

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

FORM APPROVED
 OMB NO. 0938-0050

WORKSHEET S
 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX		PROVIDER NO:		PERIOD		INTERMEDIARY USE ONLY		DATE RECEIVED:
COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY		26-3301		FROM 1/ 1/2010		--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 11:20

PART I - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY: ST. LOUIS CHILDREN'S HOSPITAL 26-3301 FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2010 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	336,785	150,186	14,597,397	
100	TOTAL	0	336,785	150,186	14,597,397	

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

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

HOSPITAL RENAL DIALYSIS DEPARTMENT
 STATISTICAL DATA

PROVIDER NO: 26-3301
 SATELLITE NO:
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/24/2011
 WORKSHEET S-5

DESCRIPTION	----- OUTPATIENT -----		----- TRAINING -----		----- HOME -----	
	REGULAR 1	HIGH FLUX 2	HEMO- DIALYSIS 3	CAPD CCPD 4	HEMO- DIALYSIS 5	CAPD CCPD 6
1 NUMBER OF PATIENTS IN PROGRAM AT END OF COST REPORTING PERIOD		2				5
2 NUMBER OF TIMES PER WEEK PATIENT RECEIVES DIALYSIS	3.60					7.00
3 AVERAGE PATIENT DIALYSIS TIME INCLUDING SETUP	4.20					
4 CAPD EXCHANGES PER DAY						5.00
5 NUMBER OF DAYS IN YEAR DIALYSIS FURNISHED	365					
6 NUMBER OF STATIONS	5					
7 TREATMENT CAPACITY PER DAY PER STATION	2					
8 UTILIZATION (SEE INSTRUCTIONS)						
9 AVERAGE TIMES DIALYZERS RE-USED						
10 PERCENTAGE OF PATIENTS RE-USING DIALYZERS						
TRANSPLANT INFORMATION						
11 NUMBER OF PATIENTS ON TRANSPLANT LIST	2					
12 NUMBER OF PATIENTS TRANSPLANTED DURING THE COST REPORTING PERIOD	2					
EPOIETIN						
13 NET COSTS OF EPOIETIN FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER	15,070					
13 . 1 EPOIETIN AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM						
14 NUMBER OF EPO UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT	195					
14 . 1 NUMBER OF EPO UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT						
PHYSICIAN PAYMENT METHOD (ENTER "X" IF METHOD(S) IS APPLICABLE)						
15 MCP [X] INITIAL METHOD []						
ARANESP						
16 NET COSTS OF ARANESP FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER	18,604					
17 ARANESP AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM						
18 NUMBER OF ARANESP UNITS FURNISHED RELATING TO RENAL DIALYSIS DEPARTMENT	200					
19 NUMBER OF ARANESP UNITS FURNISHED RELATING TO HOME DIALYSIS DEPARTMENT						

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 26-3301

PERIOD: FROM 1/1/2010 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
	GENERAL SERVICE COST CNTR					
3	0300 NEW CAP REL COSTS-BLDG & FIXT				13,817,244	13,817,244
4	0400 NEW CAP REL COSTS-MVBLE EQUIP				19,104,530	19,104,530
5	0500 EMPLOYEE BENEFITS	1,844,210	25,580,965	27,425,175	-1,173,191	26,251,984
6.01	0640 ADMITTING	1,297,624	298,691	1,596,315	14,254	1,610,569
6.02	0660 OTHER ADMINISTRATIVE AND GENERAL	18,439,914	115,217,431	133,657,345	-54,246,661	79,410,684
7	0700 MAINTENANCE & REPAIRS	340,477	1,527,859	1,868,336	-1,109,841	758,495
8	0800 OPERATION OF PLANT	1,676,969	3,878,466	5,555,435	-603,775	4,951,660
9	0900 LAUNDRY & LINEN SERVICE		234,132	234,132		234,132
10	1000 HOUSEKEEPING	2,857,723	1,261,374	4,119,097	83,092	4,202,189
11	1100 DIETARY				579,942	579,942
12	1200 CAFETERIA	2,344,638	3,959,126	6,303,764	590,808	6,894,572
14	1400 NURSING ADMINISTRATION	4,308,793	1,043,099	5,351,892	-36,660	5,315,232
15	1500 CENTRAL SERVICES & SUPPLY				4,319,239	4,319,239
16	1600 PHARMACY				14,159,475	14,159,475
17	1700 MEDICAL RECORDS & LIBRARY	1,910,371	469,093	2,379,464	20,208	2,399,672
18	1800 SOCIAL SERVICE	1,234,146	238,724	1,472,870	8,569	1,481,439
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD INPAT ROUTINE SRVC CNTRS	5,689,076	3,528,763	9,217,839	29,901,702	39,119,541
25	2500 ADULTS & PEDIATRICS	18,623,636	6,678,964	25,302,600	-1,451,055	23,851,545
26	2600 INTENSIVE CARE UNIT	10,064,728	3,327,344	13,392,072	-159,268	13,232,804
26.01	2601 NICU	14,557,534	3,639,983	18,197,517	-358,509	17,839,008
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	6,786,231	19,529,038	26,315,269	-11,492,373	14,822,896
38	3800 RECOVERY ROOM	1,209,211	157,581	1,366,792	616,321	1,983,113
40	4000 ANESTHESIOLOGY		5,408,626	5,408,626	-2,210,334	3,198,292
41	4100 RADIOLOGY-DIAGNOSTIC	3,606,134	1,520,324	5,126,458	-349,110	4,777,348
44	4400 LABORATORY	4,468,239	10,213,695	14,681,934	-579,422	14,102,512
47	4700 BLOOD STORING, PROCESSING & TRANS.	440,398	2,615,978	3,056,376	437,622	3,493,998
49	4900 RESPIRATORY THERAPY	3,377,437	2,987,559	6,364,996	-1,870,733	4,494,263
50	5000 PHYSICAL THERAPY	4,593,960	1,165,794	5,759,754	-126,739	5,633,015
53	5300 ELECTROCARDIOLOGY		1,731,517	1,731,517	2,135	1,733,652
54	5400 ELECTROENCEPHALOGRAPHY	328,269	284,957	613,226	-40,310	572,916
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	803,680	3,699,016	4,502,696	-675,474	3,827,222
55.30	5530 IMPL. DEV. CHARGED TO PATIENT				9,085,803	9,085,803
56	5600 DRUGS CHARGED TO PATIENTS	6,080,751	18,672,067	24,752,818	-14,209,633	10,543,185
57	5700 RENAL DIALYSIS	509,511	760,926	1,270,437	-695,957	574,480
59	3120 CARDIAC CATHETERIZATION LABORATORY OUTPAT SERVICE COST CNTRS	755,519	2,597,989	3,353,508	-1,353,597	1,999,911
60	6000 CLINIC	5,042,667	2,655,386	7,698,053	136,589	7,834,642
61	6100 EMERGENCY	5,078,681	3,862,679	8,941,360	-83,816	8,857,544
62	6200 OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS					
65	6500 AMBULANCE SERVICES	2,649,620	1,830,819	4,480,439	-133,974	4,346,465
68	5950 SAME DAY SURGERY SPEC PURPOSE COST CENTERS	1,972,217	515,299	2,487,516	13,601	2,501,117
82	8200 LUNG ACQUISITION		1,059,974	1,059,974		1,059,974
83	8300 KIDNEY ACQUISITION		161,807	161,807		161,807
84	8400 LIVER ACQUISITION		652,717	652,717		652,717
85	8500 HEART ACQUISITION		1,548,362	1,548,362		1,548,362
86	8600 OTHER ORGAN ACQUISITION		401,336	401,336		401,336
95	SUBTOTALS	132,892,364	254,917,460	387,809,824	-69,298	387,740,526
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN					
100	7950 OTHER NONREIMBURSABLE COST CENTERS	1,213,830	1,036,720	2,250,550	69,298	2,319,848
101	TOTAL	134,106,194	255,954,180	390,060,374	-0-	390,060,374

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 26-3301
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	-2,141,562	11,675,682
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	-1,006,982	18,097,548
5	0500 EMPLOYEE BENEFITS	2,840,820	29,092,804
6.01	0640 ADMITTING	-3,242	1,607,327
6.02	0660 OTHER ADMINISTRATIVE AND GENERAL	-7,759,379	71,651,305
7	0700 MAINTENANCE & REPAIRS	-262	758,233
8	0800 OPERATION OF PLANT	-2,445	4,949,215
9	0900 LAUNDRY & LINEN SERVICE		234,132
10	1000 HOUSEKEEPING	-38,749	4,163,440
11	1100 DIETARY		579,942
12	1200 CAFETERIA	-6,714,691	179,881
14	1400 NURSING ADMINISTRATION	-73,799	5,241,433
15	1500 CENTRAL SERVICES & SUPPLY		4,319,239
16	1600 PHARMACY		14,159,475
17	1700 MEDICAL RECORDS & LIBRARY	-394,902	2,004,770
18	1800 SOCIAL SERVICE	-5,769	1,475,670
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD	-2,844,160	36,275,381
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-697,361	23,154,184
26	2600 INTENSIVE CARE UNIT	-103,660	13,129,144
26.01	2601 NICU	-56,248	17,782,760
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-56,423	14,766,473
38	3800 RECOVERY ROOM	-125	1,982,988
40	4000 ANESTHESIOLOGY	-2,465,519	732,773
41	4100 RADIOLOGY-DIAGNOSTIC	-48,677	4,728,671
44	4400 LABORATORY	-2,107,509	11,995,003
47	4700 BLOOD STORING, PROCESSING & TRANS.	-4,728	3,489,270
49	4900 RESPIRATORY THERAPY	-8,099	4,486,164
50	5000 PHYSICAL THERAPY	-34,989	5,598,026
53	5300 ELECTROCARDIOLOGY		1,733,652
54	5400 ELECTROENCEPHALOGRAPHY		572,916
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS	-970	3,826,252
55.30	5530 IMPL. DEV. CHARGED TO PATIENT		9,085,803
56	5600 DRUGS CHARGED TO PATIENTS	-458,761	10,084,424
57	5700 RENAL DIALYSIS	-128,339	446,141
59	3120 CARDIAC CATHETERIZATION LABORATORY	11,194	2,011,105
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC	-737,599	7,097,043
61	6100 EMERGENCY	-1,824,407	7,033,137
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
65	6500 AMBULANCE SERVICES	-520,421	3,826,044
68	5950 SAME DAY SURGERY	-1,750	2,499,367
	SPEC PURPOSE COST CENTERS		
82	8200 LUNG ACQUISITION		1,059,974
83	8300 KIDNEY ACQUISITION		161,807
84	8400 LIVER ACQUISITION		652,717
85	8500 HEART ACQUISITION		1,548,362
86	8600 OTHER ORGAN ACQUISITION		401,336
95	SUBTOTALS	-27,389,513	360,351,013
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		
100	7950 OTHER NONREIMBURSABLE COST CENTERS	-10,192	2,309,656
101	TOTAL	-27,399,705	362,660,669

COST CENTERS USED IN COST REPORT

PROVIDER NO: 26-3301
 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
	GENERAL SERVICE COST		
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6.01	ADMINISTRATIVE	0640	ADMINISTRATIVE
6.02	OTHER ADMINISTRATIVE AND GENERAL	0660	OTHER ADMINISTRATIVE AND GENERAL
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
26.01	NICU	2601	INTENSIVE CARE UNIT
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
44	LABORATORY	4400	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
49	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
55.30	IMPL. DEV. CHARGED TO PATIENT	5530	IMPL. DEV. CHARGED TO PATIENT
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
59	CARDIAC CATHETERIZATION LABORATORY	3120	CARDIAC CATHETERIZATION LABORATORY
	OUTPAT SERVICE COST		
60	CLINIC	6000	
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
65	AMBULANCE SERVICES	6500	
68	SAME DAY SURGERY	5950	OTHER REIMBURSABLE COST CENTERS
	SPEC PURPOSE COST CE		
82	LUNG ACQUISITION	8200	
83	KIDNEY ACQUISITION	8300	
84	LIVER ACQUISITION	8400	
85	HEART ACQUISITION	8500	
86	OTHER ORGAN ACQUISITION	8600	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
100	OTHER NONREIMBURSABLE COST CENTERS	7950	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:
263301

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

PREPARED 5/24/2011
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER
	1	2	3	4	5
1 RENTAL EXPENSE	A	NEW CAP REL COSTS-MVBLE EQUIP	4		2,933,706
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27 MALPRACTICE INSURANCE	B	OTHER ADMINISTRATIVE AND GENERAL	6.02		1,908
28 PROPERTY INSURANCE	C	NEW CAP REL COSTS-BLDG & FIXT	3		384,659
29		NEW CAP REL COSTS-MVBLE EQUIP	4		126,980
30 AUTO INSURANCE	D	OTHER ADMINISTRATIVE AND GENERAL	6.02		11,765
31 INTEREST EXPENSE	E	NEW CAP REL COSTS-BLDG & FIXT	3		2,090,466
32		NEW CAP REL COSTS-MVBLE EQUIP	4		982,956
33 DEPRECIATION	F	NEW CAP REL COSTS-BLDG & FIXT	3		11,342,119
34		NEW CAP REL COSTS-MVBLE EQUIP	4		15,060,888
35					
1 DEPRECIATION	F				
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27 PHERESIS	G	BLOOD STORING, PROCESSING & TRANS.	47		506,736
28 INFECTION SURVEILLANCE	H	INTENSIVE CARE UNIT	26	33,972	14,215
29		NICU	26.01	76,739	32,110
30 LIBRARY	I	INTENSIVE CARE UNIT	26		18,024
31		NICU	26.01		40,716
32 CENTRAL SERVICE	J	CENTRAL SERVICES & SUPPLY	15	803,680	3,515,559
33 PHARMACY	K	PHARMACY	16	6,080,751	8,078,724
34 TEACHING SERVICE	L	I&R SERVICES-SALARY & FRINGES APPRVD	22		29,814,208
35 TELEPHONE	M	OTHER ADMINISTRATIVE AND GENERAL	6.02		32,526

RECLASSIFICATIONS

PROVIDER NO:
263301

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 TELEPHONE	M				
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29					
30 DIETARY	N	DIETARY	11	217,693	362,249
31 MAINTENANCE & OPERATIONS	O	OTHER ADMINISTRATIVE AND GENERAL	6.02	756,242	325,629
32					
33 PATIENT SERVICE SUPPLIES	P	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		6,032,431
34					
35					
1 PATIENT SERVICE SUPPLIES	P				
2					
3					
4					
5					
6					
7					
8					
9					
10					
11 BURN PATIENTS	Q	CLINIC	60		258,737
12 EXTENDED RECOVERY	R	RECOVERY ROOM	38		602,739
13 INFUSION	S	CLINIC	60		203,840
14 FAMILY CENTER CARE	T	INTENSIVE CARE UNIT	26	23,128	11,666
15		NICU	26.01	10,238	5,164
16 CAFETERIA DISCOUNT	U	CAFETERIA	12		1,167,504
17 NONBILLABLE PHARMACY	V	DRUGS CHARGED TO PATIENTS	56		88,240
18					
19					
20					
21					
22					
23					
24					
25					
26					
27 EPOIETIN	W	RENAL DIALYSIS	57		49,317
28 PATIENT BILLABLE DRUGS	X	DRUGS CHARGED TO PATIENTS	56		408,629
29					
30					
31					
32					
33					
34 AFFILIATE BILLING	Y	OPERATING ROOM	37		145,975
35		RECOVERY ROOM	38		1,633

RECLASSIFICATIONS

PROVIDER NO:
263301

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

PREPARED 5/24/2011
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	INCREASE		SALARY	OTHER
			LINE NO			
	1	2	3		4	5
1 AFFILIATE BILLING	Y	ANESTHESIOLOGY	40			24,244
2		RADIOLOGY-DIAGNOSTIC	41			41,832
3		RESPIRATORY THERAPY	49			1,614
4		ELECTROCARDIOLOGY	53			2,135
5 IMPLANTABLE DEVICES	Z	IMPL. DEV. CHARGED TO PATIENT	55.30			9,085,803
6						
7						
8						
9						
10						
11						
12 EEE AWARDS	AA	EMPLOYEE BENEFITS	5			6,923
13		ADMITTING	6.01			29,578
14		MAINTENANCE & REPAIRS	7			11,614
15		OPERATION OF PLANT	8			25,469
16		HOUSEKEEPING	10			94,519
17		CAFETERIA	12			67,893
18		NURSING ADMINISTRATION	14			47,330
19		MEDICAL RECORDS & LIBRARY	17			35,966
20		SOCIAL SERVICE	18			20,762
21		I&R SERVICES-SALARY & FRINGES APPRVD	22			90,169
22		ADULTS & PEDIATRICS	25			357,164
23		INTENSIVE CARE UNIT	26			138,455
24		NICU	26.01			193,589
25		OPERATING ROOM	37			78,276
26		RECOVERY ROOM	38			12,133
27		RADIOLOGY-DIAGNOSTIC	41			52,283
28		LABORATORY	44			72,483
29		BLOOD STORING, PROCESSING & TRANS.	47			6,360
30		RESPIRATORY THERAPY	49			47,759
31		PHYSICAL THERAPY	50			62,987
32		ELECTROENCEPHALOGRAPHY	54			6,149
33		MEDICAL SUPPLIES CHARGED TO PATIENTS	55			19,215
34		DRUGS CHARGED TO PATIENTS	56			59,057
35		RENAL DIALYSIS	57			7,699
1 EEE AWARDS	AA	CARDIAC CATHETERIZATION LABORATORY	59			8,603
2		CLINIC	60			65,619
3		EMERGENCY	61			64,500
4		AMBULANCE SERVICES	65			28,105
5		SAME DAY SURGERY	68			23,331
6		OTHER NONREIMBURSABLE COST CENTERS	100			76,742
36 TOTAL RECLASSIFICATIONS					8,002,443	95,618,378

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

RECLASSIFICATIONS

PROVIDER NO:
263301

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

PREPARED 5/24/2011
WORKSHEET A-6

----- DECREASE -----						A-7
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER	REF
	1	6	7	8	9	10
1 RENTAL EXPENSE	A	EMPLOYEE BENEFITS	5		2,001	10
2		ADMINISTRATIVE	6.01		12,950	
3		OTHER ADMINISTRATIVE AND GENERAL	6.02		76,562	
4		MAINTENANCE & REPAIRS	7		8,929	
5		HOUSEKEEPING	10		92	
6		CAFETERIA	12		6,752	
7		NURSING ADMINISTRATION	14		17,899	
8		MEDICAL RECORDS & LIBRARY	17		3,303	
9		SOCIAL SERVICE	18		2,247	
10		ADULTS & PEDIATRICS	25		9,053	
11		INTENSIVE CARE UNIT	26		60,378	
12		NICU	26.01		21,658	
13		OPERATING ROOM	37		98,417	
14		RADIOLOGY-DIAGNOSTIC	41		7,995	
15		LABORATORY	44		7,623	
16		RESPIRATORY THERAPY	49		88,261	
17		PHYSICAL THERAPY	50		9,428	
18		ELECTROENCEPHALOGRAPHY	54		359	
19		MEDICAL SUPPLIES CHARGED TO PATIENTS	55		1,965,205	
20		DRUGS CHARGED TO PATIENTS	56		502,403	
21		CARDIAC CATHETERIZATION LABORATORY	59		386	
22		CLINIC	60		15,959	
23		EMERGENCY	61		10,359	
24		AMBULANCE SERVICES	65		474	
25		SAME DAY SURGERY	68		2,613	
26		OTHER NONREIMBURSABLE COST CENTERS	100		2,400	
27 MALPRACTICE INSURANCE	B	AMBULANCE SERVICES	65		1,908	
28 PROPERTY INSURANCE	C	OTHER ADMINISTRATIVE AND GENERAL	6.02		511,639	10
29						10
30 AUTO INSURANCE	D	AMBULANCE SERVICES	65		11,765	9
31 INTEREST EXPENSE	E	OTHER ADMINISTRATIVE AND GENERAL	6.02		3,073,422	11
32						11
33 DEPRECIATION	F	ADMINISTRATIVE	6.01		1,159	9
34		OTHER ADMINISTRATIVE AND GENERAL	6.02		20,037,972	9
35		MAINTENANCE & REPAIRS	7		659,169	9
1 DEPRECIATION	F	OPERATION OF PLANT	8		509	9
2		HOUSEKEEPING	10		11,291	9
3		CAFETERIA	12		57,562	9
4		NURSING ADMINISTRATION	14		64,164	9
5		MEDICAL RECORDS & LIBRARY	17		6,546	9
6		SOCIAL SERVICE	18		9,228	9
7		I&R SERVICES-SALARY & FRINGES APPRVD	22		1,562	9
8		ADULTS & PEDIATRICS	25		589,474	9
9		INTENSIVE CARE UNIT	26		329,061	9
10		NICU	26.01		627,178	9
11		OPERATING ROOM	37		964,549	9
12		ANESTHESIOLOGY	40		1,527,893	9
13		RADIOLOGY-DIAGNOSTIC	41		25,769	9
14		LABORATORY	44		322,943	9
15		RESPIRATORY THERAPY	49		203,299	9
16		PHYSICAL THERAPY	50		103,610	9
17		ELECTROENCEPHALOGRAPHY	54		46,027	9
18		MEDICAL SUPPLIES CHARGED TO PATIENTS	55		72,558	9
19		DRUGS CHARGED TO PATIENTS	56		53,948	9
20		RENAL DIALYSIS	57		42,218	9
21		CARDIAC CATHETERIZATION LABORATORY	59		127,738	9
22		CLINIC	60		229,291	9
23		EMERGENCY	61		135,863	9
24		AMBULANCE SERVICES	65		147,274	9
25		SAME DAY SURGERY	68		4,852	9
26		OTHER NONREIMBURSABLE COST CENTERS	100		300	9
27 PHERESIS	G	RENAL DIALYSIS	57		506,736	
28 INFECTION SURVEILLANCE	H	ADULTS & PEDIATRICS	25	110,711	46,325	
29						
30 LIBRARY	I	ADULTS & PEDIATRICS	25		58,740	
31						
32 CENTRAL SERVICE	J	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	803,680	3,515,559	
33 PHARMACY	K	DRUGS CHARGED TO PATIENTS	56	6,080,751	8,078,724	
34 TEACHING SERVICE	L	OTHER ADMINISTRATIVE AND GENERAL	6.02		29,814,208	
35 TELEPHONE	M	EMPLOYEE BENEFITS	5		238	

RECLASSIFICATIONS

PROVIDER NO:
263301

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

PREPARED 5/24/2011
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	----- DECREASE -----					A-7 REF 10
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER	
1 AFFILIATE BILLING	Y	6	7	8	9	
2						
3						
4						
5 IMPLANTABLE DEVICES	Z	OPERATING ROOM	37		7,955,134	
6		ANESTHESIOLOGY	40		449	
7		RADIOLOGY-DIAGNOSTIC	41		10,856	
8		LABORATORY	44		34,958	
9		PHYSICAL THERAPY	50		25,245	
10		MEDICAL SUPPLIES CHARGED TO PATIENTS	55		370,076	
11		CARDIAC CATHETERIZATION LABORATORY	59		689,085	
12 EEE AWARDS	AA	OTHER ADMINISTRATIVE AND GENERAL	6.02		1,810,732	
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
1 EEE AWARDS	AA					
2						
3						
4						
5						
6						
36 TOTAL RECLASSIFICATIONS				8,002,443	95,618,378	

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RECLASSIFICATIONS

PROVIDER NO:
263301

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

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

RECLASS CODE: A
EXPLANATION : RENTAL EXPENSE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	2,933,706	EMPLOYEE BENEFITS	5	2,001	
2.00			0	ADMINITTING	6.01	12,950	
3.00			0	OTHER ADMINISTRATIVE AND GENER	6.02	76,562	
4.00			0	MAINTENANCE & REPAIRS	7	8,929	
5.00			0	HOUSEKEEPING	10	92	
6.00			0	CAFETERIA	12	6,752	
7.00			0	NURSING ADMINISTRATION	14	17,899	
8.00			0	MEDICAL RECORDS & LIBRARY	17	3,303	
9.00			0	SOCIAL SERVICE	18	2,247	
10.00			0	ADULTS & PEDIATRICS	25	9,053	
11.00			0	INTENSIVE CARE UNIT	26	60,378	
12.00			0	NICU	26.01	21,658	
13.00			0	OPERATING ROOM	37	98,417	
14.00			0	RADIOLOGY-DIAGNOSTIC	41	7,995	
15.00			0	LABORATORY	44	7,623	
16.00			0	RESPIRATORY THERAPY	49	88,261	
17.00			0	PHYSICAL THERAPY	50	9,428	
18.00			0	ELECTROENCEPHALOGRAPHY	54	359	
19.00			0	MEDICAL SUPPLIES CHARGED TO PA	55	1,965,205	
20.00			0	DRUGS CHARGED TO PATIENTS	56	502,403	
21.00			0	CARDIAC CATHETERIZATION LABORA	59	386	
22.00			0	CLINIC	60	15,959	
23.00			0	EMERGENCY	61	10,359	
24.00			0	AMBULANCE SERVICES	65	474	
25.00			0	SAME DAY SURGERY	68	2,613	
26.00			0	OTHER NONREIMBURSABLE COST CEN	100	2,400	
TOTAL RECLASSIFICATIONS FOR CODE A			2,933,706				2,933,706

RECLASS CODE: B
EXPLANATION : MALPRACTICE INSURANCE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER ADMINISTRATIVE AND GENER	6.02	1,908	AMBULANCE SERVICES	65	1,908	
TOTAL RECLASSIFICATIONS FOR CODE B			1,908				1,908

RECLASS CODE: C
EXPLANATION : PROPERTY INSURANCE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	384,659	OTHER ADMINISTRATIVE AND GENER	6.02	511,639	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	126,980			0	
TOTAL RECLASSIFICATIONS FOR CODE C			511,639				511,639

RECLASS CODE: D
EXPLANATION : AUTO INSURANCE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER ADMINISTRATIVE AND GENER	6.02	11,765	AMBULANCE SERVICES	65	11,765	
TOTAL RECLASSIFICATIONS FOR CODE D			11,765				11,765

RECLASS CODE: E
EXPLANATION : INTEREST EXPENSE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	2,090,466	OTHER ADMINISTRATIVE AND GENER	6.02	3,073,422	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	982,956			0	
TOTAL RECLASSIFICATIONS FOR CODE E			3,073,422				3,073,422

RECLASS CODE: F
EXPLANATION : DEPRECIATION

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	11,342,119	ADMINITTING	6.01	1,159	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	15,060,888	OTHER ADMINISTRATIVE AND GENER	6.02	20,037,972	

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RECLASS CODE: F
EXPLANATION : DEPRECIATION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
3.00			0	MAINTENANCE & REPAIRS	7	659,169	
4.00			0	OPERATION OF PLANT	8	509	
5.00			0	HOUSEKEEPING	10	11,291	
6.00			0	CAFETERIA	12	57,562	
7.00			0	NURSING ADMINISTRATION	14	64,164	
8.00			0	MEDICAL RECORDS & LIBRARY	17	6,546	
9.00			0	SOCIAL SERVICE	18	9,228	
10.00			0	I&R SERVICES-SALARY & FRINGES	22	1,562	
11.00			0	ADULTS & PEDIATRICS	25	589,474	
12.00			0	INTENSIVE CARE UNIT	26	329,061	
13.00			0	NICU	26.01	627,178	
14.00			0	OPERATING ROOM	37	964,549	
15.00			0	ANESTHESIOLOGY	40	1,527,893	
16.00			0	RADIOLOGY-DIAGNOSTIC	41	25,769	
17.00			0	LABORATORY	44	322,943	
18.00			0	RESPIRATORY THERAPY	49	203,299	
19.00			0	PHYSICAL THERAPY	50	103,610	
20.00			0	ELECTROENCEPHALOGRAPHY	54	46,027	
21.00			0	MEDICAL SUPPLIES CHARGED TO PA	55	72,558	
22.00			0	DRUGS CHARGED TO PATIENTS	56	53,948	
23.00			0	RENAL DIALYSIS	57	42,218	
24.00			0	CARDIAC CATHETERIZATION LABORA	59	127,738	
25.00			0	CLINIC	60	229,291	
26.00			0	EMERGENCY	61	135,863	
27.00			0	AMBULANCE SERVICES	65	147,274	
28.00			0	SAME DAY SURGERY	68	4,852	
29.00			0	OTHER NONREIMBURSABLE COST CEN	100	300	
TOTAL RECLASSIFICATIONS FOR CODE F			26,403,007				26,403,007

RECLASS CODE: G
EXPLANATION : PHERESIS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	BLOOD STORING, PROCESSING & TR	47	506,736	RENAL DIALYSIS	57	506,736	
TOTAL RECLASSIFICATIONS FOR CODE G			506,736				506,736

RECLASS CODE: H
EXPLANATION : INFECTION SURVEILLANCE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	INTENSIVE CARE UNIT	26	48,187	ADULTS & PEDIATRICS	25	157,036	
2.00	NICU	26.01	108,849			0	
TOTAL RECLASSIFICATIONS FOR CODE H			157,036				157,036

RECLASS CODE: I
EXPLANATION : LIBRARY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	INTENSIVE CARE UNIT	26	18,024	ADULTS & PEDIATRICS	25	58,740	
2.00	NICU	26.01	40,716			0	
TOTAL RECLASSIFICATIONS FOR CODE I			58,740				58,740

RECLASS CODE: J
EXPLANATION : CENTRAL SERVICE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CENTRAL SERVICES & SUPPLY	15	4,319,239	MEDICAL SUPPLIES CHARGED TO PA	55	4,319,239	
TOTAL RECLASSIFICATIONS FOR CODE J			4,319,239				4,319,239

RECLASS CODE: K
EXPLANATION : PHARMACY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PHARMACY	16	14,159,475	DRUGS CHARGED TO PATIENTS	56	14,159,475	
TOTAL RECLASSIFICATIONS FOR CODE K			14,159,475				14,159,475

RECLASSIFICATIONS

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RECLASS CODE: L
EXPLANATION : TEACHING SERVICE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	I&R SERVICES-SALARY & FRINGES	22	29,814,208
TOTAL RECLASSIFICATIONS FOR CODE L			29,814,208

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
OTHER ADMINISTRATIVE AND GENER	6.02	29,814,208	
		29,814,208	

RECLASS CODE: M
EXPLANATION : TELEPHONE

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OTHER ADMINISTRATIVE AND GENER	6.02	32,526
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
9.00			0
10.00			0
11.00			0
12.00			0
13.00			0
14.00			0
15.00			0
16.00			0
17.00			0
18.00			0
19.00			0
20.00			0
21.00			0
22.00			0
23.00			0
24.00			0
25.00			0
26.00			0
27.00			0
28.00			0
29.00			0
30.00			0
TOTAL RECLASSIFICATIONS FOR CODE M			32,526

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
EMPLOYEE BENEFITS	5	238	
ADMINISTRATIVE	6.01	1,215	
MAINTENANCE & REPAIRS	7	100	
OPERATION OF PLANT	8	121	
HOUSEKEEPING	10	44	
CAFETERIA	12	333	
NURSING ADMINISTRATION	14	1,927	
MEDICAL RECORDS & LIBRARY	17	5,909	
SOCIAL SERVICE	18	718	
I&R SERVICES-SALARY & FRINGES	22	1,113	
ADULTS & PEDIATRICS	25	2,775	
INTENSIVE CARE UNIT	26	2,175	
NICU	26.01	987	
OPERATING ROOM	37	486	
RECOVERY ROOM	38	184	
RADIOLOGY-DIAGNOSTIC	41	311	
LABORATORY	44	295	
BLOOD STORING, PROCESSING & TR	47	11	
RESPIRATORY THERAPY	49	69	
PHYSICAL THERAPY	50	1,836	
ELECTROENCEPHALOGRAPHY	54	73	
MEDICAL SUPPLIES CHARGED TO PA	55	42	
DRUGS CHARGED TO PATIENTS	56	416	
RENAL DIALYSIS	57	108	
CARDIAC CATHETERIZATION LABORA	59	86	
CLINIC	60	2,787	
EMERGENCY	61	647	
AMBULANCE SERVICES	65	658	
SAME DAY SURGERY	68	2,118	
OTHER NONREIMBURSABLE COST CEN	100	4,744	
		32,526	

RECLASS CODE: N
EXPLANATION : DIETARY

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	DIETARY	11	579,942
TOTAL RECLASSIFICATIONS FOR CODE N			579,942

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
CAFETERIA	12	579,942	
		579,942	

RECLASS CODE: O
EXPLANATION : MAINTENANCE & OPERATIONS

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	OTHER ADMINISTRATIVE AND GENER	6.02	1,081,871
2.00			0
TOTAL RECLASSIFICATIONS FOR CODE O			1,081,871

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
MAINTENANCE & REPAIRS	7	453,257	
OPERATION OF PLANT	8	628,614	
		1,081,871	

RECLASS CODE: P
EXPLANATION : PATIENT SERVICE SUPPLIES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	6,032,431
2.00			0
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0

----- DECREASE -----			
COST CENTER	LINE	AMOUNT	
ADULTS & PEDIATRICS	25	129,649	
INTENSIVE CARE UNIT	26	7,114	
NICU	26.01	67,242	
OPERATING ROOM	37	2,697,855	
ANESTHESIOLOGY	40	631,204	
RADIOLOGY-DIAGNOSTIC	41	107,596	
LABORATORY	44	51,034	
RESPIRATORY THERAPY	49	1,628,354	

RECLASSIFICATIONS

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WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: P
EXPLANATION : PATIENT SERVICE SUPPLIES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
9.00			0	PHYSICAL THERAPY	50	49,607	
10.00			0	RENAL DIALYSIS	57	69	
11.00			0	CARDIAC CATHETERIZATION LABORA	59	521,562	
12.00			0	CLINIC	60	140,998	
13.00			0	SAME DAY SURGERY	68	147	
TOTAL RECLASSIFICATIONS FOR CODE P			6,032,431				6,032,431

RECLASS CODE: Q
EXPLANATION : BURN PATIENTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CLINIC	60	258,737	ADULTS & PEDIATRICS	25	258,737	
TOTAL RECLASSIFICATIONS FOR CODE Q			258,737				258,737

RECLASS CODE: R
EXPLANATION : EXTENDED RECOVERY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RECOVERY ROOM	38	602,739	ADULTS & PEDIATRICS	25	602,739	
TOTAL RECLASSIFICATIONS FOR CODE R			602,739				602,739

RECLASS CODE: S
EXPLANATION : INFUSION

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CLINIC	60	203,840	RENAL DIALYSIS	57	203,840	
TOTAL RECLASSIFICATIONS FOR CODE S			203,840				203,840

RECLASS CODE: T
EXPLANATION : FAMILY CENTER CARE

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	INTENSIVE CARE UNIT	26	34,794	OTHER ADMINISTRATIVE AND GENER	6.02	50,196	
2.00	NICU	26.01	15,402			0	
TOTAL RECLASSIFICATIONS FOR CODE T			50,196				50,196

RECLASS CODE: U
EXPLANATION : CAFETERIA DISCOUNT

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	CAFETERIA	12	1,167,504	EMPLOYEE BENEFITS	5	1,167,504	
TOTAL RECLASSIFICATIONS FOR CODE U			1,167,504				1,167,504

RECLASS CODE: V
EXPLANATION : NONBILLABLE PHARMACY

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	88,240	EMPLOYEE BENEFITS	5	10,371	
2.00			0	ADULTS & PEDIATRICS	25	16	
3.00			0	OPERATING ROOM	37	183	
4.00			0	ANESTHESIOLOGY	40	75,032	
5.00			0	RADIOLOGY-DIAGNOSTIC	41	281	
6.00			0	LABORATORY	44	562	
7.00			0	RENAL DIALYSIS	57	2	
8.00			0	CARDIAC CATHETERIZATION LABORA	59	5	
9.00			0	CLINIC	60	341	
10.00			0	EMERGENCY	61	1,447	
TOTAL RECLASSIFICATIONS FOR CODE V			88,240				88,240

RECLASS CODE: W
EXPLANATION : EPOIETIN

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RENAL DIALYSIS	57	49,317	DRUGS CHARGED TO PATIENTS	56	49,317	
TOTAL RECLASSIFICATIONS FOR CODE W			49,317				49,317

RECLASSIFICATIONS

PROVIDER NO:
263301

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

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

RECLASS CODE: X
EXPLANATION : PATIENT BILLABLE DRUGS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	DRUGS CHARGED TO PATIENTS	56	408,629	RADIOLOGY-DIAGNOSTIC	41	290,417	
2.00			0	LABORATORY	44	17,057	
3.00			0	BLOOD STORING, PROCESSING & TR	47	75,463	
4.00			0	RESPIRATORY THERAPY	49	123	
5.00			0	CARDIAC CATHETERIZATION LABORA	59	23,338	
6.00			0	CLINIC	60	2,231	
TOTAL RECLASSIFICATIONS FOR CODE X			408,629	408,629			

RECLASS CODE: Y
EXPLANATION : AFFILIATE BILLING

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OPERATING ROOM	37	145,975	LABORATORY	44	217,433	
2.00	RECOVERY ROOM	38	1,633			0	
3.00	ANESTHESIOLOGY	40	24,244			0	
4.00	RADIOLOGY-DIAGNOSTIC	41	41,832			0	
5.00	RESPIRATORY THERAPY	49	1,614			0	
6.00	ELECTROCARDIOLOGY	53	2,135			0	
TOTAL RECLASSIFICATIONS FOR CODE Y			217,433	217,433			

RECLASS CODE: Z
EXPLANATION : IMPLANTABLE DEVICES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	IMPL. DEV. CHARGED TO PATIENT	55.30	9,085,803	OPERATING ROOM	37	7,955,134	
2.00			0	ANESTHESIOLOGY	40	449	
3.00			0	RADIOLOGY-DIAGNOSTIC	41	10,856	
4.00			0	LABORATORY	44	34,958	
5.00			0	PHYSICAL THERAPY	50	25,245	
6.00			0	MEDICAL SUPPLIES CHARGED TO PA	55	370,076	
7.00			0	CARDIAC CATHETERIZATION LABORA	59	689,085	
TOTAL RECLASSIFICATIONS FOR CODE Z			9,085,803	9,085,803			

RECLASS CODE: AA
EXPLANATION : EEE AWARDS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	6,923	OTHER ADMINISTRATIVE AND GENER	6.02	1,810,732	
2.00	ADMINISTRATIVE	6.01	29,578			0	
3.00	MAINTENANCE & REPAIRS	7	11,614			0	
4.00	OPERATION OF PLANT	8	25,469			0	
5.00	HOUSEKEEPING	10	94,519			0	
6.00	CAFETERIA	12	67,893			0	
7.00	NURSING ADMINISTRATION	14	47,330			0	
8.00	MEDICAL RECORDS & LIBRARY	17	35,966			0	
9.00	SOCIAL SERVICE	18	20,762			0	
10.00	I&R SERVICES-SALARY & FRINGES	22	90,169			0	
11.00	ADULTS & PEDIATRICS	25	357,164			0	
12.00	INTENSIVE CARE UNIT	26	138,455			0	
13.00	NICU	26.01	193,589			0	
14.00	OPERATING ROOM	37	78,276			0	
15.00	RECOVERY ROOM	38	12,133			0	
16.00	RADIOLOGY-DIAGNOSTIC	41	52,283			0	
17.00	LABORATORY	44	72,483			0	
18.00	BLOOD STORING, PROCESSING & TR	47	6,360			0	
19.00	RESPIRATORY THERAPY	49	47,759			0	
20.00	PHYSICAL THERAPY	50	62,987			0	
21.00	ELECTROENCEPHALOGRAPHY	54	6,149			0	
22.00	MEDICAL SUPPLIES CHARGED TO PA	55	19,215			0	
23.00	DRUGS CHARGED TO PATIENTS	56	59,057			0	
24.00	RENAL DIALYSIS	57	7,699			0	
25.00	CARDIAC CATHETERIZATION LABORA	59	8,603			0	
26.00	CLINIC	60	65,619			0	
27.00	EMERGENCY	61	64,500			0	
28.00	AMBULANCE SERVICES	65	28,105			0	
29.00	SAME DAY SURGERY	68	23,331			0	
30.00	OTHER NONREIMBURSABLE COST CEN	100	76,742			0	
TOTAL RECLASSIFICATIONS FOR CODE AA			1,810,732	1,810,732			

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	6,508,366					6,508,366	
2 LAND IMPROVEMENTS							
3 BUILDINGS & FIXTURE	108,411,481					108,411,481	
4 BUILDING IMPROVEMENT	228,970,360	9,473,563		9,473,563		238,443,923	
5 FIXED EQUIPMENT	64,910,481	9,383,486		9,383,486	139,354	74,154,613	
6 MOVABLE EQUIPMENT	87,355,454	4,644,776		4,644,776		92,000,230	
7 SUBTOTAL	496,156,142	23,501,825		23,501,825	139,354	519,518,613	
8 RECONCILING ITEMS							
9 TOTAL	496,156,142	23,501,825		23,501,825	139,354	519,518,613	

ADJUSTMENTS TO EXPENSES

1	DESCRPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
				COST CENTER 3	LINE NO 4	
1	INVST INCOME-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
2	INVESTMENT INCOME-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
3	INVST INCOME-NEW BLDGS AND FIXTURES	B	-2,090,466	NEW CAP REL COSTS-BLDG &	3	11
4	INVESTMENT INCOME-NEW MOVABLE EQUIP	B	-982,956	NEW CAP REL COSTS-MVBLE E	4	11
5	INVESTMENT INCOME-OTHER					
6	TRADE, QUANTITY AND TIME DISCOUNTS					
7	REFUNDS AND REBATES OF EXPENSES					
8	RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9	TELEPHONE SERVICES					
10	TELEVISION AND RADIO SERVICE					
11	PARKING LOT					
12	PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-10,443,659			
13	SALE OF SCRAP, WASTE, ETC.					
14	RELATED ORGANIZATION TRANSACTIONS	A-8-1	-714,105			
15	LAUNDRY AND LINEN SERVICE					
16	CAFETERIA--EMPLOYEES AND GUESTS	B	-6,657,155	CAFETERIA	12	
17	RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18	SALE OF MED AND SURG SUPPLIES					
19	SALE OF DRUGS TO OTHER THAN PATIENTS	B	-457,521	DRUGS CHARGED TO PATIENTS	56	
20	SALE OF MEDICAL RECORDS & ABSTRACTS	B	-394,547	MEDICAL RECORDS & LIBRARY	17	
21	NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22	VENDING MACHINES	B	-46,897	CAFETERIA	12	
23	INCOME FROM IMPOSITION OF INTEREST					
24	INTRST EXP ON MEDICARE OVERPAYMENTS					
25	ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26	ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27	ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28	UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89	
29	DEPRECIATION-OLD BLDGS AND FIXTURES			**COST CENTER DELETED**	1	
30	DEPRECIATION-OLD MOVABLE EQUIP			**COST CENTER DELETED**	2	
31	DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32	DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33	NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20	
34	PHYSICIANS' ASSISTANT					
35	ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51	
36	ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52	
37	NON PATIENT CARE	B	-2,668	OTHER ADMINISTRATIVE AND	6.02	
38						
39	BAD DEBT EXPENSE	A	-4,468,225	OTHER ADMINISTRATIVE AND	6.02	
39.01	BAD DEBT PSYCHOLOGY	A	-50,035	CLINIC	60	
40	HOME OFFICE INTEREST	A	-51,096	NEW CAP REL COSTS-BLDG &	3	11
41	HOME OFFICE INTEREST	A	-24,026	NEW CAP REL COSTS-MVBLE E	4	11
42	FRA ADD ON	A	23,071,644	OTHER ADMINISTRATIVE AND	6.02	
43	PENSION FUNDING	B	-371,531	EMPLOYEE BENEFITS	5	
44	ADVERTISING	B	-2,071,731	OTHER ADMINISTRATIVE AND	6.02	
45	OTHER REVENUE	B	-993	EMPLOYEE BENEFITS	5	
45.01	OTHER REVENUE	B	-2,442	ADMINITTING	6.01	
45.02	OTHER REVENUE	B	-3,843,028	OTHER ADMINISTRATIVE AND	6.02	
45.03						
45.04	OTHER REVENUE	B	-35,196	HOUSEKEEPING	10	
45.05	OTHER REVENUE	B	-67,088	NURSING ADMINISTRATION	14	
45.06	OTHER REVENUE	B	-3,952	SOCIAL SERVICE	18	
45.07	OTHER REVENUE	B	-404,670	I&R SERVICES-SALARY & FRI	22	
45.08	OTHER REVENUE	B	-86,391	ADULTS & PEDIATRICS	25	
45.09	OTHER REVENUE	B	-53,653	INTENSIVE CARE UNIT	26	
45.10	OTHER REVENUE	B	-43,072	NICU	26.01	
45.11	OTHER REVENUE	B	-45,223	RADIOLOGY-DIAGNOSTIC	41	
45.12	OTHER REVENUE	B	-4,728	BLOOD STORING, PROCESSING	47	
45.13	OTHER REVENUE	B	-5,227	RESPIRATORY THERAPY	49	
45.14	OTHER REVENUE	B	-33,637	PHYSICAL THERAPY	50	
45.15	OTHER REVENUE	B	-510	CARDIAC CATHETERIZATION L	59	
45.16	OTHER REVENUE	B	-197,176	CLINIC	60	
45.17	OTHER REVENUE	B	-10,561	AMBULANCE SERVICES	65	
45.18	DONATIONS	B	-13,340,490	OTHER ADMINISTRATIVE AND	6.02	
45.19	DONATIONS	B	-1,450	OPERATING ROOM	37	
45.20	LOBBYING	B	-152,880	OTHER ADMINISTRATIVE AND	6.02	
46	MALPRACTICE	B	-2,462,000	OTHER ADMINISTRATIVE AND	6.02	
47	AFFILIATE BUILDING RENT EXP	B	-181,992	OTHER ADMINISTRATIVE AND	6.02	
48	ENTERTAINMENT EXP	B	-17,452	EMPLOYEE BENEFITS	5	
48.01	ENTERTAINMENT EXP	B	-800	ADMINITTING	6.01	
48.02	ENTERTAINMENT EXP	B	-484,404	OTHER ADMINISTRATIVE AND	6.02	
48.03	ENTERTAINMENT EXP	B	-262	MAINTENANCE & REPAIRS	7	
48.04	ENTERTAINMENT EXP	B	-2,445	OPERATION OF PLANT	8	
48.05	ENTERTAINMENT EXP	B	-3,553	HOUSEKEEPING	10	
48.06	ENTERTAINMENT EXP	B	-10,639	CAFETERIA	12	
48.07	ENTERTAINMENT EXP	B	-6,711	NURSING ADMINISTRATION	14	
48.08	ENTERTAINMENT EXP	B	-355	MEDICAL RECORDS & LIBRARY	17	
48.09	ENTERTAINMENT EXP	B	-1,817	SOCIAL SERVICE	18	
48.10	ENTERTAINMENT EXP	B	-45,153	ADULTS & PEDIATRICS	25	
48.11	ENTERTAINMENT EXP	B	-38,507	INTENSIVE CARE UNIT	26	
48.12	ENTERTAINMENT EXP	B	-13,176	NICU	26.01	
48.13	ENTERTAINMENT EXP	B	-564	OPERATING ROOM	37	
48.14	ENTERTAINMENT EXP	B	-125	RECOVERY ROOM	38	
48.15	ENTERTAINMENT EXP	B	-3,454	RADIOLOGY-DIAGNOSTIC	41	

ADJUSTMENTS TO EXPENSES

PROVIDER NO: 26-3301

PERIOD: FROM 1/1/2010 TO 12/31/2010
 PREPARED 5/24/2011
 WORKSHEET A-8

DESCRIPTION (1)	(2)		EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
	BASIS/CODE 1	AMOUNT 2	COST CENTER 3	LINE NO 4	
48.16 ENTERTAINMENT EXP	B	-2,118	LABORATORY	44	
48.17 ENTERTAINMENT EXP	B	-2,872	RESPIRATORY THERAPY	49	
48.18 ENTERTAINMENT EXP	B	-1,352	PHYSICAL THERAPY	50	
48.19 ENTERTAINMENT EXP	B	-970	MEDICAL SUPPLIES CHARGED	55	
48.20 ENTERTAINMENT EXP	B	-1,240	DRUGS CHARGED TO PATIENTS	56	
48.21 ENTERTAINMENT EXP	B	-380	RENAL DIALYSIS	57	
48.22 ENTERTAINMENT EXP	B	-22	CARDIAC CATHETERIZATION L	59	
48.23 ENTERTAINMENT EXP	B	-1,453	CLINIC	60	
48.24 ENTERTAINMENT EXP	B	-4,759	EMERGENCY	61	
48.25 ENTERTAINMENT EXP	B	-11,847	AMBULANCE SERVICES	65	
48.26 ENTERTAINMENT EXP	B	-1,750	SAME DAY SURGERY	68	
48.27 ENTERTAINMENT EXP	B	-10,192	OTHER NONREIMBURSABLE COS	100	
49 OTHER ADJUSTMENTS (SPECIFY)					
50 TOTAL (SUM OF LINES 1 THRU 49)		-27,399,705			

(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	5	EMPLOYEE BENEFITS	EMPLOYEE BENEFITS SALARY	571,460		571,460
2	5	EMPLOYEE BENEFITS	EMPLOYEE BENEFITS OTHER	2,709,107		2,709,107
3	6 2	OTHER ADMINISTRATIVE AND	ADMIN & GENERAL SALARY	10,643,858	279,913	10,363,945
4	6 2	OTHER ADMINISTRATIVE AND	ADMIN & GENERAL OTHER	11,399,273	24,254,360	-12,855,087
4.02	44	LABORATORY	LAB AFFILIATES	2,986,761	4,502,017	-1,515,256
4.03	59	CARDIAC CATHETERIZATION L	CARDIAC CATH AFFILIATES	247,951	236,225	11,726
5		TOTALS		28,558,410	29,272,515	-714,105

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 26-3301
 PERIOD: FROM 1/1/2010 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	49,771	49,771					
2 6	2 VP CMO	1,224,248		1,224,248	152,100	2,080	152,100	7,605
3 6	2 OTHER A&G	260,315	260,315					
4 22	INTERNS & RESIDENTS	2,439,490	2,439,490					
5 25	PEDIATRICS	565,817	565,817					
6 26	ICU	11,500	11,500					
7 37	OR PROGRAM	54,409	54,409					
8 40	ANESTHESIOLOGY	2,465,519	2,465,519					
9 44	LAB ADMIN	590,135	590,135					
10 57	DIALYSIS	127,959	127,959					
11 60	CLINIC	488,935	488,935					
12 61	ER AND TRAUMA	1,819,648	1,819,648					
13 65	AMBULANCE	498,013	498,013					
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL	10,595,759	9,371,511	1,224,248		2,080	152,100	7,605

PROVIDER BASED PHYSICIAN ADJUSTMENTS

PROVIDER NO: 26-3301
 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						49,771
2	6	2 VP CMO				152,100	1,072,148	1,072,148
3	6	2 OTHER A&G						260,315
4	22	INTERNS & RESIDENTS						2,439,490
5	25	PEDIATRICS						565,817
6	26	ICU						11,500
7	37	OR PROGRAM						54,409
8	40	ANESTHESIOLOGY						2,465,519
9	44	LAB ADMIN						590,135
10	57	DIALYSIS						127,959
11	60	CLINIC						488,935
12	61	ER AND TRAUMA						1,819,648
13	65	AMBULANCE						498,013
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
101		TOTAL				152,100	1,072,148	10,443,659

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 5/24/2011
 I 26-3301 I FROM 1/ 1/2010 I NOT A CMS WORKSHEET
 I I TO 12/31/2010 I

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

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	ADMINITTING	SUBTOTAL	OTHER ADMINIS TRATIVE AND
	0	3	4	5	6.01	6a.01	6.02
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &	11,675,682	11,675,682					
005 NEW CAP REL COSTS-MVBLE E	18,097,548		18,097,548				
006 EMPLOYEE BENEFITS	29,092,804	21,219		32,890	29,146,913		
01 ADMINITTING	1,607,327	51,447		79,744	266,777	2,005,295	
02 OTHER ADMINISTRATIVE AND	71,651,305	4,376,644	6,783,890	6,071,647		88,883,486	88,883,486
007 MAINTENANCE & REPAIRS	758,233	10,836		16,796	43,759	829,624	269,342
008 OPERATION OF PLANT	4,949,215	204,360	316,761	215,530		5,685,866	1,845,951
009 LAUNDRY & LINEN SERVICE	234,132	37,808	58,602			330,542	107,312
010 HOUSEKEEPING	4,163,440	91,498	141,823	587,516		4,984,277	1,618,175
011 DIETARY	579,942	149,530	231,774	482,032		1,443,278	468,569
012 CAFETERIA	179,881	280,951	435,480			896,312	290,993
014 NURSING ADMINISTRATION	5,241,433	59,389	92,053	885,840		6,278,715	2,038,422
015 CENTRAL SERVICES & SUPPLY	4,319,239			165,228		4,484,467	1,455,909
016 PHARMACY	14,159,475			1,167,679		15,327,154	4,976,053
017 MEDICAL RECORDS & LIBRARY	2,004,770	107,471	166,582	392,751		2,671,574	867,343
018 SOCIAL SERVICE	1,475,670	95,912	148,665	253,727		1,973,974	640,863
022 I&R SERVICES-SALARY & FRI	36,275,381	70,025	108,541	1,169,611		37,623,558	12,214,795
025 ADULTS & PEDIATRICS	23,154,184	1,704,467	2,641,960	3,806,054	125,009	31,431,674	10,204,482
026 INTENSIVE CARE UNIT	13,129,144	544,790	844,436	2,080,936	78,517	16,677,823	5,414,555
01 NICU	17,782,760	556,964	863,306	3,010,750	174,860	22,388,640	7,268,606
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM	14,766,473	466,606	723,249	1,395,174	121,806	17,473,308	5,672,814
040 RECOVERY ROOM	1,982,988	73,878	114,513	248,600	22,213	2,442,192	792,872
041 ANESTHESIOLOGY	732,773				30,077	762,850	247,664
044 RADIOLOGY-DIAGNOSTIC	4,728,671	266,896	413,694	741,381	217,086	6,367,728	2,067,321
047 LABORATORY	11,995,003	236,867	367,148	918,621	279,115	13,796,754	4,479,199
049 BLOOD STORING, PROCESSING	3,489,270			90,541	50,485	3,630,296	1,178,597
050 RESPIRATORY THERAPY	4,486,164	63,567	98,531	694,364	77,584	5,420,210	1,759,704
053 PHYSICAL THERAPY	5,598,026	308,990	478,942	944,468	48,830	7,379,256	2,395,720
054 ELECTROCARDIOLOGY	1,733,652				14,286	1,747,938	567,479
055 ELECTROENCEPHALOGRAPHY	572,916	30,300	46,966	67,488	12,189	729,859	236,953
056 MEDICAL SUPPLIES CHARGED	3,826,252	235,275	364,681		217,680	4,643,888	1,507,666
057 IMPL. DEV. CHARGED TO PAT	9,085,803				99,252	9,185,055	2,981,983
059 DRUGS CHARGED TO PATIENTS	10,084,424	117,547	182,200	104,750	249,948	10,738,869	3,486,438
060 RENAL DIALYSIS	446,141	56,494	87,567	155,326	5,418	750,946	243,799
061 CARDIAC CATHETERIZATION L	2,011,105	78,853	122,224	155,326	20,788	2,388,296	775,375
062 OUTPAT SERVICE COST CNTRS							
065 CLINIC	7,097,043	538,838	835,211	1,036,717	41,416	9,549,225	3,100,213
068 EMERGENCY	7,033,137	309,624	479,923	1,044,121	92,206	8,959,011	2,908,597
082 OBSERVATION BEDS (NON-DIS							
083 OTHER REIMBURS COST CNTRS							
085 AMBULANCE SERVICES	3,826,044	24,891	38,582	544,733	11,247	4,445,497	1,443,257
086 SAME DAY SURGERY	2,499,367	372,196	576,911	405,466	15,283	3,869,223	1,256,166
082 LUNG ACQUISITION	1,059,974					1,059,974	344,127
083 SPEC PURPOSE COST CENTERS							
084 KIDNEY ACQUISITION	161,807					161,807	52,532
085 LIVER ACQUISITION	652,717					652,717	211,908
086 HEART ACQUISITION	1,548,362					1,548,362	502,685
082 OTHER ORGAN ACQUISITION	401,336					401,336	130,296
095 SUBTOTALS	360,351,013	11,544,133	17,893,645	29,146,913	2,005,295	360,015,561	88,024,735
096 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP		17,855	27,675			45,530	14,782
101 OTHER NONREIMBURSABLE COS	2,309,656	113,694	176,228			2,599,578	843,969
102 CROSS FOOT ADJUSTMENT							
103 NEGATIVE COST CENTER							
TOTAL	362,660,669	11,675,682	18,097,548	29,146,913	2,005,295	362,660,669	88,883,486

COST CENTER DESCRIPTION	MAINTENANCE & OPERATION OF REPAIRS		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	7	8	9	10	11	12	14	
003 GENERAL SERVICE COST CNTR								
004 NEW CAP REL COSTS-BLDG &								
005 NEW CAP REL COSTS-MVBLE E								
006 EMPLOYEE BENEFITS								
006 01 ADMINITTING								
006 02 OTHER ADMINISTRATIVE AND								
007 MAINTENANCE & REPAIRS	1,098,966							
008 OPERATION OF PLANT	31,125	7,562,942						
009 LAUNDRY & LINEN SERVICE	5,758	40,783	484,395					
010 HOUSEKEEPING	13,936	98,698		6,715,086				
011 DIETARY	22,774	161,297		145,906	2,241,824			
012 CAFETERIA	42,790	303,062		274,142	1,485,038	3,292,337		
014 NURSING ADMINISTRATION	9,045	64,062		57,949		104,431	8,552,624	
015 CENTRAL SERVICES & SUPPLY								
016 PHARMACY								
017 MEDICAL RECORDS & LIBRARY	16,368	115,929		104,866		82,446	3,596	
018 SOCIAL SERVICE	14,608	103,460		93,587		40,307		
022 I&R SERVICES-SALARY & FRI	10,665	75,536		68,328		205,199		
025 INPAT ROUTINE SRVC CNTRS								
025 ADULTS & PEDIATRICS	259,601	1,838,606	228,753	1,663,160	164,939	699,874	2,623,830	
026 INTENSIVE CARE UNIT	82,975	587,664	32,446	531,587	43,213	313,294	1,537,480	
026 01 NICU	84,829	600,796	79,942	543,466		425,054	1,915,626	
037 ANCILLARY SRVC COST CNTRS								
037 OPERATING ROOM	71,067	503,327	18,366	455,298		175,884	722,680	
038 RECOVERY ROOM	11,252	79,692	5,471	72,088		31,146	155,432	
040 ANESTHESIOLOGY								
041 RADIOLOGY-DIAGNOSTIC	40,650	287,900	18,180	260,427		119,088	18,730	
044 LABORATORY	36,076	255,508		231,126		157,563		
047 BLOOD STORING, PROCESSING						12,825		
049 RESPIRATORY THERAPY	9,682	68,570		62,027		106,264		
050 PHYSICAL THERAPY	47,061	333,307	5,886	301,502		139,242	32,296	
053 ELECTROCARDIOLOGY								
054 ELECTROENCEPHALOGRAPHY	4,615	32,685	1,126	29,566		12,825		
055 MEDICAL SUPPLIES CHARGED	35,834	253,791		229,573		42,139		
055 30 IMPL. DEV. CHARGED TO PAT								
056 DRUGS CHARGED TO PATIENTS	17,903	126,798		114,698		139,242		
057 RENAL DIALYSIS	8,604	60,940	1,387	55,125		16,489	66,097	
059 CARDIAC CATHETERIZATION L	12,010	85,059	3,246	76,942		20,153	74,107	
060 OUTPAT SERVICE COST CNTRS								
060 CLINIC	82,068	581,244	12,570	525,779		146,570	266,199	
061 EMERGENCY	47,157	333,990	54,084	302,120		150,235	566,468	
062 OBSERVATION BEDS (NON-DIS								
062 OTHER REIMBURS COST CNTRS								
065 AMBULANCE SERVICES	3,791	26,850	3,915	24,288		62,292	269,939	
068 SAME DAY SURGERY	56,687	401,487	8,817	363,176		51,300	201,195	
082 LUNG ACQUISITION								
082 SPEC PURPOSE COST CENTERS								
083 KIDNEY ACQUISITION								
084 LIVER ACQUISITION								
085 HEART ACQUISITION								
086 OTHER ORGAN ACQUISITION								
095 SUBTOTALS	1,078,931	7,421,041	474,189	6,586,726	1,693,190	3,253,862	8,453,675	
095 NONREIMBURS COST CENTERS								
096 GIFT, FLOWER, COFFEE SHOP	2,719	19,260		17,422				
100 OTHER NONREIMBURSABLE COS	17,316	122,641	10,206	110,938	548,634	38,475	98,949	
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL	1,098,966	7,562,942	484,395	6,715,086	2,241,824	3,292,337	8,552,624	

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	I&R SERVICES-SALARY & FRI 22	SUBTOTAL 25	I&R COST POST STEP-DOWN ADJ 26
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 ADMINITTING							
006 02 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	5,940,376						
016 PHARMACY		20,303,207					
017 MEDICAL RECORDS & LIBRARY			3,862,122				
018 SOCIAL SERVICE				2,866,799			
022 I&R SERVICES-SALARY & FRI					50,198,081		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS			293,448	1,546,445	20,267,991	71,222,803	-20,267,991
026 INTENSIVE CARE UNIT			76,888	405,150	3,140,351	28,843,426	-3,140,351
026 01 NICU			173,682	915,204	7,275,429	41,671,274	-7,275,429
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM						25,092,744	
038 RECOVERY ROOM						3,590,145	
040 ANESTHESIOLOGY					1,307,065	2,317,579	-1,307,065
041 RADIOLOGY-DIAGNOSTIC						9,180,024	
044 LABORATORY						18,956,226	
047 BLOOD STORING, PROCESSING						4,821,718	
049 RESPIRATORY THERAPY					592,423	8,018,880	-592,423
050 PHYSICAL THERAPY						10,634,270	
053 ELECTROCARDIOLOGY						2,315,417	
054 ELECTROENCEPHALOGRAPHY						1,047,629	
055 MEDICAL SUPPLIES CHARGED	5,940,376					12,653,267	
055 30 IMPL. DEV. CHARGED TO PAT						12,167,038	
056 DRUGS CHARGED TO PATIENTS		20,303,207				34,927,155	
057 RENAL DIALYSIS						1,203,387	-33,674
059 CARDIAC CATHETERIZATION L					551,683	3,986,871	-551,683
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC			2,241,227		7,990,071	24,495,166	-7,990,071
061 EMERGENCY			1,017,157		8,899,924	23,238,743	-8,899,924
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES						6,279,829	
068 SAME DAY SURGERY			59,720		173,144	6,440,915	-173,144
082 LUNG ACQUISITION						1,404,101	
083 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION						214,339	
084 LIVER ACQUISITION						864,625	
085 HEART ACQUISITION						2,051,047	
086 OTHER ORGAN ACQUISITION						531,632	
095 SUBTOTALS	5,940,376	20,303,207	3,862,122	2,866,799	50,198,081	358,170,250	-50,231,755
096 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP						99,713	
101 OTHER NONREIMBURSABLE COS						4,390,706	
102 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	5,940,376	20,303,207	3,862,122	2,866,799	50,198,081	362,660,669	-50,231,755

COST CENTER DESCRIPTION		TOTAL
		27
003	GENERAL SERVICE COST CNTR	
004	NEW CAP REL COSTS-BLDG &	
005	NEW CAP REL COSTS-MVBLE E	
006	EMPLOYEE BENEFITS	
006 01	ADMINISTRATIVE	
006 02	OTHER ADMINISTRATIVE AND	
007	MAINTENANCE & REPAIRS	
008	OPERATION OF PLANT	
009	LAUNDRY & LINEN SERVICE	
010	HOUSEKEEPING	
011	DIETARY	
012	CAFETERIA	
014	NURSING ADMINISTRATION	
015	CENTRAL SERVICES & SUPPLY	
016	PHARMACY	
017	MEDICAL RECORDS & LIBRARY	
018	SOCIAL SERVICE	
022	I&R SERVICES-SALARY & FRI	
	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	50,954,812
026	INTENSIVE CARE UNIT	25,703,075
026 01	NICU	34,395,845
	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	25,092,744
038	RECOVERY ROOM	3,590,145
040	ANESTHESIOLOGY	1,010,514
041	RADIOLOGY-DIAGNOSTIC	9,180,024
044	LABORATORY	18,956,226
047	BLOOD STORAGE, PROCESSING	4,821,718
049	RESPIRATORY THERAPY	7,426,457
050	PHYSICAL THERAPY	10,634,270
053	ELECTROCARDIOLOGY	2,315,417
054	ELECTROENCEPHALOGRAPHY	1,047,629
055	MEDICAL SUPPLIES CHARGED	12,653,267
055 30	IMPL. DEV. CHARGED TO PAT	12,167,038
056	DRUGS CHARGED TO PATIENTS	34,927,155
057	RENAL DIALYSIS	1,169,713
059	CARDIAC CATHETERIZATION L	3,435,188
	OUTPAT SERVICE COST CNTRS	
060	CLINIC	16,505,095
061	EMERGENCY	14,338,819
062	OBSERVATION BEDS (NON-DIS	
	OTHER REIMBURS COST CNTRS	
065	AMBULANCE SERVICES	6,279,829
068	SAME DAY SURGERY	6,267,771
082	LUNG ACQUISITION	1,404,101
	SPEC PURPOSE COST CENTERS	
083	KIDNEY ACQUISITION	214,339
084	LIVER ACQUISITION	864,625
085	HEART ACQUISITION	2,051,047
086	OTHER ORGAN ACQUISITION	531,632
095	SUBTOTALS	307,938,495
	NONREIMBURS COST CENTERS	
096	GIFT, FLOWER, COFFEE SHOP	99,713
100	OTHER NONREIMBURSABLE COS	4,390,706
101	CROSS FOOT ADJUSTMENT	
102	NEGATIVE COST CENTER	
103	TOTAL	312,428,914

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-MVBLE E	SUBTOTAL	EMPLOYEE BENEFITS	ADMITTING	OTHER ADMINISTRATIVE AND
	0	3	4	4a	5	6.01	6.02
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS	4,211	21,219	32,890	58,320	58,320		
006 01 ADMITTING	10,619	51,447	79,744	141,810	533	142,343	
006 02 OTHER ADMINISTRATIVE AND	3,114,407	4,376,644	6,783,890	14,274,941	12,190		14,287,131
007 MAINTENANCE & REPAIRS	6,767	10,836	16,796	34,399	87		43,294
008 OPERATION OF PLANT	8,179	204,360	316,761	529,300	431		296,717
009 LAUNDRY & LINEN SERVICE	111	37,808	58,602	96,521			17,249
010 HOUSEKEEPING	3,299	91,498	141,823	236,620	1,175		260,104
011 DIETARY		149,530	231,774	381,304	964		75,317
012 CAFETERIA	6,396	280,951	435,480	722,827			46,774
014 NURSING ADMINISTRATION	14,624	59,389	92,053	166,066	1,771		327,655
015 CENTRAL SERVICES & SUPPLY					330		234,022
016 PHARMACY					2,334		799,848
017 MEDICAL RECORDS & LIBRARY	10,849	107,471	166,582	284,902	785		139,416
018 SOCIAL SERVICE	6,999	95,912	148,665	251,576	507		103,012
022 I&R SERVICES-SALARY & FRI	3,893	70,025	108,541	182,459	2,338		1,963,455
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	-176,966	1,704,467	2,641,960	4,169,461	7,609	8,877	1,640,262
026 INTENSIVE CARE UNIT	15,183	544,790	844,436	1,404,409	4,160	5,576	870,332
026 01 NICU	25,931	556,964	863,306	1,446,201	6,019	12,417	1,168,351
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	16,922	466,606	723,249	1,206,777	2,789	8,650	911,845
038 RECOVERY ROOM	4,258	73,878	114,513	192,649	497	1,577	127,446
040 ANESTHESIOLOGY	6			6		2,136	39,809
041 RADIOLOGY-DIAGNOSTIC	14,696	266,896	413,694	695,286	1,482	15,416	332,300
044 LABORATORY	13,019	236,867	367,148	617,034	1,836	19,761	719,984
047 BLOOD STORING, PROCESSING	1,139			1,139	181	3,585	189,447
049 RESPIRATORY THERAPY	2,620	63,567	98,531	164,718	1,388	5,510	282,854
050 PHYSICAL THERAPY	20,004	308,990	478,942	807,936	1,888	3,468	385,086
053 ELECTROCARDIOLOGY						1,014	91,216
054 ELECTROENCEPHALOGRAPHY	2,386	30,300	46,966	79,652	135	866	38,088
055 MEDICAL SUPPLIES CHARGED	4,148	235,275	364,681	604,104		15,458	242,341
055 30 IMPL. DEV. CHARGED TO PAT						7,048	479,322
056 DRUGS CHARGED TO PATIENTS	12,768	117,547	182,200	312,515	209	17,750	560,408
057 RENAL DIALYSIS	3,053	56,494	87,567	147,114	311	385	39,188
059 CARDIAC CATHETERIZATION L	3,278	78,853	122,224	204,355	311	1,476	124,633
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	20,085	538,838	835,211	1,394,134	2,073	2,941	498,326
061 EMERGENCY	18,182	309,624	479,923	807,729	2,087	6,548	467,526
062 OBSERVATION BEDS (NON-DIS							
065 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES	5,938	24,891	38,582	69,411	1,089	799	231,988
068 SAME DAY SURGERY	11,610	372,196	576,911	960,717	811	1,085	201,915
082 LUNG ACQUISITION							55,315
083 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							8,444
084 LIVER ACQUISITION							34,062
085 HEART ACQUISITION							80,801
086 OTHER ORGAN ACQUISITION							20,944
095 SUBTOTALS	3,208,614	11,544,133	17,893,645	32,646,392	58,320	142,343	14,149,096
096 NONREIMBURS COST CENTERS							
100 GIFT, FLOWER, COFFEE SHOP		17,855	27,675	45,530			2,376
101 OTHER NONREIMBURSABLE COS	3,858	113,694	176,228	293,780			135,659
102 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	3,212,472	11,675,682	18,097,548	32,985,702	58,320	142,343	14,287,131

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	MAINTENANCE & OPERATIONS OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION
	7	8	9	10	11	12
003 GENERAL SERVICE COST CNTR						
004 NEW CAP REL COSTS-BLDG &						
005 NEW CAP REL COSTS-MVBLE E						
006 EMPLOYEE BENEFITS						
01 ADMINITTING						
02 OTHER ADMINISTRATIVE AND						
007 MAINTENANCE & REPAIRS	77,780					
008 OPERATION OF PLANT	2,203	828,651				
009 LAUNDRY & LINEN SERVICE	408	4,468	118,646			
010 HOUSEKEEPING	986	10,814		509,699		
011 DIETARY	1,612	17,673		11,075	487,945	
012 CAFETERIA	3,029	33,206		20,808	323,226	1,149,870
014 NURSING ADMINISTRATION	640	7,019		4,399	36,473	544,023
015 CENTRAL SERVICES & SUPPLY						
016 PHARMACY						
017 MEDICAL RECORDS & LIBRARY	1,158	12,702		7,960	28,795	229
018 SOCIAL SERVICE	1,034	11,336		7,104	14,077	
022 I&R SERVICES-SALARY & FRI	755	8,276		5,186	71,667	
INPAT ROUTINE SRVC CNTRS						
025 ADULTS & PEDIATRICS	18,373	201,452	56,029	126,240	35,900	244,436
026 INTENSIVE CARE UNIT	5,873	64,389	7,947	40,349	9,406	109,420
01 NICU	6,004	65,828	19,581	41,251		148,453
121,851						
ANCILLARY SRVC COST CNTRS						
037 OPERATING ROOM	5,030	55,148	4,499	34,559	61,429	45,969
038 RECOVERY ROOM	796	8,732	1,340	5,472	10,878	9,887
040 ANESTHESIOLOGY						
041 RADIOLOGY-DIAGNOSTIC	2,877	31,544	4,453	19,767	41,592	1,191
044 LABORATORY	2,553	27,995		17,543	55,030	
047 BLOOD STORING, PROCESSING					4,479	
049 RESPIRATORY THERAPY	685	7,513		4,708	37,113	
050 PHYSICAL THERAPY	3,331	36,520	1,442	22,885	48,631	2,054
053 ELECTROCARDIOLOGY						
054 ELECTROENCEPHALOGRAPHY	327	3,581	276	2,244	4,479	
055 MEDICAL SUPPLIES CHARGED	2,536	27,807		17,425	14,717	
056 30 IMPL. DEV. CHARGED TO PAT						
056 DRUGS CHARGED TO PATIENTS	1,267	13,893		8,706	48,631	
057 RENAL DIALYSIS	609	6,677	340	4,184	5,759	4,204
059 CARDIAC CATHETERIZATION L	850	9,320	795	5,840	7,039	4,714
OUTPAT SERVICE COST CNTRS						
060 CLINIC	5,808	63,685	3,079	39,909	51,191	16,933
061 EMERGENCY	3,338	36,594	13,247	22,932	52,470	36,032
062 OBSERVATION BEDS (NON-DIS						
OTHER REIMBURS COST CNTRS						
065 AMBULANCE SERVICES	268	2,942	959	1,844	21,756	17,171
068 SAME DAY SURGERY	4,012	43,990	2,159	27,566	17,917	12,798
082 LUNG ACQUISITION						
SPEC PURPOSE COST CENTERS						
083 KIDNEY ACQUISITION						
084 LIVER ACQUISITION						
085 HEART ACQUISITION						
086 OTHER ORGAN ACQUISITION						
095 SUBTOTALS	76,362	813,104	116,146	499,956	368,532	1,136,432
537,729						
NONREIMBURS COST CENTERS						
096 GIFT, FLOWER, COFFEE SHOP	192	2,110		1,322		
100 OTHER NONREIMBURSABLE COS	1,226	13,437	2,500	8,421	119,413	13,438
101 CROSS FOOT ADJUSTMENTS						6,294
102 NEGATIVE COST CENTER						
103 TOTAL	77,780	828,651	118,646	509,699	487,945	1,149,870
544,023						

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	I&R SERVICES-SALARY & FRI 22	SUBTOTAL 25	POST STEPDOWN ADJUSTMENT 26
003 GENERAL SERVICE COST CNTR							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
006 01 ADMINITTING							
006 02 OTHER ADMINISTRATIVE AND							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY	234,352						
016 PHARMACY		802,182					
017 MEDICAL RECORDS & LIBRARY			475,947				
018 SOCIAL SERVICE				388,646			
022 I&R SERVICES-SALARY & FRI					2,234,136		
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS			36,163	209,649		6,921,350	
026 INTENSIVE CARE UNIT			9,475	54,925		2,684,058	
026 01 NICU			21,404	124,072		3,181,432	
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM						2,336,695	
038 RECOVERY ROOM						359,274	
040 ANESTHESIOLOGY						41,951	
041 RADIOLOGY-DIAGNOSTIC						1,145,908	
044 LABORATORY						1,461,736	
047 BLOOD STORING, PROCESSING						198,831	
049 RESPIRATORY THERAPY						504,489	
050 PHYSICAL THERAPY						1,313,241	
053 ELECTROCARDIOLOGY						92,230	
054 ELECTROENCEPHALOGRAPHY						129,648	
055 MEDICAL SUPPLIES CHARGED	234,352					1,158,740	
055 30 IMPL. DEV. CHARGED TO PAT						486,370	
056 DRUGS CHARGED TO PATIENTS		802,182				1,765,561	
057 RENAL DIALYSIS						208,771	
059 CARDIAC CATHETERIZATION L						359,333	
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC			276,196			2,354,275	
061 EMERGENCY			125,349			1,573,852	
062 OBSERVATION BEDS (NON-DIS							
062 OTHER REIMBURS COST CNTRS							
065 AMBULANCE SERVICES						348,227	
068 SAME DAY SURGERY				7,360		1,280,330	
082 LUNG ACQUISITION						55,315	
083 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION						8,444	
084 LIVER ACQUISITION						34,062	
085 HEART ACQUISITION						80,801	
086 OTHER ORGAN ACQUISITION						20,944	
095 SUBTOTALS	234,352	802,182	475,947	388,646		30,105,868	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP						51,530	
100 OTHER NONREIMBURSABLE COS						594,168	
101 CROSS FOOT ADJUSTMENTS					2,234,136	2,234,136	
102 NEGATIVE COST CENTER							
103 TOTAL	234,352	802,182	475,947	388,646	2,234,136	32,985,702	

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION		TOTAL
		27
003	GENERAL SERVICE COST CNTR	
004	NEW CAP REL COSTS-BLDG &	
005	NEW CAP REL COSTS-MVBLE E	
006	EMPLOYEE BENEFITS	
006 01	ADMINISTRATIVE	
006 02	OTHER ADMINISTRATIVE AND	
007	MAINTENANCE & REPAIRS	
008	OPERATION OF PLANT	
009	LAUNDRY & LINEN SERVICE	
010	HOUSEKEEPING	
011	DIETARY	
012	CAFETERIA	
014	NURSING ADMINISTRATION	
015	CENTRAL SERVICES & SUPPLY	
016	PHARMACY	
017	MEDICAL RECORDS & LIBRARY	
018	SOCIAL SERVICE	
022	I&R SERVICES-SALARY & FRI	
025	INPAT ROUTINE SRVC CNTRS	
025	ADULTS & PEDIATRICS	6,921,350
026	INTENSIVE CARE UNIT	2,684,058
026 01	NICU	3,181,432
037	ANCILLARY SRVC COST CNTRS	
037	OPERATING ROOM	2,336,695
038	RECOVERY ROOM	359,274
040	ANESTHESIOLOGY	41,951
041	RADIOLOGY-DIAGNOSTIC	1,145,908
044	LABORATORY	1,461,736
047	BLOOD STORING, PROCESSING	198,831
049	RESPIRATORY THERAPY	504,489
050	PHYSICAL THERAPY	1,313,241
053	ELECTROCARDIOLOGY	92,230
054	ELECTROENCEPHALOGRAPHY	129,648
055	MEDICAL SUPPLIES CHARGED	1,158,740
055 30	IMPL. DEV. CHARGED TO PAT	486,370
056	DRUGS CHARGED TO PATIENTS	1,765,561
057	RENAL DIALYSIS	208,771
059	CARDIAC CATHETERIZATION L	359,333
060	OUTPAT SERVICE COST CNTRS	
060	CLINIC	2,354,275
061	EMERGENCY	1,573,852
062	OBSERVATION BEDS (NON-DIS	
062	OTHER REIMBURS COST CNTRS	
065	AMBULANCE SERVICES	348,227
068	SAME DAY SURGERY	1,280,330
082	LUNG ACQUISITION	55,315
083	SPEC PURPOSE COST CENTERS	
083	KIDNEY ACQUISITION	8,444
084	LIVER ACQUISITION	34,062
085	HEART ACQUISITION	80,801
086	OTHER ORGAN ACQUISITION	20,944
095	SUBTOTALS	30,105,868
096	NONREIMBURS COST CENTERS	
096	GIFT, FLOWER, COFFEE SHOP	51,530
100	OTHER NONREIMBURSABLE COS	594,168
101	CROSS FOOT ADJUSTMENTS	2,234,136
102	NEGATIVE COST CENTER	
103	TOTAL	32,985,702

COST CENTER DESCRIPTION	NEW CAP REL COSTS-BLDG &	NEW CAP REL COSTS-MVBLE	EMPLOYEE BENEFITS	BENEFITS	ADMINISTRATIVE	OTHER ADMINISTRATIVE AND
	(SQUARE FEET)	(SQUARE FEET)	(GROSS SALARIES)	(GROSS CHARGES)	RECONCILIATION	(ACCUM. COST)
	3	4	5	6.01	6a.02	6.02
003 GENERAL SERVICE COST						
004 NEW CAP REL COSTS-BLD	645,432					
005 NEW CAP REL COSTS-MVB		645,432				
006 EMPLOYEE BENEFITS	1,173	1,173	141,773,000			
006 01 ADMINITTING	2,844	2,844	1,297,624	647,192,653		
006 02 OTHER ADMINISTRATIVE	241,941	241,941	29,533,193		-88,883,486	273,777,183
007 MAINTENANCE & REPAIRS	599	599	212,849			829,624
008 OPERATION OF PLANT	11,297	11,297	1,048,355			5,685,866
009 LAUNDRY & LINEN SERVI	2,090	2,090				330,542
010 HOUSEKEEPING	5,058	5,058	2,857,723			4,984,277
011 DIETARY	8,266	8,266	2,344,638			1,443,278
012 CAFETERIA	15,531	15,531				896,312
014 NURSING ADMINISTRATIO	3,283	3,283	4,308,793			6,278,715
015 CENTRAL SERVICES & SU			803,680			4,484,467
016 PHARMACY			5,679,675			15,327,154
017 MEDICAL RECORDS & LIB	5,941	5,941	1,910,371			2,671,574
018 SOCIAL SERVICE	5,302	5,302	1,234,146			1,973,974
022 I&R SERVICES-SALARY &	3,871	3,871	5,689,076			37,623,558
025 INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS	94,223	94,223	18,512,925	40,351,421		31,431,674
026 INTENSIVE CARE UNIT	30,116	30,116	10,121,828	25,344,514		16,677,823
026 01 NICU	30,789	30,789	14,644,511	56,442,955		22,388,640
037 ANCILLARY SRVC COST C						
038 OPERATING ROOM	25,794	25,794	6,786,231	39,317,469		17,473,308
038 RECOVERY ROOM	4,084	4,084	1,209,211	7,170,143		2,442,192
040 ANESTHESIOLOGY				9,708,654		762,850
041 RADIOLOGY-DIAGNOSTIC	14,754	14,754	3,606,134	70,072,964		6,367,728
044 LABORATORY	13,094	13,094	4,468,239	90,000,644		13,796,754
047 BLOOD STORING, PROCES			440,398	16,295,967		3,630,296
049 RESPIRATORY THERAPY	3,514	3,514	3,377,437	25,043,311		5,420,210
050 PHYSICAL THERAPY	17,081	17,081	4,593,960	15,761,668		7,379,256
053 ELECTROCARDIOLOGY				4,611,251		1,747,938
054 ELECTROENCEPHALOGRAPH	1,675	1,675	328,269	3,934,549		729,859
055 MEDICAL SUPPLIES CHAR	13,006	13,006		70,264,731		4,643,888
055 30 IMPL. DEV. CHARGED TO				32,037,383		9,185,055
056 DRUGS CHARGED TO PATI	6,498	6,498	509,511	80,680,412		10,738,869
057 RENAL DIALYSIS	3,123	3,123	755,519	1,748,984		750,946
059 CARDIAC CATHETERIZATI	4,359	4,359	755,519	6,710,168		2,388,296
060 OUTPAT SERVICE COST C						
060 CLINIC	29,787	29,787	5,042,667	13,368,774		9,549,225
061 EMERGENCY	17,116	17,116	5,078,681	29,763,013		8,959,011
062 OBSERVATION BEDS (NON						
065 OTHER REIMBURS COST C						
065 AMBULANCE SERVICES	1,376	1,376	2,649,620	3,630,472		4,445,497
068 SAME DAY SURGERY	20,575	20,575	1,972,217	4,933,206		3,869,223
082 LUNG ACQUISITION						1,059,974
083 SPEC PURPOSE COST CEN						
083 KIDNEY ACQUISITION						161,807
084 LIVER ACQUISITION						652,717
085 HEART ACQUISITION						1,548,362
086 OTHER ORGAN ACQUISITI						401,336
095 SUBTOTALS	638,160	638,160	141,773,000	647,192,653	-88,883,486	271,132,075
096 NONREIMBURS COST CENT						
100 GIFT, FLOWER, COFFEE	987	987				45,530
101 OTHER NONREIMBURSABLE	6,285	6,285				2,599,578
102 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED	11,675,682	18,097,548	29,146,913	2,005,295		88,883,486
(WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER	18.089717		.205589			
(WRKSHT B, PT I)		28.039434		.003098		.324656
105 COST TO BE ALLOCATED						
(WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
(WRKSHT B, PT II)						
107 COST TO BE ALLOCATED			58,320	142,343		14,287,131
(WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER			.000411		.000220	.052185
(WRKSHT B, PT III)						

COST CENTER DESCRIPTION	MAINTENANCE & OPERATION OF REPAIRS		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	(FTES SERVED)	(DIRECT)SING HRS	(NR)
	7	8	9	10	11	12	14	
003 GENERAL SERVICE COST								
004 NEW CAP REL COSTS-BLD								
005 NEW CAP REL COSTS-MVB								
006 EMPLOYEE BENEFITS								
006 01 ADMINITTING								
006 02 OTHER ADMINISTRATIVE								
007 MAINTENANCE & REPAIRS	398,875							
008 OPERATION OF PLANT	11,297	387,578						
009 LAUNDRY & LINEN SERVICE	2,090	2,090	2,183,774					
010 HOUSEKEEPING	5,058	5,058		380,430				
011 DIETARY	8,266	8,266		8,266	1,782,552			
012 CAFETERIA	15,531	15,531		15,531	1,180,805	1,797		
014 NURSING ADMINISTRATION	3,283	3,283		3,283		57	1,369,901	
015 CENTRAL SERVICES & SU								
016 PHARMACY								
017 MEDICAL RECORDS & LIB	5,941	5,941		5,941		45	576	
018 SOCIAL SERVICE	5,302	5,302		5,302		22		
022 I&R SERVICES-SALARY & INPAT ROUTINE SRVC CN	3,871	3,871		3,871		112		
025 ADULTS & PEDIATRICS	94,223	94,223	1,031,282	94,223	131,149	382	420,267	
026 INTENSIVE CARE UNIT	30,116	30,116	146,274	30,116	34,360	171	246,263	
026 01 NICU	30,789	30,789	360,399	30,789		232	306,832	
037 ANCILLARY SRVC COST C								
038 OPERATING ROOM	25,794	25,794	82,799	25,794		96	115,754	
038 RECOVERY ROOM	4,084	4,084	24,663	4,084		17	24,896	
040 ANESTHESIOLOGY								
041 RADIOLOGY-DIAGNOSTIC	14,754	14,754	81,960	14,754		65	3,000	
044 LABORATORY	13,094	13,094		13,094		86		
047 BLOOD STORING, PROCES						7		
049 RESPIRATORY THERAPY	3,514	3,514		3,514		58		
050 PHYSICAL THERAPY	17,081	17,081	26,534	17,081		76	5,173	
053 ELECTROCARDIOLOGY								
054 ELECTROENCEPHALOGRAPH	1,675	1,675	5,077	1,675		7		
055 MEDICAL SUPPLIES CHAR	13,006	13,006		13,006		23		
055 30 IMPL. DEV. CHARGED TO								
056 DRUGS CHARGED TO PATI	6,498	6,498		6,498		76		
057 RENAL DIALYSIS	3,123	3,123	6,251	3,123		9	10,587	
059 CARDIAC CATHETERIZATI	4,359	4,359	14,633	4,359		11	11,870	
060 OUTPAT SERVICE COST C								
060 CLINIC	29,787	29,787	56,669	29,787		80	42,638	
061 EMERGENCY	17,116	17,116	243,823	17,116		82	90,733	
062 OBSERVATION BEDS (NON								
062 OTHER REIMBURS COST C								
065 AMBULANCE SERVICES	1,376	1,376	17,652	1,376		34	43,237	
068 SAME DAY SURGERY	20,575	20,575	39,747	20,575		28	32,226	
082 LUNG ACQUISITION								
082 SPEC PURPOSE COST CEN								
083 KIDNEY ACQUISITION								
084 LIVER ACQUISITION								
085 HEART ACQUISITION								
086 OTHER ORGAN ACQUISITI								
095 SUBTOTALS	391,603	380,306	2,137,763	373,158	1,346,314	1,776	1,354,052	
096 NONREIMBURS COST CENT								
096 GI FT, FLOWER, COFFEE	987	987		987				
100 OTHER NONREIMBURSABLE	6,285	6,285	46,011	6,285	436,238	21	15,849	
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	1,098,966	7,562,942	484,395	6,715,086	2,241,824	3,292,337	8,552,624	
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	2.755164	19.513342	.221816	17.651305	1.257649	1,832.129661	6.243242	
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)	77,780	828,651	118,646	509,699	487,945	1,149,870	544,023	
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.194998	2.138024	.054331	1.339797	.273734	639.883139	.397126	

POST STEP DOWN ADJUSTMENTS

PROVIDER NO:
26-3301

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

PREPARED 5/24/2011
WORKSHEET B-2

	DESCRIPTION	WORKSHEET		AMOUNT
		PART	LINE NO.	
	1	2	3	4
1	ADJ FOR EPO COSTS IN RENAL DIA	1	57	-15,070
2	ADJ FOR EPO COSTS IN HOME PROG	1	64	
3	ADJ FOR ARANESP IN RENAL DIALY	1	57	-18,604
4	ADJ FOR ARANESP IN HOME PROGRA	1	64	

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	25,092,744	2,336,695	22,756,049			25,092,744
38	RECOVERY ROOM	3,590,145	359,274	3,230,871			3,590,145
40	ANESTHESIOLOGY	1,010,514	41,951	968,563			1,010,514
41	RADIOLOGY-DIAGNOSTIC	9,180,024	1,145,908	8,034,116			9,180,024
44	LABORATORY	18,956,226	1,461,736	17,494,490			18,956,226
47	BLOOD STORING, PROCESSING	4,821,718	198,831	4,622,887			4,821,718
49	RESPIRATORY THERAPY	7,426,457	504,489	6,921,968			7,426,457
50	PHYSICAL THERAPY	10,634,270	1,313,241	9,321,029			10,634,270
53	ELECTROCARDIOLOGY	2,315,417	92,230	2,223,187			2,315,417
54	ELECTROENCEPHALOGRAPHY	1,047,629	129,648	917,981			1,047,629
55	MEDICAL SUPPLIES CHARGED	12,653,267	1,158,740	11,494,527			12,653,267
55	30 IMPL. DEV. CHARGED TO PAT	12,167,038	486,370	11,680,668			12,167,038
56	DRUGS CHARGED TO PATIENTS	34,927,155	1,765,561	33,161,594			34,927,155
57	RENAL DIALYSIS	1,169,713	208,771	960,942			1,169,713
59	CARDIAC CATHETERIZATION L OUTPAT SERVICE COST CNTRS	3,435,188	359,333	3,075,855			3,435,188
60	CLINIC	16,505,095	2,354,275	14,150,820			16,505,095
61	EMERGENCY	14,338,819	1,573,852	12,764,967			14,338,819
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	3,317,208	450,586	2,866,622			3,317,208
65	AMBULANCE SERVICES	6,279,829	348,227	5,931,602			6,279,829
68	SAME DAY SURGERY	6,267,771	1,280,330	4,987,441			6,267,771
101	SUBTOTAL	195,136,227	17,570,048	177,566,179			195,136,227
102	LESS OBSERVATION BEDS	3,317,208	450,586	2,866,622			3,317,208
103	TOTAL	191,819,019	17,119,462	174,699,557			191,819,019

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	39,317,469	.638209	.638209
38	RECOVERY ROOM	7,170,143	.500708	.500708
40	ANESTHESIOLOGY	9,708,654	.104084	.104084
41	RADIOLOGY-DIAGNOSTIC	70,072,964	.131007	.131007
44	LABORATORY	90,000,644	.210623	.210623
47	BLOOD STORING, PROCESSING	16,295,967	.295884	.295884
49	RESPIRATORY THERAPY	25,043,311	.296545	.296545
50	PHYSICAL THERAPY	15,761,668	.674692	.674692
53	ELECTROCARDIOLOGY	4,611,251	.502123	.502123
54	ELECTROENCEPHALOGRAPHY	3,934,549	.266264	.266264
55	MEDICAL SUPPLIES CHARGED	70,264,731	.180080	.180080
55	30 IMPL. DEV. CHARGED TO PAT	32,037,383	.379776	.379776
56	DRUGS CHARGED TO PATIENTS	80,680,412	.432907	.432907
57	RENAL DIALYSIS	1,748,984	.668796	.668796
59	CARDIAC CATHETERIZATION L OUTPAT SERVICE COST CNTRS	6,710,168	.511938	.511938
60	CLINIC	13,368,774	1.234600	1.234600
61	EMERGENCY	29,763,013	.481766	.481766
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	2,396,423	1.384233	1.384233
65	AMBULANCE SERVICES	3,630,472	1.729756	1.729756
68	SAME DAY SURGERY	4,933,206	1.270527	1.270527
101	SUBTOTAL	527,450,186		
102	LESS OBSERVATION BEDS	2,396,423		
103	TOTAL	525,053,763		

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	25,092,744	2,336,695	22,756,049			25,092,744
38	RECOVERY ROOM	3,590,145	359,274	3,230,871			3,590,145
40	ANESTHESIOLOGY	1,010,514	41,951	968,563			1,010,514
41	RADIOLOGY-DIAGNOSTIC	9,180,024	1,145,908	8,034,116			9,180,024
44	LABORATORY	18,956,226	1,461,736	17,494,490			18,956,226
47	BLOOD STORING, PROCESSING	4,821,718	198,831	4,622,887			4,821,718
49	RESPIRATORY THERAPY	7,426,457	504,489	6,921,968			7,426,457
50	PHYSICAL THERAPY	10,634,270	1,313,241	9,321,029			10,634,270
53	ELECTROCARDIOLOGY	2,315,417	92,230	2,223,187			2,315,417
54	ELECTROENCEPHALOGRAPHY	1,047,629	129,648	917,981			1,047,629
55	MEDICAL SUPPLIES CHARGED	12,653,267	1,158,740	11,494,527			12,653,267
55	30 IMPL. DEV. CHARGED TO PAT	12,167,038	486,370	11,680,668			12,167,038
56	DRUGS CHARGED TO PATIENTS	34,927,155	1,765,561	33,161,594			34,927,155
57	RENAL DIALYSIS	1,169,713	208,771	960,942			1,169,713
59	CARDIAC CATHETERIZATION L OUTPAT SERVICE COST CNTRS	3,435,188	359,333	3,075,855			3,435,188
60	CLINIC	16,505,095	2,354,275	14,150,820			16,505,095
61	EMERGENCY	14,338,819	1,573,852	12,764,967			14,338,819
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	3,317,208	450,586	2,866,622			3,317,208
65	AMBULANCE SERVICES	6,279,829	348,227	5,931,602			6,279,829
68	SAME DAY SURGERY	6,267,771	1,280,330	4,987,441			6,267,771
101	SUBTOTAL	195,136,227	17,570,048	177,566,179			195,136,227
102	LESS OBSERVATION BEDS	3,317,208	450,586	2,866,622			3,317,208
103	TOTAL	191,819,019	17,119,462	174,699,557			191,819,019

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	39,317,469	.638209	.638209
38	RECOVERY ROOM	7,170,143	.500708	.500708
40	ANESTHESIOLOGY	9,708,654	.104084	.104084
41	RADIOLOGY-DIAGNOSTIC	70,072,964	.131007	.131007
44	LABORATORY	90,000,644	.210623	.210623
47	BLOOD STORING, PROCESSING	16,295,967	.295884	.295884
49	RESPIRATORY THERAPY	25,043,311	.296545	.296545
50	PHYSICAL THERAPY	15,761,668	.674692	.674692
53	ELECTROCARDIOLOGY	4,611,251	.502123	.502123
54	ELECTROENCEPHALOGRAPHY	3,934,549	.266264	.266264
55	MEDICAL SUPPLIES CHARGED	70,264,731	.180080	.180080
55	30 IMPL. DEV. CHARGED TO PAT	32,037,383	.379776	.379776
56	DRUGS CHARGED TO PATIENTS	80,680,412	.432907	.432907
57	RENAL DIALYSIS	1,748,984	.668796	.668796
59	CARDIAC CATHETERIZATION L	6,710,168	.511938	.511938
	OUTPAT SERVICE COST CNTRS			
60	CLINIC	13,368,774	1.234600	1.234600
61	EMERGENCY	29,763,013	.481766	.481766
62	OBSERVATION BEDS (NON-DIS	2,396,423	1.384233	1.384233
	OTHER REIMBURS COST CNTRS			
65	AMBULANCE SERVICES	3,630,472	1.729756	1.729756
68	SAME DAY SURGERY	4,933,206	1.270527	1.270527
101	SUBTOTAL	527,450,186		
102	LESS OBSERVATION BEDS	2,396,423		
103	TOTAL	525,053,763		

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

PROVIDER NO: 26-3301
PERIOD: FROM 1/1/2010 TO 12/31/2010
PREPARED 5/24/2011
WORKSHEET D
PART III
TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					41,044	
26	INTENSIVE CARE UNIT					10,053	
26 01	NICU					22,709	
101	TOTAL					73,806	

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

PROVIDER NO:	PERIOD:	PREPARED
26-3301	FROM 1/ 1/2010	5/24/2011
	TO 12/31/2010	WORKSHEET D
		PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS		47
26	INTENSIVE CARE UNIT		3
26 01	NICU		
101	TOTAL		50

TITLE XVIII, PART A HOSPITAL TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM						
38	RECOVERY ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55	30 IMPL. DEV. CHARGED TO PAT						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
59	CARDIAC CATHETERIZATION L						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
68	SAME DAY SURGERY						
101	TOTAL						

TITLE XVIII, PART A

HOSPITAL

TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS			39,317,469			41,708	
38	OPERATING ROOM			7,170,143			4,347	
40	RECOVERY ROOM			9,708,654			9,378	
41	ANESTHESIOLOGY			70,072,964			22,232	
44	RADIOLOGY-DIAGNOSTIC			90,000,644			65,492	
47	LABORATORY			16,295,967				
49	BLOOD STORING, PROCESSING			25,043,311			5,689	
50	RESPIRATORY THERAPY			15,761,668			210	
53	PHYSICAL THERAPY			4,611,251			3,712	
54	ELECTROCARDIOLOGY			3,934,549			891	
55	ELECTROENCEPHALOGRAPHY			70,264,731			38,984	
55	MEDICAL SUPPLIES CHARGED			32,037,383				
56	30 IMPL. DEV. CHARGED TO PAT			80,680,412			46,104	
57	DRUGS CHARGED TO PATIENTS			1,748,984				
59	RENAL DIALYSIS			6,710,168				
60	CARDIAC CATHETERIZATION L							
60	OUTPAT SERVICE COST CNTRS							
61	CLINIC			13,368,774			259	
61	EMERGENCY			29,763,013			4,700	
62	OBSERVATION BEDS (NON-DIS			2,396,423			296	
65	OTHER REIMBURS COST CNTRS							
65	AMBULANCE SERVICES							
68	SAME DAY SURGERY			4,933,206				
101	TOTAL			523,819,714			244,002	

TITLE XVIII PART A HOSPITAL TEFRA

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	2,672
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,241.47
85	OBSERVATION BED COST	3,317,208

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	50,954,812		3,317,208	
87	NEW CAPITAL-RELATED COST	6,921,350	.135833	3,317,208	450,586
88	NON PHYSICIAN ANESTHETIST	50,954,812		3,317,208	
89	MEDICAL EDUCATION	50,954,812		3,317,208	
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		42,159	
26	INTENSIVE CARE UNIT		7,482	
26	01 NICU			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.638209	41,708	26,618
38	RECOVERY ROOM	.500708	4,347	2,177
40	ANESTHESIOLOGY	.104084	9,378	976
41	RADIOLOGY-DIAGNOSTIC	.131007	22,232	2,913
44	LABORATORY	.210623	65,492	13,794
47	BLOOD STORING, PROCESSING & TRANS.	.295884		
49	RESPIRATORY THERAPY	.296545	5,689	1,687
50	PHYSICAL THERAPY	.674692	210	142
53	ELECTROCARDIOLOGY	.502123	3,712	1,864
54	ELECTROENCEPHALOGRAPHY	.266264	891	237
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.180080	38,984	7,020
55	30 IMPL. DEV. CHARGED TO PATIENT	.379776		
56	DRUGS CHARGED TO PATIENTS	.432907	46,104	19,959
57	RENAL DIALYSIS	.668796		
59	CARDIAC CATHETERIZATION LABORATORY OUTPAT SERVICE COST CNTRS	.511938		
60	CLINIC	1.234600	259	320
61	EMERGENCY	.481766	4,700	2,264
62	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS	1.384233	296	410
65	AMBULANCE SERVICES			
68	SAME DAY SURGERY	1.270527		
101	TOTAL		244,002	80,381
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		244,002	

KIDNEY

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

COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		INPATIENT ROUTINE ORGAN CHARGES		PER DIEM COSTS FROM WKST. D-1		ORGAN ACQUISITION DAYS	COST (COL. 2 X COL. 3)
		1	D	2	D-1	3	4
1	ADULTS & PEDIATRICS	2,648	38	1,241.	47	4	4,966
2	INTENSIVE CARE UNIT	6,469	43	2,556.	76	1	2,557
2.01	NICU		43.01	1,514.	63		
7	TOTAL (SUM OF LINES 1-6)	9,117				5	7,523

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	.638209	25,790	16,459
9	RECOVERY ROOM	38	.500708	2,446	1,225
11	ANESTHESIOLOGY	40	.104084	6,467	673
12	RADIOLOGY-DIAGNOSTIC	41	.131007	822	108
15	LABORATORY	44	.210623	48,327	10,179
18	BLOOD STORING, PROCESSING	47	.295884	3,157	934
20	RESPIRATORY THERAPY	49	.296545	3,016	894
21	PHYSICAL THERAPY	50	.674692		
24	ELECTROCARDIOLOGY	53	.502123	574	288
25	ELECTROENCEPHALOGRAPHY	54	.266264		
26	MEDICAL SUPPLIES CHARGED	55	.180080	19,181	3,454
26.30	IMPL. DEV. CHARGED TO PAT	55.30	.379776		
27	DRUGS CHARGED TO PATIENTS	56	.432907	7,321	3,169
28	RENAL DIALYSIS	57	.668796		
30	CARDIAC CATHETERIZATION L	59	.511938		
31	CLINIC	60	1.234600		
32	EMERGENCY	61	.481766		
33	OBSERVATION BEDS (NON-DIS	62	1.384233		
35	TOTAL (SUM OF LINES 8-34)			117,101	37,383

KIDNEY

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

COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		AVERAGE COST PER DAY	ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS
		1	2	3
36	ADULTS & PEDIATRICS	2	4	
37	INTENSIVE CARE UNIT	3	1	
37.01	NICU	3.01		
42	TOTAL (SUM OF LINES 36-41)		5	

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

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	44,906		126,218	
49 INTERNS & RESIDENTS (INPATIENT)				
50 INTERNS & RESIDENTS (OUTPATIENT)				
51 DIRECT ORGAN ACQUISITION	214,339		214,339	
52 COST OF SERVS OF TEACHING PHYSICIANS				
53 TOTAL (SUM OF LINES 48-52)	259,245		340,557	
54 TOTAL USABLE ORGANS		13		
55 MEDICARE USABLE ORGANS		7		
56 RATIO MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		0.538462		
57 MEDICARE COST/CHARGES	139,594		183,377	
58 REVENUE FOR ORGANS SOLD	30,934		30,934	
59 SUBTOTAL (LN 57 MINUS LN 58)	108,660		152,443	
60 ORGANS FURNISHED PART B				
61 NET ORGAN ACQUISITION COST & CHARGES	108,660		152,443	

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)		2	6	3
63 ORGANS PURCH OTHER TRANSPLANT HOSPS(2)				
64 ORGANS PURCH FROM NON-TRANSPLT HOSPS				
65 ORGANS PURCHASED FROM OPOS			5	
66 TOTAL (SUM OF LINES 62-65)		2	11	
67 ORGANS TRANSPLANTED		2	5	392,276
68 ORGANS SOLD TO OTHER HOSPITALS				
69 ORGANS SOLD TO OPOS			6	30,934
70 ORGANS SOLD TO TRANSPLANT HOSPITALS				
71 ORGANS SOLD TO MILITARY OR VA HOSPS				
72 ORGANS SOLD OUTSIDE UNITED STATES				
73 ORGANS SENT OUTSIDE U.S. NO REVENUE				
74 ORGANS USED FOR RESEARCH				
75 UNUSABLE/DISCARDED ORGANS				
76 TOTAL (SUM LNS 67-75 SHOULD = LN 66)		2	11	

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

LIVER

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

COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		INPATIENT ROUTINE ORGAN CHARGES		PER DIEM COSTS FROM WKST. D-1		ORGAN ACQUISITION DAYS	COST (COL. 2 X COL. 3)
		1	D	2	D-1	3	4
1	ADULTS & PEDIATRICS	5,296	38	1,241.47		8	9,932
2	INTENSIVE CARE UNIT	11,827	43	2,556.76		5	12,784
2.01	NICU		43.01	1,514.63			
7	TOTAL (SUM OF LINES 1-6)	17,123				13	22,716

COMPUTATION OF ANCILLARY SERVICE COST APPLICABLE TO ORGAN ACQUISITION		C	RATIO OF COST/CHARGES	ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS
		1	2	3	3
8	OPERATING ROOM	37	.638209	38,778	24,748
9	RECOVERY ROOM	38	.500708	4,444	2,225
11	ANESTHESIOLOGY	40	.104084	6,099	635
12	RADIOLOGY-DIAGNOSTIC	41	.131007	10,805	1,416
15	LABORATORY	44	.210623	24,974	5,260
18	BLOOD STORING, PROCESSING	47	.295884	5,013	1,483
20	RESPIRATORY THERAPY	49	.296545	1,202	356
21	PHYSICAL THERAPY	50	.674692	977	659
24	ELECTROCARDIOLOGY	53	.502123	379	190
25	ELECTROENCEPHALOGRAPHY	54	.266264		
26	MEDICAL SUPPLIES CHARGED	55	.180080	19,499	3,511
26.30	IMPL. DEV. CHARGED TO PAT	55.30	.379776		
27	DRUGS CHARGED TO PATIENTS	56	.432907	19,536	8,457
28	RENAL DIALYSIS	57	.668796		
30	CARDIAC CATHETERIZATION L	59	.511938		
31	CLINIC	60	1.234600		
32	EMERGENCY	61	.481766		
33	OBSERVATION BEDS (NON-DIS	62	1.384233		
35	TOTAL (SUM OF LINES 8-34)			131,706	48,940

LIVER

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

COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		AVERAGE COST PER DAY	ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS
		1	2	3
36	ADULTS & PEDIATRICS	D 2	8	
37	INTENSIVE CARE UNIT	3	5	
37.01	NICU	3.01		
42	TOTAL (SUM OF LINES 36-41)		13	

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

LIVER

PART III - SUMMARY OF COSTS AND CHARGES

	C O S T		C H A R G E S	
	PART A 1	PART B 2	PART A 3	PART B 4
48 ROUTINE & ANCILLARY FROM PT 1	71,656		148,829	
49 INTERNS & RESIDENTS (INPATIENT)				
50 INTERNS & RESIDENTS (OUTPATIENT)				
51 DIRECT ORGAN ACQUISITION	864,625		864,625	
52 COST OF SERVS OF TEACHING PHYSICIANS				
53 TOTAL (SUM OF LINES 48-52)	936,281		1,013,454	
54 TOTAL USABLE ORGANS		12		
55 MEDICARE USABLE ORGANS		2		
56 RATIO MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		0.166667		
57 MEDICARE COST/CHARGES	156,047		168,909	
58 REVENUE FOR ORGANS SOLD	11,433		11,433	
59 SUBTOTAL (LN 57 MINUS LN 58)	144,614		157,476	
60 ORGANS FURNISHED PART B				
61 NET ORGAN ACQUISITION COST & CHARGES	144,614		157,476	

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)		2	2	
63 ORGANS PURCH OTHER TRANSPLANT HOSPS(2)				
64 ORGANS PURCH FROM NON-TRANSPLT HOSPS				
65 ORGANS PURCHASED FROM OPOS			8	
66 TOTAL (SUM OF LINES 62-65)		2	10	
67 ORGANS TRANSPLANTED		2	8	1,005,649
68 ORGANS SOLD TO OTHER HOSPITALS				
69 ORGANS SOLD TO OPOS			2	11,433
70 ORGANS SOLD TO TRANSPLANT HOSPITALS				
71 ORGANS SOLD TO MILITARY OR VA HOSPS				
72 ORGANS SOLD OUTSIDE UNITED STATES				
73 ORGANS SENT OUTSIDE U.S. NO REVENUE				
74 ORGANS USED FOR RESEARCH				
75 UNUSABLE/DISCARDED ORGANS				
76 TOTAL (SUM LNS 67-75 SHOULD = LN 66)		2	10	

(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	3	
1	ADULTS & PEDIATRICS		38	1,241.47		
2	INTENSIVE CARE UNIT	3,327	43	2,556.76	1	2,557
2.01	NICU		43.01	1,514.63		
7	TOTAL (SUM OF LINES 1-6)	3,327			1	2,557

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	.638209	3,590	2,291
9	RECOVERY ROOM	38	.500708		
11	ANESTHESIOLOGY	40	.104084	640	67
12	RADIOLOGY-DIAGNOSTIC	41	.131007	54	7
15	LABORATORY	44	.210623	5,655	1,191
18	BLOOD STORING, PROCESSING	47	.295884	1,340	396
20	RESPIRATORY THERAPY	49	.296545	1,295	384
21	PHYSICAL THERAPY	50	.674692		
24	ELECTROCARDIOLOGY	53	.502123	1,372	689
25	ELECTROENCEPHALOGRAPHY	54	.266264	686	183
26	MEDICAL SUPPLIES CHARGED	55	.180080	1,695	305
26.30	IMPL. DEV. CHARGED TO PAT	55.30	.379776		
27	DRUGS CHARGED TO PATIENTS	56	.432907	1,281	555
28	RENAL DIALYSIS	57	.668796		
30	CARDIAC CATHETERIZATION L	59	.511938		
31	CLINIC	60	1.234600		
32	EMERGENCY	61	.481766		
33	OBSERVATION BEDS (NON-DIS	62	1.384233		
35	TOTAL (SUM OF LINES 8-34)			17,608	6,068

HEART

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

COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		AVERAGE COST PER DAY	ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS
D		1	2	3
36	ADULTS & PEDIATRICS	2		
37	INTENSIVE CARE UNIT	3	1	
37.01	NICU	3.01		
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	21		
45	OBSERVATION BEDS (NON-DISTINCT PART)	22		
47	TOTAL (SUM OF LINES 43-46)			

HEART

PART III - SUMMARY OF COSTS AND CHARGES

	C O S T		C H A R G E S	
	PART A 1	PART B 2	PART A 3	PART B 4
48 ROUTINE & ANCILLARY FROM PT 1	8,625		20,935	
49 INTERNS & RESIDENTS (INPATIENT)				
50 INTERNS & RESIDENTS (OUTPATIENT)				
51 DIRECT ORGAN ACQUISITION	2,051,047		2,051,047	
52 COST OF SERVS OF TEACHING PHYSICIANS				
53 TOTAL (SUM OF LINES 48-52)	2,059,672		2,071,982	
54 TOTAL USABLE ORGANS		28		
55 MEDICARE USABLE ORGANS		2		
56 RATIO MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		0.071429		
57 MEDICARE COST/CHARGES	147,120		148,000	
58 REVENUE FOR ORGANS SOLD	14,652		14,652	
59 SUBTOTAL (LN 57 MINUS LN 58)	132,468		133,348	
60 ORGANS FURNISHED PART B				
61 NET ORGAN ACQUISITION COST & CHARGES	132,468		133,348	

PART IV - STATISTICS

	LI V I N G R E L A T E D 1	C A D A V E R I C 2	R E V E N U E 3
62 ORGANS EXCISED IN PROVIDER (1)		2	
63 ORGANS PURCH OTH TRANSPLANT HOSPS(2)			
64 ORGANS PURCH FROM NON-TRANSPLT HOSPS			
65 ORGANS PURCHASED FROM OPOS		26	
66 TOTAL (SUM OF LINES 62-65)		28	
67 ORGANS TRANSPLANTED		26	3,057,518
68 ORGANS SOLD TO OTHER HOSPITALS			
69 ORGANS SOLD TO OPOS		2	14,652
70 ORGANS SOLD TO TRANSPLANT HOSPITALS			
71 ORGANS SOLD TO MILITARY OR VA HOSPS			
72 ORGANS SOLD OUTSIDE UNITED STATES			
73 ORGANS SENT OUTSIDE U.S. NO REVENUE			
74 ORGANS USED FOR RESEARCH			
75 UNUSABLE/DISCARDED ORGANS			
76 TOTAL (SUM LNS 67-75 SHOULD = LN 66)		28	

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

LUNG

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

COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		INPATIENT ROUTINE ORGAN CHARGES		PER DIEM COSTS FROM WKST. D-1		ORGAN ACQUISITION DAYS	COST (COL. 2 X COL. 3) 4
		1	D	2	D-1	3	4
1	ADULTS & PEDIATRICS		38	1,241.47			
2	INTENSIVE CARE UNIT		43	2,556.76			
2.01	NICU		43.01	1,514.63			
7	TOTAL (SUM OF LINES 1-6)						

COMPUTATION OF ANCILLARY SERVICE COST APPLICABLE TO ORGAN ACQUISITION		C	RATIO OF COST/ CHARGES	ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS
		1	2	3	3
8	OPERATING ROOM	37	.638209	3,363	2,146
9	RECOVERY ROOM	38	.500708		
11	ANESTHESIOLOGY	40	.104084		
12	RADIOLOGY-DIAGNOSTIC	41	.131007	1,728	226
15	LABORATORY	44	.210623		
18	BLOOD STORING, PROCESSING	47	.295884		
20	RESPIRATORY THERAPY	49	.296545		
21	PHYSICAL THERAPY	50	.674692		
24	ELECTROCARDIOLOGY	53	.502123		
25	ELECTROENCEPHALOGRAPHY	54	.266264		
26	MEDICAL SUPPLIES CHARGED	55	.180080		
26.30	IMPL. DEV. CHARGED TO PAT	55.30	.379776		
27	DRUGS CHARGED TO PATIENTS	56	.432907		
28	RENAL DIALYSIS	57	.668796		
30	CARDIAC CATHETERIZATION L	59	.511938		
31	CLINIC	60	1.234600		
32	EMERGENCY	61	.481766		
33	OBSERVATION BEDS (NON-DIS	62	1.384233		
35	TOTAL (SUM OF LINES 8-34)			5,091	2,372

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

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

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	2,372		5,091	
49 INTERNS & RESIDENTS (INPATIENT)				
50 INTERNS & RESIDENTS (OUTPATIENT)				
51 DIRECT ORGAN ACQUISITION	1,404,101		1,404,101	
52 COST OF SERVS OF TEACHING PHYSICIANS				
53 TOTAL (SUM OF LINES 48-52)	1,406,473		1,409,192	
54 TOTAL USABLE ORGANS		34		
55 MEDICARE USABLE ORGANS				
56 RATIO MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		0.000000		
57 MEDICARE COST/CHARGES				
58 REVENUE FOR ORGANS SOLD				
59 SUBTOTAL (LN 57 MINUS LN 58)				
60 ORGANS FURNISHED PART B				
61 NET ORGAN ACQUISITION COST & CHARGES				

PART IV - STATISTICS

	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		34	
66 TOTAL (SUM OF LINES 62-65)		34	
67 ORGANS TRANSPLANTED		34	2,097,698
68 ORGANS SOLD TO OTHER HOSPITALS			
69 ORGANS SOLD TO OPOS			
70 ORGANS SOLD TO TRANSPLANT HOSPITALS			
71 ORGANS SOLD TO MILITARY OR VA HOSPS			
72 ORGANS SOLD OUTSIDE UNITED STATES			
73 ORGANS SENT OUTSIDE U.S. NO REVENUE			
74 ORGANS USED FOR RESEARCH			
75 UNUSABLE/DISCARDED ORGANS			
76 TOTAL (SUM LNS 67-75 SHOULD = LN 66)		34	

(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.

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)		159,023
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)		
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT		
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)		
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)		
1.05	OUTLIER PAYMENTS		
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)		
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		
	INPATIENT PSYCHIATRIC FACILITY (IPF)		
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)		
1.09	NET IPF PPS OUTLIER PAYMENTS		
1.10	NET IPF PPS ECT PAYMENTS		
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)		
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)		
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)		
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.15/1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1)\}$.		
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).		
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)		
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)		
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)		
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)		
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)		
	INPATIENT REHABILITATION FACILITY (IRF)		
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)		
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)		
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)		
1.41	MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).		
2	ORGAN ACQUISITION		385,742
3	COST OF TEACHING PHYSICIANS		
4	SUBTOTAL (SEE INSTRUCTIONS)		544,765
5	PRIMARY PAYER PAYMENTS		
6	SUBTOTAL		544,765
7	DEDUCTIBLES		17,600
8	SUBTOTAL		527,165
9	COINSURANCE		
10	SUBTOTAL		527,165
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		527,165
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		1,637
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
15	OTHER ADJUSTMENTS (SPECIFY)		
15.99	OUTLIER RECONCILIATION ADJUSTMENT		
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS		

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

17	RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS	
	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	528,802
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	192,017
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	336,785
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

50	----- FI ONLY ----- 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).	

TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)		
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY		
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)		
3	AGGREGATE APPROVED AMOUNT		
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96		113.79
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)		3.00
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4). E-3, PT 6 LN 4 + LINE 3.03		
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)		116.79
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		159.81
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		116.79
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		80.07
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.		59.18
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		139.25
3.10	SEE INSTRUCTIONS		101.77
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		43.25
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		40.27
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		41.64
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	41.72
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)		41.72
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		78,611.06
3.18	SEE INSTRUCTIONS		3,279,653
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		61.54
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		59.37
3.21	SEE INSTRUCTIONS	RES INIT YEARS	59.81
3.22	SEE INSTRUCTIONS		59.81
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		78,611.06
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		4,701,727
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		7,981,380

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		50
5	TOTAL INPATIENT DAYS		71,134
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS. LN 6 * LN 3.25 + E-3, 6 L 11		.000703
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 5,611		5,611
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		71,134
6.04	ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS)		100.00
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.		
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)		
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS) PRIOR TO 422 E-3, 6 LN 12		100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD		

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

7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS		
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES		1,748,984

TITLE XVIII

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

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

- 12 REASONABLE COST (SEE INSTRUCTIONS) 146,400
- 13 ORGAN ACQUISITION COSTS 385,742
- 14 COST OF TEACHING PHYSICIANS
- 15 PRIMARY PAYER PAYMENTS
- 16 TOTAL PART A REASONABLE COST 532,142

PART B REASONABLE COST

- 17 REASONABLE COST 1,291,681
- 18 PRIMARY PAYER PAYMENTS
- 19 TOTAL PART B REASONABLE COST 1,291,681
- 20 TOTAL REASONABLE COST 1,823,823
- 21 RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST .291773
- 22 RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST .708227

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 5,611
(SUM OF LINES 6.01, 6.05, & 6.08)
- 24 PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY 1,637
- 25 PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY 3,974

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		454,295,599		
2	NET INCOME (LOSS)		70,708,448		
3	TOTAL		525,004,047		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		525,004,047		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM		215		
14					
15					
16					
17					
18	TOTAL DEDUCTIONS		215		
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		525,003,832		

		ENDOWMENT FUND		PLANT FUND	
		5	6	7	8
1	FUND BALANCE AT BEGINNING OF PERIOD				
2	NET INCOME (LOSS)				
3	TOTAL				
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL				
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				

DESCRIPTION

1	TOTAL PATIENT REVENUES	654,902,005
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	242,097,629
3	NET PATIENT REVENUES	412,804,376
4	LESS: TOTAL OPERATING EXPENSES	390,060,374
5	NET INCOME FROM SERVICE TO PATIENTS	22,744,002
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	33,828,888
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	5,547,213
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	46,897
22	RENTAL OF HOSPITAL SPACE	829,061
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER	8,037,308
25	TOTAL OTHER INCOME	48,289,367
26	TOTAL	71,033,369
	OTHER EXPENSES	
27	PHYSICIAN PRACTICE	324,921
28		
29		
30	TOTAL OTHER EXPENSES	324,921
31	NET INCOME (OR LOSS) FOR THE PERIOD	70,708,448

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

PROVIDER NO: 26-3301 PERIOD: FROM 1/1/2010 TO 12/31/2010 PREPARED 5/24/2011
 SATELLITE NO: WORKSHEET 1-1

CHECK ONE: XX RENAL DIALYSIS DEPARTMENT HOME PROGRAM DIALYSIS

	TOTAL COSTS 1	BASIS 2	STATISTICS 3	FTEs PER 2080 HOURS 4
1 REGISTERED NURSES	94,893	HOURS OF SERVICE	3,143.00	1.51
2 LICENSED PRACTICAL NURSES		HOURS OF SERVICE		
3 NURSES AIDES	53	HOURS OF SERVICE	16.00	.01
4 TECHNICIANS		HOURS OF SERVICE		
5 SOCIAL WORKERS		HOURS OF SERVICE		
6 DIETICIANS		HOURS OF SERVICE		
7 PHYSICIANS		ACCUMULATED COST		
8 NON-PATIENT CARE SALARY	50,527	ACCUMULATED COST		
9 SUBTOTAL (SUM OF LINES 1-8)	145,473			
10 EMPLOYEE BENEFITS	18,669	SALARY		
11 OLD & NEW CAPITAL RELATED COSTS-BLDGS. &		SQUARE FEET		
12 OLD & NEW CAPITAL RELATED COSTS-MOV. EQU		PERCENTAGE OF TIME		
13 MACHINE COSTS & REPAIRS		PERCENTAGE OF TIME		
14 SUPPLIES	201,033	REQUISITIONS		
15 DRUGS	49,317	REQUISITIONS		
16 OTHER	31,649	ACCUMULATED COST		
17 SUBTOTAL (SUM OF LINES 9-16)*	446,141			
18 OLD CAPITAL RELATED COSTS-BLDGS. & FIXTU		SQUARE FEET		
19 OLD CAPITAL RELATED COSTS-MOV. EQUIP.		PERCENTAGE OF TIME		
20 NEW CAPITAL RELATED COSTS-BLDGS. & FIXTU	56,494	SQUARE FEET		
21 NEW CAPITAL RELATED COSTS-MOV. EQUIP.	87,567	PERCENTAGE OF TIME		
22 EMPLOYEE BENEFITS	155,326	SALARY		
23 ADMINISTRATIVE AND GENERAL	249,217	ACCUMULATED COST		
24 MAINT./REPAIRS-OPERATION-HOUSEKEEPING	124,669	SQUARE FEET		
25 MEDICAL EDUCATION PROGRAM COSTS				
26 CENTRAL SERVICES & SUPPLIES		REQUISITIONS		
27 PHARMACY	-33,674	REQUISITIONS		
28 OTHER ALLOCATED COST	83,973	ACCUMULATED COST		
29 SUBTOTAL (SUM OF LINES 17-28)*	1,169,713			
30 LABORATORY (SEE INSTRUCTIONS)		CHARGES		
31 RESPIRATORY THERAPY (SEE INSTRUCTIONS)		CHARGES		
32 OTHER (SEE INSTRUCTIONS)		CHARGES		
33 TOTAL COSTS (SUM OF LINES 29-32)	1,169,713			

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

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODALITIES

PROVIDER NO: 26-3301
 PERIOD: FROM 1/1/2010 TO 12/31/2010
 SATELLITE NO:
 PREPARED 5/24/2011
 WORKSHEET 1-2

CHECK ONE: XX RENAL DIALYSIS DEPARTMENT HOME PROGRAM DIALYSIS

OUTPATIENT SERVICES COMPOSITE PAYMENT RATE		CAPITAL AND RELATED COSTS EQUIPMENT		DIRECT PATIENT CARE SALARY OTHER		EMPLOYEE BENEFITS
		1	2	3	4	5
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	181,163	87,567	94,893	53	173,995
2	HEMODIALYSIS	130,001	62,717	71,275	39	130,681
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP HOME	708		3,624		6,644
8	HEMODIALYSIS					
9	INTERMITTENT PERITONEAL					
10	CAPD					
11	CCDP			3,262		5,985
	OTHER BILLABLE SERVICES					
12	INPATIENT DIALYSIS	50,454	24,850	16,732	14	30,685
13	METHOD II HOME PATIENT					
14	EPO (INCLUDED IN RENAL DEPARTMENT)					
14.01	ARANESP (INCLUDED IN RENAL DEPARTMENT)					
15	OTHER					
16	TOTAL (SUM OF LINES 2-15)	181,163	87,567	94,893	53	173,995
17	MEDICAL EDUCATION PROGRAM COSTS					
18	TOTAL RENAL COSTS (LINE 16 + LINE 17)					

OUTPATIENT SERVICES COMPOSITE PAYMENT RATE		DRUGS	MEDICAL SUPPLIES	ROUTINE ANCILLARY SERVICES	SUBTOTAL (SUM OF COLS. 1-8)	OVERHEAD
		6	7	8	9	10
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	15,643	201,033		754,347	415,366
2	HEMODIALYSIS	11,228	107,265		513,206	282,587
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP HOME	60	573		11,609	6,392
8	HEMODIALYSIS					
9	INTERMITTENT PERITONEAL					
10	CAPD					
11	CCDP		51,587		60,834	33,497
	OTHER BILLABLE SERVICES					
12	INPATIENT DIALYSIS	4,355	41,608		168,698	92,890
13	METHOD II HOME PATIENT					
14	EPO (INCLUDED IN RENAL DEPARTMENT)	29,849				
14.01	ARANESP (INCLUDED IN RENAL DEPARTMENT)	19,468				
15	OTHER					
16	TOTAL (SUM OF LINES 2-15)	15,643	201,033		754,347	415,366
17	MEDICAL EDUCATION PROGRAM COSTS					
18	TOTAL RENAL COSTS (LINE 16 + LINE 17)					

OUTPATIENT SERVICES COMPOSITE PAYMENT RATE		TOTAL (COL. 9 + COL. 10)
		11
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	1,169,713
2	HEMODIALYSIS	795,793
3	INTERMITTENT PERITONEAL TRAINING	
4	HEMODIALYSIS	
5	INTERMITTENT PERITONEAL	
6	CAPD	
7	CCDP HOME	18,001
8	HEMODIALYSIS	
9	INTERMITTENT PERITONEAL	
10	CAPD	
11	CCDP	94,331
	OTHER BILLABLE SERVICES	
12	INPATIENT DIALYSIS	261,588
13	METHOD II HOME PATIENT	
14	EPO (INCLUDED IN RENAL DEPARTMENT)	
14.01	ARANESP (INCLUDED IN RENAL DEPARTMENT)	
15	OTHER	
16	TOTAL (SUM OF LINES 2-15)	1,169,713
17	MEDICAL EDUCATION PROGRAM COSTS	
18	TOTAL RENAL COSTS (LINE 16 + LINE 17)	1,169,713

CHECK ONE: XX RENAL DIALYSIS DEPARTMENT HOME PROGRAM DIALYSIS

COMPOSITE PAYMENT SERVICES		CAPITAL AND RELATED BUILDING COSTS	EQUIPMENT COSTS	DIRECT PATIENT CARE SALARY	OTHER	EMPLOYEE BENEFITS
		1 (SQUARE FEET)	2 (% OF TIME)	3 (HOURS)	4 (HOURS)	5 (SALARY)
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	181,163	87,567	94,893	53	173,995
2	HEMODIALYSIS	2,203	.53	2,360.00	11.00	109,259
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP HOME	12		120.00		5,555
8	HEMODIALYSIS					
9	INTERMITTENT PERITONEAL					
10	CAPD					
11	CCDP			108.00		5,004
12	OTHER BILLABLE SERVICES INPATIENT DIALYSIS TREATMENTS	218	855	554.00	4.00	25,655
13	METHOD II HOME PATIENT					
14	EPO					
14.01	ARANESP					
15	OTHER					
16	TOTAL STATISTICAL BASIS	3,070	.74	3,142.00	15.00	145,473
17	UNIT COST MULTIPLIER (LINE 1 DIVIDED BY LINE 16)	59.010749	8333.783784	30.201464	3.533333	1.196064

COMPOSITE PAYMENT SERVICES		DRUGS	MEDICAL SUPPLIES	ROUTINE ANCILLARY SERVICES	SUBTOTAL (SUM OF COLS. 1-8)	OVERHEAD
		6 (REQUI ST.)	7 (REQUI ST.)	8 (CHARGES)	9	10 (ACCUMULATED COST)
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	15,643	201,033		754,347	415,366
2	HEMODIALYSIS	35,397	107,265			
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP HOME	189	573			
8	HEMODIALYSIS					
9	INTERMITTENT PERITONEAL					
10	CAPD					
11	CCDP		51,587			
12	OTHER BILLABLE SERVICES INPATIENT DIALYSIS TREATMENTS	218	13,731	41,608		
13	METHOD II HOME PATIENT					
14	EPO					
14.01	ARANESP					
15	OTHER					
16	TOTAL STATISTICAL BASIS	49,317	201,033			754,347
17	UNIT COST MULTIPLIER (LINE 1 DIVIDED BY LINE 16)	.317193	1.000000			.550630

COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS
 PROVIDER NO: 26-3301 PERIOD: FROM 1/1/2010 TO 12/31/2010 PREPARED 5/24/2011
 SATELLITE NO: WORKSHEET 1-4 RATE 0

CHECK ONE: XX RENAL DIALYSIS DEPARTMENT HOME PROGRAM DIALYSIS

	NUMBER OF TOTAL TREATMENTS 6	TOTAL COST (FROM WKST. 1-2, COL 11) 7	AVERAGE COST OF PROGRAM TREATMENTS 8	NUMBER OF PROGRAM TREATMENTS 9	NOT APPLIC 10
1 MAINTENANCE - HEMODIALYSIS	605	795,793	1,315.36	404	4.01
2 MAINTENANCE - PERITONEAL DIALYSIS	166				
3 TRAINING - HEMODIALYSIS					
4 TRAINING - PERITONEAL DIALYSIS					
5 TRAINING - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS					
6 TRAINING - CONTINUOUS CYCLING PERITONEAL DIALYSIS	9	18,001	2,000.11		
7 HOME PROGRAM - HEMODIALYSIS					
8 HOME PROGRAM - PERITONEAL DIALYSIS					
9 HOME PROGRAM - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS					
10 HOME PROGRAM - CONTINUOUS CYCLING PERITONEAL DIALYSIS	270	94,331	349.37		
11 TOTALS (SUM OF LINES 1-8, COLUMNS 1 AND 4) (SUM OF LINES 1-10, COLUMNS 2, 5, AND 7)	780	908,125		404	

	TOTAL PROGRAM EXPENSES 6	PAYMENT RATE 7	NOT APPLIC 8	TOTAL PROGRAM PAYMENT 9	10
1 MAINTENANCE - HEMODIALYSIS	531,405	208.01	6.01	84,036	
2 MAINTENANCE - PERITONEAL DIALYSIS					
3 TRAINING - HEMODIALYSIS					
4 TRAINING - PERITONEAL DIALYSIS					
5 TRAINING - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS					
6 TRAINING - CONTINUOUS CYCLING PERITONEAL DIALYSIS					
7 HOME PROGRAM - HEMODIALYSIS					
8 HOME PROGRAM - PERITONEAL DIALYSIS					
9 HOME PROGRAM - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS					
10 HOME PROGRAM - CONTINUOUS CYCLING PERITONEAL DIALYSIS					
11 TOTALS (SUM OF LINES 1-8, COLUMNS 1 AND 4) (SUM OF LINES 1-10, COLUMNS 2, 5, AND 7)	531,405			84,036	

CALCULATION OF REIMBURSABLE
BAD DEBTS - TITLE XVIII - PART B

PROVIDER NO:	PERIOD:	PREPARED
26-3301	FROM 1/ 1/2010	5/24/2011
SATELLITE NO:	TO 12/31/2010	WORKSHEET 1-5
		RATE 0

	DESCRIPTION	
1	TOTAL EXPENSES RELATED TO CARE OF PROGRAM BENEFICIARIES (SEE INSTRUCTIONS)	531,405
2	TOTAL PAYMENT (FROM WORKSHEET 1-4, COLUMN 7, LINE 11)	84,036
3	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS	
4	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS	
5	BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE, NET OF BAD DEBT RECOVERIES	
5.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	
6	NET DEDUCTIBLES AND COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SUM OF LINES 3 & 4 LESS LINE 5)	
7	PROGRAM PAYMENT (LINE 2 LESS LINE 3, TIMES 80%)	67,229
8	UNRECOVERED FROM MEDICARE (PART B) PATIENTS (LESSER OF LINE 1 OR LINE 2 MINUS THE SUM OF LINES 6 AND 7. IF NEGATIVE, ENTER ZERO AND DO NOT COMPLETE LINE 9.)	16,807
9	REIMBURSABLE BAD DEBTS (LESSER OF LINE 8 OR LINE 5)(TRANSFER TO WORKSHEET E, PART B, LINE 26)	