

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

FORM APPROVED  
 OMB NO. 0938-0050

WORKSHEET S  
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		26-0032		FROM 1/ 1/2010		--AUDITED --DESK REVIEW		/ /
				TO 12/31/2010		--INITIAL --REOPENED		INTERMEDIARY NO:
						--FINAL 1-MCR CODE		
						00 - # OF REOPENINGS		

ELECTRONICALLY FILED COST REPORT DATE: 5/24/2011 TIME 12:47

PART I - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

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

FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2010 AND ENDING 12/31/2010 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	2,457,923	211,073	56,628,766
2	SUBPROVIDER	0	-126,688	425	265,649
5	HOSPITAL-BASED SNF	0	143,466	0	0
6	HOSPITAL-BASED NF	0	0	0	-60,088
100	TOTAL	0	2,474,701	211,498	56,834,327

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

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











COMPONENT	I & R FTES		--- FULL TIME EQUIV ---		----- DISCHARGES -----			TOTAL ALL PATIENTS
	NET	EMPLOYEES ON PAYROLL	NONPAID WORKERS	TITLE V	TITLE XVIII	TITLE XIX		
26		9	10	11	12	13	14	15
26 01								
27								
28								
28 01								
29								

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO: 26-0032  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/24/2011  
 WORKSHEET S-3  
 PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	444,096,333	391,448	444,487,781	17,233,673.03	25.79	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B	3,213,162		3,213,162	35,755.52	89.86	
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)	41,032,321	25,606	41,057,927	1,740,334.25	23.59	
6.01 CONTRACT SERVICES, I&R	55,135		55,135	241.80	228.02	
7 HOME OFFICE PERSONNEL						
8 SNF	2,973,120		2,973,120	144,786.45	20.53	
8.01 EXCLUDED AREA SALARIES	19,381,796	691,182	20,072,978	720,623.11	27.86	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	2,296,915		2,296,915	38,052.80	60.36	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT	10,665		10,665	453.00	23.54	
10 CONTRACT LABOR: PHYS PART A						
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)	56,461,384		56,461,384	470,168.40	120.09	
11 HOME OFFICE SALARIES & WAGE RELATED COSTS	48,459,824		48,459,824	1,132,385.00	42.79	
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	92,179,552		92,179,552			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	5,361,588		5,361,588			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B	492,191		492,191			CMS 339
19.01 WAGE-RELATD COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)	10,455,412		10,455,412			CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	6,115,115	1,448,660	7,563,775	161,741.09	46.76	
22 ADMINISTRATIVE & GENERAL	37,183,154	-959,620	36,223,534	1,708,014.62	21.21	
22.01 A & G UNDER CONTRACT	1,554,685		1,554,685	27,492.85	56.55	
23 MAINTENANCE & REPAIRS						
24 OPERATION OF PLANT	8,149,905		8,149,905	324,696.65	25.10	
25 LAUNDRY & LINEN SERVICE	28,204		28,204	2,220.00	12.70	
26 HOUSEKEEPING	11,000,606	-205,556	10,795,050	907,177.69	11.90	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	6,769,396	-1,654,396	5,115,000	371,047.96	13.79	
27.01 DIETARY UNDER CONTRACT	32,387		32,387	1,986.25	16.31	
28 CAFETERIA	2,459,606	1,631,310	4,090,916	331,079.50	12.36	
29 MAINTENANCE OF PERSONNEL	980,722		980,722	41,978.52	23.36	
30 NURSING ADMINISTRATION	19,053,337	674,649	19,727,986	560,147.78	35.22	
31 CENTRAL SERVICE AND SUPPLY	3,160,041		3,160,041	191,265.81	16.52	
32 PHARMACY	15,880,488	-128,982	15,751,506	454,795.13	34.63	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	10,270,014	1,620	10,271,634	432,155.74	23.77	
34 SOCIAL SERVICE	2,912,098	-198,690	2,713,408	106,243.56	25.54	
35 OTHER GENERAL SERVICE	3,500,265	15,897	3,516,162	98,366.53	35.75	
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	401,382,787	365,842	401,748,629	15,486,820.56	25.94	
2 EXCLUDED AREA SALARIES	22,354,916	691,182	23,046,098	865,409.56	26.63	
3 SUBTOTAL SALARIES	379,027,871	-325,340	378,702,531	14,621,411.00	25.90	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	107,228,788		107,228,788	1,641,059.20	65.34	
5 SUBTOTAL WAGE-RELATED COSTS	92,179,552		92,179,552		24.34	
6 TOTAL	578,436,211	-325,340	578,110,871	16,262,470.20	35.55	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						

HOSPITAL WAGE INDEX INFORMATION

PROVIDER NO:	PERIOD:	PREPARED
26-0032	FROM 1/ 1/2010	5/24/2011
	TO 12/31/2010	WORKSHEET S-3
		PARTS II & III

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
13 TOTAL OVERHEAD COSTS	129,050,023	624,892	129,674,915	5,720,409.68	22.67	

PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

PROVIDER NO: 26-0032  
PERIOD: FROM 1/1/2010 TO 12/31/2010  
PREPARED 5/24/2011  
WORKSHEET S-7

GROUP(1)	M3PI REVENUE CODE	SERVICES PRIOR TO 10/1 RATE	10/1 DAYS	SERVICES ON/AFTER 10/1 RATE	10/1 DAYS	SRVCS 4/1/01 TO 9/30/01 RATE	4.02	4.03
1	2	3	3.01	4	4.01	4.02	4.03	
1	RUC		47					
2	RUB		455					
3	RUA		106					
3.01	RUX		78					
3.02	RUL		464					
4	RVC		53					
5	RVB		1,213					
6	RVA		1,360					
6.01	RVX		478					
6.02	RVL		3,030					
7	RHC		171					
8	RHB		364					
9	RHA		673					
9.01	RHX		68					
9.02	RHL		48					
10	RMC		83					
11	RMB		171					
12	RMA		341					
12.01	RMX		774					
12.02	RML		1,538					
13	RLB							
14	RLA							
14.01	RLX							
15	SE3		240					
16	SE2		399					
17	SE1		46					
18	SSC							
19	SSB		60					
20	SSA		683					
21	CC2							
22	CC1		43					
23	CB2							
24	CB1		75					
25	CA2		42					
26	CA1		230					
27	IB2							
28	IB1		24					
29	IA2							
30	IA1							
31	BB2							
32	BB1		11					
33	BA2							
34	BA1		13					
35	PE2							
36	PE1							
37	PD2							
38	PD1		8					
39	PC2							
40	PC1		45					
41	PB2							
42	PB1		16					
43	PA2							
44	PA1		23					
45	AAA		69					
45.01	ES3							
45.02	ES2		60					
45.03	ES1		137					
45.04	HE2							
45.05	HE1							
45.06	HD2							
45.07	HD1		7					
45.08	HC2							
45.09	HC1		1					
45.10	HB2							
45.11	HB1		47					
45.12	LE2							
45.13	LE1							
45.14	LD2							
45.15	LD1		63					
45.16	LC2							
45.17	LC1		7					
45.18	LB2							
45.19	LB1		6					
45.20	CE2							
45.21	CE1							
45.22	CD2		12					
45.23	CD1							
46	TOTAL		13,882					

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



PROSPECTIVE PAYMENT FOR SNF  
STATISTICAL DATA

PROVIDER NO: 26-0032  
PERIOD: FROM 1/1/2010 TO 12/31/2010  
PREPARED 5/24/2011  
WORKSHEET S-7

GROUP(1) 1	M3PI REVENUE CODE 2	HIGH COST(2)		SWING BED SNF	TOTAL 5
		RUGs DAYS 4.05		DAYS 4.06	
45 .16	LC2				
45 .17	LC1				
45 .18	LB2				
45 .19	LB1				
45 .20	CE2				
45 .21	CE1				
45 .22	CD2				
45 .23	CD1				
46	TOTAL				

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

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

(4) Additional Rugs were published in the "Federal Register", Vol. 74 No. 153 August 11, 2009, page 40286. FY 2010 SNF Final Rule These RUGs are effective for services on or after 10/01/2010.

NOTE: The default line code designation has been changed to "AAA".

Worksheet S-2 reference data:  
 Transition Period : 100% Federal  
 Wage Index Factor (before 10/01): 0.9102  
 Wage Index Factor (after 10/01) : 0.9090  
 SNF Facility Specific Rate : 0.00  
 Urban/Rural Designation : URBAN  
 SNF MSA Code : 7040  
 SNF CBSA Code : 41180

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
26-0032	FROM 1/1/2010	5/24/2011
	TO 12/31/2010	WORKSHEET S-10

DESCRIPTION

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04		
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
UNCOMPENSATED CARE REVENUES		
17	REVENUE FROM UNCOMPENSATED CARE	
17.01	GROSS MEDICAID REVENUES	90,565,254
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	90,565,254
UNCOMPENSATED CARE COST		
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)	.332062
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	

HOSPITAL UNCOMPENSATED CARE DATA

PROVIDER NO:	PERIOD:	PREPARED
26-0032	FROM 1/ 1/2010	5/24/2011
	TO 12/31/2010	WORKSHEET S-10

DESCRIPTION

28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	424,130,225
29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	140,837,531
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	80,992,000
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	26,894,366
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	140,837,531

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 26-0032  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/24/2011  
 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASSIFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
3	0300 GENERAL SERVICE COST CNTR					
3.01	0301 NEW CAP REL COSTS-BLDG & FIXT				1,325,216	1,325,216
3.02	0302 NEW CRC-B&F(BH PRE-MERGE)				3,199,468	3,199,468
3.03	0303 NEW CRC-B&F(BJH POSTMERGE)		30,055,799	30,055,799	-20,865,304	9,190,495
3.04	0304 NEW CRC-B&F(BJH CAMP EXP)				15,753,072	15,753,072
3.05	0305 NEW CRC-B&F(GSON)		2,451,168	2,451,168	-701,340	1,749,828
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				35,812,023	48,995,137
5	0500 EMPLOYEE BENEFITS	6,115,115	82,077,950	88,193,065	-390,395	87,802,670
6.01	0610 NONPATIENT TELEPHONES	1,483,515	-639,670	843,845	8,919	852,764
6.02	0620 DATA PROCESSING					
6.03	0630 PURCHASING, RECEIVING AND STORES	765,725	7,996,877	8,762,602	-5,124,918	3,637,684
6.04	0640 ADMINISTRATION	8,921,395	2,094,826	11,016,221	27,283	11,043,504
6.05	0650 CASHIERING/ACCOUNTS RECEIVABLE	3,684,937	4,364,393	8,049,330	9,743	8,059,073
6.06	0660 OTHER ADMINISTRATIVE AND GENERAL	22,327,582	228,420,917	250,748,499	-67,661,419	183,087,080
8	0800 OPERATION OF PLANT	8,149,905	22,752,656	30,902,561	-1,275,962	29,626,599
9	0900 LAUNDRY & LINEN SERVICE	28,204	3,520,665	3,548,869	-3,061	3,545,808
10	1000 HOUSEKEEPING	11,000,606	4,137,361	15,137,967	-1,086,989	14,050,978
11	1100 DIETARY	6,769,396	8,612,617	15,382,013	-6,236,582	9,145,431
12	1200 CAFETERIA	2,459,606	4,389,251	6,848,857	5,948,325	12,797,182
13.01	1301 EXTENDED CARE SERVICES	980,722	593,098	1,573,820	1,015	1,574,835
14	1400 NURSING ADMINISTRATION	19,053,337	10,929,719	29,983,056	288,005	30,271,061
15	1500 CENTRAL SERVICES & SUPPLY	3,160,041	12,258,793	15,418,834	-9,098,153	6,320,681
16	1600 PHARMACY	15,880,488	81,207,909	97,088,397	14,392,726	111,481,123
17	1700 MEDICAL RECORDS & LIBRARY	10,270,014	6,112,503	16,382,517	-42,354	16,340,163
18	1800 SOCIAL SERVICE	2,912,098	1,971,568	4,883,666	-198,394	4,685,272
19.01	1951 LAB ADMINISTRATION	3,500,265	4,500,555	8,000,820	2,927	8,003,747
19.02	1952 RESEARCH ADMINISTRATION				18,642	18,642
21	2100 NURSING SCHOOL	6,210,604	2,806,726	9,017,330	6,933	9,024,263
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD	41,032,321	3,639,861	44,672,182	54,632,340	99,304,522
24.01	2401 PARAMED PRGM-HOSP ADMIN				183,635	183,635
24.02	2402 PARAMED PRGM-PHARMACY				137,403	137,403
24.04	2404 PARAMED PRGM-PASTORAL ED INPAT ROUTINE SRVC CNTRS	21,554	34,632	56,186	79,284	135,470
25	2500 ADULTS & PEDIATRICS	87,678,881	23,816,741	111,495,622	-3,898,485	107,597,137
26	2600 INTENSIVE CARE UNIT	6,327,098	1,299,492	7,626,590	2,409	7,628,999
27	2700 CORONARY CARE UNIT	3,490,446	584,631	4,075,077	-16,634	4,058,443
29	2900 SURGICAL INTENSIVE CARE UNIT	5,537,718	1,254,672	6,792,390	-9,958	6,782,432
30.01	2041 NEURO-ICU	4,329,600	991,784	5,321,384	-72,939	5,248,445
30.02	2042 CARDIO-THORACIC ICU	5,628,096	1,178,025	6,806,121	-798	6,805,323
31	3100 SUBPROVIDER	4,649,528	1,587,301	6,236,829	-4,697	6,232,132
33	3300 NURSERY	849,044	310,851	1,159,895	-2,912	1,156,983
34	3400 SKILLED NURSING FACILITY	2,973,120	1,220,431	4,193,551	-9,269	4,184,282
35	3500 NURSING FACILITY		18	18	256,072	256,090
36	3600 OTHER LONG TERM CARE	1,249,238	287,196	1,536,434	-256,259	1,280,175
37	3700 OPERATING ROOM	29,297,374	125,511,928	154,809,302	-120,171,846	34,637,456
38	3800 RECOVERY ROOM	8,931,208	3,916,857	12,848,065	3,174,314	16,022,379
39	3900 DELIVERY ROOM & LABOR ROOM	4,456,851	1,692,754	6,149,605	-667,070	5,482,535
40	4000 ANESTHESIOLOGY	1,693,280	14,639,976	16,333,256	-2,400,116	13,933,140
41	4100 RADIOLOGY-DIAGNOSTIC	16,425,498	24,055,572	40,481,070	-13,852,270	26,628,800
42	4200 RADIOLOGY-THERAPEUTIC	6,668,997	18,012,479	24,681,476	-3,790,905	20,890,571
43	4300 RADIOISOTOPE	1,560,377	1,026,713	2,587,090	-279,616	2,307,474
44	4400 LABORATORY	13,019,359	17,975,284	30,994,643	-665,457	30,329,186
44.01	4401 HLA LAB	730,829	1,716,087	2,446,916	-33,419	2,413,497
47	4700 BLOOD STORING, PROCESSING & TRANS.	4,733,543	21,820,447	26,553,990	-109,665	26,444,325
49	4900 RESPIRATORY THERAPY	7,373,959	4,503,334	11,877,293	-786,218	11,091,075
50	5000 PHYSICAL THERAPY	3,528,517	617,460	4,145,977	-21,110	4,124,867
51	5100 OCCUPATIONAL THERAPY	1,318,851	139,905	1,458,756	-16,567	1,442,189
52	5200 SPEECH PATHOLOGY	549,267	107,390	656,657	-49,838	606,819
53	5300 ELECTROCARDIOLOGY	2,805,488	2,732,853	5,538,341	-471,495	5,066,846
54	5400 ELECTROENCEPHALOGRAPHY	412,508	656,375	1,068,883	-65,320	1,003,563
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				73,708,132	73,708,132
55.30	5530 IMPL. DEV. CHARGED TO PATIENT				90,839,220	90,839,220
56	5600 DRUGS CHARGED TO PATIENTS					
57	5700 RENAL DIALYSIS	1,699,958	1,071,636	2,771,594	-253,932	2,517,662
59	3230 CAT SCAN	2,539,072	1,854,095	4,393,167	-725,785	3,667,382
59.01	3630 ULTRASOUND	906,473	1,641,375	2,547,848	-520,408	2,027,440
59.02	3120 CARDIAC CATHETERIZATION LABORATORY	4,073,305	24,543,982	28,617,287	-22,671,701	5,945,586
59.03	3330 ENDOSCOPY	3,476,712	3,701,898	7,178,610	-2,367,868	4,810,742
59.04	3331 OB/GYN IN VITRO	501,823	1,173,999	1,675,822	-260,025	1,415,797
59.05	3950 OUTPATIENT PHARMACY	2,354,599	14,015,701	16,370,300	-13,839,006	2,531,294
59.06	3320 ELECTROSHOCK THERAPY	161,631	56,088	217,719	-2,962	214,757
59.07	3550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	504,368	-181,260	323,108	-141,646	181,462
59.08	3951 CORNEAL TISSUE ACQUISITION				592,851	592,851
60	6000 CLINIC	8,305,252	3,401,462	11,706,714	-620,492	11,086,222
61	6100 EMERGENCY	11,376,163	7,774,691	19,150,854	-306,705	18,844,149
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
65	6500 OTHER REIMBURS COST CNTRS					
	6500 AMBULANCE SERVICES		366	366		366
	6500 SPEC PURPOSE COST CENTERS					
82	8200 LUNG ACQUISITION	342,245	2,852,474	3,194,719	142,429	3,337,148
83	8300 KIDNEY ACQUISITION	691,941	6,855,369	7,547,310	491,497	8,038,807
84	8400 LIVER ACQUISITION	432,960	4,484,528	4,917,488	189,367	5,106,855

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

PROVIDER NO: 26-0032  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/24/2011  
 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	SPEC PURPOSE COST CENTERS					
85	8500 HEART ACQUISITION	437,794	1,342,843	1,780,637	-267,771	1,512,866
85.01	8510 PANCREAS ACQUISITION		588,835	588,835	423	589,258
86	8600 OTHER ORGAN ACQUISITION	279,527	4,016,890	4,296,417	1,239	4,297,656
88	8800 INTEREST EXPENSE		15,543,493	15,543,493		15,543,493
90	9000 OTHER CAPITAL RELATED COSTS					
95	SUBTOTALS	439,029,928	903,868,309	1,342,898,237	-1,091,123	1,341,807,114
	NONREIMBURS COST CENTERS					
97	9700 RESEARCH				280,122	280,122
97.02	9702 RESEARCH-CTSA/GCRC-I/P		48,223	48,223	73,750	121,973
97.03	9703 RESEARCH-CTSA/GCRC-O/P		9,553	9,553	65,348	74,901
100	7950 OTHER NONREIMBURSABLE COST CENTERS	4,241,520	4,189,026	8,430,546	669,106	9,099,652
100.02	7952 MARKETING/COMMUNITY RELATIONS	824,885	3,812,361	4,637,246	2,797	4,640,043
100.03	7953 GUEST MEALS					
101	TOTAL	444,096,333	911,927,472	1,356,023,805	-0-	1,356,023,805

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 26-0032  
PERIOD: FROM 1/1/2010 TO 12/31/2010  
PREPARED 5/24/2011  
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	583,749	1,908,965
3.01 0301	NEW CRC-B&F(BH PRE-MERGE)	409,252	3,608,720
3.02 0302	NEW CRC-B&F(BJH POSTMERGE)	243,619	9,434,114
3.03 0303	NEW CRC-B&F(BJH CAMP EXP)		15,753,072
3.04 0304	NEW CRC-B&F(GSON)		1,749,828
3.05 0305	NEW CRC-B&F(THE HIGHLANDS)	1,091,821	1,091,821
4 0400	NEW CAP REL COSTS-MVBLE EQUIP	-9,130,673	39,864,464
5 0500	EMPLOYEE BENEFITS	10,724,999	98,527,669
6.01 0610	NONPATIENT TELEPHONES	-391	852,373
6.02 0620	DATA PROCESSING		
6.03 0630	PURCHASING, RECEIVING AND STORES	3,408,264	7,045,948
6.04 0640	ADMINISTRATIVE	-748	11,042,756
6.05 0650	CASHIERING/ACCOUNTS RECEIVABLE	-84,158	7,974,915
6.06 0660	OTHER ADMINISTRATIVE AND GENERAL	-12,164,813	170,922,267
8 0800	OPERATION OF PLANT	11,985,167	41,611,766
9 0900	LAUNDRY & LINEN SERVICE		3,545,808
10 1000	HOUSEKEEPING	35	14,051,013
11 1100	DIETARY	-96,677	9,048,754
12 1200	CAFETERIA	-9,552,254	3,244,928
13.01 1301	EXTENDED CARE SERVICES	-48,432	1,526,403
14 1400	NURSING ADMINISTRATION	-1,900,437	28,370,624
15 1500	CENTRAL SERVICES & SUPPLY	835	6,321,516
16 1600	PHARMACY	-240,694	111,240,429
17 1700	MEDICAL RECORDS & LIBRARY	-1,157,173	15,182,990
18 1800	SOCIAL SERVICE		4,685,272
19.01 1951	LAB ADMINISTRATION	-26	8,003,721
19.02 1952	RESEARCH ADMINISTRATION		18,642
21 2100	NURSING SCHOOL	-12,152,861	-3,128,598
22 2200	I&R SERVICES-SALARY & FRINGES APPRVD	-2,228,136	97,076,386
24.01 2401	PARAMED PRGM-HOSP ADMIN		183,635
24.02 2402	PARAMED PRGM-PHARMACY		137,403
24.04 2404	PARAMED PRGM-PASTORAL ED		135,470
	INPAT ROUTINE SRVC CNTRS		
25 2500	ADULTS & PEDIATRICS	-10,995,727	96,601,410
26 2600	INTENSIVE CARE UNIT	-2,404	7,626,595
27 2700	CORONARY CARE UNIT		4,058,443
29 2900	SURGICAL INTENSIVE CARE UNIT		6,782,432
30.01 2041	NEURO-ICU		5,248,445
30.02 2042	CARDIO-THORACIC ICU	-93	6,805,230
31 3100	SUBPROVIDER	-1,900	6,230,232
33 3300	NURSERY		1,156,983
34 3400	SKILLED NURSING FACILITY		4,184,282
35 3500	NURSING FACILITY		256,090
36 3600	OTHER LONG TERM CARE		1,280,175
	ANCILLARY SRVC COST CNTRS		
37 3700	OPERATING ROOM	-276,728	34,360,728
38 3800	RECOVERY ROOM	-1,354	16,021,025
39 3900	DELIVERY ROOM & LABOR ROOM	-6,544	5,475,991
40 4000	ANESTHESIOLOGY	-7,242,346	6,690,794
41 4100	RADIOLOGY-DIAGNOSTIC	-175,280	26,453,520
42 4200	RADIOLOGY-THERAPEUTIC	-4,652,346	16,238,225
43 4300	RADIOISOTOPE		2,307,474
44 4400	LABORATORY	-1,090,798	29,238,388
44.01 4401	HLA LAB	529,729	2,943,226
47 4700	BLOOD STORING, PROCESSING & TRANS.	143,269	26,587,594
49 4900	RESPIRATORY THERAPY	-104,534	10,986,541
50 5000	PHYSICAL THERAPY	-2,963	4,121,904
51 5100	OCCUPATIONAL THERAPY	-316	1,441,873
52 5200	SPEECH PATHOLOGY		606,819
53 5300	ELECTROCARDIOLOGY	-41,732	5,025,114
54 5400	ELECTROENCEPHALOGRAPHY		1,003,563
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS	-119	73,708,013
55.30 5530	IMPL. DEV. CHARGED TO PATIENT		90,839,220
56 5600	DRUGS CHARGED TO PATIENTS		
57 5700	RENAL DIALYSIS		2,517,662
59 3230	CAT SCAN		3,667,382
59.01 3630	ULTRASOUND		2,027,440
59.02 3120	CARDIAC CATHETERIZATION LABORATORY	3,008	5,948,594
59.03 3330	ENDOSCOPY	151,875	4,962,617
59.04 3331	OB/GYN IN VITRO	-96,581	1,319,216
59.05 3950	OUTPATIENT PHARMACY	-897,196	1,634,098
59.06 3320	ELECTROSHOCK THERAPY		214,757
59.07 3550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES		181,462
59.08 3951	CORNEAL TISSUE ACQUISITION		592,851
	OUTPAT SERVICE COST CNTRS		
60 6000	CLINIC	-255,137	10,831,085
61 6100	EMERGENCY	-2,732,664	16,111,485
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
65 6500	AMBULANCE SERVICES	-366	
	SPEC PURPOSE COST CENTERS		
82 8200	LUNG ACQUISITION	-268	3,336,880
83 8300	KIDNEY ACQUISITION	-623	8,038,184
84 8400	LIVER ACQUISITION	-20	5,106,835

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 26-0032  
PERIOD: FROM 1/1/2010 TO 12/31/2010  
PREPARED 5/24/2011  
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	SPEC PURPOSE COST CENTERS		
85	8500 HEART ACQUISITION		1,512,866
85.01	8510 PANCREAS ACQUISITION		589,258
86	8600 OTHER ORGAN ACQUISITION	-155,823	4,141,833
88	8800 INTEREST EXPENSE	-15,543,493	-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-63,759,206	1,278,047,908
	NONREIMBURS COST CENTERS		
97	9700 RESEARCH		280,122
97.02	9702 RESEARCH-CTSA/GCRC-I/P		121,973
97.03	9703 RESEARCH-CTSA/GCRC-O/P		74,901
100	7950 OTHER NONREIMBURSABLE COST CENTERS		9,099,652
100.02	7952 MARKETING/COMMUNITY RELATIONS		4,640,043
100.03	7953 GUEST MEALS		
101	TOTAL	-63,759,206	1,292,264,599

COST CENTERS USED IN COST REPORT

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
3.01	NEW CRC-B&F(BH PRE-MERGE)	0301	NEW CAP REL COSTS-BLDG & FIXT
3.02	NEW CRC-B&F(BJH POSTMERGE)	0302	NEW CAP REL COSTS-BLDG & FIXT
3.03	NEW CRC-B&F(BJH CAMP EXP)	0303	NEW CAP REL COSTS-BLDG & FIXT
3.04	NEW CRC-B&F(GSON)	0304	NEW CAP REL COSTS-BLDG & FIXT
3.05	NEW CRC-B&F(THE HIGHLANDS)	0305	NEW CAP REL COSTS-BLDG & FIXT
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	NONPATIENT TELEPHONES	0610	NONPATIENT TELEPHONES
6.02	DATA PROCESSING	0620	DATA PROCESSING
6.03	PURCHASING, RECEIVING AND STORES	0630	PURCHASING, RECEIVING AND STORES
6.04	ADMINISTRATIVE	0640	ADMINISTRATIVE
6.05	CASHIERING/ACCOUNTS RECEIVABLE	0650	CASHIERING/ACCOUNTS RECEIVABLE
6.06	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
13.01	EXTENDED CARE SERVICES	1301	MAINTENANCE OF PERSONNEL
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
19.01	LAB ADMINISTRATION	1951	OTHER GENERAL SERVICE COST CENTERS
19.02	RESEARCH ADMINISTRATION	1952	OTHER GENERAL SERVICE COST CENTERS
21	NURSING SCHOOL	2100	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
24.01	PARAMEDICAL PRGM-HOSP ADMIN	2401	PARAMEDICAL PRGM
24.02	PARAMEDICAL PRGM-PHARMACY	2402	PARAMEDICAL PRGM
24.04	PARAMEDICAL PRGM-PASTORAL ED	2404	PARAMEDICAL PRGM
	INPAT ROUTINE SRVC COST		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
29	SURGICAL INTENSIVE CARE UNIT	2900	
30.01	NEURO-ICU	2041	DETOXIFICATION INTENSIVE CARE UNIT
30.02	CARDIO-THORACIC ICU	2042	DETOXIFICATION INTENSIVE CARE UNIT
31	SUBPROVIDER	3100	
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
35	NURSING FACILITY	3500	
36	OTHER LONG TERM CARE	3600	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
44.01	HLA LAB	4401	LABORATORY
47	BLOOD STORING, PROCESSING & TRANS.	4700	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
55.30	IMPL. DEV. CHARGED TO PATIENT	5530	IMPL. DEV. CHARGED TO PATIENT
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
59	CAT SCAN	3230	CAT SCAN
59.01	ULTRASOUND	3630	ULTRA SOUND
59.02	CARDIAC CATHETERIZATION LABORATORY	3120	CARDIAC CATHETERIZATION LABORATORY
59.03	ENDOSCOPY	3330	ENDOSCOPY
59.04	OB/GYN IN VITRO	3331	ENDOSCOPY
59.05	OUTPATIENT PHARMACY	3950	OTHER ANCILLARY SERVICE COST CENTERS
59.06	ELECTROSHOCK THERAPY	3320	ELECTROSHOCK THERAPY
59.07	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES
59.08	CORNEAL TISSUE ACQUISITION	3951	OTHER ANCILLARY SERVICE COST CENTERS
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURSE COST		
65	AMBULANCE SERVICES	6500	
	SPEC PURPOSE COST CE		
82	LUNG ACQUISITION	8200	
83	KIDNEY ACQUISITION	8300	
84	LIVER ACQUISITION	8400	
85	HEART ACQUISITION	8500	

COST CENTERS USED IN COST REPORT

PROVIDER NO: 26-0032  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/24/2011  
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	SPEC PURPOSE COST CE		
85.01	PANCREAS ACQUISITION	8510	
86	OTHER ORGAN ACQUISITION	8600	
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
97	RESEARCH	9700	
97.02	RESEARCH-CTSA/GCRC-I/P	9702	RESEARCH
97.03	RESEARCH-CTSA/GCRC-O/P	9703	RESEARCH
100	OTHER NONREIMBURSABLE COST CENTERS	7950	OTHER NONREIMBURSABLE COST CENTERS
100.02	MARKETING/COMMUNITY RELATIONS	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	GUEST MEALS	7953	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:  
260032

PERIOD:  
FROM 1/ 1/2010  
TO 12/31/2010

PREPARED 5/24/2011  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- INCREASE -----				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 RECLASS COST OF DRUGS SOLD	A	PHARMACY	16		16, 674, 918
2					
3					
4					
5					
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22					
23					
24					
25 RECLASS COST OF MEDICAL SUPPLIES	B	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		73, 708, 132
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
1 RECLASS COST OF MEDICAL SUPPLIES	B				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16 RECLASS COST OF IMPLANTABLE DEVICES	C	IMPL. DEV. CHARGED TO PATIENT	55.30		90, 839, 220
17					
18					
19					
20					
21					
22					
23					
24 RECLASS EQUIPMENT DEPRECIATION	D	NEW CAP REL COSTS-MVBLE EQUIP	4		34, 608, 082
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					

RECLASSIFICATIONS

PROVIDER NO:  
260032

PERIOD:  
FROM 1/ 1/2010  
TO 12/31/2010

PREPARED 5/24/2011  
WORKSHEET A-6  
CONTD

EXPLANATION OF RECLASSIFICATION	----- INCREASE -----				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 RECLASS EQUIPMENT DEPRECIATION	D				
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35					
1 RECLASS EQUIPMENT DEPRECIATION	D				
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3					
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7					
8					
9					
10					
11					
12					
13 RECLASS DEPRECIATION	E	NEW CAP REL COSTS-BLDG & FIXT	3		1,212,754
14		NEW CRC-B&F(BH PRE-MERGE)	3.01		3,191,151
15		NEW CRC-B&F(BJH CAMP EXP)	3.03		15,879,535
16		NEW CAP REL COSTS-MVBLE EQUIP	4		734,519
17 RECLASS WASH U CONTRACT COSTS	F	I&R SERVICES-SALARY & FRINGES APPRVD	22		54,471,510
18 RECLASS COST OF INTERPRETORS	G	OTHER ADMINISTRATIVE AND GENERAL	6.06	655,577	247,712
19 RECLASS GAMMA KNIFE COSTS	H	RADIOLOGY-THERAPEUTIC	42		88,940
20					
21 RECLASS PARAMEDICAL EDUCATION	I	PARAMED ED PRGM-HOSP ADMIN	24.01	172,548	11,087
22		PARAMED ED PRGM-PHARMACY	24.02	128,982	8,421
23		PARAMED ED PRGM-PASTORAL ED	24.04	78,495	789
24 RECLASS FINANCE ACCRUALS	J	EMPLOYEE BENEFITS	5	1,474,785	88,645
25		OTHER ADMINISTRATIVE AND GENERAL	6.06		1,136,068
26		OPERATION OF PLANT	8		74,068
27 RECLASS NURSING FACILITY COSTS	K	NURSING FACILITY	35	208,206	47,866
28 RECLASS DIETARY COSTS TO CAFETERIA	L	CAFETERIA	12	1,631,310	4,334,316
29 RECLASS PRE-TRANSPLANT RELATED DIETI	M	LUNG ACQUISITION	82	5,651	402
30		KIDNEY ACQUISITION	83	1,352	93
31		LIVER ACQUISITION	84	11,955	824
32		HEART ACQUISITION	85	4,128	294
33 RECLASS TRANSPLANT SALARIES & FICA	N	NURSING ADMINISTRATIVE	14	649,999	44,913
34		ADULTS & PEDIATRICS	25	1,025	15
35		LUNG ACQUISITION	82	111,483	7,838

RECLASSIFICATIONS

PROVIDER NO:  
260032

PERIOD:  
FROM 1/1/2010  
TO 12/31/2010

PREPARED 5/24/2011  
WORKSHEET A-6  
CONTD

----- INCREASE -----					
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 RECLASS TRANSPLANT SALARIES & FICA	N	KIDNEY ACQUISITION	83	341,846	24,091
2		LIVER ACQUISITION	84	130,950	9,476
3 RECLASS PRE-TRANSPLANT SOCIAL SVCS	O	LUNG ACQUISITION	82	20,437	1,505
4		KIDNEY ACQUISITION	83	116,299	5,801
5		LIVER ACQUISITION	84	32,190	2,373
6		HEART ACQUISITION	85	29,367	487
7		PANCREAS ACQUISITION	85.01	397	26
8 RECLASS RSCH ADMIN & RSCH COSTS	P	RESEARCH ADMINISTRATION	19.02	15,897	2,745
9		RESEARCH	97	57,764	222,358
10 RECLASS BARNARD BUILDING RENTAL	Q	OTHER ADMINISTRATIVE AND GENERAL	6.06		6,606
11		HOUSEKEEPING	10		5,039
12		LABORATORY	44		102,605
13		RESEARCH-CTSA/GCRC-I/P	97.02		77,728
14		RESEARCH-CTSA/GCRC-O/P	97.03		70,348
15		OTHER NONREIMBURSABLE COST CENTERS	100		5,594
16 RECLASS NON-REIMBURSABLE PARKING	R	OTHER NONREIMBURSABLE COST CENTERS	100	152,122	1,150,139
17					
18					
19					
20					
21 RECLASS BJC SPACE RELATED COSTS	S	EMPLOYEE BENEFITS	5		72,494
22		PURCHASING, RECEIVING AND STORES	6.03		225,687
23		OTHER ADMINISTRATIVE AND GENERAL	6.06		2,111,368
24		OPERATION OF PLANT	8		500,476
25					
26 RECLASS EXT RECOVERY NRSNG SVC COST	T	RECOVERY ROOM	38		3,306,490
27 RECLASS PHYSICIAN STE CLEANING COSTS	U	OTHER NONREIMBURSABLE COST CENTERS	100	205,556	60,273
28 RECLASS PROPERTY INSURANCE	V	OTHER CAPITAL RELATED COSTS	90		1,449,492
29 RECLASS RECRUITING BONUSES	W	EMPLOYEE BENEFITS	5	125,997	
30		OTHER ADMINISTRATIVE AND GENERAL	6.06	184,292	
31		NURSING ADMINISTRATION	14	24,650	
32		MEDICAL RECORDS & LIBRARY	17	1,620	
33		NURSING SCHOOL	21	28,283	
34		I&R SERVICES-SALARY & FRINGES APPRVD	22	25,606	
35		OPERATING ROOM	37	1,000	
1 RECLASS EMPLOYEE AWARDS	X	EMPLOYEE BENEFITS	5		20,190
2		NONPATIENT TELEPHONES	6.01		8,919
3		PURCHASING, RECEIVING AND STORES	6.03		3,068
4		ADMITTING	6.04		39,916
5		CASHIERING/ACCOUNTS RECEIVABLE	6.05		13,802
6		OTHER ADMINISTRATIVE AND GENERAL	6.06		74,977
7		OPERATION OF PLANT	8		42,709
8		LAUNDRY & LINEN SERVICE	9		158
9		HOUSEKEEPING	10		89,179
10		DIETARY	11		42,532
11		CAFETERIA	12		18,548
12		EXTENDED CARE SERVICES	13.01		1,920
13		NURSING ADMINISTRATION	14		76,260
14		CENTRAL SERVICES & SUPPLY	15		17,699
15		PHARMACY	16		41,055
16		MEDICAL RECORDS & LIBRARY	17		41,361
17		SOCIAL SERVICE	18		11,226
18		LAB ADMINISTRATION	19.01		10,445
19		NURSING SCHOOL	21		17,135
20		I&R SERVICES-SALARY & FRINGES APPRVD	22		160,830
21		ADULTS & PEDIATRICS	25		298,459
22		INTENSIVE CARE UNIT	26		20,901
23		CORONARY CARE UNIT	27		11,377
24		SURGICAL INTENSIVE CARE UNIT	29		17,579
25		NEURO-ICU	30.01		13,110
26		CARDIO-THORACIC ICU	30.02		17,368
27		SUBPROVIDER	31		17,873
28		NURSERY	33		3,023
29		SKILLED NURSING FACILITY	34		8,802
30		OTHER LONG TERM CARE	36		5,151
31		OPERATING ROOM	37		88,501
32		RECOVERY ROOM	38		25,790
33		DELIVERY ROOM & LABOR ROOM	39		17,079
34		ANESTHESIOLOGY	40		9,397
35		RADIOLOGY-DIAGNOSTIC	41		59,206

RECLASSIFICATIONS

PROVIDER NO:  
260032

PERIOD:  
FROM 1/ 1/2010  
TO 12/31/2010

PREPARED 5/24/2011  
WORKSHEET A-6  
CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1)	INCREASE			
		COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 RECLASS EMPLOYEE AWARDS	X	RADIOLOGY-THERAPEUTIC	42	21,667	
2		RADIOISOTOPE	43	6,483	
3		LABORATORY	44	56,570	
4		HLA LAB	44.01	2,816	
5		BLOOD STORING, PROCESSING & TRANS.	47	16,459	
6		RESPIRATORY THERAPY	49	24,000	
7		PHYSICAL THERAPY	50	13,273	
8		OCCUPATIONAL THERAPY	51	4,785	
9		SPEECH PATHOLOGY	52	2,000	
10		ELECTROCARDIOLOGY	53	13,952	
11		ELECTROENCEPHALOGRAPHY	54	1,394	
12		RENAL DIALYSIS	57	4,846	
13		CAT SCAN	59	9,208	
14		ULTRASOUND	59.01	2,871	
15		CARDIAC CATHETERIZATION LABORATORY	59.02	13,444	
16		ENDOSCOPY	59.03	11,137	
17		OB/GYN IN VITRO	59.04	1,707	
18		OUTPATIENT PHARMACY	59.05	6,630	
19		ELECTROSHOCK THERAPY	59.06	985	
20		PSYCHIATRIC/PSYCHOLOGICAL SERVICES	59.07	18,990	
21		CLINIC	60	31,249	
22		EMERGENCY	61	38,109	
23		LUNG ACQUISITION	82	1,313	
24		KIDNEY ACQUISITION	83	2,425	
25		LIVER ACQUISITION	84	1,599	
26		HEART ACQUISITION	85	1,094	
27		OTHER ORGAN ACQUISITION	86	1,239	
28		OTHER NONREIMBURSABLE COST CENTERS	100	28,768	
29		MARKETING/COMMUNITY RELATIONS	100.02	2,832	
30 RECLASS CORNEAL TISSUE ACQ COST	Y	CORNEAL TISSUE ACQUISITION	59.08	592,851	
36 TOTAL RECLASSIFICATIONS				6,629,769	309,105,554

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

RECLASSIFICATIONS

PROVIDER NO:  
260032

PERIOD:  
FROM 1/ 1/2010  
TO 12/31/2010

PREPARED 5/24/2011  
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE		SALARY	OTHER	A-7 REF
			LINE	NO			
	1	6	7	8	9	10	
1 RECLASS COST OF DRUGS SOLD	A	ADULTS & PEDIATRICS	25			622	
2		CORONARY CARE UNIT	27			7	
3		NEURO-ICU	30.01			15	
4		SUBPROVIDER	31			7	
5		OPERATING ROOM	37			26,273	
6		RECOVERY ROOM	38			319	
7		ANESTHESIOLOGY	40			1,596,161	
8		RADIOLOGY-DIAGNOSTIC	41			280,001	
9		RADIOLOGY-THERAPEUTIC	42			465,948	
10		RADIOISOTOPE	43			254	
11		LABORATORY	44			683	
12		BLOOD STORING, PROCESSING & TRANS.	47			4,239	
13		RESPIRATORY THERAPY	49			1,926	
14		ELECTROCARDIOLOGY	53			1,467	
15		RENAL DIALYSIS	57			14,561	
16		CAT SCAN	59			22,873	
17		ULTRASOUND	59.01			3,796	
18		ENDOSCOPY	59.03			324	
19		OB/GYN IN VITRO	59.04			12,350	
20		OUTPATIENT PHARMACY	59.05			13,797,995	
21		PSYCHIATRIC/PSYCHOLOGICAL SERVICES	59.07			160,636	
22		CLINIC	60			257,605	
23		EMERGENCY	61			26,849	
24		RESEARCH-CTSA/GCRC-I/P	97.02			7	
25 RECLASS COST OF MEDICAL SUPPLIES	B	PURCHASING, RECEIVING AND STORES	6.03			4,017,581	
26		DIETARY	11			128,843	
27		CENTRAL SERVICES & SUPPLY	15			8,935,774	
28		PHARMACY	16			2,140,129	
29		ADULTS & PEDIATRICS	25			4,932	
30		SURGICAL INTENSIVE CARE UNIT	29			5,618	
31		NEURO-ICU	30.01			25,097	
32		OPERATING ROOM	37			42,427,044	
33		RECOVERY ROOM	38			87,766	
34		DELIVERY ROOM & LABOR ROOM	39			564,347	
35		ANESTHESIOLOGY	40			7,429	
1 RECLASS COST OF MEDICAL SUPPLIES	B	RADIOLOGY-DIAGNOSTIC	41			6,162,823	
2		RADIOLOGY-THERAPEUTIC	42			150,024	
3		BLOOD STORING, PROCESSING & TRANS.	47			49	
4		RESPIRATORY THERAPY	49			286,439	
5		PHYSICAL THERAPY	50			24,155	
6		OCCUPATIONAL THERAPY	51			21,352	
7		SPEECH PATHOLOGY	52			18,051	
8		ELECTROCARDIOLOGY	53			186,279	
9		RENAL DIALYSIS	57			175,528	
10		CAT SCAN	59			14,719	
11		ULTRASOUND	59.01			33,256	
12		CARDIAC CATHETERIZATION LABORATORY	59.02			6,314,036	
13		ENDOSCOPY	59.03			1,785,539	
14		CLINIC	60			131,081	
15		EMERGENCY	61			60,241	
16 RECLASS COST OF IMPLANTABLE DEVICES	C	PURCHASING, RECEIVING AND STORES	6.03			36,890	
17		OPERATING ROOM	37			71,093,998	
18		DELIVERY ROOM & LABOR ROOM	39			15,120	
19		RADIOLOGY-DIAGNOSTIC	41			2,664,896	
20		RADIOLOGY-THERAPEUTIC	42			944,420	
21		CARDIAC CATHETERIZATION LABORATORY	59.02			15,461,201	
22		ENDOSCOPY	59.03			395,445	
23		CLINIC	60			227,250	
24 RECLASS EQUIPMENT DEPRECIATION	D	EMPLOYEE BENEFITS	5			30,384	9
25		PURCHASING, RECEIVING AND STORES	6.03			421	
26		ADMINISTRATIVE	6.04			12,633	
27		CASHIERING/ACCOUNTS RECEIVABLE	6.05			4,059	
28		OTHER ADMINISTRATIVE AND GENERAL	6.06			13,668,337	
29		OPERATION OF PLANT	8			375,636	
30		LAUNDRY & LINEN SERVICE	9			3,219	
31		HOUSEKEEPING	10			83,845	
32		DIETARY	11			159,946	
33		CAFETERIA	12			35,849	
34		EXTENDED CARE SERVICES	13.01			905	
35		NURSING ADMINISTRATION	14			483,167	

RECLASSIFICATIONS

PROVIDER NO:  
260032

PERIOD:  
FROM 1/1/2010  
TO 12/31/2010

PREPARED 5/24/2011  
WORKSHEET A-6  
CONTD

----- DECREASE -----						A-7
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER	REF
	1	6	7	8	9	10
1 RECLASS EQUIPMENT DEPRECIATION	D	CENTRAL SERVICES & SUPPLY	15		180,078	
2		PHARMACY	16		45,715	
3		MEDICAL RECORDS & LIBRARY	17		83,715	
4		SOCIAL SERVICE	18		738	
5		LAB ADMINISTRATION	19.01		7,518	
6		NURSING SCHOOL	21		10,202	
7		ADULTS & PEDIATRICS	25		885,940	
8		INTENSIVE CARE UNIT	26		18,492	
9		CORONARY CARE UNIT	27		28,004	
10		SURGICAL INTENSIVE CARE UNIT	29		21,919	
11		NEURO-ICU	30.01		60,937	
12		CARDIO-THORACIC ICU	30.02		18,166	
13		SUBPROVIDER	31		22,563	
14		NURSERY	33		5,935	
15		SKILLED NURSING FACILITY	34		18,071	
16		OTHER LONG TERM CARE	36		5,338	
17		OPERATING ROOM	37		5,101,686	
18		RECOVERY ROOM	38		69,881	
19		DELIVERY ROOM & LABOR ROOM	39		104,682	
20		ANESTHESIOLOGY	40		805,923	
21		RADIOLOGY-DIAGNOSTIC	41		4,743,566	
22		RADIOLOGY-THERAPEUTIC	42		2,341,120	
23		RADIOISOTOPE	43		285,845	
24		LABORATORY	44		823,949	
25		HLA LAB	44.01		36,235	
26		BLOOD STORING, PROCESSING & TRANS.	47		121,836	
27		RESPIRATORY THERAPY	49		521,853	
28		PHYSICAL THERAPY	50		10,228	
29		SPEECH PATHOLOGY	52		33,787	
30		ELECTROCARDIOLOGY	53		297,701	
31		ELECTROENCEPHALOGRAPHY	54		66,714	
32		RENAL DIALYSIS	57		68,689	
33		CAT SCAN	59		668,651	
34		ULTRASOUND	59.01		486,227	
35		CARDIAC CATHETERIZATION LABORATORY	59.02		909,908	
1 RECLASS EQUIPMENT DEPRECIATION	D	ENDOSCOPY	59.03		197,697	
2		OB/GYN IN VITRO	59.04		249,382	
3		OUTPATIENT PHARMACY	59.05		47,641	
4		ELECTROSHOCK THERAPY	59.06		3,947	
5		CLINIC	60		35,805	
6		EMERGENCY	61		257,724	
7		LUNG ACQUISITION	82		6,200	
8		KIDNEY ACQUISITION	83		410	
9		RESEARCH-CTSA/GCRC-I/P	97.02		3,971	
10		RESEARCH-CTSA/GCRC-O/P	97.03		5,000	
11		OTHER NONREIMBURSABLE COST CENTERS	100		30,057	
12		MARKETING/COMMUNITY RELATIONS	100.02		35	
13 RECLASS DEPRECIATION	E	NEW CRC-B&F(BJH POSTMERGE)	3.02		20,283,440	9
14		NEW CRC-B&F(GSON)	3.04		734,519	9
15						9
16						9
17 RECLASS WASH U CONTRACT COSTS	F	OTHER ADMINISTRATIVE AND GENERAL	6.06		54,471,510	
18 RECLASS COST OF INTERPRETORS	G	OTHER NONREIMBURSABLE COST CENTERS	100	655,577	247,712	
19 RECLASS GAMMA KNIFE COSTS	H	RADIOLOGY-DIAGNOSTIC	41		60,190	
20		CAT SCAN	59		28,750	
21 RECLASS PARAMEDICAL EDUCATION	I	OTHER ADMINISTRATIVE AND GENERAL	6.06	172,548	11,087	
22		PHARMACY	16	128,982	8,421	
23		OTHER ADMINISTRATIVE AND GENERAL	6.06	78,495	789	
24 RECLASS FINANCE ACCRUALS	J	PURCHASING, RECEIVING AND STORES	6.03		1,298,781	
25		OTHER ADMINISTRATIVE AND GENERAL	6.06	1,474,785		
26						
27 RECLASS NURSING FACILITY COSTS	K	OTHER LONG TERM CARE	36	208,206	47,866	
28 RECLASS DIETARY COSTS TO CAFETERIA	L	DIETARY	11	1,631,310	4,334,316	
29 RECLASS PRE-TRANSPLANT RELATED DIETI	M	DIETARY	11	23,086	1,613	
30						
31						
32						
33 RECLASS TRANSPLANT SALARIES & FICA	N	OPERATING ROOM	37	952,257	66,238	
34		HEART ACQUISITION	85	283,046	20,095	
35						

RECLASSIFICATIONS

PROVIDER NO:  
260032

PERIOD:  
FROM 1/1/2010  
TO 12/31/2010

PREPARED 5/24/2011  
WORKSHEET A-6  
CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE			A-7 REF 10
			LINE NO 7	SALARY 8	OTHER 9	
1 RECLASS TRANSPLANT SALARIES & FICA	N					
2						
3 RECLASS PRE-TRANSPLANT SOCIAL SVCS	O	SOCIAL SERVICE	18	198,690	10,192	
4						
5						
6						
7						
8 RECLASS RSCH ADMIN & RSCH COSTS	P	OTHER ADMINISTRATIVE AND GENERAL	6.06	73,661	225,103	
9						
10 RECLASS BARNARD BUILDING RENTAL	Q	OTHER ADMINISTRATIVE AND GENERAL	6.06		267,920	
11						
12						
13						
14						
15						
16 RECLASS NON-REIMBURSABLE PARKING	R	NEW CRC-B&F(BJH POSTMERGE)	3.02		452,254	9
17		NEW CRC-B&F(BJH CAMP EXP)	3.03		443,793	9
18		NEW CAP REL COSTS-MVBLE EQUIP	4		22,809	9
19		EMPLOYEE BENEFITS	5	152,122	176,613	
20		OPERATION OF PLANT	8		54,670	
21 RECLASS BJC SPACE RELATED COSTS	S	NEW CAP REL COSTS-BLDG & FIXT	3		19,432	9
22		NEW CRC-B&F(BH PRE-MERGE)	3.01		216,357	9
23		NEW CRC-B&F(BJH POSTMERGE)	3.02		379,794	9
24		OPERATION OF PLANT	8		1,462,909	
25		HOUSEKEEPING	10		831,533	
26 RECLASS EXT RECOVERY NRSNG SVC COST	T	ADULTS & PEDIATRICS	25		3,306,490	
27 RECLASS PHYSICIAN STE CLEANING COSTS	U	HOUSEKEEPING	10	205,556	60,273	
28 RECLASS PROPERTY INSURANCE	V	OTHER ADMINISTRATIVE AND GENERAL	6.06		1,449,492	
29 RECLASS RECRUITING BONUSES	W	EMPLOYEE BENEFITS	5		125,997	
30		OTHER ADMINISTRATIVE AND GENERAL	6.06		184,292	
31		NURSING ADMINISTRATION	14		24,650	
32		MEDICAL RECORDS & LIBRARY	17		1,620	
33		NURSING SCHOOL	21		28,283	
34		I&R SERVICES-SALARY & FRINGES APPRVD	22		25,606	
35		OPERATING ROOM	37		1,000	
1 RECLASS EMPLOYEE AWARDS	X	EMPLOYEE BENEFITS	5		1,687,390	
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RECLASSIFICATIONS

PROVIDER NO:  
260032

PERIOD:  
FROM 1/ 1/2010  
TO 12/31/2010

PREPARED 5/24/2011  
WORKSHEET A-6  
CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE				A-7 REF
			LINE NO	SALARY	OTHER		
	1	6	7	8	9	10	
1 RECLASS EMPLOYEE AWARDS	X						
2							
3							
4							
5							
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25							
26							
27							
28							
29							
30 RECLASS CORNEAL TISSUE ACQ COST	Y	OPERATING ROOM	37		592,851		
36 TOTAL RECLASSIFICATIONS				6,238,321	309,497,002		

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

RECLASSIFICATIONS

PROVIDER NO:  
260032

PERIOD:  
FROM 1/ 1/2010  
TO 12/31/2010

PREPARED 5/24/2011  
WORKSHEET A-6  
NOT A CMS WORKSHEET

RECLASS CODE: A  
EXPLANATION : RECLASS COST OF DRUGS SOLD

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PHARMACY	16	16,674,918	ADULTS & PEDIATRICS	25	622	
2.00			0	CORONARY CARE UNIT	27	7	
3.00			0	NEURO-ICU	30.01	15	
4.00			0	SUBPROVIDER	31	7	
5.00			0	OPERATING ROOM	37	26,273	
6.00			0	RECOVERY ROOM	38	319	
7.00			0	ANESTHESIOLOGY	40	1,596,161	
8.00			0	RADIOLOGY-DIAGNOSTIC	41	280,001	
9.00			0	RADIOLOGY-THERAPEUTIC	42	465,948	
10.00			0	RADIOISOTOPE	43	254	
11.00			0	LABORATORY	44	683	
12.00			0	BLOOD STORING, PROCESSING & TR	47	4,239	
13.00			0	RESPIRATORY THERAPY	49	1,926	
14.00			0	ELECTROCARDIOLOGY	53	1,467	
15.00			0	RENAL DIALYSIS	57	14,561	
16.00			0	CAT SCAN	59	22,873	
17.00			0	ULTRASOUND	59.01	3,796	
18.00			0	ENDOSCOPY	59.03	324	
19.00			0	OB/GYN IN VITRO	59.04	12,350	
20.00			0	OUTPATIENT PHARMACY	59.05	13,797,995	
21.00			0	PSYCHIATRIC/PSYCHOLOGICAL SERV	59.07	160,636	
22.00			0	CLINIC	60	257,605	
23.00			0	EMERGENCY	61	26,849	
24.00			0	RESEARCH-CTSA/GCRC-I/P	97.02	7	
TOTAL RECLASSIFICATIONS FOR CODE A			16,674,918	TOTAL RECLASSIFICATIONS FOR CODE A			16,674,918

RECLASS CODE: B  
EXPLANATION : RECLASS COST OF MEDICAL SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	73,708,132	PURCHASING, RECEIVING AND STOR	6.03	4,017,581	
2.00			0	DIETARY	11	128,843	
3.00			0	CENTRAL SERVICES & SUPPLY	15	8,935,774	
4.00			0	PHARMACY	16	2,140,129	
5.00			0	ADULTS & PEDIATRICS	25	4,932	
6.00			0	SURGICAL INTENSIVE CARE UNIT	29	5,618	
7.00			0	NEURO-ICU	30.01	25,097	
8.00			0	OPERATING ROOM	37	42,427,044	
9.00			0	RECOVERY ROOM	38	87,766	
10.00			0	DELIVERY ROOM & LABOR ROOM	39	564,347	
11.00			0	ANESTHESIOLOGY	40	7,429	
12.00			0	RADIOLOGY-DIAGNOSTIC	41	6,162,823	
13.00			0	RADIOLOGY-THERAPEUTIC	42	150,024	
14.00			0	BLOOD STORING, PROCESSING & TR	47	49	
15.00			0	RESPIRATORY THERAPY	49	286,439	
16.00			0	PHYSICAL THERAPY	50	24,155	
17.00			0	OCCUPATIONAL THERAPY	51	21,352	
18.00			0	SPEECH PATHOLOGY	52	18,051	
19.00			0	ELECTROCARDIOLOGY	53	186,279	
20.00			0	RENAL DIALYSIS	57	175,528	
21.00			0	CAT SCAN	59	14,719	
22.00			0	ULTRASOUND	59.01	33,256	
23.00			0	CARDIAC CATHETERIZATION LABORA	59.02	6,314,036	
24.00			0	ENDOSCOPY	59.03	1,785,539	
25.00			0	CLINIC	60	131,081	
26.00			0	EMERGENCY	61	60,241	
TOTAL RECLASSIFICATIONS FOR CODE B			73,708,132	TOTAL RECLASSIFICATIONS FOR CODE B			73,708,132

RECLASS CODE: C  
EXPLANATION : RECLASS COST OF IMPLANTABLE DEVICES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	IMPL. DEV. CHARGED TO PATIENT	55.30	90,839,220	PURCHASING, RECEIVING AND STOR	6.03	36,890	
2.00			0	OPERATING ROOM	37	71,093,998	
3.00			0	DELIVERY ROOM & LABOR ROOM	39	15,120	
4.00			0	RADIOLOGY-DIAGNOSTIC	41	2,664,896	
5.00			0	RADIOLOGY-THERAPEUTIC	42	944,420	
6.00			0	CARDIAC CATHETERIZATION LABORA	59.02	15,461,201	
7.00			0	ENDOSCOPY	59.03	395,445	
8.00			0	CLINIC	60	227,250	
TOTAL RECLASSIFICATIONS FOR CODE C			90,839,220	TOTAL RECLASSIFICATIONS FOR CODE C			90,839,220

RECLASSIFICATIONS

PROVIDER NO:  
260032

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RECLASS CODE: D  
EXPLANATION : RECLASS EQUIPMENT DEPRECIATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	34,608,082	EMPLOYEE BENEFITS	5	30,384	
2.00			0	PURCHASING, RECEIVING AND STOR	6.03	421	
3.00			0	ADMINISTRATIVE	6.04	12,633	
4.00			0	CASHIERING/ACCOUNTS RECEIVABLE	6.05	4,059	
5.00			0	OTHER ADMINISTRATIVE AND GENER	6.06	13,668,337	
6.00			0	OPERATION OF PLANT	8	375,636	
7.00			0	LAUNDRY & LINEN SERVICE	9	3,219	
8.00			0	HOUSEKEEPING	10	83,845	
9.00			0	DIETARY	11	159,946	
10.00			0	CAFETERIA	12	35,849	
11.00			0	EXTENDED CARE SERVICES	13.01	905	
12.00			0	NURSING ADMINISTRATION	14	483,167	
13.00			0	CENTRAL SERVICES & SUPPLY	15	180,078	
14.00			0	PHARMACY	16	45,715	
15.00			0	MEDICAL RECORDS & LIBRARY	17	83,715	
16.00			0	SOCIAL SERVICE	18	738	
17.00			0	LAB ADMINISTRATION	19.01	7,518	
18.00			0	NURSING SCHOOL	21	10,202	
19.00			0	ADULTS & PEDIATRICS	25	885,940	
20.00			0	INTENSIVE CARE UNIT	26	18,492	
21.00			0	CORONARY CARE UNIT	27	28,004	
22.00			0	SURGICAL INTENSIVE CARE UNIT	29	21,919	
23.00			0	NEURO-ICU	30.01	60,937	
24.00			0	CARDIO-THORACIC ICU	30.02	18,166	
25.00			0	SUBPROVIDER	31	22,563	
26.00			0	NURSERY	33	5,935	
27.00			0	SKILLED NURSING FACILITY	34	18,071	
28.00			0	OTHER LONG TERM CARE	36	5,338	
29.00			0	OPERATING ROOM	37	5,101,686	
30.00			0	RECOVERY ROOM	38	69,881	
31.00			0	DELIVERY ROOM & LABOR ROOM	39	104,682	
32.00			0	ANESTHESIOLOGY	40	805,923	
33.00			0	RADIOLOGY-DIAGNOSTIC	41	4,743,566	
34.00			0	RADIOLOGY-THERAPEUTIC	42	2,341,120	
35.00			0	RADIOISOTOPE	43	285,845	
36.00			0	LABORATORY	44	823,949	
37.00			0	HLA LAB	44.01	36,235	
38.00			0	BLOOD STORING, PROCESSING & TR	47	121,836	
39.00			0	RESPIRATORY THERAPY	49	521,853	
40.00			0	PHYSICAL THERAPY	50	10,228	
41.00			0	SPEECH PATHOLOGY	52	33,787	
42.00			0	ELECTROCARDIOLOGY	53	297,701	
43.00			0	ELECTROENCEPHALOGRAPHY	54	66,714	
44.00			0	RENAL DIALYSIS	57	68,689	
45.00			0	CAT SCAN	59	668,651	
46.00			0	ULTRASOUND	59.01	486,227	
47.00			0	CARDIAC CATHETERIZATION LABORA	59.02	909,908	
48.00			0	ENDOSCOPY	59.03	197,697	
49.00			0	OB/GYN IN VITRO	59.04	249,382	
50.00			0	OUTPATIENT PHARMACY	59.05	47,641	
51.00			0	ELECTROSHOCK THERAPY	59.06	3,947	
52.00			0	CLINIC	60	35,805	
53.00			0	EMERGENCY	61	257,724	
54.00			0	LUNG ACQUISITION	82	6,200	
55.00			0	KIDNEY ACQUISITION	83	410	
56.00			0	RESEARCH-CTSA/GCRC-I/P	97.02	3,971	
57.00			0	RESEARCH-CTSA/GCRC-O/P	97.03	5,000	
58.00			0	OTHER NONREIMBURSABLE COST CEN	100	30,057	
59.00			0	MARKETING/COMMUNITY RELATIONS	100.02	35	
TOTAL RECLASSIFICATIONS FOR CODE D			34,608,082	TOTAL RECLASSIFICATIONS FOR CODE D			34,608,082

RECLASS CODE: E  
EXPLANATION : RECLASS DEPRECIATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	1,212,754	NEW CRC-B&F(BJH POSTMERGE)	3.02	20,283,440	
2.00	NEW CRC-B&F(BH PRE-MERGE)	3.01	3,191,151	NEW CRC-B&F(GSON)	3.04	734,519	
3.00	NEW CRC-B&F(BJH CAMP EXP)	3.03	15,879,535			0	
4.00	NEW CAP REL COSTS-MVBLE EQUIP	4	734,519			0	
TOTAL RECLASSIFICATIONS FOR CODE E			21,017,959	TOTAL RECLASSIFICATIONS FOR CODE E			21,017,959

RECLASS CODE: F  
EXPLANATION : RECLASS WASH U CONTRACT COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	I&R SERVICES-SALARY & FRINGES	22	54,471,510	OTHER ADMINISTRATIVE AND GENER	6.06	54,471,510	
TOTAL RECLASSIFICATIONS FOR CODE F			54,471,510	TOTAL RECLASSIFICATIONS FOR CODE F			54,471,510

RECLASSIFICATIONS

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RECLASS CODE: G  
EXPLANATION : RECLASS COST OF INTERPRETORS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OTHER ADMINISTRATIVE AND GENER	6.06	903,289
TOTAL RECLASSIFICATIONS FOR CODE G			903,289

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER NONREIMBURSABLE COST CEN	100	903,289	
		903,289	

RECLASS CODE: H  
EXPLANATION : RECLASS GAMMA KNIFE COSTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	RADIOLOGY-THERAPEUTIC	42	88,940
2.00			0
TOTAL RECLASSIFICATIONS FOR CODE H			88,940

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
RADIOLOGY-DIAGNOSTIC	41	60,190	
CAT SCAN	59	28,750	
		88,940	

RECLASS CODE: I  
EXPLANATION : RECLASS PARAMEDICAL EDUCATION

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	PARAMED ED PRGM-HOSP ADMIN	24.01	183,635
2.00	PARAMED ED PRGM-PHARMACY	24.02	137,403
3.00	PARAMED ED PRGM-PASTORAL ED	24.04	79,284
TOTAL RECLASSIFICATIONS FOR CODE I			400,322

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.06	183,635	
PHARMACY	16	137,403	
OTHER ADMINISTRATIVE AND GENER	6.06	79,284	
		400,322	

RECLASS CODE: J  
EXPLANATION : RECLASS FINANCE ACCRUALS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	5	1,563,430
2.00	OTHER ADMINISTRATIVE AND GENER	6.06	1,136,068
3.00	OPERATION OF PLANT	8	74,068
TOTAL RECLASSIFICATIONS FOR CODE J			2,773,566

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
PURCHASING, RECEIVING AND STOR	6.03	1,298,781	
OTHER ADMINISTRATIVE AND GENER	6.06	1,474,785	
		0	
		2,773,566	

RECLASS CODE: K  
EXPLANATION : RECLASS NURSING FACILITY COSTS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NURSING FACILITY	35	256,072
TOTAL RECLASSIFICATIONS FOR CODE K			256,072

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER LONG TERM CARE	36	256,072	
		256,072	

RECLASS CODE: L  
EXPLANATION : RECLASS DIETARY COSTS TO CAFETERIA

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	CAFETERIA	12	5,965,626
TOTAL RECLASSIFICATIONS FOR CODE L			5,965,626

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DIETARY	11	5,965,626	
		5,965,626	

RECLASS CODE: M  
EXPLANATION : RECLASS PRE-TRANSPLANT RELATED DIETI

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	LUNG ACQUISITION	82	6,053
2.00	KIDNEY ACQUISITION	83	1,445
3.00	LIVER ACQUISITION	84	12,779
4.00	HEART ACQUISITION	85	4,422
TOTAL RECLASSIFICATIONS FOR CODE M			24,699

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
DIETARY	11	24,699	
		0	
		0	
		0	
		24,699	

RECLASS CODE: N  
EXPLANATION : RECLASS TRANSPLANT SALARIES & FI CA

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	NURSING ADMINISTRATI ON	14	694,912
2.00	ADULTS & PEDIATRICS	25	1,040
3.00	LUNG ACQUISITION	82	119,321

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OPERATING ROOM	37	1,018,495	
HEART ACQUISITION	85	303,141	
		0	

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RECLASS CODE: N  
EXPLANATION: RECLASS TRANSPLANT SALARIES & FICA

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
4.00	KIDNEY ACQUISITION	83	365,937			0	
5.00	LIVER ACQUISITION	84	140,426			0	
TOTAL RECLASSIFICATIONS FOR CODE N			1,321,636				1,321,636

RECLASS CODE: O  
EXPLANATION: RECLASS PRE-TRANSPLANT SOCIAL SVCS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	LUNG ACQUISITION	82	21,942	SOCIAL SERVICE	18	208,882	
2.00	KIDNEY ACQUISITION	83	122,100			0	
3.00	LIVER ACQUISITION	84	34,563			0	
4.00	HEART ACQUISITION	85	29,854			0	
5.00	PANCREAS ACQUISITION	85.01	423			0	
TOTAL RECLASSIFICATIONS FOR CODE O			208,882				208,882

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

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RESEARCH ADMINISTRATION	19.02	18,642	OTHER ADMINISTRATIVE AND GENER	6.06	298,764	
2.00	RESEARCH	97	280,122			0	
TOTAL RECLASSIFICATIONS FOR CODE P			298,764				298,764

RECLASS CODE: Q  
EXPLANATION: RECLASS BARNARD BUILDING RENTAL

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER ADMINISTRATIVE AND GENER	6.06	6,606	OTHER ADMINISTRATIVE AND GENER	6.06	267,920	
2.00	HOUSEKEEPING	10	5,039			0	
3.00	LABORATORY	44	102,605			0	
4.00	RESEARCH-CTSA/GCRC-I/P	97.02	77,728			0	
5.00	RESEARCH-CTSA/GCRC-O/P	97.03	70,348			0	
6.00	OTHER NONREIMBURSABLE COST CEN	100	5,594			0	
TOTAL RECLASSIFICATIONS FOR CODE Q			267,920				267,920

RECLASS CODE: R  
EXPLANATION: RECLASS NON-REIMBURSABLE PARKING

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER NONREIMBURSABLE COST CEN	100	1,302,261	NEW CRC-B&F(BJH POSTMERGE)	3.02	452,254	
2.00			0	NEW CRC-B&F(BJH CAMP EXP)	3.03	443,793	
3.00			0	NEW CAP REL COSTS-MVBLE EQUIP	4	22,809	
4.00			0	EMPLOYEE BENEFITS	5	328,735	
5.00			0	OPERATION OF PLANT	8	54,670	
TOTAL RECLASSIFICATIONS FOR CODE R			1,302,261				1,302,261

RECLASS CODE: S  
EXPLANATION: RECLASS BJC SPACE RELATED COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	72,494	NEW CAP REL COSTS-BLDG & FIXT	3	19,432	
2.00	PURCHASING, RECEIVING AND STOR	6.03	225,687	NEW CRC-B&F(BH PRE-MERGE)	3.01	216,357	
3.00	OTHER ADMINISTRATIVE AND GENER	6.06	2,111,368	NEW CRC-B&F(BJH POSTMERGE)	3.02	379,794	
4.00	OPERATION OF PLANT	8	500,476	OPERATION OF PLANT	8	1,462,909	
5.00			0	HOUSEKEEPING	10	831,533	
TOTAL RECLASSIFICATIONS FOR CODE S			2,910,025				2,910,025

RECLASS CODE: T  
EXPLANATION: RECLASS EXT RECOVERY NRSV SVC COST

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RECOVERY ROOM	38	3,306,490	ADULTS & PEDIATRICS	25	3,306,490	
TOTAL RECLASSIFICATIONS FOR CODE T			3,306,490				3,306,490

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RECLASS CODE: U  
EXPLANATION : RECLASS PHYSICIAN STE CLEANING COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER NONREIMBURSABLE COST CEN	100	265,829	HOUSEKEEPING	10	265,829	
TOTAL RECLASSIFICATIONS FOR CODE U			265,829				265,829

RECLASS CODE: V  
EXPLANATION : RECLASS PROPERTY INSURANCE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER CAPITAL RELATED COSTS	90	1,449,492	OTHER ADMINISTRATIVE AND GENER	6.06	1,449,492	
TOTAL RECLASSIFICATIONS FOR CODE V			1,449,492				1,449,492

RECLASS CODE: W  
EXPLANATION : RECLASS RECRUITING BONUSES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	125,997	EMPLOYEE BENEFITS	5	125,997	
2.00	OTHER ADMINISTRATIVE AND GENER	6.06	184,292	OTHER ADMINISTRATIVE AND GENER	6.06	184,292	
3.00	NURSING ADMINISTRATION	14	24,650	NURSING ADMINISTRATION	14	24,650	
4.00	MEDICAL RECORDS & LIBRARY	17	1,620	MEDICAL RECORDS & LIBRARY	17	1,620	
5.00	NURSING SCHOOL	21	28,283	NURSING SCHOOL	21	28,283	
6.00	I&R SERVICES-SALARY & FRINGES	22	25,606	I&R SERVICES-SALARY & FRINGES	22	25,606	
7.00	OPERATING ROOM	37	1,000	OPERATING ROOM	37	1,000	
TOTAL RECLASSIFICATIONS FOR CODE W			391,448				391,448

RECLASS CODE: X  
EXPLANATION : RECLASS EMPLOYEE AWARDS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	20,190	EMPLOYEE BENEFITS	5	1,687,390	
2.00	NONPATIENT TELEPHONES	6.01	8,919			0	
3.00	PURCHASING, RECEIVING AND STOR	6.03	3,068			0	
4.00	ADMINISTRATIVE	6.04	39,916			0	
5.00	CASHIERING/ACCOUNTS RECEIVABLE	6.05	13,802			0	
6.00	OTHER ADMINISTRATIVE AND GENER	6.06	74,977			0	
7.00	OPERATION OF PLANT	8	42,709			0	
8.00	LAUNDRY & LINEN SERVICE	9	158			0	
9.00	HOUSEKEEPING	10	89,179			0	
10.00	DIETARY	11	42,532			0	
11.00	CAFETERIA	12	18,548			0	
12.00	EXTENDED CARE SERVICES	13.01	1,920			0	
13.00	NURSING ADMINISTRATION	14	76,260			0	
14.00	CENTRAL SERVICES & SUPPLY	15	17,699			0	
15.00	PHARMACY	16	41,055			0	
16.00	MEDICAL RECORDS & LIBRARY	17	41,361			0	
17.00	SOCIAL SERVICE	18	11,226			0	
18.00	LAB ADMINISTRATION	19.01	10,445			0	
19.00	NURSING SCHOOL	21	17,135			0	
20.00	I&R SERVICES-SALARY & FRINGES	22	160,830			0	
21.00	ADULTS & PEDIATRICS	25	298,459			0	
22.00	INTENSIVE CARE UNIT	26	20,901			0	
23.00	CORONARY CARE UNIT	27	11,377			0	
24.00	SURGICAL INTENSIVE CARE UNIT	29	17,579			0	
25.00	NEURO-ICU	30.01	13,110			0	
26.00	CARDIO-THORACIC ICU	30.02	17,368			0	
27.00	SUBPROVIDER	31	17,873			0	
28.00	NURSERY	33	3,023			0	
29.00	SKILLED NURSING FACILITY	34	8,802			0	
30.00	OTHER LONG TERM CARE	36	5,151			0	
31.00	OPERATING ROOM	37	88,501			0	
32.00	RECOVERY ROOM	38	25,790			0	
33.00	DELIVERY ROOM & LABOR ROOM	39	17,079			0	
34.00	ANESTHESIOLOGY	40	9,397			0	
35.00	RADIOLOGY-DIAGNOSTIC	41	59,206			0	
36.00	RADIOLOGY-THERAPEUTIC	42	21,667			0	
37.00	RADIOISOTOPE	43	6,483			0	
38.00	LABORATORY	44	56,570			0	
39.00	HLA LAB	44.01	2,816			0	
40.00	BLOOD STORING, PROCESSING & TR	47	16,459			0	
41.00	RESPIRATORY THERAPY	49	24,000			0	

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RECLASS CODE: X  
EXPLANATION : RECLASS EMPLOYEE AWARDS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
42.00	PHYSICAL THERAPY	50	13,273				0
43.00	OCCUPATIONAL THERAPY	51	4,785				0
44.00	SPEECH PATHOLOGY	52	2,000				0
45.00	ELECTROCARDIOLOGY	53	13,952				0
46.00	ELECTROENCEPHALOGRAPHY	54	1,394				0
47.00	RENAL DIALYSIS	57	4,846				0
48.00	CAT SCAN	59	9,208				0
49.00	ULTRASOUND	59.01	2,871				0
50.00	CARDIAC CATHETERIZATION LABORA	59.02	13,444				0
51.00	ENDOSCOPY	59.03	11,137				0
52.00	OB/GYN IN VITRO	59.04	1,707				0
53.00	OUTPATIENT PHARMACY	59.05	6,630				0
54.00	ELECTROSHOCK THERAPY	59.06	985				0
55.00	PSYCHIATRIC/PSYCHOLOGICAL SERV	59.07	18,990				0
56.00	CLINIC	60	31,249				0
57.00	EMERGENCY	61	38,109				0
58.00	LUNG ACQUISITION	82	1,313				0
59.00	KIDNEY ACQUISITION	83	2,425				0
60.00	LIVER ACQUISITION	84	1,599				0
61.00	HEART ACQUISITION	85	1,094				0
62.00	OTHER ORGAN ACQUISITION	86	1,239				0
63.00	OTHER NONREIMBURSABLE COST CEN	100	28,768				0
64.00	MARKETING/COMMUNITY RELATIONS	100.02	2,832				0
TOTAL RECLASSIFICATIONS FOR CODE X			1,687,390				1,687,390

RECLASS CODE: Y  
EXPLANATION : RECLASS CORNEAL TISSUE ACQ COST

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CORNEAL TISSUE ACQUISITION	59.08	592,851	OPERATING ROOM	37	592,851	
TOTAL RECLASSIFICATIONS FOR CODE Y			592,851				592,851

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	20,778,762					20,778,762	
2 LAND IMPROVEMENTS	7,859,972	126,907		126,907		7,971,492	1,159,358
3 BUILDINGS & FIXTURE	355,040,563	4,149,206		4,149,206	15,387	359,189,769	21,684,168
4 BUILDING IMPROVEMENT	16,432,916					16,432,916	7,405,950
5 FIXED EQUIPMENT	552,951,291	12,556,640		12,556,640		565,507,931	81,946,890
6 MOVABLE EQUIPMENT	459,414,586	47,887,542		47,887,542	18,975,310	488,326,818	114,175,184
7 SUBTOTAL	1,412,478,090	64,720,295		64,720,295	18,990,697	1,458,207,688	226,371,550
8 RECONCILING ITEMS							
9 TOTAL	1,412,478,090	64,720,295		64,720,295	18,990,697	1,458,207,688	226,371,550

PART III - RECONCILIATION OF CAPITAL COST CENTERS  
 DESCRIPTION

*	DESCRIPTION	GROSS ASSETS 1	COMPUTATION OF RATIOS		RATIO 4	ALLOCATION OF OTHER CAPITAL			TOTAL 8
			CAPITALIZED LEASES 2	GROSS ASSETS FOR RATIO 3		INSURANCE 5	TAXES 6	OTHER CAPITAL RELATED COSTS 7	
3	NEW CAP REL COSTS-BL	130,846,316		130,846,316	.090993	131,894			131,894
3 01	NEW CRC-B&F(BH PRE-M	222,891,404		222,891,404	.155002	224,674			224,674
3 02	NEW CRC-B&F(BJH POST	248,197,758		248,197,758	.172601	250,184			250,184
3 03	NEW CRC-B&F(BJH CAMP	314,810,984		314,810,984	.218925	317,330			317,330
3 04	NEW CRC-B&F(GSON)	32,914,846		32,914,846	.022890	33,179			33,179
3 05	NEW CRC-B&F(THE HIGH								
4	NEW CAP REL COSTS-MV	488,326,818		488,326,818	.339589	492,231			492,231
5	TOTAL	1437,988,126		1437,988,126	1.000000	1,449,492			1,449,492

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL	TOTAL (1)
							RELATED COST 14	15
3	NEW CAP REL COSTS-BL	1,777,071			131,894			1,908,965
3 01	NEW CRC-B&F(BH PRE-M	3,384,046			224,674			3,608,720
3 02	NEW CRC-B&F(BJH POST	9,183,930			250,184			9,434,114
3 03	NEW CRC-B&F(BJH CAMP	15,435,742			317,330			15,753,072
3 04	NEW CRC-B&F(GSON)	1,716,649			33,179			1,749,828
3 05	NEW CRC-B&F(THE HIGH	1,091,821						1,091,821
4	NEW CAP REL COSTS-MV	39,372,233			492,231			39,864,464
5	TOTAL	71,961,492			1,449,492			73,410,984

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

SUMMARY OF OLD AND NEW CAPITAL

*	DESCRIPTION	DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL	TOTAL (1)
							RELATED COST 14	15
3	NEW CAP REL COSTS-BL							
3 01	NEW CRC-B&F(BH PRE-M							
3 02	NEW CRC-B&F(BJH POST	30,055,799						30,055,799
3 03	NEW CRC-B&F(BJH CAMP							
3 04	NEW CRC-B&F(GSON)	2,451,168						2,451,168
3 05	NEW CRC-B&F(THE HIGH							
4	NEW CAP REL COSTS-MV	13,183,114						13,183,114
5	TOTAL	45,690,081						45,690,081

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

ADJUSTMENTS TO EXPENSES

DESCRPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
	1	2	3	4	5
1 INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER	B	-15,543,493	INTEREST EXPENSE	88	
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT	B	-1,124,496	EMPLOYEE BENEFITS	5	
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-20,928,521			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	-6,180,418			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-9,058,042	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHERS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS					
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 OTHER REVENUE	B	1,091,821	NEW CRC-B&F(THE HIGHLANDS	3.05	9
37.01 OTHER REVENUE	B	-581,396	EMPLOYEE BENEFITS	5	
37.02 OTHER REVENUE	B	-84,158	CASHIERING/ACCOUNTS RECEI	6.05	
37.03 OTHER REVENUE	B	-3,120,131	OTHER ADMINISTRATIVE AND	6.06	
37.04 OTHER REVENUE	B	-233,350	OPERATION OF PLANT	8	
37.05 OTHER REVENUE	B	35	HOUSEKEEPING	10	
37.06 OTHER REVENUE	B	-96,677	DIETARY	11	
37.07 OTHER REVENUE	B	-481,875	CAFETERIA	12	
37.08 OTHER REVENUE	B	-14,012	NURSING ADMINISTRATIVE	14	
37.09 OTHER REVENUE	B	-156,312	PHARMACY	16	
37.10 OTHER REVENUE	B	-1,055,939	MEDICAL RECORDS & LIBRARY	17	
37.11 OTHER REVENUE	B	-12,041,852	NURSING SCHOOL	21	
37.12 OTHER REVENUE	B	-2,228,136	I&R SERVICES-SALARY & FRI	22	
37.13 OTHER REVENUE	B	-245,826	ADULTS & PEDIATRICS	25	
37.14 OTHER REVENUE	B	-1,900	SUBPROVIDER	31	
37.15 OTHER REVENUE	B	-116,592	OPERATING ROOM	37	
37.16 OTHER REVENUE	B	-7,044	DELIVERY ROOM & LABOR ROO	39	
37.17 OTHER REVENUE	B	-46,739	RADIOLOGY-DIAGNOSTIC	41	
37.18 OTHER REVENUE	B	-11,446	RADIOLOGY-THERAPEUTIC	42	
37.19 OTHER REVENUE	B	-92,199	RESPIRATORY THERAPY	49	
37.20 OTHER REVENUE	B	-1,657	PHYSICAL THERAPY	50	
37.21 OTHER REVENUE	B	-41,732	ELECTROCARDIOLOGY	53	
37.22 OTHER REVENUE	B	-88,656	OB/GYN IN VITRO	59.04	
37.23 OTHER REVENUE	B	-897,196	OUTPATIENT PHARMACY	59.05	
37.24 OTHER REVENUE	B	-255,430	CLINIC	60	
37.25 OTHER REVENUE	B	-101,210	EMERGENCY	61	
37.26 OTHER REVENUE	B	-268	LUNG ACQUISITION	82	
37.27 OTHER REVENUE	B	-623	KIDNEY ACQUISITION	83	
37.28 OTHER REVENUE	B	-20	LIVER ACQUISITION	84	
37.29 OTHER REVENUE	B	-155,823	OTHER ORGAN ACQUISITION	86	
38 AMBULANCE ZERO-OUT COST	A	-366	AMBULANCE SERVICES	65	
39 FINANCE ACCRUALS - NON-ALLOWBLE EXP	A	-39,451,009	OTHER ADMINISTRATIVE AND	6.06	
40 ALLOWABLE FRA COSTS	A	75,162,932	OTHER ADMINISTRATIVE AND	6.06	
41 CAFETERIA REVENUE @ BJECF	B	-12,337	CAFETERIA	12	
42 MEDICARE/BOOK DEPR ADJ (NORTH)	A	583,749	NEW CAP REL COSTS-BLDG &	3	9
42.01 MEDICARE/BOOK DEPR ADJ (NORTH)	A	7,822	NEW CAP REL COSTS-MVBLE E	4	9
42.02 MEDICARE/BOOK DEPR ADJ (SOUTH)	A	409,252	NEW CRC-B&F(BH PRE-MERGE)	3.01	9
42.03 MEDICARE/BOOK DEPR ADJ (SOUTH)	A	4,682	NEW CAP REL COSTS-MVBLE E	4	9
43 REMOVE ESTIMATED DEPRECIATION	A	-9,471,513	NEW CAP REL COSTS-MVBLE E	4	9
44 RESEARCH ANCILLARY COSTS	A	-4,288	LABORATORY	44	
44.01 RESEARCH ANCILLARY COSTS	A	-119	MEDICAL SUPPLIES CHARGED	55	
44.02 RESEARCH ANCILLARY COSTS	A	-792	PHARMACY	16	
45 PATIENT PHONES	A	-270,311	ADULTS & PEDIATRICS	25	
45.01 PATIENT PHONES	A	-18,100	EXTENDED CARE SERVICES	13.01	
46 BAD DEBTS	A	-18,833	NURSING SCHOOL	21	
47 MALPRACTICE EXP	A	-11,958,019	OTHER ADMINISTRATIVE AND	6.06	
48 WASH UNIV ASSESSMENTS	A	-551,195	OTHER ADMINISTRATIVE AND	6.06	

ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
49 LOBBYING PORTION OF DUES	A	-116,718	OTHER ADMINISTRATIVE AND	6.06	
49.01 NONALLOWABLE INTERN/RESIDENT COSTS	A	-5,495	MEDICAL RECORDS & LIBRARY	17	
49.02 NONALLOWABLE INTERN/RESIDENT COSTS	A	-200	NURSING SCHOOL	21	
49.03 NONALLOWABLE INTERN/RESIDENT COSTS	A	-1,576,210	ADULTS & PEDIATRICS	25	
49.04 NONALLOWABLE INTERN/RESIDENT COSTS	A	-9,793	CARDIAC CATHETERIZATION L	59.02	
49.05 NONALLOWABLE INTERN/RESIDENT COSTS	A	1,061	EMERGENCY	61	
49.06 ENTERTAINMENT/PROMOTION EXP	A	-2,729	EMPLOYEE BENEFITS	5	
49.07 ENTERTAINMENT/PROMOTION EXP	A	-391	NONPATIENT TELEPHONES	6.01	
49.08 ENTERTAINMENT/PROMOTION EXP	A	-748	ADMINISTRATIVE	6.04	
49.09 ENTERTAINMENT/PROMOTION EXP	A	-25,760	OTHER ADMINISTRATIVE AND	6.06	
49.10 ENTERTAINMENT/PROMOTION EXP	A	-6,184	OPERATION OF PLANT	8	
49.11 ENTERTAINMENT/PROMOTION EXP	A	-7,870	EXTENDED CARE SERVICES	13.01	
49.12 ENTERTAINMENT/PROMOTION EXP	A	-3,275	NURSING ADMINISTRATIVE	14	
49.13 ENTERTAINMENT/PROMOTION EXP	A	-165	CENTRAL SERVICES & SUPPLY	15	
49.14 ENTERTAINMENT/PROMOTION EXP	A	-53	MEDICAL RECORDS & LIBRARY	17	
49.15 ENTERTAINMENT/PROMOTION EXP	A	-26	LAB ADMINISTRATION	19.01	
49.16 ENTERTAINMENT/PROMOTION EXP	A	-1,910	NURSING SCHOOL	21	
49.17 ENTERTAINMENT/PROMOTION EXP	A	-4,357	ADULTS & PEDIATRICS	25	
49.18 ENTERTAINMENT/PROMOTION EXP	A	-2,404	INTENSIVE CARE UNIT	26	
49.19 ENTERTAINMENT/PROMOTION EXP	A	-1,276	OPERATING ROOM	37	
49.20 ENTERTAINMENT/PROMOTION EXP	A	-1,354	RECOVERY ROOM	38	
49.21 ENTERTAINMENT/PROMOTION EXP	A	-65	ANESTHESIOLOGY	40	
49.22 ENTERTAINMENT/PROMOTION EXP	A	-367	RADIOLOGY-DIAGNOSTIC	41	
49.23 ENTERTAINMENT/PROMOTION EXP	A	-66	RADIOLOGY-THERAPEUTIC	42	
49.24 ENTERTAINMENT/PROMOTION EXP	A	-92	LABORATORY	44	
49.25 ENTERTAINMENT/PROMOTION EXP	A	-138	HLA LAB	44.01	
49.26 ENTERTAINMENT/PROMOTION EXP	A	-274	RESPIRATORY THERAPY	49	
49.27 ENTERTAINMENT/PROMOTION EXP	A	-163	PHYSICAL THERAPY	50	
49.28 ENTERTAINMENT/PROMOTION EXP	A	-316	OCCUPATIONAL THERAPY	51	
49.29 ENTERTAINMENT/PROMOTION EXP	A	-1,707	CLINIC	60	
49.30 ENTERTAINMENT/PROMOTION EXP	A	-8,651	EMERGENCY	61	
49.31 ECF LAB	A	-62,794	LABORATORY	44	
49.32 COSTS TO BJC HO	A	-72,494	EMPLOYEE BENEFITS	5	
49.33 COSTS TO BJC HO	A	-225,687	PURCHASING, RECEIVING AND	6.03	
49.34 COSTS TO BJC HO	A	-1,828,593	OTHER ADMINISTRATIVE AND	6.06	
49.35 COSTS TO BJC HO	A	-500,476	OPERATION OF PLANT	8	
49.36 COSTS TO BJC HO	A	-282,916	OTHER ADMINISTRATIVE AND	6.06	
49.37 ADVERTISING EXPENSE	A	-668	EMPLOYEE BENEFITS	5	
49.38 ADVERTISING EXPENSE	A	-111,067	OTHER ADMINISTRATIVE AND	6.06	
49.39 ADVERTISING EXPENSE	A	-22,462	EXTENDED CARE SERVICES	13.01	
49.40 ADVERTISING EXPENSE	A	-67,217	NURSING SCHOOL	21	
49.41 ADVERTISING EXPENSE	A	-114,604	RADIOLOGY-DIAGNOSTIC	41	
49.42 ADVERTISING EXPENSE	A	-7,925	OB/GYN IN VITRO	59.04	
49.43 PHYSICIAN RECRUITMENT	A	-141,000	OTHER ADMINISTRATIVE AND	6.06	
49.44 PHYSICIAN RECRUITMENT	A	-170,829	NURSING ADMINISTRATIVE	14	
49.45 PHYSICIAN RECRUITMENT	A	151,875	ENDOSCOPY	59.03	
49.46 SPEC EVENTS-NONALLOWABLE	A	-42,852	EMPLOYEE BENEFITS	5	
49.47 SPEC EVENTS-NONALLOWABLE	A	-71,449	OTHER ADMINISTRATIVE AND	6.06	
49.48 SPEC EVENTS-NONALLOWABLE	A	-31,849	NURSING ADMINISTRATIVE	14	
49.49 SPEC EVENTS-NONALLOWABLE	A	1,000	CENTRAL SERVICES & SUPPLY	15	
49.50 SPEC EVENTS-NONALLOWABLE	A	-22,849	NURSING SCHOOL	21	
49.51 SPEC EVENTS-NONALLOWABLE	A	-55	ADULTS & PEDIATRICS	25	
49.52 SPEC EVENTS-NONALLOWABLE	A	-93	CARDIO-THORACIC ICU	30.02	
49.53 SPEC EVENTS-NONALLOWABLE	A	-3,447	OPERATING ROOM	37	
49.54 SPEC EVENTS-NONALLOWABLE	A	500	DELIVERY ROOM & LABOR ROOM	39	
49.55 SPEC EVENTS-NONALLOWABLE	A	-13,570	RADIOLOGY-DIAGNOSTIC	41	
49.56 SPEC EVENTS-NONALLOWABLE	A	-12,061	RESPIRATORY THERAPY	49	
49.57 SPEC EVENTS-NONALLOWABLE	A	-1,143	PHYSICAL THERAPY	50	
49.58 SPEC EVENTS-NONALLOWABLE	A	2,000	CLINIC	60	
49.59 SPEC EVENTS-NONALLOWABLE	A	-3,412	EMERGENCY	61	
49.60 ALLOWABLE PENSION EXP/FUNDING	A	1,159,950	EMPLOYEE BENEFITS	5	
49.61 ADJUST BARNARD BLDG RENTAL EXPENSE	A	4,435	OTHER ADMINISTRATIVE AND	6.06	
50 TOTAL (SUM OF LINES 1 THRU 49)		-63,759,206			

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.	
1	2	3	4	5	6		
1	44	LABORATORY	AFFILIATE BILLING TO BJC	-2,439,034	-2,200,817	-238,217	
2	44	1 HLA LAB	AFFILIATE BILLING TO BJC	-257,609	-786,414	528,805	
3	47	BLOOD STORING, PROCESSING	AFFILIATE BILLING TO BJC	-370,732	-495,995	125,263	
4	44	LABORATORY	AFFILIATE BILLING TO REH	-288,228	-236,609	-51,619	
4.01	44	1 HLA LAB	AFFILIATE BILLING TO REH	-325	-1,387	1,062	
4.02	47	BLOOD STORING, PROCESSING	AFFILIATE BILLING TO REH	-27,036	-45,042	18,006	
4.03	37	OPERATING ROOM	MIDWEST STONE	456,822	612,235	-155,413	
4.04	6	6 OTHER ADMINISTRATIVE AND	TFC	4,449,501	4,614,229	-164,728	
4.05	3	2 NEW CRC-B&F(BJH POSTMERGE	GAMMA KNIFE DEPR - B&F	243,619		243,619	9
4.06	4	NEW CAP REL COSTS-MVBLE E	GAMMA KNIFE DEPR - MME	328,336		328,336	9
4.07	42	RADIOLOGY-THERAPEUTIC	GAMMA KNIFE EXPENSES	1,663,559	6,304,393	-4,640,834	
4.08	5	EMPLOYEE BENEFITS	BJC EMPLOYEE BENEFITS	11,439,894		11,439,894	
4.09	6	3 PURCHASING, RECEIVING AND	BJC PURCHASING	3,633,951		3,633,951	
4.10	6	6 OTHER ADMINISTRATIVE AND	BJC OTHER A & G	58,663,422	87,916,155	-29,252,733	
4.11	8	OPERATION OF PLANT	BJC OPERATION OF PLANT	12,725,177		12,725,177	
4.12	44	LABORATORY	SLCH AFFILIATE BILLINGS	966,429	1,700,217	-733,788	
4.13	59	2 CARDIAC CATHETERIZATION L	SLCH AFFILIATE BILLINGS	270,650	257,849	12,801	
5		TOTALS		91,458,396	97,638,814	-6,180,418	

\* 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 XVII.

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 26-0032  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED: 5/24/2011  
 WORKSHEET A-8-2  
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 5	EMPLOYEE BENEFITS	50,210	50,210					
2 6 6	OTHER A&G	256,862	256,862					
3 14	NURSING ADMINISTRATION	1,680,472	1,680,472					
4 16	PHARMACY	83,590	83,590					
5 17	MEDICAL RECORDS & LIBRAR	95,686	95,686					
6 25	PHYSICIAN ASM/HOSPITALS	8,898,968	8,898,968					
7 40	ANESTHESIOLOGY	7,242,281	7,242,281					
8 61	EMERGENCY	2,620,452	2,620,452					
9								
10								
11								
12								
13								
14								
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16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	20,928,521	20,928,521					

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 26-0032  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED: 5/24/2011  
 WORKSHEET A-8-2  
 GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1	5	EMPLOYEE BENEFITS						50,210
2	6	6 OTHER A&G						256,862
3	14	NURSING ADMINISTRATION						1,680,472
4	16	PHARMACY						83,590
5	17	MEDICAL RECORDS & LIBRAR						95,686
6	25	PHYSICIAN ASM/HOSPITALS						8,898,968
7	40	ANESTHESIOLOGY						7,242,281
8	61	EMERGENCY						2,620,452
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
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21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101		TOTAL						20,928,521

COST ALLOCATION STATISTICS

PROVIDER NO: 26-0032  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/24/2011  
 NOT A CMS WORKSHEET

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

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 26-0032  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/24/2011  
 WORKSHEET B  
 PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CRC-B&F(B H PRE-MERGE)	NEW CRC-B&F(B JH POSTMERGE)	NEW CRC-B&F(B JH CAMP EXP)	NEW CRC-B&F(G SON)	NEW CRC-B&F(T HE HIGHLANDS)
	0	3	3.01	3.02	3.03	3.04	3.05
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &	1,908,965	1,908,965					
003 02 NEW CRC-B&F(BH PRE-MERGE)	3,608,720		3,608,720				
003 03 NEW CRC-B&F(BJH POSTMERGE)	9,434,114			9,434,114			
003 04 NEW CRC-B&F(BJH CAMP EXP)	15,753,072				15,753,072		
003 05 NEW CRC-B&F(GSON)	1,749,828					1,749,828	
004 NEW CAP REL COSTS-MVBLE E	1,091,821						1,091,821
005 EMPLOYEE BENEFITS	39,864,464						
006 01 NONPATIENT TELEPHONES	98,527,669	31,769	25,495	98,057			
006 02 DATA PROCESSING	852,373	3,015	26,747	50,797	23,375		
006 03 PURCHASING, RECEIVING AND	7,045,948	15,698	24,702	69,098	7,668		
006 04 ADMINISTRATION	11,042,756	23,232	39,401	107,109			13,590
006 05 CASHIERING/ACCOUNTS RECEI	7,974,915		37,203	63,451			
006 06 OTHER ADMINISTRATIVE AND	170,922,267	651,440	750,655	2,399,345	4,039,948		346,586
008 OPERATION OF PLANT	41,611,766	187,050	385,584	978,951	2,605,880		4,221
009 LAUNDRY & LINEN SERVICE	3,545,808	4,461	1,604	10,399	852		
010 HOUSEKEEPING	14,051,013	24,561	33,246	98,895	99,309		858
011 DIETARY	9,048,754	38,609	76,226	196,332	5,636		
012 CAFETERIA	3,244,928	19,256	80,438	170,268	4,194		
013 01 EXTENDED CARE SERVICES	1,526,403		35,505	60,555			
014 NURSING ADMINISTRATION	28,370,624	49,423	23,946	125,743	20,819		
015 CENTRAL SERVICES & SUPPLY	6,321,516	21,427	58,926	137,308	64,881		
016 PHARMACY	111,240,429	17,836	43,478	104,793	66,323		
017 MEDICAL RECORDS & LIBRARY	15,182,990	55,811	9,849	112,674	2,556		
018 SOCIAL SERVICE	4,685,272		2,037	3,475	18,984		
019 01 LAB ADMINISTRATION	8,003,721		6,237	10,637			
019 02 RESEARCH ADMINISTRATION	18,642						
021 NURSING SCHOOL	-3,128,598					1,749,828	
022 I&R SERVICES-SALARY & FRI	97,076,386	6,613	33,478	68,457			
024 01 PARAMEDICAL PRGM-HOSP ADMI	183,635						
024 02 PARAMEDICAL PRGM-PHARMACY	137,403						
024 04 PARAMEDICAL PRGM-PASTORAL	135,470						
025 INPATIENT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	96,601,410	234,573	864,829	1,877,953			
026 INTENSIVE CARE UNIT	7,626,595	29,773	28,230	99,293			
027 CORONARY CARE UNIT	4,058,443		23,961	40,866			
029 SURGICAL INTENSIVE CARE U	6,782,432		50,520	86,163			
030 01 NEURO-ICU	5,248,445		28,813	49,141			
030 02 CARDIO-THORACIC ICU	6,805,230				418,734		
031 SUBPROVIDER	6,230,232		65,804	112,231			
033 NURSERY	1,156,983		5,173	8,822			
034 SKILLED NURSING FACILITY	4,184,282		39,580	67,504			
035 NURSING FACILITY	256,090		6,078	10,366			
036 OTHER LONG TERM CARE	1,280,175		30,872	52,653			
037 OPERATING ROOM	34,360,728	9,740	126,385	232,285	1,857,804		
038 RECOVERY ROOM	16,021,025		77,122	131,534	376,725		
039 DELIVERY ROOM & LABOR ROO	5,475,991		48,644	82,963			
040 ANESTHESIOLOGY	6,690,794						
041 RADIOLOGY-DIAGNOSTIC	26,453,520	84,695	1,585	148,196	835,633		27,156
042 RADIOLOGY-THERAPEUTIC	16,238,225	6,357		10,921	993,444		
043 RADIOISOTOPE	2,307,474	23,416		40,225			
044 LABORATORY	29,238,388	6,161	84,604	154,879	148,418		13,590
044 01 HLA LAB	2,943,226		6,613	11,278			
047 BLOOD STORING, PROCESSING	26,587,594		9,288	15,841	164,759		
049 RESPIRATORY THERAPY	10,986,541	4,007	15,959	34,101			
050 PHYSICAL THERAPY	4,121,904	4,425	8,421	21,965			
051 OCCUPATIONAL THERAPY	1,441,873	1,195	2,408	6,161			
052 SPEECH PATHOLOGY	606,819	598	1,204	3,080			
053 ELECTROCARDIOLOGY	5,025,114	2,910	18,728	36,939	59,900		
054 ELECTROENCEPHALOGRAPHY	1,003,563		3,499	5,968			
055 MEDICAL SUPPLIES CHARGED	73,708,013						
055 30 IMPL. DEV. CHARGED TO PAT	90,839,220						
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS	2,517,662	1,568	18,075	33,522			
059 CAT SCAN	3,667,382				66,803		
059 01 ULTRASOUND	2,027,440	23,416	785	41,564	83,428		
059 02 CARDIAC CATHETERIZATION L	5,948,594		1,970	3,360	492,572		
059 03 ENDOSCOPY	4,962,617	956	10,032	18,753	296,246		
059 04 OB/GYN IN VITRO	1,319,216		11,130	18,983			
059 05 OUTPATIENT PHARMACY	1,634,098				81,156		
059 06 ELECTROSHOCK THERAPY	214,757		5,558	9,479			
059 07 PSYCHIATRIC/PSYCHOLOGICAL	181,462						
059 08 CORNEAL TISSUE ACQUISITIO	592,851						
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	10,831,085	8,129	9,228	29,703	317,633		
061 EMERGENCY	16,111,485		3,506	5,980	936,537		
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
082 LUNG ACQUISITION	3,336,880	3,531	132	6,292	4,981		
083 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION	8,038,184	7,789	132	13,607	10,966		

COST ALLOCATION - GENERAL SERVICE COSTS  
 PROVIDER NO: 26-0032 PERIOD: FROM 1/1/2010 TO 12/31/2010 PREPARED 5/24/2011 WORKSHEET B PART I

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG & 3	NEW CRC-B&F(B H PRE-MERGE) 3.01	NEW CRC-B&F(B JH POSTMERGE) 3.02	NEW CRC-B&F(B JH CAMP EXP) 3.03	NEW CRC-B&F(G SON) 3.04	NEW CRC-B&F(T HE HIGHLANDS) 3.05
SPEC PURPOSE COST CENTERS							
084 LIVER ACQUISITION	5,106,835	4,141	132	7,339	5,855		
085 HEART ACQUISITION	1,512,866	1,401	132	2,633	1,988		
085 01 PANCREAS ACQUISITION	589,258						
086 OTHER ORGAN ACQUISITION	4,141,833						
095 SUBTOTALS	1,278,047,908	1,608,982	3,303,889	8,398,887	14,114,007	1,749,828	406,001
NONREIMBURS COST CENTERS							
097 RESEARCH	280,122						
097 02 RESEARCH-CTSA/GCRC-I/P	121,973						
097 03 RESEARCH-CTSA/GCRC-O/P	74,901						
100 OTHER NONREIMBURSABLE COS	9,099,652	298,704	303,157	1,030,175	1,639,065		685,820
100 02 MARKETING/COMMUNITY RELAT	4,640,043	1,279	1,674	5,052			
100 03 GUEST MEALS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	1,292,264,599	1,908,965	3,608,720	9,434,114	15,753,072	1,749,828	1,091,821

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-MVBLE	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	SUBTOTAL	DATA PROCESSING	PURCHASING, RECEIVING AND	ADMINISTRATIVE
	4	5	6.01	6a.01	6.02	6.03	6.04
003 GENERAL SERVICE COST CNTR							
003 01 NEW CRC-B&F (BH PRE-MERGE)							
003 02 NEW CRC-B&F (BJH POSTMERGE)							
003 03 NEW CRC-B&F (BJH CAMP EXP)							
003 04 NEW CRC-B&F (GSON)							
003 05 NEW CRC-B&F (THE HIGHLANDS)							
004 NEW CAP REL COSTS-MVBLE	39,864,464						
005 EMPLOYEE BENEFITS	51,478	98,734,468					
006 01 NONPATIENT TELEPHONES		335,972	1,292,279				
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND	470	173,068	1,251	7,337,903		7,337,903	
006 04 ADMINISTRATION	14,091	2,017,343	57,309	13,314,831		15,661	13,330,492
006 05 CASHIERING/ACCOUNTS RECEI	4,527	832,649	22,007	8,934,752		3,777	
006 06 OTHER ADMINISTRATIVE AND	15,245,374	4,827,170	100,174	199,282,959		24,069	
008 OPERATION OF PLANT	418,981	1,844,297	35,433	48,072,163		47,507	
009 LAUNDRY & LINEN SERVICE	3,590	6,385	142	3,573,241		69,952	
010 HOUSEKEEPING	93,520	2,450,225	28,060	16,879,687		31,362	
011 DIETARY	142,522	1,161,048	12,425	10,681,552		53,583	
012 CAFETERIA	75,866	925,110	10,400	4,530,460		157,757	
013 01 EXTENDED CARE SERVICES	35,331	221,209	22,542	1,901,545		2,351	
014 NURSING ADMINISTRATION	538,920	4,458,272	59,061	33,646,808		11,855	
015 CENTRAL SERVICES & SUPPLY	200,857	715,363	11,860	7,532,138		230,569	
016 PHARMACY	50,990	3,555,174	34,354	115,113,377		1,603,893	
017 MEDICAL RECORDS & LIBRARY	93,375	2,321,630	38,370	17,817,255		8,182	
018 SOCIAL SERVICE	823	613,361	9,834	5,333,786		738	
019 01 LAB ADMINISTRATION	8,386	790,321	4,502	8,823,804		866	
019 02 RESEARCH ADMINISTRATION		3,579		22,221			
021 NURSING SCHOOL	830,655	1,408,337	21,343	881,565		13,517	
022 I&R SERVICES-SALARY & FRI		9,279,043	39,776	106,503,753		959	
024 01 PARAMEDICAL PRGM-HOSP ADMI		38,843		222,478			
024 02 PARAMEDICAL PRGM-PHARMACY		29,036		166,439			
024 04 PARAMEDICAL PRGM-PASTORAL	241	22,523	883	159,117		159	
025 INPATIENT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	988,170	19,805,559	230,129	120,602,623		126,151	921,168
026 INTENSIVE CARE UNIT	20,626	1,429,042	8,343	9,241,902		10,899	85,580
027 CORONARY CARE UNIT	31,235	788,320	3,253	4,946,078		4,519	39,291
029 SURGICAL INTENSIVE CARE U	24,448	1,250,592	10,522	8,204,677		9,780	71,887
030 01 NEURO-ICU	67,969	977,618	8,372	6,380,358		8,813	58,773
030 02 CARDIO-THORACIC ICU	20,262	1,270,890	11,797	8,526,913		11,257	62,332
031 SUBPROVIDER	25,167	1,050,711	12,746	7,496,891		2,915	37,830
033 NURSERY	6,620	191,815	1,236	1,370,649		4,981	14,257
034 SKILLED NURSING FACILITY	20,156	671,281	1,614	4,984,417		13,069	29,426
035 NURSING FACILITY	993	46,871	111	320,509		285	2,505
036 OTHER LONG TERM CARE	4,961	235,514	553	1,604,728		1,425	9,811
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	5,690,375	6,401,116	124,774	48,803,207		87,667	907,482
038 RECOVERY ROOM	77,945	2,016,373	24,218	18,724,942		42,280	237,011
039 DELIVERY ROOM & LABOR ROO	116,761	1,007,158	5,707	6,737,224		8,752	41,472
040 ANESTHESIOLOGY	898,919	383,302	5,465	7,978,480		131,347	293,386
041 RADIOLOGY-DIAGNOSTIC	5,290,931	3,710,987	46,491	36,599,194		96,681	1,177,383
042 RADIOLOGY-THERAPEUTIC	2,977,487	1,506,182	25,469	21,758,085		30,315	468,606
043 RADIOISOTOPE	318,829	352,727	5,740	3,048,411		1,411	64,789
044 LABORATORY	919,025	2,943,614	32,796	33,541,475		233,551	1,846,075
044 01 HLA LAB	40,416	165,156	1,601	3,168,290		49,710	168,280
047 BLOOD STORAGE, PROCESSING	135,895	1,069,306	10,208	27,992,891		435,993	596,798
049 RESPIRATORY THERAPY	582,070	1,665,406	13,378	13,301,462		49,345	250,952
050 PHYSICAL THERAPY	11,408	797,317	6,377	4,971,817		1,113	76,651
051 OCCUPATIONAL THERAPY		297,973	602	1,750,212		266	27,812
052 SPEECH PATHOLOGY	37,686	124,100	179	773,666		152	7,552
053 ELECTROCARDIOLOGY	332,053	634,704	8,000	6,118,348		31,035	351,648
054 ELECTROENCEPHALOGRAPHY	74,412	93,176	1,161	1,181,779		564	24,939
055 MEDICAL SUPPLIES CHARGED				73,708,013		1,274,347	971,399
055 30 IMPL. DEV. CHARGED TO PAT				90,839,220		1,906,666	911,011
056 DRUGS CHARGED TO PATIENTS							1,421,163
057 RENAL DIALYSIS	76,615	383,780	4,615	3,035,837		12,607	66,152
059 CAT SCAN	745,807	573,661	6,870	5,060,523		22,647	745,881
059 01 ULTRASOUND	542,333	204,709	3,134	2,926,809		2,456	101,335
059 02 CARDIAC CATHETERIZATION L	1,014,903	919,997	15,808	8,397,204		20,273	231,742
059 03 ENDOSCOPY	220,509	785,174	9,176	6,303,463		18,514	137,749
059 04 OB/GYN IN VITRO	278,158	113,353	278	1,741,118		5,257	11,335
059 05 OUTPATIENT PHARMACY	53,138	531,553	13,316	2,313,261		285,387	62,305
059 06 ELECTROSHOCK THERAPY	4,402	36,608	1,145	271,949		334	3,088
059 07 PSYCHIATRIC/PSYCHOLOGICAL		117,817	3,007	302,286		3,652	11,042
059 08 CORNEAL TISSUE ACQUISITION				592,851		12,443	5,630
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	39,937	1,876,688	44,617	13,157,020		19,225	114,006
061 EMERGENCY	287,463	2,569,547	53,012	19,967,530		62,726	523,838
062 OBSERVATION BEDS (NON-DIS							
065 AMBULANCE SERVICES							
082 LUNG ACQUISITION	6,915	108,310	2,152	3,469,193		238	18,214
083 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION	457	259,754	2,401	8,333,290		587	60,526

COST CENTER DESCRIPTION	NEW CAP OSTS-MVBLE	REL C EMPLOYEE BENEFITS	BENE NONPATIENT TELEPHONES	SUBTOTAL	DATA PROCESSING	PURCHASING RECEIVING AND	R ADMINISTRATION
	4	5	6.01	6a.01	6.02	6.03	6.04
SPEC PURPOSE COST CENTERS							
084 LIVER ACQUISITION		137,243	1,175	5,262,720		173	30,287
085 HEART ACQUISITION		42,623	1,194	1,562,837		122	7,776
085 01 PANCREAS ACQUISITION		89		589,347			3,022
086 OTHER ORGAN ACQUISITION		63,205	107	4,205,145		7	16,874
095 SUBTOTALS	39,795,453	97,640,879	1,272,575	1,272,900,678		7,318,694	13,328,071
NONREIMBURS COST CENTERS							
097 RESEARCH		13,004		293,126			
097 02 RESEARCH-CTSA/GCRC-I/P	4,429			126,402		550	2,393
097 03 RESEARCH-CTSA/GCRC-O/P	5,577			80,478		6	28
100 OTHER NONREIMBURSABLE COS	58,966	894,252	12,800	14,022,591		17,963	
100 02 MARKETING/COMMUNITY RELAT	39	186,333	6,904	4,841,324		690	
100 03 GUEST MEALS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	39,864,464	98,734,468	1,292,279	1,292,264,599		7,337,903	13,330,492

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	CASHIERING/AC COUNTS RECEI	SUBTOTAL	OTHER ADMINIS TRATIVE AND	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY
	6.05	6a.05	6.06	8	9	10	11
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CRC-B&F (BH PRE-MERGE)							
003 03 NEW CRC-B&F (BJH POSTMERGE)							
003 04 NEW CRC-B&F (BJH CAMP EXP)							
003 05 NEW CRC-B&F (GSON)							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMINITTING							
006 05 CASHIERING/ACCOUNTS RECEI	8,938,529						
006 06 OTHER ADMINISTRATION AND		199,307,028	199,307,028				
008 OPERATION OF PLANT		48,119,670	8,774,911	56,894,581			
009 LAUNDRY & LINEN SERVICE		3,643,193	664,358	220,875	4,528,426		
010 HOUSEKEEPING		16,911,049	3,083,831	812,985	140,323	20,948,188	
011 DIETARY		10,735,135	1,957,616	1,573,310	6,427	617,626	14,890,114
012 CAFETERIA		4,688,217	854,924	1,170,978		459,685	
013 01 EXTENDED CARE SERVICES		1,903,896	347,187	414,533		162,731	1,866,503
014 NURSING ADMINISTRATION		33,658,663	6,137,859	1,024,244		402,082	
015 CENTRAL SERVICES & SUPPLY		7,762,707	1,415,576	1,023,457	7,647	401,773	
016 PHARMACY		116,717,270	21,284,094	826,059		324,281	
017 MEDICAL RECORDS & LIBRARY		17,825,437	3,250,575	774,607		304,084	
018 SOCIAL SERVICE		5,334,524	972,782	48,218		18,929	
019 01 LAB ADMINISTRATION		8,824,670	1,609,232	72,819		28,586	
019 02 RESEARCH ADMINISTRATION		22,221	4,052				
021 NURSING SCHOOL		895,082	163,224	2,620,777	948	1,028,825	
022 I&R SERVICES-SALARY & FRI		106,504,712	19,421,773	483,388	51,395	189,761	
024 01 PARAMED PRGM-HOSP ADMI		222,478	40,570				
024 02 PARAMED PRGM-PHARMACY		166,439	30,351				
024 04 PARAMED PRGM-PASTORAL		159,276	29,045				
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	617,659	122,267,601	22,295,890	12,855,659	2,542,753	5,046,676	11,451,453
026 INTENSIVE CARE UNIT	57,383	9,395,764	1,713,374	679,718	90,052	266,833	225,418
027 CORONARY CARE UNIT	26,345	5,016,233	914,740	279,748	47,242	109,819	94,107
029 SURGICAL INTENSIVE CARE U	48,202	8,334,546	1,519,854	626,214	105,794	245,830	54,009
030 01 NEURO-ICU	39,408	6,487,352	1,183,008	336,401	63,320	132,059	144,162
030 02 CARDIO-THORACIC ICU	41,794	8,642,296	1,575,975	538,916	85,745	211,559	109,923
031 SUBPROVIDER	25,365	7,563,001	1,379,159	768,281	55,717	301,600	618,399
033 NURSERY	9,559	1,399,446	255,197	60,392	30,120	23,708	
034 SKILLED NURSING FACILITY	19,731	5,046,643	920,286	462,105	71,416	181,406	
035 NURSING FACILITY	1,680	324,979	59,262	70,963	12,859	27,858	
036 OTHER LONG TERM CARE	6,578	1,622,542	295,880	360,439	42,848	141,496	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	608,483	50,406,839	9,191,990	4,038,553	100,208	1,585,393	
038 RECOVERY ROOM	158,920	19,163,153	3,494,516	1,385,274	69,191	543,810	
039 DELIVERY ROOM & LABOR ROO	27,808	6,815,256	1,242,803	567,931	31,742	222,950	
040 ANESTHESIOLOGY	196,721	8,599,934	1,568,250				
041 RADIOLOGY-DIAGNOSTIC	789,455	38,662,713	7,050,378	2,817,163	271,237	1,105,919	
042 RADIOLOGY-THERAPEUTIC	314,208	22,571,214	4,115,996	1,408,554	14,938	552,948	
043 RADIOISOTOPE	43,442	3,158,053	575,890	275,362	21,159	108,097	
044 LABORATORY	1,238,030	36,859,131	6,721,484	1,413,136		554,747	
044 01 HLA LAB	112,835	3,499,115	638,085	77,205		30,308	
047 BLOOD STORING, PROCESSING	400,163	29,425,845	5,365,979	320,487	15,206	125,812	
049 RESPIRATORY THERAPY	168,268	13,770,027	2,511,047	233,442		91,641	
050 PHYSICAL THERAPY	51,396	5,100,977	930,194	150,361	2,853	59,026	
051 OCCUPATIONAL THERAPY	18,649	1,796,939	327,683	42,173		16,556	
052 SPEECH PATHOLOGY	5,064	786,434	143,411	21,087		8,278	
053 ELECTROCARDIOLOGY	235,786	6,736,817	1,228,499	329,962	12,735	129,532	
054 ELECTROENCEPHALOGRAPHY	16,722	1,224,004	223,204	40,852	615	16,037	
055 MEDICAL SUPPLIES CHARGED	651,340	76,605,099	13,969,399				
055 30 IMPL. DEV. CHARGED TO PAT	610,848	94,267,745	17,190,289				
056 DRUGS CHARGED TO PATIENTS	952,914	2,374,077	432,927				
057 RENAL DIALYSIS	44,356	3,158,952	576,054	229,478	5,412	90,085	
059 CAT SCAN	500,126	6,329,177	1,154,163	241,174	28,092	94,676	
059 01 ULTRASOUND	67,947	3,098,547	565,039	463,229	4,490	181,847	
059 02 CARDIAC CATHETERIZATION L	155,387	8,804,606	1,605,573	656,944	28,867	257,893	
059 03 ENDOSCOPY	92,363	6,552,089	1,194,813	509,648	18,698	200,070	
059 04 OB/GYN IN VITRO	7,600	1,765,310	321,915	129,949		51,014	
059 05 OUTPATIENT PHARMACY	41,776	2,702,729	492,859	104,449		41,003	
059 06 ELECTROSHOCK THERAPY	2,071	277,442	50,593	64,890		25,474	
059 07 PSYCHIATRIC/PSYCHOLOGICAL	7,404	324,384	59,153	115,723		45,429	
059 08 CORNEAL TISSUE ACQUISITION	3,775	614,699	112,094				
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	76,443	13,366,694	2,437,497	1,310,037	32,351	514,274	
061 EMERGENCY	351,243	20,905,337	3,812,214	1,288,726	461,703	505,908	
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
082 LUNG ACQUISITION	12,213	3,499,858	638,220	43,073		16,909	
083 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION	40,584	8,434,987	1,538,170	93,146		36,566	

COST CENTER DESCRIPTION	CASHIERING/AC COUNTS RECEI	SUBTOTAL	OTHER ADMINISTRATIVE AND	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
	6.05	6a.05	6.06	8	9	10	11
SPEC PURPOSE COST CENTERS							
084 LIVER ACQUISITION	20,308	5,313,488	968,946	50,242		19,723	
085 HEART ACQUISITION	5,214	1,575,949	287,384	18,022		7,075	
085 01 PANCREAS ACQUISITION	2,026	594,395	108,391				
086 OTHER ORGAN ACQUISITION	11,314	4,233,340	771,975				
095 SUBTOTALS	8,936,906	1,272,877,425	195,771,662	46,545,358	4,474,103	17,866,207	14,563,974
NONREIMBURS COST CENTERS							
097 RESEARCH		293,126	53,453				
097 02 RESEARCH-CTSA/GCRC-I/P	1,604	130,949	23,879	110,156	7,483	43,243	14,109
097 03 RESEARCH-CTSA/GCRC-O/P	19	80,531	14,685	99,697		39,138	14,109
100 OTHER NONREIMBURSABLE COS		14,040,554	2,560,379	10,008,943	46,840	2,948,399	
100 02 MARKETING/COMMUNITY RELAT		4,842,014	882,970	130,427		51,201	
100 03 GUEST MEALS							297,922
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	8,938,529	1,292,264,599	199,307,028	56,894,581	4,528,426	20,948,188	14,890,114

COST CENTER DESCRIPTION	CAFETERIA	EXTENDED CARE SERVICES	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE
	12	13.01	14	15	16	17	18
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CRC-B&F (BH PRE-MERGE)							
003 03 NEW CRC-B&F (BJH POSTMERGE)							
003 04 NEW CRC-B&F (BJH CAMP EXP)							
003 05 NEW CRC-B&F (GSON)							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMINISTRATION							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATION AND							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA	7,173,804						
013 01 EXTENDED CARE SERVICES	22,234	4,717,084					
014 NURSING ADMINISTRATION	300,159		41,523,007				
015 CENTRAL SERVICES & SUPPLY	102,276			10,713,436			
016 PHARMACY	240,127				139,391,831		
017 MEDICAL RECORDS & LIBRARY	231,234					22,385,937	
018 SOCIAL SERVICE	55,585						6,430,038
019 01 LAB ADMINISTRATION	53,362						
019 02 RESEARCH ADMINISTRATION							
021 NURSING SCHOOL	91,159						
022 I&R SERVICES-SALARY & FRI	893,807						
024 01 PARAMEDICAL PRGM-HOSP ADMI	3,335						
024 02 PARAMEDICAL PRGM-PHARMACY	3,335						
024 04 PARAMEDICAL PRGM-PASTORAL	2,223						
025 INPATIENT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	1,738,701		19,184,444		925	1,547,155	5,489,341
026 INTENSIVE CARE UNIT	116,729		1,286,511			143,737	219,330
027 CORONARY CARE UNIT	64,479		712,160		10	65,992	100,886
029 SURGICAL INTENSIVE CARE U	101,165		1,118,784			120,738	178,541
030 01 NEURO-ICU	76,707		843,651		22	98,713	145,887
030 02 CARDIO-THORACIC ICU	94,495		1,036,616			104,690	155,464
031 SUBPROVIDER	93,383		1,032,924		10	63,537	
033 NURSERY	16,676		178,698			23,945	140,589
034 SKILLED NURSING FACILITY	78,931	2,507,875	997,366			49,423	
035 NURSING FACILITY	6,670	462,105	96,854			4,208	
036 OTHER LONG TERM CARE	33,351	1,747,104	454,455			16,478	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	459,132		5,061,430		39,061	1,524,169	
038 RECOVERY ROOM	148,968		1,640,999		474	398,074	
039 DELIVERY ROOM & LABOR ROO	92,271		1,021,741			69,654	
040 ANESTHESIOLOGY	52,250				2,373,083	492,760	
041 RADIOLOGY-DIAGNOSTIC	323,505				416,290	1,977,482	
042 RADIOLOGY-THERAPEUTIC	111,170				692,745	787,051	
043 RADIOISOTOPE	25,569				378	108,817	
044 LABORATORY	303,494				1,015	3,097,196	
044 01 HLA LAB	14,452					282,636	
047 BLOOD STORING, PROCESSING	90,048				6,302	1,002,357	
049 RESPIRATORY THERAPY	132,292				2,863	421,488	
050 PHYSICAL THERAPY	73,372					128,739	
051 OCCUPATIONAL THERAPY	25,569					46,712	
052 SPEECH PATHOLOGY	8,894					12,685	
053 ELECTROCARDIOLOGY	55,585				2,181	590,612	
054 ELECTROENCEPHALOGRAPHY	10,005					41,887	
055 MEDICAL SUPPLIES CHARGED				4,799,063		1,631,521	
055 30 IMPL. DEV. CHARGED TO PAT				5,914,373		1,530,095	
056 DRUGS CHARGED TO PATIENTS					114,437,353	2,386,925	
057 RENAL DIALYSIS	27,793					21,648	111,107
059 CAT SCAN	51,138		560,645			34,006	1,252,750
059 01 ULTRASOUND	15,564				5,644		170,197
059 02 CARDIAC CATHETERIZATION L	70,037		776,039				389,224
059 03 ENDOSCOPY	58,920		655,175			482	231,357
059 04 OB/GYN IN VITRO	10,005		107,287			18,361	19,038
059 05 OUTPATIENT PHARMACY	38,910				20,514,086		104,644
059 06 ELECTROSHOCK THERAPY	3,335						5,186
059 07 PSYCHIATRIC/PSYCHOLOGICAL	13,340					238,825	18,546
059 08 CORNEAL TISSUE ACQUISITIO							9,456
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	154,526		1,707,833		382,993	191,480	
061 EMERGENCY	231,234		2,545,793		39,918	879,817	
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
082 LUNG ACQUISITION	8,894		102,439				30,592
083 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION	21,122		236,655				101,657

COST CENTER DESCRIPTION	CAFETERIA	EXTENDED CARE SERVICES	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICES
	12	13.01	14	15	16	17	18
084 SPEC PURPOSE COST CENTERS							
085 LIVER ACQUISITION	11,117		125,847			50,868	
085 HEART ACQUISITION	3,335		38,578			13,060	
085 01 PANCREAS ACQUISITION			83			5,075	
086 OTHER ORGAN ACQUISITION	4,447					28,340	
095 SUBTOTALS	7,070,416	4,717,084	41,523,007	10,713,436	139,228,675	22,381,870	6,430,038
NONREIMBURS COST CENTERS							
097 RESEARCH							
097 02 RESEARCH-CTSA/GCRC-I/P						10	4,019
097 03 RESEARCH-CTSA/GCRC-O/P							48
100 OTHER NONREIMBURSABLE COS	87,824				163,146		
100 02 MARKETING/COMMUNITY RELAT	15,564						
100 03 GUEST MEALS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	7,173,804	4,717,084	41,523,007	10,713,436	139,391,831	22,385,937	6,430,038

COST CENTER DESCRIPTION	LAB ADMINISTRATION	RESEARCH ADMINISTRATION	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	SUBTOTAL	PARAMED ED PR GM-HOSP ADMI	PARAMED ED PR GM-PHARMACY
	19.01	19.02	21	22	24a.00	24.01	24.02
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CRC-B&F (BH PRE-MERGE)							
003 03 NEW CRC-B&F (BJH POSTMERGE)							
003 04 NEW CRC-B&F (BJH CAMP EXP)							
003 05 NEW CRC-B&F (GSON)							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMINISTRATION							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATION AND							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 01 EXTENDED CARE SERVICES							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE							
019 01 LAB ADMINISTRATION	10,588,669						
019 02 RESEARCH ADMINISTRATION		26,273					
021 NURSING SCHOOL			4,800,015				
022 I&R SERVICES-SALARY & FRI				127,544,836			
024 01 PARAMED ED PRGM-HOSP ADMI					266,383	266,383	
024 02 PARAMED ED PRGM-PHARMACY					200,125	41	200,166
024 04 PARAMED ED PRGM-PASTORAL					190,544	39	
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS			4,414,570	55,373,590	264,208,758	54,658	
027 INTENSIVE CARE UNIT			121,756	8,717,690	22,976,912	4,733	
029 CORONARY CARE UNIT					7,405,416	1,526	
029 SURGICAL INTENSIVE CARE U					1,517,784	2,868	
030 01 NEURO-ICU					695,119	2,103	
030 02 CARDIO-THORACIC ICU					70,150	2,601	
031 SUBPROVIDER			140,204	2,091,735	14,107,950	2,906	
033 NURSERY					38,263	446	
034 SKILLED NURSING FACILITY					10,315,451	2,125	
035 NURSING FACILITY					1,065,758	220	
036 OTHER LONG TERM CARE					4,714,593	971	
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM				19,807,713	92,214,488	18,996	
038 RECOVERY ROOM			3,459		26,847,918	5,531	
039 DELIVERY ROOM & LABOR ROO			120,026		11,555,481	2,380	
040 ANESTHESIOLOGY					7,557,032	4,253	
041 RADIOLOGY-DIAGNOSTIC					1,033,113	11,054	
042 RADIOLOGY-THERAPEUTIC					30,254,616	6,232	
043 RADIOISOTOPE					172,186	916	
044 LABORATORY	7,869,860			6,389,996	63,210,059	13,021	
044 01 HLA LAB	387,257				4,929,058	1,015	
047 BLOOD STORING, PROCESSING	2,331,552			440,030	39,123,618	8,059	
049 RESPIRATORY THERAPY					17,162,800	3,536	
050 PHYSICAL THERAPY					6,445,522	1,328	
051 OCCUPATIONAL THERAPY					2,255,632	465	
052 SPEECH PATHOLOGY					980,789	202	
053 ELECTROCARDIOLOGY					9,085,923	1,872	
054 ELECTROENCEPHALOGRAPHY				255,090	1,811,694	373	
055 MEDICAL SUPPLIES CHARGED					97,005,082	19,983	
055 30 IMPL. DEV. CHARGED TO PAT					118,902,502	24,494	
056 DRUGS CHARGED TO PATIENTS					119,631,282	24,644	200,166
057 RENAL DIALYSIS					4,220,529	869	
059 CAT SCAN				165,808	9,911,629	2,042	
059 01 ULTRASOUND				76,527	4,581,084	944	
059 02 CARDIAC CATHETERIZATION L				471,916	13,061,099	2,691	
059 03 ENDOSCOPY					9,421,252	1,941	
059 04 OB/GYN IN VITRO					2,780,005	573	
059 05 OUTPATIENT PHARMACY				357,126	23,998,680	4,944	
059 06 ELECTROSHOCK THERAPY					426,920	88	
059 07 PSYCHIATRIC/PSYCHOLOGICAL					815,400	168	
059 08 CORNEAL TISSUE ACQUISITION					736,249	152	
060 OUTPAT SERVICE COST CNTRS							
061 CLINIC				10,611,730	30,709,415	6,326	
061 EMERGENCY				10,324,754	40,995,404	8,445	
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
082 LUNG ACQUISITION					4,339,985	894	
083 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION					10,462,303	2,155	

COST CENTER DESCRIPTION	LAB ADMINISTRATION	RESEARCH ADMINISTRATION	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	SUBTOTAL	PARAMED ED PR GM-HOSP	PARAMED ED PR GM-PHARMACY
	19.01	19.02	21	22	24a.00	24.01	24.02
SPEC PURPOSE COST CENTERS							
084 LIVER ACQUISITION					6,540,231	1,347	
085 HEART ACQUISITION					1,943,403	400	
085 01 PANCREAS ACQUISITION					707,944	146	
086 OTHER ORGAN ACQUISITION					5,038,102	1,038	
095 SUBTOTALS	10,588,669		4,800,015	127,538,459	1,255,227,131	258,754	200,166
NONREIMBURS COST CENTERS							
097 RESEARCH		26,273			372,852	77	
097 02 RESEARCH-CTSA/GCRC-I/P				6,377	340,225	70	
097 03 RESEARCH-CTSA/GCRC-O/P					248,208	51	
100 OTHER NONREIMBURSABLE COS					29,856,085	6,150	
100 02 MARKETING/COMMUNITY RELAT					5,922,176	1,220	
100 03 GUEST MEALS					297,922	61	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	10,588,669	26,273	4,800,015	127,544,836	1,292,264,599	266,383	200,166

COST CENTER DESCRIPTION	SUBTOTAL 24a. 02	PARAMED ED PR GM-PASTORAL 24. 04	SUBTOTAL 25	I&R COST POST STEP-DOWN ADJ 26	TOTAL 27
003 GENERAL SERVICE COST CNTR					
003 01 NEW CAP REL COSTS-BLDG &					
003 02 NEW CRC-B&F (BH PRE-MERGE)					
003 03 NEW CRC-B&F (BJH POSTMERGE)					
003 04 NEW CRC-B&F (BJH CAMP EXP)					
003 05 NEW CRC-B&F (GSON)					
004 NEW CAP REL COSTS-MVBLE E					
005 EMPLOYEE BENEFITS					
006 01 NONPATIENT TELEPHONES					
006 02 DATA PROCESSING					
006 03 PURCHASING, RECEIVING AND					
006 04 ADMINISTRATION					
006 05 CASHIERING/ACCOUNTS RECEI					
006 06 OTHER ADMINISTRATION AND					
008 OPERATION OF PLANT					
009 LAUNDRY & LINEN SERVICE					
010 HOUSEKEEPING					
011 DIETARY					
012 CAFETERIA					
013 01 EXTENDED CARE SERVICES					
014 NURSING ADMINISTRATION					
015 CENTRAL SERVICES & SUPPLY					
016 PHARMACY					
017 MEDICAL RECORDS & LIBRARY					
018 SOCIAL SERVICE					
019 01 LAB ADMINISTRATION					
019 02 RESEARCH ADMINISTRATION					
021 NURSING SCHOOL					
022 I&R SERVICES-SALARY & FRI					
024 01 PARAMED ED PRGM-HOSP ADMI					
024 02 PARAMED ED PRGM-PHARMACY					
024 04 PARAMED ED PRGM-PASTORAL	190,583	190,583			
025 INPAT ROUTINE SRVC CNTRS					
025 ADULTS & PEDIATRICS	264,263,416	38,464	264,301,880	-55,373,590	208,928,290
026 INTENSIVE CARE UNIT	22,981,645	3,401	22,985,046	-8,717,690	14,267,356
027 CORONARY CARE UNIT	7,406,942	1,096	7,408,038		7,408,038
029 SURGICAL INTENSIVE CARE U	13,926,127	2,061	13,928,188	-1,517,784	12,410,404
030 01 NEURO-ICU	10,208,504	1,511	10,210,015	-695,119	9,514,896
030 02 CARDIO-THORACIC ICU	12,628,430	1,869	12,630,299	-70,150	12,560,149
031 SUBPROVIDER	14,110,856	2,088	14,112,944	-2,091,735	12,021,209
033 NURSERY	2,167,480	321	2,167,801	-38,263	2,129,538
034 SKILLED NURSING FACILITY	10,317,576	1,527	10,319,103		10,319,103
035 NURSING FACILITY	1,065,978	158	1,066,136		1,066,136
036 OTHER LONG TERM CARE	4,715,564	698	4,716,262		4,716,262
037 ANCILLARY SRVC COST CNTRS					
037 OPERATING ROOM	92,233,484	13,651	92,247,135	-19,807,713	72,439,422
038 RECOVERY ROOM	26,853,449	3,974	26,857,423		26,857,423
039 DELIVERY ROOM & LABOR ROO	11,557,861	1,711	11,559,572	-1,371,107	10,188,465
040 ANESTHESIOLOGY	20,647,562	3,056	20,650,618	-7,557,032	13,093,586
041 RADIOLOGY-DIAGNOSTIC	53,668,854	7,943	53,676,797	-1,033,113	52,643,684
042 RADIOLOGY-THERAPEUTIC	30,260,848	4,479	30,265,327		30,265,327
043 RADIOISOTOPE	4,446,427	658	4,447,085	-172,186	4,274,899
044 LABORATORY	63,223,080	9,357	63,232,437	-6,389,996	56,842,441
044 01 HLA LAB	4,930,073	730	4,930,803		4,930,803
047 BLOOD STORING, PROCESSING	39,131,677	5,791	39,137,468	-440,030	38,697,438
049 RESPIRATORY THERAPY	17,166,336	2,541	17,168,877		17,168,877
050 PHYSICAL THERAPY	6,446,850	954	6,447,804		6,447,804
051 OCCUPATIONAL THERAPY	2,256,097	334	2,256,431		2,256,431
052 SPEECH PATHOLOGY	980,991	145	981,136		981,136
053 ELECTROCARDIOLOGY	9,087,795	1,345	9,089,140		9,089,140
054 ELECTROENCEPHALOGRAPHY	1,812,067	268	1,812,335	-255,090	1,557,245
055 MEDICAL SUPPLIES CHARGED	97,025,065	14,360	97,039,425		97,039,425
055 30 IMPL. DEV. CHARGED TO PAT	118,926,996	17,601	118,944,597		118,944,597
056 DRUGS CHARGED TO PATIENTS	119,856,092	17,739	119,873,831		119,873,831
057 RENAL DIALYSIS	4,221,398	625	4,222,023		4,222,023
059 CAT SCAN	9,913,671	1,467	9,915,138	-165,808	9,749,330
059 01 ULTRASOUND	4,582,028	678	4,582,706	-76,527	4,506,179
059 02 CARDIAC CATHETERIZATION L	13,063,790	1,933	13,065,723	-471,916	12,593,807
059 03 ENDOSCOPY	9,423,193	1,395	9,424,588		9,424,588
059 04 OB/GYN IN VITRO	2,780,578	412	2,780,990	-357,126	2,423,864
059 05 OUTPATIENT PHARMACY	24,003,624	3,553	24,007,177		24,007,177
059 06 ELECTROSHOCK THERAPY	427,008	63	427,071		427,071
059 07 PSYCHIATRIC/PSYCHOLOGICAL	815,568	121	815,689		815,689
059 08 CORNEAL TISSUE ACQUISITION	736,401	109	736,510		736,510
060 OUTPAT SERVICE COST CNTRS					
060 CLINIC	30,715,741	4,546	30,720,287	-10,611,730	20,108,557
061 EMERGENCY	41,003,849	6,069	41,009,918	-10,324,754	30,685,164
062 OBSERVATION BEDS (NON-DIS					
062 OTHER REIMBURS COST CNTRS					
065 AMBULANCE SERVICES					
082 LUNG ACQUISITION	4,340,879	642	4,341,521		4,341,521
083 SPEC PURPOSE COST CENTERS					
083 KIDNEY ACQUISITION	10,464,458	1,549	10,466,007		10,466,007

COST CENTER DESCRIPTION	SUBTOTAL 24a. 02	PARAMED ED PR GM-PASTORAL 24. 04	SUBTOTAL 25	I&R COST POST STEP-DOWN ADJ 26	TOTAL 27
SPEC PURPOSE COST CENTERS					
084 LIVER ACQUISITION	6,541,578	968	6,542,546		6,542,546
085 HEART ACQUISITION	1,943,803	288	1,944,091		1,944,091
085 01 PANCREAS ACQUISITION	708,090	105	708,195		708,195
086 OTHER ORGAN ACQUISITION	5,039,140	746	5,039,886		5,039,886
095 SUBTOTALS	1,255,219,502	185,100	1,255,214,019	-127,538,459	1,127,675,560
NONREIMBURS COST CENTERS					
097 RESEARCH	372,929	55	372,984		372,984
097 02 RESEARCH-CTSA/GCRC-I/P	340,295	50	340,345	-6,377	333,968
097 03 RESEARCH-CTSA/GCRC-O/P	248,259	37	248,296		248,296
100 OTHER NONREIMBURSABLE COS	29,862,235	4,420	29,866,655		29,866,655
100 02 MARKETING/COMMUNITY RELAT	5,923,396	877	5,924,273		5,924,273
100 03 GUEST MEALS	297,983	44	298,027		298,027
101 CROSS FOOT ADJUSTMENT					
102 NEGATIVE COST CENTER					
103 TOTAL	1,292,264,599	190,583	1,292,264,599	-127,544,836	1,164,719,763

ALLOCATION OF NEW CAPITAL RELATED COSTS

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 PART III

COST CENTER DESCRIPTION	DIR ASSIGNED NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	NEW CRC-B&F(B H PRE-MERGE)	NEW CRC-B&F(B JH POSTMERGE)	NEW CRC-B&F(B JH CAMP EXP)	NEW CRC-B&F(G SON)	NEW CRC-B&F(T HE HIGHLANDS)
	0	3	3.01	3.02	3.03	3.04	3.05
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CRC-B&F(BH PRE-MERGE)							
003 03 NEW CRC-B&F(BJH POSTMERGE)							
003 04 NEW CRC-B&F(BJH CAMP EXP)							
003 05 NEW CRC-B&F(GSON)							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	216,672	31,769	25,495	98,057			
006 01 NONPATIENT TELEPHONES	12,272	3,015	26,747	50,797	23,375		
006 02 DATA PROCESSING	-268,770						
006 03 PURCHASING, RECEIVING AND	-47,323	15,698	24,702	69,098	7,668		
006 04 ADMINITTING	134,460	23,232	39,401	107,109			13,590
006 05 CASHIERING/ACCOUNTS RECEI	40,632		37,203	63,451			
006 06 OTHER ADMINISTRATIVE AND	5,942,461	651,440	750,655	2,399,345	4,039,948		346,586
008 OPERATION OF PLANT	-46,819	187,050	385,584	978,951	2,605,880		4,221
009 LAUNDRY & LINEN SERVICE	2,293	4,461	1,604	10,399	852		
010 HOUSEKEEPING	48,431	24,561	33,246	98,895	99,309		858
011 DIETARY	22,360	38,609	76,226	196,332			
012 CAFETERIA	21,496	19,256	80,438	170,268	4,194		
013 01 EXTENDED CARE SERVICES	71,081		35,505	60,555			
014 NURSING ADMINISTRATION	140,014	49,423	23,946	125,743	20,819		
015 CENTRAL SERVICES & SUPPLY	7,960,608	21,427	58,926	137,308	64,881		
016 PHARMACY	1,988,663	17,836	43,478	104,793	66,323		
017 MEDICAL RECORDS & LIBRARY	196,334	55,811	9,849	112,674	2,556		
018 SOCIAL SERVICE	12,763		2,037	3,475	18,984		
019 01 LAB ADMINISTRATION	8,000		6,237	10,637			
019 02 RESEARCH ADMINISTRATION							
021 NURSING SCHOOL	55,435					1,749,828	
022 I&R SERVICES-SALARY & FRI	52,445	6,613	33,478	68,457			
024 01 PARAMEDICAL PRGM-HOSP ADMI							
024 02 PARAMEDICAL PRGM-PHARMACY							
024 04 PARAMEDICAL PRGM-PASTORAL	1,433						
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	144,773	234,573	864,829	1,877,953			
027 INTENSIVE CARE UNIT	13,235	29,773	28,230	99,293			
027 CORONARY CARE UNIT	4,064		23,961	40,866			
029 SURGICAL INTENSIVE CARE U	13,540		50,520	86,163			
030 01 NEURO-ICU	10,985		28,813	49,141			
030 02 CARDIO-THORACIC ICU	15,750				418,734		
031 SUBPROVIDER	27,392		65,804	112,231			
033 NURSERY	1,544		5,173	8,822			
034 SKILLED NURSING FACILITY	115,891		39,580	67,504			
035 NURSING FACILITY	218		6,078	10,366			
036 OTHER LONG TERM CARE	1,091		30,872	52,653			
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	226,866	9,740	126,385	232,285	1,857,804		
038 RECOVERY ROOM	218,231		77,122	131,534	376,725		
039 DELIVERY ROOM & LABOR ROO	10,321		48,644	82,963			
040 ANESTHESIOLOGY	8,595						
041 RADIOLOGY-DIAGNOSTIC	1,228,655	84,695	1,585	148,196	835,633		27,156
042 RADIOLOGY-THERAPEUTIC	-22,629	6,357		10,921	993,444		
043 RADIOISOTOPE	254,671	23,416		40,225			
044 LABORATORY	213,861	6,161	84,604	154,879	148,418		13,590
044 01 HLA LAB	4,369		6,613	11,278			
047 BLOOD STORING, PROCESSING	103,436		9,288	15,841	164,759		
049 RESPIRATORY THERAPY	126,429	4,007	15,959	34,101			
050 PHYSICAL THERAPY	17,729	4,425	8,421	21,965			
051 OCCUPATIONAL THERAPY	752	1,195	2,408	6,161			
052 SPEECH PATHOLOGY	224	598	1,204	3,080			
053 ELECTROCARDIOLOGY	16,919	2,910	18,728	36,939	59,900		
054 ELECTROENCEPHALOGRAPHY	3,451		3,499	5,968			
055 MEDICAL SUPPLIES CHARGED							
055 30 IMPL. DEV. CHARGED TO PAT							
056 DRUGS CHARGED TO PATIENTS							
057 RENAL DIALYSIS	5,767	1,568	18,075	33,522			
059 CAT SCAN	24,333				66,803		
059 01 ULTRASOUND	9,394	23,416	785	41,564	83,428		
059 02 CARDIAC CATHETERIZATION L	21,443		1,970	3,360	492,572		
059 03 ENDOSCOPY	17,522	956	10,032	18,753	296,246		
059 04 OB/GYN IN VITRO	11,791		11,130	18,983			
059 05 OUTPATIENT PHARMACY	27,217				81,156		
059 06 ELECTROSHOCK THERAPY	1,431		5,558	9,479			
059 07 PSYCHIATRIC/PSYCHOLOGICAL	105,396						
059 08 CORNEAL TISSUE ACQUISITIO							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	74,737	8,129	9,228	29,703	317,633		
061 EMERGENCY	94,507		3,506	5,980	936,537		
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
082 LUNG ACQUISITION	6,158	3,531	132	6,292	4,981		
083 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION	5,912	7,789	132	13,607	10,966		

ALLOCATION OF NEW CAPITAL RELATED COSTS

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COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	NEW CRC-B&F(B H PRE-MERGE)	NEW CRC-B&F(B JH POSTMERGE)	NEW CRC-B&F(B JH CAMP EXP)	NEW CRC-B&F(G SON)	NEW CRC-B&F(T HE HIGHLANDS)
	0	3	3.01	3.02	3.03	3.04	3.05
SPEC PURPOSE COST CENTERS							
084 LIVER ACQUISITION	3,016	4,141	132	7,339	5,855		
085 HEART ACQUISITION	6,281	1,401	132	2,633	1,988		
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION	133						
095 SUBTOTALS	19,740,342	1,608,982	3,303,889	8,398,887	14,114,007	1,749,828	406,001
NONREIMBURS COST CENTERS							
RESEARCH							
097 02 RESEARCH-CTSA/GCRC-I/P	77,728						
097 03 RESEARCH-CTSA/GCRC-O/P	70,348						
100 OTHER NONREIMBURSABLE COS	73,388	298,704	303,157	1,030,175	1,639,065		685,820
100 02 MARKETING/COMMUNITY RELAT	16,764	1,279	1,674	5,052			
100 03 GUEST MEALS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	19,978,570	1,908,965	3,608,720	9,434,114	15,753,072	1,749,828	1,091,821

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING AND	ADMINITTING
	4	4a	5	6.01	6.02	6.03	6.04
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CRC-B&F (BH PRE-MERGE)							
003 03 NEW CRC-B&F (BJH POSTMERGE)							
003 04 NEW CRC-B&F (BJH CAMP EXP)							
003 05 NEW CRC-B&F (GSON)							
003 06 NEW CRC-B&F (THE HIGHLANDS)							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	51,478	423,471	423,471				
006 01 NONPATIENT TELEPHONES		116,206	1,442	117,648			
006 02 DATA PROCESSING		-268,770			-268,770		
006 03 PURCHASING, RECEIVING AND	470	70,313	743	114		71,170	
006 04 ADMINITTING	14,091	331,883	8,657	5,217		152	345,909
006 05 CASHIERING/ACCOUNTS RECEI	4,527	145,813	3,573	2,004		37	
006 06 OTHER ADMINISTRATIVE AND	15,245,374	29,375,809	20,714	9,120		234	
008 OPERATION OF PLANT	418,981	4,533,848	7,914	3,226		462	
009 LAUNDRY & LINEN SERVICE	3,590	23,199	27	13		680	
010 HOUSEKEEPING	93,520	398,820	10,514	2,555		305	
011 DIETARY	142,522	481,685	4,982	1,131		521	
012 CAFETERIA	75,866	371,518	3,970	947		1,533	
013 01 EXTENDED CARE SERVICES	35,331	202,472	949	2,052		23	
014 NURSING ADMINISTRATION	538,920	898,865	19,131	5,377		115	
015 CENTRAL SERVICES & SUPPLY	200,857	8,444,007	3,070	1,080		2,241	
016 PHARMACY	50,990	2,272,083	15,256	3,128		15,590	
017 MEDICAL RECORDS & LIBRARY	93,375	470,599	9,962	3,493		80	
018 SOCIAL SERVICE	823	38,082	2,632	895		7	
019 01 LAB ADMINISTRATION	8,386	33,260	3,391	410		8	
019 02 RESEARCH ADMINISTRATION			15				
021 NURSING SCHOOL	830,655	2,635,918	6,043	1,943		131	
022 I&R SERVICES-SALARY & FRI		160,993	39,817	3,621		9	
024 01 PARAMED ED PRGM-HOSP ADMI			167				
024 02 PARAMED ED PRGM-PHARMACY			125				
024 04 PARAMED ED PRGM-PASTORAL	241	1,674	97	80		2	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	988,170	4,110,298	84,776	20,950		1,226	23,827
026 INTENSIVE CARE UNIT	20,626	191,157	6,132	760		106	2,214
027 CORONARY CARE UNIT	31,235	100,126	3,383	296		44	1,016
029 SURGICAL INTENSIVE CARE U	24,448	174,671	5,366	958		95	1,859
030 01 NEURO-ICU	67,969	156,908	4,195	762		86	1,520
030 02 CARDIO-THORACIC ICU	20,262	454,746	5,454	1,074		109	1,612
031 SUBPROVIDER	25,167	230,594	4,509	1,160		28	979
033 NURSERY	6,620	22,159	823	112		48	369
034 SKILLED NURSING FACILITY	20,156	243,131	2,881	147		127	761
035 NURSING FACILITY	993	17,655	201	10		3	65
036 OTHER LONG TERM CARE	4,961	89,577	1,011	50		14	254
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	5,690,375	8,143,455	27,468	11,359		852	23,473
038 RECOVERY ROOM	77,945	881,557	8,652	2,205		411	6,131
039 DELIVERY ROOM & LABOR ROO	116,761	258,689	4,322	520		85	1,073
040 ANESTHESIOLOGY	898,919	907,514	1,645	498		1,277	7,589
041 RADIOLOGY-DIAGNOSTIC	5,290,931	7,616,851	15,924	4,233		940	30,455
042 RADIOLOGY-THERAPEUTIC	2,977,487	3,965,580	6,463	2,319		295	12,121
043 RADIOISOTOPE	318,829	637,141	1,514	523		14	1,676
044 LABORATORY	919,025	1,540,538	12,631	2,986		2,270	48,848
044 01 HLA LAB	40,416	62,676	709	146		483	4,353
047 BLOOD STORING, PROCESSING	135,895	429,219	4,589	929		4,238	15,437
049 RESPIRATORY THERAPY	582,070	762,566	7,146	1,218		480	6,491
050 PHYSICAL THERAPY	11,408	63,948	3,421	581		11	1,983
051 OCCUPATIONAL THERAPY		10,516	1,279	55		3	719
052 SPEECH PATHOLOGY	37,686	42,792	533	16		1	195
053 ELECTROCARDIOLOGY	332,053	467,449	2,724	728		302	9,096
054 ELECTROENCEPHALOGRAPHY	74,412	87,330	400	106		5	645
055 MEDICAL SUPPLIES CHARGED						12,386	25,127
055 30 IMPL. DEV. CHARGED TO PAT						18,378	23,565
056 DRUGS CHARGED TO PATIENTS							36,760
057 RENAL DIALYSIS	76,615	135,547	1,647	420		123	1,711
059 CAT SCAN	745,807	836,943	2,462	625		220	19,293
059 01 ULTRASOUND	542,333	700,920	878	285		24	2,621
059 02 CARDIAC CATHETERIZATION L	1,014,903	1,534,248	3,948	1,439		197	5,994
059 03 ENDOSCOPY	220,509	564,018	3,369	835		180	3,563
059 04 OB/GYN IN VITRO	278,158	320,062	486	25		51	293
059 05 OUTPATIENT PHARMACY	53,138	161,511	2,281	1,212		2,774	1,612
059 06 ELECTROSHOCK THERAPY	4,402	20,870	157	104		3	80
059 07 PSYCHIATRIC/PSYCHOLOGICAL		105,396	506	274		35	286
059 08 CORNEAL TISSUE ACQUISITIO						121	146
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	39,937	479,367	8,053	4,062		187	2,949
061 EMERGENCY	287,463	1,327,993	11,026	4,826		610	13,550
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
082 LUNG ACQUISITION	6,915	28,009	465	196		2	471
083 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION	457	38,863	1,115	219		6	1,566

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COST CENTER DESCRIPTION	NEW CAP REL COSTS-MVBLE	SUBTOTAL	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING AND	R ADMITTING
	4	4a	5	6.01	6.02	6.03	6.04
084 SPEC PURPOSE COST CENTERS							
084 LIVER ACQUISITION		20,483	589	107		2	783
085 HEART ACQUISITION		12,435	183	109		1	201
085 01 PANCREAS ACQUISITION							78
086 OTHER ORGAN ACQUISITION		133	271	10			436
095 SUBTOTALS	39,795,453	89,117,389	418,778	115,855		70,983	345,846
NONREIMBURS COST CENTERS							
097 RESEARCH			56				
097 02 RESEARCH-CTSA/GCRC-I/P	4,429	82,157				5	62
097 03 RESEARCH-CTSA/GCRC-O/P	5,577	75,925					1
100 OTHER NONREIMBURSABLE COS	58,966	4,089,275	3,837	1,165		175	
100 02 MARKETING/COMMUNITY RELAT	39	24,808	800	628		7	
100 03 GUEST MEALS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER					-268,770		
103 TOTAL	39,864,464	93,389,554	423,471	117,648		71,170	345,909

ALLOCATION OF NEW CAPITAL RELATED COSTS

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COST CENTER DESCRIPTION	CASHIERING/AC COUNTS RECEI	OTHER ADMINIS TRATIVE AND	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	6.05	6.06	8	9	10	11	12
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CRC-B&F (BH PRE-MERGE)							
003 03 NEW CRC-B&F (BJH POSTMERGE)							
003 04 NEW CRC-B&F (BJH CAMP EXP)							
003 05 NEW CRC-B&F (GSON)							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMINITTING							
006 05 CASHIERING/ACCOUNTS RECEI	151,427						
006 06 OTHER ADMINISTRATION AND		29,405,877					
008 OPERATION OF PLANT		1,294,660	5,840,110				
009 LAUNDRY & LINEN SERVICE		98,020	22,672	144,611			
010 HOUSEKEEPING		454,992	83,451	4,481	955,118		
011 DIETARY		288,829	161,497		28,160	967,010	
012 CAFETERIA		126,136	120,198		20,959		645,261
013 01 EXTENDED CARE SERVICES		51,224	42,551		7,420	121,217	2,000
014 NURSING ADMINISTRATION		905,586	105,137		18,333		26,998
015 CENTRAL SERVICES & SUPPLY		208,856	105,056	244	18,319		9,199
016 PHARMACY		3,140,278	84,793		14,785		21,599
017 MEDICAL RECORDS & LIBRARY		479,593	79,512		13,864		20,799
018 SOCIAL SERVICE		143,525	4,949		863		5,000
019 01 LAB ADMINISTRATION		237,428	7,475		1,303		4,800
019 02 RESEARCH ADMINISTRATION		598					
021 NURSING SCHOOL		24,082	269,017	30	46,908		8,200
022 I&R SERVICES-SALARY & FRI		2,865,509	49,619	1,641	8,652		80,395
024 01 PARAMED ED PRGM-HOSP ADMI		5,986					300
024 02 PARAMED ED PRGM-PHARMACY		4,478					300
024 04 PARAMED ED PRGM-PASTORAL		4,285					200
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	10,410	3,289,462	1,319,610	81,199	230,105	743,692	156,387
026 INTENSIVE CARE UNIT	967	252,793	69,772	2,876	12,166	14,639	10,499
027 CORONARY CARE UNIT	444	134,962	28,716	1,509	5,007	6,112	5,800
029 SURGICAL INTENSIVE CARE U	812	224,241	64,280	3,378	11,208	3,508	9,099
030 01 NEURO-ICU	664	174,542	34,531	2,022	6,021	9,362	6,900
030 02 CARDIO-THORACIC ICU	704	232,521	55,319	2,738	9,646	7,139	8,499
031 SUBPROVIDER	428	203,483	78,862	1,779	13,751	40,161	8,399
033 NURSERY	161	37,652	6,199	962	1,081		1,500
034 SKILLED NURSING FACILITY	333	135,780	47,434	2,281	8,271		7,100
035 NURSING FACILITY	28	8,744	7,284	411	1,270		600
036 OTHER LONG TERM CARE	111	43,654	36,998	1,368	6,451		3,000
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	10,255	1,356,196	414,549	3,200	72,285		41,298
038 RECOVERY ROOM	2,678	515,585	142,195	2,210	24,795		13,399
039 DELIVERY ROOM & LABOR ROO	469	183,364	58,297	1,014	10,165		8,299
040 ANESTHESIOLOGY	3,316	231,381					4,700
041 RADIOLOGY-DIAGNOSTIC	13,305	1,040,220	289,176	8,662	50,424		29,098
042 RADIOLOGY-THERAPEUTIC	5,296	607,279	144,585	477	25,211		9,999
043 RADIOISOTOPE	732	84,967	28,265	676	4,929		2,300
044 LABORATORY	21,644	991,695	145,055		25,293		27,298
044 01 HLA LAB	1,902	94,144	7,925		1,382		1,300
047 BLOOD STORING, PROCESSING	6,744	791,702	32,897	486	5,736		8,100
049 RESPIRATORY THERAPY	2,836	370,483	23,962		4,178		11,899
050 PHYSICAL THERAPY	866	137,242	15,434	91	2,691		6,600
051 OCCUPATIONAL THERAPY	314	48,347	4,329		755		2,300
052 SPEECH PATHOLOGY	85	21,159	2,164		377		800
053 ELECTROCARDIOLOGY	3,974	181,254	33,870	407	5,906		5,000
054 ELECTROENCEPHALOGRAPHY	282	32,932	4,193	20	731		900
055 MEDICAL SUPPLIES CHARGED	10,978	2,061,060					
055 30 IMPL. DEV. CHARGED TO PAT	10,295	2,536,274					
056 DRUGS CHARGED TO PATIENTS	16,060	63,875					
057 RENAL DIALYSIS	748	84,992	23,555	173	4,107		2,500
059 CAT SCAN	8,429	170,287	24,756	897	4,317		4,600
059 01 ULTRASOUND	1,145	83,366	47,550	143	8,291		1,400
059 02 CARDIAC CATHETERIZATION L	2,619	236,888	67,434	922	11,758		6,300
059 03 ENDOSCOPY	1,557	176,284	52,314	597	9,122		5,300
059 04 OB/GYN IN VITRO	128	47,496	13,339		2,326		900
059 05 OUTPATIENT PHARMACY	704	72,717	10,721		1,869		3,500
059 06 ELECTROSHOCK THERAPY	35	7,465	6,661		1,161		300
059 07 PSYCHIATRIC/PSYCHOLOGICAL	125	8,728	11,879		2,071		1,200
059 08 CORNEAL TISSUE ACQUISITION	64	16,538					
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	1,288	359,631	134,473	1,033	23,448		13,899
061 EMERGENCY	5,920	562,458	132,285	14,744	23,067		20,799
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
082 LUNG ACQUISITION	206	94,164	4,421		771		800
083 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION	684	226,943	9,561		1,667		1,900

ALLOCATION OF NEW CAPITAL RELATED COSTS

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 WORKSHEET B  
 PART III

COST CENTER DESCRIPTION	CASHIERING/AC COUNTS RECEI	OTHER ADMINISTRATIVE AND	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	6.05	6.06	8	9	10	11	12
084 SPEC PURPOSE COST CENTERS							
085 LIVER ACQUISITION	342	142,959	5,157		899		1,000
085 HEART ACQUISITION	88	42,401	1,850		323		300
085 01 PANCREAS ACQUISITION	34	15,992					
086 OTHER ORGAN ACQUISITION	191	113,898					400
095 SUBTOTALS	151,400	28,884,265	4,777,784	142,876	814,598	945,830	635,961
NONREIMBURS COST CENTERS							
097 RESEARCH		7,887					
097 02 RESEARCH-CTSA/GCRC-I/P	27	3,523	11,307	239	1,972	916	
097 03 RESEARCH-CTSA/GCRC-O/P		2,167	10,234		1,784	916	
100 OTHER NONREIMBURSABLE COS		377,761	1,027,397	1,496	134,430		7,900
100 02 MARKETING/COMMUNITY RELAT		130,274	13,388		2,334		1,400
100 03 GUEST MEALS						19,348	
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	151,427	29,405,877	5,840,110	144,611	955,118	967,010	645,261

ALLOCATION OF NEW CAPITAL RELATED COSTS

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 PART III

COST CENTER DESCRIPTION	EXTENDED CARE SERVICES	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	LABORATORY ADMINISTRATION
	13.01	14	15	16	17	18	19.01
003 GENERAL SERVICE COST CNTR							
003 01 NEW CAP REL COSTS-BLDG &							
003 02 NEW CRC-B&F (BH PRE-MERGE)							
003 03 NEW CRC-B&F (BJH POSTMERGE)							
003 04 NEW CRC-B&F (GSON)							
003 05 NEW CRC-B&F (THE HIGHLANDS)							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING AND							
006 04 ADMINISTRATION							
006 05 CASHIERING/ACCOUNTS RECEI							
006 06 OTHER ADMINISTRATION AND							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 01 EXTENDED CARE SERVICES	429,908						
014 NURSING ADMINISTRATION		1,979,542					
015 CENTRAL SERVICES & SUPPLY			8,792,072				
016 PHARMACY				5,567,512			
017 MEDICAL RECORDS & LIBRARY					1,077,902		
018 SOCIAL SERVICE						195,953	
019 01 LAB ADMINISTRATION							288,075
019 02 RESEARCH ADMINISTRATION							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
024 01 PARAMEDICAL PRGM-HOSP ADMI							
024 02 PARAMEDICAL PRGM-PHARMACY							
024 04 PARAMEDICAL PRGM-PASTORAL							
INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS		914,589		37	74,489	167,286	
026 INTENSIVE CARE UNIT		61,332			6,920	6,684	
027 CORONARY CARE UNIT		33,951			3,177	3,074	
029 SURGICAL INTENSIVE CARE U		53,336			5,813	5,441	
030 01 NEURO-ICU		40,220		1	4,753	4,446	
030 02 CARDIO-THORACIC ICU		49,419			5,040	4,738	
031 SUBPROVIDER		49,243			3,059		
033 NURSERY		8,519			1,153	4,284	
034 SKILLED NURSING FACILITY	228,564	47,548			2,379		
035 NURSING FACILITY	42,116	4,617			203		
036 OTHER LONG TERM CARE	159,228	21,665			793		
ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM		241,295		1,560	73,383		
038 RECOVERY ROOM		78,232		19	19,166		
039 DELIVERY ROOM & LABOR ROO		48,710			3,354		
040 ANESTHESIOLOGY				94,785	23,724		
041 RADIOLOGY-DIAGNOSTIC				16,627	95,208		
042 RADIOLOGY-THERAPEUTIC				27,669	37,893		
043 RADIOISOTOPE				15	5,239		
044 LABORATORY				41	149,228		214,107
044 01 HLA LAB					13,608		10,536
047 BLOOD STORING, PROCESSING				252	48,259		63,432
049 RESPIRATORY THERAPY				114	20,293		
050 PHYSICAL THERAPY					6,198		
051 OCCUPATIONAL THERAPY					2,249		
052 SPEECH PATHOLOGY					611		
053 ELECTROCARDIOLOGY				87	28,436		
054 ELECTROENCEPHALOGRAPHY					2,017		
055 MEDICAL SUPPLIES CHARGED			3,938,373		78,551		
055 30 IMPL. DEV. CHARGED TO PAT			4,853,699		73,668		
056 DRUGS CHARGED TO PATIENTS				4,570,793	114,921		
057 RENAL DIALYSIS				865	5,349		
059 CAT SCAN		26,728		1,358	60,315		
059 01 ULTRASOUND				225	8,194		
059 02 CARDIAC CATHETERIZATION L		36,996			18,740		
059 03 ENDOSCOPY		31,234		19	11,139		
059 04 OB/GYN IN VITRO		5,115		733	917		
059 05 OUTPATIENT PHARMACY				819,366	5,038		
059 06 ELECTROSHOCK THERAPY					250		
059 07 PSYCHIATRIC/PSYCHOLOGICAL				9,539	893		
059 08 CORNEAL TISSUE ACQUISITION					455		
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC		81,418		15,297	9,219		
061 EMERGENCY		121,366		1,594	42,360		
062 OBSERVATION BEDS (NON-DIS							
OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES							
082 LUNG ACQUISITION		4,884			1,473		
083 SPEC PURPOSE COST CENTERS							
KIDNEY ACQUISITION		11,282			4,894		

ALLOCATION OF NEW CAPITAL RELATED COSTS

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COST CENTER DESCRIPTION	EXTENDED CARE SERVICES	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	LABORATORY	ADMINISTRATION
	13.01	14	15	16	17	18		19.01
084 SPEC PURPOSE COST CENTERS								
084 LIVER ACQUISITION		6,000			2,449			
085 HEART ACQUISITION		1,839			629			
085 01 PANCREAS ACQUISITION		4			244			
086 OTHER ORGAN ACQUISITION					1,364			
095 SUBTOTALS	429,908	1,979,542	8,792,072	5,560,996	1,077,707	195,953		288,075
NONREIMBURS COST CENTERS								
097 RESEARCH								
097 02 RESEARCH-CTSA/GCRC-I/P					193			
097 03 RESEARCH-CTSA/GCRC-O/P					2			
100 OTHER NONREIMBURSABLE COS				6,516				
100 02 MARKETING/COMMUNITY RELAT								
100 03 GUEST MEALS								
101 CROSS FOOT ADJUSTMENTS								
102 NEGATIVE COST CENTER								
103 TOTAL	429,908	1,979,542	8,792,072	5,567,512	1,077,902	195,953		288,075

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	RESEARCH ADMINISTRATION	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	PARAMED ED PR GM-HOSP ADMIN	PARAMED ED PR GM-PHARMACY	PARAMED ED PR GM-PASTORAL	SUBTOTAL
	19.02	21	22	24.01	24.02	24.04	25
003	GENERAL SERVICE COST CNTR						
003 01	NEW CAP REL COSTS-BLDG &						
003 02	NEW CRC-B&F (BH PRE-MERGE)						
003 03	NEW CRC-B&F (BJH POSTMERGE)						
003 04	NEW CRC-B&F (BJH CAMP EXP)						
003 05	NEW CRC-B&F (GSON)						
004	NEW CAP REL COSTS-MVBLE E						
005	EMPLOYEE BENEFITS						
006 01	NONPATIENT TELEPHONES						
006 02	DATA PROCESSING						
006 03	PURCHASING, RECEIVING AND						
006 04	ADMINISTRATIVE						
006 05	CASHIERING/ACCOUNTS RECEI						
006 06	OTHER ADMINISTRATIVE AND						
008	OPERATION OF PLANT						
009	LAUNDRY & LINEN SERVICE						
010	HOUSEKEEPING						
011	DIETARY						
012	CAFETERIA						
013 01	EXTENDED CARE SERVICES						
014	NURSING ADMINISTRATION						
015	CENTRAL SERVICES & SUPPLY						
016	PHARMACY						
017	MEDICAL RECORDS & LIBRARY						
018	SOCIAL SERVICE						
019 01	LAB ADMINISTRATION						
019 02	RESEARCH ADMINISTRATION	613					
021	NURSING SCHOOL	1,811,535					
022	I&R SERVICES-SALARY & FRI		3,210,256				
024 01	PARAMED ED PRGM-HOSP ADMIN			6,453			
024 02	PARAMED ED PRGM-PHARMACY			1	4,904		
024 04	PARAMED ED PRGM-PASTORAL			1		6,339	
025	INPAT ROUTINE SRVC CNTRS						11,228,343
026	ADULTS & PEDIATRICS						639,017
027	INTENSIVE CARE UNIT						327,617
029	CORONARY CARE UNIT						564,065
030 01	SURGICAL INTENSIVE CARE U						446,933
030 02	NEURO-ICU						838,758
031	CARDIO-THORACIC ICU						636,435
033	SUBPROVIDER						85,022
034	NURSERY						726,737
035	SKILLED NURSING FACILITY						83,207
036	NURSING FACILITY						364,174
037	OTHER LONG TERM CARE						
038	ANCILLARY SRVC COST CNTRS						10,420,628
039	OPERATING ROOM						1,697,235
040	RECOVERY ROOM						578,361
041	DELIVERY ROOM & LABOR ROO						1,276,429
042	ANESTHESIOLOGY						9,211,123
043	RADIOLOGY-DIAGNOSTIC						4,845,187
044	RADIOLOGY-THERAPEUTIC						767,991
044 01	RADIOISOTOPE						3,181,634
047	LABORATORY						199,164
049	HLA LAB						1,412,020
050	BLOOD STORING, PROCESSING						1,211,666
051	RESPIRATORY THERAPY						239,066
052	PHYSICAL THERAPY						70,866
053	OCCUPATIONAL THERAPY						68,733
054	SPEECH PATHOLOGY						739,233
055	ELECTROCARDIOLOGY						129,561
056	ELECTROENCEPHALOGRAPHY						6,126,475
057	MEDICAL SUPPLIES CHARGED						7,515,879
059 30	IMPL. DEV. CHARGED TO PAT						4,802,409
060	DRUGS CHARGED TO PATIENTS						261,737
061	RENAL DIALYSIS						1,161,230
062	CAT SCAN						855,042
063 01	ULTRASOUND						1,927,483
063 02	CARDIAC CATHETERIZATION L						859,531
063 03	ENDOSCOPY						391,871
063 04	OB/GYN IN VITRO						1,083,305
063 05	OUTPATIENT PHARMACY						37,086
063 06	ELECTROSHOCK THERAPY						140,932
063 07	PSYCHIATRIC/PSYCHOLOGICAL						17,324
063 08	CORNEAL TISSUE ACQUISITION						
060	OUTPAT SERVICE COST CNTRS						1,134,324
061	CLINIC						2,282,598
062	EMERGENCY						
065	OBSERVATION BEDS (NON-DIS						
082	OTHER REIMBURS COST CNTRS						135,862
083	AMBULANCE SERVICES						
	LUNG ACQUISITION						
	SPEC PURPOSE COST CENTERS						
	KIDNEY ACQUISITION						298,700

ALLOCATION OF NEW CAPITAL RELATED COSTS

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	RESEARCH ADMINISTRATION	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	PARAMED ED PR GM-HOSP ADMIN	PARAMED ED PR GM-PHARMACY	PARAMED ED PR GM-PASTORAL	SUBTOTAL
	19.02	21	22	24.01	24.02	24.04	25
SPEC PURPOSE COST CENTERS							
084							180,770
085							60,359
085 01							16,352
086							116,703
095							81,395,177
NONREIMBURS COST CENTERS							
097	613						8,556
097 02							100,401
097 03							91,029
100							5,649,952
100 02							173,639
100 03							19,348
101		1,811,535	3,210,256	6,451	4,904	6,339	5,039,485
102		1,180,737					911,967
103	613	2,992,272	3,210,256	6,453	4,904	6,339	93,389,554

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER	POST STEPDOWN ADJUSTMENT	TOTAL
DESCRIPTION	26	27
003		
003 01		
003 02		
003 03		
003 04		
003 05		
004		
005		
006 01		
006 02		
006 03		
006 04		
006 05		
006 06		
008		
009		
010		
011		
012		
013 01		
014		
015		
016		
017		
018		
019 01		
019 02		
021		
022		
024 01		
024 02		
024 04		
025		11,228,343
026		639,017
027		327,617
029		564,065
030 01		446,933
030 02		838,758
031		636,435
033		85,022
034		726,737
035		83,207
036		364,174
037		10,420,628
038		1,697,235
039		578,361
040		1,276,429
041		9,211,123
042		4,845,187
043		767,991
044		3,181,634
044 01		199,164
047		1,412,020
049		1,211,666
050		239,066
051		70,866
052		68,733
053		739,233
054		129,561
055		6,126,475
055 30		7,515,879
056		4,802,409
057		261,737
059		1,161,230
059 01		855,042
059 02		1,927,483
059 03		859,531
059 04		391,871
059 05		1,083,305
059 06		37,086
059 07		140,932
059 08		17,324
060		1,134,324
061		2,282,598
062		
065		
082		135,862
083		298,700

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COST CENTER DESCRIPTION	POST STEPDOWN ADJUSTMENT 26	TOTAL 27
SPEC PURPOSE COST CENTERS		
084 LIVER ACQUISITION		180,770
085 HEART ACQUISITION		60,359
085 01 PANCREAS ACQUISITION		16,352
086 OTHER ORGAN ACQUISITION		116,703
095 SUBTOTALS		81,395,177
NONREIMBURS COST CENTERS		
097 RESEARCH		8,556
097 02 RESEARCH-CTSA/GCRC-I/P		100,401
097 03 RESEARCH-CTSA/GCRC-O/P		91,029
100 OTHER NONREIMBURSABLE COS		5,649,952
100 02 MARKETING/COMMUNITY RELAT		173,639
100 03 GUEST MEALS		19,348
101 CROSS FOOT ADJUSTMENTS		5,039,485
102 NEGATIVE COST CENTER		911,967
103 TOTAL		93,389,554

COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG & (JH SQ FT)	NEW CRC-B&F(BH PRE-MERGE) (BH SQ FT)	NEW CRC-B&F(B JH POSTMERGE) (BJH SQ FT)	NEW CRC-B&F(B JH CAMP EXP) (NEW STRUCT) SQ FT	NEW CRC-B&F(G SON) (GSON SQ FT)	NEW CRC-B&F(T HE HIGHLANDS) (THE HIGHLANDS) SQ FT
GENERAL SERVICE COST	3	3.01	3.02	3.03	3.04	3.05
003 NEW CAP REL COSTS-BLD	798,457					
003 01 NEW CRC-B&F(BH PRE-ME		1,498,571				
003 02 NEW CRC-B&F(BJH POSTM			2,297,028			
003 03 NEW CRC-B&F(BJH CAMP				721,114		
003 04 NEW CRC-B&F(GSON)					93,215	
003 05 NEW CRC-B&F(THE HIGHL						47,080
004 NEW CAP REL COSTS-MVB						
005 EMPLOYEE BENEFITS	13,288	10,587	23,875			
006 01 NONPATIENT TELEPHONES	1,261	11,107	12,368	1,070		
006 02 DATA PROCESSING						
006 03 PURCHASING, RECEIVING	6,566	10,258	16,824	351		
006 04 ADMINISTRATION	9,717	16,362	26,079			586
006 05 CASHIERING/ACCOUNTS R		15,449	15,449			
006 06 OTHER ADMINISTRATION	272,476	311,720	584,196	184,933		14,945
008 OPERATION OF PLANT	78,237	160,119	238,356	119,287		182
009 LAUNDRY & LINEN SERVI	1,866	666	2,532	39		
010 HOUSEKEEPING	10,273	13,806	24,079	4,546		37
011 DIETARY	16,149	31,654	47,803	258		
012 CAFETERIA	8,054	33,403	41,457	192		
013 01 EXTENDED CARE SERVICE		14,744	14,744			
014 NURSING ADMINISTRATION	20,672	9,944	30,616	953		
015 CENTRAL SERVICES & SU	8,962	24,470	33,432	2,970		
016 PHARMACY	7,460	18,055	25,515	3,036		
017 MEDICAL RECORDS & LIB	23,344	4,090	27,434	117		
018 SOCIAL SERVICE		846	846	869		
019 01 LAB ADMINISTRATION		2,590	2,590			
019 02 RESEARCH ADMINISTRATION						
021 NURSING SCHOOL					93,215	
022 I&R SERVICES-SALARY &	2,766	13,902	16,668			
024 01 PARAMEDICAL PRGM-HOSP						
024 02 PARAMEDICAL PRGM-PHARM						
024 04 PARAMEDICAL PRGM-PASTO						
025 INPATIENT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	98,114	359,132	457,246			
026 INTENSIVE CARE UNIT	12,453	11,723	24,176			
027 CORONARY CARE UNIT		9,950	9,950			
029 SURGICAL INTENSIVE CA		20,979	20,979			
030 01 NEURO-ICU		11,965	11,965			
030 02 CARDIO-THORACIC ICU				19,168		
031 SUBPROVIDER		27,326	27,326			
033 NURSERY		2,148	2,148			
034 SKILLED NURSING FACIL		16,436	16,436			
035 NURSING FACILITY		2,524	2,524			
036 OTHER LONG TERM CARE		12,820	12,820			
037 ANCILLARY SRVC COST C						
037 OPERATING ROOM	4,074	52,483	56,557	85,043		
038 RECOVERY ROOM		32,026	32,026	17,245		
039 DELIVERY ROOM & LABOR		20,200	20,200			
040 ANESTHESIOLOGY						
041 RADIOLOGY-DIAGNOSTIC	35,425	658	36,083	38,252		1,171
042 RADIOLOGY-THERAPEUTIC	2,659		2,659	45,476		
043 RADIOISOTOPE	9,794		9,794			
044 LABORATORY	2,577	35,133	37,710	6,794		586
044 01 HLA LAB		2,746	2,746			
047 BLOOD STORAGE, PROCES		3,857	3,857	7,542		
049 RESPIRATORY THERAPY	1,676	6,627	8,303			
050 PHYSICAL THERAPY	1,851	3,497	5,348			
051 OCCUPATIONAL THERAPY	500	1,000	1,500			
052 SPEECH PATHOLOGY	250	500	750			
053 ELECTROCARDIOLOGY	1,217	7,777	8,994	2,742		
054 ELECTROENCEPHALOGRAPH		1,453	1,453			
055 MEDICAL SUPPLIES CHAR						
055 30 IMPL. DEV. CHARGED TO						
056 DRUGS CHARGED TO PATI						
057 RENAL DIALYSIS	656	7,506	8,162			
059 CAT SCAN				3,058		
059 01 ULTRASOUND	9,794	326	10,120	3,819		
059 02 CARDIAC CATHETERIZATI		818	818	22,548		
059 03 ENDOSCOPY	400	4,166	4,566	13,561		
059 04 OB/GYN IN VITRO		4,622	4,622			
059 05 OUTPATIENT PHARMACY				3,715		
059 06 ELECTROSHOCK THERAPY		2,308	2,308			
059 07 PSYCHIATRIC/PSYCHOLOG						
059 08 CORNEAL TISSUE ACQUIS						
060 OUTPAT SERVICE COST C						
060 CLINIC	3,400	3,832	7,232	14,540		
061 EMERGENCY		1,456	1,456	42,871		
062 OBSERVATION BEDS (NON						
062 OTHER REIMBURS COST C						
065 AMBULANCE SERVICES						

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 26-0032  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/24/2011  
 WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG & (JH SQ FT)	NEW CRC-B&F(B H PRE-MERGE) (BH SQ FT)	NEW CRC-B&F(B JH POSTMERGE) (BJH SQ FT)	NEW CRC-B&F(B JH CAMP EXP) (NEW STRUCT) SQ FT	NEW CRC-B&F(G SON) (GSON SQ FT)	NEW CRC-B&F(T HE HIGHLANDS) (THE HIGHLANDS) SQ FT
082 OTHER REIMBURS COST C LUNG ACQUISITION SPEC PURPOSE COST CEN	3	3.01	3.02	3.03	3.04	3.05
083 KIDNEY ACQUISITION	1,477	55	1,532	228		
084 LIVER ACQUISITION	3,258	55	3,313	502		
085 HEART ACQUISITION	1,732	55	1,787	268		
085 01 PANCREAS ACQUISITION	586	55	641	91		
086 OTHER ORGAN ACQUISITION						
095 SUBTOTALS	672,984	1,371,986	2,044,970	646,084	93,215	17,507
097 NONREIMBURS COST CENT RESEARCH						
097 02 RESEARCH-CTSA/GCRC-I/						
097 03 RESEARCH-CTSA/GCRC-O/						
100 OTHER NONREIMBURSABLE	124,938	125,890	250,828	75,030		29,573
100 02 MARKETING/COMMUNITY R	535	695	1,230			
100 03 GUEST MEALS						
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	1,908,965	3,608,720	9,434,114	15,753,072	1,749,828	1,091,821
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	2.390818	2.408107	4.107096	21.845467	18.771957	23.190760
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)						
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)						

COST ALLOCATION - STATISTICAL BASIS

26-0032

FROM 1/ 1/2010

WORKSHEET B-1

TO 12/31/2010

COST CENTER DESCRIPTION	NEW CAP REL COSTS-MVBLE	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	RECONCILIATION	DATA PROCESSING	PURCHASING RECEIVING AND	R ADMITTING
	(ACTUAL DEPR NEW EQUIP )	(GROSS SALARIES )	(RENT EXP )		( ACCUM. COST )	(\$ AMT PURCHASES )	(TOTAL REVENUE )
	4	5	6.01	6a.02	6.02	6.03	6.04
GENERAL SERVICE COST							
003 01 NEW CAP REL COSTS-BLD							
003 02 NEW CRC-B&F (BH PRE-ME							
003 03 NEW CRC-B&F (BJH POSTM							
003 04 NEW CRC-B&F (BJH CAMP							
003 05 NEW CRC-B&F (GSON)							
003 06 NEW CRC-B&F (THE HIGHL							
004 NEW CAP REL COSTS-MVB	35,740,348						
005 EMPLOYEE BENEFITS	46,152	438,591,206					
006 01 NONPATIENT TELEPHONES		1,492,434	4,195,270				
006 02 DATA PROCESSING					1292,264,599		
006 03 PURCHASING, RECEIVING	421	768,793	4,061		7,337,903	349,617,266	
006 04 ADMITTING	12,633	8,961,311	186,048		13,314,831	746,196	3347,272,454
006 05 CASHIERING/ACCOUNTS R	4,059	3,698,739	71,445		8,934,752	179,979	
006 06 OTHER ADMINISTRATION	13,668,184	21,442,939	325,205		199,282,959	1,146,776	
008 OPERATION OF PLANT	375,636	8,192,614	115,030		48,072,163	2,263,549	
009 LAUNDRY & LINEN SERVI	3,219	28,362	462		3,573,241	3,332,933	
010 HOUSEKEEPING	83,845	10,884,229	91,094		16,879,687	1,494,262	
011 DIETARY	127,778	5,157,532	40,336		10,681,552	2,553,044	
012 CAFETERIA	68,017	4,109,464	33,764		4,530,460	7,516,510	
013 01 EXTENDED CARE SERVICE	31,676	982,642	73,181		1,901,545	111,999	
014 NURSING ADMINISTRATION	483,167	19,804,246	191,738		33,646,808	564,828	
015 CENTRAL SERVICES & SU	180,078	3,177,740	38,502		7,532,138	10,985,735	
016 PHARMACY	45,715	15,792,561	111,527		115,113,377	76,419,525	
017 MEDICAL RECORDS & LIB	83,715	10,312,995	124,565		17,817,255	389,845	
018 SOCIAL SERVICE	738	2,724,634	31,925		5,333,786	35,144	
019 01 LAB ADMINISTRATION	7,518	3,510,710	14,615		8,823,804	41,285	
019 02 RESEARCH ADMINISTRATION		15,897			22,221		
021 NURSING SCHOOL	744,721	6,256,022	69,289		881,565	644,058	
022 I&R SERVICES-SALARY &		41,218,757	129,128		106,503,753	45,680	
024 01 PARAMED ED PRGM-HOSP		172,548			222,478		
024 02 PARAMED ED PRGM-PHARM		128,982			166,439		
024 04 PARAMED ED PRGM-PASTO	216	100,049	2,866		159,117	7,573	
025 INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	885,940	87,978,365	747,096		120,602,623	6,010,634	231,332,915
026 INTENSIVE CARE UNIT	18,492	6,347,999	27,085		9,241,902	519,278	21,491,776
027 CORONARY CARE UNIT	28,004	3,501,823	10,559		4,946,078	215,335	9,867,154
029 SURGICAL INTENSIVE CA	21,919	5,555,297	34,158		8,204,677	465,974	18,052,999
030 01 NEURO-ICU	60,937	4,342,710	27,178		6,380,358	419,920	14,759,703
030 02 CARDIO-THORACIC ICU	18,166	5,645,464	38,299		8,526,913	536,369	15,653,365
031 SUBPROVIDER	22,563	4,667,401	41,380		7,496,891	138,882	9,500,160
033 NURSERY	5,935	852,067	4,011		1,370,649	237,309	3,580,306
034 SKILLED NURSING FACIL	18,071	2,981,922	5,240		4,984,417	622,669	7,389,751
035 NURSING FACILITY	890	208,206	359		320,509	13,575	629,167
036 OTHER LONG TERM CARE	4,448	1,046,183	1,796		1,604,728	67,876	2,463,754
037 ANCILLARY SRVC COST C							
037 OPERATING ROOM	5,101,686	28,434,618	405,069		48,803,207	4,177,018	227,896,088
038 RECOVERY ROOM	69,881	8,956,998	78,622		18,724,942	2,014,504	59,520,642
039 DELIVERY ROOM & LABOR	104,682	4,473,930	18,528		6,737,224	416,977	10,414,813
040 ANESTHESIOLOGY	805,923	1,702,677	17,742		7,978,480	6,258,194	73,678,163
041 RADIOLOGY-DIAGNOSTIC	4,743,566	16,484,704	150,929		36,599,194	4,606,510	295,676,182
042 RADIOLOGY-THERAPEUTIC	2,669,456	6,690,664	82,682		21,758,085	1,444,401	117,681,032
043 RADIOISOTOPE	285,845	1,566,860	18,635		3,048,411	67,218	16,270,515
044 LABORATORY	823,949	13,075,929	106,470		33,541,475	11,127,820	463,190,157
044 01 HLA LAB	36,235	733,645	5,197		3,168,290	2,368,505	42,260,196
047 BLOOD STORING, PROCES	121,836	4,750,002	33,140		27,992,891	20,773,424	149,873,933
049 RESPIRATORY THERAPY	521,853	7,397,959	43,431		13,301,462	2,351,092	63,021,562
050 PHYSICAL THERAPY	10,228	3,541,790	20,702		4,971,817	53,029	19,249,323
051 OCCUPATIONAL THERAPY		1,323,636	1,955		1,750,212	12,657	6,984,458
052 SPEECH PATHOLOGY	33,787	551,267	582		773,666	7,221	1,896,648
053 ELECTROCARDIOLOGY	297,701	2,819,440	25,970		6,118,348	1,478,704	88,309,278
054 ELECTROENCEPHALOGRAPH	66,714	413,902	3,770		1,181,779	26,849	6,263,019
055 MEDICAL SUPPLIES CHAR					73,708,013	60,717,887	243,947,532
055 30 IMPL. DEV. CHARGED TO					90,839,220	90,839,220	228,782,182
056 DRUGS CHARGED TO PATI							356,896,705
057 RENAL DIALYSIS	68,689	1,704,804	14,983		3,035,837	600,678	16,612,867
059 CAT SCAN	668,651	2,548,280	22,303		5,060,523	1,079,057	187,313,036
059 01 ULTRASOUND	486,227	909,344	10,175		2,926,809	116,999	25,448,184
059 02 CARDIAC CATHETERIZATI	909,908	4,086,749	51,318		8,397,204	965,915	58,197,388
059 03 ENDOSCOPY	197,697	3,487,849	29,790		6,303,463	882,130	34,592,843
059 04 OB/GYN IN VITRO	249,382	503,530	901		1,741,118	250,493	2,846,604
059 05 OUTPATIENT PHARMACY	47,641	2,361,229	43,230		2,313,261	13,597,609	15,646,594
059 06 ELECTROSHOCK THERAPY	3,947	162,616	3,717		271,949	15,923	775,493
059 07 PSYCHIATRIC/PSYCHOLOG		523,358	9,761		302,286	174,000	2,773,095
059 08 CORNEAL TISSUE ACQUIS					592,851	592,851	1,413,801
060 OUTPAT SERVICE COST C							
060 CLINIC	35,805	8,336,501	144,846		13,157,020	916,015	28,630,428
061 EMERGENCY	257,724	11,414,272	172,099		19,967,530	2,988,652	131,551,545
062 OBSERVATION BEDS (NON							
062 OTHER REIMBURS COST C							
065 AMBULANCE SERVICES							

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-MVBLE	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	RECONCILIATION	DATA PROCESSING	PURCHASING RECEIVING AND	R ADMITTING	(TOTAL REVENUE )
	(ACTUAL DEPR NEW EQUIP )	(GROSS SALARIES )	(RENT EXP )		( ACCUM. COST )	(\$\$ AMT PURCHASES )		
	4	5	6.01	6a.02	6.02	6.03		6.04
082 OTHER REIMBURS COST C LUNG ACQUISITION SPEC PURPOSE COST CEN	6,200	481,129	6,985		3,469,193	11,357		4,574,182
083 KIDNEY ACQUISITION	410	1,153,863	7,795		8,333,290	27,956		15,199,925
084 LIVER ACQUISITION		609,654	3,813		5,262,720	8,264		7,605,894
085 HEART ACQUISITION		189,337	3,875		1,562,837	5,812		1,952,760
085 01 PANCREAS ACQUISITION		397			589,347			758,825
086 OTHER ORGAN ACQUISITION		280,766	346		4,205,145	310		4,237,513
095 SUBTOTALS	35,678,476	433,733,336	4,131,303		1272,900,678	348,701,993		3346,664,455
097 NONREIMBURS COST CENT RESEARCH		57,764			293,126			
097 02 RESEARCH-CTSA/GCRC-I/	3,971				126,402	26,200		600,896
097 03 RESEARCH-CTSA/GCRC-O/	5,000				80,478	292		7,103
100 OTHER NONREIMBURSABLE	52,866	3,972,389	41,555		14,022,591	855,887		
100 02 MARKETING/COMMUNITY R	35	827,717	22,412		4,841,324	32,894		
100 03 GUEST MEALS								
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	39,864,464	98,734,468	1,292,279			7,337,903		13,330,492
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	1.115391	.225117	.308032			.020988		.003982
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)		423,471	117,648		-268,770	71,170		345,909
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)		.000966	.028043		.000208	.000204		.000103

COST CENTER DESCRIPTION	CASHIERING/AC COUNTS RECEI	OTHER ADMINIS TRATIVE AND	OPERATION OF PLANT	LAUNDRY & LIN EN SERVICE	HOUSEKEEPING	DIETARY	
	(TOTAL REVENUE )	RECONCILI- TATION	( ACCUM. COST )	(BJH TOTAL ) SQ FT	(LAUNDRY ) POUNDS	(BJH TOTAL ) SQ FT	(MEALS SERVED )
	6.05	6a.06	6.06	8	9	10	11
GENERAL SERVICE COST							
003 01 NEW CAP REL COSTS-BLD							
003 02 NEW CRC-B&F (BH PRE-ME							
003 03 NEW CRC-B&F (BJH POSTM							
003 04 NEW CRC-B&F (GSON)							
003 05 NEW CRC-B&F (THE HIGHL							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING							
006 04 ADMINISTRATION							
006 05 CASHIERING/ACCOUNTS R	3347,272,454						
006 06 OTHER ADMINISTRATION		-199,307,028	1092,957,571				
008 OPERATION OF PLANT			48,119,670	2,023,609			
009 LAUNDRY & LINEN SERVI			3,643,193	7,856	7,111,424		
010 HOUSEKEEPING			16,911,049	28,916	220,363	1,897,977	
011 DIETARY			10,735,135	55,959	10,093	55,959	828,468
012 CAFETERIA			4,688,217	41,649		41,649	
013 01 EXTENDED CARE SERVICE			1,903,896	14,744		14,744	103,850
014 NURSING ADMINISTRATION			33,658,663	36,430		36,430	
015 CENTRAL SERVICES & SU			7,762,707	36,402	12,009	36,402	
016 PHARMACY			116,717,270	29,381		29,381	
017 MEDICAL RECORDS & LIB			17,825,437	27,551		27,551	
018 SOCIAL SERVICE			5,334,524	1,715		1,715	
019 01 LAB ADMINISTRATION			8,824,670	2,590		2,590	
019 02 RESEARCH ADMINISTRATION			22,221				
021 NURSING SCHOOL			895,082	93,215	1,488	93,215	
022 I&R SERVICES-SALARY &			106,504,712	17,193	80,710	17,193	
024 01 PARAMED ED PRGM-HOSP			222,478				
024 02 PARAMED ED PRGM-PHARM			166,439				
024 04 PARAMED ED PRGM-PASTO			159,276				
INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	231,332,915		122,267,601	457,246	3,993,128	457,246	637,145
026 INTENSIVE CARE UNIT	21,491,776		9,395,764	24,176	141,418	24,176	12,542
027 CORONARY CARE UNIT	9,867,154		5,016,233	9,950	74,189	9,950	5,236
029 SURGICAL INTENSIVE CA	18,052,999		8,334,546	22,273	166,138	22,273	3,005
030 01 NEURO-ICU	14,759,703		6,487,352	11,965	99,438	11,965	8,021
030 02 CARDIO-THORACIC ICU	15,653,365		8,642,296	19,168	134,654	19,168	6,116
031 SUBPROVIDER	9,500,160		7,563,001	27,326	87,497	27,326	34,407
033 NURSERY	3,580,306		1,399,446	2,148	47,301	2,148	
034 SKILLED NURSING FACIL	7,389,751		5,046,643	16,436	112,151	16,436	
035 NURSING FACILITY	629,167		324,979	2,524	20,193	2,524	
036 OTHER LONG TERM CARE	2,463,754		1,622,542	12,820	67,288	12,820	
ANCILLARY SRVC COST C							
037 OPERATING ROOM	227,896,088		50,406,839	143,642	157,366	143,642	
038 RECOVERY ROOM	59,520,642		19,163,153	49,271	108,658	49,271	
039 DELIVERY ROOM & LABOR	10,414,813		6,815,256	20,200	49,848	20,200	
040 ANESTHESIOLOGY	73,678,163		8,599,934				
041 RADIOLOGY-DIAGNOSTIC	295,676,182		38,662,713	100,200	425,950	100,200	
042 RADIOLOGY-THERAPEUTIC	117,681,032		22,571,214	50,099	23,459	50,099	
043 RADIOISOTOPE	16,270,515		3,158,053	9,794	33,228	9,794	
044 LABORATORY	463,190,157		36,859,131	50,262		50,262	
044 01 HLA LAB	42,260,196		3,499,115	2,746		2,746	
047 BLOOD STORING, PROCES	149,873,933		29,425,845	11,399	23,880	11,399	
049 RESPIRATORY THERAPY	63,021,562		13,770,027	8,303		8,303	
050 PHYSICAL THERAPY	19,249,323		5,100,977	5,348	4,481	5,348	
051 OCCUPATIONAL THERAPY	6,984,458		1,796,939	1,500		1,500	
052 SPEECH PATHOLOGY	1,896,648		786,434	750		750	
053 ELECTROCARDIOLOGY	88,309,278		6,736,817	11,736	19,999	11,736	
054 ELECTROENCEPHALOGRAPH	6,263,019		1,224,004	1,453	966	1,453	
055 MEDICAL SUPPLIES CHAR	243,947,532		76,605,099				
055 30 IMPL. DEV. CHARGED TO	228,782,182		94,267,745				
056 DRUGS CHARGED TO PATI	356,896,705		2,374,077				
057 RENAL DIALYSIS	16,612,867		3,158,952	8,162	8,499	8,162	
059 CAT SCAN	187,313,036		6,329,177	8,578	44,115	8,578	
059 01 ULTRASOUND	25,448,184		3,098,547	16,476	7,051	16,476	
059 02 CARDIAC CATHETERIZATI	58,197,388		8,804,606	23,366	45,333	23,366	
059 03 ENDOSCOPY	34,592,843		6,552,089	18,127	29,363	18,127	
059 04 OB/GYN IN VITRO	2,846,604		1,765,310	4,622		4,622	
059 05 OUTPATIENT PHARMACY	15,646,594		2,702,729	3,715		3,715	
059 06 ELECTROSHOCK THERAPY	775,493		277,442	2,308		2,308	
059 07 PSYCHIATRIC/PSYCHOLOG	2,773,095		324,384	4,116		4,116	
059 08 CORNEAL TISSUE ACQUIS	1,413,801		614,699				
OUTPAT SERVICE COST C							
060 CLINIC	28,630,428		13,366,694	46,595	50,804	46,595	
061 EMERGENCY	131,551,545		20,905,337	45,837	725,057	45,837	
062 OBSERVATION BEDS (NON							
OTHER REIMBURS COST C							
065 AMBULANCE SERVICES							

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 26-0032  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/24/2011  
 WORKSHEET B-1

COST CENTER DESCRIPTION	CASHIERING/AC COUNTS RECEI		OTHER ADMINIS	OPERATION OF	LAUNDRY & LIN	HOUSEKEEPING	DIETARY
	(TOTAL REVENUE )	RECONCILIATION	( ACCUM. COST )	(BJH TOTAL ) SQ FT	(LAUNDRY ) POUNDS	(BJH TOTAL ) SQ FT	(MEALS SERVED )
OTHER REIMBURS COST C	6.05	6a.06	6.06	8	9	10	11
082 LUNG ACQUISITION	4,574,182		3,499,858	1,532		1,532	
SPEC PURPOSE COST CEN							
083 KIDNEY ACQUISITION	15,199,925		8,434,987	3,313		3,313	
084 LIVER ACQUISITION	7,605,894		5,313,488	1,787		1,787	
085 HEART ACQUISITION	1,952,760		1,575,949	641		641	
085 01 PANCREAS ACQUISITION	758,825		594,395				
086 OTHER ORGAN ACQUISITI	4,237,513		4,233,340				
095 SUBTOTALS	3346,664,455	-199,307,028	1073,570,397	1,655,511	7,026,115	1,618,739	810,322
NONREIMBURS COST CENT							
097 RESEARCH			293,126				
097 02 RESEARCH-CTSA/GCRC-I/	600,896		130,949	3,918	11,751	3,918	785
097 03 RESEARCH-CTSA/GCRC-O/	7,103		80,531	3,546		3,546	785
100 OTHER NONREIMBURSABLE			14,040,554	355,995	73,558	267,135	
100 02 MARKETING/COMMUNITY R			4,842,014	4,639		4,639	
100 03 GUEST MEALS							16,576
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	8,938,529		199,307,028	56,894,581	4,528,426	20,948,188	14,890,114
(WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER				28.115402		11.037114	
(WRKSHT B, PT I)	.002670		.182356		.636782		17.973071
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	151,427		29,405,877	5,840,110	144,611	955,118	967,010
(WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER				2.885987		.503229	
(WRKSHT B, PT III)	.000045		.026905		.020335		1.167227

COST CENTER DESCRIPTION	CAFETERIA (FTE HOURS)	EXTENDED CARE SERVICES (ECF PT DAYS)	NURSING ADMINISTRATION (NURSING HOURS)	CENTRAL SERVICES & SUPPLY (SUPPLY REQUIS.)	PHARMACY (PHARMACY REQUIS.)	MEDICAL RECORDS & LIBRARY (TOTAL REVENUE)	SOCIAL SERVICES (PATIENT DAYS)
	12	13.01	14	15	16	17	18
GENERAL SERVICE COST							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CRC-B&F (BH PRE-ME							
003 02 NEW CRC-B&F (BJH POSTM							
003 03 NEW CRC-B&F (BJH CAMP							
003 04 NEW CRC-B&F (GSON)							
003 05 NEW CRC-B&F (THE HIGHL							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING							
006 04 ADMINISTRATION							
006 05 CASHIERING/ACCOUNTS R							
006 06 OTHER ADMINISTRATIVE							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVI							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA	6,453						
013 01 EXTENDED CARE SERVICE	20	33,941					
014 NURSING ADMINISTRATION	270		7,040,419				
015 CENTRAL SERVICES & SU	92			164,547,352			
016 PHARMACY	216				93,756,425		
017 MEDICAL RECORDS & LIB	208					3347,272,454	
018 SOCIAL SERVICE	50						290,060
019 01 LAB ADMINISTRATION	48						
019 02 RESEARCH ADMINISTRATION							
021 NURSING SCHOOL	82						
022 I&R SERVICES-SALARY &	804						
024 01 PARAMEDICAL PRGM-HOSP	3						
024 02 PARAMEDICAL PRGM-PHARM	3						
024 04 PARAMEDICAL PRGM-PASTO	2						
INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS	1,564		3,252,812		622	231,332,915	247,625
026 INTENSIVE CARE UNIT	105		218,134			21,491,776	9,894
027 CORONARY CARE UNIT	58		120,750		7	9,867,154	4,551
029 SURGICAL INTENSIVE CA	91		189,695			18,052,999	8,054
030 01 NEURO-ICU	69		143,045		15	14,759,703	6,581
030 02 CARDIO-THORACIC ICU	85		175,763			15,653,365	7,013
031 SUBPROVIDER	84		175,137		7	9,500,160	
033 NURSERY	15		30,299			3,580,306	6,342
034 SKILLED NURSING FACIL	71	18,045	169,108			7,389,751	
035 NURSING FACILITY	6	3,325	16,422			629,167	
036 OTHER LONG TERM CARE	30	12,571	77,055			2,463,754	
ANCILLARY SRVC COST C							
037 OPERATING ROOM	413		858,189		26,273	227,896,088	
038 RECOVERY ROOM	134		278,239		319	59,520,642	
039 DELIVERY ROOM & LABOR	83		173,241			10,414,813	
040 ANESTHESIOLOGY	47				1,596,161	73,678,163	
041 RADIOLOGY-DIAGNOSTIC	291				280,001	295,676,182	
042 RADIOLOGY-THERAPEUTIC	100				465,948	117,681,032	
043 RADIOISOTOPE	23				254	16,270,515	
044 LABORATORY	273				683	463,190,157	
044 01 HLA LAB	13					42,260,196	
047 BLOOD STORAGE, PROCES	81				4,239	149,873,933	
049 RESPIRATORY THERAPY	119				1,926	63,021,562	
050 PHYSICAL THERAPY	66					19,249,323	
051 OCCUPATIONAL THERAPY	23					6,984,458	
052 SPEECH PATHOLOGY	8					1,896,648	
053 ELECTROCARDIOLOGY	50				1,467	88,309,278	
054 ELECTROENCEPHALOGRAPH	9					6,263,019	
055 MEDICAL SUPPLIES CHAR				73,708,132		243,947,532	
055 30 IMPL. DEV. CHARGED TO				90,839,220		228,782,182	
056 DRUGS CHARGED TO PATI					76,971,773	356,896,705	
057 RENAL DIALYSIS	25					14,561	16,612,867
059 CAT SCAN	46		95,060		22,873	187,313,036	
059 01 ULTRASOUND	14				3,796	25,448,184	
059 02 CARDIAC CATHETERIZATI	63		131,581			58,197,388	
059 03 ENDOSCOPY	53		111,088		324	34,592,843	
059 04 OB/GYN IN VITRO	9		18,191		12,350	2,846,604	
059 05 OUTPATIENT PHARMACY	35				13,797,995	15,646,594	
059 06 ELECTROSHOCK THERAPY	3					775,493	
059 07 PSYCHIATRIC/PSYCHOLOG	12				160,636	2,773,095	
059 08 CORNEAL TISSUE ACQUIS						1,413,801	
OUTPAT SERVICE COST C							
060 CLINIC	139		289,571		257,605	28,630,428	
061 EMERGENCY	208		431,651		26,849	131,551,545	
062 OBSERVATION BEDS (NON							
OTHER REIMBURS COST C							
065 AMBULANCE SERVICES							

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 26-0032  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/24/2011  
 WORKSHEET B-1

COST CENTER DESCRIPTION	CAFETERIA (FTE HOURS)	EXTENDED CARE SERVICES (ECF PT DAYS)	NURSING ADMINISTRATION (NURSING HOURS)	CENTRAL SERVICES & SUPPLY (SUPPLY REQUIS.)	PHARMACY (PHARMACY REQUIS.)	MEDICAL RECORDS & LIBRARY (TOTAL REVENUE)	SOCIAL SERVICES (PATIENT DAYS)
OTHER REIMBURS COST C	12	13.01	14	15	16	17	18
082 LUNG ACQUISITION	8		17,369			4,574,182	
SPEC PURPOSE COST CEN							
083 KIDNEY ACQUISITION	19		40,126			15,199,925	
084 LIVER ACQUISITION	10		21,338			7,605,894	
085 HEART ACQUISITION	3		6,541			1,952,760	
085 01 PANCREAS ACQUISITION			14			758,825	
086 OTHER ORGAN ACQUISITION	4					4,237,513	
095 SUBTOTALS	6,360	33,941	7,040,419	164,547,352	93,646,684	3346,664,455	290,060
NONREIMBURS COST CENT							
097 RESEARCH							
097 02 RESEARCH-CTSA/GCRC-I/					7	600,896	
097 03 RESEARCH-CTSA/GCRC-O/						7,103	
100 OTHER NONREIMBURSABLE	79				109,734		
100 02 MARKETING/COMMUNITY R	14						
100 03 GUEST MEALS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	7,173,804	4,717,084	41,523,007	10,713,436	139,391,831	22,385,937	6,430,038
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)		138.978934		.065109		.006688	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)	1,111,700604		5.897803		1.486744		22.167958
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	645,261	429,908	1,979,542	8,792,072	5,567,512	1,077,902	195,953
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	99.993956	12.666333	.281168	.053432	.059383	.000322	.675560

COST CENTER DESCRIPTION	LAB ADMINISTRATION (LAB HOURS)	RESEARCH ADMINISTRATION (RESEARCH HOURS)	NURSING SCHOOL (STUDENT HOURS)	I&R SERVICES-SALARY & FRI (% OF TIME)	RECONCILIATION	PARAMED PRGM-HOSP (ACCUM. COST)	PARAMED PRGM-PHARMACY (% OF TIME)
	19.01	19.02	21	22	24a.01	24.01	24.02
GENERAL SERVICE COST							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CRC-B&F (BH PRE-ME							
003 02 NEW CRC-B&F (BJH POSTM							
003 03 NEW CRC-B&F (BJH CAMP							
003 04 NEW CRC-B&F (GSON)							
003 05 NEW CRC-B&F (THE HIGHL							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 01 NONPATIENT TELEPHONES							
006 02 DATA PROCESSING							
006 03 PURCHASING, RECEIVING							
006 04 ADMINISTRATION							
006 05 CASHIERING/ACCOUNTS R							
006 06 OTHER ADMINISTRATIVE							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVI							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 01 EXTENDED CARE SERVICE							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SU							
016 PHARMACY							
017 MEDICAL RECORDS & LIB							
018 SOCIAL SERVICE							
019 01 LAB ADMINISTRATION	765,351						
019 02 RESEARCH ADMINISTRATION		100					
021 NURSING SCHOOL			41,631				
022 I&R SERVICES-SALARY &				20,000			
024 01 PARAMED PRGM-HOSP					-266,383	1291,998,216	
024 02 PARAMED PRGM-PHARM						200,125	100
024 04 PARAMED PRGM-PASTO						190,544	
INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS			38,288	8,683		264,208,758	
026 INTENSIVE CARE UNIT			1,056	1,367		22,976,912	
027 CORONARY CARE UNIT						7,405,416	
029 SURGICAL INTENSIVE CA				238		13,923,259	
030 01 NEURO-ICU				109		10,206,401	
030 02 CARDIO-THORACIC ICU				11		12,625,829	
031 SUBPROVIDER			1,216	328		14,107,950	
033 NURSERY				6		2,167,034	
034 SKILLED NURSING FACIL						10,315,451	
035 NURSING FACILITY						1,065,758	
036 OTHER LONG TERM CARE						4,714,593	
ANCILLARY SRVC COST C							
037 OPERATING ROOM				3,106		92,214,488	
038 RECOVERY ROOM			30			26,847,918	
039 DELIVERY ROOM & LABOR			1,041	215		11,555,481	
040 ANESTHESIOLOGY				1,185		20,643,309	
041 RADIOLOGY-DIAGNOSTIC				162		53,657,800	
042 RADIOLOGY-THERAPEUTIC						30,254,616	
043 RADIOISOTOPE				27		4,445,511	
044 LABORATORY	568,835			1,002		63,210,059	
044 01 HLA LAB	27,991					4,929,058	
047 BLOOD STORING, PROCES	168,525			69		39,123,618	
049 RESPIRATORY THERAPY						17,162,800	
050 PHYSICAL THERAPY						6,445,522	
051 OCCUPATIONAL THERAPY						2,255,632	
052 SPEECH PATHOLOGY						980,789	
053 ELECTROCARDIOLOGY						9,085,923	
054 ELECTROENCEPHALOGRAPH				40		1,811,694	
055 MEDICAL SUPPLIES CHAR						97,005,082	
055 30 IMPL. DEV. CHARGED TO						118,902,502	
056 DRUGS CHARGED TO PATI						119,631,282	100
057 RENAL DIALYSIS						4,220,529	
059 CAT SCAN				26		9,911,629	
059 01 ULTRASOUND				12		4,581,084	
059 02 CARDIAC CATHETERIZATI				74		13,061,099	
059 03 ENDOSCOPY						9,421,252	
059 04 OB/GYN IN VITRO				56		2,780,005	
059 05 OUTPATIENT PHARMACY						23,998,680	
059 06 ELECTROSHOCK THERAPY						426,920	
059 07 PSYCHIATRIC/PSYCHOLOG						815,400	
059 08 CORNEAL TISSUE ACQUIS						736,249	
OUTPAT SERVICE COST C							
060 CLINIC				1,664		30,709,415	
061 EMERGENCY				1,619		40,995,404	
062 OBSERVATION BEDS (NON							
OTHER REIMBURS COST C							
065 AMBULANCE SERVICES							

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 26-0032  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/24/2011  
 WORKSHEET B-1

COST CENTER DESCRIPTION	LAB ADMINISTRATION (LAB HOURS)	RESEARCH ADMINISTRATION (RESEARCH HOURS)	NURSING SCHOOL (STUDENT HOURS)	I&R SERVICES-SALARY & FRI (% OF TIME)	RECONCILIATION	PARAMED ED PR GM-HOSP (ACCUM. COST)	PARAMED ED PR GM-PHARMACY (% OF TIME)
082 OTHER REIMBURS COST C LUNG ACQUISITION SPEC PURPOSE COST CEN	19.01	19.02	21	22	24a.01	24.01	24.02
083 KIDNEY ACQUISITION						4,339,985	
084 LIVER ACQUISITION						10,462,303	
085 HEART ACQUISITION						6,540,231	
085 01 PANCREAS ACQUISITION						1,943,403	
086 OTHER ORGAN ACQUISITION						707,944	
095 SUBTOTALS	765,351		41,631	19,999	-266,383	5,038,102	100
097 NONREIMBURS COST CENT RESEARCH		100				372,852	
097 02 RESEARCH-CTSA/GCRC-I/				1		340,225	
097 03 RESEARCH-CTSA/GCRC-O/						248,208	
100 OTHER NONREIMBURSABLE						29,856,085	
100 02 MARKETING/COMMUNITY R						5,922,176	
100 03 GUEST MEALS						297,922	
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	10,588,669	26,273	4,800,015	127,544,836		266,383	200,166
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	13.835050	262.730000	115.299056	6,377.241800		.000206	2,001.660000
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)	288,075	613	1,811,535	3,210,256		6,453	4,904
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.376396	6.130000	43.514088	160.512800		.000005	49.040000

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	RECONCILIATION	PARAMED PR GM-PASTORAL ( ACCUM. COST )
	24a. 04	24. 04
GENERAL SERVICE COST		
003 NEW CAP REL COSTS-BLD		
003 01 NEW CRC-B&F (BH PRE-ME		
003 02 NEW CRC-B&F (BJH POSTM		
003 03 NEW CRC-B&F (BJH CAMP		
003 04 NEW CRC-B&F (GSON)		
003 05 NEW CRC-B&F (THE HIGHL		
004 NEW CAP REL COSTS-MVB		
005 EMPLOYEE BENEFITS		
006 01 NONPATIENT TELEPHONES		
006 02 DATA PROCESSING		
006 03 PURCHASING, RECEIVING		
006 04 ADMINISTRATION		
006 05 CASHIERING/ACCOUNTS R		
006 06 OTHER ADMINISTRATIVE		
008 OPERATION OF PLANT		
009 LAUNDRY & LINEN SERVI		
010 HOUSEKEEPING		
011 DIETARY		
012 CAFETERIA		
013 01 EXTENDED CARE SERVICE		
014 NURSING ADMINISTRATION		
015 CENTRAL SERVICES & SU		
016 PHARMACY		
017 MEDICAL RECORDS & LIB		
018 SOCIAL SERVICE		
019 01 LAB ADMINISTRATION		
019 02 RESEARCH ADMINISTRATION		
021 NURSING SCHOOL		
022 I&R SERVICES-SALARY &		
024 01 PARAMED PRGM-HOSP		
024 02 PARAMED PRGM-PHARM	-190,583	1292,074,016
024 04 PARAMED PRGM-PASTO		
INPAT ROUTINE SRVC CN		
025 ADULTS & PEDIATRICS		264,263,416
026 INTENSIVE CARE UNIT		22,981,645
027 CORONARY CARE UNIT		7,406,942
029 SURGICAL INTENSIVE CA		13,926,127
030 01 NEURO-ICU		10,208,504
030 02 CARDIO-THORACIC ICU		12,628,430
031 SUBPROVIDER		14,110,856
033 NURSERY		2,167,480
034 SKILLED NURSING FACIL		10,317,576
035 NURSING FACILITY		1,065,978
036 OTHER LONG TERM CARE		4,715,564
ANCILLARY SRVC COST C		
037 OPERATING ROOM		92,233,484
038 RECOVERY ROOM		26,853,449
039 DELIVERY ROOM & LABOR		11,557,861
040 ANESTHESIOLOGY		20,647,562
041 RADIOLOGY-DIAGNOSTIC		53,668,854
042 RADIOLOGY-THERAPEUTIC		30,260,848
043 RADIOISOTOPE		4,446,427
044 LABORATORY		63,223,080
044 01 HLA LAB		4,930,073
047 BLOOD STORAGE, PROCES		39,131,677
049 RESPIRATORY THERAPY		17,166,336
050 PHYSICAL THERAPY		6,446,850
051 OCCUPATIONAL THERAPY		2,256,097
052 SPEECH PATHOLOGY		980,991
053 ELECTROCARDIOLOGY		9,087,795
054 ELECTROENCEPHALOGRAPH		1,812,067
055 MEDICAL SUPPLIES CHAR		97,025,065
055 30 IMPL. DEV. CHARGED TO	118,926,996	
056 DRUGS CHARGED TO PATI	119,856,092	
057 RENAL DIALYSIS	4,221,398	
059 CAT SCAN	9,913,671	
059 01 ULTRASOUND	4,582,028	
059 02 CARDIAC CATHETERIZATI	13,063,790	
059 03 ENDOSCOPY	9,423,193	
059 04 OB/GYN IN VITRO	2,780,578	
059 05 OUTPATIENT PHARMACY	24,003,624	
059 06 ELECTROSHOCK THERAPY	427,008	
059 07 PSYCHIATRIC/PSYCHOLOG	815,568	
059 08 CORNEAL TISSUE ACQUIS	736,401	
OUTPAT SERVICE COST C		
060 CLINIC		30,715,741
061 EMERGENCY		41,003,849
062 OBSERVATION BEDS (NON		
OTHER REIMBURS COST C		
065 AMBULANCE SERVICES		

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 26-0032  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/24/2011  
 WORKSHEET B-1

COST CENTER DESCRIPTION	RECONCILIATION	PARAMETER GM-PASTORAL	ACCUM. COST
	24a.04		24.04
082 OTHER REIMBURS COST C LUNG ACQUISITION SPEC PURPOSE COST CEN			4,340,879
083 KIDNEY ACQUISITION			10,464,458
084 LIVER ACQUISITION			6,541,578
085 HEART ACQUISITION			1,943,803
085 01 PANCREAS ACQUISITION			708,090
086 OTHER ORGAN ACQUISITION			5,039,140
095 SUBTOTALS	-190,583	1255,028,919	
097 NONREIMBURS COST CENT RESEARCH			372,929
097 02 RESEARCH-CTSA/GCRC-I/			340,295
097 03 RESEARCH-CTSA/GCRC-O/			248,259
100 OTHER NONREIMBURSABLE			29,862,235
100 02 MARKETING/COMMUNITY R			5,923,396
100 03 GUEST MEALS			297,983
101 CROSS FOOT ADJUSTMENT			
102 NEGATIVE COST CENTER			
103 COST TO BE ALLOCATED (PER WRKSHT B, PART			190,583
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)			.000148
105 COST TO BE ALLOCATED (PER WRKSHT B, PART			
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)			
107 COST TO BE ALLOCATED (PER WRKSHT B, PART			6,339
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)			.000005

## COMPUTATION OF RATIO OF COSTS TO CHARGES

PROVIDER NO:  
26-0032PERIOD:  
FROM 1/1/2010  
TO 12/31/2010PREPARED 5/24/2011  
WORKSHEET C  
PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	208,928,290		208,928,290		208,928,290
26	INTENSIVE CARE UNIT	14,267,356		14,267,356		14,267,356
27	CORONARY CARE UNIT	7,408,038		7,408,038		7,408,038
29	SURGICAL INTENSIVE CARE U	12,410,404		12,410,404		12,410,404
30	01 NEURO-ICU	9,514,896		9,514,896		9,514,896
30	02 CARDIO-THORACIC ICU	12,560,149		12,560,149		12,560,149
31	SUBPROVIDER	12,021,209		12,021,209		12,021,209
33	NURSERY	2,129,538		2,129,538		2,129,538
34	SKILLED NURSING FACILITY	10,319,103		10,319,103		10,319,103
35	NURSING FACILITY	1,066,136		1,066,136		1,066,136
36	OTHER LONG TERM CARE	4,716,262		4,716,262		4,716,262
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	72,439,422		72,439,422		72,439,422
38	RECOVERY ROOM	26,857,423		26,857,423		26,857,423
39	DELIVERY ROOM & LABOR ROO	10,188,465		10,188,465		10,188,465
40	ANESTHESIOLOGY	13,093,586		13,093,586		13,093,586
41	RADIOLOGY-DIAGNOSTIC	52,643,684		52,643,684		52,643,684
42	RADIOLOGY-THERAPEUTIC	30,265,327		30,265,327		30,265,327
43	RADIOISOTOPE	4,274,899		4,274,899		4,274,899
44	LABORATORY	56,842,441		56,842,441		56,842,441
44	01 HLA LAB	4,930,803		4,930,803		4,930,803
47	BLOOD STORING, PROCESSING	38,697,438		38,697,438		38,697,438
49	RESPIRATORY THERAPY	17,168,877		17,168,877		17,168,877
50	PHYSICAL THERAPY	6,447,804		6,447,804		6,447,804
51	OCCUPATIONAL THERAPY	2,256,431		2,256,431		2,256,431
52	SPEECH PATHOLOGY	981,136		981,136		981,136
53	ELECTROCARDIOLOGY	9,089,140		9,089,140		9,089,140
54	ELECTROENCEPHALOGRAPHY	1,557,245		1,557,245		1,557,245
55	MEDICAL SUPPLIES CHARGED	97,039,425		97,039,425		97,039,425
55	30 IMPL. DEV. CHARGED TO PAT	118,944,597		118,944,597		118,944,597
56	DRUGS CHARGED TO PATIENTS	119,873,831		119,873,831		119,873,831
57	RENAL DIALYSIS	4,222,023		4,222,023		4,222,023
59	CAT SCAN	9,749,330		9,749,330		9,749,330
59	01 ULTRASOUND	4,506,179		4,506,179		4,506,179
59	02 CARDIAC CATHETERIZATION L	12,593,807		12,593,807		12,593,807
59	03 ENDOSCOPY	9,424,588		9,424,588		9,424,588
59	04 OB/GYN IN VITRO	2,423,864		2,423,864		2,423,864
59	05 OUTPATIENT PHARMACY	24,007,177		24,007,177		24,007,177
59	06 ELECTROSHOCK THERAPY	427,071		427,071		427,071
59	07 PSYCHIATRIC/PSYCHOLOGICAL	815,689		815,689		815,689
59	08 CORNEAL TISSUE ACQUISITION	736,510		736,510		736,510
	OUTPAT SERVICE COST CNTRS					
60	CLINIC	20,108,557		20,108,557		20,108,557
61	EMERGENCY	30,685,164		30,685,164		30,685,164
62	OBSERVATION BEDS (NON-DIS	1,088,013		1,088,013		1,088,013
	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES					
101	SUBTOTAL	1099,721,327		1099,721,327		1099,721,327
102	LESS OBSERVATION BEDS	1,088,013		1,088,013		1,088,013
103	TOTAL	1098,633,314		1098,633,314		1098,633,314

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	225,044,518		225,044,518			
26	INTENSIVE CARE UNIT	22,427,334		22,427,334			
27	CORONARY CARE UNIT	9,936,828		9,936,828			
29	SURGICAL INTENSIVE CARE U	18,080,442		18,080,442			
30 01	NEURO-ICU	14,771,682		14,771,682			
30 02	CARDIO-THORACIC ICU	15,750,276		15,750,276			
31	SUBPROVIDER	9,526,257		9,526,257			
33	NURSERY	3,580,306		3,580,306			
34	SKILLED NURSING FACILITY	7,389,751		7,389,751			
35	NURSING FACILITY	629,167		629,167			
36	OTHER LONG TERM CARE	2,463,754		2,463,754			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	154,551,357	73,344,731	227,896,088	.317862	.317862	.317862
38	RECOVERY ROOM	22,776,951	36,743,691	59,520,642	.451229	.451229	.451229
39	DELIVERY ROOM & LABOR ROO	8,598,829	1,815,984	10,414,813	.978267	.978267	.978267
40	ANESTHESIOLOGY	39,110,031	34,568,132	73,678,163	.177713	.177713	.177713
41	RADIOLOGY-DIAGNOSTIC	100,019,367	195,656,815	295,676,182	.178045	.178045	.178045
42	RADIOLOGY-THERAPEUTIC	6,873,987	110,807,045	117,681,032	.257181	.257181	.257181
43	RADIOISOTOPE	5,056,944	11,213,571	16,270,515	.262739	.262739	.262739
44	LABORATORY	288,520,772	174,669,385	463,190,157	.122719	.122719	.122719
44 01	HLA LAB	6,947,878	35,312,318	42,260,196	.116677	.116677	.116677
47	BLOOD STORING, PROCESSING	114,672,294	35,201,639	149,873,933	.258200	.258200	.258200
49	RESPIRATORY THERAPY	60,168,299	2,853,263	63,021,562	.272429	.272429	.272429
50	PHYSICAL THERAPY	19,043,891	205,432	19,249,323	.334963	.334963	.334963
51	OCCUPATIONAL THERAPY	6,829,938	154,520	6,984,458	.323065	.323065	.323065
52	SPEECH PATHOLOGY	1,804,034	92,614	1,896,648	.517300	.517300	.517300
53	ELECTROCARDIOLOGY	45,808,816	42,500,462	88,309,278	.102924	.102924	.102924
54	ELECTROENCEPHALOGRAPHY	5,509,471	753,548	6,263,019	.248641	.248641	.248641
55	MEDICAL SUPPLIES CHARGED	184,485,879	59,461,653	243,947,532	.397788	.397788	.397788
55 30	IMPL. DEV. CHARGED TO PAT	179,079,846	49,702,336	228,782,182	.519903	.519903	.519903
56	DRUGS CHARGED TO PATIENTS	269,367,077	87,529,628	356,896,705	.335878	.335878	.335878
57	RENAL DIALYSIS	16,440,956	171,911	16,612,867	.254142	.254142	.254142
59	CAT SCAN	73,345,051	113,967,985	187,313,036	.052048	.052048	.052048
59 01	ULTRASOUND	7,226,532	18,221,652	25,448,184	.177073	.177073	.177073
59 02	CARDIAC CATHETERIZATION L	34,139,926	24,057,462	58,197,388	.216398	.216398	.216398
59 03	ENDOSCOPY	9,879,413	24,713,430	34,592,843	.272443	.272443	.272443
59 04	OB/GYN IN VITRO	18,133	2,828,471	2,846,604	.851493	.851493	.851493
59 05	OUTPATIENT PHARMACY	1,039	15,645,555	15,646,594	1.534339	1.534339	1.534339
59 06	ELECTROSHOCK THERAPY	251,646	523,847	775,493	.550709	.550709	.550709
59 07	PSYCHIATRIC/PSYCHOLOGICAL	25,144	2,747,951	2,773,095	.294144	.294144	.294144
59 08	CORNEAL TISSUE ACQUISITIO	72,000	1,341,801	1,413,801	.520943	.520943	.520943
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	952,057	27,678,371	28,630,428	.702349	.702349	.702349
61	EMERGENCY	55,642,784	76,286,199	131,928,983	.232588	.232588	.232588
62	OBSERVATION BEDS (NON-DIS	106,175	817,273	923,448	1.178207	1.178207	1.178207
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	SUBTOTAL	2046,926,832	1261,588,675	3308,515,507			
102	LESS OBSERVATION BEDS						
103	TOTAL	2046,926,832	1261,588,675	3308,515,507			



PROVIDER NO:  
26-0032

PERIOD:  
FROM 1/1/2010  
TO 12/31/2010

PREPARED 5/24/2011  
WORKSHEET C  
PART I

COMPUTATION OF RATIO OF COSTS TO CHARGES  
SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	225,044,518		225,044,518			
26	INTENSIVE CARE UNIT	22,427,334		22,427,334			
27	CORONARY CARE UNIT	9,936,828		9,936,828			
29	SURGICAL INTENSIVE CARE U	18,080,442		18,080,442			
30 01	NEURO-ICU	14,771,682		14,771,682			
30 02	CARDIO-THORACIC ICU	15,750,276		15,750,276			
31	SUBPROVIDER	9,526,257		9,526,257			
33	NURSERY	3,580,306		3,580,306			
34	SKILLED NURSING FACILITY	7,389,751		7,389,751			
35	NURSING FACILITY	629,167		629,167			
36	OTHER LONG TERM CARE	2,463,754		2,463,754			
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	154,551,357	73,344,731	227,896,088	.317862	.317862	.317862
38	RECOVERY ROOM	22,776,951	36,743,691	59,520,642	.451229	.451229	.451229
39	DELIVERY ROOM & LABOR ROO	8,598,829	1,815,984	10,414,813	.978267	.978267	.978267
40	ANESTHESIOLOGY	39,110,031	34,568,132	73,678,163	.177713	.177713	.177713
41	RADIOLOGY-DIAGNOSTIC	100,019,367	195,656,815	295,676,182	.178045	.178045	.178045
42	RADIOLOGY-THERAPEUTIC	6,873,987	110,807,045	117,681,032	.257181	.257181	.257181
43	RADIOISOTOPE	5,056,944	11,213,571	16,270,515	.262739	.262739	.262739
44	LABORATORY	288,520,772	174,669,385	463,190,157	.122719	.122719	.122719
44 01	HLA LAB	6,947,878	35,312,318	42,260,196	.116677	.116677	.116677
47	BLOOD STORING, PROCESSING	114,672,294	35,201,639	149,873,933	.258200	.258200	.258200
49	RESPIRATORY THERAPY	60,168,299	2,853,263	63,021,562	.272429	.272429	.272429
50	PHYSICAL THERAPY	19,043,891	205,432	19,249,323	.334963	.334963	.334963
51	OCCUPATIONAL THERAPY	6,829,938	154,520	6,984,458	.323065	.323065	.323065
52	SPEECH PATHOLOGY	1,804,034	92,614	1,896,648	.517300	.517300	.517300
53	ELECTROCARDIOLOGY	45,808,816	42,500,462	88,309,278	.102924	.102924	.102924
54	ELECTROENCEPHALOGRAPHY	5,509,471	753,548	6,263,019	.248641	.248641	.248641
55	MEDICAL SUPPLIES CHARGED	184,485,879	59,461,653	243,947,532	.397788	.397788	.397788
55 30	IMPL. DEV. CHARGED TO PAT	179,079,846	49,702,336	228,782,182	.519903	.519903	.519903
56	DRUGS CHARGED TO PATIENTS	269,367,077	87,529,628	356,896,705	.335878	.335878	.335878
57	RENAL DIALYSIS	16,440,956	171,911	16,612,867	.254142	.254142	.254142
59	CAT SCAN	73,345,051	113,967,985	187,313,036	.052048	.052048	.052048
59 01	ULTRASOUND	7,226,532	18,221,652	25,448,184	.177073	.177073	.177073
59 02	CARDIAC CATHETERIZATION L	34,139,926	24,057,462	58,197,388	.216398	.216398	.216398
59 03	ENDOSCOPY	9,879,413	24,713,430	34,592,843	.272443	.272443	.272443
59 04	OB/GYN IN VITRO	18,133	2,828,471	2,846,604	.851493	.851493	.851493
59 05	OUTPATIENT PHARMACY	1,039	15,645,555	15,646,594	1.534339	1.534339	1.534339
59 06	ELECTROSHOCK THERAPY	251,646	523,847	775,493	.550709	.550709	.550709
59 07	PSYCHIATRIC/PSYCHOLOGICAL	25,144	2,747,951	2,773,095	.294144	.294144	.294144
59 08	CORNEAL TISSUE ACQUISITIO OUTPAT SERVICE COST CNTRS	72,000	1,341,801	1,413,801	.520943	.520943	.520943
60	CLINIC	952,057	27,678,371	28,630,428	.702349	.702349	.702349
61	EMERGENCY	55,642,784	76,286,199	131,928,983	.232588	.232588	.232588
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	106,175	817,273	923,448	1.178207	1.178207	1.178207
65	AMBULANCE SERVICES						
101	SUBTOTAL	2046,926,832	1261,588,675	3308,515,507			
102	LESS OBSERVATION BEDS						
103	TOTAL	2046,926,832	1261,588,675	3308,515,507			

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	72,439,422	10,420,628	62,018,794			72,439,422
38	RECOVERY ROOM	26,857,423	1,697,235	25,160,188			26,857,423
39	DELIVERY ROOM & LABOR ROO	10,188,465	578,361	9,610,104			10,188,465
40	ANESTHESIOLOGY	13,093,586	1,276,429	11,817,157			13,093,586
41	RADIOLOGY-DIAGNOSTIC	52,643,684	9,211,123	43,432,561			52,643,684
42	RADIOLOGY-THERAPEUTIC	30,265,327	4,845,187	25,420,140			30,265,327
43	RADIOISOTOPE	4,274,899	767,991	3,506,908			4,274,899
44	LABORATORY	56,842,441	3,181,634	53,660,807			56,842,441
44	01 HLA LAB	4,930,803	199,164	4,731,639			4,930,803
47	BLOOD STORING, PROCESSING	38,697,438	1,412,020	37,285,418			38,697,438
49	RESPIRATORY THERAPY	17,168,877	1,211,666	15,957,211			17,168,877
50	PHYSICAL THERAPY	6,447,804	239,066	6,208,738			6,447,804
51	OCCUPATIONAL THERAPY	2,256,431	70,866	2,185,565			2,256,431
52	SPEECH PATHOLOGY	981,136	68,733	912,403			981,136
53	ELECTROCARDIOLOGY	9,089,140	739,233	8,349,907			9,089,140
54	ELECTROENCEPHALOGRAPHY	1,557,245	129,561	1,427,684			1,557,245
55	MEDICAL SUPPLIES CHARGED	97,039,425	6,126,475	90,912,950			97,039,425
55	30 IMPL. DEV. CHARGED TO PAT	118,944,597	7,515,879	111,428,718			118,944,597
56	DRUGS CHARGED TO PATIENTS	119,873,831	4,802,409	115,071,422			119,873,831
57	RENAL DIALYSIS	4,222,023	261,737	3,960,286			4,222,023
59	CAT SCAN	9,749,330	1,161,230	8,588,100			9,749,330
59	01 ULTRASOUND	4,506,179	855,042	3,651,137			4,506,179
59	02 CARDIAC CATHETERIZATION L	12,593,807	1,927,483	10,666,324			12,593,807
59	03 ENDOSCOPY	9,424,588	859,531	8,565,057			9,424,588
59	04 OB/GYN IN VITRO	2,423,864	391,871	2,031,993			2,423,864
59	05 OUTPATIENT PHARMACY	24,007,177	1,083,305	22,923,872			24,007,177
59	06 ELECTROSHOCK THERAPY	427,071	37,086	389,985			427,071
59	07 PSYCHIATRIC/PSYCHOLOGICAL	815,689	140,932	674,757			815,689
59	08 CORNEAL TISSUE ACQUISITIO	736,510	17,324	719,186			736,510
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	20,108,557	1,134,324	18,974,233			20,108,557
61	EMERGENCY	30,685,164	2,282,598	28,402,566			30,685,164
62	OBSERVATION BEDS (NON-DIS	1,088,013	58,350	1,029,663			1,088,013
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	SUBTOTAL	804,379,946	64,704,473	739,675,473			804,379,946
102	LESS OBSERVATION BEDS	1,088,013	58,350	1,029,663			1,088,013
103	TOTAL	803,291,933	64,646,123	738,645,810			803,291,933

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	227,896,088	.317862	.317862
38	RECOVERY ROOM	59,520,642	.451229	.451229
39	DELIVERY ROOM & LABOR ROO	10,414,813	.978267	.978267
40	ANESTHESIOLOGY	73,678,163	.177713	.177713
41	RADIOLOGY-DIAGNOSTIC	295,676,182	.178045	.178045
42	RADIOLOGY-THERAPEUTIC	117,681,032	.257181	.257181
43	RADIOISOTOPE	16,270,515	.262739	.262739
44	LABORATORY	463,190,157	.122719	.122719
44	01 HLA LAB	42,260,196	.116677	.116677
47	BLOOD STORING, PROCESSING	149,873,933	.258200	.258200
49	RESPIRATORY THERAPY	63,021,562	.272429	.272429
50	PHYSICAL THERAPY	19,249,323	.334963	.334963
51	OCCUPATIONAL THERAPY	6,984,458	.323065	.323065
52	SPEECH PATHOLOGY	1,896,648	.517300	.517300
53	ELECTROCARDIOLOGY	88,309,278	.102924	.102924
54	ELECTROENCEPHALOGRAPHY	6,263,019	.248641	.248641
55	MEDICAL SUPPLIES CHARGED	243,947,532	.397788	.397788
55	30 IMPL. DEV. CHARGED TO PAT	228,782,182	.519903	.519903
56	DRUGS CHARGED TO PATIENTS	356,896,705	.335878	.335878
57	RENAL DIALYSIS	16,612,867	.254142	.254142
59	CAT SCAN	187,313,036	.052048	.052048
59	01 ULTRASOUND	25,448,184	.177073	.177073
59	02 CARDIAC CATHETERIZATION L	58,197,388	.216398	.216398
59	03 ENDOSCOPY	34,592,843	.272443	.272443
59	04 OB/GYN IN VITRO	2,846,604	.851493	.851493
59	05 OUTPATIENT PHARMACY	15,646,594	1.534339	1.534339
59	06 ELECTROSHOCK THERAPY	775,493	.550709	.550709
59	07 PSYCHIATRIC/PSYCHOLOGICAL	2,773,095	.294144	.294144
59	08 CORNEAL TISSUE ACQUISITIO	1,413,801	.520943	.520943
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	28,630,428	.702349	.702349
61	EMERGENCY	131,928,983	.232588	.232588
62	OBSERVATION BEDS (NON-DIS	923,448	1.178207	1.178207
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	SUBTOTAL	2978,915,192		
102	LESS OBSERVATION BEDS	923,448		
103	TOTAL	2977,991,744		

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						
37	OPERATING ROOM	72,439,422	10,420,628	62,018,794	1,042,063	3,597,090	67,800,269
38	RECOVERY ROOM	26,857,423	1,697,235	25,160,188	169,724	1,459,291	25,228,408
39	DELIVERY ROOM & LABOR ROO	10,188,465	578,361	9,610,104	57,836	557,386	9,573,243
40	ANESTHESIOLOGY	13,093,586	1,276,429	11,817,157	127,643	685,395	12,280,548
41	RADIOLOGY-DIAGNOSTIC	52,643,684	9,211,123	43,432,561	921,112	2,519,089	49,203,483
42	RADIOLOGY-THERAPEUTIC	30,265,327	4,845,187	25,420,140	484,519	1,474,368	28,306,440
43	RADIOISOTOPE	4,274,899	767,991	3,506,908	76,799	203,401	3,994,699
44	LABORATORY	56,842,441	3,181,634	53,660,807	318,163	3,112,327	53,411,951
44	01 HLA LAB	4,930,803	199,164	4,731,639	19,916	274,435	4,636,452
47	BLOOD STORING, PROCESSING	38,697,438	1,412,020	37,285,418	141,202	2,162,554	36,393,682
49	RESPIRATORY THERAPY	17,168,877	1,211,666	15,957,211	121,167	925,518	16,122,192
50	PHYSICAL THERAPY	6,447,804	239,066	6,208,738	23,907	360,107	6,063,790
51	OCCUPATIONAL THERAPY	2,256,431	70,866	2,185,565	7,087	126,763	2,122,581
52	SPEECH PATHOLOGY	981,136	68,733	912,403	6,873	52,919	921,344
53	ELECTROCARDIOLOGY	9,089,140	739,233	8,349,907	73,923	484,295	8,530,922
54	ELECTROENCEPHALOGRAPHY	1,557,245	129,561	1,427,684	12,956	82,806	1,461,483
55	MEDICAL SUPPLIES CHARGED	97,039,425	6,126,475	90,912,950	612,648	5,272,951	91,153,826
55	30 IMPL. DEV. CHARGED TO PAT	118,944,597	7,515,879	111,428,718	751,588	6,462,866	111,730,143
56	DRUGS CHARGED TO PATIENTS	119,873,831	4,802,409	115,071,422	480,241	6,674,142	112,719,448
57	RENAL DIALYSIS	4,222,023	261,737	3,960,286	26,174	229,697	3,966,152
59	CAT SCAN	9,749,330	1,161,230	8,588,100	116,123	498,110	9,135,097
59	01 ULTRASOUND	4,506,179	855,042	3,651,137	85,504	211,766	4,208,909
59	02 CARDIAC CATHETERIZATION L	12,593,807	1,927,483	10,666,324	192,748	618,647	11,782,412
59	03 ENDOSCOPY	9,424,588	859,531	8,565,057	85,953	496,773	8,841,862
59	04 OB/GYN IN VITRO	2,423,864	391,871	2,031,993	39,187	117,856	2,266,821
59	05 OUTPATIENT PHARMACY	24,007,177	1,083,305	22,923,872	108,331	1,329,585	22,569,261
59	06 ELECTROSHOCK THERAPY	427,071	37,086	389,985	3,709	22,619	400,743
59	07 PSYCHIATRIC/PSYCHOLOGICAL	815,689	140,932	674,757	14,093	39,136	762,460
59	08 CORNEAL TISSUE ACQUISITION	736,510	17,324	719,186	1,732	41,713	693,065
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC	20,108,557	1,134,324	18,974,233	113,432	1,100,506	18,894,619
61	EMERGENCY	30,685,164	2,282,598	28,402,566	228,260	1,647,349	28,809,555
62	OBSERVATION BEDS (NON-DIS	1,088,013	58,350	1,029,663	5,835	59,720	1,022,458
62	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	SUBTOTAL	804,379,946	64,704,473	739,675,473	6,470,448	42,901,180	755,008,318
102	LESS OBSERVATION BEDS	1,088,013	58,350	1,029,663	5,835	59,720	1,022,458
103	TOTAL	803,291,933	64,646,123	738,645,810	6,464,613	42,841,460	753,985,860

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	227,896,088	.297505	.313289
38	RECOVERY ROOM	59,520,642	.423860	.448377
39	DELIVERY ROOM & LABOR ROO	10,414,813	.919195	.972713
40	ANESTHESIOLOGY	73,678,163	.166678	.175981
41	RADIOLOGY-DIAGNOSTIC	295,676,182	.166410	.174930
42	RADIOLOGY-THERAPEUTIC	117,681,032	.240535	.253064
43	RADIOISOTOPE	16,270,515	.245518	.258019
44	LABORATORY	463,190,157	.115313	.122033
44	01 HLA LAB	42,260,196	.109712	.116206
47	BLOOD STORING, PROCESSING	149,873,933	.242829	.257258
49	RESPIRATORY THERAPY	63,021,562	.255820	.270506
50	PHYSICAL THERAPY	19,249,323	.315013	.333721
51	OCCUPATIONAL THERAPY	6,984,458	.303901	.322050
52	SPEECH PATHOLOGY	1,896,648	.485775	.513676
53	ELECTROCARDIOLOGY	88,309,278	.096603	.102087
54	ELECTROENCEPHALOGRAPHY	6,263,019	.233351	.246573
55	MEDICAL SUPPLIES CHARGED	243,947,532	.373662	.395277
55	30 IMPL. DEV. CHARGED TO PAT	228,782,182	.488369	.516618
56	DRUGS CHARGED TO PATIENTS	356,896,705	.315832	.334533
57	RENAL DIALYSIS	16,612,867	.238740	.252566
59	CAT SCAN	187,313,036	.048769	.051428
59	01 ULTRASOUND	25,448,184	.165391	.173713
59	02 CARDIAC CATHETERIZATION L	58,197,388	.202456	.213086
59	03 ENDOSCOPY	34,592,843	.255598	.269959
59	04 OB/GYN IN VITRO	2,846,604	.796325	.837727
59	05 OUTPATIENT PHARMACY	15,646,594	1.442439	1.527415
59	06 ELECTROSHOCK THERAPY	775,493	.516759	.545926
59	07 PSYCHIATRIC/PSYCHOLOGICAL	2,773,095	.274949	.289062
59	08 CORNEAL TISSUE ACQUISITIO	1,413,801	.490214	.519718
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	28,630,428	.659949	.698387
61	EMERGENCY	131,928,983	.218372	.230858
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	923,448	1.107218	1.171888
65	AMBULANCE SERVICES			
101	SUBTOTAL	2978,915,192		
102	LESS OBSERVATION BEDS	923,448		
103	TOTAL	2977,991,744		







APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 26-0032  
 COMPONENT NO: 26-0032  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/24/2011  
 WORKSHEET D  
 PART II

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.045725	2,431,048
38	RECOVERY ROOM	.028515	221,861
39	DELIVERY ROOM & LABOR ROO	.055533	7,201
40	ANESTHESIOLOGY	.017324	223,526
41	RADIOLOGY-DIAGNOSTIC	.031153	1,163,452
42	RADIOLOGY-THERAPEUTIC	.041172	117,457
43	RADIOISOTOPE	.047201	116,295
44	LABORATORY	.006869	753,563
44	01 HLA LAB	.004713	13,751
47	BLOOD STORING, PROCESSING	.009421	408,648
49	RESPIRATORY THERAPY	.019226	527,297
50	PHYSICAL THERAPY	.012419	70,859
51	OCCUPATIONAL THERAPY	.010146	30,261
52	SPEECH PATHOLOGY	.036239	30,545
53	ELECTROCARDIOLOGY	.008371	182,908
54	ELECTROENCEPHALOGRAPHY	.020687	42,921
55	MEDICAL SUPPLIES CHARGED	.025114	1,753,709
55	30 IMPL. DEV. CHARGED TO PAT	.032852	2,300,443
56	DRUGS CHARGED TO PATIENTS	.013456	1,258,949
57	RENAL DIALYSIS	.015755	146,077
59	CAT SCAN	.006199	173,633
59	01 ULTRASOUND	.033599	91,496
59	02 CARDIAC CATHETERIZATION L	.033120	560,476
59	03 ENDOSCOPY	.024847	107,938
59	04 OB/GYN IN VITRO	.137663	
59	05 OUTPATIENT PHARMACY	.069236	
59	06 ELECTROSHOCK THERAPY	.047822	
59	07 PSYCHIATRIC/PSYCHOLOGICAL	.050821	
59	08 CORNEAL TISSUE ACQUISITIO	.012253	300
60	OUTPAT SERVICE COST CNTRS		
	CLINIC	.039620	17,982
61	EMERGENCY	.017302	341,033
62	OBSERVATION BEDS (NON-DIS	.063187	2,700
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
101	TOTAL		13,096,329

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

PROVIDER NO: 26-0032  
PERIOD: FROM 1/1/2010 TO 12/31/2010  
PREPARED 5/24/2011  
WORKSHEET D  
PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		4,414,570	93,122			4,507,692
26	INTENSIVE CARE UNIT		121,756	8,134			129,890
27	CORONARY CARE UNIT			2,622			2,622
29	SURGICAL INTENSIVE CARE U			4,929			4,929
30 01	NEURO-ICU			3,614			3,614
30 02	CARDIO-THORACIC ICU			4,470			4,470
31	SUBPROVIDER		140,204	4,994			145,198
33	NURSERY			767			767
34	SKILLED NURSING FACILITY			3,652			3,652
35	NURSING FACILITY			378			378
101	TOTAL		4,676,530	126,682			4,803,212

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

PROVIDER NO: 26-0032  
PERIOD: FROM 1/1/2010 TO 12/31/2010  
PREPARED 5/24/2011  
WORKSHEET D  
PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS	PER DIEM	INPAT PROG DAYS	INPAT PROG PASS THRU COST
		5	6	7	8
25	ADULTS & PEDIATRICS	248,738	18.12	92,635	1,678,546
26	INTENSIVE CARE UNIT	9,894	13.13	4,176	54,831
27	CORONARY CARE UNIT	4,551	.58	2,040	1,183
29	SURGICAL INTENSIVE CARE U	8,054	.61	3,102	1,892
30 01	NEURO-ICU	6,581	.55	2,380	1,309
30 02	CARDIO-THORACIC ICU	7,013	.64	3,215	2,058
31	SUBPROVIDER	11,617	12.50	3,980	49,750
33	NURSERY	6,342	.12		
34	SKILLED NURSING FACILITY	18,045	.20	13,882	2,776
35	NURSING FACILITY	3,325	.11		
101	TOTAL	324,160		125,410	1,792,345

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
	ANCILLARY SRVC COST CNTRS										
37	OPERATING ROOM										
38	RECOVERY ROOM										
39	DELIVERY ROOM & LABOR ROO										
40	ANESTHESIOLOGY										
41	RADIOLOGY-DIAGNOSTIC										
42	RADIOLOGY-THERAPEUTIC										
43	RADIOISOTOPE										
44	LABORATORY										
44	01 HLA LAB										
47	BLOOD STORING, PROCESSING										
49	RESPIRATORY THERAPY										
50	PHYSICAL THERAPY										
51	OCCUPATIONAL THERAPY										
52	SPEECH PATHOLOGY										
53	ELECTROCARDIOLOGY										
54	ELECTROENCEPHALOGRAPHY										
55	MEDICAL SUPPLIES CHARGED										
55	30 IMPL. DEV. CHARGED TO PAT										
56	DRUGS CHARGED TO PATIENTS										
57	RENAL DIALYSIS										
59	CAT SCAN										
59	01 ULTRASOUND										
59	02 CARDIAC CATHETERIZATION L										
59	03 ENDOSCOPY										
59	04 OB/GYN IN VITRO										
59	05 OUTPATIENT PHARMACY										
59	06 ELECTROSHOCK THERAPY										
59	07 PSYCHIATRIC/PSYCHOLOGICAL										
59	08 CORNEAL TISSUE ACQUISITIO										
60	OUTPAT SERVICE COST CNTRS										
60	CLINIC										
61	EMERGENCY										
62	OBSERVATION BEDS (NON-DIS										
62	OTHER REIMBURS COST CNTRS										
65	AMBULANCE SERVICES										
101	TOTAL										

TITLE XVIII, PART A		HOSPITAL			PPS			
WKST A	COST CENTER DESCRIPTION	TOTAL COSTS	O/P PASS THRU COSTS	TOTAL CHARGES	RATIO OF COST TO CHARGES	O/P RATIO OF COST TO CHARGES	INPAT PROG CHARGE	INPAT PROG PASS THRU COST
LINE NO.		3	3.01	4	5	5.01	6	7
	ANCILLARY SRVC COST CNTRS							
37	OPERATING ROOM	32,647	32,647	227,896,088	.000143	.000143	53,166,713	7,603
38	RECOVERY ROOM	12,964	12,964	59,520,642	.000218	.000218	7,780,495	1,696
39	DELIVERY ROOM & LABOR ROO	124,117	124,117	10,414,813	.011917	.011917	129,675	1,545
40	ANESTHESIOLOGY	7,309	7,309	73,678,163	.000099	.000099	12,902,653	1,277
41	RADIOLOGY-DIAGNOSTIC	18,997	18,997	295,676,182	.000064	.000064	37,346,374	2,390
42	RADIOLOGY-THERAPEUTIC	10,711	10,711	117,681,032	.000091	.000091	2,852,848	260
43	RADIOISOTOPE	1,574	1,574	16,270,515	.000097	.000097	2,463,823	239
44	LABORATORY	22,378	22,378	463,190,157	.000048	.000048	109,704,975	5,266
44	01 HLA LAB	1,745	1,745	42,260,196	.000041	.000041	2,917,685	120
47	BLOOD STORING, PROCESSING	13,850	13,850	149,873,933	.000092	.000092	43,376,257	3,991
49	RESPIRATORY THERAPY	6,077	6,077	63,021,562	.000096	.000096	27,426,243	2,633
50	PHYSICAL THERAPY	2,282	2,282	19,249,323	.000119	.000119	5,705,696	679
51	OCCUPATIONAL THERAPY	799	799	6,984,458	.000114	.000114	2,982,523	340
52	SPEECH PATHOLOGY	347	347	1,896,648	.000183	.000183	842,887	154
53	ELECTROCARDIOLOGY	3,217	3,217	88,309,278	.000036	.000036	21,850,222	787
54	ELECTROENCEPHALOGRAPHY	641	641	6,263,019	.000102	.000102	2,074,799	212
55	MEDICAL SUPPLIES CHARGED	34,343	34,343	243,947,532	.000141	.000141	69,829,939	9,846
55	30 IMPL. DEV. CHARGED TO PAT	42,095	42,095	228,782,182	.000184	.000184	70,024,451	12,884
56	DRUGS CHARGED TO PATIENTS	242,549	242,549	356,896,705	.000680	.000680	93,560,447	63,621
57	RENAL DIALYSIS	1,494	1,494	16,612,867	.000090	.000090	9,271,756	834
59	CAT SCAN	3,509	3,509	187,313,036	.000019	.000019	28,009,780	532
59	01 ULTRASOUND	1,622	1,622	25,448,184	.000064	.000064	2,723,173	174
59	02 CARDIAC CATHETERIZATION L	4,624	4,624	58,197,388	.000079	.000079	16,922,576	1,337
59	03 ENDOSCOPY	3,336	3,336	34,592,843	.000096	.000096	4,344,109	417
59	04 OB/GYN IN VITRO	985	985	2,846,604	.000346	.000346		
59	05 OUTPATIENT PHARMACY	8,497	8,497	15,646,594	.000543	.000543		
59	06 ELECTROSHOCK THERAPY	151	151	775,493	.000195	.000195		
59	07 PSYCHIATRIC/PSYCHOLOGICAL	289	289	2,773,095	.000104	.000104		
59	08 CORNEAL TISSUE ACQUISITIO	261	261	1,413,801	.000185	.000185	24,500	5
	OUTPAT SERVICE COST CNTRS							
60	CLINIC	10,872	10,872	28,630,428	.000380	.000380	453,862	172
61	EMERGENCY	14,514	14,514	131,928,983	.000110	.000110	19,710,586	2,168
62	OBSERVATION BEDS (NON-DIS	22,021	22,021	923,448	.023846	.023846	42,734	1,019
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL	650,817	650,817	2978,915,192			648,441,781	122,201

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	16,806,689			2,403		
38	RECOVERY ROOM	7,841,248			1,709		
39	DELIVERY ROOM & LABOR ROO	28,105			335		
40	ANESTHESIOLOGY	7,026,208			696		
41	RADIOLOGY-DIAGNOSTIC	45,754,663			2,928		
42	RADIOLOGY-THERAPEUTIC	29,734,911			2,706		
43	RADIOISOTOPE	3,625,523			352		
44	LABORATORY	16,160,278			776		
44	01 HLA LAB	3,372,580			138		
47	BLOOD STORING, PROCESSING	10,230,158			941		
49	RESPIRATORY THERAPY	927,459			89		
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	12,534,755			451		
54	ELECTROENCEPHALOGRAPHY	168,629			17		
55	MEDICAL SUPPLIES CHARGED	14,277,254			2,013		
55	30 IMPL. DEV. CHARGED TO PAT	16,132,173			2,968		
56	DRUGS CHARGED TO PATIENTS	27,289,791			18,557		
57	RENAL DIALYSIS	140,524			13		
59	CAT SCAN	33,332,329			633		
59	01 ULTRASOUND	2,698,064			173		
59	02 CARDIAC CATHETERIZATION L	9,105,965			719		
59	03 ENDOSCOPY	6,801,369			653		
59	04 OB/GYN IN VITRO						
59	05 OUTPATIENT PHARMACY						
59	06 ELECTROSHOCK THERAPY						
59	07 PSYCHIATRIC/PSYCHOLOGICAL	168,629			18		
59	08 CORNEAL TISSUE ACQUISITIO						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC	6,885,684			2,617		
61	EMERGENCY	9,836,691			1,082		
62	OBSERVATION BEDS (NON-DIS	168,629			4,021		
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL	281,048,308			47,008		





TITLE XVIII, PART B		HOSPITAL				
		Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
Cost Center	Description	7	8	9	9.01	9.02
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM				5,342,208	
38	RECOVERY ROOM				3,538,198	
39	DELIVERY ROOM & LABOR ROOM				27,494	
40	ANESTHESIOLOGY				1,248,649	
41	RADIOLOGY-DIAGNOSTIC				8,146,389	1,729
42	RADIOLOGY-THERAPEUTIC				7,647,254	
43	RADIOISOTOPE				952,566	
44	LABORATORY				1,983,173	
44 01	HLA LAB				393,503	
47	BLOOD STORING, PROCESSING & TRANS.				2,641,427	
49	RESPIRATORY THERAPY				252,667	53,364
50	PHYSICAL THERAPY					
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY				1,290,127	
54	ELECTROENCEPHALOGRAPHY				41,928	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS				5,679,320	6,837
55 30	IMPL. DEV. CHARGED TO PATIENT				8,387,165	
56	DRUGS CHARGED TO PATIENTS				9,166,040	
57	RENAL DIALYSIS				35,713	
59	CAT SCAN				1,734,881	
59 01	ULTRASOUND				477,754	
59 02	CARDIAC CATHETERIZATION LABORATORY				1,970,513	
59 03	ENDOSCOPY				1,852,985	
59 04	OB/GYN IN VITRO					
59 05	OUTPATIENT PHARMACY					
59 06	ELECTROSHOCK THERAPY					
59 07	PSYCHIATRIC/PSYCHOLOGICAL SERVICES				49,601	
59 08	CORNEAL TISSUE ACQUISITION					381,070
60	OUTPAT SERVICE COST CNTRS					
60	CLINIC				4,836,153	
61	EMERGENCY				2,287,896	
62	OBSERVATION BEDS (NON-DISTINCT PART)				198,680	
65	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES					
101	SUBTOTAL				70,182,284	443,000
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104	NET CHARGES				70,182,284	443,000

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







APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 26-0032  
 COMPONENT NO: 26-S032  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/24/2011  
 WORKSHEET D  
 PART II

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM	.045725	1,020
38	RECOVERY ROOM	.028515	129
39	DELIVERY ROOM & LABOR ROO	.055533	
40	ANESTHESIOLOGY	.017324	2,667
41	RADIOLOGY-DIAGNOSTIC	.031153	4,171
42	RADIOLOGY-THERAPEUTIC	.041172	382
43	RADIOISOTOPE	.047201	71
44	LABORATORY	.006869	4,154
44	01 HLA LAB	.004713	
47	BLOOD STORING, PROCESSING	.009421	43
49	RESPIRATORY THERAPY	.019226	1,933
50	PHYSICAL THERAPY	.012419	193
51	OCCUPATIONAL THERAPY	.010146	137
52	SPEECH PATHOLOGY	.036239	45
53	ELECTROCARDIOLOGY	.008371	155
54	ELECTROENCEPHALOGRAPHY	.020687	182
55	MEDICAL SUPPLIES CHARGED	.025114	1,026
55	30 IMPL. DEV. CHARGED TO PAT	.032852	
56	DRUGS CHARGED TO PATIENTS	.013456	10,296
57	RENAL DIALYSIS	.015755	261
59	CAT SCAN	.006199	518
59	01 ULTRASOUND	.033599	286
59	02 CARDIAC CATHETERIZATION L	.033120	
59	03 ENDOSCOPY	.024847	
59	04 OB/GYN IN VITRO	.137663	
59	05 OUTPATIENT PHARMACY	.069236	
59	06 ELECTROSHOCK THERAPY	.047822	5,419
59	07 PSYCHIATRIC/PSYCHOLOGICAL	.050821	471
59	08 CORNEAL TISSUE ACQUISITIO	.012253	
60	OUTPAT SERVICE COST CNTRS		
	CLINIC	.039620	10
61	EMERGENCY	.017302	6,520
62	OBSERVATION BEDS (NON-DIS	.063187	
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
101	TOTAL		40,089

TITLE XVIII, PART A SUBPROVIDER 1

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
	ANCILLARY SRVC COST CNTRS										
37	OPERATING ROOM										
38	RECOVERY ROOM										
39	DELIVERY ROOM & LABOR ROO										
40	ANESTHESIOLOGY										
41	RADIOLOGY-DIAGNOSTIC										
42	RADIOLOGY-THERAPEUTIC										
43	RADIOISOTOPE										
44	LABORATORY										
44	01 HLA LAB										
47	BLOOD STORING, PROCESSING										
49	RESPIRATORY THERAPY										
50	PHYSICAL THERAPY										
51	OCCUPATIONAL THERAPY										
52	SPEECH PATHOLOGY										
53	ELECTROCARDIOLOGY										
54	ELECTROENCEPHALOGRAPHY										
55	MEDICAL SUPPLIES CHARGED										
55	30 IMPL. DEV. CHARGED TO PAT										
56	DRUGS CHARGED TO PATIENTS										
57	RENAL DIALYSIS										
59	CAT SCAN										
59	01 ULTRASOUND										
59	02 CARDIAC CATHETERIZATION L										
59	03 ENDOSCOPY										
59	04 OB/GYN IN VITRO										
59	05 OUTPATIENT PHARMACY										
59	06 ELECTROSHOCK THERAPY										
59	07 PSYCHIATRIC/PSYCHOLOGICAL										
59	08 CORNEAL TISSUE ACQUISITIO										
60	OUTPAT SERVICE COST CNTRS										
60	CLINIC										
61	EMERGENCY										
62	OBSERVATION BEDS (NON-DIS										
62	OTHER REIMBURS COST CNTRS										
65	AMBULANCE SERVICES										
101	TOTAL										

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM	32,647	32,647	227,896,088	.000143	.000143	22,314	3
38	RECOVERY ROOM	12,964	12,964	59,520,642	.000218	.000218	4,513	1
39	DELIVERY ROOM & LABOR ROO	124,117	124,117	10,414,813	.011917	.011917		
40	ANESTHESIOLOGY	7,309	7,309	73,678,163	.000099	.000099	153,941	15
41	RADIOLOGY-DIAGNOSTIC	18,997	18,997	295,676,182	.000064	.000064	133,883	9
42	RADIOLOGY-THERAPEUTIC	10,711	10,711	117,681,032	.000091	.000091	9,277	1
43	RADIOISOTOPE	1,574	1,574	16,270,515	.000097	.000097	1,504	
44	LABORATORY	22,378	22,378	463,190,157	.000048	.000048	604,731	29
44	01 HLA LAB	1,745	1,745	42,260,196	.000041	.000041		
47	BLOOD STORING, PROCESSING	13,850	13,850	149,873,933	.000092	.000092	4,513	
49	RESPIRATORY THERAPY	6,077	6,077	63,021,562	.000096	.000096	100,538	10
50	PHYSICAL THERAPY	2,282	2,282	19,249,323	.000119	.000119	15,544	2
51	OCCUPATIONAL THERAPY	799	799	6,984,458	.000114	.000114	13,539	2
52	SPEECH PATHOLOGY	347	347	1,896,648	.000183	.000183	1,254	
53	ELECTROCARDIOLOGY	3,217	3,217	88,309,278	.000036	.000036	18,553	1
54	ELECTROENCEPHALOGRAPHY	641	641	6,263,019	.000102	.000102	8,775	1
55	MEDICAL SUPPLIES CHARGED	34,343	34,343	243,947,532	.000141	.000141	40,867	6
55	30 IMPL. DEV. CHARGED TO PAT	42,095	42,095	228,782,182	.000184	.000184		
56	DRUGS CHARGED TO PATIENTS	242,549	242,549	356,896,705	.000680	.000680	765,189	520
57	RENAL DIALYSIS	1,494	1,494	16,612,867	.000090	.000090	16,547	1
59	CAT SCAN	3,509	3,509	187,313,036	.000019	.000019	83,489	2
59	01 ULTRASOUND	1,622	1,622	25,448,184	.000064	.000064	8,524	1
59	02 CARDIAC CATHETERIZATION L	4,624	4,624	58,197,388	.000079	.000079		
59	03 ENDOSCOPY	3,336	3,336	34,592,843	.000096	.000096		
59	04 OB/GYN IN VITRO	985	985	2,846,604	.000346	.000346		
59	05 OUTPATIENT PHARMACY	8,497	8,497	15,646,594	.000543	.000543		
59	06 ELECTROSHOCK THERAPY	151	151	775,493	.000195	.000195	113,324	22
59	07 PSYCHIATRIC/PSYCHOLOGICAL	289	289	2,773,095	.000104	.000104	9,277	1
59	08 CORNEAL TISSUE ACQUISITIO	261	261	1,413,801	.000185	.000185		
	OUTPAT SERVICE COST CNTRS							
60	CLINIC	10,872	10,872	28,630,428	.000380	.000380	251	
61	EMERGENCY	14,514	14,514	131,928,983	.000110	.000110	376,828	41
62	OBSERVATION BEDS (NON-DIS	22,021	22,021	923,448	.023846	.023846		
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL	650,817	650,817	2978,915,192			2,507,175	668

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	51,421				7	
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO	171				2	
41	ANESTHESIOLOGY	236,607				23	
42	RADIOLOGY-DIAGNOSTIC	24,109				2	
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE	2,308					
44	LABORATORY	2,014					
44	01 HLA LAB						
47	BLOOD STORING, PROCESSING	1,942					
49	RESPIRATORY THERAPY	458					
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	13,905				1	
54	ELECTROENCEPHALOGRAPHY	1,137					
55	MEDICAL SUPPLIES CHARGED	3,474					
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS	199,240				135	
57	RENAL DIALYSIS						
59	CAT SCAN	42,156				1	
59	01 ULTRASOUND	2,023					
59	02 CARDIAC CATHETERIZATION L						
59	03 ENDOSCOPY						
59	04 OB/GYN IN VITRO						
59	05 OUTPATIENT PHARMACY						
59	06 ELECTROSHOCK THERAPY	203,148				40	
59	07 PSYCHIATRIC/PSYCHOLOGICAL	1,746,236				182	
59	08 CORNEAL TISSUE ACQUISITIO						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC	2,911				1	
61	EMERGENCY	274,803				30	
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL	2,808,063				424	

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COSTS

PROVIDER NO: 26-0032  
 COMPONENT NO: 26-S032  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/24/2011  
 WORKSHEET D  
 PART V

TITLE XVIII, PART B

SUBPROVIDER 1

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.317862	.317862			
38 RECOVERY ROOM	.451229	.451229			
39 DELIVERY ROOM & LABOR ROOM	.978267	.978267			
40 ANESTHESIOLOGY	.177713	.177713			
41 RADIOLOGY-DIAGNOSTIC	.178045	.178045			
42 RADIOLOGY-THERAPEUTIC	.257181	.257181			
43 RADIOISOTOPE	.262739	.262739			
44 LABORATORY	.122719	.122719			
44 01 HLA LAB	.116677	.116677			
47 BLOOD STORING, PROCESSING & TRANS.	.258200	.258200			
49 RESPIRATORY THERAPY	.272429	.272429			
50 PHYSICAL THERAPY	.334963	.334963			
51 OCCUPATIONAL THERAPY	.323065	.323065			
52 SPEECH PATHOLOGY	.517300	.517300			
53 ELECTROCARDIOLOGY	.102924	.102924			
54 ELECTROENCEPHALOGRAPHY	.248641	.248641			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.397788	.397788			
55 30 IMPL. DEV. CHARGED TO PATIENT	.519903	.519903			
56 DRUGS CHARGED TO PATIENTS	.335878	.335878			
57 RENAL DIALYSIS	.254142	.254142			
59 CAT SCAN	.052048	.052048			
59 01 ULTRASOUND	.177073	.177073			
59 02 CARDIAC CATHETERIZATION LABORATORY	.216398	.216398			
59 03 ENDOSCOPY	.272443	.272443			
59 04 OB/GYN IN VITRO	.851493	.851493			
59 05 OUTPATIENT PHARMACY	1.534339	1.534339			
59 06 ELECTROSHOCK THERAPY	.550709	.550709			
59 07 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	.294144	.294144			
59 08 CORNEAL TISSUE ACQUISITION	.520943	.520943			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC	.702349	.702349			
61 EMERGENCY	.232588	.232588			
62 OBSERVATION BEDS (NON-DISTINCT PART)	1.178207	1.178207			
65 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					

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



TITLE XVIII, PART B SUBPROVIDER 1

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				16,345	
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM				167	
40 ANESTHESIOLOGY				42,048	
41 RADIOLOGY-DIAGNOSTIC				4,292	
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE				606	
44 LABORATORY				247	
44 01 HLA LAB					
47 BLOOD STORING, PROCESSING & TRANS.				501	
49 RESPIRATORY THERAPY				125	
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY				1,431	
54 ELECTROENCEPHALOGRAPHY				283	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				1,382	
55 30 IMPL. DEV. CHARGED TO PATIENT					
56 DRUGS CHARGED TO PATIENTS				66,920	
57 RENAL DIALYSIS					
59 CAT SCAN				2,194	
59 01 ULTRASOUND				358	
59 02 CARDIAC CATHETERIZATION LABORATORY					
59 03 ENDOSCOPY					
59 04 OB/GYN IN VITRO					
59 05 OUTPATIENT PHARMACY					
59 06 ELECTROSHOCK THERAPY				111,875	
59 07 PSYCHIATRIC/PSYCHOLOGICAL SERVICES				513,645	
59 08 CORNEAL TISSUE ACQUISITION					
60 OUTPAT SERVICE COST CNTRS					
61 CLINIC				2,045	
61 EMERGENCY				63,916	
62 OBSERVATION BEDS (NON-DISTINCT PART)					
62 OTHER REIMBURS COST CNTRS					
65 AMBULANCE SERVICES					
101 SUBTOTAL				828,380	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				828,380	

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





APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 26-0032  
 COMPONENT NO: 26-5439  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/24/2011  
 WORKSHEET D  
 PART II

TITLE XVIII, PART A

SKILLED NURSING FACILITY

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM						
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
42	RADIOLOGY-DIAGNOSTIC						
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
44	LABORATORY						
44	01 HLA LAB						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	CAT SCAN						
59	01 ULTRASOUND						
59	02 CARDIAC CATHETERIZATION L						
59	03 ENDOSCOPY						
59	04 OB/GYN IN VITRO						
59	05 OUTPATIENT PHARMACY						
59	06 ELECTROSHOCK THERAPY						
59	07 PSYCHIATRIC/PSYCHOLOGICAL						
59	08 CORNEAL TISSUE ACQUISITIO						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
62	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 26-0032  
 COMPONENT NO: 26-5439  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/24/2011  
 WORKSHEET D  
 PART II

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO	COSTS
		7	8
37	ANCILLARY SRVC COST CNTRS		
	OPERATING ROOM		
38	RECOVERY ROOM		
39	DELIVERY ROOM & LABOR ROO		
40	ANESTHESIOLOGY		
41	RADIOLOGY-DIAGNOSTIC		
42	RADIOLOGY-THERAPEUTIC		
43	RADIOISOTOPE		
44	LABORATORY		
44	01 HLA LAB		
47	BLOOD STORING, PROCESSING		
49	RESPIRATORY THERAPY		
50	PHYSICAL THERAPY		
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY		
54	ELECTROENCEPHALOGRAPHY		
55	MEDICAL SUPPLIES CHARGED		
55	30 IMPL. DEV. CHARGED TO PAT		
56	DRUGS CHARGED TO PATIENTS		
57	RENAL DIALYSIS		
59	CAT SCAN		
59	01 ULTRASOUND		
59	02 CARDIAC CATHETERIZATION L		
59	03 ENDOSCOPY		
59	04 OB/GYN IN VITRO		
59	05 OUTPATIENT PHARMACY		
59	06 ELECTROSHOCK THERAPY		
59	07 PSYCHIATRIC/PSYCHOLOGICAL		
59	08 CORNEAL TISSUE ACQUISITIO		
	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
61	EMERGENCY		
62	OBSERVATION BEDS (NON-DIS		
	OTHER REIMBURS COST CNTRS		
65	AMBULANCE SERVICES		
101	TOTAL		

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	1.01	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	BLOOD CLOT FOR HEMOPHILIACS 2.03
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM				32,647		
38	RECOVERY ROOM			3,459	9,505		
39	DELIVERY ROOM & LABOR ROO			120,026	4,091		
40	ANESTHESIOLOGY				7,309		
41	RADIOLOGY-DIAGNOSTIC				18,997		
42	RADIOLOGY-THERAPEUTIC				10,711		
43	RADIOISOTOPE				1,574		
44	LABORATORY				22,378		
44	01 HLA LAB				1,745		
47	BLOOD STORING, PROCESSING				13,850		
49	RESPIRATORY THERAPY				6,077		
50	PHYSICAL THERAPY				2,282		
51	OCCUPATIONAL THERAPY				799		
52	SPEECH PATHOLOGY				347		
53	ELECTROCARDIOLOGY				3,217		
54	ELECTROENCEPHALOGRAPHY				641		
55	MEDICAL SUPPLIES CHARGED				34,343		
55	30 IMPL. DEV. CHARGED TO PAT				42,095		
56	DRUGS CHARGED TO PATIENTS				242,549		
57	RENAL DIALYSIS				1,494		
59	CAT SCAN				3,509		
59	01 ULTRASOUND				1,622		
59	02 CARDIAC CATHETERIZATION L				4,624		
59	03 ENDOSCOPY				3,336		
59	04 OB/GYN IN VITRO				985		
59	05 OUTPATIENT PHARMACY				8,497		
59	06 ELECTROSHOCK THERAPY				151		
59	07 PSYCHIATRIC/PSYCHOLOGICAL				289		
59	08 CORNEAL TISSUE ACQUISITIO				261		
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC				10,872		
61	EMERGENCY				14,514		
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL			123,485	505,311		

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
	OPERATING ROOM	32,647	32,647	227,896,088	.000143	.000143		
38	RECOVERY ROOM	12,964	12,964	59,520,642	.000218	.000218		
39	DELIVERY ROOM & LABOR ROO	124,117	124,117	10,414,813	.011917	.011917		
40	ANESTHESIOLOGY	7,309	7,309	73,678,163	.000099	.000099		
41	RADIOLOGY-DIAGNOSTIC	18,997	18,997	295,676,182	.000064	.000064	29,848	2
42	RADIOLOGY-THERAPEUTIC	10,711	10,711	117,681,032	.000091	.000091		
43	RADIOISOTOPE	1,574	1,574	16,270,515	.000097	.000097		
44	LABORATORY	22,378	22,378	463,190,157	.000048	.000048	381,457	18
44	01 HLA LAB	1,745	1,745	42,260,196	.000041	.000041		
47	BLOOD STORING, PROCESSING	13,850	13,850	149,873,933	.000092	.000092		
49	RESPIRATORY THERAPY	6,077	6,077	63,021,562	.000096	.000096		
50	PHYSICAL THERAPY	2,282	2,282	19,249,323	.000119	.000119	2,214,834	264
51	OCCUPATIONAL THERAPY	799	799	6,984,458	.000114	.000114	1,952,810	223
52	SPEECH PATHOLOGY	347	347	1,896,648	.000183	.000183	206,494	38
53	ELECTROCARDIOLOGY	3,217	3,217	88,309,278	.000036	.000036	93	
54	ELECTROENCEPHALOGRAPHY	641	641	6,263,019	.000102	.000102		
55	MEDICAL SUPPLIES CHARGED	34,343	34,343	243,947,532	.000141	.000141	237,766	34
55	30 IMPL. DEV. CHARGED TO PAT	42,095	42,095	228,782,182	.000184	.000184		
56	DRUGS CHARGED TO PATIENTS	242,549	242,549	356,896,705	.000680	.000680	1,675,156	1,139
57	RENAL DIALYSIS	1,494	1,494	16,612,867	.000090	.000090		
59	CAT SCAN	3,509	3,509	187,313,036	.000019	.000019		
59	01 ULTRASOUND	1,622	1,622	25,448,184	.000064	.000064		
59	02 CARDIAC CATHETERIZATION L	4,624	4,624	58,197,388	.000079	.000079		
59	03 ENDOSCOPY	3,336	3,336	34,592,843	.000096	.000096		
59	04 OB/GYN IN VITRO	985	985	2,846,604	.000346	.000346		
59	05 OUTPATIENT PHARMACY	8,497	8,497	15,646,594	.000543	.000543		
59	06 ELECTROSHOCK THERAPY	151	151	775,493	.000195	.000195		
59	07 PSYCHIATRIC/PSYCHOLOGICAL	289	289	2,773,095	.000104	.000104		
59	08 CORNEAL TISSUE ACQUISITIO	261	261	1,413,801	.000185	.000185		
60	OUTPAT SERVICE COST CNTRS							
	CLINIC	10,872	10,872	28,630,428	.000380	.000380		
61	EMERGENCY	14,514	14,514	131,928,983	.000110	.000110		
62	OBSERVATION BEDS (NON-DIS			923,448				
	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
101	TOTAL	628,796	628,796	2978,915,192			6,698,458	1,718

TITLE XVIII, PART A SKILLED NURSING FACILITY PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
44	01 HLA LAB						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	CAT SCAN						
59	01 ULTRASOUND						
59	02 CARDIAC CATHETERIZATION L						
59	03 ENDOSCOPY						
59	04 OB/GYN IN VITRO						
59	05 OUTPATIENT PHARMACY						
59	06 ELECTROSHOCK THERAPY						
59	07 PSYCHIATRIC/PSYCHOLOGICAL						
59	08 CORNEAL TISSUE ACQUISITIO						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
101	TOTAL						



TITLE XIX - O/P

HOSPITAL

Cost Center Description	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology
	5.01	5.02	5.03	6	7
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC					
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE					
44 LABORATORY					
44 01 HLA LAB					
47 BLOOD STORING, PROCESSING & TRANS.					
49 RESPIRATORY THERAPY					
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY					
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
55 30 IMPL. DEV. CHARGED TO PATIENT					
56 DRUGS CHARGED TO PATIENTS					
57 RENAL DIALYSIS					
59 CAT SCAN					
59 01 ULTRASOUND					
59 02 CARDIAC CATHETERIZATION LABORATORY					
59 03 ENDOSCOPY					
59 04 OB/GYN IN VITRO					
59 05 OUTPATIENT PHARMACY					
59 06 ELECTROSHOCK THERAPY					
59 07 PSYCHIATRIC/PSYCHOLOGICAL SERVICES					
59 08 CORNEAL TISSUE ACQUISITION					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
61 EMERGENCY					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
65 OTHER REIMBURS COST CNTRS					
101 AMBULANCE SERVICES					
102 SUBTOTAL					
103 CRNA CHARGES					
104 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
NET CHARGES					

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

TITLE XIX - O/P		HOSPITAL				
		Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE
Cost Center	Description	8	9	9.01	9.02	9.03
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM		575,685			
38	RECOVERY ROOM		912,174			
39	DELIVERY ROOM & LABOR ROOM		202,134			
40	ANESTHESIOLOGY		336,097			
41	RADIOLOGY-DIAGNOSTIC		2,381,476			
42	RADIOLOGY-THERAPEUTIC		2,684,430			
43	RADIOISOTOPE		190,042			
44	LABORATORY		1,960,886			
44	01 HLA LAB		96,198			
47	BLOOD STORING, PROCESSING & TRANS.		683,533			
49	RESPIRATORY THERAPY		61,312			
50	PHYSICAL THERAPY		3,681			
51	OCCUPATIONAL THERAPY		3,332			
52	SPEECH PATHOLOGY		4,162			
53	ELECTROCARDIOLOGY		318,473			
54	ELECTROENCEPHALOGRAPHY		19,423			
55	MEDICAL SUPPLIES CHARGED TO PATIENTS		2,308,909			
55	30 IMPL. DEV. CHARGED TO PATIENT		2,551,490			
56	DRUGS CHARGED TO PATIENTS		1,771,946			
57	RENAL DIALYSIS		3,179			
59	CAT SCAN		545,368			
59	01 ULTRASOUND		355,610			
59	02 CARDIAC CATHETERIZATION LABORATORY					
59	03 ENDOSCOPY		458,493			
59	04 OB/GYN IN VITRO					
59	05 OUTPATIENT PHARMACY					
59	06 ELECTROSHOCK THERAPY					
59	07 PSYCHIATRIC/PSYCHOLOGICAL SERVICES		2,291			
59	08 CORNEAL TISSUE ACQUISITION		11,520			
60	OUTPAT SERVICE COST CNTRS					
60	CLINIC		2,985,894			
61	EMERGENCY		2,804,618			
62	OBSERVATION BEDS (NON-DISTINCT PART)					
65	OTHER REIMBURS COST CNTRS					
65	AMBULANCE SERVICES					
101	SUBTOTAL		24,232,356			
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104	NET CHARGES		24,232,356			

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











TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	1,113
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	839.95
85	OBSERVATION BED COST	934,864

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	208,928,290		934,864	
87	NEW CAPITAL-RELATED COST	11,228,343	.053743	934,864	50,242
88	NON PHYSICIAN ANESTHETIST	208,928,290		934,864	
89	MEDICAL EDUCATION	4,414,570	.021130	934,864	19,754
89.01	MEDICAL EDUCATION - ALLIED HEA	93,122	.000446	934,864	417
89.02	MEDICAL EDUCATION - ALL OTHER	208,928,290		934,864	





TITLE XVIII PART A SUBPROVIDER I PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	148
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,034.79
85	OBSERVATION BED COST	153,149

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	12,021,209		153,149	
87	NEW CAPITAL-RELATED COST	636,435	.052943	153,149	8,108
88	NON PHYSICIAN ANESTHETIST	12,021,209		153,149	
89	MEDICAL EDUCATION	140,204	.011663	153,149	1,786
89.01	MEDICAL EDUCATION - ALLIED HEA	4,994	.000415	153,149	64
89.02	MEDICAL EDUCATION - ALL OTHER	12,021,209		153,149	



















TITLE XIX - I/P NF OTHER

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

66	SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE SERVICE COST	1,025,439
67	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	308.40
68	PROGRAM ROUTINE SERVICE COST	626,669
69	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM	
70	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	626,669
71	CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS	83,207
72	PER DIEM CAPITAL-RELATED COSTS	25.02
73	PROGRAM CAPITAL-RELATED COSTS	50,841
74	INPATIENT ROUTINE SERVICE COST	575,828
75	AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS	
76	TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION	575,828
77	INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION	999.00
78	INPATIENT ROUTINE SERVICE COST LIMITATION	2,029,968
79	REASONABLE INPATIENT ROUTINE SERVICE COSTS	626,669
80	PROGRAM INPATIENT ANCILLARY SERVICES	8,788
81	UTILIZATION REVIEW - PHYSICIAN COMPENSATION	
82	TOTAL PROGRAM INPATIENT OPERATING COSTS	635,457

PART IV - COMPUTATION OF OBSERVATION BED COST

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

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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





TITLE XIX - I/P ICF/MR OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

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

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		79,716,052	
26	INTENSIVE CARE UNIT		9,124,489	
27	CORONARY CARE UNIT		4,475,598	
29	SURGICAL INTENSIVE CARE UNIT		7,038,320	
30	01 NEURO-ICU		5,358,721	
30	02 CARDIO-THORACIC ICU		7,328,251	
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.317862	53,166,713	16,899,678
38	RECOVERY ROOM	.451229	7,780,495	3,510,785
39	DELIVERY ROOM & LABOR ROOM	.978267	129,675	126,857
40	ANESTHESIOLOGY	.177713	12,902,653	2,292,969
41	RADIOLOGY-DIAGNOSTIC	.178045	37,346,374	6,649,335
42	RADIOLOGY-THERAPEUTIC	.257181	2,852,848	733,698
43	RADIOISOTOPE	.262739	2,463,823	647,342
44	LABORATORY	.122719	109,704,975	13,462,885
44	01 HLA LAB	.116677	2,917,685	340,427
47	BLOOD STORING, PROCESSING & TRANS.	.258200	43,376,257	11,199,750
49	RESPIRATORY THERAPY	.272429	27,426,243	7,471,704
50	PHYSICAL THERAPY	.334963	5,705,696	1,911,197
51	OCCUPATIONAL THERAPY	.323065	2,982,523	963,549
52	SPEECH PATHOLOGY	.517300	842,887	436,025
53	ELECTROCARDIOLOGY	.102924	21,850,222	2,248,912
54	ELECTROENCEPHALOGRAPHY	.248641	2,074,799	515,880
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.397788	69,829,939	27,777,512
55	30 IMPL. DEV. CHARGED TO PATIENT	.519903	70,024,451	36,405,922
56	DRUGS CHARGED TO PATIENTS	.335878	93,560,447	31,424,896
57	RENAL DIALYSIS	.254142	9,271,756	2,356,343
59	CAT SCAN	.052048	28,009,780	1,457,853
59	01 ULTRASOUND	.177073	2,723,173	482,200
59	02 CARDIAC CATHETERIZATION LABORATORY	.216398	16,922,576	3,662,012
59	03 ENDOSCOPY	.272443	4,344,109	1,183,522
59	04 OB/GYN IN VITRO	.851493		
59	05 OUTPATIENT PHARMACY	1.534339		
59	06 ELECTROSHOCK THERAPY	.550709		
59	07 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	.294144		
59	08 CORNEAL TISSUE ACQUISITION	.520943	24,500	12,763
60	OUTPAT SERVICE COST CNTRS CLINIC	.702349	453,862	318,770
61	EMERGENCY	.232588	19,710,586	4,584,446
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	1.178207	42,734	50,349
65	AMBULANCE SERVICES			
101	TOTAL		648,441,781	179,127,581
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		648,441,781	

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
30	01 NEURO-ICU			
30	02 CARDIO-THORACIC ICU			
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS		3,182,913	
37	OPERATING ROOM	.317862	22,314	7,093
38	RECOVERY ROOM	.451229	4,513	2,036
39	DELIVERY ROOM & LABOR ROOM	.978267		
40	ANESTHESIOLOGY	.177713	153,941	27,357
41	RADIOLOGY-DIAGNOSTIC	.178045	133,883	23,837
42	RADIOLOGY-THERAPEUTIC	.257181	9,277	2,386
43	RADIOISOTOPE	.262739	1,504	395
44	LABORATORY	.122719	604,731	74,212
44	01 HLA LAB	.116677		
47	BLOOD STORING, PROCESSING & TRANS.	.258200	4,513	1,165
49	RESPIRATORY THERAPY	.272429	100,538	27,389
50	PHYSICAL THERAPY	.334963	15,544	5,207
51	OCCUPATIONAL THERAPY	.323065	13,539	4,374
52	SPEECH PATHOLOGY	.517300	1,254	649
53	ELECTROCARDIOLOGY	.102924	18,553	1,910
54	ELECTROENCEPHALOGRAPHY	.248641	8,775	2,182
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.397788	40,867	16,256
55	30 IMPL. DEV. CHARGED TO PATIENT	.519903		
56	DRUGS CHARGED TO PATIENTS	.335878	765,189	257,010
57	RENAL DIALYSIS	.254142	16,547	4,205
59	CAT SCAN	.052048	83,489	4,345
59	01 ULTRASOUND	.177073	8,524	1,509
59	02 CARDIAC CATHETERIZATION LABORATORY	.216398		
59	03 ENDOSCOPY	.272443		
59	04 OB/GYN IN VITRO	.851493		
59	05 OUTPATIENT PHARMACY	1.534339		
59	06 ELECTROSHOCK THERAPY	.550709	113,324	62,409
59	07 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	.294144	9,277	2,729
59	08 CORNEAL TISSUE ACQUISITION	.520943		
60	OUTPAT SERVICE COST CNTRS CLINIC	.702349	251	176
61	EMERGENCY	.232588	376,828	87,646
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	1.178207		
65	AMBULANCE SERVICES			
101	TOTAL		2,507,175	616,477
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		2,507,175	



WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		26,894,919	
26	INTENSIVE CARE UNIT		3,624,860	
27	CORONARY CARE UNIT		1,466,646	
29	SURGICAL INTENSIVE CARE UNIT		2,187,458	
30	01 NEURO-ICU		1,909,243	
30	02 CARDIO-THORACIC ICU		874,928	
31	SUBPROVIDER ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.317862	3,322,852	1,056,208
38	RECOVERY ROOM	.451229	1,581,285	713,522
39	DELIVERY ROOM & LABOR ROOM	.978267	1,078,366	1,054,930
40	ANESTHESIOLOGY	.177713	3,046,610	541,422
41	RADIOLOGY-DIAGNOSTIC	.178045	10,659,945	1,897,950
42	RADIOLOGY-THERAPEUTIC	.257181	727,664	187,141
43	RADIOISOTOPE	.262739	584,978	153,697
44	LABORATORY	.122719	35,357,798	4,339,074
44	01 HLA LAB	.116677	517,710	60,405
47	BLOOD STORING, PROCESSING & TRANS.	.258200	13,641,276	3,522,177
49	RESPIRATORY THERAPY	.272429	8,027,829	2,187,013
50	PHYSICAL THERAPY	.334963	1,161,884	389,188
51	OCCUPATIONAL THERAPY	.323065	726,710	234,775
52	SPEECH PATHOLOGY	.517300	224,675	116,224
53	ELECTROCARDIOLOGY	.102924	5,137,217	528,743
54	ELECTROENCEPHALOGRAPHY	.248641	528,220	131,337
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.397788	22,673,770	9,019,354
55	30 IMPL. DEV. CHARGED TO PATIENT	.519903	14,695,639	7,640,307
56	DRUGS CHARGED TO PATIENTS	.335878	31,774,024	10,672,196
57	RENAL DIALYSIS	.254142	2,405,696	611,388
59	CAT SCAN	.052048	9,569,587	498,078
59	01 ULTRASOUND	.177073	1,090,912	193,171
59	02 CARDIAC CATHETERIZATION LABORATORY	.216398	937,988	202,979
59	03 ENDOSCOPY	.272443	883,402	240,677
59	04 OB/GYN IN VITRO	.851493		
59	05 OUTPATIENT PHARMACY	1.534339		
59	06 ELECTROSHOCK THERAPY	.550709		
59	07 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	.294144	404	119
59	08 CORNEAL TISSUE ACQUISITION	.520943		
60	OUTPAT SERVICE COST CNTRS CLINIC	.702349	100,825	70,814
61	EMERGENCY	.232588	8,988,651	2,090,652
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	1.178207	4,092	4,821
65	AMBULANCE SERVICES			
101	TOTAL		179,450,009	48,358,362
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		179,450,009	



WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS			
26	ADULTS & PEDIATRICS			
27	INTENSIVE CARE UNIT			
29	CORONARY CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
30	01 NEURO-ICU			
30	02 CARDIO-THORACIC ICU			
31	SUBPROVIDER			
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.317862		
38	RECOVERY ROOM	.451229		
39	DELIVERY ROOM & LABOR ROOM	.978267		
40	ANESTHESIOLOGY	.177713		
41	RADIOLOGY-DIAGNOSTIC	.178045		
42	RADIOLOGY-THERAPEUTIC	.257181		
43	RADIOISOTOPE	.262739		
44	LABORATORY	.122719		
44	01 HLA LAB	.116677		
47	BLOOD STORING, PROCESSING & TRANS.	.258200		
49	RESPIRATORY THERAPY	.272429	1,141	311
50	PHYSICAL THERAPY	.334963		
51	OCCUPATIONAL THERAPY	.323065		
52	SPEECH PATHOLOGY	.517300		
53	ELECTROCARDIOLOGY	.102924		
54	ELECTROENCEPHALOGRAPHY	.248641		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.397788	14,984	5,960
55	30 IMPL. DEV. CHARGED TO PATIENT	.519903		
56	DRUGS CHARGED TO PATIENTS	.335878	7,495	2,517
57	RENAL DIALYSIS	.254142		
59	CAT SCAN	.052048		
59	01 ULTRASOUND	.177073		
59	02 CARDIAC CATHETERIZATION LABORATORY	.216398		
59	03 ENDOSCOPY	.272443		
59	04 OB/GYN IN VITRO	.851493		
59	05 OUTPATIENT PHARMACY	1.534339		
59	06 ELECTROSHOCK THERAPY	.550709		
59	07 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	.294144		
59	08 CORNEAL TISSUE ACQUISITION	.520943		
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	.702349		
61	EMERGENCY	.232588		
62	OBSERVATION BEDS (NON-DISTINCT PART)	1.178207		
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES			
101	TOTAL		23,620	8,788
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		23,620	

KIDNEY

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

COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		INPATIENT ROUTINE ORGAN CHARGES		PER DIEM COSTS FROM WKST. D-1		ORGAN ACQUISITION DAYS	COST (COL. 2 X COL. 3) 4
		1	D	2	D-1	3	
1	ADULTS & PEDIATRICS	123,070	38	839.95		175	146,991
2	INTENSIVE CARE UNIT	1,311	43	1,442.02		1	1,442
3	CORONARY CARE UNIT	1,497	44	1,627.78		1	1,628
5	SURGICAL INTENSIVE CARE UNIT	1,444	46	1,540.90		1	1,541
6.01	NEURO-ICU	16,985	47.01	1,445.81		7	10,121
6.02	CARDIO-THORACIC ICU	602	47.02	1,790.98			
7	TOTAL (SUM OF LINES 1-6)	144,909				185	161,723

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	.317862	963,954	306,404
9	RECOVERY ROOM	38	.451229	13,756	6,207
10	DELIVERY ROOM & LABOR ROO	39	.978267		
11	ANESTHESIOLOGY	40	.177713	267,298	47,502
12	RADIOLOGY-DIAGNOSTIC	41	.178045	1,375,825	244,959
13	RADIOLOGY-THERAPEUTIC	42	.257181		
14	RADIOISOTOPE	43	.262739		
15	LABORATORY	44	.122719	6,552,477	804,113
15.01	HLA LAB	44.01	.116677	19,222,019	2,242,768
18	BLOOD STORING, PROCESSING	47	.258200	164,109	42,373
20	RESPIRATORY THERAPY	49	.272429	40,579	11,055
21	PHYSICAL THERAPY	50	.334963	1,052	352
22	OCCUPATIONAL THERAPY	51	.323065		
23	SPEECH PATHOLOGY	52	.517300		
24	ELECTROCARDIOLOGY	53	.102924	1,414,377	145,573
25	ELECTROENCEPHALOGRAPHY	54	.248641		
26	MEDICAL SUPPLIES CHARGED	55	.397788	45,060	17,924
26.30	IMPL. DEV. CHARGED TO PAT	55.30	.519903		
27	DRUGS CHARGED TO PATIENTS	56	.335878	192,340	64,603
28	RENAL DIALYSIS	57	.254142	69,478	17,657
30	CAT SCAN	59	.052048	5,064	264
30.01	ULTRASOUND	59.01	.177073		
30.02	CARDIAC CATHETERIZATION L	59.02	.216398	226,020	48,910
30.03	ENDOSCOPY	59.03	.272443	43,001	11,715
30.04	OB/GYN IN VITRO	59.04	.851493		
30.05	OUTPATIENT PHARMACY	59.05	1.534339		
30.06	ELECTROSHOCK THERAPY	59.06	.550709		
30.07	PSYCHIATRIC/PSYCHOLOGICAL	59.07	.294144		
30.08	CORNEAL TISSUE ACQUISITION	59.08	.520943		
31	CLINIC	60	.702349	3,048	2,141
32	EMERGENCY	61	.232588	8,664	2,015
33	OBSERVATION BEDS (NON-DIS	62	1.178207	5,704	6,720
35	TOTAL (SUM OF LINES 8-34)			30,613,825	4,023,255

KIDNEY

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

COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		AVERAGE COST PER DAY	ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS
D		1	2	3
36	ADULTS & PEDIATRICS	2	175	
37	INTENSIVE CARE UNIT	3	1	
38	CORONARY CARE UNIT	4	1	
40	SURGICAL INTENSIVE CARE UNIT	6	1	
41.01	NEURO-ICU	7.01	7	
41.02	CARDIO-THORACIC ICU	7.02		
42	TOTAL (SUM OF LINES 36-41)		185	

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	3,048 20		
44	EMERGENCY	8,664 21		
45	OBSERVATION BEDS (NON-DISTINCT PART)	5,704 22		
47	TOTAL (SUM OF LINES 43-46)	17,416		

KIDNEY

PART III - SUMMARY OF COSTS AND CHARGES

	C O S T		C H A R G E S	
	PART A 1	PART B 2	PART A 3	PART B 4
48 ROUTINE & ANCILLARY FROM PT 1	4,184,978		30,758,734	
49 INTERNS & RESIDENTS (INPATIENT)				
50 INTERNS & RESIDENTS (OUTPATIENT)				
51 DIRECT ORGAN ACQUISITION	10,466,007		15,199,925	
52 COST OF SERVS OF TEACHING PHYSICIANS				
53 TOTAL (SUM OF LINES 48-52)	14,650,985		45,958,659	
54 TOTAL USABLE ORGANS		233		
55 MEDICARE USABLE ORGANS		138		
56 RATIO MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		0.592275		
57 MEDICARE COST/CHARGES	8,677,412		27,220,165	
58 REVENUE FOR ORGANS SOLD	201,797		201,797	
59 SUBTOTAL (LN 57 MINUS LN 58)	8,475,615		27,018,368	
60 ORGANS FURNISHED PART B				
61 NET ORGAN ACQUISITION COST & CHARGES	8,475,615		27,018,368	

PART IV - STATISTICS

	L I V I N G R E L A T E D		C A D A V E R I C	R E V E N U E
	1	2		
62 ORGANS EXCISED IN PROVIDER (1)		71	4	
63 ORGANS PURCH OTHER TRANSPLANT HOSPS(2)				
64 ORGANS PURCH FROM NON-TRANSPLT HOSPS				
65 ORGANS PURCHASED FROM OPOS			158	
66 TOTAL (SUM OF LINES 62-65)		71	162	
67 ORGANS TRANSPLANTED		71	158	15,199,925
68 ORGANS SOLD TO OTHER HOSPITALS				
69 ORGANS SOLD TO OPOS			4	201,797
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)		71	162	

(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	319	38	839.95			
2	INTENSIVE CARE UNIT	655	43	1,442.02			
3	CORONARY CARE UNIT	749	44	1,627.78		1	1,628
5	SURGICAL INTENSIVE CARE UNIT	722	46	1,540.90			
6.01	NEURO-ICU	6,807	47.01	1,445.81		3	4,337
6.02	CARDIO-THORACIC ICU	441	47.02	1,790.98			
7	TOTAL (SUM OF LINES 1-6)	9,693				4	5,965

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	.317862	4,464	1,419
9	RECOVERY ROOM	38	.451229	6,700	3,023
10	DELIVERY ROOM & LABOR ROO	39	.978267		
11	ANESTHESIOLOGY	40	.177713	15,268	2,713
12	RADIOLOGY-DIAGNOSTIC	41	.178045	2,508,359	446,601
13	RADIOLOGY-THERAPEUTIC	42	.257181		
14	RADIOISOTOPE	43	.262739		
15	LABORATORY	44	.122719	1,872,924	229,843
15.01	HLA LAB	44.01	.116677	37,926	4,425
18	BLOOD STORING, PROCESSING	47	.258200	8,914	2,302
20	RESPIRATORY THERAPY	49	.272429	10,790	2,940
21	PHYSICAL THERAPY	50	.334963	465	156
22	OCCUPATIONAL THERAPY	51	.323065		
23	SPEECH PATHOLOGY	52	.517300		
24	ELECTROCARDIOLOGY	53	.102924	1,186,221	122,091
25	ELECTROENCEPHALOGRAPHY	54	.248641		
26	MEDICAL SUPPLIES CHARGED	55	.397788	6,821	2,713
26.30	IMPL. DEV. CHARGED TO PAT	55.30	.519903		
27	DRUGS CHARGED TO PATIENTS	56	.335878	55,721	18,715
28	RENAL DIALYSIS	57	.254142	1,902	483
30	CAT SCAN	59	.052048	2,532	132
30.01	ULTRASOUND	59.01	.177073		
30.02	CARDIAC CATHETERIZATION L	59.02	.216398	99,239	21,475
30.03	ENDOSCOPY	59.03	.272443	66,004	17,982
30.04	OB/GYN IN VITRO	59.04	.851493		
30.05	OUTPATIENT PHARMACY	59.05	1.534339		
30.06	ELECTROSHOCK THERAPY	59.06	.550709		
30.07	PSYCHIATRIC/PSYCHOLOGICAL	59.07	.294144		
30.08	CORNEAL TISSUE ACQUISITION	59.08	.520943		
31	CLINIC	60	.702349	1,753	1,231
32	EMERGENCY	61	.232588	8,677	2,018
33	OBSERVATION BEDS (NON-DIS	62	1.178207	1,023	1,205
35	TOTAL (SUM OF LINES 8-34)			5,895,703	881,467

LIVER

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

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

COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED		ORGAN ACQUISITION CHARGES	RATIO OF COST TO CHARGES	ORGAN ACQUISITION COSTS
	D	1	2	3
43	CLINIC	1,753	20	
44	EMERGENCY	8,677	21	
45	OBSERVATION BEDS (NON-DISTINCT PART)	1,023	22	
47	TOTAL (SUM OF LINES 43-46)	11,453		

LIVER

PART III - SUMMARY OF COSTS AND CHARGES

		C O S T		C H A R G E S	
		PART A	PART B	PART A	PART B
		1	2	3	4
48	ROUTINE & ANCILLARY FROM PT 1	887,432		5,905,396	
49	INTERNS & RESIDENTS (INPATIENT)				
50	INTERNS & RESIDENTS (OUTPATIENT)				
51	DIRECT ORGAN ACQUISITION	6,542,546		7,605,894	
52	COST OF SERVS OF TEACHING PHYSICIANS				
53	TOTAL (SUM OF LINES 48-52)	7,429,978		13,511,290	
54	TOTAL USABLE ORGANS		99		
55	MEDICARE USABLE ORGANS		32		
56	RATIO MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		0.323232		
57	MEDICARE COST/CHARGES	2,401,607		4,367,281	
58	REVENUE FOR ORGANS SOLD	44,115		44,115	
59	SUBTOTAL (LN 57 MINUS LN 58)	2,357,492		4,323,166	
60	ORGANS FURNISHED PART B				
61	NET ORGAN ACQUISITION COST & CHARGES	2,357,492		4,323,166	

PART IV - STATISTICS

		LIVING RELATED	CADAVERIC	REVENUE
		1	2	3
62	ORGANS EXCISED IN PROVIDER (1)			
63	ORGANS PURCH OTH TRANSPLANT HOSPS(2)			
64	ORGANS PURCH FROM NON-TRANSPLT HOSPS			
65	ORGANS PURCHASED FROM OPOS		99	
66	TOTAL (SUM OF LINES 62-65)		99	
67	ORGANS TRANSPLANTED		99	7,605,894
68	ORGANS SOLD TO OTHER HOSPITALS			
69	ORGANS SOLD TO OPOS			44,115
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)		99	

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

HEART

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

COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		INPATIENT ROUTINE ORGAN CHARGES		PER DIEM COSTS FROM WKST. D-1		ORGAN ACQUISITION DAYS	COST (COL. 2 X COL. 3) 4
		1	D	2	D-1	3	
1	ADULTS & PEDIATRICS	13,030	38	839.95		13	10,919
2	INTENSIVE CARE UNIT		43	1,442.02			
3	CORONARY CARE UNIT	29,860	44	1,627.78		14	22,789
5	SURGICAL INTENSIVE CARE UNIT	722	46	1,540.90		1	1,541
6.01	NEURO-ICU	893	47.01	1,445.81			
6.02	CARDIO-THORACIC ICU	160	47.02	1,790.98			
7	TOTAL (SUM OF LINES 1-6)	44,665				28	35,249

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	.317862	38,382	12,200
9	RECOVERY ROOM	38	.451229		
10	DELIVERY ROOM & LABOR ROO	39	.978267		
11	ANESTHESIOLOGY	40	.177713	1,182	210
12	RADIOLOGY-DIAGNOSTIC	41	.178045	73,835	13,146
13	RADIOLOGY-THERAPEUTIC	42	.257181		
14	RADIOISOTOPE	43	.262739		
15	LABORATORY	44	.122719	764,424	93,809
15.01	HLA LAB	44.01	.116677	69,321	8,088
18	BLOOD STORING, PROCESSING	47	.258200	3,470	896
20	RESPIRATORY THERAPY	49	.272429	33,773	9,201
21	PHYSICAL THERAPY	50	.334963		
22	OCCUPATIONAL THERAPY	51	.323065		
23	SPEECH PATHOLOGY	52	.517300		
24	ELECTROCARDIOLOGY	53	.102924	140,595	14,471
25	ELECTROENCEPHALOGRAPHY	54	.248641		
26	MEDICAL SUPPLIES CHARGED	55	.397788	21,062	8,378
26.30	IMPL. DEV. CHARGED TO PAT	55.30	.519903		
27	DRUGS CHARGED TO PATIENTS	56	.335878	14,365	4,825
28	RENAL DIALYSIS	57	.254142	3,804	967
30	CAT SCAN	59	.052048		
30.01	ULTRASOUND	59.01	.177073		
30.02	CARDIAC CATHETERIZATION L	59.02	.216398	247,983	53,663
30.03	ENDOSCOPY	59.03	.272443	28,693	7,817
30.04	OB/GYN IN VITRO	59.04	.851493		
30.05	OUTPATIENT PHARMACY	59.05	1.534339		
30.06	ELECTROSHOCK THERAPY	59.06	.550709		
30.07	PSYCHIATRIC/PSYCHOLOGICAL	59.07	.294144		
30.08	CORNEAL TISSUE ACQUISITION	59.08	.520943		
31	CLINIC	60	.702349		
32	EMERGENCY	61	.232588	2,853	664
33	OBSERVATION BEDS (NON-DIS	62	1.178207		
35	TOTAL (SUM OF LINES 8-34)			1,443,742	228,335

HEART

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

COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		AVERAGE COST PER DAY	ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS
D		1	2	3
36	ADULTS & PEDIATRICS	2	13	
37	INTENSIVE CARE UNIT	3		
38	CORONARY CARE UNIT	4	14	
40	SURGICAL INTENSIVE CARE UNIT	6	1	
41.01	NEURO-ICU	7.01		
41.02	CARDIO-THORACIC ICU	7.02		
42	TOTAL (SUM OF LINES 36-41)		28	

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	2,853	21	
45	OBSERVATION BEDS (NON-DISTINCT PART)		22	
47	TOTAL (SUM OF LINES 43-46)	2,853		

HEART

PART III - SUMMARY OF COSTS AND CHARGES

		C O S T		C H A R G E S	
		PART A	PART B	PART A	PART B
		1	2	3	4
48	ROUTINE & ANCILLARY FROM PT 1	263,584		1,488,407	
49	INTERNS & RESIDENTS (INPATIENT)				
50	INTERNS & RESIDENTS (OUTPATIENT)				
51	DIRECT ORGAN ACQUISITION	1,944,091		1,952,760	
52	COST OF SERVS OF TEACHING PHYSICIANS				
53	TOTAL (SUM OF LINES 48-52)	2,207,675		3,441,167	
54	TOTAL USABLE ORGANS		29		
55	MEDICARE USABLE ORGANS		9		
56	RATIO MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		0.310345		
57	MEDICARE COST/CHARGES	685,141		1,067,949	
58	REVENUE FOR ORGANS SOLD	9,541		9,541	
59	SUBTOTAL (LN 57 MINUS LN 58)	675,600		1,058,408	
60	ORGANS FURNISHED PART B				
61	NET ORGAN ACQUISITION COST & CHARGES	675,600		1,058,408	

PART IV - STATISTICS

		LIVING RELATED	CADAVERIC	REVENUE
		1	2	3
62	ORGANS EXCISED IN PROVIDER (1)			
63	ORGANS PURCH OTHER TRANSPLANT HOSPS(2)			
64	ORGANS PURCH FROM NON-TRANSPLT HOSPS			
65	ORGANS PURCHASED FROM OPOS		29	
66	TOTAL (SUM OF LINES 62-65)		29	
67	ORGANS TRANSPLANTED		29	1,952,760
68	ORGANS SOLD TO OTHER HOSPITALS			
69	ORGANS SOLD TO OPOS			9,541
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)		29	

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

LUNG

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

COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		INPATIENT ROUTINE ORGAN CHARGES		PER DIEM COSTS FROM WKST. D-1		ORGAN ACQUISITION DAYS	COST (COL. 2 X COL. 3)
		1	D	2	D-1	3	4
1	ADULTS & PEDIATRICS	1,319	38	839.95			
2	INTENSIVE CARE UNIT		43	1,442.02			
3	CORONARY CARE UNIT		44	1,627.78			
5	SURGICAL INTENSIVE CARE UNIT	321	46	1,540.90			
6.01	NEURO-ICU	2,684	47.01	1,445.81		1	1,446
6.02	CARDIO-THORACIC ICU	883	47.02	1,790.98			
7	TOTAL (SUM OF LINES 1-6)	5,207				1	1,446

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	.317862	3,183	1,012
9	RECOVERY ROOM	38	.451229	1,110	501
10	DELIVERY ROOM & LABOR ROO	39	.978267		
11	ANESTHESIOLOGY	40	.177713	2,165	385
12	RADIOLOGY-DIAGNOSTIC	41	.178045	672,725	119,775
13	RADIOLOGY-THERAPEUTIC	42	.257181		
14	RADIOISOTOPE	43	.262739		
15	LABORATORY	44	.122719	1,345,030	165,061
15.01	HLA LAB	44.01	.116677	71,638	8,359
18	BLOOD STORING, PROCESSING	47	.258200	2,834	732
20	RESPIRATORY THERAPY	49	.272429	145,194	39,555
21	PHYSICAL THERAPY	50	.334963		
22	OCCUPATIONAL THERAPY	51	.323065		
23	SPEECH PATHOLOGY	52	.517300		
24	ELECTROCARDIOLOGY	53	.102924	172,196	17,723
25	ELECTROENCEPHALOGRAPHY	54	.248641		
26	MEDICAL SUPPLIES CHARGED	55	.397788	28,424	11,307
26.30	IMPL. DEV. CHARGED TO PAT	55.30	.519903		
27	DRUGS CHARGED TO PATIENTS	56	.335878	56,999	19,145
28	RENAL DIALYSIS	57	.254142		
30	CAT SCAN	59	.052048		
30.01	ULTRASOUND	59.01	.177073		
30.02	CARDIAC CATHETERIZATION L	59.02	.216398	722,993	156,454
30.03	ENDOSCOPY	59.03	.272443	11,319	3,084
30.04	OB/GYN IN VITRO	59.04	.851493		
30.05	OUTPATIENT PHARMACY	59.05	1.534339		
30.06	ELECTROSHOCK THERAPY	59.06	.550709		
30.07	PSYCHIATRIC/PSYCHOLOGICAL	59.07	.294144		
30.08	CORNEAL TISSUE ACQUISITION	59.08	.520943		
31	CLINIC	60	.702349		
32	EMERGENCY	61	.232588	6,527	1,518
33	OBSERVATION BEDS (NON-DIS	62	1.178207		
35	TOTAL (SUM OF LINES 8-34)			3,242,337	544,611

LUNG

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

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

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	6,527	21	
45	OBSERVATION BEDS (NON-DISTINCT PART)	22		
47	TOTAL (SUM OF LINES 43-46)	6,527		

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	546,057		3,247,544	
49 INTERNS & RESIDENTS (INPATIENT)				
50 INTERNS & RESIDENTS (OUTPATIENT)				
51 DIRECT ORGAN ACQUISITION	4,341,521		4,574,182	
52 COST OF SERVS OF TEACHING PHYSICIANS				
53 TOTAL (SUM OF LINES 48-52)	4,887,578		7,821,726	
54 TOTAL USABLE ORGANS		53		
55 MEDICARE USABLE ORGANS		14		
56 RATIO MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		0.264151		
57 MEDICARE COST/CHARGES	1,291,059		2,066,117	
58 REVENUE FOR ORGANS SOLD	17,726		17,726	
59 SUBTOTAL (LN 57 MINUS LN 58)	1,273,333		2,048,391	
60 ORGANS FURNISHED PART B				
61 NET ORGAN ACQUISITION COST & CHARGES	1,273,333		2,048,391	

PART IV - STATISTICS

	LIVING RELATED 1	CADAVERIC 2	REVENUE 3
62 ORGANS EXCISED IN PROVIDER (1)			
63 ORGANS PURCH OTHER TRANSPLANT HOSPS(2)			
64 ORGANS PURCH FROM NON-TRANSPLT HOSPS			
65 ORGANS PURCHASED FROM OPOS		53	
66 TOTAL (SUM OF LINES 62-65)		53	
67 ORGANS TRANSPLANTED		53	4,574,182
68 ORGANS SOLD TO OTHER HOSPITALS			
69 ORGANS SOLD TO OPOS			17,726
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)		53	

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

PANCREAS

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

COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		INPATIENT ROUTINE ORGAN CHARGES		PER DIEM COSTS FROM WKST. D-1		ORGAN ACQUISITION DAYS	COST (COL. 2 X COL. 3)
		1	D	2	D-1	3	4
1	ADULTS & PEDIATRICS		38				839.95
2	INTENSIVE CARE UNIT	281	43				1,442.02
3	CORONARY CARE UNIT		44				1,627.78
5	SURGICAL INTENSIVE CARE UNIT	160	46				1,540.90
6.01	NEURO-ICU	706	47.01				1,445.81
6.02	CARDIO-THORACIC ICU	160	47.02				1,790.98
7	TOTAL (SUM OF LINES 1-6)		1,307				

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	.317862		
9	RECOVERY ROOM	38	.451229		
10	DELIVERY ROOM & LABOR ROO	39	.978267		
11	ANESTHESIOLOGY	40	.177713		
12	RADIOLOGY-DIAGNOSTIC	41	.178045	1,441	257
13	RADIOLOGY-THERAPEUTIC	42	.257181		
14	RADIOISOTOPE	43	.262739		
15	LABORATORY	44	.122719	2,790	342
15.01	HLA LAB	44.01	.116677		
18	BLOOD STORING, PROCESSING	47	.258200	2,205	569
20	RESPIRATORY THERAPY	49	.272429	751	205
21	PHYSICAL THERAPY	50	.334963		
22	OCCUPATIONAL THERAPY	51	.323065		
23	SPEECH PATHOLOGY	52	.517300		
24	ELECTROCARDIOLOGY	53	.102924	67	7
25	ELECTROENCEPHALOGRAPHY	54	.248641		
26	MEDICAL SUPPLIES CHARGED	55	.397788	142	56
26.30	IMPL. DEV. CHARGED TO PAT	55.30	.519903		
27	DRUGS CHARGED TO PATIENTS	56	.335878	218	73
28	RENAL DIALYSIS	57	.254142		
30	CAT SCAN	59	.052048		
30.01	ULTRASOUND	59.01	.177073		
30.02	CARDIAC CATHETERIZATION L	59.02	.216398		
30.03	ENDOSCOPY	59.03	.272443		
30.04	OB/GYN IN VITRO	59.04	.851493		
30.05	OUTPATIENT PHARMACY	59.05	1.534339		
30.06	ELECTROSHOCK THERAPY	59.06	.550709		
30.07	PSYCHIATRIC/PSYCHOLOGICAL	59.07	.294144		
30.08	CORNEAL TISSUE ACQUISITION	59.08	.520943		
31	CLINIC	60	.702349		
32	EMERGENCY	61	.232588	147	34
33	OBSERVATION BEDS (NON-DIS	62	1.178207		
35	TOTAL (SUM OF LINES 8-34)			7,761	1,543

PANCREAS

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

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

COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED		ORGAN ACQUISITION CHARGES	RATIO OF COST TO CHARGES	ORGAN ACQUISITION COSTS
D		1	2	3
43	CLINIC			
				20
44	EMERGENCY			
		147		21
45	OBSERVATION BEDS (NON-DISTINCT PART)			
				22
47	TOTAL (SUM OF LINES 43-46)	147		

PANCREAS

PART III - SUMMARY OF COSTS AND CHARGES

	C O S T		C H A R G E S	
	PART A 1	PART B 2	PART A 3	PART B 4
48 ROUTINE & ANCILLARY FROM PT 1	1,543		9,068	
49 INTERNS & RESIDENTS (INPATIENT)				
50 INTERNS & RESIDENTS (OUTPATIENT)				
51 DIRECT ORGAN ACQUISITION	708,195		758,825	
52 COST OF SERVS OF TEACHING PHYSICIANS				
53 TOTAL (SUM OF LINES 48-52)	709,738		767,893	
54 TOTAL USABLE ORGANS		15		
55 MEDICARE USABLE ORGANS		11		
56 RATIO MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		0.733333		
57 MEDICARE COST/CHARGES	520,474		563,121	
58 REVENUE FOR ORGANS SOLD	6,467		6,467	
59 SUBTOTAL (LN 57 MINUS LN 58)	514,007		556,654	
60 ORGANS FURNISHED PART B				
61 NET ORGAN ACQUISITION COST & CHARGES	514,007		556,654	

PART IV - STATISTICS

	LIVING RELATED 1	CADAVERIC 2	REVENUE 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		15	
66 TOTAL (SUM OF LINES 62-65)		15	
67 ORGANS TRANSPLANTED		15	758,825
68 ORGANS SOLD TO OTHER HOSPITALS			
69 ORGANS SOLD TO OPOS			6,467
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)		15	

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

PROVIDER NO: 26-0032  
 COMPONENT NO: 26-0032  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/24/2011  
 WORKSHEET E  
 PART A

CALCULATION OF REIMBURSEMENT SETTLEMENT

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	132,632,549	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	45,276,597	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1		
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST	13,604,781	
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	4,666,283	
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1		
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	14,457,885	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	1,165.20	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST S-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.	563.66	
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)	52.59	
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)	-4.79	
	FOR CR PERIODS ENDING ON OR AFTER 7/1/2005	
	E-3 PT 6 LN 15 PLUS LN 3.06	
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)	611.46	
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	636.38	
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.		
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)	611.46	
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE	607.42	
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE	603.21	
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).	607.36	
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)	.521250	
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	.537127	
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19. (SEE INST)	.521250	
3.21 I ME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1	36,562,111	
3.22 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)	12,486,669	
3.23 I ME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1		
	SUM OF LINES 3.21 - 3.23	PLUS E-3, PT VI, LINE 23
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).	49,048,780	49,048,780
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)	8.44	
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I	24.19	
4.02 SUM OF LINES 4 AND 4.01	32.63	
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)	16.13	
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)	28,696,745	
5 ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, 317 OR MS-DRGS 652, 682 - 685. (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
26-0032	FROM 1/1/2010	5/24/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET E
26-0032		PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS  
HOSPITAL

DESCRIPTION	1	1.01
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316, 317 OR MS-DRGS 652 AND 682 - 685. (SEE INSTRUCTIONS)		
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)		
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	270,112,556	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000)		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	270,112,556	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	20,175,261	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)	20,968,189	
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT	358,550	
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST	13,296,047	
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS	1,739,819	
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS	122,201	
16 TOTAL	326,772,623	
17 PRIMARY PAYER PAYMENTS	112,441	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	326,660,182	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	12,880,270	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	1,454,776	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	6,395,190	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	4,476,633	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	3,946,984	
22 SUBTOTAL	316,801,769	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.94 LOW VOLUME ADJUSTMENT PAYMENT-1		
24.95 LOW VOLUME ADJUSTMENT PAYMENT-2		
24.96 LOW VOLUME ADJUSTMENT PAYMENT-3		
24.97		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	316,801,769	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	314,343,846	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	2,457,923	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	9,799,000	
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION ADJUSTMENT AMOUNT(SEE INST)		
53 CAPITAL OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INST)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
26-0032	FROM 1/ 1/2010	5/24/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET E
26-0032		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	448,807
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	70,135,276
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	64,158,783
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	OUTPATIENT ANCILLARY PASSTHRU COSTS FROM (W/S D,IV (COLS 9, 9.01, 9.02) LINE 101	47,008
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	448,807
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	971,570
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	971,570
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)	971,570
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	522,763
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	448,807
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	64,205,791
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	189,998
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	13,923,727
19	SUBTOTAL (SEE INSTRUCTIONS)	50,540,873
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	4,897,420
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	55,438,293
24	PRIMARY PAYER PAYMENTS	4,885
25	SUBTOTAL	55,433,408
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	55,433,408
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	55,433,408
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	55,222,335
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	211,073
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 ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)	
54	TOTAL (SUM OF LINES 51 AND 53)	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
26-0032	FROM 1/ 1/2010	5/24/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET E
26-S032		PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

SUBPROVIDER 1

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	6
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	827,956
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	903,237
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	
1.04	LINE 1.01 TIMES LINE 1.03.	
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	OUTPATIENT ANCILLARY PASSTHRU COSTS FROM (W/S D,IV (COLS 9, 9.01, 9.02) LINE 101	424
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	6
COMPUTATION OF LESSER OF COST OR CHARGES		
REASONABLE CHARGES		
6	ANCILLARY SERVICE CHARGES	18
7	INTERNS AND RESIDENTS SERVICE CHARGES	
8	ORGAN ACQUISITION CHARGES	
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	18
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)	18
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	12
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	6
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	903,661
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	206,325
19	SUBTOTAL (SEE INSTRUCTIONS)	697,342
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	697,342
24	PRIMARY PAYER PAYMENTS	31
25	SUBTOTAL	697,311
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	697,311
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	697,311
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	696,886
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	425
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 ADJUSTMENT 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)	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 26-0032  
 COMPONENT NO: 26-0032  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/24/2011  
 WORKSHEET E-1

TITLE XVII HOSPITAL

DESCRIPTION

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

1	TOTAL INTERIM PAYMENTS PAID TO PROVIDER			313,585,046		54,947,135
2	INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.			NONE		NONE
3	LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)					
	ADJUSTMENTS TO PROVIDER .01	7/22/2010		758,800	7/22/2010	275,200
	ADJUSTMENTS TO PROVIDER .02					
	ADJUSTMENTS TO PROVIDER .03					
	ADJUSTMENTS TO PROVIDER .04					
	ADJUSTMENTS TO PROVIDER .05					
	ADJUSTMENTS TO PROVIDER .49					
	ADJUSTMENTS TO PROGRAM .50					
	ADJUSTMENTS TO PROGRAM .51					
	ADJUSTMENTS TO PROGRAM .52					
	ADJUSTMENTS TO PROGRAM .53					
	ADJUSTMENTS TO PROGRAM .54					
	ADJUSTMENTS TO PROGRAM .99			758,800		275,200
	SUBTOTAL			314,343,846		55,222,335
4	TOTAL INTERIM PAYMENTS					
	TO BE COMPLETED BY INTERMEDIARY					
5	LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)					
	TENTATIVE TO PROVIDER .01					
	TENTATIVE TO PROVIDER .02					
	TENTATIVE TO PROVIDER .03					
	TENTATIVE TO PROGRAM .50					
	TENTATIVE TO PROGRAM .51					
	TENTATIVE TO PROGRAM .52					
	TENTATIVE TO PROGRAM .99			NONE		NONE
	SUBTOTAL			2,457,923		211,073
6	DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)					
	SETTLEMENT TO PROVIDER .01					
	SETTLEMENT TO PROGRAM .02					
7	TOTAL MEDICARE PROGRAM LIABILITY			316,801,769		55,433,408

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

DATE: \_\_\_/\_\_\_/\_\_\_

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 26-0032  
 COMPONENT NO: 26-S032  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/24/2011  
 WORKSHEET E-1

TITLE XVII SUBPROVIDER 1

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		3,216,085		696,886
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROVIDER		.49		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
ADJUSTMENTS TO PROGRAM		.99		
SUBTOTAL		NONE		NONE
4 TOTAL INTERIM PAYMENTS		3,216,085		696,886
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		NONE		NONE
SETTLEMENT TO PROVIDER		.01		425
SETTLEMENT TO PROGRAM		.02	126,688	
7 TOTAL MEDICARE PROGRAM LIABILITY		3,089,397		697,311

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

DATE: \_\_\_/\_\_\_/\_\_\_

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

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

PROVIDER NO: 26-0032  
 COMPONENT NO: 26-5439  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/24/2011  
 WORKSHEET E-1

TITLE XVII SNF

DESCRIPTION	INPATIENT-PART A		PART B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
	1	2	3	4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		4,766,988		
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER .01				
ADJUSTMENTS TO PROVIDER .02				
ADJUSTMENTS TO PROVIDER .03				
ADJUSTMENTS TO PROVIDER .04				
ADJUSTMENTS TO PROVIDER .05				
ADJUSTMENTS TO PROVIDER .49				
ADJUSTMENTS TO PROGRAM .50				
ADJUSTMENTS TO PROGRAM .51				
ADJUSTMENTS TO PROGRAM .52				
ADJUSTMENTS TO PROGRAM .53				
ADJUSTMENTS TO PROGRAM .54				
ADJUSTMENTS TO PROGRAM .99				
SUBTOTAL		NONE		NONE
4 TOTAL INTERIM PAYMENTS		4,766,988		
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER .01				
TENTATIVE TO PROVIDER .02				
TENTATIVE TO PROVIDER .03				
TENTATIVE TO PROGRAM .50				
TENTATIVE TO PROGRAM .51				
TENTATIVE TO PROGRAM .52				
TENTATIVE TO PROGRAM .99				
SUBTOTAL		NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		143,466		
7 TOTAL MEDICARE PROGRAM LIABILITY		4,910,454		

NAME OF INTERMEDIARY:  
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

DATE: \_\_\_/\_\_\_/\_\_\_

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
26-0032	FROM 1/ 1/2010	5/24/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET E-3
26-S032		PART I

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)	
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT	
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)	
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)	
1.05	OUTLIER PAYMENTS	
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)	
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)	
	INPATIENT PSYCHIATRIC FACILITY (IPF)	
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	2,744,117
1.09	NET IPF PPS OUTLIER PAYMENTS	421,382
1.10	NET IPF PPS ECT PAYMENTS	51,427
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	4.26
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)	
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	6.33
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	4.26
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	31.421918
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.15 / 1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1)\}$	.067667
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	185,686
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	3,402,612
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)	3,402,612
	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 (SEE INSTRUCTIONS)	
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).	
2	ORGAN ACQUISITION	
3	COST OF TEACHING PHYSICIANS	
4	SUBTOTAL (SEE INSTRUCTIONS)	3,402,612
5	PRIMARY PAYER PAYMENTS	
6	SUBTOTAL	3,402,612
7	DEDUCTIBLES	233,008
8	SUBTOTAL	3,169,604
9	COINSURANCE	130,625
10	SUBTOTAL	3,038,979
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	3,038,979
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	50,418
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION	
15	OTHER ADJUSTMENTS (SPECIFY)	
15.99	OUTLIER RECONCILIATION ADJUSTMENT	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED 5/24/2011
26-0032	FROM 1/ 1/2010	WORKSHEET E-3
COMPONENT NO:	TO 12/31/2010	PART I
26-S032		

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

16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	3,089,397
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	3,216,085
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	-126,688
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

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

50	ORIGINAL PPS AMOUNT OR ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS).	
51	OUTLIER RECONCILIATION ADJUSTMENT AMOUNT (SEE INSTRUCTIONS)	
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY	
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS).	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO: 26-0032  
 COMPONENT NO: 26-5439  
 PERIOD: FROM 1/1/2010 TO 12/31/2010  
 PREPARED 5/24/2011  
 WORKSHEET E-3  
 PART III

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

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
26-0032	FROM 1/ 1/2010	5/24/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET E-3
26-5439		PART III

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

TITLE XVIII

SNF

PPS  
TITLE V OR  
TITLE XIX  
1

TITLE XVIII  
SNF PPS  
2

58 BALANCE DUE PROVIDER/PROGRAM  
 59 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)  
 IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.

143,466

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
26-0032	FROM 1/ 1/2010	5/24/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET E-3
-		PART III

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

	TITLE XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES		78,563,082	
2	MEDICAL AND OTHER SERVICES		24,232,356	
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL		102,795,438	
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL		102,795,438	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES		37,582,279	
11	ANCILLARY SERVICE CHARGES		285,919,612	
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		323,501,891	
	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)		323,501,891	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		220,706,453	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES		102,795,438	
	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		102,795,438	
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		102,795,438	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL		102,795,438	
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)		102,795,438	
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		102,795,438	
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		14,305,595	
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER		117,101,033	
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS		60,472,267	
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
26-0032	FROM 1/ 1/2010	5/24/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET E-3
-		PART III

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

TITLE XIX

HOSPITAL

OTHER  
TITLE V OR  
TITLE XIX

TITLE XVIII  
SNF PPS

58 BALANCE DUE PROVIDER/PROGRAM  
 59 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)  
 IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.

1  
56,628,766

2

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
26-0032	FROM 1/ 1/2010	5/24/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET E-3
26-S032		PART III

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

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
26-0032	FROM 1/ 1/2010	5/24/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET E-3
26-S032		PART III

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

TITLE XIX

SUBPROVIDER 1

OTHER  
TITLE V OR  
TITLE XIX

TITLE XVIII  
SNF PPS

58	BALANCE DUE PROVIDER/PROGRAM	1	265,649
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	2	

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
26-0032	FROM 1/ 1/2010	5/24/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET E-3
26-5439		PART III

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

	TITLE XIX	NF	OTHER TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES			
2			635,457	
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			635,457	
8	SUBTOTAL			
9			635,457	
	INPATIENT PRIMARY PAYER PAYMENTS			
	OUTPATIENT PRIMARY PAYER PAYMENTS			
			635,457	
	SUBTOTAL			
			635,457	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
	ROUTINE SERVICE CHARGES			
10			390,337	
11	ANCILLARY SERVICE CHARGES			
12			23,620	
13	INTERNS AND RESIDENTS SERVICE CHARGES			
14	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
15	TEACHING PHYSICIANS			
16			413,957	
	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
			413,957	
	TOTAL REASONABLE CHARGES			
			413,957	
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
18	PAYMENT FOR SERVICES ON A CHARGE BASIS			
19	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
20	FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT			
21	BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
22			413,957	
23	RATIO OF LINE 17 TO LINE 18			
24			413,957	
25	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
26			221,500	
27	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
28			635,457	
29	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
30			635,457	
31	COST OF COVERED SERVICES			
32			635,457	
33	PROSPECTIVE PAYMENT AMOUNT			
34	OTHER THAN OUTLIER PAYMENTS			
35	OUTLIER PAYMENTS			
36	PROGRAM CAPITAL PAYMENTS			
37	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
38	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
39	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
40			635,457	
41	SUBTOTAL			
42			635,457	
43	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
44	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE			
45	XVIII ENTER AMOUNT FROM LINE 30			
46			635,457	
47	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
48			635,457	
49	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
50	EXCESS OF REASONABLE COST			
51			221,500	
52	SUBTOTAL			
53			413,957	
54	COINSURANCE			
55	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
56	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
57	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING			
58.01	BEFORE 10/01/05 (SEE INSTRUCTIONS)			
58.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
58.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING			
59	ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
60			413,957	
61	UTILIZATION REVIEW			
62	SUBTOTAL (SEE INSTRUCTIONS)			
63			413,957	
64	INPATIENT ROUTINE SERVICE COST			
65	MEDICARE INPATIENT ROUTINE CHARGES			
66	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR			
67	PAYMENT FOR SERVICES ON A CHARGE BASIS			
68	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE			
69	FOR PAYMENT OF PART A SERVICES			
70			413,957	
71	RATIO OF LINE 43 TO 44			
72			413,957	
73	TOTAL CUSTOMARY CHARGES			
74	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
75	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
76	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER			
77	TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
78	OTHER ADJUSTMENTS (SPECIFY)			
79	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS			
80	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
81			413,957	
82	SUBTOTAL			
83			413,957	
84	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
85	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
86			413,957	
87	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
88			413,957	
89	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
90			474,045	
91	INTERIM PAYMENTS			
92			474,045	
93	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			

CALCULATION OF REIMBURSEMENT SETTLEMENT

PROVIDER NO:	PERIOD:	PREPARED
26-0032	FROM 1/ 1/2010	5/24/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET E-3
26-5439		PART III

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

TITLE XIX

NF

OTHER  
TITLE V OR  
TITLE XIX

TITLE XVIII  
SNF PPS

58	BALANCE DUE PROVIDER/PROGRAM	1	
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		2

-60,088

TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)		
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY		
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)		
3	AGGREGATE APPROVED AMOUNT		
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96		584.03
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)		52.59
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4).	E-3, PT 6 LN 4 + LINE 3.03	-3.67
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)		-3.67
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		632.95
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		645.48
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.		632.95
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.		164.50
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		417.56
3.10	SEE INSTRUCTIONS		582.06
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.		570.76
3.12	SEE INSTRUCTIONS		409.45
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		394.15
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		395.73
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	399.78
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)		399.78
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		109,556.28
3.18	SEE INSTRUCTIONS		43,798,410
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		162.95
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		162.43
3.21	SEE INSTRUCTIONS	RES INIT YEARS	162.23
3.22	SEE INSTRUCTIONS		162.23
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		115,698.50
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		18,769,768
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		62,568,178

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		111,528
5	TOTAL INPATIENT DAYS		295,187
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.377822
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	23,639,634	23,639,634
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		12,230
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		295,187
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.		2,225,975
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)		
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	PRIOR TO 422 E-3, 6 LN 12	100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD		

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

7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS		1,494
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES		16,612,867

TITLE XVIII

9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES	.000090
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)	292,746,668
13	ORGAN ACQUISITION COSTS	13,296,047
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	112,441
16	TOTAL PART A REASONABLE COST	305,930,274

PART B REASONABLE COST

17	REASONABLE COST	71,459,477
18	PRIMARY PAYER PAYMENTS	4,916
19	TOTAL PART B REASONABLE COST	71,454,561
20	TOTAL REASONABLE COST	377,384,835
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.810659
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.189341

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

23	TOTAL PROGRAM GME PAYMENT	
23.01	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 10/1/97 (SUM OF LINES 6.01, 6.05, & 6.08)	25,865,609
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	20,968,189
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	4,897,420

TITLE XIX

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)		
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY		
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)		
3	AGGREGATE APPROVED AMOUNT		
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96		584.03
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)		52.59
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4).	E-3, PT 6 LN 4 + LINE 3.03	-3.67
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)		632.95
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		645.48
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		632.95
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.		164.50
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.		417.56
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		582.06
3.10	SEE INSTRUCTIONS		570.76
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		409.45
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		394.15
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		395.73
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	399.78
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)		399.78
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		109,556.28
3.18	SEE INSTRUCTIONS		43,798,410
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		162.95
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		162.43
3.21	SEE INSTRUCTIONS	RES INIT YEARS	162.23
3.22	SEE INSTRUCTIONS		162.23
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		115,698.50
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		18,769,768
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		62,568,178

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		37,523
5	TOTAL INPATIENT DAYS		295,187
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.127116
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	7,953,417	7,953,417
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		34,900
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		295,187
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.		6,352,178
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)		
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	PRIOR TO 422 E-3, 6 LN 12	100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD		

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

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

TITLE XIX

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

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

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

PART B REASONABLE COST

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

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

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

14,305,595

	GENERAL FUND	SPECIFIC FUND PURPOSE	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS				
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	449,162,340			
5 OTHER RECEIVABLES				
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-250,559,916			
7 INVENTORY	40,590,592			
8 PREPAID EXPENSES	4,230,698			
9 OTHER CURRENT ASSETS				
10 DUE FROM OTHER FUNDS	9,346,768			
11 TOTAL CURRENT ASSETS	252,770,482			
FIXED ASSETS				
12 LAND	20,778,762			
12.01 LAND IMPROVEMENTS	7,969,349			
13.01 LESS ACCUMULATED DEPRECIATION	-5,553,313			
14 BUILDINGS	606,339,165			
14.01 LESS ACCUMULATED DEPRECIATION	-181,791,775			
15 LEASEHOLD IMPROVEMENTS	16,432,916			
15.01 LESS ACCUMULATED DEPRECIATION	-13,056,160			
16 FIXED EQUIPMENT	662,076,713			
16.01 LESS ACCUMULATED DEPRECIATION	-440,215,517			
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT	391,760,178			
18.01 LESS ACCUMULATED DEPRECIATION	-310,483,945			
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	754,256,373			
OTHER ASSETS				
22 INVESTMENTS	10,156,063			
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	1505,724,413			
26 TOTAL OTHER ASSETS	1515,880,476			
27 TOTAL ASSETS	2522,907,331			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	31,537,318			
29 SALARIES, WAGES & FEES PAYABLE	60,003,385			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)	6,899,261			
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	906,136,720			
35 OTHER CURRENT LIABILITIES	1,734,258			
36 TOTAL CURRENT LIABILITIES	1006,310,942			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	52,752,273			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	7,581,433			
42 TOTAL LONG-TERM LIABILITIES	60,333,706			
43 TOTAL LIABILITIES	1066,644,648			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	1456,262,683			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	1456,262,683			
52 TOTAL LIABILITIES AND FUND BALANCES	2522,907,331			

STATEMENT OF CHANGES IN FUND BALANCES

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		1,221,834,752		
2	NET INCOME (LOSS)		234,427,933		
3	TOTAL		1,456,262,685		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		1,456,262,685		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	ROUNDING	2			
14					
15					
16					
17					
18	TOTAL DEDUCTIONS		2		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		1,456,262,683		

		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	ROUNDING				
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				



STATEMENT OF REVENUES AND EXPENSES

PROVIDER NO: 26-0032 PERIOD: FROM 1/1/2010 TO 12/31/2010 PREPARED 5/24/2011 WORKSHEET G-3

DESCRIPTION

1	TOTAL PATIENT REVENUES	3352,261,230
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	1934,305,435
3	NET PATIENT REVENUES	1417,955,795
4	LESS: TOTAL OPERATING EXPENSES	1405,407,643
5	NET INCOME FROM SERVICE TO PATIENTS	12,548,152
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	600,796
7	INCOME FROM INVESTMENTS	179,174,521
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	3,595,141
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	12,623,420
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	1,053,508
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	1,055,939
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	15,144,913
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	6,846,108
21	RENTAL OF VENDING MACHINES	2,139
22	RENTAL OF HOSPITAL SPACE	137,562
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER	1,645,734
25	TOTAL OTHER INCOME	221,879,781
26	TOTAL	234,427,933
	OTHER EXPENSES	
27	OTHER EXPENSES (SPECIFY)	
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	234,427,933

CALCULATION OF CAPITAL PAYMENT

PROVIDER NO:	PERIOD:	PREPARED
26-0032	FROM 1/ 1/2010	5/24/2011
COMPONENT NO:	TO 12/31/2010	WORKSHEET L
26-0032		PARTS I-IV

FULLY PROSPECTIVE METHOD

TITLE XVIII, PART A HOSPITAL

PART I - FULLY PROSPECTIVE METHOD

1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS	
	CAPITAL FEDERAL AMOUNT	
2	CAPITAL DRG OTHER THAN OUTLIER	14,484,691
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3.01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	1,127,893
	INDIRECT MEDICAL EDUCATION ADJUSTMENT	
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	777.31
	IN THE COST REPORTING PERIOD	
4.01	NUMBER OF INTERNS AND RESIDENTS	607.36
	(SEE INSTRUCTIONS)	
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE	24.67
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	3,573,373
	(SEE INSTRUCTIONS)	
5	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO	8.44
	MEDICARE PART A PATIENT DAYS	
5.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	24.19
	DAYS REPORTED ON S-3, PART I	
5.02	SUM OF 5 AND 5.01	32.63
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	6.83
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	989,304
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	20,175,261
PART II - HOLD HARMLESS METHOD		
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III - PAYMENT UNDER REASONABLE COST		
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV - COMPUTATION OF EXCEPTION PAYMENTS		
1	PROGRAM INPATIENT CAPITAL COSTS	
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY	
	CIRCUMSTANCES	
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
	CIRCUMSTANCES	
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
	FOR EXTRAORDINARY CIRCUMSTANCES	
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
	LEVEL TO CAPITAL PAYMENTS	
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT	
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
	TO CAPITAL PAYMENTS	
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
	LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD	
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
	(SEE INSTRUCTIONS)	