	5,197,432	-24,973	5,172,459
53	5300 ELECTROCARDIOLOGY		1,602,453	1,602,453	235	1,602,688
54	5400 ELECTROENCEPHALOGRAPHY	307,638	274,158	581,796	5,999	587,795
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	828,065	3,304,821	4,132,886	5,056,744	9,189,630
55.01	5501 DEVICES AND IMPLANTS				8,902,505	8,902,505
56	5600 DRUGS CHARGED TO PATIENTS	5,679,675	17,520,362	23,200,037	-13,047,473	10,152,564
57	5700 RENAL DIALYSIS	442,281	295,831	738,112	106,119	844,231
59	3120 CARDIAC CATHETERIZATION LABORATORY OUTPAT SERVICE COST CNTRS	740,044	1,704,030	2,444,074	-1,292,836	1,151,238
60	6000 CLINIC	4,767,631	2,483,371	7,251,002	294,365	7,545,367
61	6100 EMERGENCY	4,804,654	3,310,814	8,115,468	-187,312	7,928,156
62	6200 OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS					
65	6500 AMBULANCE SERVICES	1,931,958	1,667,447	3,599,405	80,280	3,679,685
68	5950 SAME DAY SURGERY SPEC PURPOSE COST CENTERS	1,900,513	486,887	2,387,400	62,782	2,450,182
82	8200 LUNG ACQUISITION				1,069,668	1,069,668
83	8300 KIDNEY ACQUISITION		243,218	243,218		243,218
84	8400 LIVER ACQUISITION				530,246	530,246
85	8500 HEART ACQUISITION				1,319,396	1,319,396
86	8600 OTHER ORGAN ACQUISITION		3,861,976	3,861,976	-2,919,310	942,666
95	SUBTOTALS	130,506,366	240,068,241	370,574,607	-2,963	370,571,644
96	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
100	7950 OTHER NONREIMBURSABLE COST CENTERS	547,491	222,679	770,170	2,963	773,133
101	TOTAL	131,053,857	240,290,920	371,344,777	-0-	371,344,777

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 26-3301
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	-2,352,170	10,270,169
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	-819,574	19,249,999
5	0500 EMPLOYEE BENEFITS	2,387,294	30,991,622
6.01	0640 ADMITTING	-5,312	1,074,850
6.02	0660 OTHER ADMINISTRATIVE AND GENERAL	3,203,435	69,800,869
7	0700 MAINTENANCE & REPAIRS	-5,707	901,701
8	0800 OPERATION OF PLANT		4,621,891
9	0900 LAUNDRY & LINEN SERVICE		175,402
10	1000 HOUSEKEEPING	-42,122	4,070,441
11	1100 DIETARY		594,839
12	1200 CAFETERIA	-4,265,473	2,496,653
14	1400 NURSING ADMINISTRATION	-69,153	5,021,911
15	1500 CENTRAL SERVICES & SUPPLY		3,688,946
16	1600 PHARMACY		13,182,409
17	1700 MEDICAL RECORDS & LIBRARY	-364,158	2,237,780
18	1800 SOCIAL SERVICE	-5,317	1,497,149
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD	-3,045,128	39,564,569
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-644,329	21,532,341
26	2600 INTENSIVE CARE UNIT	-63,353	12,424,542
26.01	2601 NICU	-62,673	18,375,143
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-183,646	11,133,137
38	3800 RECOVERY ROOM		1,725,462
40	4000 ANESTHESIOLOGY	-1,474,949	487,217
41	4100 RADIOLOGY-DIAGNOSTIC	-97,791	4,657,399
44	4400 LABORATORY	-685,036	11,874,561
47	4700 BLOOD STORING, PROCESSING & TRANS.		2,897,242
49	4900 RESPIRATORY THERAPY	-5,392	4,111,152
50	5000 PHYSICAL THERAPY	-70,705	5,101,754
53	5300 ELECTROCARDIOLOGY		1,602,688
54	5400 ELECTROENCEPHALOGRAPHY		587,795
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	-360	9,189,270
55.01	5501 DEVICES AND IMPLANTS		8,902,505
56	5600 DRUGS CHARGED TO PATIENTS	-482,251	9,670,313
57	5700 RENAL DIALYSIS	-120	844,111
59	3120 CARDIAC CATHETERIZATION LABORATORY	-90,027	1,061,211
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC	-669,532	6,875,835
61	6100 EMERGENCY	-1,418,120	6,510,036
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
65	6500 AMBULANCE SERVICES	-518,120	3,161,565
68	5950 SAME DAY SURGERY		2,450,182
	SPEC PURPOSE COST CENTERS		
82	8200 LUNG ACQUISITION		1,069,668
83	8300 KIDNEY ACQUISITION		243,218
84	8400 LIVER ACQUISITION		530,246
85	8500 HEART ACQUISITION		1,319,396
86	8600 OTHER ORGAN ACQUISITION		942,666
95	SUBTOTALS	-11,849,789	358,721,855
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		773,133
100	7950 OTHER NONREIMBURSABLE COST CENTERS		
101	TOTAL	-11,849,789	359,494,988

COST CENTERS USED IN COST REPORT

PROVIDER NO: 26-3301
 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
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	ADMINISTRATIVE	0640	ADMINISTRATIVE
6.02	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
26.01	NICU	2601	INTENSIVE CARE UNIT
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
55.01	DEVICES AND IMPLANTS	5501	MEDICAL SUPPLIES CHARGED TO PATIENTS
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
59	CARDIAC CATHETERIZATION LABORATORY	3120	CARDIAC CATHETERIZATION LABORATORY
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
68	SAME DAY SURGERY	5950	OTHER REIMBURSABLE COST CENTERS
	SPEC PURPOSE COST CE		
82	LUNG ACQUISITION	8200	
83	KIDNEY ACQUISITION	8300	
84	LIVER ACQUISITION	8400	
85	HEART ACQUISITION	8500	
86	OTHER ORGAN ACQUISITION	8600	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
100	OTHER NONREIMBURSABLE COST CENTERS	7950	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO:
263301

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

PREPARED 5/25/2010
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 RENTAL EXPENSE	A	NEW CAP REL COSTS-MVBLE EQUIP	4		2,738,016
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26 MALPRACTICE INSURANCE	B	OTHER ADMINISTRATIVE AND GENERAL	6.02		333,139
27					
28					
29 PROPERTY INSURANCE	C	NEW CAP REL COSTS-BLDG & FIXT	3		288,772
30		NEW CAP REL COSTS-MVBLE EQUIP	4		83,622
31 AUTO INSURANCE	D	OTHER ADMINISTRATIVE AND GENERAL	6.02		6,000
32 INTEREST EXPENSE	E	NEW CAP REL COSTS-BLDG & FIXT	3		2,257,537
33		NEW CAP REL COSTS-MVBLE EQUIP	4		786,600
34 DEPRECIATION	F	NEW CAP REL COSTS-BLDG & FIXT	3		10,076,030
35		NEW CAP REL COSTS-MVBLE EQUIP	4		16,461,335
1 ORGAN ACQUISITION COST	G	LUNG ACQUISITION	82		1,069,668
2		LIVER ACQUISITION	84		530,246
3		HEART ACQUISITION	85		1,319,396
4 INFECTION SURVEILLANCE	H	INTENSIVE CARE UNIT	26	30,558	12,786
5		NICU	26.01	71,311	29,838
6 LIBRARY	I	INTENSIVE CARE UNIT	26		17,512
7		NICU	26.01		40,866
8 CENTRAL SERVICE	J	CENTRAL SERVICES & SUPPLY	15	828,065	2,860,881
9 PHARMACY	K	PHARMACY	16	5,679,675	7,502,734
10 TEACHING SERVICE	L	I&R SERVICES-SALARY & FRINGES APPRVD	22		33,917,305
11 TELEPHONE	M	OTHER ADMINISTRATIVE AND GENERAL	6.02		35,327
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					

RECLASSIFICATIONS

PROVIDER NO:
263301

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

PREPARED 5/25/2010
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE		SALARY 4	OTHER 5
			LINE NO 3			
1 TELEPHONE	M					
2						
3						
4						
5 DIETARY	N	DIETARY	11		226,708	368,131
6 MAINTENANCE & OPERATIONS	O	OTHER ADMINISTRATIVE AND GENERAL	6.02		769,072	417,658
7						
8 PATIENT SERVICE SUPPLIES	P	MEDICAL SUPPLIES CHARGED TO PATIENTS	55			10,381,167
9		AMBULANCE SERVICES	65			52,458
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21 BURN PATIENTS	Q	CLINIC	60			542,514
22 EXTENDED RECOVERY	R	RECOVERY ROOM	38			433,423
23 ETO POLICY CHANGE	S	EMPLOYEE BENEFITS	5		13,941	
24		ADMITTING	6.01		17,072	
25		MAINTENANCE & REPAIRS	7		25,240	
26		OPERATION OF PLANT	8		46,885	
27		HOUSEKEEPING	10		76,589	
28		CAFETERIA	12		58,651	
29		NURSING ADMINISTRATION	14		125,604	
30		MEDICAL RECORDS & LIBRARY	17		54,329	
31		SOCIAL SERVICE	18		31,808	
32		ADULTS & PEDIATRICS	25		462,487	
33		INTENSIVE CARE UNIT	26		223,209	
34		NICU	26.01		438,727	
35		OPERATING ROOM	37		189,068	
1 ETO POLICY CHANGE	S	RECOVERY ROOM	38		45,022	
2		RADIOLOGY-DIAGNOSTIC	41		90,025	
3		LABORATORY	44		147,667	
4		BLOOD STORING, PROCESSING & TRANS.	47		4,901	
5		RESPIRATORY THERAPY	49		82,264	
6		PHYSICAL THERAPY	50		124,518	
7		ELECTROENCEPHALOGRAPHY	54		7,519	
8		MEDICAL SUPPLIES CHARGED TO PATIENTS	55		27,815	
9		DRUGS CHARGED TO PATIENTS	56		157,588	
10		RENAL DIALYSIS	57		12,241	
11		CARDIAC CATHETERIZATION LABORATORY	59		21,325	
12		CLINIC	60		123,291	
13		EMERGENCY	61		129,044	
14		AMBULANCE SERVICES	65		46,958	
15		SAME DAY SURGERY	68		69,098	
16		OTHER NONREIMBURSABLE COST CENTERS	100		5,800	
17 FAMILY CENTER CARE	T	INTENSIVE CARE UNIT	26		8,427	6,071
18		NICU	26.01		19,666	14,169
19 CAFETERIA DISCOUNT	U	CAFETERIA	12			1,144,149
20 NONBILLABLE PHARMACY	V	DRUGS CHARGED TO PATIENTS	56			359,213
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						

RECLASSIFICATIONS

PROVIDER NO:
263301

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 NONBILLABLE PHARMACY	V				
2					
3					
4 EPOETIN	W	RENAL DIALYSIS	57		94,743
5 BILLABLE PHARMACY	X	DRUGS CHARGED TO PATIENTS	56		136,808
6					
7					
8					
9					
10 AFFILIATE BILLING	Y	OPERATING ROOM	37		261,862
11		RECOVERY ROOM	38		3,569
12		ANESTHESIOLOGY	40		16,068
13		RADIOLOGY-DIAGNOSTIC	41		169,047
14		RESPIRATORY THERAPY	49		2,234
15		ELECTROCARDIOLOGY	53		235
16		MEDICAL SUPPLIES CHARGED TO PATIENTS	55		146,541
17		DEVICES AND IMPLANTS	55.01		17,990
18		DRUGS CHARGED TO PATIENTS	56		57,690
19 IMPLANTABLE DEVICES	Z	DEVICES AND IMPLANTS	55.01		8,884,515
20					
21					
22					
23					
24					
25					
36 TOTAL RECLASSIFICATIONS				10,492,168	103,877,865

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

RECLASSIFICATIONS

PROVIDER NO:
263301

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

PREPARED 5/25/2010
WORKSHEET A-6

----- DECREASE -----						A-7
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER	REF
	1	6	7	8	9	10
1 RENTAL EXPENSE	A	EMPLOYEE BENEFITS	5		2,685	10
2		ADMINISTRATIVE	6.01		14,358	
3		OTHER ADMINISTRATIVE AND GENERAL	6.02		87,712	
4		MAINTENANCE & REPAIRS	7		15,457	
5		HOUSEKEEPING	10		172	
6		CAFETERIA	12		8,275	
7		NURSING ADMINISTRATION	14		17,125	
8		MEDICAL RECORDS & LIBRARY	17		3,426	
9		SOCIAL SERVICE	18		2,712	
10		ADULTS & PEDIATRICS	25		22,453	
11		INTENSIVE CARE UNIT	26		72,337	
12		NICU	26.01		30,297	
13		OPERATING ROOM	37		162,678	
14		RADIOLOGY-DIAGNOSTIC	41		9,402	
15		LABORATORY	44		6,934	
16		RESPIRATORY THERAPY	49		58,066	
17		PHYSICAL THERAPY	50		10,548	
18		ELECTROENCEPHALOGRAPHY	54		392	
19		MEDICAL SUPPLIES CHARGED TO PATIENTS	55		1,689,865	
20		DRUGS CHARGED TO PATIENTS	56		481,081	
21		CARDIAC CATHETERIZATION LABORATORY	59		763	
22		CLINIC	60		25,214	
23		EMERGENCY	61		10,294	
24		SAME DAY SURGERY	68		3,370	
25		OTHER NONREIMBURSABLE COST CENTERS	100		2,400	
26 MALPRACTICE INSURANCE	B	EMERGENCY	61		302,078	
27		AMBULANCE SERVICES	65		12,600	
28		CLINIC	60		18,461	
29 PROPERTY INSURANCE	C	OTHER ADMINISTRATIVE AND GENERAL	6.02		372,394	10
30						10
31 AUTO INSURANCE	D	AMBULANCE SERVICES	65		6,000	
32 INTEREST EXPENSE	E	OTHER ADMINISTRATIVE AND GENERAL	6.02		3,044,137	11
33						11
34 DEPRECIATION	F	OTHER ADMINISTRATIVE AND GENERAL	6.02		26,537,365	9
35						9
1 ORGAN ACQUISITION COST	G	OTHER ORGAN ACQUISITION	86		2,919,310	
2						
3						
4 INFECTION SURVEILLANCE	H	ADULTS & PEDIATRICS	25	101,869	42,624	
5						
6 LIBRARY	I	ADULTS & PEDIATRICS	25		58,378	
7						
8 CENTRAL SERVICE	J	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	828,065	2,860,881	
9 PHARMACY	K	DRUGS CHARGED TO PATIENTS	56	5,679,675	7,502,734	
10 TEACHING SERVICE	L	OTHER ADMINISTRATIVE AND GENERAL	6.02		33,917,305	
11 TELEPHONE	M	EMPLOYEE BENEFITS	5		69	
12		ADMINISTRATIVE	6.01		2,150	
13		MAINTENANCE & REPAIRS	7		162	
14		OPERATION OF PLANT	8		179	
15		HOUSEKEEPING	10		77	
16		CAFETERIA	12		395	
17		NURSING ADMINISTRATION	14		2,420	
18		MEDICAL RECORDS & LIBRARY	17		6,565	
19		SOCIAL SERVICE	18		1,083	
20		I&R SERVICES-SALARY & FRINGES APPRVD	22		1,010	
21		ADULTS & PEDIATRICS	25		3,821	
22		INTENSIVE CARE UNIT	26		1,591	
23		NICU	26.01		1,698	
24		OPERATING ROOM	37		803	
25		RECOVERY ROOM	38		288	
26		RADIOLOGY-DIAGNOSTIC	41		308	
27		LABORATORY	44		395	
28		RESPIRATORY THERAPY	49		88	
29		PHYSICAL THERAPY	50		3,718	
30		ELECTROENCEPHALOGRAPHY	54		113	
31		MEDICAL SUPPLIES CHARGED TO PATIENTS	55		84	
32		DRUGS CHARGED TO PATIENTS	56		525	
33		RENAL DIALYSIS	57		101	
34		CARDIAC CATHETERIZATION LABORATORY	59		113	
35		CLINIC	60		3,413	

RECLASSIFICATIONS

PROVIDER NO:
263301

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

PREPARED 5/25/2010
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF
			LINE				
	1	6	NO	7	8	9	10
1 TELEPHONE	M	EMERGENCY	61			399	
2		AMBULANCE SERVICES	65			476	
3		SAME DAY SURGERY	68			2,846	
4		OTHER NONREIMBURSABLE COST CENTERS	100			437	
5 DIETARY	N	CAFETERIA	12		226,708	368,131	
6 MAINTENANCE & OPERATIONS	O	MAINTENANCE & REPAIRS	7		120,673	417,658	
7		OPERATION OF PLANT	8		648,399		
8 PATIENT SERVICE SUPPLIES	P	ADULTS & PEDIATRICS	25			661,258	
9		INTENSIVE CARE UNIT	26			5,379	
10		NICU	26.01			217,480	
11		OPERATING ROOM	37			5,822,326	
12		ANESTHESIOLOGY	40			762,299	
13		RADIOLOGY-DIAGNOSTIC	41			126,484	
14		LABORATORY	44			138,997	
15		RESPIRATORY THERAPY	49			1,400,188	
16		PHYSICAL THERAPY	50			119,056	
17		RENAL DIALYSIS	57			534	
18		CARDIAC CATHETERIZATION LABORATORY	59			865,033	
19		CLINIC	60			314,491	
20		SAME DAY SURGERY	68			100	
21 BURN PATIENTS	Q	ADULTS & PEDIATRICS	25			542,514	
22 EXTENDED RECOVERY	R	ADULTS & PEDIATRICS	25			433,423	
23 ETO POLICY CHANGE	S						
24							
25							
26							
27							
28							
29							
30							
31							
32		OTHER ADMINISTRATIVE AND GENERAL	6.02		2,858,686		
33							
34							
35							
1 ETO POLICY CHANGE	S						
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17 FAMILY CENTER CARE	T	OTHER ADMINISTRATIVE AND GENERAL	6.02		28,093	20,240	
18							
19 CAFETERIA DISCOUNT	U	EMPLOYEE BENEFITS	5			1,144,149	
20 NONBILLABLE PHARMACY	V	EMPLOYEE BENEFITS	5			53,735	
21		OTHER ADMINISTRATIVE AND GENERAL	6.02			2,725	
22		CAFETERIA	12			95	
23		SOCIAL SERVICE	18			252	
24		ADULTS & PEDIATRICS	25			2,281	
25		INTENSIVE CARE UNIT	26			13	
26		NICU	26.01			981	
27		OPERATING ROOM	37			4,700	
28		ANESTHESIOLOGY	40			285,296	
29		RADIOLOGY-DIAGNOSTIC	41			951	
30		LABORATORY	44			399	
31		RESPIRATORY THERAPY	49			172	
32		ELECTROENCEPHALOGRAPHY	54			1,015	
33		DRUGS CHARGED TO PATIENTS	56			14	
34		RENAL DIALYSIS	57			230	
35		CARDIAC CATHETERIZATION LABORATORY	59			57	

RECLASSIFICATIONS

PROVIDER NO:
263301

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

PREPARED 5/25/2010
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	----- DECREASE -----				A-7 REF 10
	CODE (1)	COST CENTER 6	LINE NO 7	SALARY 8	
1 NONBILLABLE PHARMACY	V	CLINIC	60		2,652
2		EMERGENCY	61		3,585
3		AMBULANCE SERVICES	65		60
4 EPOETIN	W	DRUGS CHARGED TO PATIENTS	56		94,743
5 BILLABLE PHARMACY	X	RADIOLOGY-DIAGNOSTIC	41		49,741
6		BLOOD STORING, PROCESSING & TRANS.	47		55,150
7		RESPIRATORY THERAPY	49		657
8		CARDIAC CATHETERIZATION LABORATORY	59		24,051
9		CLINIC	60		7,209
10 AFFILIATE BILLING	Y	LABORATORY	44		675,236
11					
12					
13					
14					
15					
16					
17					
18					
19 IMPLANTABLE DEVICES	Z	OPERATING ROOM	37		8,291,101
20		ANESTHESIOLOGY	40		1,193
21		RADIOLOGY-DIAGNOSTIC	41		14,928
22		LABORATORY	44		17,096
23		PHYSICAL THERAPY	50		16,169
24		MEDICAL SUPPLIES CHARGED TO PATIENTS	55		119,884
25		CARDIAC CATHETERIZATION LABORATORY	59		424,144
36 TOTAL RECLASSIFICATIONS				10,492,168	103,877,865

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

RECLASSIFICATIONS

PROVIDER NO:
263301

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

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

RECLASS CODE: A
EXPLANATION : RENTAL EXPENSE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	2,738,016	EMPLOYEE BENEFITS	5	2,685	
2.00			0	ADMINISTRATIVE	6.01	14,358	
3.00			0	OTHER ADMINISTRATIVE AND GENERAL	6.02	87,712	
4.00			0	MAINTENANCE & REPAIRS	7	15,457	
5.00			0	HOUSEKEEPING	10	172	
6.00			0	CAFETERIA	12	8,275	
7.00			0	NURSING ADMINISTRATION	14	17,125	
8.00			0	MEDICAL RECORDS & LIBRARY	17	3,426	
9.00			0	SOCIAL SERVICE	18	2,712	
10.00			0	ADULTS & PEDIATRICS	25	22,453	
11.00			0	INTENSIVE CARE UNIT	26	72,337	
12.00			0	NICU	26.01	30,297	
13.00			0	OPERATING ROOM	37	162,678	
14.00			0	RADIOLOGY-DIAGNOSTIC	41	9,402	
15.00			0	LABORATORY	44	6,934	
16.00			0	RESPIRATORY THERAPY	49	58,066	
17.00			0	PHYSICAL THERAPY	50	10,548	
18.00			0	ELECTROENCEPHALOGRAPHY	54	392	
19.00			0	MEDICAL SUPPLIES CHARGED TO PA	55	1,689,865	
20.00			0	DRUGS CHARGED TO PATIENTS	56	481,081	
21.00			0	CARDIAC CATHETERIZATION LABORATORY	59	763	
22.00			0	CLINIC	60	25,214	
23.00			0	EMERGENCY	61	10,294	
24.00			0	SAME DAY SURGERY	68	3,370	
25.00			0	OTHER NONREIMBURSABLE COST CENTER	100	2,400	
TOTAL RECLASSIFICATIONS FOR CODE A			2,738,016				2,738,016

RECLASS CODE: B
EXPLANATION : MALPRACTICE INSURANCE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER ADMINISTRATIVE AND GENERAL	6.02	333,139	EMERGENCY	61	302,078	
2.00			0	AMBULANCE SERVICES	65	12,600	
3.00			0	CLINIC	60	18,461	
TOTAL RECLASSIFICATIONS FOR CODE B			333,139				333,139

RECLASS CODE: C
EXPLANATION : PROPERTY INSURANCE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	288,772	OTHER ADMINISTRATIVE AND GENERAL	6.02	372,394	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	83,622			0	
TOTAL RECLASSIFICATIONS FOR CODE C			372,394				372,394

RECLASS CODE: D
EXPLANATION : AUTO INSURANCE

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

RECLASS CODE: E
EXPLANATION : INTEREST EXPENSE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	2,257,537	OTHER ADMINISTRATIVE AND GENERAL	6.02	3,044,137	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	786,600			0	
TOTAL RECLASSIFICATIONS FOR CODE E			3,044,137				3,044,137

RECLASS CODE: F
EXPLANATION : DEPRECIATION

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	10,076,030	OTHER ADMINISTRATIVE AND GENERAL	6.02	26,537,365	

RECLASSIFICATIONS

PROVIDER NO:
263301

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

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

RECLASS CODE: F
EXPLANATION : DEPRECIATION

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	16,461,335
TOTAL RECLASSIFICATIONS FOR CODE F			26,537,365

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
			0
			26,537,365

RECLASS CODE: G
EXPLANATION : ORGAN ACQUISITION COST

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	LUNG ACQUISITION	82	1,069,668
2.00	LIVER ACQUISITION	84	530,246
3.00	HEART ACQUISITION	85	1,319,396
TOTAL RECLASSIFICATIONS FOR CODE G			2,919,310

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ORGAN ACQUISITION	86	2,919,310	0
			0
			0
			2,919,310

RECLASS CODE: H
EXPLANATION : INFECTION SURVEILLANCE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	INTENSIVE CARE UNIT	26	43,344
2.00	NICU	26.01	101,149
TOTAL RECLASSIFICATIONS FOR CODE H			144,493

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADULTS & PEDIATRICS	25	144,493	0
			0
			144,493

RECLASS CODE: I
EXPLANATION : LIBRARY

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	INTENSIVE CARE UNIT	26	17,512
2.00	NICU	26.01	40,866
TOTAL RECLASSIFICATIONS FOR CODE I			58,378

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADULTS & PEDIATRICS	25	58,378	0
			0
			58,378

RECLASS CODE: J
EXPLANATION : CENTRAL SERVICE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CENTRAL SERVICES & SUPPLY	15	3,688,946
TOTAL RECLASSIFICATIONS FOR CODE J			3,688,946

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
MEDICAL SUPPLIES CHARGED TO PA	55	3,688,946	0
			3,688,946

RECLASS CODE: K
EXPLANATION : PHARMACY

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	PHARMACY	16	13,182,409
TOTAL RECLASSIFICATIONS FOR CODE K			13,182,409

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DRUGS CHARGED TO PATIENTS	56	13,182,409	0
			13,182,409

RECLASS CODE: L
EXPLANATION : TEACHING SERVICE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	I&R SERVICES-SALARY & FRINGES	22	33,917,305
TOTAL RECLASSIFICATIONS FOR CODE L			33,917,305

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.02	33,917,305	0
			33,917,305

RECLASS CODE: M
EXPLANATION : TELEPHONE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OTHER ADMINISTRATIVE AND GENER	6.02	35,327
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
EMPLOYEE BENEFITS	5	69	
ADMINITTING	6.01	2,150	
MAINTENANCE & REPAIRS	7	162	
OPERATION OF PLANT	8	179	
HOUSEKEEPING	10	77	
CAFETERIA	12	395	
NURSING ADMINISTRATION	14	2,420	

RECLASSIFICATIONS

PROVIDER NO:
263301

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

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

RECLASS CODE: M
EXPLANATION: TELEPHONE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
8.00			0	MEDICAL RECORDS & LIBRARY	17	6,565	
9.00			0	SOCIAL SERVICE	18	1,083	
10.00			0	I & R SERVICES-SALARY & FRINGES	22	1,010	
11.00			0	ADULTS & PEDIATRICS	25	3,821	
12.00			0	INTENSIVE CARE UNIT	26	1,591	
13.00			0	NICU	26.01	1,698	
14.00			0	OPERATING ROOM	37	803	
15.00			0	RECOVERY ROOM	38	288	
16.00			0	RADIOLOGY-DIAGNOSTIC	41	308	
17.00			0	LABORATORY	44	395	
18.00			0	RESPIRATORY THERAPY	49	88	
19.00			0	PHYSICAL THERAPY	50	3,718	
20.00			0	ELECTROENCEPHALOGRAPHY	54	113	
21.00			0	MEDICAL SUPPLIES CHARGED TO PA	55	84	
22.00			0	DRUGS CHARGED TO PATIENTS	56	525	
23.00			0	RENAL DIALYSIS	57	101	
24.00			0	CARDIAC CATHETERIZATION LABORA	59	113	
25.00			0	CLINIC	60	3,413	
26.00			0	EMERGENCY	61	399	
27.00			0	AMBULANCE SERVICES	65	476	
28.00			0	SAME DAY SURGERY	68	2,846	
29.00			0	OTHER NONREIMBURSABLE COST CEN	100	437	
TOTAL RECLASSIFICATIONS FOR CODE M			35,327				35,327

RECLASS CODE: N
EXPLANATION: DIETARY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DIETARY	11	594,839	CAFETERIA	12	594,839	
TOTAL RECLASSIFICATIONS FOR CODE N			594,839				594,839

RECLASS CODE: O
EXPLANATION: MAINTENANCE & OPERATIONS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER ADMINISTRATIVE AND GENER	6.02	1,186,730	MAINTENANCE & REPAIRS	7	538,331	
2.00			0	OPERATION OF PLANT	8	648,399	
TOTAL RECLASSIFICATIONS FOR CODE O			1,186,730				1,186,730

RECLASS CODE: P
EXPLANATION: PATIENT SERVICE SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	10,381,167	ADULTS & PEDIATRICS	25	661,258	
2.00	AMBULANCE SERVICES	65	52,458	INTENSIVE CARE UNIT	26	5,379	
3.00			0	NICU	26.01	217,480	
4.00			0	OPERATING ROOM	37	5,822,326	
5.00			0	ANESTHESIOLOGY	40	762,299	
6.00			0	RADIOLOGY-DIAGNOSTIC	41	126,484	
7.00			0	LABORATORY	44	138,997	
8.00			0	RESPIRATORY THERAPY	49	1,400,188	
9.00			0	PHYSICAL THERAPY	50	119,056	
10.00			0	RENAL DIALYSIS	57	534	
11.00			0	CARDIAC CATHETERIZATION LABORA	59	865,033	
12.00			0	CLINIC	60	314,491	
13.00			0	SAME DAY SURGERY	68	100	
TOTAL RECLASSIFICATIONS FOR CODE P			10,433,625				10,433,625

RECLASS CODE: Q
EXPLANATION: BURN PATIENTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CLINIC	60	542,514	ADULTS & PEDIATRICS	25	542,514	
TOTAL RECLASSIFICATIONS FOR CODE Q			542,514				542,514

RECLASS CODE: R
EXPLANATION: EXTENDED RECOVERY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RECOVERY ROOM	38	433,423	ADULTS & PEDIATRICS	25	433,423	
TOTAL RECLASSIFICATIONS FOR CODE R			433,423				433,423

RECLASSIFICATIONS

PROVIDER NO:
263301

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

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

RECLASS CODE: S
EXPLANATION : ETO POLICY CHANGE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	13,941			0	
2.00	ADMITTING	6.01	17,072			0	
3.00	MAINTENANCE & REPAIRS	7	25,240			0	
4.00	OPERATION OF PLANT	8	46,885			0	
5.00	HOUSEKEEPING	10	76,589			0	
6.00	CAFETERIA	12	58,651			0	
7.00	NURSING ADMINISTRATION	14	125,604			0	
8.00	MEDICAL RECORDS & LIBRARY	17	54,329			0	
9.00	SOCIAL SERVICE	18	31,808			0	
10.00	ADULTS & PEDIATRICS	25	462,487	OTHER ADMINISTRATIVE AND GENER	6.02	2,858,686	
11.00	INTENSIVE CARE UNIT	26	223,209			0	
12.00	NICU	26.01	438,727			0	
13.00	OPERATING ROOM	37	189,068			0	
14.00	RECOVERY ROOM	38	45,022			0	
15.00	RADIOLOGY-DIAGNOSTIC	41	90,025			0	
16.00	LABORATORY	44	147,667			0	
17.00	BLOOD STORING, PROCESSING & TR	47	4,901			0	
18.00	RESPIRATORY THERAPY	49	82,264			0	
19.00	PHYSICAL THERAPY	50	124,518			0	
20.00	ELECTROENCEPHALOGRAPHY	54	7,519			0	
21.00	MEDICAL SUPPLIES CHARGED TO PA	55	27,815			0	
22.00	DRUGS CHARGED TO PATIENTS	56	157,588			0	
23.00	RENAL DIALYSIS	57	12,241			0	
24.00	CARDIAC CATHETERIZATION LABORA	59	21,325			0	
25.00	CLINIC	60	123,291			0	
26.00	EMERGENCY	61	129,044			0	
27.00	AMBULANCE SERVICES	65	46,958			0	
28.00	SAME DAY SURGERY	68	69,098			0	
29.00	OTHER NONREIMBURSABLE COST CEN	100	5,800			0	
TOTAL RECLASSIFICATIONS FOR CODE S			2,858,686				2,858,686

RECLASS CODE: T
EXPLANATION : FAMILY CENTER CARE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	INTENSIVE CARE UNIT	26	14,498	OTHER ADMINISTRATIVE AND GENER	6.02	48,333	
2.00	NICU	26.01	33,835			0	
TOTAL RECLASSIFICATIONS FOR CODE T			48,333				48,333

RECLASS CODE: U
EXPLANATION : CAFETERIA DISCOUNT

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	1,144,149	EMPLOYEE BENEFITS	5	1,144,149	
TOTAL RECLASSIFICATIONS FOR CODE U			1,144,149				1,144,149

RECLASS CODE: V
EXPLANATION : NONBILLABLE PHARMACY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	359,213	EMPLOYEE BENEFITS	5	53,735	
2.00			0	OTHER ADMINISTRATIVE AND GENER	6.02	2,725	
3.00			0	CAFETERIA	12	95	
4.00			0	SOCIAL SERVICE	18	252	
5.00			0	ADULTS & PEDIATRICS	25	2,281	
6.00			0	INTENSIVE CARE UNIT	26	13	
7.00			0	NICU	26.01	981	
8.00			0	OPERATING ROOM	37	4,700	
9.00			0	ANESTHESIOLOGY	40	285,296	
10.00			0	RADIOLOGY-DIAGNOSTIC	41	951	
11.00			0	LABORATORY	44	399	
12.00			0	RESPIRATORY THERAPY	49	172	
13.00			0	ELECTROENCEPHALOGRAPHY	54	1,015	
14.00			0	DRUGS CHARGED TO PATIENTS	56	14	
15.00			0	RENAL DIALYSIS	57	230	
16.00			0	CARDIAC CATHETERIZATION LABORA	59	57	
17.00			0	CLINIC	60	2,652	
18.00			0	EMERGENCY	61	3,585	

RECLASSIFICATIONS

PROVIDER NO:
263301

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

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

RECLASS CODE: V
EXPLANATION: NONBILLABLE PHARMACY

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
19.00			0
TOTAL RECLASSIFICATIONS FOR CODE V			359,213

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
AMBULANCE SERVICES	65	60	
		359,213	

RECLASS CODE: W
EXPLANATION: EPOETIN

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	RENAL DIALYSIS	57	94,743
TOTAL RECLASSIFICATIONS FOR CODE W			94,743

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DRUGS CHARGED TO PATIENTS	56	94,743	
		94,743	

RECLASS CODE: X
EXPLANATION: BILLABLE PHARMACY

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	136,808
2.00			0
3.00			0
4.00			0
5.00			0
TOTAL RECLASSIFICATIONS FOR CODE X			136,808

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
RADIOLOGY-DIAGNOSTIC	41	49,741	
BLOOD STORING, PROCESSING & TR	47	55,150	
RESPIRATORY THERAPY	49	657	
CARDIAC CATHETERIZATION LABORA	59	24,051	
CLINIC	60	7,209	
		136,808	

RECLASS CODE: Y
EXPLANATION: AFFILIATE BILLING

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OPERATING ROOM	37	261,862
2.00	RECOVERY ROOM	38	3,569
3.00	ANESTHESIOLOGY	40	16,068
4.00	RADIOLOGY-DIAGNOSTIC	41	169,047
5.00	RESPIRATORY THERAPY	49	2,234
6.00	ELECTROCARDIOLOGY	53	235
7.00	MEDICAL SUPPLIES CHARGED TO PA	55	146,541
8.00	DEVICES AND IMPLANTS	55.01	17,990
9.00	DRUGS CHARGED TO PATIENTS	56	57,690
TOTAL RECLASSIFICATIONS FOR CODE Y			675,236

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
LABORATORY	44	675,236	
		0	
		0	
		0	
		0	
		0	
		0	
		0	
		0	
		675,236	

RECLASS CODE: Z
EXPLANATION: IMPLANTABLE DEVICES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	DEVICES AND IMPLANTS	55.01	8,884,515
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
TOTAL RECLASSIFICATIONS FOR CODE Z			8,884,515

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OPERATING ROOM	37	8,291,101	
ANESTHESIOLOGY	40	1,193	
RADIOLOGY-DIAGNOSTIC	41	14,928	
LABORATORY	44	17,096	
PHYSICAL THERAPY	50	16,169	
MEDICAL SUPPLIES CHARGED TO PA	55	119,884	
CARDIAC CATHETERIZATION LABORA	59	424,144	
		8,884,515	

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	6,508,385					6,508,385	
2 LAND IMPROVEMENTS							
3 BUILDINGS & FIXTURE	108,411,481					108,411,481	
4 BUILDING IMPROVEMENT	232,331,386	20,699,029		20,699,029		253,030,415	
5 FIXED EQUIPMENT	55,260,561					55,260,561	
6 MOVABLE EQUIPMENT	71,156,402	1,788,905		1,788,905		72,945,307	
7 SUBTOTAL	473,668,215	22,487,934		22,487,934		496,156,149	
8 RECONCILING ITEMS							
9 TOTAL	473,668,215	22,487,934		22,487,934		496,156,149	

ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER	LINE NO	WKST. A-7 REF. 5
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES	B	-2,257,536	NEW CAP REL COSTS-BLDG &	3	11
4 INVESTMENT INCOME-NEW MOVABLE EQUIP	B	-786,600	NEW CAP REL COSTS-MVBLE E	4	11
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-9,592,189			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	1,035,856			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-4,214,727	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES	B	-360	MEDICAL SUPPLIES CHARGED	55	
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-482,251	DRUGS CHARGED TO PATIENTS	56	
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-364,158	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES	B	-50,521	CAFETERIA	12	
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52	
37 NON PATIENT CARE	B	-1,267	OTHER ADMINSTRATIVE AND	6.02	
37.01 NON PATIENT CARE	B	-39	CLINIC	60	
38 DONATIONS	B	-2,582,160	OTHER ADMINSTRATIVE AND	6.02	
39 BAD DEBT EXPENSE	A	-5,586,936	OTHER ADMINSTRATIVE AND	6.02	
39.01 BAD DEBT PSYCHOLOGY	A	-43,018	CLINIC	60	
40 HOME OFFICE INTEREST	A	-94,634	NEW CAP REL COSTS-BLDG &	3	11
41 HOME OFFICE INTEREST	A	-32,974	NEW CAP REL COSTS-MVBLE E	4	11
42 FRA ADD ON	A	22,782,896	OTHER ADMINSTRATIVE AND	6.02	
43 PENSION FUNDING	B	-745,306	EMPLOYEE BENEFITS	5	
44 ADVERTISING	B	-1,607,206	OTHER ADMINSTRATIVE AND	6.02	
45 OTHER REVENUE	B	-5,312	ADMINSTRATIVE AND	6.01	
45.01 OTHER REVENUE	B	-3,882,270	OTHER ADMINSTRATIVE AND	6.02	
45.02 OTHER REVENUE - RENT	B	-5,576	MAINTENANCE & REPAIRS	7	
45.03 OTHER REVENUE	B	-41,621	HOUSEKEEPING	10	
45.04 OTHER REVENUE	B	-62,463	NURSING ADMINSTRATION	14	
45.05 OTHER REVENUE	B	-5,197	SOCIAL SERVICE	18	
45.06 OTHER REVENUE	B	-388,446	I&R SERVICES-SALARY & FRI	22	
45.07 OTHER REVENUE	B	-79,879	ADULTS & PEDIATRICS	25	
45.08 OTHER REVENUE	B	-15,157	INTENSIVE CARE UNIT	26	
45.09 OTHER REVENUE	B	-55,203	NICU	26.01	
45.10 OTHER REVENUE	B	-256	OPERATING ROOM	37	
45.11 OTHER REVENUE	B	-87,711	RADIOLOGY-DIAGNOSTIC	41	
45.12 OTHER REVENUE	B	-21,416	LABORATORY	44	
45.13 OTHER REVENUE	B	-5,091	RESPIRATORY THERAPY	49	
45.14 OTHER REVENUE	B	-69,776	PHYSICAL THERAPY	50	
45.15 OTHER REVENUE	B	-175,695	CLINIC	60	
45.16 OTHER REVENUE	B	-6,475	EMERGENCY	61	
45.17 OTHER REVENUE	B	-957	AMBULANCE SERVICES	65	
45.18					
45.19					
45.20 LOBBYING	B	-34,468	OTHER ADMINSTRATIVE AND	6.02	
46 MALPRACTICE	B	-1,814,000	OTHER ADMINSTRATIVE AND	6.02	
47 AFFILIATE BUILDING RENT EXP	B	-152,256	OTHER ADMINSTRATIVE AND	6.02	
48 ENTERTAINMENT EXP	B	-2,103	EMPLOYEE BENEFITS	5	
48.01 ENTERTAINMENT EXP	B	-243,481	OTHER ADMINSTRATIVE AND	6.02	
48.02 ENTERTAINMENT EXP	B	-131	MAINTENANCE & REPAIRS	7	
48.03 ENTERTAINMENT EXP	B	-501	HOUSEKEEPING	10	
48.04 ENTERTAINMENT EXP	B	-225	CAFETERIA	12	
48.05 ENTERTAINMENT EXP	B	-6,690	NURSING ADMINSTRATION	14	
48.06 ENTERTAINMENT EXP	B	-120	SOCIAL SERVICE	18	
48.07 ENTERTAINMENT EXP	B	-38,428	ADULTS & PEDIATRICS	25	
48.08 ENTERTAINMENT EXP	B	-2,196	INTENSIVE CARE UNIT	26	
48.09 ENTERTAINMENT EXP	B	-7,470	NICU	26.01	
48.10 ENTERTAINMENT EXP	B	-30	LABORATORY	44	
48.11 ENTERTAINMENT EXP	B	-301	RESPIRATORY THERAPY	49	
48.12 ENTERTAINMENT EXP	B	-929	PHYSICAL THERAPY	50	
48.13 ENTERTAINMENT EXP	B	-120	RENAL DIALYSIS	57	

ADJUSTMENTS TO EXPENSES

PROVIDER NO:
26-3301

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

PREPARED 5/25/2010
WORKSHEET A-8

DESCRIPTION (1)	(2)		EXPENSE CLASSIFICATION ON			WKST. A-7 REF. 5
	BASIS/CODE	AMOUNT	WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED	COST CENTER	LINE NO	
	1	2		3	4	
48.14 ENTERTAINMENT EXP	B	-4,088	CLINIC		60	
48.15 ENTERTAINMENT EXP	B	-6,602	EMERGENCY		61	
48.16 ENTERTAINMENT EXP	B	-4,019	AMBULANCE SERVICES		65	
49 OTHER ADJUSTMENTS (SPECIFY)						
50 TOTAL (SUM OF LINES 1 THRU 49)		-11,849,789				

-
- (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 subscripsts thereof.
- Note: See instructions for column 5 referencing to Worksheet A-7

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	5	EMPLOYEE BENEFITS	EMPLOYEE BENEFITS SALARY	467,121		467,121
2	5	EMPLOYEE BENEFITS	EMPLOYEE BENEFITS OTHER	2,719,634		2,719,634
3	6 2	OTHER ADMINISTRATIVE AND	ADMIN & GENERAL SALARY	10,221,027	263,872	9,957,155
4	6 2	OTHER ADMINISTRATIVE AND	ADMIN & GENERAL OTHER	8,872,872	20,804,015	-11,931,143
4.01	37	OPERATING ROOM	LITHOTRIPSY	9,349	14,721	-5,372
4.02	44	LABORATORY	LAB AFFILIATES	3,869,432	3,960,131	-90,699
4.03	59	CARDIAC CATHETERIZATION L	CARDIAC CATH AFFILIATES	166,675	247,515	-80,840
5		TOTALS		26,326,110	25,290,254	1,035,856

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO:
26-3301

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 BENEFITS	52,052	52,052					
2 6 2	VP CMO AND OTHER A&G	1,701,429	1,701,429					
3 22	INTERNS & RESIDENTS	2,656,682	2,656,682					
4 25	PEDIATRICS	526,022	526,022					
5 26	ICU	46,000	46,000					
6 37	OR PROGRAM	178,018	178,018					
7 40	ANESTHESIOLOGIST	1,474,949	1,474,949					
8 41	RADIOLOGY	10,080	10,080					
9 44	LAB ADMIN	572,891	572,891					
10 59	CATH LAB	9,187	9,187					
11 60	CLINICS	446,692	446,692					
12 61	ER PHYSICIANS	1,405,043	1,405,043					
13 65	AMBULANCE	513,144	513,144					
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	9,592,189	9,592,189					

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 26-3301
 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 BENEFITS						52,052
2	6	2 VP CMO AND OTHER A&G						1,701,429
3	22	INTERNS & RESIDENTS						2,656,682
4	25	PEDIATRICS						526,022
5	26	ICU						46,000
6	37	OR PROGRAM						178,018
7	40	ANESTHESIOLOGIST						1,474,949
8	41	RADIOLOGY						10,080
9	44	LAB ADMIN						572,891
10	59	CATH LAB						9,187
11	60	CLINICS						446,692
12	61	ER PHYSICIANS						1,405,043
13	65	AMBULANCE						513,144
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101		TOTAL						9,592,189

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 5/25/2010
 I 26-3301 I FROM 1/ 1/2009 I NOT A CMS WORKSHEET
 I I TO 12/31/2009 I

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

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION 0	NEW CAP REL C OSTS-BLDG & 3	NEW CAP REL C OSTS-MVBLE E 4	EMPLOYEE BENE ADMITTING FITS 5	6.01	SUBTOTAL 6a.01	OTHER ADMINIS TRATIVE AND 6.02
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &	10,270,169	10,270,169					
005 NEW CAP REL COSTS-MVBLE E	19,249,999		19,249,999				
006 EMPLOYEE BENEFITS	30,991,622	18,713	35,074	31,045,409			
006 01 ADMINITTING	1,074,850	45,254	84,822	219,790	1,424,716		
006 02 OTHER ADMINISTRATIVE AND	69,800,869	3,849,769	7,215,853	4,364,317		85,230,808	85,230,808
007 MAINTENANCE & REPAIRS	901,701	9,531	17,865	57,156		986,253	306,490
008 OPERATION OF PLANT	4,621,891	179,758	336,931	277,520		5,416,100	1,683,118
009 LAUNDRY & LINEN SERVICE	175,402	33,256	62,334			270,992	84,214
010 HOUSEKEEPING	4,070,441	80,483	150,854	725,366		5,027,144	1,562,245
011 DIETARY	594,839	131,529	246,532	54,549		1,027,449	319,292
012 CAFETERIA	2,496,653	247,129	463,210	539,519		3,746,511	1,164,273
014 NURSING ADMINISTRATION	5,021,911	52,239	97,915	1,003,971		6,176,036	1,919,277
015 CENTRAL SERVICES & SUPPLY	3,688,946			199,245		3,888,191	1,208,302
016 PHARMACY	13,182,409			1,366,615		14,549,024	4,521,284
017 MEDICAL RECORDS & LIBRARY	2,237,780	94,533	177,189	483,668		2,993,170	930,163
018 SOCIAL SERVICE	1,497,149	84,365	158,131	311,595		2,051,240	637,447
022 I&R SERVICES-SALARY & FRI	39,564,569	61,595	115,452	1,227,417		40,969,033	12,731,545
025 ADULTS & PEDIATRICS	21,532,341	1,499,277	2,810,186	4,373,315	86,327	30,301,446	9,416,538
026 01 INTENSIVE CARE UNIT	12,424,542	479,206	898,205	2,371,290	54,433	16,227,676	5,042,945
026 01 NICU	18,375,143	489,915	918,277	3,808,785	124,216	23,716,336	7,370,136
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	11,133,137	410,434	769,302	1,556,654	84,697	13,954,224	4,336,443
038 RECOVERY ROOM	1,725,462	64,985	121,805	276,329	15,360	2,203,941	684,901
040 ANESTHESIOLOGY	487,217				20,761	507,978	157,860
041 RADIOLOGY-DIAGNOSTIC	4,657,399	234,766	440,036	814,754	156,809	6,303,764	1,958,970
044 LABORATORY	11,874,561	208,352	390,527	1,220,135	200,335	13,893,910	4,317,699
047 BLOOD STORING, PROCESSING	2,897,242			2,546	33,286	2,933,074	911,488
049 RESPIRATORY THERAPY	4,111,152	55,915	104,805	772,751	54,299	5,098,922	1,584,551
050 PHYSICAL THERAPY	5,101,754	271,793	509,438	1,092,960	32,596	7,008,541	2,177,988
053 ELECTROCARDIOLOGY	1,602,688				10,166	1,612,854	501,214
054 ELECTROENCEPHALOGRAPHY	587,795	26,653	49,957	77,044	8,570	750,019	233,077
055 01 MEDICAL SUPPLIES CHARGED	9,189,270	206,952	387,902	10,949	150,526	9,945,599	3,090,714
055 01 DEVICES AND IMPLANTS	8,902,505				73,644	8,976,149	2,789,446
056 DRUGS CHARGED TO PATIENTS	9,670,313	103,396	193,802	51,228	184,470	10,203,209	3,170,770
057 RENAL DIALYSIS	844,111	49,693	93,143	110,487	5,352	1,102,786	342,704
059 CARDIAC CATHETERIZATION L	1,061,211	69,360	130,006	185,060	12,460	1,458,097	453,121
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	6,875,835	473,971	888,393	1,191,743	28,523	9,458,465	2,939,332
061 EMERGENCY	6,510,036	272,350	510,482	1,204,085	71,923	8,568,876	2,662,881
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	3,161,565	21,895	41,039	481,027	5,613	3,711,139	1,153,281
068 SAME DAY SURGERY	2,450,182	327,390	613,646	478,723	10,350	3,880,291	1,205,847
082 LUNG ACQUISITION	1,069,668					1,069,668	332,412
083 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION	243,218					243,218	75,583
084 LIVER ACQUISITION	530,246					530,246	164,780
085 HEART ACQUISITION	1,319,396					1,319,396	410,018
086 OTHER ORGAN ACQUISITION	942,666					942,666	292,945
095 SUBTOTALS	358,721,855	10,154,457	19,033,113	30,910,593	1,424,716	358,254,441	84,845,294
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP		15,705	29,437			45,142	14,028
100 OTHER NONREIMBURSABLE COS	773,133	100,007	187,449	134,816		1,195,405	371,486
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	359,494,988	10,270,169	19,249,999	31,045,409	1,424,716	359,494,988	85,230,808

COST CENTER DESCRIPTION	MAINTENANCE & OPERATION OF REPAIRS		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	7	8	9	10	11	12	14	
003 GENERAL SERVICE COST CNTR								
004 NEW CAP REL COSTS-BLDG &								
005 NEW CAP REL COSTS-MVBLE E								
006 EMPLOYEE BENEFITS								
006 01 ADMINITTING								
006 02 OTHER ADMINISTRATIVE AND								
007 MAINTENANCE & REPAIRS	1,292,743							
008 OPERATION OF PLANT	36,613	7,135,831						
009 LAUNDRY & LINEN SERVICE	6,774	38,480	400,460					
010 HOUSEKEEPING	16,393	93,125		6,698,907				
011 DIETARY	26,790	152,188		145,554	1,671,273			
012 CAFETERIA	50,336	285,947		273,482	1,116,367	6,636,916		
014 NURSING ADMINISTRATION	10,640	60,444		57,810		211,735	8,435,942	
015 CENTRAL SERVICES & SUPPLY								
016 PHARMACY								
017 MEDICAL RECORDS & LIBRARY	19,255	109,382		104,614		173,237		
018 SOCIAL SERVICE	17,184	97,617		93,362		88,544		
022 I&R SERVICES-SALARY & FRI	12,546	71,270		68,164		392,671		
025 INPAT ROUTINE SRVC CNTRS								
025 ADULTS & PEDIATRICS	305,372	1,734,771	192,043	1,659,148	129,073	1,401,298	2,683,381	
026 INTENSIVE CARE UNIT	97,605	554,476	16,959	530,306	32,236	639,053	1,486,953	
026 01 NICU	99,786	566,867	68,367	542,157		900,834	1,947,249	
037 ANCILLARY SRVC COST CNTRS								
037 OPERATING ROOM	83,598	474,902	16,257	454,201		346,475	671,241	
038 RECOVERY ROOM	13,236	75,192	5,448	71,914		57,746	151,805	
040 ANESTHESIOLOGY								
041 RADIOLOGY-DIAGNOSTIC	47,817	271,641	13,994	259,800		230,983	11,641	
044 LABORATORY	42,437	241,078		230,569		361,874		
047 BLOOD STORING, PROCESSING								
049 RESPIRATORY THERAPY	11,389	64,697		61,877				
050 PHYSICAL THERAPY	55,359	314,484	5,086	300,776		485,065	35,865	
053 ELECTROCARDIOLOGY								
054 ELECTROENCEPHALOGRAPHY	5,429	30,839	1,036	29,495		26,948		
055 MEDICAL SUPPLIES CHARGED	42,152	239,458		229,020		92,393		
055 01 DEVICES AND IMPLANTS								
056 DRUGS CHARGED TO PATIENTS	21,060	119,637		114,422		284,879		
057 RENAL DIALYSIS	10,122	57,499	1,156	54,992		26,948	63,040	
059 CARDIAC CATHETERIZATION L	14,127	80,255	2,442	76,757		46,197	74,881	
060 OUTPAT SERVICE COST CNTRS								
060 CLINIC	96,539	548,419	10,272	524,513		300,278	280,780	
061 EMERGENCY	55,472	315,129	48,568	301,392		327,226	637,278	
062 OBSERVATION BEDS (NON-DIS								
062 OTHER REIMBURS COST CNTRS								
065 AMBULANCE SERVICES	4,460	25,334	3,128	24,230		92,393	171,936	
068 SAME DAY SURGERY	66,683	378,813	8,440	362,301		103,942	199,962	
082 LUNG ACQUISITION								
082 SPEC PURPOSE COST CENTERS								
083 KIDNEY ACQUISITION								
084 LIVER ACQUISITION								
085 HEART ACQUISITION								
086 OTHER ORGAN ACQUISITION								
095 SUBTOTALS	1,269,174	7,001,944	393,196	6,570,856	1,277,676	6,590,719	8,416,012	
NONREIMBURS COST CENTERS								
096 GI FT, FLOWER, COFFEE SHOP	3,199	18,172		17,380				
100 OTHER NONREIMBURSABLE COS	20,370	115,715	7,264	110,671	393,597	46,197	19,930	
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	1,292,743	7,135,831	400,460	6,698,907	1,671,273	6,636,916	8,435,942	

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	I&R SERVICES-SALARY & FRI 22	SUBTOTAL 25	I&R COST POST STEP-DOWN ADJ 26
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 ADMINITTING							
006 02 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	5,096,493						
016 PHARMACY		19,070,308					
017 MEDICAL RECORDS & LIBRARY			4,329,821				
018 SOCIAL SERVICE				2,985,394			
022 I&R SERVICES-SALARY & FRI					54,245,229		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS			346,680	973,318	24,265,465	73,408,533	-24,265,465
026 INTENSIVE CARE UNIT			86,589	252,335	3,318,575	28,285,708	-3,318,575
026 01 NICU			202,056	673,647	4,889,269	40,976,704	-4,889,269
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM					873,018	21,210,359	-873,018
040 RECOVERY ROOM						3,264,183	
041 ANESTHESIOLOGY					1,343,672	2,009,510	-1,343,672
044 RADIOLOGY-DIAGNOSTIC						9,098,610	
047 LABORATORY						19,087,567	
049 BLOOD STORING, PROCESSING						3,844,562	
050 RESPIRATORY THERAPY					830,567	7,652,003	-830,567
053 PHYSICAL THERAPY					31,377	10,414,541	-31,377
054 ELECTROCARDIOLOGY						2,114,068	
055 ELECTROENCEPHALOGRAPHY						1,076,843	
055 01 MEDICAL SUPPLIES CHARGED	5,096,493					18,735,829	
056 DEVICES AND IMPLANTS						11,765,595	
057 DRUGS CHARGED TO PATIENTS		19,070,308				32,984,285	
059 RENAL DIALYSIS				16,973	73,828	1,750,048	-148,989
060 CARDIAC CATHETERIZATION L					753,047	2,958,924	-753,047
061 OUTPAT SERVICE COST CNTRS							
062 CLINIC			2,380,643	504,103	9,265,432	26,308,776	-9,265,432
065 EMERGENCY			1,253,000	331,543	8,600,979	23,102,344	-8,600,979
068 OBSERVATION BEDS (NON-DIS							
082 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES						5,185,901	
068 SAME DAY SURGERY			60,853	220,651		6,487,783	
082 LUNG ACQUISITION						1,402,080	
083 SPEC PURPOSE COST CENTERS							
084 KIDNEY ACQUISITION						318,801	
085 LIVER ACQUISITION						695,026	
086 HEART ACQUISITION						1,729,414	
095 OTHER ORGAN ACQUISITION						1,235,611	
096 SUBTOTALS	5,096,493	19,070,308	4,329,821	2,972,570	54,245,229	357,103,608	-54,320,390
096 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP						97,921	
101 OTHER NONREIMBURSABLE COS				12,824		2,293,459	
102 CROSS FOOT ADJUSTMENT							
103 NEGATIVE COST CENTER							
103 TOTAL	5,096,493	19,070,308	4,329,821	2,985,394	54,245,229	359,494,988	-54,320,390

COST CENTER DESCRIPTION		TOTAL
		27
003	GENERAL SERVICE COST CNTR	
004	NEW CAP REL COSTS-BLDG &	
005	NEW CAP REL COSTS-MVBLE E	
006	EMPLOYEE BENEFITS	
006 01	ADMINISTRATIVE	
006 02	OTHER ADMINISTRATIVE AND	
007	MAINTENANCE & REPAIRS	
008	OPERATION OF PLANT	
009	LAUNDRY & LINEN SERVICE	
010	HOUSEKEEPING	
011	DIETARY	
012	CAFETERIA	
014	NURSING ADMINISTRATION	
015	CENTRAL SERVICES & SUPPLY	
016	PHARMACY	
017	MEDICAL RECORDS & LIBRARY	
018	SOCIAL SERVICE	
022	I&R SERVICES-SALARY & FRI	
	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	49,143,068
026	INTENSIVE CARE UNIT	24,967,133
026 01	NICU	36,087,435
	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	20,337,341
038	RECOVERY ROOM	3,264,183
040	ANESTHESIOLOGY	665,838
041	RADIOLOGY-DIAGNOSTIC	9,098,610
044	LABORATORY	19,087,567
047	BLOOD STORING, PROCESSING	3,844,562
049	RESPIRATORY THERAPY	6,821,436
050	PHYSICAL THERAPY	10,383,164
053	ELECTROCARDIOLOGY	2,114,068
054	ELECTROENCEPHALOGRAPHY	1,076,843
055	MEDICAL SUPPLIES CHARGED	18,735,829
055 01	DEVICES AND IMPLANTS	11,765,595
056	DRUGS CHARGED TO PATIENTS	32,984,285
057	RENAL DIALYSIS	1,601,059
059	CARDIAC CATHETERIZATION L	2,205,877
	OUTPAT SERVICE COST CNTRS	
060	CLINIC	17,043,344
061	EMERGENCY	14,501,365
062	OBSERVATION BEDS (NON-DIS	
	OTHER REIMBURS COST CNTRS	
065	AMBULANCE SERVICES	5,185,901
068	SAME DAY SURGERY	6,487,783
082	LUNG ACQUISITION	1,402,080
	SPEC PURPOSE COST CENTERS	
083	KIDNEY ACQUISITION	318,801
084	LIVER ACQUISITION	695,026
085	HEART ACQUISITION	1,729,414
086	OTHER ORGAN ACQUISITION	1,235,611
095	SUBTOTALS	302,783,218
	NONREIMBURS COST CENTERS	
096	GIFT, FLOWER, COFFEE SHOP	97,921
100	OTHER NONREIMBURSABLE COS	2,293,459
101	CROSS FOOT ADJUSTMENT	
102	NEGATIVE COST CENTER	
103	TOTAL	305,174,598

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS	ADMITTING	OTHER ADMINISTRATIVE AND
	0	3	4	4a	5	6.01	6.02
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS	1,474	18,713	35,074	55,261	55,261		
006 01 ADMITTING	4,127	45,254	84,822	134,203	391	134,594	
006 02 OTHER ADMINISTRATIVE AND	2,997,135	3,849,769	7,215,853	14,062,757	7,763		14,070,520
007 MAINTENANCE & REPAIRS	4,481	9,531	17,865	31,877	102		50,598
008 OPERATION OF PLANT	5,368	179,758	336,931	522,057	494		277,862
009 LAUNDRY & LINEN SERVICE	75	33,256	62,334	95,665			13,903
010 HOUSEKEEPING	1,934	80,483	150,854	233,271	1,290		257,908
011 DIETARY		131,529	246,532	378,061	97		52,711
012 CAFETERIA	4,224	247,129	463,210	714,563	960		192,207
014 NURSING ADMINISTRATION	9,109	52,239	97,915	159,263	1,786		316,849
015 CENTRAL SERVICES & SUPPLY					354		199,476
016 PHARMACY					2,431		746,409
017 MEDICAL RECORDS & LIBRARY	10,174	94,533	177,189	281,896	860		153,559
018 SOCIAL SERVICE	5,000	84,365	158,131	247,496	554		105,235
022 I&R SERVICES-SALARY & FR	1,723	61,595	115,452	178,770	2,183		2,101,778
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	45,864	1,499,277	2,810,186	4,355,327	7,816	8,144	1,554,555
026 INTENSIVE CARE UNIT	10,483	479,206	898,205	1,387,894	4,218	5,135	832,528
026 01 NICU	17,085	489,915	918,277	1,425,277	6,775	11,718	1,216,719
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	10,908	410,434	769,302	1,190,644	2,769	7,990	715,894
038 RECOVERY ROOM	2,848	64,985	121,805	189,638	492	1,449	113,069
040 ANESTHESIOLOGY	16			16		1,959	26,061
041 RADIOLOGY-DIAGNOSTIC	9,407	234,766	440,036	684,209	1,449	14,793	323,402
044 LABORATORY	9,335	208,352	390,527	608,214	2,170	19,087	712,799
047 BLOOD STORING, PROCESSING	769			769	5	3,140	150,475
049 RESPIRATORY THERAPY	1,602	55,915	104,805	162,322	1,375	5,123	261,590
050 PHYSICAL THERAPY	13,309	271,793	509,438	794,540	1,944	3,075	359,559
053 ELECTROCARDIOLOGY						959	82,744
054 ELECTROENCEPHALOGRAPHY	1,671	26,653	49,957	78,281	137	808	38,478
055 MEDICAL SUPPLIES CHARGED	2,778	206,952	387,902	597,632	19	14,201	510,239
055 01 DEVICES AND IMPLANTS						6,948	460,503
056 DRUGS CHARGED TO PATIENTS	7,960	103,396	193,802	305,158	91	17,403	523,455
057 RENAL DIALYSIS	3,316	49,693	93,143	146,152	197	505	56,576
059 CARDIAC CATHETERIZATION L	2,218	69,360	130,006	201,584	329	1,175	74,805
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	11,434	473,971	888,393	1,373,798	2,120	2,691	485,248
061 EMERGENCY	11,983	272,350	510,482	794,815	2,142	6,785	439,609
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	3,717	21,895	41,039	66,651	856	530	190,393
068 SAME DAY SURGERY	8,569	327,390	613,646	949,605	852	976	199,071
082 LUNG ACQUISITION							54,877
083 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							12,478
084 LIVER ACQUISITION							27,203
085 HEART ACQUISITION							67,689
086 OTHER ORGAN ACQUISITION							48,362
095 SUBTOTALS	3,220,096	10,154,457	19,033,113	32,407,666	55,021	134,594	14,006,876
096 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP		15,705	29,437	45,142			2,316
101 OTHER NONREIMBURSABLE COS	950	100,007	187,449	288,406	240		61,328
102 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	3,221,046	10,270,169	19,249,999	32,741,214	55,261	134,594	14,070,520

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 26-3301
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/25/2010
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	MAINTENANCE & OPERATIONS OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	7	8	9	10	11	12
003 GENERAL SERVICE COST CNTR						
004 NEW CAP REL COSTS-BLDG &						
005 NEW CAP REL COSTS-MVBLE E						
006 EMPLOYEE BENEFITS						
006 01 ADMINITTING						
006 02 OTHER ADMINISTRATIVE AND						
007 MAINTENANCE & REPAIRS	82,577					
008 OPERATION OF PLANT	2,339	802,752				
009 LAUNDRY & LINEN SERVICE	433	4,329	114,330			
010 HOUSEKEEPING	1,047	10,476		503,992		
011 DIETARY	1,711	17,121		10,951	460,652	
012 CAFETERIA	3,215	32,168		20,575	307,704	1,271,392
014 NURSING ADMINISTRATION	680	6,800		4,349		40,561
015 CENTRAL SERVICES & SUPPLY						530,288
016 PHARMACY						
017 MEDICAL RECORDS & LIBRARY	1,230	12,305		7,871		33,186
018 SOCIAL SERVICE	1,098	10,982		7,024		16,962
022 I&R SERVICES-SALARY & FRI	801	8,018		5,128		75,222
025 INPAT ROUTINE SRVC CNTRS						
025 ADULTS & PEDIATRICS	19,507	195,155	54,827	124,826	35,576	268,436
026 INTENSIVE CARE UNIT	6,235	62,376	4,842	39,898	8,885	122,419
026 01 NICU	6,374	63,770	19,519	40,789		172,567
037 ANCILLARY SRVC COST CNTRS						
037 OPERATING ROOM	5,340	53,425	4,641	34,172		66,372
038 RECOVERY ROOM	845	8,459	1,555	5,410		11,062
040 ANESTHESIOLOGY						
041 RADIOLOGY-DIAGNOSTIC	3,054	30,558	3,995	19,546		44,248
044 LABORATORY	2,711	27,120		17,347		69,322
047 BLOOD STORING, PROCESSING						
049 RESPIRATORY THERAPY	727	7,278		4,655		
050 PHYSICAL THERAPY	3,536	35,378	1,452	22,629		92,921
053 ELECTROCARDIOLOGY						
054 ELECTROENCEPHALOGRAPHY	347	3,469	296	2,219		5,162
055 MEDICAL SUPPLIES CHARGED	2,693	26,938		17,230		17,699
055 01 DEVICES AND IMPLANTS						
056 DRUGS CHARGED TO PATIENTS	1,345	13,459		8,609		54,573
057 RENAL DIALYSIS	647	6,468	330	4,137		5,162
059 CARDIAC CATHETERIZATION L	902	9,028	697	5,775		8,850
060 OUTPAT SERVICE COST CNTRS						
060 CLINIC	6,167	61,695	2,933	39,462		57,522
061 EMERGENCY	3,543	35,451	13,866	22,675		62,685
062 OBSERVATION BEDS (NON-DIS						
062 OTHER REIMBURS COST CNTRS						
065 AMBULANCE SERVICES	285	2,850	893	1,823		17,699
068 SAME DAY SURGERY	4,260	42,615	2,410	27,258		19,912
082 LUNG ACQUISITION						
082 SPEC PURPOSE COST CENTERS						
083 KIDNEY ACQUISITION						
084 LIVER ACQUISITION						
085 HEART ACQUISITION						
086 OTHER ORGAN ACQUISITION						
095 SUBTOTALS	81,072	787,691	112,256	494,358	352,165	1,262,542
095 NONREIMBURS COST CENTERS						
096 GIFT, FLOWER, COFFEE SHOP	204	2,044		1,308		
100 OTHER NONREIMBURSABLE COS	1,301	13,017	2,074	8,326	108,487	8,850
101 CROSS FOOT ADJUSTMENTS						
102 NEGATIVE COST CENTER						
103 TOTAL	82,577	802,752	114,330	503,992	460,652	1,271,392
						530,288

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	I&R SERVICES-SALARY & FRI	SUBTOTAL	POST STEPDOWN ADJUSTMENT
	15	16	17	18	22		
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 ADMINITTING							
006 02 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	199,830						
016 PHARMACY		748,840					
017 MEDICAL RECORDS & LIBRARY			490,907				
018 SOCIAL SERVICE				389,351			
022 I&R SERVICES-SALARY & FRI					2,371,900		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS			39,306	126,939		6,959,091	
026 INTENSIVE CARE UNIT			9,817	32,909		2,610,627	
026 01 NICU			22,909	87,856		3,196,678	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM						2,123,442	
038 RECOVERY ROOM						341,522	
040 ANESTHESIOLOGY						28,036	
041 RADIOLOGY-DIAGNOSTIC						1,125,986	
044 LABORATORY						1,458,770	
047 BLOOD STORING, PROCESSING						154,389	
049 RESPIRATORY THERAPY						443,070	
050 PHYSICAL THERAPY						1,317,288	
053 ELECTROCARDIOLOGY						83,703	
054 ELECTROENCEPHALOGRAPHY						129,197	
055 MEDICAL SUPPLIES CHARGED	199,830					1,386,481	
055 01 DEVICES AND IMPLANTS						467,451	
056 DRUGS CHARGED TO PATIENTS		748,840				1,672,933	
057 RENAL DIALYSIS					2,214	226,351	
059 CARDIAC CATHETERIZATION L						307,852	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC			269,913	65,744		2,384,943	
061 EMERGENCY			142,063	43,239		1,606,933	
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES						292,788	
068 SAME DAY SURGERY			6,899	28,777		1,295,205	
082 LUNG ACQUISITION						54,877	
083 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION						12,478	
084 LIVER ACQUISITION						27,203	
085 HEART ACQUISITION						67,689	
086 OTHER ORGAN ACQUISITION						48,362	
095 SUBTOTALS	199,830	748,840	490,907	387,678		29,823,345	
096 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP						51,014	
101 OTHER NONREIMBURSABLE COS				1,673		494,955	
101 CROSS FOOT ADJUSTMENTS					2,371,900	2,371,900	
102 NEGATIVE COST CENTER							
103 TOTAL	199,830	748,840	490,907	389,351	2,371,900	32,741,214	

COST CENTER DESCRIPTION		TOTAL
		27
003	GENERAL SERVICE COST CNTR	
004	NEW CAP REL COSTS-BLDG &	
005	NEW CAP REL COSTS-MVBLE E	
006	EMPLOYEE BENEFITS	
006 01	ADMINISTRATIVE	
006 02	OTHER ADMINISTRATIVE AND	
007	MAINTENANCE & REPAIRS	
008	OPERATION OF PLANT	
009	LAUNDRY & LINEN SERVICE	
010	HOUSEKEEPING	
011	DIETARY	
012	CAFETERIA	
014	NURSING ADMINISTRATION	
015	CENTRAL SERVICES & SUPPLY	
016	PHARMACY	
017	MEDICAL RECORDS & LIBRARY	
018	SOCIAL SERVICE	
022	I&R SERVICES-SALARY & FRI	
	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	6,959,091
026	INTENSIVE CARE UNIT	2,610,627
026 01	NICU	3,196,678
	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	2,123,442
038	RECOVERY ROOM	341,522
040	ANESTHESIOLOGY	28,036
041	RADIOLOGY-DIAGNOSTIC	1,125,986
044	LABORATORY	1,458,770
047	BLOOD STORING, PROCESSING	154,389
049	RESPIRATORY THERAPY	443,070
050	PHYSICAL THERAPY	1,317,288
053	ELECTROCARDIOLOGY	83,703
054	ELECTROENCEPHALOGRAPHY	129,197
055	MEDICAL SUPPLIES CHARGED	1,386,481
055 01	DEVICES AND IMPLANTS	467,451
056	DRUGS CHARGED TO PATIENTS	1,672,933
057	RENAL DIALYSIS	226,351
059	CARDIAC CATHETERIZATION L	307,852
	OUTPAT SERVICE COST CNTRS	
060	CLINIC	2,384,943
061	EMERGENCY	1,606,933
062	OBSERVATION BEDS (NON-DIS	
	OTHER REIMBURS COST CNTRS	
065	AMBULANCE SERVICES	292,788
068	SAME DAY SURGERY	1,295,205
082	LUNG ACQUISITION	54,877
	SPEC PURPOSE COST CENTERS	
083	KIDNEY ACQUISITION	12,478
084	LIVER ACQUISITION	27,203
085	HEART ACQUISITION	67,689
086	OTHER ORGAN ACQUISITION	48,362
095	SUBTOTALS	29,823,345
	NONREIMBURS COST CENTERS	
096	GIFT, FLOWER, COFFEE SHOP	51,014
100	OTHER NONREIMBURSABLE COS	494,955
101	CROSS FOOT ADJUSTMENTS	2,371,900
102	NEGATIVE COST CENTER	
103	TOTAL	32,741,214

COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG &	NEW CAP REL COSTS-MVBLE	EMPLOYEE BENEFITS	BENE AD MITTING	RECONCILIATION	OTHER ADMINISTRATIVE AND
	(SQUARE FEET)	(SQUARE FEET)	(GROSS SALARIES)	(GROSS CHARGES)	()	(ACCUM. COST)
	3	4	5	6.01	6a.02	6.02
003 GENERAL SERVICE COST						
004 NEW CAP REL COSTS-BLD	645,435					
005 NEW CAP REL COSTS-MVB		645,435				
006 EMPLOYEE BENEFITS	1,176	1,176	129,025,467			
006 01 ADMINITTING	2,844	2,844	913,449	597,318,312		
006 02 OTHER ADMINISTRATIVE	241,941	241,941	18,138,177		-85,230,808	274,264,180
007 MAINTENANCE & REPAIRS	599	599	237,541			986,253
008 OPERATION OF PLANT	11,297	11,297	1,153,377			5,416,100
009 LAUNDRY & LINEN SERVI	2,090	2,090				270,992
010 HOUSEKEEPING	5,058	5,058	3,014,635			5,027,144
011 DIETARY	8,266	8,266	226,708			1,027,449
012 CAFETERIA	15,531	15,531	2,242,252			3,746,511
014 NURSING ADMINISTRATIO	3,283	3,283	4,172,521			6,176,036
015 CENTRAL SERVICES & SU			828,065			3,888,191
016 PHARMACY			5,679,675			14,549,024
017 MEDICAL RECORDS & LIB	5,941	5,941	2,010,133			2,993,170
018 SOCIAL SERVICE	5,302	5,302	1,294,993			2,051,240
022 I&R SERVICES-SALARY &	3,871	3,871	5,101,167			40,969,033
025 INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	94,223	94,223	18,175,789	36,195,740		30,301,446
026 INTENSIVE CARE UNIT	30,116	30,116	9,855,120	22,823,221		16,227,676
026 01 NICU	30,789	30,789	15,829,375	52,082,194		23,716,336
037 ANCILLARY SRVC COST C						
038 OPERATING ROOM	25,794	25,794	6,469,479	35,512,203		13,954,224
038 RECOVERY ROOM	4,084	4,084	1,148,430	6,440,358		2,203,941
040 ANESTHESIOLOGY				8,704,764		507,978
041 RADIOLOGY-DIAGNOSTIC	14,754	14,754	3,386,133	65,748,095		6,303,764
044 LABORATORY	13,094	13,094	5,070,901	83,950,941		13,893,910
047 BLOOD STORING, PROCES			10,582	13,956,584		2,933,074
049 RESPIRATORY THERAPY	3,514	3,514	3,211,568	22,766,737		5,098,922
050 PHYSICAL THERAPY	17,081	17,081	4,542,360	13,666,982		7,008,541
053 ELECTROCARDIOLOGY				4,262,683		1,612,854
054 ELECTROENCEPHALOGRAPH	1,675	1,675	320,195	3,593,083		750,019
055 MEDICAL SUPPLIES CHAR	13,006	13,006	45,506	63,113,583		9,945,599
055 01 DEVICES AND IMPLANTS				30,877,940		8,976,149
056 DRUGS CHARGED TO PATI	6,498	6,498	212,903	77,345,945		10,203,209
057 RENAL DIALYSIS	3,123	3,123	459,185	2,243,994		1,102,786
059 CARDIAC CATHETERIZATI	4,359	4,359	769,114	5,224,349		1,458,097
060 OUTPAT SERVICE COST C						
060 CLINIC	29,787	29,787	4,952,903	11,959,248		9,458,465
061 EMERGENCY	17,116	17,116	5,004,197	30,156,394		8,568,876
062 OBSERVATION BEDS (NON						
062 OTHER REIMBURS COST C						
065 AMBULANCE SERVICES	1,376	1,376	1,999,158	2,353,530		3,711,139
068 SAME DAY SURGERY	20,575	20,575	1,989,579	4,339,744		3,880,291
082 LUNG ACQUISITION						1,069,668
082 SPEC PURPOSE COST CEN						
083 KIDNEY ACQUISITION						243,218
084 LIVER ACQUISITION						530,246
085 HEART ACQUISITION						1,319,396
086 OTHER ORGAN ACQUISITI						942,666
095 SUBTOTALS	638,163	638,163	128,465,170	597,318,312	-85,230,808	273,023,633
096 NONREIMBURS COST CENT						
100 GIFT, FLOWER, COFFEE	987	987				45,142
100 OTHER NONREIMBURSABLE	6,285	6,285	560,297			1,195,405
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	10,270,169	19,249,999	31,045,409	1,424,716		85,230,808
104 (WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	15.912011		.240615			
104 (WRKSHT B, PT I)		29.824845		.002385		.310762
105 COST TO BE ALLOCATED						
105 (WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
106 (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED			55,261	134,594		14,070,520
107 (WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER			.000428		.000225	.051303
108 (WRKSHT B, PT III)						

COST CENTER DESCRIPTION	MAINTENANCE & OPERATIONS REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	NR
	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	(FTES SERVED)	(DIRECT SING HRS)	
	7	8	9	10	11	12	14	
003 GENERAL SERVICE COST								
004 NEW CAP REL COSTS-BLD								
005 NEW CAP REL COSTS-MVB								
006 EMPLOYEE BENEFITS								
006 01 ADMINITTING								
006 02 OTHER ADMINISTRATIVE								
007 MAINTENANCE & REPAIRS	398,875							
008 OPERATION OF PLANT	11,297	387,578						
009 LAUNDRY & LINEN SERVICE	2,090	2,090	2,301,504					
010 HOUSEKEEPING	5,058	5,058		380,430				
011 DIETARY	8,266	8,266		8,266	1,747,783			
012 CAFETERIA	15,531	15,531		15,531	1,167,474	1,724		
014 NURSING ADMINISTRATION	3,283	3,283		3,283		55	1,308,747	
015 CENTRAL SERVICES & SU								
016 PHARMACY								
017 MEDICAL RECORDS & LIB	5,941	5,941		5,941		45		
018 SOCIAL SERVICE	5,302	5,302		5,302		23		
022 I&R SERVICES-SALARY & INPAT ROUTINE SRVC CN	3,871	3,871		3,871		102		
025 ADULTS & PEDIATRICS	94,223	94,223	1,103,692	94,223	134,982	364	416,298	
026 INTENSIVE CARE UNIT	30,116	30,116	97,465	30,116	33,712	166	230,685	
026 01 NICU	30,789	30,789	392,917	30,789		234	302,095	
037 ANCILLARY SRVC COST C								
038 OPERATING ROOM	25,794	25,794	93,430	25,794		90	104,136	
038 RECOVERY ROOM	4,084	4,084	31,310	4,084		15	23,551	
040 ANESTHESIOLOGY								
041 RADIOLOGY-DIAGNOSTIC	14,754	14,754	80,428	14,754		60	1,806	
044 LABORATORY	13,094	13,094		13,094		94		
047 BLOOD STORING, PROCES								
049 RESPIRATORY THERAPY	3,514	3,514		3,514				
050 PHYSICAL THERAPY	17,081	17,081	29,230	17,081		126	5,564	
053 ELECTROCARDIOLOGY								
054 ELECTROENCEPHALOGRAPH	1,675	1,675	5,953	1,675		7		
055 MEDICAL SUPPLIES CHAR	13,006	13,006		13,006		24		
055 01 DEVICES AND IMPLANTS								
056 DRUGS CHARGED TO PATI	6,498	6,498		6,498		74		
057 RENAL DIALYSIS	3,123	3,123	6,645	3,123		7	9,780	
059 CARDIAC CATHETERIZATI	4,359	4,359	14,033	4,359		12	11,617	
060 OUTPAT SERVICE COST C								
061 CLINIC	29,787	29,787	59,036	29,787		78	43,560	
061 EMERGENCY	17,116	17,116	279,129	17,116		85	98,867	
062 OBSERVATION BEDS (NON								
062 OTHER REIMBURS COST C								
065 AMBULANCE SERVICES	1,376	1,376	17,979	1,376		24	26,674	
068 SAME DAY SURGERY	20,575	20,575	48,507	20,575		27	31,022	
082 LUNG ACQUISITION								
082 SPEC PURPOSE COST CEN								
083 KIDNEY ACQUISITION								
084 LIVER ACQUISITION								
085 HEART ACQUISITION								
086 OTHER ORGAN ACQUISITI								
095 SUBTOTALS	391,603	380,306	2,259,754	373,158	1,336,168	1,712	1,305,655	
096 NONREIMBURS COST CENT								
100 GIFT, FLOWER, COFFEE	987	987		987				
101 OTHER NONREIMBURSABLE	6,285	6,285	41,750	6,285	411,615	12	3,092	
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	1,292,743	7,135,831	400,460	6,698,907	1,671,273	6,636,916	8,435,942	
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	3.240973	18.411342	.173999	17.608777	.956225	3,849.719258	6.445816	
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)	82,577	802,752	114,330	503,992	460,652	1,271,392	530,288	
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.207025	2.071201	.049676	1.324796	.263564	737.466357	.405188	

POST STEP DOWN ADJUSTMENTS

PROVIDER NO:
26-3301

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

PREPARED 5/25/2010
WORKSHEET B-2

DESCRIPTION	WORKSHEET		AMOUNT
	PART	LINE NO.	
1	2	3	4
1 ADJ FOR EPO COSTS IN RENAL DIA	1	57	-75,161
2 ADJ FOR EPO COSTS IN HOME PROG	1	64	
3 ADJ FOR ARANESP IN RENAL DIALY	1	57	
4 ADJ FOR ARANESP IN HOME PROGRA	1	64	

WKST A LINE NO.	COST CENTER DESCRIPTION	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	49,143,068		49,143,068		
26	INTENSIVE CARE UNIT	24,967,133		24,967,133		
26 01	NICU	36,087,435		36,087,435		
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	20,337,341		20,337,341		
38	RECOVERY ROOM	3,264,183		3,264,183		
40	ANESTHESIOLOGY	665,838		665,838		
41	RADIOLOGY-DIAGNOSTIC	9,098,610		9,098,610		
44	LABORATORY	19,087,567		19,087,567		
47	BLOOD STORING, PROCESSING	3,844,562		3,844,562		
49	RESPIRATORY THERAPY	6,821,436		6,821,436		
50	PHYSICAL THERAPY	10,383,164		10,383,164		
53	ELECTROCARDIOLOGY	2,114,068		2,114,068		
54	ELECTROENCEPHALOGRAPHY	1,076,843		1,076,843		
55	MEDICAL SUPPLIES CHARGED	18,735,829		18,735,829		
55 01	DEVICES AND IMPLANTS	11,765,595		11,765,595		
56	DRUGS CHARGED TO PATIENTS	32,984,285		32,984,285		
57	RENAL DIALYSIS	1,601,059		1,601,059		
59	CARDIAC CATHETERIZATION L	2,205,877		2,205,877		
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	17,043,344		17,043,344		
61	EMERGENCY	14,501,365		14,501,365		
62	OBSERVATION BEDS (NON-DIS	2,068,984		2,068,984		
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES	5,185,901		5,185,901		
68	SAME DAY SURGERY	6,487,783		6,487,783		
101	SUBTOTAL	299,471,270		299,471,270		
102	LESS OBSERVATION BEDS	2,068,984		2,068,984		
103	TOTAL	297,402,286		297,402,286		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	20,337,341	2,123,442	18,213,899			20,337,341
38	RECOVERY ROOM	3,264,183	341,522	2,922,661			3,264,183
40	ANESTHESIOLOGY	665,838	28,036	637,802			665,838
41	RADIOLOGY-DIAGNOSTIC	9,098,610	1,125,986	7,972,624			9,098,610
44	LABORATORY	19,087,567	1,458,770	17,628,797			19,087,567
47	BLOOD STORING, PROCESSING	3,844,562	154,389	3,690,173			3,844,562
49	RESPIRATORY THERAPY	6,821,436	443,070	6,378,366			6,821,436
50	PHYSICAL THERAPY	10,383,164	1,317,288	9,065,876			10,383,164
53	ELECTROCARDIOLOGY	2,114,068	83,703	2,030,365			2,114,068
54	ELECTROENCEPHALOGRAPHY	1,076,843	129,197	947,646			1,076,843
55	MEDICAL SUPPLIES CHARGED	18,735,829	1,386,481	17,349,348			18,735,829
55 01	DEVICES AND IMPLANTS	11,765,595	467,451	11,298,144			11,765,595
56	DRUGS CHARGED TO PATIENTS	32,984,285	1,672,933	31,311,352			32,984,285
57	RENAL DIALYSIS	1,601,059	226,351	1,374,708			1,601,059
59	CARDIAC CATHETERIZATION L OUTPAT SERVICE COST CNTRS	2,205,877	307,852	1,898,025			2,205,877
60	CLINIC	17,043,344	2,384,943	14,658,401			17,043,344
61	EMERGENCY	14,501,365	1,606,933	12,894,432			14,501,365
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	2,068,984	292,987	1,775,997			2,068,984
65	AMBULANCE SERVICES	5,185,901	292,788	4,893,113			5,185,901
68	SAME DAY SURGERY	6,487,783	1,295,205	5,192,578			6,487,783
101	SUBTOTAL	189,273,634	17,139,327	172,134,307			189,273,634
102	LESS OBSERVATION BEDS	2,068,984	292,987	1,775,997			2,068,984
103	TOTAL	187,204,650	16,846,340	170,358,310			187,204,650

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	20,337,341	2,123,442	18,213,899			20,337,341
38	RECOVERY ROOM	3,264,183	341,522	2,922,661			3,264,183
40	ANESTHESIOLOGY	665,838	28,036	637,802			665,838
41	RADIOLOGY-DIAGNOSTIC	9,098,610	1,125,986	7,972,624			9,098,610
44	LABORATORY	19,087,567	1,458,770	17,628,797			19,087,567
47	BLOOD STORING, PROCESSING	3,844,562	154,389	3,690,173			3,844,562
49	RESPIRATORY THERAPY	6,821,436	443,070	6,378,366			6,821,436
50	PHYSICAL THERAPY	10,383,164	1,317,288	9,065,876			10,383,164
53	ELECTROCARDIOLOGY	2,114,068	83,703	2,030,365			2,114,068
54	ELECTROENCEPHALOGRAPHY	1,076,843	129,197	947,646			1,076,843
55	MEDICAL SUPPLIES CHARGED	18,735,829	1,386,481	17,349,348			18,735,829
55 01	DEVICES AND IMPLANTS	11,765,595	467,451	11,298,144			11,765,595
56	DRUGS CHARGED TO PATIENTS	32,984,285	1,672,933	31,311,352			32,984,285
57	RENAL DIALYSIS	1,601,059	226,351	1,374,708			1,601,059
59	CARDIAC CATHETERIZATION L OUTPAT SERVICE COST CNTRS	2,205,877	307,852	1,898,025			2,205,877
60	CLINIC	17,043,344	2,384,943	14,658,401			17,043,344
61	EMERGENCY	14,501,365	1,606,933	12,894,432			14,501,365
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	2,068,984	292,987	1,775,997			2,068,984
65	AMBULANCE SERVICES	5,185,901	292,788	4,893,113			5,185,901
68	SAME DAY SURGERY	6,487,783	1,295,205	5,192,578			6,487,783
101	SUBTOTAL	189,273,634	17,139,327	172,134,307			189,273,634
102	LESS OBSERVATION BEDS	2,068,984	292,987	1,775,997			2,068,984
103	TOTAL	187,204,650	16,846,340	170,358,310			187,204,650

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	35,512,203	.572686	.572686
38	OPERATING ROOM	6,440,358	.506833	.506833
40	RECOVERY ROOM	8,704,764	.076491	.076491
41	ANESTHESIOLOGY	65,748,095	.138386	.138386
44	RADIOLOGY-DIAGNOSTIC	83,950,941	.227366	.227366
47	LABORATORY	13,956,584	.275466	.275466
49	BLOOD STORING, PROCESSING	22,766,737	.299623	.299623
50	RESPIRATORY THERAPY	13,666,982	.759726	.759726
53	PHYSICAL THERAPY	4,262,683	.495948	.495948
54	ELECTROCARDIOLOGY	3,593,083	.299699	.299699
55	ELECTROENCEPHALOGRAPHY	63,113,583	.296859	.296859
55	MEDICAL SUPPLIES CHARGED	30,877,940	.381036	.381036
56	01 DEVICES AND IMPLANTS	77,345,945	.426451	.426451
57	DRUGS CHARGED TO PATIENTS	2,243,994	.713486	.713486
59	RENAL DIALYSIS	5,224,349	.422230	.422230
	CARDIAC CATHETERIZATION L			
60	OUTPAT SERVICE COST CNTRS	11,959,248	1.425118	1.425118
61	CLINIC	30,156,394	.480872	.480872
62	EMERGENCY	1,431,994	1.444827	1.444827
	OBSERVATION BEDS (NON-DIS			
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	2,353,530	2.203457	2.203457
68	SAME DAY SURGERY	4,339,744	1.494969	1.494969
101	SUBTOTAL	487,649,151		
102	LESS OBSERVATION BEDS	1,431,994		
103	TOTAL	486,217,157		

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, 11) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, 111) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS				6,959,091		6,959,091
26	INTENSIVE CARE UNIT				2,610,627		2,610,627
26 01	NICU				3,196,678		3,196,678
101	TOTAL				12,766,396		12,766,396

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		2,123,442	35,512,203	77,486		
38	RECOVERY ROOM		341,522	6,440,358	13,243		
40	ANESTHESIOLOGY		28,036	8,704,764	20,889		
41	RADIOLOGY-DIAGNOSTIC		1,125,986	65,748,095	43,051		
44	LABORATORY		1,458,770	83,950,941	202,820		
47	BLOOD STORING, PROCESSING		154,389	13,956,584	12,737		
49	RESPIRATORY THERAPY		443,070	22,766,737	112,581		
50	PHYSICAL THERAPY		1,317,288	13,666,982	813		
53	ELECTROCARDIOLOGY		83,703	4,262,683	5,991		
54	ELECTROENCEPHALOGRAPHY		129,197	3,593,083			
55	MEDICAL SUPPLIES CHARGED		1,386,481	63,113,583	232,915		
55	01 DEVICES AND IMPLANTS		467,451	30,877,940			
56	DRUGS CHARGED TO PATIENTS		1,672,933	77,345,945	360,037		
57	RENAL DIALYSIS		226,351	2,243,994	46,364		
59	CARDIAC CATHETERIZATION L		307,852	5,224,349			
	OUTPAT SERVICE COST CNTRS						
60	CLINIC		2,384,943	11,959,248	1,008		
61	EMERGENCY		1,606,933	30,156,394	12,604		
62	OBSERVATION BEDS (NON-DIS		292,987	1,431,994	3,072		
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
68	SAME DAY SURGERY		1,295,205	4,339,744			
101	TOTAL		16,846,539	485,295,621	1,145,611		

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

PROVIDER NO: 26-3301
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 PREPARED 5/25/2010
 WORKSHEET D
 PART III
 TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					42,469	
26	INTENSIVE CARE UNIT					10,160	
26 01	NICU					23,710	
101	TOTAL					76,339	

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

PROVIDER NO:	PERIOD:	PREPARED
26-3301	FROM 1/ 1/2009	5/25/2010
	TO 12/31/2009	WORKSHEET D
		PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS		317
26	INTENSIVE CARE UNIT		35
26 01	NICU		
101	TOTAL		352

TITLE XVIII, PART A HOSPITAL TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55 01	DEVICES AND IMPLANTS						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	CARDIAC CATHETERIZATION L						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
68	SAME DAY SURGERY						
101	TOTAL						

TITLE XVIII, PART A

HOSPITAL

TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			35,512,203			77,486	
38	OPERATING ROOM			6,440,358			13,243	
40	RECOVERY ROOM			8,704,764			20,889	
41	ANESTHESIOLOGY			65,748,095			43,051	
44	RADIOLOGY-DIAGNOSTIC			83,950,941			202,820	
47	LABORATORY			13,956,584			12,737	
49	BLOOD STORING, PROCESSING			22,766,737			112,581	
50	RESPIRATORY THERAPY			13,666,982			813	
53	PHYSICAL THERAPY			4,262,683			5,991	
54	ELECTROCARDIOLOGY			3,593,083				
55	ELECTROENCEPHALOGRAPHY			63,113,583			232,915	
55	01 MEDICAL SUPPLIES CHARGED			30,877,940				
56	DEVICES AND IMPLANTS			77,345,945			360,037	
57	DRUGS CHARGED TO PATIENTS			2,243,994			46,364	
59	RENAL DIALYSIS			5,224,349				
60	CARDIAC CATHETERIZATION L							
60	OUTPAT SERVICE COST CNTRS							
60	CLINIC			11,959,248			1,008	
61	EMERGENCY			30,156,394			12,604	
62	OBSERVATION BEDS (NON-DIS			1,431,994			3,072	
65	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
68	SAME DAY SURGERY			4,339,744				
101	TOTAL			485,295,621			1,145,611	

TITLE XVIII, PART A HOSPITAL TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
40	ANESTHESIOLOGY	629					
41	RADIOLOGY-DIAGNOSTIC	62,726					
44	LABORATORY	2,321					
47	BLOOD STORING, PROCESSING	613					
49	RESPIRATORY THERAPY	1,391					
50	PHYSICAL THERAPY	2,326					
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY	857					
55	MEDICAL SUPPLIES CHARGED	42,855					
55	01 DEVICES AND IMPLANTS						
56	DRUGS CHARGED TO PATIENTS	2,490,799					
57	RENAL DIALYSIS						
59	CARDIAC CATHETERIZATION L						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	50,352					
61	EMERGENCY	11,101					
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
68	SAME DAY SURGERY						
101	TOTAL	2,665,970					

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		206,658	
26	INTENSIVE CARE UNIT		77,945	
26	01 NICU			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.572686	77,486	44,375
38	RECOVERY ROOM	.506833	13,243	6,712
40	ANESTHESIOLOGY	.076491	20,889	1,598
41	RADIOLOGY-DIAGNOSTIC	.138386	43,051	5,958
44	LABORATORY	.227366	202,820	46,114
47	BLOOD STORING, PROCESSING & TRANS.	.275466	12,737	3,509
49	RESPIRATORY THERAPY	.299623	112,581	33,732
50	PHYSICAL THERAPY	.759726	813	618
53	ELECTROCARDIOLOGY	.495948	5,991	2,971
54	ELECTROENCEPHALOGRAPHY	.299699		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.296859	232,915	69,143
55	01 DEVICES AND IMPLANTS	.381036		
56	DRUGS CHARGED TO PATIENTS	.426451	360,037	153,538
57	RENAL DIALYSIS	.713486	46,364	33,080
59	CARDIAC CATHETERIZATION LABORATORY	.422230		
60	OUTPAT SERVICE COST CNTRS CLINIC	1.425118	1,008	1,437
61	EMERGENCY	.480872	12,604	6,061
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	1.444827	3,072	4,439
65	AMBULANCE SERVICES			
68	SAME DAY SURGERY	1.494969		
101	TOTAL		1,145,611	413,285
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,145,611	

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		4,709,029	
26	INTENSIVE CARE UNIT		3,122,168	
26	01 NICU		10,920,750	
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.572686	3,050,142	1,746,774
38	RECOVERY ROOM	.506833	235,305	119,260
40	ANESTHESIOLOGY	.076491	596,214	45,605
41	RADIOLOGY-DIAGNOSTIC	.138386	3,081,663	426,459
44	LABORATORY	.227366	6,408,475	1,457,069
47	BLOOD STORING, PROCESSING & TRANS.	.275466	564,245	155,430
49	RESPIRATORY THERAPY	.299623	3,360,955	1,007,019
50	PHYSICAL THERAPY	.759726	964,504	732,759
53	ELECTROCARDIOLOGY	.495948	563,574	279,503
54	ELECTROENCEPHALOGRAPHY	.299699	307,764	92,237
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.296859	6,542,000	1,942,052
55	01 DEVICES AND IMPLANTS	.381036	2,120,217	807,879
56	DRUGS CHARGED TO PATIENTS	.426451	8,142,099	3,472,206
57	RENAL DIALYSIS	.713486	16,985	12,119
59	CARDIAC CATHETERIZATION LABORATORY	.422230	251,432	106,162
60	OUTPAT SERVICE COST CNTRS CLINIC	1.425118	160,538	228,786
61	EMERGENCY	.480872	489,041	235,166
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	1.444827		
65	AMBULANCE SERVICES			
68	SAME DAY SURGERY	1.494969		
101	TOTAL		36,855,153	12,866,485
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		36,855,153	

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)
		1	D	2	D-1	3	4
1	ADULTS & PEDIATRICS	4,214	38	1,157.15		7	8,100
2	INTENSIVE CARE UNIT	13,365	43	2,457.39		9	22,117
2.01	NICU		43.01	1,522.03			
7	TOTAL (SUM OF LINES 1-6)	17,579				16	30,217

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	3
8	OPERATING ROOM	37	.572686	53,929	30,884
9	RECOVERY ROOM	38	.506833	3,665	1,858
11	ANESTHESIOLOGY	40	.076491	7,017	537
12	RADIOLOGY-DIAGNOSTIC	41	.138386	11,498	1,591
15	LABORATORY	44	.227366	21,213	4,823
18	BLOOD STORING, PROCESSING	47	.275466		
20	RESPIRATORY THERAPY	49	.299623	4,599	1,378
21	PHYSICAL THERAPY	50	.759726		
24	ELECTROCARDIOLOGY	53	.495948	538	267
25	ELECTROENCEPHALOGRAPHY	54	.299699		
26	MEDICAL SUPPLIES CHARGED	55	.296859	16,329	4,847
26.01	DEVICES AND IMPLANTS	55.01	.381036		
27	DRUGS CHARGED TO PATIENTS	56	.426451	5,524	2,356
28	RENAL DIALYSIS	57	.713486		
30	CARDIAC CATHETERIZATION L	59	.422230		
31	CLINIC	60	1.425118		
32	EMERGENCY	61	.480872		
33	OBSERVATION BEDS (NON-DIS	62	1.444827		
35	TOTAL (SUM OF LINES 8-34)			124,312	48,541

KIDNEY

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

COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		AVERAGE COST PER DAY	ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS
		1	2	3
36	ADULTS & PEDIATRICS	D		
		2	7	
37	INTENSIVE CARE UNIT	3	9	
37.01	NICU	3.01		
42	TOTAL (SUM OF LINES 36-41)		16	

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

KIDNEY

PART III - SUMMARY OF COSTS AND CHARGES

	C O S T		C H A R G E S	
	PART A 1	PART B 2	PART A 3	PART B 4
48 ROUTINE & ANCILLARY FROM PT 1	78,758		141,891	
49 INTERNS & RESIDENTS (INPATIENT)				
50 INTERNS & RESIDENTS (OUTPATIENT)				
51 DIRECT ORGAN ACQUISITION	318,801		540,626	
52 COST OF SERVS OF TEACHING PHYSICIANS				
53 TOTAL (SUM OF LINES 48-52)	397,559		682,517	
54 TOTAL USABLE ORGANS		15		
55 MEDICARE USABLE ORGANS		10		
56 RATIO MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		0.666667		
57 MEDICARE COST/CHARGES	265,039		455,012	
58 REVENUE FOR ORGANS SOLD	59,462		59,462	
59 SUBTOTAL (LN 57 MINUS LN 58)	205,577		395,550	
60 ORGANS FURNISHED PART B				
61 NET ORGAN ACQUISITION COST & CHARGES	205,577		395,550	

PART IV - STATISTICS

	LI V I N G R E L A T E D		C A D A V E R I C	R E V E N U E
	1	3		
62 ORGANS EXCISED IN PROVIDER (1)		3	9	
63 ORGANS PURCH OTH TRANSPLANT HOSPS(2)				
64 ORGANS PURCH FROM NON-TRANSPLT HOSPS				
65 ORGANS PURCHASED FROM OPOS			3	
66 TOTAL (SUM OF LINES 62-65)		3	12	
67 ORGANS TRANSPLANTED		3	3	
68 ORGANS SOLD TO OTHER HOSPITALS				
69 ORGANS SOLD TO OPOS			9	
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)		3	12	

(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	5,346	38	1,157.15		7	8,100
2	INTENSIVE CARE UNIT	7,364	43	2,457.39		4	9,830
2.01	NICU		43.01	1,522.03			
7	TOTAL (SUM OF LINES 1-6)	12,710				11	17,930

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	.572686	23,373	13,385
9	RECOVERY ROOM	38	.506833	1,361	690
11	ANESTHESIOLOGY	40	.076491	3,305	253
12	RADIOLOGY-DIAGNOSTIC	41	.138386	12,802	1,772
15	LABORATORY	44	.227366	19,359	4,402
18	BLOOD STORING, PROCESSING	47	.275466	218	60
20	RESPIRATORY THERAPY	49	.299623	3,020	905
21	PHYSICAL THERAPY	50	.759726		
24	ELECTROCARDIOLOGY	53	.495948	368	183
25	ELECTROENCEPHALOGRAPHY	54	.299699		
26	MEDICAL SUPPLIES CHARGED	55	.296859	7,856	2,332
26.01	DEVICES AND IMPLANTS	55.01	.381036		
27	DRUGS CHARGED TO PATIENTS	56	.426451	4,590	1,957
28	RENAL DIALYSIS	57	.713486		
30	CARDIAC CATHETERIZATION L	59	.422230		
31	CLINIC	60	1.425118		
32	EMERGENCY	61	.480872		
33	OBSERVATION BEDS (NON-DIS	62	1.444827		
35	TOTAL (SUM OF LINES 8-34)			76,252	25,939

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
		1	2	3
36	ADULTS & PEDIATRICS	2	7	
37	INTENSIVE CARE UNIT	3	4	
37.01	NICU	3.01		
42	TOTAL (SUM OF LINES 36-41)		11	

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

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	43,869		88,962	
49 INTERNS & RESIDENTS (INPATIENT)				
50 INTERNS & RESIDENTS (OUTPATIENT)				
51 DIRECT ORGAN ACQUISITION	695,026		1,407,594	
52 COST OF SERVS OF TEACHING PHYSICIANS				
53 TOTAL (SUM OF LINES 48-52)	738,895		1,496,556	
54 TOTAL USABLE ORGANS		18		
55 MEDICARE USABLE ORGANS		4		
56 RATIO MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		0.222222		
57 MEDICARE COST/CHARGES	164,199		332,568	
58 REVENUE FOR ORGANS SOLD	33,962		33,962	
59 SUBTOTAL (LN 57 MINUS LN 58)	130,237		298,606	
60 ORGANS FURNISHED PART B				
61 NET ORGAN ACQUISITION COST & CHARGES	130,237		298,606	

PART IV - STATISTICS

	LIVING RELATED	CADAVERIC	REVENUE
	1	2	3
62 ORGANS EXCISED IN PROVIDER (1)			
63 ORGANS PURCH OTH TRANSPLANT HOSPS(2)	1		4
64 ORGANS PURCH FROM NON-TRANSPLT HOSPS			
65 ORGANS PURCHASED FROM OPOS			13
66 TOTAL (SUM OF LINES 62-65)	1		17
67 ORGANS TRANSPLANTED	1		13
68 ORGANS SOLD TO OTHER HOSPITALS			
69 ORGANS SOLD TO OPOS			4
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)	1		17

(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		38	1,157.15			
2	INTENSIVE CARE UNIT		43	2,457.39			
2.01	NICU		43.01	1,522.03			
7	TOTAL (SUM OF LINES 1-6)						

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	.572686		
9	RECOVERY ROOM	38	.506833		
11	ANESTHESIOLOGY	40	.076491		
12	RADIOLOGY-DIAGNOSTIC	41	.138386		
15	LABORATORY	44	.227366		
18	BLOOD STORING, PROCESSING	47	.275466		
20	RESPIRATORY THERAPY	49	.299623		
21	PHYSICAL THERAPY	50	.759726		
24	ELECTROCARDIOLOGY	53	.495948		
25	ELECTROENCEPHALOGRAPHY	54	.299699		
26	MEDICAL SUPPLIES CHARGED	55	.296859		
26.01	DEVICES AND IMPLANTS	55.01	.381036		
27	DRUGS CHARGED TO PATIENTS	56	.426451		
28	RENAL DIALYSIS	57	.713486		
30	CARDIAC CATHETERIZATION L	59	.422230		
31	CLINIC	60	1.425118		
32	EMERGENCY	61	.480872		
33	OBSERVATION BEDS (NON-DIS	62	1.444827		
35	TOTAL (SUM OF LINES 8-34)				

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
		1	2	3
	D			
36	ADULTS & PEDIATRICS	2		
37	INTENSIVE CARE UNIT	3		
37.01	NICU	3.01		
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
		1	2	3
	D			
43	CLINIC	20		
44	EMERGENCY	21		
45	OBSERVATION BEDS (NON-DISTINCT PART)	22		
47	TOTAL (SUM OF LINES 43-46)			

HEART

PART III - SUMMARY OF COSTS AND CHARGES

	C O S T		C H A R G E S	
	PART A 1	PART B 2	PART A 3	PART B 4
48 ROUTINE & ANCILLARY FROM PT 1				
49 INTERNS & RESIDENTS (INPATIENT)				
50 INTERNS & RESIDENTS (OUTPATIENT)				
51 DIRECT ORGAN ACQUISITION	1,729,414		2,738,916	
52 COST OF SERVS OF TEACHING PHYSICIANS				
53 TOTAL (SUM OF LINES 48-52)	1,729,414		2,738,916	
54 TOTAL USABLE ORGANS		23		
55 MEDICARE USABLE ORGANS				
56 RATIO MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		0.000000		
57 MEDICARE COST/CHARGES				
58 REVENUE FOR ORGANS SOLD				
59 SUBTOTAL (LN 57 MINUS LN 58)				
60 ORGANS FURNISHED PART B				
61 NET ORGAN ACQUISITION COST & CHARGES				

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)			
63 ORGANS PURCH OTH 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	2,738,916
68 ORGANS SOLD TO OTHER HOSPITALS			
69 ORGANS SOLD TO OPOS			
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) 4
		1	D	2	3	
1	ADULTS & PEDIATRICS		38	1,157.15		
2	INTENSIVE CARE UNIT	1,134	43	2,457.39	2	4,915
2.01	NICU		43.01	1,522.03		
7	TOTAL (SUM OF LINES 1-6)	1,134			2	4,915

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	.572686	2,081	1,192
9	RECOVERY ROOM	38	.506833		
11	ANESTHESIOLOGY	40	.076491	235	18
12	RADIOLOGY-DIAGNOSTIC	41	.138386		
15	LABORATORY	44	.227366	862	196
18	BLOOD STORING, PROCESSING	47	.275466		
20	RESPIRATORY THERAPY	49	.299623	327	98
21	PHYSICAL THERAPY	50	.759726		
24	ELECTROCARDIOLOGY	53	.495948		
25	ELECTROENCEPHALOGRAPHY	54	.299699		
26	MEDICAL SUPPLIES CHARGED	55	.296859	1,498	445
26.01	DEVICES AND IMPLANTS	55.01	.381036		
27	DRUGS CHARGED TO PATIENTS	56	.426451		
28	RENAL DIALYSIS	57	.713486		
30	CARDIAC CATHETERIZATION L	59	.422230		
31	CLINIC	60	1.425118		
32	EMERGENCY	61	.480872		
33	OBSERVATION BEDS (NON-DIS	62	1.444827		
35	TOTAL (SUM OF LINES 8-34)			5,003	1,949

LUNG

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

COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		AVERAGE COST PER DAY	ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS
	D	1	2	3
36	ADULTS & PEDIATRICS	2		
37	INTENSIVE CARE UNIT	3	2	
37.01	NICU	3.01		
42	TOTAL (SUM OF LINES 36-41)		2	

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

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	6,864		6,137	
49 INTERNS & RESIDENTS (INPATIENT)				
50 INTERNS & RESIDENTS (OUTPATIENT)				
51 DIRECT ORGAN ACQUISITION	1,402,080		2,479,793	
52 COST OF SERVS OF TEACHING PHYSICIANS				
53 TOTAL (SUM OF LINES 48-52)	1,408,944		2,485,930	
54 TOTAL USABLE ORGANS		39		
55 MEDICARE USABLE ORGANS		2		
56 RATIO MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		0.051282		
57 MEDICARE COST/CHARGES	72,253		127,483	
58 REVENUE FOR ORGANS SOLD	6,136		6,136	
59 SUBTOTAL (LN 57 MINUS LN 58)	66,117		121,347	
60 ORGANS FURNISHED PART B				
61 NET ORGAN ACQUISITION COST & CHARGES	66,117		121,347	

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)			2
63 ORGANS PURCH OTH TRANSPLANT HOSPS(2)			
64 ORGANS PURCH FROM NON-TRANSPLT HOSPS			
65 ORGANS PURCHASED FROM OPOS			39
66 TOTAL (SUM OF LINES 62-65)			41
67 ORGANS TRANSPLANTED			39
68 ORGANS SOLD TO OTHER HOSPITALS			
69 ORGANS SOLD TO OPOS			2
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)			41

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	1,163,888
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	619,255
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	890
1.04	LINE 1.01 TIMES LINE 1.03.	1,035,860
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	59.78
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	416,605
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	
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)	1,035,860
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	82,738
19	SUBTOTAL (SEE INSTRUCTIONS)	953,122
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	17,762
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	970,884
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	970,884
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	970,884
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	970,884
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	729,238
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	241,646
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)	

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)		883,963
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)		
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT		
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)		
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)		
1.05	OUTLIER PAYMENTS		
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)		
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		
	INPATIENT PSYCHIATRIC FACILITY (IPF)		
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)		
1.09	NET IPF PPS OUTLIER PAYMENTS		
1.10	NET IPF PPS ECT PAYMENTS		
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)		
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)		
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)		
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1)\}$.		
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).		
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)		
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)		
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)		
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)		
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)		
	INPATIENT REHABILITATION FACILITY (IRF)		
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)		
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)		
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)		
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.39/1.40)) \text{ RAISED TO THE POWER OF } .9012 - 1)\}$.		
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).		
2	ORGAN ACQUISITION		401,931
3	COST OF TEACHING PHYSICIANS		
4	SUBTOTAL (SEE INSTRUCTIONS)		1,285,894
5	PRIMARY PAYER PAYMENTS		
6	SUBTOTAL		1,285,894
7	DEDUCTIBLES		19,180
8	SUBTOTAL		1,266,714
9	COINSURANCE		38,982
10	SUBTOTAL		1,227,732
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)		
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
12	SUBTOTAL		1,227,732
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		19,351
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
15	OTHER ADJUSTMENTS (SPECIFY)		

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

15.99	OUTLIER RECONCILIATION ADJUSTMENT	
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	1,247,083
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	1,010,153
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	236,930
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

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

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

TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)		
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY		
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)		
3	AGGREGATE APPROVED AMOUNT		
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96		113.79
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)		3.00
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4). E-3, PT 6 LN 4 + LINE 3.03		
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)		116.79
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		150.18
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		116.79
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		79.14
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		51.78
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		130.92
3.10	SEE INSTRUCTIONS		101.81
3.11	WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		
3.12	SEE INSTRUCTIONS		40.27
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		41.64
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		50.92
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	44.28
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)		44.28
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		77,548.64
3.18	SEE INSTRUCTIONS		3,433,854
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		59.37
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		50.29
3.21	SEE INSTRUCTIONS	RES INIT YEARS	57.07
3.22	SEE INSTRUCTIONS		57.07
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		77,548.64
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		4,425,701
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		7,859,555

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		352
5	TOTAL INPATIENT DAYS		74,551
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.004722
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	37,113	37,113
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		74,551
6.04	ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS)		100.00
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.		
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)		
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	PRIOR TO 422 E-3, 6 LN 12	100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD		

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

7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS		
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES		2,243,994

TITLE XVIII

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

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

- 12 REASONABLE COST (SEE INSTRUCTIONS) 866,111
- 13 ORGAN ACQUISITION COSTS 401,931
- 14 COST OF TEACHING PHYSICIANS
- 15 PRIMARY PAYER PAYMENTS
- 16 TOTAL PART A REASONABLE COST 1,268,042

PART B REASONABLE COST

- 17 REASONABLE COST 1,163,888
- 18 PRIMARY PAYER PAYMENTS
- 19 TOTAL PART B REASONABLE COST 1,163,888
- 20 TOTAL REASONABLE COST 2,431,930
- 21 RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST .521414
- 22 RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST .478586

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 37,113
 (SUM OF LINES 6.01, 6.05, & 6.08)
- 24 PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY 19,351
- 25 PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY 17,762

TITLE XIX

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)		
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY		
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)		
3	AGGREGATE APPROVED AMOUNT		
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96		113.79
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)		3.00
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4).	E-3, PT 6 LN 4 + LINE 3.03	
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)		116.79
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		150.18
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		116.79
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		79.14
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		51.78
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		130.92
3.10	SEE INSTRUCTIONS		101.81
3.11	WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		
3.12	SEE INSTRUCTIONS		40.27
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		41.64
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		50.92
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	44.28
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)		44.28
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		77,548.64
3.18	SEE INSTRUCTIONS		3,433,854
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		59.37
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		50.29
3.21	SEE INSTRUCTIONS	RES INIT YEARS	57.07
3.22	SEE INSTRUCTIONS		57.07
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		77,548.64
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		4,425,701
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		7,859,555

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		11,884
5	TOTAL INPATIENT DAYS		74,551
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.159408
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	1,252,876	1,252,876
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		15,796
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		74,551
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.		1,429,991
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)		
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	PRIOR TO 422 E-3, 6 LN 12	100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD		

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

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

TITLE XIX

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

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

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

PART B REASONABLE COST

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

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

- 23 TOTAL PROGRAM GME PAYMENT
- 23.01 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 10/1/97
 (SUM OF LINES 6.01, 6.05, & 6.08) 2,682,867
- 24 PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY
- 25 PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		367,134,433		
2	NET INCOME (LOSS)		87,161,172		
3	TOTAL		454,295,605		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		454,295,605		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM	6			
14					
15					
16					
17					
18	TOTAL DEDUCTIONS		6		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		454,295,599		

		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					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				

DESCRIPTION

1	TOTAL PATIENT REVENUES	606,416,295
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	207,329,205
3	NET PATIENT REVENUES	399,087,090
4	LESS: TOTAL OPERATING EXPENSES	371,344,777
5	NET INCOME FROM SERVICE TO PATIENTS	27,742,313
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	40,954,469
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	5,362,396
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	50,521
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER (SPECIFY)	13,322,065
25	TOTAL OTHER INCOME	59,689,451
26	TOTAL	87,431,764
	OTHER EXPENSES	
27	PHYSICIAN PRACTICE	270,592
28		
29		
30	TOTAL OTHER EXPENSES	270,592
31	NET INCOME (OR LOSS) FOR THE PERIOD	87,161,172

	TOTAL COSTS 1	BASIS 2	STATISTICS 3	FTEs PER 2080 HOURS 4
1 REGISTERED NURSES	312,068	HOURS OF SERVICE	9,780.00	4.70
2 LICENCED PRACTICAL NURSES		HOURS OF SERVICE		
3 NURSES AIDES	1,944	HOURS OF SERVICE	173.00	.08
4 TECHNICIANS		HOURS OF SERVICE		
5 SOCIAL WORKERS		HOURS OF SERVICE		
6 DIETICIANS		HOURS OF SERVICE		
7 PHYSICIANS		ACCUMULATED COST		
8 NON-PATIENT CARE SALARY	140,509	ACCUMULATED COST		
9 SUBTOTAL (SUM OF LINES 1-8)	454,521			
10 EMPLOYEE BENEFITS	32,494	SALARY		
11 OLD & NEW CAPITAL RELATED COSTS-BLDGS. &		SQUARE FEET		
12 OLD & NEW CAPITAL RELATED COSTS-MOV. EQU		PERCENTAGE OF TIME		
13 MACHINE COSTS & REPAIRS		PERCENTAGE OF TIME		
14 SUPPLIES	243,147	REQUISITIONS		
15 DRUGS	94,743	REQUISITIONS		
16 OTHER	19,206	ACCUMULATED COST		
17 SUBTOTAL (SUM OF LINES 9-16)*	844,111			
18 OLD CAPITAL RELATED COSTS-BLDGS. & FIXTU		SQUARE FEET		
19 OLD CAPITAL RELATED COSTS-MOV. EQUIP.		PERCENTAGE OF TIME		
20 NEW CAPITAL RELATED COSTS-BLDGS. & FIXTU	49,693	SQUARE FEET		
21 NEW CAPITAL RELATED COSTS-MOV. EQUIP.	93,143	PERCENTAGE OF TIME		
22 EMPLOYEE BENEFITS	110,487	SALARY		
23 ADMINISTRATIVE AND GENERAL	348,056	ACCUMULATED COST		
24 MAINT./REPAIRS-OPERERATION-HOUSEKEEPING	122,613	SQUARE FEET		
25 MEDICAL EDUCATION PROGRAM COSTS				
26 CENTRAL SERVICES & SUPPLIES		REQUISITIONS		
27 PHARMACY	-75,161	REQUISITIONS		
28 OTHER ALLOCATED COST	108,117	ACCUMULATED COST		
29 SUBTOTAL (SUM OF LINES 17-28)*	1,601,059			
30 LABORATORY (SEE INSTRUCTIONS)		CHARGES		
31 RESPIRATORY THERAPY (SEE INSTRUCTIONS)		CHARGES		
32 OTHER (SEE INSTRUCTIONS)		CHARGES		
33 TOTAL COSTS (SUM OF LINES 29-32)	1,601,059			

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

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

PROVIDER NO: 26-3301
 PERIOD: FROM 1/1/2009 TO 12/31/2009
 SATELLITE NO:
 PREPARED 5/25/2010
 WORKSHEET 1-2

CHECK ONE: XX RENAL DIALYSIS DEPARTMENT HOME PROGRAM DIALYSIS

OUTPATIENT SERVICES COMPOSITE PAYMENT RATE		CAPITAL AND RELATED COSTS EQUIPMENT		DIRECT PATIENT CARE SALARY OTHER		EMPLOYEE BENEFITS
		1	2	3	4	5
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	172,306	93,143	312,068	1,944	142,981
2	HEMODIALYSIS			178,303		81,689
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD	11,450	6,520	28,407	124	13,013
7	CCDP HOME					
8	HEMODIALYSIS					
9	INTERMITTENT PERITONEAL					
10	CAPD			42,204		19,343
11	CCDP					
12	OTHER BILLABLE SERVICES INPATIENT DIALYSIS	160,856	86,623	63,154	1,820	28,936
13	METHOD II HOME PATIENT					
14	EPO (INCLUDED IN RENAL DEPARTMENT)					
14.01	ARANESP (INCLUDED IN RENAL DEPARTMENT)					
15	OTHER					
16	TOTAL (SUM OF LINES 2-15)	172,306	93,143	312,068	1,944	142,981
17	MEDICAL EDUCATION PROGRAM COSTS					
18	TOTAL RENAL COSTS (LINE 16 + LINE 17)					

OUTPATIENT SERVICES COMPOSITE PAYMENT RATE		DRUGS	MEDICAL SUPPLIES	ROUTINE ANCILLARY SERVICES	SUBTOTAL (SUM OF COLS. 1-8)	OVERHEAD
		6	7	8	9	10
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	19,582	243,147		985,171	615,888
2	HEMODIALYSIS				259,992	162,536
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD	1,299	16,133		76,946	48,103
7	CCDP HOME					
8	HEMODIALYSIS					
9	INTERMITTENT PERITONEAL					
10	CAPD				61,547	38,477
11	CCDP					
12	OTHER BILLABLE SERVICES INPATIENT DIALYSIS	18,283	227,014		586,686	366,772
13	METHOD II HOME PATIENT					
14	EPO (INCLUDED IN RENAL DEPARTMENT)					
14.01	ARANESP (INCLUDED IN RENAL DEPARTMENT)					
15	OTHER					
16	TOTAL (SUM OF LINES 2-15)	19,582	243,147		985,171	615,888
17	MEDICAL EDUCATION PROGRAM COSTS					
18	TOTAL RENAL COSTS (LINE 16 + LINE 17)					

OUTPATIENT SERVICES COMPOSITE PAYMENT RATE		TOTAL (COL. 9 + COL. 10)
		11
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	1,601,059
2	HEMODIALYSIS	422,528
3	INTERMITTENT PERITONEAL TRAINING	
4	HEMODIALYSIS	
5	INTERMITTENT PERITONEAL	
6	CAPD	125,049
7	CCDP HOME	
8	HEMODIALYSIS	
9	INTERMITTENT PERITONEAL	
10	CAPD	100,024
11	CCDP	
12	OTHER BILLABLE SERVICES INPATIENT DIALYSIS	953,458
13	METHOD II HOME PATIENT	
14	EPO (INCLUDED IN RENAL DEPARTMENT)	
14.01	ARANESP (INCLUDED IN RENAL DEPARTMENT)	
15	OTHER	
16	TOTAL (SUM OF LINES 2-15)	1,601,059
17	MEDICAL EDUCATION PROGRAM COSTS	
18	TOTAL RENAL COSTS (LINE 16 + LINE 17)	1,601,059

CHECK ONE: XX RENAL DIALYSIS DEPARTMENT HOME PROGRAM DIALYSIS

COMPOSITE PAYMENT SERVICES		CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE SALARY		EMPLOYEE BENEFITS
		1 BUILDING (SQUARE FEET)	2 EQUIPMENT (% OF TIME)	3 RNs (HOURS)	4 OTHER (HOURS)	5 (SALARY)
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	172,306	93,143	312,068	1,944	142,981
2	HEMODIALYSIS			3,515.00		262,344
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD	204	.07	560.00	11.00	41,791
7	CCDP					
8	HOME					
9	HEMODIALYSIS					
10	INTERMITTENT PERITONEAL					
11	CAPD			832.00		62,120
11	CCDP					
12	OTHER BILLABLE SERVICES					
13	INPATIENT DIALYSIS TREATMENTS	197	2,866	.93	1,245.00	162.00
13	METHOD II HOME PATIENT					
14	EPO					
14.01	ARANESP					
15	OTHER					
16	TOTAL STATISTICAL BASIS	3,070	1.00	6,152.00	173.00	459,184
17	UNIT COST MULTIPLIER (LINE 1 DIVIDED BY LINE 16)	56.125733	3143.000000	50.726268	11.236994	.311381

COMPOSITE PAYMENT SERVICES		6 DRUGS (REQUI ST.)	7 MEDICAL SUPPLIES (REQUI ST.)	8 ROUTINE ANCILLARY SERVICES (CHARGES)	9 SUBTOTAL (SUM OF COLS. 1-8)	10 OVERHEAD (ACCUMULATED COST)
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	19,582	243,147		985,171	615,888
2	HEMODIALYSIS					
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD	6,286	10,304			
7	CCDP					
8	HOME					
9	HEMODIALYSIS					
10	INTERMITTENT PERITONEAL					
11	CAPD					
11	CCDP					
12	OTHER BILLABLE SERVICES					
13	INPATIENT DIALYSIS TREATMENTS	197	88,457	144,987	97	
13	METHOD II HOME PATIENT					
14	EPO					
14.01	ARANESP					
15	OTHER					
16	TOTAL STATISTICAL BASIS	94,743	155,291	97		985,171
17	UNIT COST MULTIPLIER (LINE 1 DIVIDED BY LINE 16)	.206685	1.565751			.625158

PROVIDER NO:	PERIOD:	PREPARED
26-3301	FROM 1/ 1/2009	5/25/2010
SATELLITE NO:	TO 12/31/2009	WORKSHEET 1-5
		RATE 0

CALCULATION OF REIMBURSABLE
BAD DEBTS - TITLE XVIII - PART B

	DESCRIPTION	
1	TOTAL EXPENSES RELATED TO CARE OF PROGRAM BENEFICIARIES (SEE INSTRUCTIONS)	276,435
2	TOTAL PAYMENT (FROM WORKSHEET 1-4, COLUMN 7, LINE 11)	115,565
3	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS	
4	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS	
5	BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE, NET OF BAD DEBT RECOVERIES	
5.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	
6	NET DEDUCTIBLES AND COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SUM OF LINES 3 & 4 LESS LINE 5)	
7	PROGRAM PAYMENT (LINE 2 LESS LINE 3, TIMES 80%)	92,452
8	UNRECOVERED FROM MEDICARE (PART B) PATIENTS (LESSER OF LINE 1 OR LINE 2 MINUS THE SUM OF LINES 6 AND 7. IF NEGATIVE, ENTER ZERO AND DO NOT COMPLETE LINE 9.)	23,113
9	REIMBURSABLE BAD DEBTS (LESSER OF LINE 8 OR LINE 5)(TRANSFER TO WORKSHEET E, PART B, LINE 26)	