

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT
 CERTIFICATION AND SETTLEMENT SUMMARY

WORKSHEET S
 PARTS I & II

INTERMEDIARY [] AUDITED DATE RECEIVED _____ [] INITIAL [] RE-OPENING
 USE ONLY: [] DESK REVIEWED INTERMEDIARY NO. _____ [] FINAL [] MCR CODE

PART I - CERTIFICATION

CHECK _____ ELECTRONICALLY FILED COST REPORT DATE: _____
 APPLICABLE BOX _____ MANUALLY SUBMITTED COST REPORT TIME: _____

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 IN 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 UNIV OF IOWA HOSP & CLINIC (16-0058) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2007 AND ENDING 06/30/2008, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

(SIGNED) _____
 OFFICER OR ADMINISTRATOR OF PROVIDER(S)

 TITLE

 DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII		TITLE XIX
		PART A	PART B	
	1	2	3	4
1	HOSPITAL			1
2	SUBPROVIDER I	3139556	7743	2
3	SWING BED - SNF	367484	-540	3
4	SWING BED - NF			4
5	SKILLED NURSING FACILITY			5
6	NURSING FACILITY			6
7	HOME HEALTH AGENCY			7
8	OUTPATIENT REHABILITATION PROVIDER			8
9	HEALTH CLINIC			9
100	TOTAL	3507040	7203	100

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 657 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: HEALTH CARE FINANCING ADMINISTRATION, 7500 SECURITY BOULEVARD, N2-14-26, BALTIMORE, MARYLAND 21244-1850, AND TO THE OFFICE OF THE INFORMATION AND REGULATORY AFFAIRS, OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, D.C. 20503.

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

OTHER INFORMATION

25	IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?	YES		25
25.01	IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?	YES		25.01
25.02	IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.	YES		25.02
25.03	AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.	NO		25.03
25.04	ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2	NO		25.04
25.05	HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	NO	NO	25.05
25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)	YES	YES	25.06
26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.			26
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: ENDING:			26.01
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.			26.03
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS): BEGINNING: ENDING: BEGINNING: ENDING:			26.04
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.	NO		27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.			28
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st			28.01
28.02	ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.			28.02
<p>A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)</p>				
28.03	STAFFING	0.00	N	28.03
28.04	RECRUITMENT	0.00	N	28.04
28.05	RETENTION OF EMPLOYEES	0.00	N	28.05
28.06	TRAINING	0.00	N	28.06
28.07	OTHER (SPECIFY)			28.07
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	NO		29
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.	NO		30
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.			30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?			30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)			30.03
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.			30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO		31
31.01	IS THIS A RURAL HOSPITAL SUBPROVIDER QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO		31.01

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

MISCELLANEOUS COST REPORTING INFORMATION

32	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.	NO			32
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT. ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 2.	NO			33
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40(f)(1)(i) TEFRA?	NO			34
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER I (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	NO			35

PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL

		V	XVIII	XIX	
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?	1	2	3	
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?	NO	YES	NO	36
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	NO	NO	37
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE?	NO	NO	NO	37.01

TITLE XIX INPATIENT HOSPITAL SERVICES

38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES			38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	NO			38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	NO			38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	NO			38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	NO			38.04
40	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COLUMN 2 THE HOME OFFICE PROVIDER NUMBER. (SEE INSTRUCTIONS) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE.	YES			40
40.01	NAME:	FI/CONTRACTOR'S NAME:		FI/CONTRACTOR'S NUMBER:	40.01
40.02	STREET:			P.O. BOX:	40.02
40.03	CITY:			STATE: ZIP CODE:	40.03
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES			41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO			42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO			42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO			42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	NO			43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	NO			44
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.	NO			45
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?				45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?				45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?				45.03
46	IF YOU ARE PARTICIPATING IN THE NCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.				46

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COST OR CHARGES, ENTER A 'Y' FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION; ENTER 'N' IF NOT EXEMPT (SEE 42 CFR 413.13).

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC	
	1	2	3	4	5	
47	HOSPITAL	N	N	N	N	47
48	SUBPROVIDER I	N	N	N	N	48
49	SKILLED NURSING FACILITY	N	N			49
50	HOME HEALTH AGENCY	N	N			50
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?				NO	52
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.				NO	52.01
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.					53
53.01	MDH PERIOD:	BEGINNING:		ENDING:		53.01
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:					54
	PREMIUMS:	PAID LOSSES:	1510284	AND/OR SELF INSURANCE:		
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.				NO	54.01
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.				NO	55

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
 (CONTINUED)

		DATE	Y/N	LIMIT	Y/N	FEE\$	
		0	1	2	3	4	
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.	/ /	NO	0.00	NO		56
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?		YES				57
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.		NO				58
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)						58.01
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		NO				59
60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)		YES		NO		60
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)		YES		NO		60.01
MULTICAMPUS							
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.		NO				61
	COUNTY:			STATE:	ZIP CODE	CBSA	FTE/ CAMPUS
	1			2	3	4	5

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

COMPONENT	-----I/P DAYS / O/P VISITS / TRIPS-----				---INTERNS & RES FTES---			--FULL TIME EQUIV--	
	OBS.		OBS.		LESS I&R			EMPLOYEES ON PAYROLL	NONPAID WORKERS
	BEDS NOT ADMITTED	TOTAL ALL PATIENTS	BEDS ADMITTED	BEDS NOT ADMITTED	TOTAL	REPL NON- PHYS ANES	NET		
5.02	6	6.01	6.02	7	8	9	10	11	
1 HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		124890							1
2 HMO XIX									2
3 HOSPITAL ADULTS & PEDS - SWING BED SNF									3
4 HOSPITAL ADULTS & PEDS - SWING BED NF									4
5 TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS		124890							5
6 INTENSIVE CARE UNIT									6
6.01 MEDICAL INTENSIVE CARE UNIT		4196							6.01
7 CORONARY CARE UNIT		2935							7
8 BURN INTENSIVE CARE UNIT		5135							8
9 SURGICAL INTENSIVE CARE UNIT		9945							9
10 NEONATAL INTENSIVE CARE UNIT		20631							10
11 NURSERY		2811							11
12 TOTAL HOSPITAL		170543			478.42		478.42	6966.67	12
13 RPCH VISITS									13
14 SUBPROVIDER I		23356			8.86		8.86	167.28	14
15 SKILLED NURSING FACILITY									15
16 NURSING FACILITY									16
17 OTHER LONG TERM CARE									17
18 HOME HEALTH AGENCY									18
20 ASC (DISTINCT PART)									20
21 HOSPICE (DISTINCT PART)									21
23 O/P REHAB PROVIDER									23
24 RHC I									24
25 TOTAL					487.28		487.28	7133.95	25
26 OBSERVATION BED DAYS		1550	79	1471					26
27 AMBULANCE TRIPS									27
28 EMPLOYEE DISCOUNT DAYS		584							28

HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

		-----DISCHARGES-----				
COMPONENT	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15		
1	HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		7344	7327	27088	1
2	HMO XIX					2
3	HOSPITAL ADULTS & PEDS - SWING BED SNF					3
4	HOSPITAL ADULTS & PEDS - SWING BED NF					4
5	TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS					5
6	INTENSIVE CARE UNIT					6
6.01	MEDICAL INTENSIVE CARE UNIT					6.01
7	CORONARY CARE UNIT					7
8	BURN INTENSIVE CARE UNIT					8
9	SURGICAL INTENSIVE CARE UNIT					9
10	NEONATAL INTENSIVE CARE UNIT					10
11	NURSERY					11
12	TOTAL HOSPITAL		7344	7327	27088	12
13	RPCH VISITS					13
14	SUBPROVIDER I		439	438	2260	14
15	SKILLED NURSING FACILITY					15
16	NURSING FACILITY					16
17	OTHER LONG TERM CARE					17
18	HOME HEALTH AGENCY					18
20	ASC (DISTINCT PART)					20
21	HOSPICE (DISTINCT PART)					21
23	O/P REHAB PROVIDER					23
24	RHC I					24
25	TOTAL					25
26	OBSERVATION BED DAYS					26
27	AMBULANCE TRIPS					27
28	EMPLOYEE DISCOUNT DAYS					28

HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA	AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
		2	3	4	5		
1 SALARIES							
1 TOTAL SALARIES	326574478	38396767	364971245	14490669.00	25.19		1
2 NON-PHYSICIAN ANESTHETIST PART A							2
3 NON-PHYSICIAN ANESTHETIST PART B							3
4 PHYSICIAN - PART A	3931092		3931092	38551.00	101.97		4
4.01 TEACHING PHYSICIAN SALARIES	11072052		11072052	94291.00	117.42		4.01
5 PHYSICIAN - PART B							5
5.01 NON-PHYSICIAN - PART B							5.01
6 INTERNS & RESIDENTS (IN APPR PGM)	18498522	6256527	24755049	1112804.00	22.25		6
6.01 CONTRACT SERVICES, I&R							6.01
7 HOME OFFICE PERSONNEL							7
8 SNF							8
8.01 EXCLUDED AREA SALARIES	23129580	3681702	26811282	877033.00	30.57		8.01
OTHER WAGES & RELATED COSTS							
9 CONTRACT LABOR	355464		355464	8407.00	42.28		9
9.01 PHARMACY SERVICES UNDER CONTRACT							9.01
9.02 LABORATORY SERVICES UNDER CONTRACT							9.02
9.03 MANAGEMENT AND ADMINISTRATIVE SERVICES'							9.03
10 CONTRACT LABOR: PHYSICIAN PART A							10
10.01 TEACHING PHYSICIAN UNDER CONTRACT							10.01
11 HOME OFFICE SALARIES & WAGE REL COSTS							11
12 HOME OFFICE: PHYSICIAN PART A							12
12.01 TEACHING PHYSICIAN SALARIES							12.01
WAGE-RELATED COSTS							
13 WAGE RELATED COSTS (CORE)	114549020		114549020			CMS 339	13
14 WAGE RELATED COSTS (OTHER)						CMS 339	14
15 EXCLUDED AREAS	8676470		8676470			CMS 339	15
16 NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17 NON-PHYSICIAN ANESTHETIST PART B						CMS 339	17
18 PHYSICIAN PART A	1154409		1154409			CMS 339	18
18.01 PART A TEACHING PHYSICIANS	3210103		3210103			CMS 339	18.01
19 PHYSICIAN PART B						CMS 339	19
19.01 WAGE RELATED COSTS (RHC/FQHC)							19.01
20 INTERNS & RESIDENTS (IN APPR PGM)	2629822		2629822			CMS 339	20
OVERHEAD COSTS - DIRECT SALARIES							
21 EMPLOYEE BENEFITS							21
22 ADMINISTRATIVE & GENERAL	42604216	3385242	45989458	1781076.00	25.82		22
22.01 ADMINISTRATIVE & GENERAL UNDER CONTACT							22.01
23 MAINTENANCE & REPAIRS	7586389	7900	7594289	314688.00	24.13		23
24 OPERATION OF PLANT							24
25 LAUNDRY & LINEN SERVICE	976326	730	977056	59797.00	16.34		25
26 HOUSEKEEPING	11165859	47080	11212939	755519.00	14.84		26
26.01 HOUSEKEEPING UNDER CONTRACT							26.01
27 DIETARY	8784821	23642	8808463	551087.00	15.98		27
27.01 DIETARY UNDER CONTRACT							27.01
28 CAFETERIA							28
29 MAINTENANCE OF PERSONNEL							29
30 NURSING ADMINISTRATION	6252276	23216	6275492	196080.00	32.00		30
31 CENTRAL SERVICES AND SUPPLY	3916475	20562	3937037	242220.00	16.25		31
32 PHARMACY	14460567	-108260	14352307	480387.00	29.88		32
33 MEDICAL RECORDS & MEDICAL RECORDS LIBR	5169822	4494102	9663924	482227.00	20.04		33
34 SOCIAL SERVICE	4006732	28289	4035021	163578.00	24.67		34
35 OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

PART III - HOSPITAL WAGE INDEX SUMMARY	AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART III
		2	3	4	5		
1 NET SALARIES	297003904	32140240	329144144	13283574.00	24.78		1
2 EXCLUDED AREA SALARIES	23129580	3681702	26811282	877033.00	30.57		2
3 SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	273874324	28458538	302332862	12406541.00	24.37		3
4 SUBTOTAL OTHER WAGES & REL COSTS	355464		355464	8407.00	42.28		4
5 SUBTOTAL WAGE-RELATED COSTS	115703429		115703429		38.27%		5
6 TOTAL (SUM OF LINES 3 THRU 5)	389933217	28458538	418391755	12414948.00	33.70		6
7 NET SALARIES							7
8 EXCLUDED AREA SALARIES							8
9 SUBTOTAL SALARIES (LINE 7 MINUS LINE 8)							9
10 SUBTOTAL OTHER WAGES & REL COSTS							10
11 SUBTOTAL WAGE-RELATED COSTS							11
12 TOTAL (SUM OF LINES 9 THRU 11)							12
13 TOTAL OVERHEAD COSTS	104923483	7922503	112845986	5026659.00	22.45		13

HOSPITAL RENAL DIALYSIS DEPARTMENT STATISTICAL DATA

COMPONENT NO: 16-2306

WORKSHEET S-5

RENAL DIALYSIS STATISTICS

	---- 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						133	1
2	NUMBER OF TIMES PER WEEK PATIENT RECEIVES DIALYSIS						3.00	2
3	AVERAGE PATIENT DIALYSIS TIME INCLUDING SETUP						4.50	3
4	CAPD EXCHANGES PER DAY							4
5	NUMBER OF DAYS IN YEAR DIALYSIS FURNISHED						211	5
6	NUMBER OF STATIONS						52	6
7	TREATMENT CAPACITY PER DAY PER STATION						3	7
8	UTILIZATION						66.54	8
9	AVERAGE TIMES DIALYZERS RE-USED							9
10	PERCENTAGE OF PATIENTS RE-USING DIALYZERS							10
TRANSPLANT INFORMATION								
11	NUMBER OF PATIENTS ON TRANSPLANT LIST							200
12	NUMBER OF PATIENTS TRANSPLANTED DURING THE COST REPORTING PERIOD							58
EPOIETIN								
13	NET COSTS OF EPOIETIN FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER							115299
13.01	EPOIETIN AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM							13.01
14	NUMBER OF EPO UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT							16233
14.01	NUMBER OF EPO UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT							14.01
PHYSICIAN PAYMENT METHOD (ENTER 'X' IF METHOD(S) IS APPLICABLE)								
15	MCP X INITIAL METHOD							15
ARANESP								
16	NET COSTS OF ARANESP FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER							718362
17	ARANESP AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM							17
18	NUMBER OF ARANESP UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT							130479
19	NUMBER OF ARANESP UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT							19

NHCMQ DEMONSTRATION STATISTICAL DATA
 STATISTICAL DATA

WORKSHEET S-7

GROUP	M3PI REVENUE CODE	SERVICES PRIOR TO JANUARY 1		SERVICES ON OR AFTER JANUARY 1		TOTAL
		RATE	DAYS	RATE	DAYS	
1	2	3	3.01	4	4.01	5
1	RVC/RUC					1
2	RVB/RUB					2
3	RVA/RUA					3
3.01	RUX					3.01
3.02	RUL					3.02
4	RHD/RVC					4
5	RHC/RVB					5
6	RHB/RVA					6
6.01	RVX					6.01
6.02	RVL					6.02
7	RHA/RHC					7
8	RMC/RHB					8
9	RMB/RHA					9
9.01	RHX					9.01
9.02	RHL					9.02
10	RMA/RMC					10
11	RLB/RMB					11
12	RLA/RMA					12
12.01	RMX					12.01
12.02	RML					12.02
13	SE3/RLB					13
14	SE2/RLA					14
14.01	RLX					14.01
15	SE1/SE3					15
16	SSC/SE2					16
17	SSB/SE1					17
18	SSA/SSC					18
19	CD2/SSB					19
20	CD1/SSA					20
21	CC2					21
22	CC1					22
23	CB2					23
24	CB1					24
25	CA2					25
26	CA1					26
27	IB2					27
28	IB1					28
29	IA2					29
30	IA1					30
31	BB2					31
32	BB1					32
33	BA2					33
34	BA1					34
35	PE2					35
36	PE1					36
37	PD2					37
38	PD1					38
39	PC2					39
40	PC1					40
41	PB2					41
42	PB1					42
43	PA2					43
44	PA1					44
45	DEFAULT RATE					45
46	TOTAL					46

HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	2
2.01	IS IT AT THE TIME OF ADMISSION?	2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?	2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)	2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?	5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?	6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?	7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?	10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04	11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01	14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?	14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	16
17	REVENUE RELATED TO UNCOMPENSATED CARE	17
17.01	GROSS MEDICAID REVENUES	180241597 17.01
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	18
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	19
20	RESTRICTED GRANTS	20
21	NON-RESTRICTED GRANTS	21
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	180241597 22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	23505477 23
24	COST TO CHARGE RATIO	0.409567 24
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST	9627068 25
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	26
27	TOTAL SCHIP COST	27
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	371452851 28
29	TOTAL GROSS MEDICAID COST	152134830 29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	37321726 30
31	UNCOMPENSATED CARE COST	15285747 31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	161761898 32

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER		SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
GENERAL SERVICE COST CENTERS									
1	0100 OLD CAP REL COSTS-BLDG & FIXT								1
2	0200 OLD CAP REL COSTS-MVBLE EQUIP								2
3	0300 NEW CAP REL COSTS-BLDG & FIXT								3
3.01	0301 NEW CAPITAL REL - GENERAL HOSP		29368413	29368413	259130	29627543	-1157590	28469953	3.01
3.02	0302 NEW CAPITAL REL - WESTLAWN		65048	65048		65048		65048	3.02
3.04	0304 NEW CAPITAL REL - CDD		264668	264668		264668	-1349	263319	3.04
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		38442664	38442664	112487	38555151	-7813	38547338	4
5	0500 EMPLOYEE BENEFITS								5
6	0600 ADMINISTRATIVE & GENERAL	42604216	94939355	137543571	-1091832	136451739	-44682242	91769497	6
7	0700 MAINTENANCE & REPAIRS								7
7.01	0701 PLANT OPER/MAINT - GENERAL HOSP	7421933	30894196	38316129	-428170	37887959	-5088391	32799568	7.01
7.02	0702 PLANT OPER/MAINT - WESTLAWN				133512	133512	69100	202612	7.02
7.04	0704 PLANT OPER/MAINT - CDD	164456	676008	840464		840464	78800	919264	7.04
8	0800 OPERATION OF PLANT								8
9	0900 LAUNDRY & LINEN SERVICE	976326	271379	1247705	730	1248435		1248435	9
10	1000 HOUSEKEEPING								10
10.01	1001 HOUSEKEEPING - GENERAL HOSPITAL	10978530	6864747	17843277	-52070	17791207	-80946	17710261	10.01
10.04	1004 HOUSEKEEPING - CDD	187329	98425	285754		285754		285754	10.04
11	1100 DIETARY	8784821	8598110	17382931	-9077606	8305325	-24834	8280491	11
12	1200 CAFETERIA				9101188	9101188	-7048391	2052797	12
12.01	1201 CAFETERIA - EMPLOYEES								12.01
13	1300 MAINTENANCE OF PERSONNEL								13
13.01	1301 STUDENT & PERSONNEL HOUSING								13.01
14	1400 NURSING ADMINISTRATION	6252276	3819541	10071817	13872	10085689	-73638	10012051	14
15	1500 CENTRAL SERVICES & SUPPLY	3916475	3046499	6962974	-463761	6499213	-64	6499149	15
16	1600 PHARMACY	14460567	69255508	83716075	2096790	85812865	-561891	85250974	16
17	1700 MEDICAL RECORDS & LIBRARY								17
17.01	1701 MEDICAL RECORDS PREPARATION	2343521	2867937	5211458	2061874	7273332	1469122	8742454	17.01
17.02	1702 MEDICAL RECORDS PROCESSING	2826301	1702526	4528827	25874	4554701	-500548	4054153	17.02
18	1800 SOCIAL SERVICE	4006732	1982695	5989427	28289	6017716	-168638	5849078	18
20	2000 NONPHYSICIAN ANESTHETISTS								20
21	2100 NURSING SCHOOL								21
22	2200 I&R SERVICES-SALARY & FRINGES A	18498522	2052216	20550738		20550738	6850897	27401635	22
23	2300 I&R SERVICES-OTHER PRGM COSTS A	564118	1854050	2418168	1451947	3870115	8022338	11892453	23
24	2400 PARAMED ED PRGM-(SPECIFY)								24
24.01	2401 PARAMEDICAL EDUC - DIETARY	61624	22533	84157	1590	85747	-46454	39293	24.01
24.02	2402 PARAMEDICAL EDUC - PHARMACY	271761	41193	312954	167605	480559	5163	485722	24.02
24.03	2403 PARAMEDICAL EDUC - MED LAB	93794	92493	186287	3491	189778	16580	206358	24.03
24.04	2404 PARAMEDICAL EDUC - RAD TECH	6411125	241648	882773	-5808	876965	-325738	551227	24.04
24.05	2405 PARAMED ED PRGM-PASTORAL	110949	1893	112842		112842	-23759	89083	24.05
INPATIENT ROUTINE SERV COST CENTERS									
25	2500 ADULTS & PEDIATRICS	46245606	20719005	66964611	-6463482	60501129	780	60501909	25
26.01	2601 MEDICAL INTENSIVE CARE UNIT	3034850	1513164	4548014	-109847	4438167		4438167	26.01
27	2700 CORONARY CARE UNIT	2103550	1019983	3123533	-35212	3088321		3088321	27
28	2800 BURN INTENSIVE CARE UNIT	2692817	1692741	4385558	-330891	4054667		4054667	28
29	2900 SURGICAL INTENSIVE CARE UNIT	7249900	4024896	11274796	-389813	10884983		10884983	29
30	2060 NEONATAL INTENSIVE CARE UNIT	10979839	4461275	15441114	693113	16134227		16134227	30
31	3100 SUBPROVIDER I	9190635	3901821	13092456	315045	13407501	-4738244	8669257	31
33	3300 NURSERY				1319923	1319923		1319923	33
ANCILLARY SERVICE COST CENTERS									
37	3700 OPERATING ROOM	19437352	56280025	75717377	-19225062	56492315		56492315	37
39	3900 DELIVERY ROOM & LABOR ROOM	2818041	1494410	4312451	-1165	4311286		4311286	39
40	4000 ANESTHESIOLOGY	651415	2911766	3563181	-980326	2582855	330664	2913519	40
41	4100 RADIOLOGY-DIAGNOSTIC	10413080	15992135	26405215	-2122917	24282298	243092	24525390	41
42	4200 RADIOLOGY-THERAPEUTIC	3177419	2311516	5488935	916389	6405324		6405324	42
42.01	3630 ULTRASOUND	1338639	858260	2196899	25092	2221991		2221991	42.01
42.02	3954 RADIOLOGY - PET SCAN	1125958	1055522	2181480	130149	2311629		2311629	42.02
44	4400 LABORATORY	12530538	20818100	33348638	-1118799	32229839	-2394576	29835263	44
44.01	3420 ANATOMICAL LABORATORY	2151312	1510320	3661632	-16065	3645567	1194712	4840279	44.01
44.02	3140 RADIOLOGY	3650077	9844310	13494387	-7408629	6085758		6085758	44.02
46.30	4650 BLOOD CLOTTING FACTORS ADMIN CO								46.30
47	4700 BLOOD STORING, PROCESSING & TRA	1593176	2530196	4123372	2457471	6580843		6580843	47
47.01	3540 ORTHOTIC SERVICES	41142	2113435	2154577	-505521	1649056		1649056	47.01
49	4900 RESPIRATORY THERAPY	5505525	3796727	9302252	20534	9322786	-15129	9307657	49
50	5000 PHYSICAL THERAPY	3067900	1205401	4273301	-737421	3535880		3535880	50
51	5100 OCCUPATIONAL THERAPY	969632	371442	1341074	118405	1459479		1459479	51
53	5300 ELECTROCARDIOLOGY	405282	250909	656191	-15849	640342		640342	53
54	5400 ELECTROENCEPHALOGRAPHY	1039322	554278	1593600	-11560	1582040		1582040	54
55	5500 MEDICAL SUPPLIES CHARGED TO PAT		11392	11392	32124222	32135614		32135614	55
56	5600 DRUGS CHARGED TO PATIENTS								56
57	5700 RENAL DIALYSIS	2311281	2224973	4536254	849320	5385574		5385574	57
59	3950 IVF/CULTURE LAB	1086960	671189	1758149	-17307	1740842		1740842	59
59.01	3951 LITHOTRIPSY	121596	642117	763713	23301	787014		787014	59.01
59.02	3952 URODYNAMICS	193099	368686	561785	161	561946		561946	59.02

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

COST CENTER	SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
59.03 3953 SPINE TREATMENT CENTER	1028288	546105	1574393	-160002	1414391		1414391	59.03
59.04 3520 OPHTHALMOLOGY SPECIALTY LABS	792857	413336	1206193	13669	1219862		1219862	59.04
59.05 3340 DIGESTIVE DISEASE CNTR	1557236	2356358	3913594	15313	3928907		3928907	59.05
59.06 3580 RECREATION THERAPY	627268	241975	869243	-869243				59.06
59.07 3955 CDC - REHAB	224594	91153	315747	-131127	184620		184620	59.07
59.08 3956 DIABETES EDUCATION OUTPATIENT SERVICE COST CENTERS	178883	72872	251755	-5717	246038		246038	59.08
60.01 6001 ANESTHESIA PAIN CLINIC	99286	195980	295266	4612	299878	250149	550027	60.01
60.02 6002 DERMATOLOGY CLINIC	391058	356829	747887	-60304	687583	356705	1044288	60.02
60.03 6003 ORAL SURGERY CLINIC	598344	354664	953008	-172018	780990	458544	1239534	60.03
60.04 6004 INTERNAL MEDICINE CLINIC	2599218	1718229	4317447	-290832	4026615	2386798	6413413	60.04
60.05 6005 NEUROLOGY CLINIC	525264	329353	854617	-143146	711471	349400	1060871	60.05
60.06 6006 OB-GYN CLINIC	2134423	1414930	3549353	-424391	3124962	1371103	4496065	60.06
60.07 6007 OPHTHALMOLOGY CLINIC	682566	770703	1453269	-125441	1327828	2277759	3605587	60.07
60.08 6008 ORTHOPAEDICS CLINIC	1343044	827041	2170085	452255	2622340	1168145	3790485	60.08
60.09 6009 OTOLARYNGOLOGY CLINIC	1477300	1517066	2994366	-138508	2855858	908857	3764715	60.09
60.10 6010 PEDIATRIC CLINIC	3304315	2365972	5670287	-110158	5560129	1550154	7110283	60.10
60.11 6011 SURGERY CLINIC	775198	416487	1191685	529574	1721259	1260023	2981282	60.11
60.12 6012 UROLOGY CLINIC	560199	570529	1130728	-305213	825515	403393	1228908	60.12
60.13 6013 PSYCHIATRIC CLINIC	854931	579666	1434597	66947	1501544	57377	1558921	60.13
60.14 6014 CANCER CLINIC	2684374	1416422	4100796	-178998	3921798	40465	3962263	60.14
60.15 6015 FAMILY CARE CLINIC	7445230	3871010	11316240	-5868057	5448183	33805	5481988	60.15
61 6100 EMERGENCY	3639591	2050418	5690009	455689	6145698		6145698	61
62 6200 OBSERVATION BEDS (NON-DISTINCT)								62
63.50 6310 RHC								63.50
63.60 6320 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
64 6400 HOME PROGRAM DIALYSIS	153026	293806	446832	-38310	408522		408522	64
65 6500 AMBULANCE SERVICES	1294899	3770335	5065234	-1000720	4064514	-82911	3981603	65
69.10 6910 CMHC								69.10
69.20 6920 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 6930 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 6940 OUTPATIENT SPEECH PATHOLOGY								69.40
71 7100 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
82 8200 LUNG ACQUISITION	66221	385154	451375		451375		451375	82
83 8300 KIDNEY ACQUISITION	758779	2423986	3182765	-805661	2377104	12426	2389530	83
84 8400 LIVER ACQUISITION	77932	739929	817861	90945	908806	11257	920063	84
85 8500 HEART ACQUISITION	695283	868420	1563703	-527665	1036038		1036038	85
85.01 8510 PANCREAS ACQUISITION	849	48163	49012	239661	288673	3065	291738	85.01
85.02 8520 INTESTINAL ACQUISITION								85.02
85.03 8530 ISLET CELL ACQUISITION								85.03
86 8600 OTHER ORGAN ACQUISITION (SPECIF								86
88 8800 INTEREST EXPENSE		1439769	1439769		1439769	-1439769		88
95 SUBTOTALS	316861775	495060399	811922174	-5644455	806277719	-37282242	768995477	95
NONREIMBURSABLE COST CENTERS								
96 9600 GIFT, FLOWER, COFFEE SHOP & CAN						1127491	1127491	96
96.01 9601 VENDING/PATIENT ART	8513606	8229740	16743346	-440388	16302958	-522766	15780192	96.01
96.02 9602 PATIENT TRANSPORTATION SERVICE	555399	496169	1051568	-6709	1044859		1044859	96.02
96.03 9603 PHARMACY HOME GOING DRUGS								96.03
96.04 9604 OUTPATIENT & ESCORT HOUSING								96.04
96.05 9605 CLINICAL RESEARCH UNIT		108471	108471	-99588	8883	306905	315788	96.05
96.06 9606 PATIENT EDUCATION SERVICE	569295	208808	778103	-10072	768031		768031	96.06
96.08 9608 FAMILY PRACTICE PROGRAM				3930010	3930010		3930010	96.08
96.09 9609 CONTACT LENS CLINIC						288610	288610	96.09
96.10 9610 BEAUTY SHOP								96.10
96.11 9611 CLINICAL FACULTY DEPARTMENT								96.11
96.12 9612 MEDICAID ADMINISTRATIVE PROJECT								96.12
96.13 9613 OTHER NONALLOWABLE	74403	-19591	54812	2271202	2326014	736909	3062923	96.13
97 9700 RESEARCH								97
101 TOTAL	326574478	504083996	830658474		830658474	-35345093	795313381	101

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER 2	LINE # 3	SALARY 4	
1 A121A RECL MED SUPPLIES	AA	MEDICAL SUPPLIES CHARGED TO P	55		1849833 1
2 A121A RECL MED SUPPLIES	AA				2
3 A121A RECL MED SUPPLIES	AA				3
4 A121A RECL MED SUPPLIES	AA				4
5 A121A RECL MED SUPPLIES	AA				5
6 A121A RECL MED SUPPLIES	AA				6
7 A121A RECL MED SUPPLIES	AA				7
8 A121A RECL MED SUPPLIES	AA				8
9 A121A RECL MED SUPPLIES	AA				9
10 A121A RECL MED SUPPLIES	AA				10
11 A121A RECL MED SUPPLIES	AA				11
12 A121A RECL MED SUPPLIES	AA				12
13 A121A RECL MED SUPPLIES	AA				13
14 A121A RECL MED SUPPLIES	AA				14
15 A121A RECL MED SUPPLIES	AA				15
16 A121A RECL MED SUPPLIES	AA				16
17 A121A RECL MED SUPPLIES	AA				17
18 A121A RECL MED SUPPLIES	AA				18
19 A121A RECL MED SUPPLIES	AA				19
20 A121A RECL MED SUPPLIES	AA				20
21 A121A RECL MED SUPPLIES	AA				21
22 A121A RECL MED SUPPLIES	AA				22
23 A121A RECL MED SUPPLIES	AA				23
24 A121A RECL MED SUPPLIES	AA				24
25 A121A RECL MED SUPPLIES	AA				25
26 A121A RECL MED SUPPLIES	AA				26
27 A121A RECL MED SUPPLIES	AA				27
28 A121A RECL MED SUPPLIES	AA				28
29 A121A RECL MED SUPPLIES	AA				29
30 A121A RECL MED SUPPLIES	AA				30
31 A121A RECL MED SUPPLIES	AA				31
32 A121A RECL MED SUPPLIES	AA				32
33 A121A RECL MED SUPPLIES	AA				33
34 A121A RECL MED SUPPLIES	AA				34
35 A121A RECL MED SUPPLIES	AA				35
36 SUBTOTAL					1849833 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY		CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
1	6	7	8	9	10		
1	A121A RECL MED SUPPLIES	AA	OPERATING ROOM	37		7302	1
2	A121A RECL MED SUPPLIES	AA	DELIVERY ROOM & LABOR ROOM	39		5568	2
3	A121A RECL MED SUPPLIES	AA	RADIOLOGY-DIAGNOSTIC	41		202	3
4	A121A RECL MED SUPPLIES	AA	RADIOLOGY - PET SCAN	42.02		31	4
5	A121A RECL MED SUPPLIES	AA	ULTRASOUND	42.01		48	5
6	A121A RECL MED SUPPLIES	AA	RADIOLOGY-THERAPEUTIC	42		2903	6
7	A121A RECL MED SUPPLIES	AA	LABORATORY	44		49	7
8	A121A RECL MED SUPPLIES	AA	CARDIOLOGY	44.02		301980	8
9	A121A RECL MED SUPPLIES	AA	ORTHOTIC SERVICES	47.01		3581	9
10	A121A RECL MED SUPPLIES	AA	RESPIRATORY THERAPY	49		15710	10
11	A121A RECL MED SUPPLIES	AA	PHYSICAL THERAPY	50		89	11
12	A121A RECL MED SUPPLIES	AA	MEDICAL SUPPLIES CHARGED TO P	55		9643	12
13	A121A RECL MED SUPPLIES	AA	LITHOTRIPSY	59.01		411	13
14	A121A RECL MED SUPPLIES	AA	SPINE TREATMENT CENTER	59.03		83	14
15	A121A RECL MED SUPPLIES	AA	IVF/CULTURE LAB	59		88	15
16	A121A RECL MED SUPPLIES	AA	ADULTS & PEDIATRICS	25		664874	16
17	A121A RECL MED SUPPLIES	AA	SURGICAL INTENSIVE CARE UNIT	29		360957	17
18	A121A RECL MED SUPPLIES	AA	CORONARY CARE UNIT	27		43521	18
19	A121A RECL MED SUPPLIES	AA	MEDICAL INTENSIVE CARE UNIT	26.01		112485	19
20	A121A RECL MED SUPPLIES	AA	BURN INTENSIVE CARE UNIT	28		193044	20
21	A121A RECL MED SUPPLIES	AA	NEONATAL INTENSIVE CARE UNIT	30		4856	21
22	A121A RECL MED SUPPLIES	AA	SUBPROVIDER I	31		3514	22
23	A121A RECL MED SUPPLIES	AA	ORAL SURGERY CLINIC	60.03		1122	23
24	A121A RECL MED SUPPLIES	AA	DERMATOLOGY CLINIC	60.02		156	24
25	A121A RECL MED SUPPLIES	AA	INTERNAL MEDICINE CLINIC	60.04		3780	25
26	A121A RECL MED SUPPLIES	AA	NEUROLOGY CLINIC	60.05		50	26
27	A121A RECL MED SUPPLIES	AA	OB-GYN CLINIC	60.06		3766	27
28	A121A RECL MED SUPPLIES	AA	OPHTHALMOLOGY CLINIC	60.07		23807	28
29	A121A RECL MED SUPPLIES	AA	ORTHOPAEDICS CLINIC	60.08		34417	29
30	A121A RECL MED SUPPLIES	AA	OTOLARYNGOLOGY CLINIC	60.09		23485	30
31	A121A RECL MED SUPPLIES	AA	PEDIATRIC CLINIC	60.10		185	31
32	A121A RECL MED SUPPLIES	AA	SURGERY CLINIC	60.11		11683	32
33	A121A RECL MED SUPPLIES	AA	FAMILY CARE CLINIC	60.15		8099	33
34	A121A RECL MED SUPPLIES	AA	UROLOGY CLINIC	60.12		36	34
35	A121A RECL MED SUPPLIES	AA	CANCER CLINIC	60.14		3428	35
36	SUBTOTAL					1844953	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER 2	LINE # 3	SALARY 4	OTHER 5
1 A121A RECL MED SUPPLIES	AA				1
2 A121A RECL MED SUPPLIES	AA				2
3 A121A RECL MED SUPPLIES	AA				3
4 A121B RECL SURGICAL SUPPLIES	AB	MEDICAL SUPPLIES CHARGED TO P	55		4
5 A121B RECL SURGICAL SUPPLIES	AB				5
6 A121B RECL SURGICAL SUPPLIES	AB				6
7 A121B RECL SURGICAL SUPPLIES	AB				7
8 A121B RECL SURGICAL SUPPLIES	AB				8
9 A122 RECL PHLEBOTOMY/GLUCOSE	AC	LABORATORY	44		9
10 A122 RECL PHLEBOTOMY/GLUCOSE	AC				10
11 A122 RECL PHLEBOTOMY/GLUCOSE	AC				11
12 A122 RECL PHLEBOTOMY/GLUCOSE	AC				12
13 A122 RECL PHLEBOTOMY/GLUCOSE	AC				13
14 A122 RECL PHLEBOTOMY/GLUCOSE	AC				14
15					15
16 A122 RECL PHLEBOTOMY/GLUCOSE	AC				16
17 A122 RECL PHLEBOTOMY/GLUCOSE	AC				17
18 A122 RECL PHLEBOTOMY/GLUCOSE	AC				18
19 A122 RECL PHLEBOTOMY/GLUCOSE	AC				19
20 A122 RECL PHLEBOTOMY/GLUCOSE	AC				20
21 A122 RECL PHLEBOTOMY/GLUCOSE	AC				21
22 A122 RECL PHLEBOTOMY/GLUCOSE	AC				22
23 A122 RECL PHLEBOTOMY/GLUCOSE	AC				23
24 A122 RECL PHLEBOTOMY/GLUCOSE	AC				24
25 A122 RECL PHLEBOTOMY/GLUCOSE	AC				25
26 A122 RECL PHLEBOTOMY/GLUCOSE	AC				26
27 A122 RECL PHLEBOTOMY/GLUCOSE	AC				27
28 A122 RECL PHLEBOTOMY/GLUCOSE	AC				28
29 A122 RECL PHLEBOTOMY/GLUCOSE	AC				29
30 A123 RECL BLOOD PRODUCTS	AD	BLOOD STORING, PROCESSING & T	47		30
31 A124A PSYCH CLINIC MR	AE	MEDICAL RECORDS PREPARATION	17.01	528849	31
32 A124A SPORTS MEDICINE MR	AE	DIGESTIVE DISEASE CNTR	59.05	7	32
33 A124A INVITRO FERTILIZATION OT	AE	OTHER NONALLOWABLE	96.13	980721	33
34 A124A FAMILY DENTISTRY MR	AE				34
35 A124A ANESTHESIA PAIN MR	AE				35
36 SUBTOTAL				1509577	35974962

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			Wkst A-7 REF. 10
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	
1 A121A RECL MED SUPPLIES	AA	EMERGENCY	61		4785	1
2 A121A RECL MED SUPPLIES	AA	CLINICAL RESEARCH UNIT	96.05		36	2
3 A121A RECL MED SUPPLIES	AA	DIETARY	11		60	3
4 A121B RECL SURGICAL SUPPLIES	AB	CENTRAL SERVICES & SUPPLY	15		1749	4
5 A121B RECL SURGICAL SUPPLIES	AB	OPERATING ROOM	37		22848834	5
6 A121B RECL SURGICAL SUPPLIES	AB	CARDIOLOGY	44.02		6880176	6
7 A121B RECL SURGICAL SUPPLIES	AB	PHYSICAL THERAPY	50		41330	7
8 A121B RECL SURGICAL SUPPLIES	AB	OCCUPATIONAL THERAPY	51		10007	8
9 A122 RECL PHLEBOTOMY/GLUCOSE	AC	OPERATING ROOM	37		1085	9
10 A122 RECL PHLEBOTOMY/GLUCOSE	AC	ANESTHESIOLOGY	40		336	10
11 A122 RECL PHLEBOTOMY/GLUCOSE	AC	RADIOLOGY-DIAGNOSTIC	41		700	11
12 A122 RECL PHLEBOTOMY/GLUCOSE	AC	ADULTS & PEDIATRICS	25		1177189	12
13 A122 RECL PHLEBOTOMY/GLUCOSE	AC	SUBPROVIDER I	31		553	13
14 A122 RECL PHLEBOTOMY/GLUCOSE	AC	ORAL SURGERY CLINIC	60.03		75	14
15						15
16 A122 RECL PHLEBOTOMY/GLUCOSE	AC	INTERNAL MEDICINE CLINIC	60.04		11154	16
17 A122 RECL PHLEBOTOMY/GLUCOSE	AC	NEUROLOGY CLINIC	60.05		1741	17
18 A122 RECL PHLEBOTOMY/GLUCOSE	AC	OB-GYN CLINIC	60.06		2074	18
19 A122 RECL PHLEBOTOMY/GLUCOSE	AC	OPHTHALMOLOGY CLINIC	60.07		40	19
20 A122 RECL PHLEBOTOMY/GLUCOSE	AC	ORTHOPAEDICS CLINIC	60.08		1158	20
21 A122 RECL PHLEBOTOMY/GLUCOSE	AC	OTOLARYNGOLOGY CLINIC	60.09		812	21
22 A122 RECL PHLEBOTOMY/GLUCOSE	AC	PEDIATRIC CLINIC	60.10		662	22
23 A122 RECL PHLEBOTOMY/GLUCOSE	AC	SURGERY CLINIC	60.11		11639	23
24 A122 RECL PHLEBOTOMY/GLUCOSE	AC	FAMILY CARE CLINIC	60.15		473	24
25 A122 RECL PHLEBOTOMY/GLUCOSE	AC	UROLOGY CLINIC	60.12		584	25
26 A122 RECL PHLEBOTOMY/GLUCOSE	AC	CANCER CLINIC	60.14		6	26
27 A122 RECL PHLEBOTOMY/GLUCOSE	AC	EMERGENCY	61		125816	27
28 A122 RECL PHLEBOTOMY/GLUCOSE	AC	VENDING/PATIENT ART	96.01		2	28
29 A122 RECL PHLEBOTOMY/GLUCOSE	AC	CLINICAL RESEARCH UNIT	96.05		48	29
30 A123 RECL BLOOD PRODUCTS	AD	LABORATORY	44		2501782	30
31 A124A PSYCH CLINIC MR	AE	PSYCHIATRIC CLINIC	60.13	97395	32588	31
32 A124A SPORTS MEDICINE MR	AE	SPINE TREATMENT CENTER	59.03	168277	56305	32
33 A124A INVITRO FERTILIZATION OT	AE	IVF/CULTURE LAB	59	35006	11713	33
34 A124A FAMILY DENTISTRY MR	AE	ORAL SURGERY CLINIC	60.03	137763	46095	34
35 A124A ANESTHESIA PAIN MR	AE	ANESTHESIA PAIN CLINIC	60.01	1625	543	35
36 SUBTOTAL				440066	35617103	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER 2	LINE # 3	SALARY 4	OTHER 5
1 A124A DERMATOLOGY OTHER	AE				1
2 A124A UI HEART CLINIC OTHER	AE				2
3 A124A NEUROLOGY OTHER	AE				3
4 A124A OB-GYN OTHER	AE				4
5 A124A OPHTHALMOLOGY OTHER	AE				5
6 A124A ORTHOPAEDICS OTHER	AE				6
7 A124A AUDIOLOGY OTHER	AE				7
8 A124A PEDIATRIC OTHER	AE				8
9 A124A GEN SURGERY OTHER	AE				9
10 A124A UROLOGY OTHER	AE				10
11 A124A CANCER INFUSION ST OTHE	AE				11
12 A125 RECL RAD ADMIN ENGINEER	AF	RADIOLOGY-THERAPEUTIC	42	264268	89558 12
13 A125 RECL RAD ADMIN ENGINEER	AF	RADIOLOGY-THERAPEUTIC	42		512923 13
14 A126 ACT THERAPY % RECL	AG	SUBPROVIDER I	31	293699	106461 14
15 A126 ACT THERAPY % RECL	AG	SUBPROVIDER I	31		15027 15
16 A126 ACT THERAPY % RECL	AG	PSYCHIATRIC CLINIC	60.13	104746	37969 16
17 A126 ACT THERAPY % RECL	AG	PSYCHIATRIC CLINIC	60.13		5359 17
18 A126 ACT THERAPY % RECL	AG				18
19 A126 ACT THERAPY % RECL	AG				19
20 A126 ACT THERAPY % RECL	AG	ADULTS & PEDIATRICS	25	260837	94549 20
21 A126 ACT THERAPY % RECL	AG	ADULTS & PEDIATRICS	25		13341 21
22 A127 REHAB SERV PT	AH	OPERATING ROOM	37	24922	9248 22
23 A127 REHAB SERV PT	AH	ORTHOTIC SERVICES	47.01	171153	63500 23
24 A127 REHAB THERAPY OCCUPATIONA	AH	OCCUPATIONAL THERAPY	51	86901	32241 24
25 A127 REHAB THERAPY ACTIVITY TH	AH	RECREATION THERAPY	59.06	68940	25579 25
26 A127 REHAB THERAPY SPINE TREAT	AH	SPINE TREATMENT CENTER	59.03	35113	13027 26
27 A127 REHAB THERAPY EDUCATIONAL	AH	PATIENT EDUCATION SERVICE	96.06	61810	22932 27
28 A127 REHAB THERAPY OPERATING R	AH	OPERATING ROOM	37		1865 28
29 A127 REHAB THERAPY ORTHOTICS	AH	ORTHOTIC SERVICES	47.01		12806 29
30 A127 REHAB THERAPY OCCUPATIONA	AH	OCCUPATIONAL THERAPY	51		6502 30
31 A127 REHAB THERAPY ACTIVITY TH	AH	RECREATION THERAPY	59.06		5158 31
32 A127 REHAB THERAPY SPINE TREAT	AH	SPINE TREATMENT CENTER	59.03		2627 32
33 A127 REHAB THERAPY EDUCATIONAL	AH	PATIENT EDUCATION SERVICE	96.06		4625 33
34 A128 FCC COSTS TO RECLASS	AI	MEDICAL RECORDS PREPARATION	17.01	368275	121465 34
35 A128 FCC GME TEACHING	AI	I&R SERVICES-OTHER PRGM COSTS	23	639737	199084 35
36 SUBTOTAL				3889978	37370808 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			Wkst A-7 REF. 10
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	
1 A124A DERMATOLOGY OTHER	AE	DERMATOLOGY CLINIC	60.02	23506	7865	1
2 A124A UI HEART CLINIC OTHER	AE	INTERNAL MEDICINE CLINIC	60.04	134941	45151	2
3 A124A NEUROLOGY OTHER	AE	NEUROLOGY CLINIC	60.05	54526	18244	3
4 A124A OB-GYN OTHER	AE	OB-GYN CLINIC	60.06	283631	94903	4
5 A124A OPHTHALMOLOGY OTHER	AE	OPHTHALMOLOGY CLINIC	60.07	83626	27981	5
6 A124A ORTHOPAEDICS OTHER	AE	ORTHOPAEDICS CLINIC	60.08	67275	22510	6
7 A124A AUDIOLOGY OTHER	AE	OTOLARYNGOLOGY CLINIC	60.09	107023	35810	7
8 A124A PEDIATRIC OTHER	AE	PEDIATRIC CLINIC	60.10	85818	28715	8
9 A124A GEN SURGERY OTHER	AE	SURGERY CLINIC	60.11	70645	23638	9
10 A124A UROLOGY OTHER	AE	UROLOGY CLINIC	60.12	44216	14795	10
11 A124A CANCER INFUSION ST OTHE	AE	CANCER CLINIC	60.14	114304	38246	11
12 A125 RECL RAD ADMIN ENGINEER	AF	RADIOLOGY-DIAGNOSTIC	41	264268	89558	12
13 A125 RECL RAD ADMIN ENGINEER	AF	RADIOLOGY-DIAGNOSTIC	41		512923	13
14 A126 ACT THERAPY % RECL	AG	RECREATION THERAPY	59.06	659284	238979	14
15 A126 ACT THERAPY % RECL	AG	RECREATION THERAPY	59.06		33731	15
16 A126 ACT THERAPY % RECL	AG					16
17 A126 ACT THERAPY % RECL	AG					17
18 A126 ACT THERAPY % RECL	AG					18
19 A126 ACT THERAPY % RECL	AG					19
20 A126 ACT THERAPY % RECL	AG					20
21 A126 ACT THERAPY % RECL	AG					21
22 A127 REHAB SERV PT	AH	PHYSICAL THERAPY	50	448840	166525	22
23 A127 REHAB SERV PT	AH	PHYSICAL THERAPY	50		33583	23
24 A127 REHAB THERAPY OCCUPATIONA	AH					24
25 A127 REHAB THERAPY ACTIVITY TH	AH					25
26 A127 REHAB THERAPY SPINE TREAT	AH					26
27 A127 REHAB THERAPY EDUCATIONAL	AH					27
28 A127 REHAB THERAPY OPERATING R	AH					28
29 A127 REHAB THERAPY ORTHOTICS	AH					29
30 A127 REHAB THERAPY OCCUPATIONA	AH					30
31 A127 REHAB THERAPY ACTIVITY TH	AH					31
32 A127 REHAB THERAPY SPINE TREAT	AH					32
33 A127 REHAB THERAPY EDUCATIONAL	AH					33
34 A128 FCC COSTS TO RECLASS	AI	FAMILY CARE CLINIC	60.15	3996306	1262266	34
35 A128 FCC GME TEACHING	AI					35
36 SUBTOTAL				6878275	38312526	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER	LINE #	SALARY	OTHER	
	1	2	3	4	5	
1 A128 FCC NON CLINIC COSTS	AI	FAMILY PRACTICE PROGRAM	96.08	2356403	733306	1
2 A128 FCC NON CLINIC COSTS	AI	FAMILY PRACTICE PROGRAM	96.08	631890	208411	2
3 A129 SPEECH THER PSYCH RECL	AJ	PSYCHIATRIC CLINIC	60.13	59209	19944	3
4 A129 SPEECH THER PSYCH RECL	AJ	PSYCHIATRIC CLINIC	60.13		2474	4
5 A130 VACATION ACCRUAL	AK	PLANT OPER/MAINT - GENERAL HO	7.01	7900		5
6 A130 VACATION ACCRUAL	AK	LAUNDRY & LINEN SERVICE	9	730		6
7 A130 VACATION ACCRUAL	AK	HOUSEKEEPING - GENERAL HOSPIT	10.01	47080		7
8 A130 VACATION ACCRUAL	AK	DIETARY	11	23642		8
9 A130 VACATION ACCRUAL	AK	NURSING ADMINISTRATION	14	49912		9
10 A130 VACATION ACCRUAL	AK	CENTRAL SERVICES & SUPPLY	15	20562		10
11 A130 VACATION ACCRUAL	AK	PHARMACY	16	284		11
12 A130 VACATION ACCRUAL	AK	MEDICAL RECORDS PREPARATION	17.01	1054		12
13 A130 VACATION ACCRUAL	AK	MEDICAL RECORDS PROCESSING	17.02	25874		13
14 A130 VACATION ACCRUAL	AK	SOCIAL SERVICE	18	28289		14
15 A130 VACATION ACCRUAL	AK	I&R SERVICES-OTHER PRGM COSTS	23	50686		15
16 A130 VACATION ACCRUAL	AK	PARAMEDICAL EDCU - MED LAB	24.03	1294		16
17 A130 VACATION ACCRUAL	AK	PARAMEDICAL EDUC - DIETARY	24.01	1590		17
18 A130 VACATION ACCRUAL	AK	OPERATING ROOM	37	138303		18
19 A130 VACATION ACCRUAL	AK	RADIOLOGY-DIAGNOSTIC	41	82026		19
20 A130 VACATION ACCRUAL	AK	RADIOLOGY - PET SCAN	42.02	152678		20
21 A130 VACATION ACCRUAL	AK	ULTRASOUND	42.01	51901		21
22 A130 VACATION ACCRUAL	AK	RADIOLOGY-THERAPEUTIC	42	78082		22
23 A130 VACATION ACCRUAL	AK	LABORATORY	44	75384		23
24 A130 VACATION ACCRUAL	AK	CARDIOLOGY	44.02	16057		24
25 A130 VACATION ACCRUAL	AK	ORTHOTIC SERVICES	47.01	601		25
26 A130 VACATION ACCRUAL	AK	RESPIRATORY THERAPY	49	35257		26
27 A130 VACATION ACCRUAL	AK	OCCUPATIONAL THERAPY	51	2768		27
28 A130 VACATION ACCRUAL	AK	DIGESTIVE DISEASE CNTR	59.05	11915		28
29 A130 VACATION ACCRUAL	AK	OPHTHALMOLOGY SPECIALTY LABS	59.04	13669		29
30 A130 VACATION ACCRUAL	AK	URODYNAMICS	59.02	139		30
31 A130 VACATION ACCRUAL	AK	SPINE TREATMENT CENTER	59.03	13896		31
32 A130 VACATION ACCRUAL	AK	IVF/CULTURE LAB	59	27854		32
33 A130 VACATION ACCRUAL	AK	HOME PROGRAM DIALYSIS	64	137		33
34 A130 VACATION ACCRUAL	AK	ADULTS & PEDIATRICS	25	174442		34
35 A130 VACATION ACCRUAL	AK	SURGICAL INTENSIVE CARE UNIT	29	40168		35
36 SUBTOTAL				8111654	38334943	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			Wkst A-7 REF.
			LINE #	SALARY	OTHER	
	1	6	7	8	9	10
1 A128 FCC NON CLINIC COSTS	AI					1
2 A128 FCC NON CLINIC COSTS	AI					2
3 A129 SPEECH THER PSYCH RECL	AJ	PATIENT EDUCATION SERVICE	96.06	59209	19944	3
4 A129 SPEECH THER PSYCH RECL	AJ	PATIENT EDUCATION SERVICE	96.06		2474	4
5 A130 VACATION ACCRUAL	AK	ADMINISTRATIVE & GENERAL	6	1443818		5
6 A130 VACATION ACCRUAL	AK	PARAMEDICAL EDUC - RAD TECH	24.04	5808		6
7 A130 VACATION ACCRUAL	AK	DELIVERY ROOM & LABOR ROOM	39	7184		7
8 A130 VACATION ACCRUAL	AK	ANESTHESIOLOGY	40	10412		8
9 A130 VACATION ACCRUAL	AK	ANATOMICAL LABORATORY	44.01	16135		9
10 A130 VACATION ACCRUAL	AK	BLOOD STORING, PROCESSING & T	47	13712		10
11 A130 VACATION ACCRUAL	AK	PHYSICAL THERAPY	50	46622		11
12 A130 VACATION ACCRUAL	AK	RECREATION THERAPY	59.06	36926		12
13 A130 VACATION ACCRUAL	AK	ELECTROCARDIOLOGY	53	15796		13
14 A130 VACATION ACCRUAL	AK	ELECTROENCEPHALOGRAPHY	54	3639		14
15 A130 VACATION ACCRUAL	AK	LITHOTRIPSY	59.01	1496		15
16 A130 VACATION ACCRUAL	AK	CDC - REHAB	59.07	32492		16
17 A130 VACATION ACCRUAL	AK	DIABETES EDUCATION	59.08	5717		17
18 A130 VACATION ACCRUAL	AK	RENAL DIALYSIS	57	6635		18
19 A130 VACATION ACCRUAL	AK	KIDNEY ACQUISITION	83	26717		19
20 A130 VACATION ACCRUAL	AK	BURN INTENSIVE CARE UNIT	28	13807		20
21 A130 VACATION ACCRUAL	AK	INTERNAL MEDICINE CLINIC	60.04	14912		21
22 A130 VACATION ACCRUAL	AK	NEUROLOGY CLINIC	60.05	8236		22
23 A130 VACATION ACCRUAL	AK	OPHTHALMOLOGY CLINIC	60.07	714		23
24 A130 VACATION ACCRUAL	AK	SURGERY CLINIC	60.11	20171		24
25 A130 VACATION ACCRUAL	AK	UROLOGY CLINIC	60.12	181		25
26 A130 VACATION ACCRUAL	AK	CANCER CLINIC	60.14	27625		26
27 A130 VACATION ACCRUAL	AK	PATIENT TRANSPORTATION SERVIC	96.02	6709		27
28 A130 VACATION ACCRUAL	AK	PATIENT EDUCATION SERVICE	96.06	17812		28
29 A130 VACATION ACCRUAL	AK					29
30 A130 VACATION ACCRUAL	AK	OTHER NONALLOWABLE	96.13	666		30
31 A130 VACATION ACCRUAL	AK					31
32 A130 VACATION ACCRUAL	AK					32
33 A130 VACATION ACCRUAL	AK					33
34 A130 VACATION ACCRUAL	AK					34
35 A130 VACATION ACCRUAL	AK					35
36 SUBTOTAL				8721426	38334944	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE				
		COST CENTER	LINE #	SALARY	OTHER	
	1	2	3	4	5	
1	A130 VACATION ACCRUAL	AK	CORONARY CARE UNIT	27	20975	1
2	A130 VACATION ACCRUAL	AK	MEDICAL INTENSIVE CARE UNIT	26.01	17875	2
3	A130 VACATION ACCRUAL	AK	NEONATAL INTENSIVE CARE UNIT	30	60263	3
4	A130 VACATION ACCRUAL	AK	ORAL SURGERY CLINIC	60.03	4023	4
5	A130 VACATION ACCRUAL	AK	ANESTHESIA PAIN CLINIC	60.01	6305	5
6	A130 VACATION ACCRUAL	AK	DERMATOLOGY CLINIC	60.02	146	6
7	A130 VACATION ACCRUAL	AK	OB-GYN CLINIC	60.06	18263	7
8	A130 VACATION ACCRUAL	AK	ORTHOPAEDICS CLINIC	60.08	10667	8
9	A130 VACATION ACCRUAL	AK	OTOLARYNGOLOGY CLINIC	60.09	24021	9
10	A130 VACATION ACCRUAL	AK	PEDIATRIC CLINIC	60.10	17496	10
11	A130 VACATION ACCRUAL	AK	FAMILY CARE CLINIC	60.15	115586	11
12	A130 VACATION ACCRUAL	AK	EMERGENCY	61	19542	12
13	A130 VACATION ACCRUAL	AK	AMBULANCE SERVICES	65	4663	13
14	A130 VACATION ACCRUAL	AK	VENDING/PATIENT ART	96.01	289939	14
15	A130 VACATION ACCRUAL	AK	ADMINISTRATIVE & GENERAL	6	2125799	15
16						16
17						17
18						18
19						19
20						20
21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36	SUBTOTAL				10847217	38334943

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	DECREASE				WKST A-7 REF. 10
		COST CENTER 6	LINE # 7	SALARY 8	OTHER 9	
1 A130 VACATION ACCRUAL	AK					1
2 A130 VACATION ACCRUAL	AK					2
3 A130 VACATION ACCRUAL	AK					3
4 A130 VACATION ACCRUAL	AK					4
5 A130 VACATION ACCRUAL	AK					5
6 A130 VACATION ACCRUAL	AK					6
7 A130 VACATION ACCRUAL	AK					7
8 A130 VACATION ACCRUAL	AK					8
9 A130 VACATION ACCRUAL	AK					9
10 A130 VACATION ACCRUAL	AK					10
11 A130 VACATION ACCRUAL	AK					11
12 A130 VACATION ACCRUAL	AK					12
13 A130 VACATION ACCRUAL	AK					13
14 A130 VACATION ACCRUAL	AK					14
15 A130 VACATION ACCRUAL	AK	ADMINISTRATIVE & GENERAL	6		2125799	15
16						16
17						17
18						18
19						19
20						20
21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36 SUBTOTAL				8721426	40460743	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE					
		COST CENTER 2	LINE # 3	SALARY 4	OTHER 5		
1					1		
2					2		
3					3		
4					4		
5	A131 CENTRAL TRANS DERM	AL	MEDICAL RECORDS PREPARATION	17.01	865278	5	
6	A131 CENTRAL TRANS NEUROLOGY	AL				6	
7	A131 CENTRAL TRANS OPHTHALMOLO	AL				7	
8	A131 CENTRAL TRANS FCC	AL				8	
9	A131 CENTRAL TRANS UROLOGY	AL				9	
10	A131 CENTRAL TRANS EMERGENCY	AL				10	
11	A131 CENTRAL TRANS PSYCHIATRIC	AL				11	
12	A132 PHARMACY CHGD DEPT	AM	PHARMACY	16	3097770	12	
13	A132 PHARMACY CHGD DEPT	AM				13	
14	A132 PHARMACY CHGD DEPT	AM				14	
15	A132 PHARMACY CHGD DEPT	AM				15	
16	A132 PHARMACY CHGD DEPT	AM				16	
17	A132 PHARMACY CHGD DEPT	AM				17	
18	A132 PHARMACY CHGD DEPT	AM				18	
19	A132 PHARMACY CHGD DEPT	AM				19	
20	A132 PHARMACY CHGD DEPT	AM				20	
21	A132 PHARMACY CHGD DEPT	AM				21	
22	A132 PHARMACY CHGD DEPT	AM				22	
23	A132 PHARMACY CHGD DEPT	AM				23	
24	A132 PHARMACY CHGD DEPT	AM				24	
25	A132 PHARMACY CHGD DEPT	AM				25	
26	A132 PHARMACY CHGD DEPT	AM				26	
27	A132 PHARMACY CHGD DEPT	AM				27	
28	A132 PHARMACY CHGD DEPT	AM				28	
29	A132 PHARMACY CHGD DEPT	AM				29	
30	A132 PHARMACY CHGD DEPT	AM				30	
31	A132 PHARMACY CHGD DEPT	AM				31	
32	A132 PHARMACY CHGD DEPT	AM				32	
33	A132 PHARMACY CHGD DEPT	AM				33	
34	A132 PHARMACY CHGD DEPT	AM				34	
35	A132 PHARMACY CHGD DEPT	AM				35	
36	SUBTOTAL				10847217	42297991	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			Wkst A-7 REF.
			LINE #	SALARY	OTHER	
	1	6	7	8	9	10
1						1
2						2
3						3
4						4
5	A131 CENTRAL TRANS DERM	AL DERMATOLOGY CLINIC	60.02		11000	5
6	A131 CENTRAL TRANS NEUROLOGY	AL NEUROLOGY CLINIC	60.05		53097	6
7	A131 CENTRAL TRANS OPHTHALMOLO	AL OPHTHALMOLOGY CLINIC	60.07		2053	7
8	A131 CENTRAL TRANS FCC	AL FAMILY CARE CLINIC	60.15		471480	8
9	A131 CENTRAL TRANS UROLOGY	AL UROLOGY CLINIC	60.12		161814	9
10	A131 CENTRAL TRANS EMERGENCY	AL EMERGENCY	61		69759	10
11	A131 CENTRAL TRANS PSYCHIATRIC	AL SUBPROVIDER I	31		96075	11
12	A132 PHARMACY CHGD DEPT	AM OPERATING ROOM	37		78847	12
13	A132 PHARMACY CHGD DEPT	AM ANESTHESIOLOGY	40		970308	13
14	A132 PHARMACY CHGD DEPT	AM RADIOLOGY-DIAGNOSTIC	41		1285755	14
15	A132 PHARMACY CHGD DEPT	AM RADIOLOGY - PET SCAN	42.02		22498	15
16	A132 PHARMACY CHGD DEPT	AM ULTRASOUND	42.01		28861	16
17	A132 PHARMACY CHGD DEPT	AM RADIOLOGY-THERAPEUTIC	42		24195	17
18	A132 PHARMACY CHGD DEPT	AM LABORATORY	44		28575	18
19	A132 PHARMACY CHGD DEPT	AM BLOOD STORING, PROCESSING & T	47		30617	19
20	A132 PHARMACY CHGD DEPT	AM CARDIOLOGY	44.02		189848	20
21	A132 PHARMACY CHGD DEPT	AM RESPIRATORY THERAPY	49		12127	21
22	A132 PHARMACY CHGD DEPT	AM PHYSICAL THERAPY	50		473	22
23	A132 PHARMACY CHGD DEPT	AM ELECTROCARDIOLOGY	53		53	23
24	A132 PHARMACY CHGD DEPT	AM ELECTROENCEPHALOGRAPHY	54		7949	24
25	A132 PHARMACY CHGD DEPT	AM IVF/CULTURE LAB	59		69	25
26	A132 PHARMACY CHGD DEPT	AM RENAL DIALYSIS	57		15890	26
27	A132 PHARMACY CHGD DEPT	AM HOME PROGRAM DIALYSIS	64		425	27
28	A132 PHARMACY CHGD DEPT	AM KIDNEY ACQUISITION	83		2	28
29	A132 PHARMACY CHGD DEPT	AM DERMATOLOGY CLINIC	60.02		27645	29
30	A132 PHARMACY CHGD DEPT	AM INTERNAL MEDICINE CLINIC	60.04		133225	30
31	A132 PHARMACY CHGD DEPT	AM NEUROLOGY CLINIC	60.05		7271	31
32	A132 PHARMACY CHGD DEPT	AM OB-GYN CLINIC	60.06		65330	32
33	A132 PHARMACY CHGD DEPT	AM OPHTHALMOLOGY CLINIC	60.07		343	33
34	A132 PHARMACY CHGD DEPT	AM ORTHOPAEDICS CLINIC	60.08		14029	34
35	A132 PHARMACY CHGD DEPT	AM UROLOGY CLINIC	60.12		84364	35
36	SUBTOTAL			8721426	44354720	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1 A132 PHARMACY CHGD DEPT	AM				
2					1
3 A133 RECL MED SURG SUPPLIES	AN	OPERATING ROOM	37		235335 3
4 A133 RECL MED SURG SUPPLIES	AN	DELIVERY ROOM & LABOR ROOM	39		11587 4
5 A133 RECL MED SURG SUPPLIES	AN	ANESTHESIOLOGY	40		730 5
6 A133 RECL MED SURG SUPPLIES	AN	RADIOLOGY-DIAGNOSTIC	41		11273 6
7 A133 RECL MED SURG SUPPLIES	AN	ULTRASOUND	42.01		2100 7
8 A133 RECL MED SURG SUPPLIES	AN	RADIOLOGY-THERAPEUTIC	42		1636 8
9 A133 RECL MED SURG SUPPLIES	AN	LABORATORY	44		77 9
10 A133 RECL MED SURG SUPPLIES	AN	ANATOMICAL LABORATORY	44.01		70 10
11 A133 RECL MED SURG SUPPLIES	AN	BLOOD STORING, PROCESSING & T	47		18 11
12 A133 RECL MED SURG SUPPLIES	AN	CARDIOLOGY	44.02		12056 12
13 A133 RECL MED SURG SUPPLIES	AN	RESPIRATORY THERAPY	49		13114 13
14 A133 RECL MED SURG SUPPLIES	AN	PHYSICAL THERAPY	50		41 14
15 A133 RECL MED SURG SUPPLIES	AN	ELECTROENCEPHALOGRAPHY	54		28 15
16 A133 RECL MED SURG SUPPLIES	AN	MEDICAL SUPPLIES CHARGED TO P	55		1 16
17 A133 RECL MED SURG SUPPLIES	AN	DIGESTIVE DISEASE CNTR	59.05		3388 17
18 A133 RECL MED SURG SUPPLIES	AN	LITHOTRIPSY	59.01		25208 18
19 A133 RECL MED SURG SUPPLIES	AN	URODYNAMICS	59.02		22 19
20 A133 RECL MED SURG SUPPLIES	AN	IVF/CULTURE LAB	59		1715 20
21 A133 RECL MED SURG SUPPLIES	AN	RENAL DIALYSIS	57		162 21
22 A133 RECL MED SURG SUPPLIES	AN	ADULTS & PEDIATRICS	25		42718 22
23 A133 RECL MED SURG SUPPLIES	AN	SURGICAL INTENSIVE CARE UNIT	29		9610 23
24 A133 RECL MED SURG SUPPLIES	AN	CORONARY CARE UNIT	27		4837 24
25 A133 RECL MED SURG SUPPLIES	AN	MEDICAL INTENSIVE CARE UNIT	26.01		5567 25
26 A133 RECL MED SURG SUPPLIES	AN	BURN INTENSIVE CARE UNIT	28		15246 26
27 A133 RECL MED SURG SUPPLIES	AN	NURSERY	33		618 27
28 A133 RECL MED SURG SUPPLIES	AN	NEONATAL INTENSIVE CARE UNIT	30		4666 28
29 A133 RECL MED SURG SUPPLIES	AN	ORAL SURGERY CLINIC	60.03		9014 29
30 A133 RECL MED SURG SUPPLIES	AN	ANESTHESIA PAIN CLINIC	60.01		475 30
31 A133 RECL MED SURG SUPPLIES	AN	DERMATOLOGY CLINIC	60.02		9722 31
32 A133 RECL MED SURG SUPPLIES	AN	INTERNAL MEDICINE CLINIC	60.04		1582 32
33 A133 RECL MED SURG SUPPLIES	AN	NEUROLOGY CLINIC	60.05		19 33
34 A133 RECL MED SURG SUPPLIES	AN	OB-GYN CLINIC	60.06		7050 34
35 A133 RECL MED SURG SUPPLIES	AN	OPHTHALMOLOGY CLINIC	60.07		13123 35
36 SUBTOTAL				10847217	42740799 36

RECLASSIFICATIONS

1	EXPLANATION OF RECLASSIFICATION ENTRY	CODE	DECREASE			WKST A-7 REF. 10	
			COST CENTER 6	LINE # 7	SALARY 8		OTHER 9
1	A132 PHARMACY CHGD DEPT	AM	EMERGENCY	61		69061	1
2							2
3	A133 RECL MED SURG SUPPLIES	AN	CENTRAL SERVICES & SUPPLY	15		482574	3
4	A133 RECL MED SURG SUPPLIES	AN					4
5	A133 RECL MED SURG SUPPLIES	AN					5
6	A133 RECL MED SURG SUPPLIES	AN					6
7	A133 RECL MED SURG SUPPLIES	AN					7
8	A133 RECL MED SURG SUPPLIES	AN					8
9	A133 RECL MED SURG SUPPLIES	AN					9
10	A133 RECL MED SURG SUPPLIES	AN					10
11	A133 RECL MED SURG SUPPLIES	AN					11
12	A133 RECL MED SURG SUPPLIES	AN					12
13	A133 RECL MED SURG SUPPLIES	AN					13
14	A133 RECL MED SURG SUPPLIES	AN					14
15	A133 RECL MED SURG SUPPLIES	AN					15
16	A133 RECL MED SURG SUPPLIES	AN					16
17	A133 RECL MED SURG SUPPLIES	AN					17
18	A133 RECL MED SURG SUPPLIES	AN					18
19	A133 RECL MED SURG SUPPLIES	AN					19
20	A133 RECL MED SURG SUPPLIES	AN					20
21	A133 RECL MED SURG SUPPLIES	AN					21
22	A133 RECL MED SURG SUPPLIES	AN					22
23	A133 RECL MED SURG SUPPLIES	AN					23
24	A133 RECL MED SURG SUPPLIES	AN					24
25	A133 RECL MED SURG SUPPLIES	AN					25
26	A133 RECL MED SURG SUPPLIES	AN					26
27	A133 RECL MED SURG SUPPLIES	AN					27
28	A133 RECL MED SURG SUPPLIES	AN					28
29	A133 RECL MED SURG SUPPLIES	AN					29
30	A133 RECL MED SURG SUPPLIES	AN					30
31	A133 RECL MED SURG SUPPLIES	AN					31
32	A133 RECL MED SURG SUPPLIES	AN					32
33	A133 RECL MED SURG SUPPLIES	AN					33
34	A133 RECL MED SURG SUPPLIES	AN					34
35	A133 RECL MED SURG SUPPLIES	AN					35
36	SUBTOTAL				8721426	44906355	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY		CODE	----- INCREASE -----			
		1	COST CENTER	LINE #	SALARY	OTHER
			2	3	4	5
1	A133 RECL MED SURG SUPPLIES	AN	ORTHOPAEDICS CLINIC	60.08		6195 1
2	A133 RECL MED SURG SUPPLIES	AN	OTOLARYNGOLOGY CLINIC	60.09		4601 2
3	A133 RECL MED SURG SUPPLIES	AN	PEDIATRIC CLINIC	60.10		1351 3
4	A133 RECL MED SURG SUPPLIES	AN	SURGERY CLINIC	60.11		11021 4
5	A133 RECL MED SURG SUPPLIES	AN	FAMILY CARE CLINIC	60.15		3667 5
6	A133 RECL MED SURG SUPPLIES	AN	UROLOGY CLINIC	60.12		777 6
7	A133 RECL MED SURG SUPPLIES	AN	CANCER CLINIC	60.14		4611 7
8	A133 RECL MED SURG SUPPLIES	AN	EMERGENCY	61		7404 8
9	A133 RECL MED SURG SUPPLIES	AN	AMBULANCE SERVICES	65		139 9
10	A134 RECL DIALYSIS ADMIN	AO	RENAL DIALYSIS	57	39074	15523 10
11	A134 RECL DIALYSIS ADMIN	AO	HOME PROGRAM DIALYSIS	64	39074	15523 11
12	A134 RECL DIALYSIS HOME TRAINI	AO	RENAL DIALYSIS	57		7203 12
13	A134 RECL DIALYSIS HOME DIALYS	AO	HOME PROGRAM DIALYSIS	64		7203 13
14	A135 TRANSPLANT RECL	AP	ADMINISTRATIVE & GENERAL	6	284810	155255 14
15	A135 TRANSPLANT RECL	AP	PANCREAS ACQUISITION	85.01	7472	4073 15
16	A135 TRANSPLANT RECL	AP	LIVER ACQUISITION	84	21031	11464 16
17	A135 TRANSPLANT RECL	AP	ADULTS & PEDIATRICS	25	14560	7937 17
18	A135 TRANSPLANT RECL	AP	SURGERY CLINIC	60.11	424776	231553 18
19						19
20	A136 RECL KIDNEY PANCREAS	AQ	PANCREAS ACQUISITION	85.01		228116 20
21	A137 CLINIC RESEARCH PURCH SVC	AR	OPERATING ROOM	37		24600 21
22	A137 CLINIC RESEARCH PURCH SVC	AR	ADULTS & PEDIATRICS	25		24155 22
23	A137 CLINIC RESEARCH PURCH SVC	AR	INTERNAL MEDICINE CLINIC	60.04		50749 23
24	A138 PHARM PRECEPT TIME	AS	PARAMEDICAL EDUC - PHARMACY	24.02	193544	66286 24
25	A139 WESTLAWN PLANT OP/HSKG	AT	PLANT OPER/MAINT - WESTLAWN	7.02		133512 25
26	A139 WESTLAWN PLANT OP/HSKG	AT				26
27	A140 RECL ARNP TO NONALLOWABLE	AU	OTHER NONALLOWABLE	96.13	688427	230856 27
28	A140 RECL ARNP TO NONALLOWABLE	AU				28
29	A140 RECL ARNP TO NONALLOWABLE	AU				29
30	A140 RECL ARNP TO NONALLOWABLE	AU				30
31	A140 RECL ARNP TO NONALLOWABLE	AU				31
32	A140 RECL ARNP TO NONALLOWABLE	AU				32
33	A140 RECL ARNP TO NONALLOWABLE	AU				33
34	A140 RECL ARNP TO NONALLOWABLE	AU				34
35	A140 RECL ARNP TO NONALLOWABLE	AU				35
36	SUBTOTAL				12559985	43994573 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			Wkst A-7 REF.
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	10
1 A133 RECL MED SURG SUPPLIES	AN					1
2 A133 RECL MED SURG SUPPLIES	AN					2
3 A133 RECL MED SURG SUPPLIES	AN					3
4 A133 RECL MED SURG SUPPLIES	AN					4
5 A133 RECL MED SURG SUPPLIES	AN					5
6 A133 RECL MED SURG SUPPLIES	AN					6
7 A133 RECL MED SURG SUPPLIES	AN					7
8 A133 RECL MED SURG SUPPLIES	AN					8
9 A133 RECL MED SURG SUPPLIES	AN					9
10 A134 RECL DIALYSIS ADMIN	AO	RENAL DIALYSIS	57	78148	31046	10
11 A134 RECL DIALYSIS ADMIN	AO	RENAL DIALYSIS	57		14406	11
12 A134 RECL DIALYSIS HOME TRAINI	AO					12
13 A134 RECL DIALYSIS HOME DIALYS	AO					13
14 A135 TRANSPLANT RECL	AP	HEART ACQUISITION	85	379651	206954	14
15 A135 TRANSPLANT RECL	AP	KIDNEY ACQUISITION	83	372998	203328	15
16 A135 TRANSPLANT RECL	AP					16
17 A135 TRANSPLANT RECL	AP					17
18 A135 TRANSPLANT RECL	AP					18
19						19
20 A136 RECL KIDNEY PANCREAS	AQ	KIDNEY ACQUISITION	83		228116	20
21 A137 CLINIC RESEARCH PURCH SVC	AR	CLINICAL RESEARCH UNIT	96.05		99504	21
22 A137 CLINIC RESEARCH PURCH SVC	AR					22
23 A137 CLINIC RESEARCH PURCH SVC	AR					23
24 A138 PHARM PRECEPT TIME	AS	PHARMACY	16	193544	66286	24
25 A139 WESTLAWN PLANT OP/HSKG	AT	PLANT OPER/MAINT - GENERAL HO	7.01		64452	25
26 A139 WESTLAWN PLANT OP/HSKG	AT	HOUSEKEEPING - GENERAL HOSPIT	10.01		69060	26
27 A140 RECL ARNP TO NONALLOWABLE	AU	ADMINISTRATIVE & GENERAL	6	84839	26038	27
28 A140 RECL ARNP TO NONALLOWABLE	AU	RADIOLOGY-DIAGNOSTIC	41	46526	16284	28
29 A140 RECL ARNP TO NONALLOWABLE	AU	CARDIOLOGY	44.02	48171	16567	29
30 A140 RECL ARNP TO NONALLOWABLE	AU	CDC - REHAB	59.07	73063	25572	30
31 A140 RECL ARNP TO NONALLOWABLE	AU	BURN INTENSIVE CARE UNIT	28	70640	18870	31
32 A140 RECL ARNP TO NONALLOWABLE	AU	ORTHOPAEDICS CLINIC	60.08	129955	45263	32
33 A140 RECL ARNP TO NONALLOWABLE	AU	FAMILY CARE CLINIC	60.15	184263	64423	33
34 A140 RECL ARNP TO NONALLOWABLE	AU	NURSING ADMINISTRATION	14	26696	9344	34
35 A140 RECL ARNP TO NONALLOWABLE	AU	PSYCHIATRIC CLINIC	60.13	24275	8496	35
36 SUBTOTAL				10434195	46120364	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	----- INCREASE -----			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1 A142 ER PHYSICIANS	AV	I&R SERVICES-OTHER PRGM COSTS	23	466047	96393 1
2 A142 ER PHYSICIANS	AV	ADMINISTRATIVE & GENERAL	6	137292	28396 2
3 A142 ER PHYSICIANS	AV	PARAMEDICAL EDCU - MED LAB	24.03	1820	377 3
4 A143 FLIGHT NURSES RECL	AW	EMERGENCY	61	541529	155357 4
5 A143 FLIGHT NURSES RECL	AW	RENAL DIALYSIS	57	76582	23240 5
6 A143 FLIGHT NURSES RECL	AW	NURSERY	33	910451	303211 6
7 A143 FLIGHT NURSES RECL	AW	NURSERY	33		105643 7
8 A143 FLIGHT NURSES RECL	AW	NEONATAL INTENSIVE CARE UNIT	30	233316	77702 8
9 A143 FLIGHT NURSES RECL	AW	NEONATAL INTENSIVE CARE UNIT	30		27072 9
10 A143 FLIGHT NURSES RECL	AW	NEONATAL INTENSIVE CARE UNIT	30	249359	59277 10
11 A144 BED RENTAL	AX	MEDICAL SUPPLIES CHARGED TO P	55		501935 11
12 A144 BED RENTAL	AX	EMERGENCY	61		1278 12
13 A144 BED RENTAL	AX				13
14 A144 BED RENTAL	AX				14
15 A144 BED RENTAL	AX				15
16 A144 BED RENTAL	AX				16
17 A144 BED RENTAL	AX				17
18 A144 BED RENTAL	AX				18
19					19
20 A146 CDD SALARY RECL	AY	OTHER NONALLOWABLE	96.13	9842	3352 20
21 A146 CDD SALARY RECL	AY	OTHER NONALLOWABLE	96.13		431 21
22 A147 INSURANCE RECL	AZ	NEW CAPITAL REL - GENERAL HOS	3.01		259130 22
23 A147 INSURANCE RECL	AZ	NEW CAP REL COSTS-MVBLE EQUIP	4		112487 23
24 A151 PHARM RES RECL	BB	PHARMACY	16	85000	7227 24
25 A152 DIETARY COST RECL	BC	CAFETERIA	12		9101188 25
26 A153 EPOETIN RECL	BD	RENAL DIALYSIS	57		833661 26
27 A154 UICMS HSKPG RECL	BE	OTHER NONALLOWABLE	96.13		30090 27
28	BF	KIDNEY ACQUISITION	83		25500 28
29	BF	LIVER ACQUISITION	84		58450 29
30	BF	HEART ACQUISITION	85		58940 30
31 A155 AP TO RECOVERY RECL	BZ	OPERATING ROOM	37		3297917 31
32	BY	ORTHOPAEDICS CLINIC	60.08		750000 32
33					33
34					34
35					35
36 SUBTOTAL				15271223	59912827 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			WKST A-7 REF. 10
			LINE #	SALARY	OTHER	
1	1	6	7	8	9	
1 A142 ER PHYSICIANS	AV	VENDING/PATIENT ART	96.01	605159	125166	1
2 A142 ER PHYSICIANS	AV					2
3 A142 ER PHYSICIANS	AV					3
4 A143 FLIGHT NURSES RECL	AW	AMBULANCE SERVICES	65	541529	155357	4
5 A143 FLIGHT NURSES RECL	AW	HOME PROGRAM DIALYSIS	64	76582	23240	5
6 A143 FLIGHT NURSES RECL	AW	ADULTS & PEDIATRICS	25	1143767	380913	6
7 A143 FLIGHT NURSES RECL	AW	ADULTS & PEDIATRICS	25		132715	7
8 A143 FLIGHT NURSES RECL	AW	AMBULANCE SERVICES	65	249359	59277	8
9 A143 FLIGHT NURSES RECL	AW					9
10 A143 FLIGHT NURSES RECL	AW					10
11 A144 BED RENTAL	AX	RADIOLOGY-THERAPEUTIC	42		2980	11
12 A144 BED RENTAL	AX	ADULTS & PEDIATRICS	25		298646	12
13 A144 BED RENTAL	AX	SURGICAL INTENSIVE CARE UNIT	29		78634	13
14 A144 BED RENTAL	AX	CORONARY CARE UNIT	27		17503	14
15 A144 BED RENTAL	AX	MEDICAL INTENSIVE CARE UNIT	26.01		20804	15
16 A144 BED RENTAL	AX	BURN INTENSIVE CARE UNIT	28		49776	16
17 A144 BED RENTAL	AX	OPERATING ROOM	37		21184	17
18 A144 BED RENTAL	AX	NEONATAL INTENSIVE CARE UNIT	30		13686	18
19						19
20 A146 CDD SALARY RECL	AY	PEDIATRIC CLINIC	60.10	9842	3352	20
21 A146 CDD SALARY RECL	AY	PEDIATRIC CLINIC	60.10		431	21
22 A147 INSURANCE RECL	AZ	PLANT OPER/MAINT - GENERAL HO	7.01		371618	9 22
23 A147 INSURANCE RECL	AZ					9 23
24 A151 PHARM RES RECL	BB	PARAMEDICAL EDUC - PHARMACY	24.02	85000	7225	24
25 A152 DIETARY COST RECL	BC	DIETARY	11		9101188	25
26 A153 EPOETIN RECL	BD	PHARMACY	16		833661	26
27 A154 UICMS HSKPG RECL	BE	HOUSEKEEPING - GENERAL HOSPIT	10.01		30090	27
28	BF	ADMINISTRATIVE & GENERAL	6		142890	28
29	BF					29
30	BF					30
31 A155 AP TO RECOVERY RECL	BZ	ADULTS & PEDIATRICS	25		3297917	31
32	BY	ORTHOTIC SERVICES	47.01		750000	32
33						33
34						34
35						35
36 SUBTOTAL				13145433	62038617	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1					1
2					2
3					3
4					4
5					5
6					6
7					7
8					8
9					9
10					10
11					11
12					12
13					13
14					14
15					15
16					16
17					17
18					18
19					19
20					20
21					21
22					22
23					23
24					24
25					25
26					26
27					27
28					28
29					29
30					30
31					31
32					32
33					33
34					34
35 RECL A-8 SALARIES ON LINE 6	BG	ADMINISTRATIVE & GENERAL	6	2365998	35
36 SUBTOTAL				17637221	59912827 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE 1	----- COST CENTER 6	DECREASE -----			WKST A-7 REF. 10
			LINE # 7	SALARY 8	OTHER 9	
1						1
2						2
3						3
4						4
5						5
6						6
7						7
8						8
9						9
10						10
11						11
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
20						20
21						21
22						22
23						23
24						24
25						25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35 RECL A-8 SALARIES ON LINE 6	BG	ADMINISTRATIVE & GENERAL	6		2365998	35
36 SUBTOTAL				13145433	64404615	36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	INCREASE			
		COST CENTER	LINE #	SALARY	OTHER
	1	2	3	4	5
1 RECL A-8 SALARIES ON LINE 17.0	BG	MEDICAL RECORDS PREPARATION	17.01	3570050	1
2 RECL A-8 SALARIES ON LINE 22	BG	I&R SERVICES-SALARY & FRINGES	22	6256527	2
3 RECL A-8 SALARIES ON LINE 23	BG	I&R SERVICES-OTHER PRGM COSTS	23	10715837	3
4 RECL A-8 SALARIES ON LINE 24.0	BG	PARAMEDICAL EDUC - DIETARY	24.01	3065	4
5 RECL A-8 SALARIES ON LINE 24.0	BG	PARAMEDICAL EDUC - PHARMACY	24.02	5476	5
6 RECL A-8 SALARIES ON LINE 24.0	BG	PARAMEDICAL EDUC - MED LAB	24.03	21100	6
7 RECL A-8 SALARIES ON LINE 24.0	BG	PARAMEDICAL EDUC - RAD TECH	24.04	32716	7
8 RECL A-8 SALARIES ON LINE 40	BG	ANESTHESIOLOGY	40	247356	8
9 RECL A-8 SALARIES ON LINE 41	BG	RADIOLOGY-DIAGNOSTIC	41	203842	9
10 RECL A-8 SALARIES ON LINE 44	BG	LABORATORY	44	1144666	10
11 RECL A-8 SALARIES ON LINE 44.0	BG	ANATOMICAL LABORATORY	44.01	1273639	11
12 RECL A-8 SALARIES ON LINE 60.0	BG	ANESTHESIA PAIN CLINIC	60.01	187126	12
13 RECL A-8 SALARIES ON LINE 60.0	BG	DERMATOLOGY CLINIC	60.02	266836	13
14 RECL A-8 SALARIES ON LINE 60.0	BG	ORAL SURGERY CLINIC	60.03	680984	14
15 RECL A-8 SALARIES ON LINE 60.0	BG	INTERNAL MEDICINE CLINIC	60.04	1785462	15
16 RECL A-8 SALARIES ON LINE 60.0	BG	NEUROLOGY CLINIC	60.05	261371	16
17 RECL A-8 SALARIES ON LINE 60.0	BG	OB-GYN CLINIC	60.06	1025664	17
18 RECL A-8 SALARIES ON LINE 60.0	BG	OPHTHALMOLOGY CLINIC	60.07	1703895	18
19 RECL A-8 SALARIES ON LINE 60.0	BG	ORTHOPAEDICS CLINIC	60.08	873840	19
20 RECL A-8 SALARIES ON LINE 60.0	BG	OTOLARYNGOLOGY CLINIC	60.09	679877	20
21 RECL A-8 SALARIES ON LINE 60.1	BG	PEDIATRIC CLINIC	60.10	1159604	21
22 RECL A-8 SALARIES ON LINE 60.1	BG	SURGERY CLINIC	60.11	942111	22
23 RECL A-8 SALARIES ON LINE 60.1	BG	UROLOGY CLINIC	60.12	301761	23
24 RECL A-8 SALARIES ON LINE 60.1	BG	PSYCHIATRIC CLINIC	60.13	42921	24
25 RECL A-8 SALARIES ON LINE 60.1	BG	CANCER CLINIC	60.14	30270	25
26 RECL A-8 SALARIES ON LINE 60.1	BG	FAMILY CARE CLINIC	60.15	25288	26
27 RECL A-8 SALARIES ON LINE 83	BG	KIDNEY ACQUISITION	83	8077	27
28 RECL A-8 SALARIES ON LINE 84	BG	LIVER ACQUISITION	84	7317	28
29 RECL A-8 SALARIES ON LINE 86	BG	OTHER ORGAN ACQUISITION (SPEC	86	1992	29
30 RECL A-8 SALARIES ON LINE 96.05	BG	CLINICAL RESEARCH UNIT	96.05	229905	30
31 RECL A-8 SALARIES ON LINE 96.09	BG	CONTACT LENS CLINIC	96.09	215897	31
32 RECL A-8 SALARIES ON LINE 25	BG	ADULTS & PEDIATRICS	25	507	32
33					33
34					34
35					35
36 TOTAL RECLASSIFICATIONS				51542200	59912827 36

RECLASSIFICATIONS

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE			Wkst A-7 REF.
			LINE #	SALARY	OTHER	
	1	6	7	8	9	10
1 RECL A-8 SALARIES ON LINE 17.0	BG	MEDICAL RECORDS PREPARATION	17.01		3570050	1
2 RECL A-8 SALARIES ON LINE 22	BG	I&R SERVICES-SALARY & FRINGES	22		6256527	2
3 RECL A-8 SALARIES ON LINE 23	BG	I&R SERVICES-OTHER PRGM COSTS	23		10715837	3
4 RECL A-8 SALARIES ON LINE 24.0	BG	PARAMEDICAL EDUC - DIETARY	24.01		3065	4
5 RECL A-8 SALARIES ON LINE 24.0	BG	PARAMEDICAL EDUC - PHARMACY	24.02		5476	5
6 RECL A-8 SALARIES ON LINE 24.0	BG	PARAMEDICAL EDUCU - MED LAB	24.03		21100	6
7 RECL A-8 SALARIES ON LINE 24.0	BG	PARAMEDICAL EDUC - RAD TECH	24.04		32716	7
8 RECL A-8 SALARIES ON LINE 40	BG	ANESTHESIOLOGY	40		247356	8
9 RECL A-8 SALARIES ON LINE 41	BG	RADIOLOGY-DIAGNOSTIC	41		203842	9
10 RECL A-8 SALARIES ON LINE 44	BG	LABORATORY	44		1144666	10
11 RECL A-8 SALARIES ON LINE 44.0	BG	ANATOMICAL LABORATORY	44.01		1273639	11
12 RECL A-8 SALARIES ON LINE 60.0	BG	ANESTHESIA PAIN CLINIC	60.01		187126	12
13 RECL A-8 SALARIES ON LINE 60.0	BG	DERMATOLOGY CLINIC	60.02		266836	13
14 RECL A-8 SALARIES ON LINE 60.0	BG	ORAL SURGERY CLINIC	60.03		680984	14
15 RECL A-8 SALARIES ON LINE 60.0	BG	INTERNAL MEDICINE CLINIC	60.04		1785462	15
16 RECL A-8 SALARIES ON LINE 60.0	BG	NEUROLOGY CLINIC	60.05		261371	16
17 RECL A-8 SALARIES ON LINE 60.0	BG	OB-GYN CLINIC	60.06		1025664	17
18 RECL A-8 SALARIES ON LINE 60.0	BG	OPHTHALMOLOGY CLINIC	60.07		1703895	18
19 RECL A-8 SALARIES ON LINE 60.0	BG	ORTHOPAEDICS CLINIC	60.08		873840	19
20 RECL A-8 SALARIES ON LINE 60.0	BG	OTOLARYNGOLOGY CLINIC	60.09		679877	20
21 RECL A-8 SALARIES ON LINE 60.1	BG	PEDIATRIC CLINIC	60.10		1159604	21
22 RECL A-8 SALARIES ON LINE 60.1	BG	SURGERY CLINIC	60.11		942111	22
23 RECL A-8 SALARIES ON LINE 60.1	BG	UROLOGY CLINIC	60.12		301761	23
24 RECL A-8 SALARIES ON LINE 60.1	BG	PSYCHIATRIC CLINIC	60.13		42921	24
25 RECL A-8 SALARIES ON LINE 60.1	BG	CANCER CLINIC	60.14		30270	25
26 RECL A-8 SALARIES ON LINE 60.1	BG	FAMILY CARE CLINIC	60.15		25288	26
27 RECL A-8 SALARIES ON LINE 83	BG	KIDNEY ACQUISITION	83		8077	27
28 RECL A-8 SALARIES ON LINE 84	BG	LIVER ACQUISITION	84		7317	28
29 RECL A-8 SALARIES ON LINE 86	BG	OTHER ORGAN ACQUISITION (SPEC	86		1992	29
30 RECL A-8 SALARIES ON LINE 96.05	BG	CLINICAL RESEARCH UNIT	96.05		229905	30
31 RECL A-8 SALARIES ON LINE 96.09	BG	CONTACT LENS CLINIC	96.09		215897	31
32 RECL A-8 SALARIES ON LINE 25	BG	ADULTS & PEDIATRICS	25		507	32
33						33
34						34
35						35
36 TOTAL RECLASSIFICATIONS				13145433	98309594	36

ANALYSIS OF CHANGES DURING COST REPORTING
 PERIOD IN CAPITAL ASSET BALANCES OF HOSPITAL
 AND HOSPITAL HEALTH CARE COMPLEX CERTIFIED
 TO PARTICIPATE IN HEALTH CARE PROGRAMS

WORKSHEET A-7
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3					
1 LAND								1
2 LAND IMPROVEMENTS								2
3 BUILDINGS AND FIXTURES								3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT								6
7 SUBTOTAL								7
8 RECONCILING ITEMS								8
9 TOTAL								9

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----		TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3					
1 LAND								1
2 LAND IMPROVEMENTS	39475917	1753848		1753848		41229765		2
3 BUILDINGS AND FIXTURES	665353859	36420382		36420382		701774241		3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT	298615258	42539851		42539851	18620032	322535077		5
6 MOVABLE EQUIPMENT								6
7 SUBTOTAL	1003445034	80714081		80714081	18620032	1065539083		7
8 RECONCILING ITEMS								8
9 TOTAL	1003445034	80714081		80714081	18620032	1065539083		9

PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
 PARTS III & IV

DESCRIPTION	COMPUTATION OF RATIOS				ALLOCATION OF		OTHER CAPITAL	
	GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	1	2	3	4	5	6	7	8
1 OLD CAP REL COSTS-BLDG & FIXT				.000000				1
2 OLD CAP REL COSTS-MVBLE EQUIP				.000000				2
3 NEW CAP REL COSTS-BLDG & FIXT				.000000				3
3.01 NEW CAPITAL REL - GENERAL HOSP				.000000				3.01
3.02 NEW CAPITAL REL - WESTLAWN				.000000				3.02
3.04 NEW CAPITAL REL - CDD				.000000				3.04
4 NEW CAP REL COSTS-MVBLE EQUIP				.000000				4
5 TOTAL				.000000				5

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT							3
3.01 NEW CAPITAL REL - GENERAL HOSP	28469953						28469953 3.01
3.02 NEW CAPITAL REL - WESTLAWN	65048						65048 3.02
3.04 NEW CAPITAL REL - CDD	263319						263319 3.04
4 NEW CAP REL COSTS-MVBLE EQUIP	38547338						38547338 4
5 TOTAL	67345658						67345658 5

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

DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL						
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT							3
3.01 NEW CAPITAL REL - GENERAL HOSP	29368413						29368413 3.01
3.02 NEW CAPITAL REL - WESTLAWN	65048						65048 3.02
3.04 NEW CAPITAL REL - CDD	264668						264668 3.04
4 NEW CAP REL COSTS-MVBLE EQUIP	38442664						38442664 4
5 TOTAL	68140793						68140793 5

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5 INVESTMENT INCOME-OTHER					5
6 TRADE, QUANTITY, AND TIME DISCOUNTS					6
7 REFUNDS AND REBATES OF EXPENSES					7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS					8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)	A	-9397	ADMINISTRATIVE & GENERAL	6	9
10 TELEVISION AND RADIO SERVICE	A	-151246	HOUSEKEEPING - GENERAL HOSPITAL	10.01	10
11 PARKING LOT					11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-12405098			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1	-479447			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS					16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19 SALE OF DRUGS TO OTHER THAN PATIENTS					19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS					20
21 NURSING SCHOOL (TUITION,FEES,BOOKS,ETC.)					21
22 VENDING MACHINES					22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		RESPIRATORY THERAPY	49	25
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		PHYSICAL THERAPY	50	26
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST				
	A-8-3		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4				35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4				36
37					37
37.01 INTEREST EXPENSE - UNNECESSARY	A	-1439769	INTEREST EXPENSE	88	37.01
37.02 EMPLOYEE SCREENING PHYSICIANS	A	-115300	ADMINISTRATIVE & GENERAL	6	37.02
37.03 EQUIPMENT DEPREC MC AUDIT ADJ	A	1786	NEW CAP REL COSTS-MVBLE EQUIP	4	9 37.03
37.04 EQUIPMENT DEPREC DEPT TELEPHONE	A	-17228	NEW CAP REL COSTS-MVBLE EQUIP	4	9 37.04
37.05 TELEVISION UTILITIES	A	-8656	PLANT OPER/MAINT - GENERAL HOSP	7.01	37.05
37.06 PATIENT MEALS CHGD TO OUTPATIENT	B	-123331	CAFETERIA	12	37.06
37.07 LOBBYING EXPENSES	A	-43292	ADMINISTRATIVE & GENERAL	6	37.07
37.08 DEPREC ADJUST GENERAL HOSPITAL	A	-83591	NEW CAPITAL REL - GENERAL HOSP	3.01	9 37.08
37.09 DEPT SUPPORT 7865 7866 AND 7867	B	-479	AMBULANCE SERVICES	65	37.09
37.10 CONT EDUCATION RECPT RADIOLOGY	B	-15577	RADIOLOGY-DIAGNOSTIC	41	37.10
37.11 CONT EDUCATION RECPT NURSING ADMI	B	-73638	NURSING ADMINISTRATION	14	37.11
37.12 CONT EDUCATION RECPT RESP THERAPY	B	-15129	RESPIRATORY THERAPY	49	37.12
37.13 CONT EDUCATION RECPT SOC SRVCS	B	-13659	SOCIAL SERVICE	18	37.13
37.14 CONT EDUCATION RECPT ADMIN	B	-1710	ADMINISTRATIVE & GENERAL	6	37.14
37.15 CONT EDUCATION RECPT DIETARY	B	-48469	PARAMEDICAL EDUC - DIETARY	24.01	37.15
37.17 TUITION RADIOLOGY	B	-355344	PARAMEDICAL EDUC - RAD TECH	24.04	37.17
37.18 TUITION PASTORAL EDUCATION	B	-18759	PARAMED ED PRGM-PASTORAL	24.05	37.18
37.19 CONT EDUCATION RECEPT PHARMACY	B	-9596	PLANT OPER/MAINT - GENERAL HOSP	7.01	37.19
37.20 CAPITALIZED INTEREST UNIV HOSP	A	-1159199	NEW CAPITAL REL - GENERAL HOSP	3.01	9 37.20
37.21 CAPITALIZED INTEREST CDD	A	-1349	NEW CAPITAL REL - CDD	3.04	9 37.21
37.22 ACCRUAL FICA RETIREMENT	A	-797935	ADMINISTRATIVE & GENERAL	6	37.22
37.24 CLINICAL FACULTY IN HOSP ACCOUNT	A	-648817	ADMINISTRATIVE & GENERAL	6	37.24
37.25 ADJ UNIVERSITY PLANT OPERATIONS	A	-1763600	PLANT OPER/MAINT - GENERAL HOSP	7.01	9 37.25
37.26 REMOVE BAXTER CREDIT MEMO DEPREC	A	7629	NEW CAP REL COSTS-MVBLE EQUIP	4	9 37.26
37.28 REMOVE PACEMAKER PUBLISH COST	A	-62609	ADMINISTRATIVE & GENERAL	6	37.28
37.29 REMOVE PASTORAL RESIDENT TUITION	A	-5000	PARAMED ED PRGM-PASTORAL	24.05	37.29
37.30 REMOVE COMPLIMENTARY PARKING	A	-998022	ADMINISTRATIVE & GENERAL	6	37.30
37.31 DEPT SUPPORT 7865 7866 AND 7867	A	-43028992	ADMINISTRATIVE & GENERAL	6	37.31
38					38

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION		BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
				COST CENTER	LINE NO.	
		1	2	3	4	5
38.01	A100 BAD DEBT COLLECT	A	36561	ADMINISTRATIVE & GENERAL	6	38.01
38.02	VOLUNTEER GIFT SHOP TRANSACTIONS	A	1127491	GIFT, FLOWER, COFFEE SHOP & CAN	96	38.02
38.15	A103 HSP LIBRARY COST	A	966160	ADMINISTRATIVE & GENERAL	6	38.15
38.16	A104 PART A LAB TRFR	A	-3900000	LABORATORY	44	38.16
38.17	A105 EMSLRC	A	766999	OTHER NONALLOWABLE	96.13	38.17
38.18	A106 FACULTY TIME STUDY	A	2186620	ADMINISTRATIVE & GENERAL	6	38.18
38.19	A106 FACULTY TIME STUDY	A	642125	ADMINISTRATIVE & GENERAL	6	38.19
38.20	A106 FACULTY TIME STUDY	A	38098	ADMINISTRATIVE & GENERAL	6	38.20
38.21	A106 FACULTY TIME STUDY	A	9827155	I&R SERVICES-OTHER PRGM COSTS A	23	38.21
38.22	A106 FACULTY TIME STUDY	A	2885853	I&R SERVICES-OTHER PRGM COSTS A	23	38.22
38.23	A106 FACULTY TIME STUDY	A	192354	I&R SERVICES-OTHER PRGM COSTS A	23	38.23
38.24	A106 FACULTY TIME STUDY	A	5476	PARAMEDICAL EDUC - PHARMACY	24.02	38.24
38.25	A106 FACULTY TIME STUDY	A	1608	PARAMEDICAL EDUC - PHARMACY	24.02	38.25
38.26	A106 FACULTY TIME STUDY	A	95	PARAMEDICAL EDUC - PHARMACY	24.02	38.26
38.27	A106 FACULTY TIME STUDY	A	21100	PARAMEDICAL EDCU - MED LAB	24.03	38.27
38.28	A106 FACULTY TIME STUDY	A	6196	PARAMEDICAL EDCU - MED LAB	24.03	38.28
38.29	A106 FACULTY TIME STUDY	A	368	PARAMEDICAL EDCU - MED LAB	24.03	38.29
38.30	A106 FACULTY TIME STUDY	A	32716	PARAMEDICAL EDUC - RAD TECH	24.04	38.30
38.31	A106 FACULTY TIME STUDY	A	9607	PARAMEDICAL EDUC - RAD TECH	24.04	38.31
38.32	A106 FACULTY TIME STUDY	A	570	PARAMEDICAL EDUC - RAD TECH	24.04	38.32
38.33	A106 FACULTY TIME STUDY	A	3065	PARAMEDICAL EDUC - DIETARY	24.01	38.33
38.34	A106 FACULTY TIME STUDY	A	900	PARAMEDICAL EDUC - DIETARY	24.01	38.34
38.35	A106 FACULTY TIME STUDY	A	53	PARAMEDICAL EDUC - DIETARY	24.01	38.35
38.36	A106 FACULTY TIME STUDY	A	636144	LABORATORY	44	38.36
38.37	A106 FACULTY TIME STUDY	A	186811	LABORATORY	44	38.37
38.38	A106 FACULTY TIME STUDY	A	8568	LABORATORY	44	38.38
38.39	A106 FACULTY TIME STUDY	A	900065	ANATOMICAL LABORATORY	44.01	38.39
38.40	A106 FACULTY TIME STUDY	A	264314	ANATOMICAL LABORATORY	44.01	38.40
38.41	A106 FACULTY TIME STUDY	A	12122	ANATOMICAL LABORATORY	44.01	38.41
38.42	A107 CRC TRFR	A	229905	CLINICAL RESEARCH UNIT	96.05	38.42
38.43	A107 CRC TRFR	A	77000	CLINICAL RESEARCH UNIT	96.05	38.43
38.53	A109 PLANT OPS & MAINTENANCE	A	85200	NEW CAPITAL REL - GENERAL HOSP	3.01	9 38.53
38.54	A109 PLANT OPS & MAINTENANCE	A	-2691500	PLANT OPER/MAINT - GENERAL HOSP	7.01	38.54
38.55	A109 PLANT OPS & MAINTENANCE	A	69100	PLANT OPER/MAINT - WESTLAWN	7.02	38.55
38.56	A109 PLANT OPS & MAINTENANCE	A	78800	PLANT OPER/MAINT - CDD	7.04	38.56
38.57	A109 PLANT OPS & MAINTENANCE	A	70300	HOUSEKEEPING - GENERAL HOSPITAL	10.01	38.57
38.71	A116 OTHER REVENUE	A	-2863073	ADMINISTRATIVE & GENERAL	6	38.71
38.72	A116 OTHER REVENUE	A	-615039	PLANT OPER/MAINT - GENERAL HOSP	7.01	38.72
38.75	A116 OTHER REVENUE	A	-24834	DIETARY	11	38.75
38.76	A116 OTHER REVENUE	A	-6925060	CAFETERIA	12	38.76
38.77	A116 OTHER REVENUE	A	-64	CENTRAL SERVICES & SUPPLY	15	38.77
38.78	A116 OTHER REVENUE	A	-484943	PHARMACY	16	38.78
38.79	A116 OTHER REVENUE	A	-3233293	MEDICAL RECORDS PREPARATION	17.01	38.79
38.80	A116 OTHER REVENUE	A	-500548	MEDICAL RECORDS PROCESSING	17.02	38.80
38.81	A116 OTHER REVENUE	A	-154979	SOCIAL SERVICE	18	38.81
38.82	A116 OTHER REVENUE	A	-13826	RADIOLOGY-DIAGNOSTIC	41	38.82
38.83	A116 OTHER REVENUE	A	-242748	LABORATORY	44	38.83
38.84	A116 OTHER REVENUE	A	-451792	ORAL SURGERY CLINIC	60.03	38.84
38.85	A116 OTHER REVENUE	A	-82432	AMBULANCE SERVICES	65	38.85
38.86	A116 OTHER REVENUE	A	-522766	VENDING/PATIENT ART	96.01	38.86
38.87	A116 OTHER REVENUE	A	-30090	OTHER NONALLOWABLE	96.13	38.87
38.88	A118 TRANSPLANT KIDNEY	A	8077	KIDNEY ACQUISITION	83	38.88
38.89	A118 TRANSPLANT KIDNEY	A	4349	KIDNEY ACQUISITION	83	38.89
38.90	A118 TRANSPLANT LIVER	A	7317	LIVER ACQUISITION	84	38.90
38.91	A118 TRANSPLANT LIVER	A	3940	LIVER ACQUISITION	84	38.91
38.92	A118 TRANSPLANT MED REC	A	1304	MEDICAL RECORDS PREPARATION	17.01	38.92
38.93	A118 TRANSPLANT MED REC	A	702	MEDICAL RECORDS PREPARATION	17.01	38.93
38.94	A118 TRANSPLANT PANCREAS	A	1992	PANCREAS ACQUISITION	85.01	38.94
38.95	A118 TRANSPLANT PANCREAS	A	1073	PANCREAS ACQUISITION	85.01	38.95
38.96	A118 TRANSPLANT SURGERY CLIN	A	3043	SURGERY CLINIC	60.11	38.96
38.97	A118 TRANSPLANT SURGERY CLIN	A	1638	SURGERY CLINIC	60.11	38.97
38.98	A120 PATH PART A	A	273314	LABORATORY	44	38.98
38.99	A120 PATH PART A	A	82105	LABORATORY	44	38.99
39	A120 PATH PART A	A	335455	LABORATORY	44	39
39.01	A120 PATH PART A	A	100773	ANATOMICAL LABORATORY	44.01	39.01
39.02	A96 PATH LAB TRANS	A	208263	LABORATORY	44	39.02
39.03	A96 PATH LAB TRANS	A	61159	LABORATORY	44	39.03
39.04	A96 PATH LAB TRANS	A	59727	LABORATORY	44	39.04
39.05	A96 PATH LAB TRANS	A	63738	ANATOMICAL LABORATORY	44.01	39.05
39.06	A97 FELLOWS STIPENDS	A	6256527	I&R SERVICES-SALARY & FRINGES A	22	39.06
39.07	A97 FELLOWS STIPENDS	A	594370	I&R SERVICES-SALARY & FRINGES A	22	39.07
39.08	A99 MALPRACT INS	A	1510284	ADMINISTRATIVE & GENERAL	6	39.08
39.09	A119 CLINIC STAFF	A	179379	ADMINISTRATIVE & GENERAL	6	39.09
39.10	A119 CLINIC STAFF	A	60414	ADMINISTRATIVE & GENERAL	6	39.10
39.11	A119 CLINIC STAFF	A	3568746	MEDICAL RECORDS PREPARATION	17.01	39.11
39.12	A119 CLINIC STAFF	A	1201938	MEDICAL RECORDS PREPARATION	17.01	39.12

ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF
			COST CENTER	LINE NO.	
	1	2	3	4	5
39.13 A119 CLINIC STAFF	A	888682	I&R SERVICES-OTHER PRGM COSTS A	23	39.13
39.14 A119 CLINIC STAFF	A	299304	I&R SERVICES-OTHER PRGM COSTS A	23	39.14
39.17 A119 CLINIC STAFF	A	247356	ANESTHESIOLOGY	40	39.17
39.18 A119 CLINIC STAFF	A	83308	ANESTHESIOLOGY	40	39.18
39.19 A119 CLINIC STAFF	A	203842	RADIOLOGY-DIAGNOSTIC	41	39.19
39.20 A119 CLINIC STAFF	A	68653	RADIOLOGY-DIAGNOSTIC	41	39.20
39.21 A119 CLINIC STAFF	A	26945	LABORATORY	44	39.21
39.22 A119 CLINIC STAFF	A	9075	LABORATORY	44	39.22
39.23 A119 CLINIC STAFF	A	38119	ANATOMICAL LABORATORY	44.01	39.23
39.24 A119 CLINIC STAFF	A	12838	ANATOMICAL LABORATORY	44.01	39.24
39.25 A119 CLINIC STAFF	A	680984	ORAL SURGERY CLINIC	60.03	39.25
39.26 A119 CLINIC STAFF	A	229352	ORAL SURGERY CLINIC	60.03	39.26
39.27 A119 CLINIC STAFF	A	187126	ANESTHESIA PAIN CLINIC	60.01	39.27
39.28 A119 CLINIC STAFF	A	63023	ANESTHESIA PAIN CLINIC	60.01	39.28
39.29 A119 CLINIC STAFF	A	266836	DERMATOLOGY CLINIC	60.02	39.29
39.30 A119 CLINIC STAFF	A	89869	DERMATOLOGY CLINIC	60.02	39.30
39.31 A119 CLINIC STAFF	A	1785462	INTERNAL MEDICINE CLINIC	60.04	39.31
39.32 A119 CLINIC STAFF	A	601336	INTERNAL MEDICINE CLINIC	60.04	39.32
39.33 A119 CLINIC STAFF	A	261371	NEUROLOGY CLINIC	60.05	39.33
39.34 A119 CLINIC STAFF	A	88029	NEUROLOGY CLINIC	60.05	39.34
39.35 A119 CLINIC STAFF	A	1025664	OB-GYN CLINIC	60.06	39.35
39.36 A119 CLINIC STAFF	A	345439	OB-GYN CLINIC	60.06	39.36
39.37 A119 CLINIC STAFF	A	1703895	OPHTHALMOLOGY CLINIC	60.07	39.37
39.38 A119 CLINIC STAFF	A	573864	OPHTHALMOLOGY CLINIC	60.07	39.38
39.39 A119 CLINIC STAFF	A	873840	ORTHOPAEDICS CLINIC	60.08	39.39
39.40 A119 CLINIC STAFF	A	294305	ORTHOPAEDICS CLINIC	60.08	39.40
39.41 A119 CLINIC STAFF	A	679877	OTOLARYNGOLOGY CLINIC	60.09	39.41
39.42 A119 CLINIC STAFF	A	228980	OTOLARYNGOLOGY CLINIC	60.09	39.42
39.43 A119 CLINIC STAFF	A	1159604	PEDIATRIC CLINIC	60.10	39.43
39.44 A119 CLINIC STAFF	A	390550	PEDIATRIC CLINIC	60.10	39.44
39.45 A119 CLINIC STAFF	A	939068	SURGERY CLINIC	60.11	39.45
39.46 A119 CLINIC STAFF	A	316274	SURGERY CLINIC	60.11	39.46
39.47 A119 CLINIC STAFF	A	25288	FAMILY CARE CLINIC	60.15	39.47
39.48 A119 CLINIC STAFF	A	8517	FAMILY CARE CLINIC	60.15	39.48
39.49 A119 CLINIC STAFF	A	301761	UROLOGY CLINIC	60.12	39.49
39.50 A119 CLINIC STAFF	A	101632	UROLOGY CLINIC	60.12	39.50
39.51 A119 CLINIC STAFF	A	42921	PSYCHIATRIC CLINIC	60.13	39.51
39.52 A119 CLINIC STAFF	A	14456	PSYCHIATRIC CLINIC	60.13	39.52
39.53 A119 CLINIC STAFF	A	30270	CANCER CLINIC	60.14	39.53
39.54 A119 CLINIC STAFF	A	10195	CANCER CLINIC	60.14	39.54
39.55 FUND 260 REVENUE OFFSET	B	-76948	PHARMACY	16	39.55
39.56 FUND 260 REVENUE OFFSET	B	-70275	MEDICAL RECORDS PREPARATION	17.01	39.56
39.57 FUND 260 REVENUE OFFSET	B	-22486	ADMINISTRATIVE & GENERAL	6	39.57
39.58 A118 TRANSPLANT ROUTINE	A	507	ADULTS & PEDIATRICS	25	39.58
39.59 A118 TRANSPLANT ROUTINE	A	273	ADULTS & PEDIATRICS	25	39.59
39.60 A119 CLINIC STAFF	A	215897	CONTACT LENS CLINIC	96.09	39.60
39.61 A119 CLINIC STAFF	A	72713	CONTACT LENS CLINIC	96.09	39.61
40					40
41					41
42					42
43					43
44					44
45					45
46					46
47					47
48					48
49					49
50 TOTAL		-35345093			50

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

WORKSHEET A-8-1

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 (INCL IN WKST A, COL 5)	NET ADJ- USTMENTS	WKST A-7 REF	
1	2	3	4	5	6	7	
1	7.01	PLANT OPER/MAINT - GENERAL HOSP	BIOENGINEERING	2226936	2226936		1
2	6	ADMINISTRATIVE & GENERAL	PURCHASED SERVICES UNIV	2494968	2494968		2
3	6	ADMINISTRATIVE & GENERAL	UNIVERSITY OVERHEAD	11038711	11038711		3
4	9	LAUNDRY & LINEN SERVICE	PURCHASED LAUNDRY	2588164	2588164		4
4.01	7.01	PLANT OPER/MAINT - GENERAL HOSP	UNIV UTILITIES & SUPPORT	20820146	20820146		4.01
4.02	6	ADMINISTRATIVE & GENERAL	CLIN STAFF ADMIN COMM	2866860	2866860		4.02
4.03	16	PHARMACY	PHARMACY COLL OF PHARMACY	37738	37738		4.03
4.04	23	I&R SERVICES-OTHER PRGM COSTS A	CLINICAL STAFF RES GVMT	13871298	13871298		4.04
4.05	10.01	HOUSEKEEPING - GENERAL HOSPITAL	UNIVERSITY HOUSEKEEPING	70300	70300		4.05
4.06	6	ADMINISTRATIVE & GENERAL	VPMA SUPPORT	2707852	3187299	-479447	4.06
5		TOTALS		58722973	59202420	-479447	5

B. INTERRELATIONSHIP OF 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.

THE INFORMATION IS USED BY THE HEALTH CARE FINANCING ADMINISTRATION 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.

----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----

SYMBOL (1)	NAME	PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
1	G UNIVERSITY OF IOWA	100.00	UNIVERSITY OF IOWA	100.00	STATE UNIVERSITY	1
2						2
3						3
4						4
5						5

(1) USE THE FOLLOWING SYMBOLS TO INDICATE THE 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 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:

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT
LINE NO.	2	3	4	5	6	7	8	9
1	6 ADMINISTRATIVE & GENERAL	275363		275363	200300	1795	172855	8643
2	6 ADMINISTRATIVE & GENERAL	553755		553755	171400	3372	277866	13893
3	6 ADMINISTRATIVE & GENERAL	365304		365304	154100	2525	187068	9353
4	6 ADMINISTRATIVE & GENERAL	74194		74194	194500	535	50028	2501
5	6 ADMINISTRATIVE & GENERAL	58189		58189	219500	458	48332	2417
6	6 ADMINISTRATIVE & GENERAL	252413		252413	152100	2000	146250	7313
7	6 ADMINISTRATIVE & GENERAL	85488		85488	152100	716	52358	2618
8	6 ADMINISTRATIVE & GENERAL	205193		205193	231100	1269	140993	7050
9	6 ADMINISTRATIVE & GENERAL	462056		462056	136700	4204	276292	13815
10	6 ADMINISTRATIVE & GENERAL	496791		496791	204100	2506	245901	12295
11	23 I&R SERVICES-OTHER PRGM	1037940		1037940	200300	6766	651553	32578
12	23 I&R SERVICES-OTHER PRGM	5308952		5308952	171400	32328	2663952	133198
13	23 I&R SERVICES-OTHER PRGM	826816		826816	154100	5715	423405	21170
14	23 I&R SERVICES-OTHER PRGM	1406080		1406080	194500	10139	948094	47405
15	23 I&R SERVICES-OTHER PRGM	614800		614800	219500	4839	510654	25533
16	23 I&R SERVICES-OTHER PRGM	1509936		1509936	152100	11964	874867	43743
17	23 I&R SERVICES-OTHER PRGM	388041		388041	152100	3250	237656	11883
18	23 I&R SERVICES-OTHER PRGM	1476127		1476127	231100	9129	1014284	50714
19	23 I&R SERVICES-OTHER PRGM	374349		374349	136700	3406	223846	11192
20	23 I&R SERVICES-OTHER PRGM	1339114		1339114	204100	6755	662834	33142
21	24.01 PARAMEDICAL EDUC - DIETA							
22	24.01 PARAMEDICAL EDUC - DIETA							
23	24.01 PARAMEDICAL EDUC - DIETA							
24	24.01 PARAMEDICAL EDUC - DIETA							
25	24.01 PARAMEDICAL EDUC - DIETA							
26	24.01 PARAMEDICAL EDUC - DIETA							
27	24.01 PARAMEDICAL EDUC - DIETA							
28	24.01 PARAMEDICAL EDUC - DIETA							
29	24.01 PARAMEDICAL EDUC - DIETA							
30	24.01 PARAMEDICAL EDUC - DIETA	3965		3965	204100	20	1962	98
31	24.02 PARAMEDICAL EDUC - PHARM							
32	24.02 PARAMEDICAL EDUC - PHARM	1642		1642	171400	10	824	41
33	24.02 PARAMEDICAL EDUC - PHARM	868		868	154100	6	445	22
34	24.02 PARAMEDICAL EDUC - PHARM							
35	24.02 PARAMEDICAL EDUC - PHARM	4574		4574	219500	36	3799	190
36	24.02 PARAMEDICAL EDUC - PHARM							
37	24.02 PARAMEDICAL EDUC - PHARM							
38	24.02 PARAMEDICAL EDUC - PHARM							
39	24.02 PARAMEDICAL EDUC - PHARM							
40	24.02 PARAMEDICAL EDUC - PHARM							
41	24.03 PARAMEDICAL EDCU - MED L							
42	24.03 PARAMEDICAL EDCU - MED L	821		821	171400	5	412	21
43	24.03 PARAMEDICAL EDCU - MED L	868		868	154100	6	445	22
44	24.03 PARAMEDICAL EDCU - MED L	1387		1387	194500	10	935	47
45	24.03 PARAMEDICAL EDCU - MED L							
46	24.03 PARAMEDICAL EDCU - MED L	4417		4417	152100	35	2559	128
47	24.03 PARAMEDICAL EDCU - MED L	15402		15402	152100	129	9433	472
48	24.03 PARAMEDICAL EDCU - MED L							
49	24.03 PARAMEDICAL EDCU - MED L	2418		2418	136700	22	1446	72
50	24.03 PARAMEDICAL EDCU - MED L	1982		1982	204100	10	981	49
51	24.04 PARAMEDICAL EDUC - RAD T	767		767	200300	5	482	24
52	24.04 PARAMEDICAL EDUC - RAD T							
53	24.04 PARAMEDICAL EDUC - RAD T							
54	24.04 PARAMEDICAL EDUC - RAD T							
55	24.04 PARAMEDICAL EDUC - RAD T							
56	24.04 PARAMEDICAL EDUC - RAD T							
57	24.04 PARAMEDICAL EDUC - RAD T							
58	24.04 PARAMEDICAL EDUC - RAD T	41556		41556	231100	257	28554	1428
59	24.04 PARAMEDICAL EDUC - RAD T							
60	24.04 PARAMEDICAL EDUC - RAD T							
61	44 LABORATORY	823010		823010	219500	6478	683616	34181
62	44.01 ANATOMICAL LABORATORY	1164323		1164323	219500	9164	967066	48353
63	31 SUBPROVIDER I	4738244	4738244					
101	TOTAL	23917145	4738244	19178901		129864	11512047	575604

PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
LINE NO.	11	12	13	14	15	16	17	18
1	6	ADMINISTRATIVE & GENERAL	AGGREGATE-ANESTHESI			172855	102508	102508
2	6	ADMINISTRATIVE & GENERAL	AGGREGATE-TOTAL			277866	275889	275889
3	6	ADMINISTRATIVE & GENERAL	AGGREGATE-INTERNAL			187068	178236	178236
4	6	ADMINISTRATIVE & GENERAL	AGGREGATE-OB/GYN			50028	24166	24166
5	6	ADMINISTRATIVE & GENERAL	AGGREGATE-PATHOLOGY			48332	9857	9857
6	6	ADMINISTRATIVE & GENERAL	AGGREGATE-PEDIATRIC			146250	106163	106163
7	6	ADMINISTRATIVE & GENERAL	AGGREGATE-PSYCHIATR			52358	33130	33130
8	6	ADMINISTRATIVE & GENERAL	AGGREGATE-RADIOLOGY			140993	64200	64200
9	6	ADMINISTRATIVE & GENERAL	AGGREGATE-GEN/FAM P			276292	185764	185764
10	6	ADMINISTRATIVE & GENERAL	AGGREGATE-SURGERY			245901	250890	250890
11	23	I&R SERVICES-OTHER PRGM	AGGREGATE-ANESTHESI			651553	386387	386387
12	23	I&R SERVICES-OTHER PRGM	AGGREGATE-TOTAL			2663952	2645000	2645000
13	23	I&R SERVICES-OTHER PRGM	AGGREGATE-INTERNAL			423405	403411	403411
14	23	I&R SERVICES-OTHER PRGM	AGGREGATE-OB/GYN			948094	457986	457986
15	23	I&R SERVICES-OTHER PRGM	AGGREGATE-PATHOLOGY			510654	104146	104146
16	23	I&R SERVICES-OTHER PRGM	AGGREGATE-PEDIATRIC			874867	635069	635069
17	23	I&R SERVICES-OTHER PRGM	AGGREGATE-PSYCHIATR			237656	150385	150385
18	23	I&R SERVICES-OTHER PRGM	AGGREGATE-RADIOLOGY			1014284	461843	461843
19	23	I&R SERVICES-OTHER PRGM	AGGREGATE-GEN/FAM P			223846	150503	150503
20	23	I&R SERVICES-OTHER PRGM	AGGREGATE-SURGERY			662834	676280	676280
21	24.01	PARAMEDICAL EDUC - DIETA	AGGREGATE-ANESTHESI					
22	24.01	PARAMEDICAL EDUC - DIETA	AGGREGATE-TOTAL					
23	24.01	PARAMEDICAL EDUC - DIETA	AGGREGATE-INTERNAL					
24	24.01	PARAMEDICAL EDUC - DIETA	AGGREGATE-OB/GYN					
25	24.01	PARAMEDICAL EDUC - DIETA	AGGREGATE-PATHOLOGY					
26	24.01	PARAMEDICAL EDUC - DIETA	AGGREGATE-PEDIATRIC					
27	24.01	PARAMEDICAL EDUC - DIETA	AGGREGATE-PSYCHIATR					
28	24.01	PARAMEDICAL EDUC - DIETA	AGGREGATE-RADIOLOGY					
29	24.01	PARAMEDICAL EDUC - DIETA	AGGREGATE-GEN/FAM P					
30	24.01	PARAMEDICAL EDUC - DIETA	AGGREGATE-SURGERY			1962	2003	2003
31	24.02	PARAMEDICAL EDUC - PHARM	AGGREGATE-ANESTHESI					
32	24.02	PARAMEDICAL EDUC - PHARM	AGGREGATE-TOTAL			824	818	818
33	24.02	PARAMEDICAL EDUC - PHARM	AGGREGATE-INTERNAL			445	423	423
34	24.02	PARAMEDICAL EDUC - PHARM	AGGREGATE-OB/GYN					
35	24.02	PARAMEDICAL EDUC - PHARM	AGGREGATE-PATHOLOGY			3799	775	775
36	24.02	PARAMEDICAL EDUC - PHARM	AGGREGATE-PEDIATRIC					
37	24.02	PARAMEDICAL EDUC - PHARM	AGGREGATE-PSYCHIATR					
38	24.02	PARAMEDICAL EDUC - PHARM	AGGREGATE-RADIOLOGY					
39	24.02	PARAMEDICAL EDUC - PHARM	AGGREGATE-GEN/FAM P					
40	24.02	PARAMEDICAL EDUC - PHARM	AGGREGATE-SURGERY					
41	24.03	PARAMEDICAL EDCU - MED L	AGGREGATE-ANESTHESI					
42	24.03	PARAMEDICAL EDCU - MED L	AGGREGATE-TOTAL			412	409	409
43	24.03	PARAMEDICAL EDCU - MED L	AGGREGATE-INTERNAL			445	423	423
44	24.03	PARAMEDICAL EDCU - MED L	AGGREGATE-OB/GYN			935	452	452
45	24.03	PARAMEDICAL EDCU - MED L	AGGREGATE-PATHOLOGY					
46	24.03	PARAMEDICAL EDCU - MED L	AGGREGATE-PEDIATRIC			2559	1858	1858
47	24.03	PARAMEDICAL EDCU - MED L	AGGREGATE-PSYCHIATR			9433	5969	5969
48	24.03	PARAMEDICAL EDCU - MED L	AGGREGATE-RADIOLOGY					
49	24.03	PARAMEDICAL EDCU - MED L	AGGREGATE-GEN/FAM P			1446	972	972
50	24.03	PARAMEDICAL EDCU - MED L	AGGREGATE-SURGERY			981	1001	1001
51	24.04	PARAMEDICAL EDUC - RAD T	AGGREGATE-ANESTHESI			482	285	285
52	24.04	PARAMEDICAL EDUC - RAD T	AGGREGATE-TOTAL					
53	24.04	PARAMEDICAL EDUC - RAD T	AGGREGATE-INTERNAL					
54	24.04	PARAMEDICAL EDUC - RAD T	AGGREGATE-OB/GYN					
55	24.04	PARAMEDICAL EDUC - RAD T	AGGREGATE-PATHOLOGY					
56	24.04	PARAMEDICAL EDUC - RAD T	AGGREGATE-PEDIATRIC					
57	24.04	PARAMEDICAL EDUC - RAD T	AGGREGATE-PSYCHIATR					
58	24.04	PARAMEDICAL EDUC - RAD T	AGGREGATE-RADIOLOGY			28554	13002	13002
59	24.04	PARAMEDICAL EDUC - RAD T	AGGREGATE-GEN/FAM P					
60	24.04	PARAMEDICAL EDUC - RAD T	AGGREGATE-SURGERY					
61	44	LABORATORY	AGGREGATE-PATHOLOGY			683616	139394	139394
62	44.01	ANATOMICAL LABORATORY	AGGREGATE-PATHOLOGY			967066	197257	197257
63	31	SUBPROVIDER I	AGGREGATE					4738244
101		TOTAL				11512047	7666854	12405098

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	NEW CAPI-TAL REL-- GEN HOSP 3.01	NEW CAPI-TAL REL-- WESTLAWN 3.02	NEW CAPI-TAL REL-- CDD 3.04	NEW CAP-REL COSTS MOV EQUIP 4	SUBTOTAL 5A	ADMINI-STRATIVE & GENERAL 6	PLANT OPERATIONS GEN HOSP 7.01	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
3.01 NEW CAPITAL REL - GENERAL HOSP	28469953	28469953							3.01
3.02 NEW CAPITAL REL - WESTLAWN	65048		65048						3.02
3.04 NEW CAPITAL REL - CDD	263319			263319					3.04
4 NEW CAP REL COSTS-MVBLE EQUIP	38547338				38547338				4
5 EMPLOYEE BENEFITS									5
6 ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS	91769497	4375644		82620	14297738	110525499	110525499		6
7									7
7.01 PLANT OPER/MAINT - GENERAL HOSP	32799568	457135			134625	33391328	5389394	38780722	7.01
7.02 PLANT OPER/MAINT - WESTLAWN	202612					202612	32702		7.02
7.04 PLANT OPER/MAINT - CDD	919264				368	919632	148430		7.04
8 OPERATION OF PLANT									8
9 LAUNDRY & LINEN SERVICE	1248435	94018			747	1343200	216794	154251	9
10 HOUSEKEEPING									10
10.01 HOUSEKEEPING - GENERAL HOSPITAL	17710261	295237			83751	18089249	2919623	484386	10.01
10.04 HOUSEKEEPING - CDD	285754				580	286334	46215		10.04
11 DIETARY	8280491	71149		21663	97685	8470988	1367226	116732	11
12 CAFETERIA	2052797	781492			244824	3079113	496972	1282167	12
12.01 CAFETERIA - EMPLOYEES									12.01
13 MAINTENANCE OF PERSONNEL									13
13.01 STUDENT & PERSONNEL HOUSING									13.01
14 NURSING ADMINISTRATION	10012051	707388			187598	10907037	1760407	1160588	14
15 CENTRAL SERVICES & SUPPLY	6499149	266502			392093	7157744	1155267	437240	15
16 PHARMACY	85250974	414490			449888	86115352	13899148	680039	16
17 MEDICAL RECORDS & LIBRARY									17
17.01 MEDICAL RECORDS PREPARATION	8742454	176669		7577	17193	8943893	1443553	289855	17.01
17.02 MEDICAL RECORDS PROCESSING	4054153	523114			42505	4619772	745636	858256	17.02
18 SOCIAL SERVICE	5849078	111538		5606	5031	5971253	963766	182997	18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A	27401635	1533440			1491	28936566	4670391	2515864	22
23 I&R SERVICES-OTHER PRGM COSTS A	11892453				6334	11898787	1920476		23
24 PARAMED ED PRGM-(SPECIFY)									24
24.01 PARAMEDICAL EDUC - DIETARY	39293					39293	6342		24.01
24.02 PARAMEDICAL EDUC - PHARMACY	485722	3351				489073	78937	5498	24.02
24.03 PARAMEDICAL EDCU - MED LAB	206358	52808			2201	261367	42185	86640	24.03
24.04 PARAMEDICAL EDUC - RAD TECH	551227	43165			7119	601511	97084	70820	24.04
24.05 PARAMED ED PRGM-PASTORAL	89083	11585				100668	16248	19007	24.05
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	60501909	3279316		36592	2654410	66472227	10728684	5380266	25
26.01 MEDICAL INTENSIVE CARE UNIT	4438167	132519			170315	4741001	765202	217420	26.01
27 CORONARY CARE UNIT	3088321	92622			182353	3363296	542839	151963	27
28 BURN INTENSIVE CARE UNIT	4054667	187105			84472	4326244	698260	306977	28
29 SURGICAL INTENSIVE CARE UNIT	10884983	128977			226171	11240131	1814168	211608	29
30 NEONATAL INTENSIVE CARE UNIT	16134227	317354			577516	17029097	2748513	520671	30
31 SUBPROVIDER I	8669257	424488			45597	9139342	1475099	696443	31
33 NURSERY	1319923					1319923	213037		33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	56492315	1455370			2103951	60051636	9692394	2387778	37
39 DELIVERY ROOM & LABOR ROOM	4311286	169598			138184	4619068	745522	278254	39
40 ANESTHESIOLOGY	2913519	92239			530122	3535880	570695	151334	40
41 RADIOLOGY-DIAGNOSTIC	24525390	1127431			5690670	31343491	5058871	1849738	41
42 RADIOLOGY-THERAPEUTIC	6405324	334902			2748942	9489168	1531561	549462	42
42.01 ULTRASOUND	2221991	33195			517490	2772676	447513	54461	42.01
42.02 RADIOLOGY - PET SCAN	2311629	136526			547605	2995760	483519	223994	42.02
44 LABORATORY	29835263	682099		24339	483922	31025623	5007567	1119097	44
44.01 ANATOMICAL LABORATORY	4840279	177928			182611	5200818	839417	291920	44.01
44.02 RADIOLOGY	6085758	186257			1369741	7641756	1233387	305586	44.02
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47 BLOOD STORING, PROCESSING & TRA	6580843	206089			80065	6866997	1108340	338123	47
47.01 ORTHOTIC SERVICES	1649056	8220		17468	24377	1699121	274240	13486	47.01
49 RESPIRATORY THERAPY	9307657	72052			390682	9770391	1576951	118213	49
50 PHYSICAL THERAPY	3535880	106765		4850	11349	3658844	590541	175165	50
51 OCCUPATIONAL THERAPY	1459479	29885		5216	1269	1495849	241432	49031	51
53 ELECTROCARDIOLOGY	640342	13103			32179	685624	110660	21497	53
54 ELECTROENCEPHALOGRAPHY	1582040	67101			127928	1777069	286821	110090	54
55 MEDICAL SUPPLIES CHARGED TO PAT	32135614					32135614	5186720		55
56 DRUGS CHARGED TO PATIENTS									56
57 RENAL DIALYSIS	5385574	126515			165710	5677799	916402	207568	57
59 IVF/CULTURE LAB	1740842	148070			20380	1909292	308162	242934	59
59.01 LITHOTRIPSY	787014	5772			63954	856740	138279	9470	59.01
59.02 URODYNAMICS	561946	22745			7872	592563	95640	37317	59.02

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NET EXP	NEW CAPI-	NEW CAPI-	NEW CAPI-	NEW CAP-	SUBTOTAL	ADMINI-	PLANT	
	FOR COST	TAL REL--	TAL REL--	TAL REL--	REL COSTS		STRATIVE	OPERATIONS	
	ALLOCATION	GEN HOSP	WESTLAWN	CDD	MOV EQUIP	5A	& GENERAL	GEN HOSP	
	0	3.01	3.02	3.04	4		6	7.01	
59.03 SPINE TREATMENT CENTER	1414391	53054			11975	1479420	238780	87044	59.03
59.04 OPHTHALMOLOGY SPECIALTY LABS	1219862	69494			94784	1384140	223402	114017	59.04
59.05 DIGESTIVE DISEASE CNTR	3928907	137716			303768	4370391	705385	225947	59.05
59.06 RECREATION THERAPY									59.06
59.07 CDC - REHAB	184620	22868			8048	215536	34788	37519	59.07
59.08 DIABETES EDUCATION	246038	22116				268154	43280	36285	59.08
OUTPATIENT SERVICE COST CENTERS									
60.01 ANESTHESIA PAIN CLINIC	550027	100897			37131	688055	111053	165539	60.01
60.02 DERMATOLOGY CLINIC	1044288	162568			126937	1333793	215276	266720	60.02
60.03 ORAL SURGERY CLINIC	1239534	197199		6050	87276	1530059	246953	323538	60.03
60.04 INTERNAL MEDICINE CLINIC	6413413	650272			249260	7312945	1180317	1066879	60.04
60.05 NEUROLOGY CLINIC	1060871	220737			32657	1314265	212124	362156	60.05
60.06 OB-GYN CLINIC	4496065	387367			618163	5501595	887963	635541	60.06
60.07 OPHTHALMOLOGY CLINIC	3605587	475545			192439	4273571	689759	780211	60.07
60.08 ORTHOPAEDICS CLINIC	3790485	347471			23944	4161900	671735	570084	60.08
60.09 OTOLARYNGOLOGY CLINIC	3764715	405162			276243	4446120	717608	664735	60.09
60.10 PEDIATRIC CLINIC	7110283	400511		38737	268243	7817774	1261797	657106	60.10
60.11 SURGERY CLINIC	2981282	416240			302217	3699739	597142	682911	60.11
60.12 UROLOGY CLINIC	1228908	163457			174825	1567190	252946	268178	60.12
60.13 PSYCHIATRIC CLINIC	1558921	290368			22992	1872281	302188	476398	60.13
60.14 CANCER CLINIC	3962263	314687			45496	4322446	697647	516296	60.14
60.15 FAMILY CARE CLINIC	5481988	444894			21164	5948046	960021	729923	60.15
61 EMERGENCY	6145698	448519			189183	6783400	1094848	735869	61
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
64 HOME PROGRAM DIALYSIS	408522	6018				414540	66907	9874	64
65 AMBULANCE SERVICES	3981603	67702			75141	4124446	665690	111077	65
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
82 LUNG ACQUISITION	451375					451375	72852		82
83 KIDNEY ACQUISITION	2389530	643			4161	2394334	386448	1055	83
84 LIVER ACQUISITION	920063	191				920254	148530	314	84
85 HEART ACQUISITION	1036038	7003				1043041	168348	11489	85
85.01 PANCREAS ACQUISITION	291738	1450				293188	47321	2379	85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
86 OTHER ORGAN ACQUISITION (SPECIF									86
95 SUBTOTALS	768995477	25497117		250718	38317655	765715309	105748340	33903290	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN	1127491	11161				1138652	183780	18311	96
96.01 VENDING/PATIENT ART	15780192	76743				167342	16024277	2586334	125910
96.02 PATIENT TRANSPORTATION SERVICE	1044859	8124			57715	1110698	179268	13329	96.02
96.03 PHARMACY HOME GOING DRUGS									96.03
96.04 OUTPATIENT & ESCORT HOUSING									96.04
96.05 CLINICAL RESEARCH UNIT	315788	181402				497190	80247	297620	96.05
96.06 PATIENT EDUCATION SERVICE	768031	53779			83	821893	132654	88233	96.06
96.08 FAMILY PRACTICE PROGRAM	3930010					3930010	634308		96.08
96.09 CONTACT LENS CLINIC	288610	14252				302862	48882	23382	96.09
96.10 BEAUTY SHOP		4650				4650	751	7630	96.10
96.11 CLINICAL FACULTY DEPARTMENT		1034398				1034398	166953	1697102	96.11
96.12 MEDICAL ADMINISTRATIVE PROJECT									96.12
96.13 OTHER NONALLOWABLE	3062923	869409	65048	12601	4543	4014524	647948	1426410	96.13
97 RESEARCH		718918				718918	116034	1179505	97
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	795313381	28469953	65048	263319	38547338	795313381	110525499	38780722	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	PLANT OPERATIONS WESTLAWN 7.02	PLANT OPERATIONS CDD 7.04	LAUNDRY AND LINEN SERVICE 9	HOUSE-KEEPING GEN HOSP 10.01	HOUSE-KEEPING CDD 10.04	DIETARY 11	CAFETERIA 12	CAFETERIA EMPLOYEES 12.01	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
3.01 NEW CAPITAL REL - GENERAL HOSP									3.01
3.02 NEW CAPITAL REL - WESTLAWN									3.02
3.04 NEW CAPITAL REL - CDD									3.04
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6 ADMINISTRATIVE & GENERAL									6
7 MAINTENANCE & REPAIRS									7
7.01 PLANT OPER/MAINT - GENERAL HOSP									7.01
7.02 PLANT OPER/MAINT - WESTLAWN	235314								7.02
7.04 PLANT OPER/MAINT - CDD		1068062							7.04
8 OPERATION OF PLANT									8
9 LAUNDRY & LINEN SERVICE			1714245						9
10 HOUSEKEEPING									10
10.01 HOUSEKEEPING - GENERAL HOSPITAL			1877	21495135					10.01
10.04 HOUSEKEEPING - CDD					332549				10.04
11 DIETARY		128042	28725	65785	39867	10217365			11
12 CAFETERIA				722571					12
12.01 CAFETERIA - EMPLOYEES							5580823		12.01
13 MAINTENANCE OF PERSONNEL							5580823	5580823	13
13.01 STUDENT & PERSONNEL HOUSING									13.01
14 NURSING ADMINISTRATION			55	654054				236430	14
15 CENTRAL SERVICES & SUPPLY			48363	246409				140255	15
16 PHARMACY			1865	383239				272496	16
17 MEDICAL RECORDS & LIBRARY									17
17.01 MEDICAL RECORDS PREPARATION		44785		163349	13944			81482	17.01
17.02 MEDICAL RECORDS PROCESSING				483674				86825	17.02
18 SOCIAL SERVICE		33135		103129	10317			94839	18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A				1417826					22
23 I&R SERVICES-OTHER PRGM COSTS A			25975						23
24 PARAMED ED PRGM-(SPECIFY)									24
24.01 PARAMEDICAL EDUC - DIETARY								1336	24.01
24.02 PARAMEDICAL EDUC - PHARMACY				3098				6679	24.02
24.03 PARAMEDICAL EDCU - MED LAB				48826				1336	24.03
24.04 PARAMEDICAL EDUC - RAD TECH				39911				14693	24.04
24.05 PARAMED ED PRGM-PASTORAL				10711				9350	24.05
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS		216284	637678	3032073	67342	8114520		1020522	25
26.01 MEDICAL INTENSIVE CARE UNIT			27343	122528		63559		64117	26.01
27 CORONARY CARE UNIT			21684	85639		110547		46752	27
28 BURN INTENSIVE CARE UNIT			57928	172998		312513		61445	28
29 SURGICAL INTENSIVE CARE UNIT			73096	119252		129104		172314	29
30 NEONATAL INTENSIVE CARE UNIT			23657	293427				224408	30
31 SUBPROVIDER I			50020	392483		1395033		142927	31
33 NURSERY			38						33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM			255520	1345642				440802	37
39 DELIVERY ROOM & LABOR ROOM			29143	156811				52095	39
40 ANESTHESIOLOGY				85285				68124	40
41 RADIOLOGY-DIAGNOSTIC			91268	1042428				295204	41
42 RADIOLOGY-THERAPEUTIC			19595	309652				57438	42
42.01 ULTRASOUND			9969	30692				29387	42.01
42.02 RADIOLOGY - PET SCAN			6342	126233					42.02
44 LABORATORY		143864	4819	630672	44793			301883	44
44.01 ANATOMICAL LABORATORY			1792	164513				62781	44.01
44.02 RADIOLOGY			22870	172214				84153	44.02
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47 BLOOD STORING, PROCESSING & TRA			6964	190551				40073	47
47.01 ORTHOTIC SERVICES		103252	375	7600	32148			1336	47.01
49 RESPIRATORY THERAPY			5660	66619				129569	49
50 PHYSICAL THERAPY		28664	11638	98715	8925			64117	50
51 OCCUPATIONAL THERAPY		30832		27632	9600			21372	51
53 ELECTROCARDIOLOGY			2783	12115				9350	53
54 ELECTROENCEPHALOGRAPHY			5727	62042				25380	54
55 MEDICAL SUPPLIES CHARGED TO PAT									55
56 DRUGS CHARGED TO PATIENTS									56
57 RENAL DIALYSIS			27171	116976				36066	57
59 IVF/CULTURE LAB			4071	136906				24044	59
59.01 LITHOTRIPSY			1644	5337				2672	59.01
59.02 URODYNAMICS			632	21030				5343	59.02

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	PLANT	PLANT	LAUNDRY	HOUSE-	HOUSE-	DIETARY	CAFETERIA	CAFETERIA		
	OPERATIONS	OPERATIONS	AND LINEN	KEEPING	KEEPING			EMPLOYEES		
	WESTLAWN	CDD	SERVICE	GEN HOSP	CDD					
	7.02	7.04	9	10.01	10.04	11	12	12.01		
59.03 SPINE TREATMENT CENTER			95	49054				20036	59.03	
59.04 OPHTHALMOLOGY SPECIALTY LABS				64255				20036	59.04	
59.05 DIGESTIVE DISEASE CNTR			30111	127333				37401	59.05	
59.06 RECREATION THERAPY									59.06	
59.07 CDC - REHAB			117	21144				4007	59.07	
59.08 DIABETES EDUCATION				20449				4007	59.08	
OUTPATIENT SERVICE COST CENTERS										
60.01 ANESTHESIA PAIN CLINIC			3906	93290				2672	60.01	
60.02 DERMATOLOGY CLINIC			6572	150311				16029	60.02	
60.03 ORAL SURGERY CLINIC		35763	2100	182331	11135			18701	60.03	
60.04 INTERNAL MEDICINE CLINIC			5012	601244				101518	60.04	
60.05 NEUROLOGY CLINIC			313	204095				21372	60.05	
60.06 OB-GYN CLINIC			13211	358162				70796	60.06	
60.07 OPHTHALMOLOGY CLINIC			1309	439691				37401	60.07	
60.08 ORTHOPAEDICS CLINIC			8180	321273				46752	60.08	
60.09 OTOLARYNGOLOGY CLINIC			2958	374614				36066	60.09	
60.10 PEDIATRIC CLINIC		228962	7906	370315	71288			110868	60.10	
60.11 SURGERY CLINIC			2395	384858				81482	60.11	
60.12 UROLOGY CLINIC			4048	151133				21372	60.12	
60.13 PSYCHIATRIC CLINIC				268476				30723	60.13	
60.14 CANCER CLINIC			14788	290961				72131	60.14	
60.15 FAMILY CARE CLINIC			8871	411351				168306	60.15	
61 EMERGENCY			82934	414702				85489	61	
62 OBSERVATION BEDS (NON-DISTINCT									62	
63.50 RHC									63.50	
63.60 FQHC									63.60	
OTHER REIMBURSABLE COST CENTERS										
64 HOME PROGRAM DIALYSIS			560	5564					64	
65 AMBULANCE SERVICES			3235	62598				20036	65	
69.10 CMHC									69.10	
69.20 OUTPATIENT PHYSICAL THERAPY									69.20	
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30	
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40	
71 HOME HEALTH AGENCY									71	
SPECIAL PURPOSE COST CENTERS										
82 LUNG ACQUISITION								1336	82	
83 KIDNEY ACQUISITION				594				4007	83	
84 LIVER ACQUISITION				177				5343	84	
85 HEART ACQUISITION				6475				1336	85	
85.01 PANCREAS ACQUISITION				1340					85.01	
85.02 INTESTINAL ACQUISITION									85.02	
85.03 ISLET CELL ACQUISITION									85.03	
86 OTHER ORGAN ACQUISITION (SPECIF									86	
95 SUBTOTALS		993583	1704908	18746437	309359	10125276	5580823	5468618	95	
NONREIMBURSABLE COST CENTERS										
96 GIFT, FLOWER, COFFEE SHOP & CAN				10319					96	
96.01 VENDING/PATIENT ART				70957				98847	96.01	
96.02 PATIENT TRANSPORTATION SERVICE			275	7512					96.02	
96.03 PHARMACY HOME GOING DRUGS									96.03	
96.04 OUTPATIENT & ESCORT HOUSING						87996			96.04	
96.05 CLINICAL RESEARCH UNIT			4709	167725		4093			96.05	
96.06 PATIENT EDUCATION SERVICE				49724				8015	96.06	
96.08 FAMILY PRACTICE PROGRAM									96.08	
96.09 CONTACT LENS CLINIC				13177					96.09	
96.10 BEAUTY SHOP				4300					96.10	
96.11 CLINICAL FACULTY DEPARTMENT			4039	956409					96.11	
96.12 MEDICAID ADMINISTRATIVE PROJECT									96.12	
96.13 OTHER NONALLOWABLE	235314	74479	314	803860	23190			5343	96.13	
97 RESEARCH				664715					97	
101 CROSS FOOT ADJUSTMENTS									101	
102 NEGATIVE COST CENTER									102	
103 TOTAL	235314	1068062	1714245	21495135	332549	10217365	5580823	5580823	103	

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	NURSING ADMINI- STRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS PREP 17.01	MEDICAL RECORDS PROCESSING 17.02	SOCIAL SERVICE 18	I/R-SALARY AND FRINGES 22	I/R-OTHER PROGRAM COSTS 23	
59.03 SPINE TREATMENT CENTER	26329								59.03
59.04 OPHTHALMOLOGY SPECIALTY LABS									59.04
59.05 DIGESTIVE DISEASE CNTR	202563	1272	69379				21136	7795	59.05
59.06 RECREATION THERAPY									59.06
59.07 CDC - REHAB						320937	86527	31912	59.07
59.08 DIABETES EDUCATION OUTPATIENT SERVICE COST CENTERS	17868								59.08
60.01 ANESTHESIA PAIN CLINIC	10997	178	57432	29360	17159				60.01
60.02 DERMATOLOGY CLINIC	30768	3651	45225	166698	97324		843194	310976	60.02
60.03 ORAL SURGERY CLINIC	37094	3385	16063	156058	91147		647965	238974	60.03
60.04 INTERNAL MEDICINE CLINIC	186652	594	81709	563258	329035	318389	1994378	735540	60.04
60.05 NEUROLOGY CLINIC	40681	7	8682	100874	58889	10297	520391	191924	60.05
60.06 OB-GYN CLINIC	195173	2647	54469	397200	232123	52606	502652	185381	60.06
60.07 OPHTHALMOLOGY CLINIC	43712	4928	71499	430668	251615		731284	269702	60.07
60.08 ORTHOPAEDICS CLINIC	79816	4653	23052	380163	222102	7136	717697	264691	60.08
60.09 OTOLARYNGOLOGY CLINIC	62224	1728	8407	146597	85656	8258	621545	229230	60.09
60.10 PEDIATRIC CLINIC	176372	507	111	281377	164449	682655	1083339	399542	60.10
60.11 SURGERY CLINIC	117331	4138	5540	191580	111875	90429	627300	231353	60.11
60.12 UROLOGY CLINIC	48017	292	180953	103096	60261	2039	260715	96153	60.12
60.13 PSYCHIATRIC CLINIC	56677		1516	171546	100207	210934	1546360	570308	60.13
60.14 CANCER CLINIC	244086	1732	409501	344170	201100	198700	195701	72176	60.14
60.15 FAMILY CARE CLINIC	198855	1377	7007	723963	422928		3296724	1215854	60.15
61 EMERGENCY	489476	2780	163946	294137	171862		1642795	605874	61
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
64 HOME PROGRAM DIALYSIS	15871		546						64
65 AMBULANCE SERVICES	45380	52	237						65
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS									71
82 LUNG ACQUISITION									82
83 KIDNEY ACQUISITION			3509		28003	67491			83
84 LIVER ACQUISITION	26743				15374	22633			84
85 HEART ACQUISITION	4810				4942	3568			85
85.01 PANCREAS ACQUISITION	802				686				85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
86 OTHER ORGAN ACQUISITION (SPECIF									86
95 SUBTOTALS	14695910	9185278	92309188	10980861	6786750	7359130	37540647	13845238	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN									96
96.01 VENDING/PATIENT ART									96.01
96.02 PATIENT TRANSPORTATION SERVICE									96.02
96.03 PHARMACY HOME GOING DRUGS			9038980						96.03
96.04 OUTPATIENT & ESCORT HOUSING			38			306			96.04
96.05 CLINICAL RESEARCH UNIT	22661		3933		7413				96.05
96.06 PATIENT EDUCATION SERVICE									96.06
96.08 FAMILY PRACTICE PROGRAM									96.08
96.09 CONTACT LENS CLINIC									96.09
96.10 BEAUTY SHOP									96.10
96.11 CLINICAL FACULTY DEPARTMENT									96.11
96.12 MEDICAL ADMINISTRATIVE PROJECT									96.12
96.13 OTHER NONALLOWABLE									96.13
97 RESEARCH									97
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	14718571	9185278	101352139	10980861	6794163	7359436	37540647	13845238	103

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	PARAMED EDUCATION DIETARY 24.01	PARAMED EDUCATION PHARMACY 24.02	PARAMED EDUCATION MED LAB 24.03	PARAMED EDUCATION RAD TECH 24.04	EDUCATION PASTORAL 24.05	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
3.01 NEW CAPITAL REL - GENERAL HOSP								3.01
3.02 NEW CAPITAL REL - WESTLAWN								3.02
3.04 NEW CAPITAL REL - CDD								3.04
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6 ADMINISTRATIVE & GENERAL								6
7 MAINTENANCE & REPAIRS								7
7.01 PLANT OPER/MAINT - GENERAL HOSP								7.01
7.02 PLANT OPER/MAINT - WESTLAWN								7.02
7.04 PLANT OPER/MAINT - CDD								7.04
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING								10
10.01 HOUSEKEEPING - GENERAL HOSPITAL								10.01
10.04 HOUSEKEEPING - CDD								10.04
11 DIETARY								11
12 CAFETERIA								12
12.01 CAFETERIA - EMPLOYEES								12.01
13 MAINTENANCE OF PERSONNEL								13
13.01 STUDENT & PERSONNEL HOUSING								13.01
14 NURSING ADMINISTRATION								14
15 CENTRAL SERVICES & SUPPLY								15
16 PHARMACY								16
17 MEDICAL RECORDS & LIBRARY								17
17.01 MEDICAL RECORDS PREPARATION								17.01
17.02 MEDICAL RECORDS PROCESSING								17.02
18 SOCIAL SERVICE								18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A								22
23 I&R SERVICES-OTHER PRGM COSTS A								23
24 PARAMED ED PRGM-(SPECIFY)								24
24.01 PARAMEDICAL EDUC - DIETARY	46971							24.01
24.02 PARAMEDICAL EDUC - PHARMACY		1143478						24.02
24.03 PARAMEDICAL EDCU - MED LAB			440354					24.03
24.04 PARAMEDICAL EDUC - RAD TECH				824019				24.04
24.05 PARAMED ED PRGM-PASTORAL					155984			24.05
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	10319	209258			23491	119809383	-6953692	112855691 25
26.01 MEDICAL INTENSIVE CARE UNIT	2135	209256			23492	7400155	-376630	7023525 26.01
27 CORONARY CARE UNIT	7829	209256			23492	5589576	-536529	5053047 27
28 BURN INTENSIVE CARE UNIT	2135				23492	6942764	-194773	6747991 28
29 SURGICAL INTENSIVE CARE UNIT	2135	209256			23492	16319209	-600205	15719004 29
30 NEONATAL INTENSIVE CARE UNIT		209256			23492	24089547	-534850	23554697 30
31 SUBPROVIDER I	3914				5165	17851329	-1360438	16490891 31
33 NURSERY						1903741	-129159	1774582 33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM						90134397	-4728791	85405606 37
39 DELIVERY ROOM & LABOR ROOM	3914					6864058	-605630	6258428 39
40 ANESTHESIOLOGY						12454018	-6545678	5908340 40
41 RADIOLOGY-DIAGNOSTIC	7829					46992945	-3753765	43239180 41
42 RADIOLOGY-THERAPEUTIC						12734966	-742668	11992298 42
42.01 ULTRASOUND						3819247	-413956	3405291 42.01
42.02 RADIOLOGY - PET SCAN						4046417	-169070	3877347 42.02
44 LABORATORY			440354			39728908	-925041	38803867 44
44.01 ANATOMICAL LABORATORY						8216835	-1655568	6561267 44.01
44.02 RADIOLOGY						10000129		10000129 44.02
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
47 BLOOD STORING, PROCESSING & TRA						8619804		8619804 47
47.01 ORTHOTIC SERVICES						2131558		2131558 47.01
49 RESPIRATORY THERAPY						11693051		11693051 49
50 PHYSICAL THERAPY						4637490		4637490 50
51 OCCUPATIONAL THERAPY						1875748		1875748 51
53 ELECTROCARDIOLOGY						842145		842145 53
54 ELECTROENCEPHALOGRAPHY						2439376	-162354	2277022 54
55 MEDICAL SUPPLIES CHARGED TO PAT						37322334		37322334 55
56 DRUGS CHARGED TO PATIENTS						82657379		82657379 56
57 RENAL DIALYSIS	1779					8871524	-833661	8037863 57
59 IVF/CULTURE LAB						2689959		2689959 59
59.01 LITHOTRIPSY						1040227		1040227 59.01
59.02 URODYNAMICS						773321		773321 59.02

COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION	PARAMED	PARAMED	PARAMED	PARAMED	EDUCATION	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
	EDUCATION DIETARY 24.01	EDUCATION PHARMACY 24.02	EDUCATION MED LAB 24.03	EDUCATION RAD TECH 24.04	PASTORAL 24.05				
						25	26	27	
59.03 SPINE TREATMENT CENTER						1900758		1900758	59.03
59.04 OPHTHALMOLOGY SPECIALTY LABS						1805850		1805850	59.04
59.05 DIGESTIVE DISEASE CNTR						5798713	-28931	5769782	59.05
59.06 RECREATION THERAPY									59.06
59.07 CDC - REHAB					4229	756716	-118439	638277	59.07
59.08 DIABETES EDUCATION	1779					391822		391822	59.08
OUTPATIENT SERVICE COST CENTERS									
60.01 ANESTHESIA PAIN CLINIC						1179641		1179641	60.01
60.02 DERMATOLOGY CLINIC						3486537	-1154170	2332367	60.02
60.03 ORAL SURGERY CLINIC						3541266	-886939	2654327	60.03
60.04 INTERNAL MEDICINE CLINIC						14477470	-2729918	11747552	60.04
60.05 NEUROLOGY CLINIC						3046070	-712315	2333755	60.05
60.06 OB-GYN CLINIC						9089519	-688033	8401486	60.06
60.07 OPHTHALMOLOGY CLINIC						8025350	-1000986	7024364	60.07
60.08 ORTHOPAEDICS CLINIC						7479234	-982388	6496846	60.08
60.09 OTOLARYNGOLOGY CLINIC						7405746	-850775	6554971	60.09
60.10 PEDIATRIC CLINIC						13314368	-1482881	11831487	60.10
60.11 SURGERY CLINIC						6828073	-858653	5969420	60.11
60.12 UROLOGY CLINIC						3016393	-356868	2659525	60.12
60.13 PSYCHIATRIC CLINIC						5607614	-2116668	3490946	60.13
60.14 CANCER CLINIC						7581435	-267877	7313558	60.14
60.15 FAMILY CARE CLINIC	3203	9148				14105577	-4512578	9592999	60.15
61 EMERGENCY					5639	12573751	-2248669	10325082	61
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
64 HOME PROGRAM DIALYSIS						513862		513862	64
65 AMBULANCE SERVICES						5032751		5032751	65
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
82 LUNG ACQUISITION						525563		525563	82
83 KIDNEY ACQUISITION						2912184		2912184	83
84 LIVER ACQUISITION						1126499		1126499	84
85 HEART ACQUISITION						1244009		1244009	85
85.01 PANCREAS ACQUISITION						345716		345716	85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
86 OTHER ORGAN ACQUISITION (SPECIF									86
95 SUBTOTALS	46971	1055430	440354	824019	155984	743604027	-52219546	691384481	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN						1351062		1351062	96
96.01 VENDING/PATIENT ART						18906325		18906325	96.01
96.02 PATIENT TRANSPORTATION SERVICE						1311082		1311082	96.02
96.03 PHARMACY HOME GOING DRUGS						9038980		9038980	96.03
96.04 OUTPATIENT & ESCORT HOUSING						88340		88340	96.04
96.05 CLINICAL RESEARCH UNIT						1085591		1085591	96.05
96.06 PATIENT EDUCATION SERVICE						1100519		1100519	96.06
96.08 FAMILY PRACTICE PROGRAM						4564318		4564318	96.08
96.09 CONTACT LENS CLINIC						388303		388303	96.09
96.10 BEAUTY SHOP						17331		17331	96.10
96.11 CLINICAL FACULTY DEPARTMENT						3858901		3858901	96.11
96.12 MEDICAID ADMINISTRATIVE PROJECT									96.12
96.13 OTHER NONALLOWABLE		88048				7319430		7319430	96.13
97 RESEARCH						2679172		2679172	97
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	46971	1143478	440354	824019	155984	795313381	-52219546	743093835	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAPI- TAL REL-- GEN HOSP 3.01	NEW CAPI- TAL REL-- WESTLAWN 3.02	NEW CAPI- TAL REL-- CDD 3.04	NEW CAP- REL COSTS MOV EQUIP 4	CAP REL COST TO BE ALLOC 4A	ADMINI- STRATIVE & GENERAL 6	PLANT OPERATIONS GEN HOSP 7.01	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
3.01 NEW CAPITAL REL - GENERAL HOSP									3.01
3.02 NEW CAPITAL REL - WESTLAWN									3.02
3.04 NEW CAPITAL REL - CDD									3.04
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6 ADMINISTRATIVE & GENERAL		4375644		82620	14297738	18756002	18756002		6
7 MAINTENANCE & REPAIRS									7
7.01 PLANT OPER/MAINT - GENERAL HOSP	1448914	457135			134625	2040674	914588	2955262	7.01
7.02 PLANT OPER/MAINT - WESTLAWN	6000					6000	5550		7.02
7.04 PLANT OPER/MAINT - CDD	16600				368	16968	25189		7.04
8 OPERATION OF PLANT									8
9 LAUNDRY & LINEN SERVICE		94018			747	94765	36790	11755	9
10 HOUSEKEEPING									10
10.01 HOUSEKEEPING - GENERAL HOSPITAL		295237			83751	378988	495465	36912	10.01
10.04 HOUSEKEEPING - CDD					580	580	7843		10.04
11 DIETARY	147	71149		21663	97685	190644	232020	8895	11
12 CAFETERIA		781492			244824	1026316	84337	97707	12
12.01 CAFETERIA - EMPLOYEES									12.01
13 MAINTENANCE OF PERSONNEL									13
13.01 STUDENT & PERSONNEL HOUSING									13.01
14 NURSING ADMINISTRATION	84492	707388			187598	979478	298744	88442	14
15 CENTRAL SERVICES & SUPPLY	186	266502			392093	658781	196051	33320	15
16 PHARMACY		414490			449888	864378	2358358	51822	16
17 MEDICAL RECORDS & LIBRARY									17
17.01 MEDICAL RECORDS PREPARATION		176669		7577	17193	201439	244973	22088	17.01
17.02 MEDICAL RECORDS PROCESSING		523114			42505	565619	126536	65403	17.02
18 SOCIAL SERVICE	17384	111538		5606	5031	139559	163553	13945	18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES A		1533440			1491	1534931	792573	191720	22
23 I&R SERVICES-OTHER PRGM COSTS A					6334	6334	325908		23
24 PARAMED ED PRGM-(SPECIFY)									24
24.01 PARAMEDICAL EDUC - DIETARY							1076		24.01
24.02 PARAMEDICAL EDUC - PHARMACY		3351					13396	419	24.02
24.03 PARAMEDICAL EDCU - MED LAB		52808			2201	55009	7159	6602	24.03
24.04 PARAMEDICAL EDUC - RAD TECH		43165			7119	50284	16475	5397	24.04
24.05 PARAMED ED PRGM-PASTORAL		11585				11585	2757	1448	24.05
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	88936	3279316		36592	2654410	6059254	1820674	410005	25
26.01 MEDICAL INTENSIVE CARE UNIT	6518	132519			170315	309352	129856	16568	26.01
27 CORONARY CARE UNIT	5484	92622			182353	280459	92121	11580	27
28 BURN INTENSIVE CARE UNIT	15596	187105			84472	287173	118496	23393	28
29 SURGICAL INTENSIVE CARE UNIT	24638	128977			226171	379786	307867	16125	29
30 NEONATAL INTENSIVE CARE UNIT	9912	317354			577516	904782	466427	39677	30
31 SUBPROVIDER I	3002	424488			45597	473087	250327	53072	31
33 NURSERY							36153		33
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	92813	1455370			2103951	3652134	1644814	181959	37
39 DELIVERY ROOM & LABOR ROOM	169	169598			138184	307951	126516	21204	39
40 ANESTHESIOLOGY	2736	92239			530122	625097	96848	11532	40
41 RADIOLOGY-DIAGNOSTIC		1127431			5690670	6818101	858498	140958	41
42 RADIOLOGY-THERAPEUTIC	1319	334902			2748942	3085163	259908	41871	42
42.01 ULTRASOUND		33195			517490	550685	75944	4150	42.01
42.02 RADIOLOGY - PET SCAN	2709	136526			547605	686840	82054	17069	42.02
44 LABORATORY	9561	682099		24339	483922	1199921	849792	85280	44
44.01 ANATOMICAL LABORATORY	643	177928			182611	361182	142450	22246	44.01
44.02 RADIOLOGY	6185	186257			1369741	1562183	209308	23287	44.02
46.30 BLOOD CLOTTING FACTORS ADMIN CO									46.30
47 BLOOD STORING, PROCESSING & TRA	5332	206089			80065	291486	188087	25766	47
47.01 ORTHOTIC SERVICES		8220		17468	24377	50065	46539	1028	47.01
49 RESPIRATORY THERAPY	3800	72052			390682	466534	267611	9008	49
50 PHYSICAL THERAPY	82	106765			11349	123046	100216	13348	50
51 OCCUPATIONAL THERAPY		29885		5216	1269	36370	40971	3736	51
53 ELECTROCARDIOLOGY		13103			32179	45282	18779	1638	53
54 ELECTROENCEPHALOGRAPHY	16733	67101			127928	211762	48674	8389	54
55 MEDICAL SUPPLIES CHARGED TO PAT	501935					501935	880194		55
56 DRUGS CHARGED TO PATIENTS									56
57 RENAL DIALYSIS	114718	126515			165710	406943	155515	15818	57
59 IVF/CULTURE LAB	1857	148070			20380	170307	52296	18513	59
59.01 LITHOTRIPSY		5772			63954	69726	23466	722	59.01
59.02 URODYNAMICS		22745			7872	30617	16230	2844	59.02

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND CAP-REL COSTS 0	NEW CAPI- TAL REL-- GEN HOSP 3.01	NEW CAPI- TAL REL-- WESTLAWN 3.02	NEW CAPI- TAL REL-- CDD 3.04	NEW CAP- REL COSTS MOV EQUIP 4	CAP REL COST TO BE ALLOC 4A	ADMINI- STRATIVE & GENERAL 6	PLANT OPERATIONS GEN HOSP 7.01	
59.03 SPINE TREATMENT CENTER		53054			11975	65029	40521	6633	59.03
59.04 OPHTHALMOLOGY SPECIALTY LABS		69494			94784	164278	37912	8689	59.04
59.05 DIGESTIVE DISEASE CNTR	380	137716			303768	441864	119705	17218	59.05
59.06 RECREATION THERAPY									59.06
59.07 CDC - REHAB	5993	22868			8048	36909	5904	2859	59.07
59.08 DIABETES EDUCATION OUTPATIENT SERVICE COST CENTERS		22116				22116	7345	2765	59.08
60.01 ANESTHESIA PAIN CLINIC	480	100897			37131	138508	18846	12615	60.01
60.02 DERMATOLOGY CLINIC		162568			126937	289505	36533	20325	60.02
60.03 ORAL SURGERY CLINIC		197199		6050	87276	290525	41908	24655	60.03
60.04 INTERNAL MEDICINE CLINIC		650272			249260	899532	200302	81301	60.04
60.05 NEUROLOGY CLINIC	3239	220737			32657	256633	35998	27598	60.05
60.06 OB-GYN CLINIC		387367			618163	1005530	150689	48431	60.06
60.07 OPHTHALMOLOGY CLINIC	1614	475545			192439	669598	117053	59455	60.07
60.08 ORTHOPAEDICS CLINIC		347471			23944	371415	113994	43443	60.08
60.09 OTOLARYNGOLOGY CLINIC	3683	405162			276243	685088	121779	50656	60.09
60.10 PEDIATRIC CLINIC		400511		38737	268243	707491	214129	50074	60.10
60.11 SURGERY CLINIC	1159	416240			302217	719616	101336	52041	60.11
60.12 UROLOGY CLINIC		163457			174825	338282	42925	20436	60.12
60.13 PSYCHIATRIC CLINIC	4658	290368			22992	318018	51282	36304	60.13
60.14 CANCER CLINIC		314687			45496	360183	118392	39344	60.14
60.15 FAMILY CARE CLINIC	173	444894			21164	466231	162917	55623	60.15
61 EMERGENCY		448519			189183	637702	185797	56076	61
62 OBSERVATION BEDS (NON-DISTINCT)									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
64 HOME PROGRAM DIALYSIS		6018				6018	11354	752	64
65 AMBULANCE SERVICES	2163	67702			75141	145006	112969	8465	65
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS									71
82 LUNG ACQUISITION							12363		82
83 KIDNEY ACQUISITION	1529	643			4161	6333	65581	80	83
84 LIVER ACQUISITION		191				191	25206	24	84
85 HEART ACQUISITION		7003				7003	28569	876	85
85.01 PANCREAS ACQUISITION		1450				1450	8030	181	85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
86 OTHER ORGAN ACQUISITION (SPECIF									86
95 SUBTOTALS	2513472	25497117		250718	38317655	66578962	17945311	2583580	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN		11161				11161	31188	1395	96
96.01 VENDING/PATIENT ART		76743			167342	244085	438905	9595	96.01
96.02 PATIENT TRANSPORTATION SERVICE	81	8124			57715	65920	30422	1016	96.02
96.03 PHARMACY HOME GOING DRUGS									96.03
96.04 OUTPATIENT & ESCORT HOUSING									96.04
96.05 CLINICAL RESEARCH UNIT		181402				181402	13618	22680	96.05
96.06 PATIENT EDUCATION SERVICE	829	53779			83	54691	22512	6724	96.06
96.08 FAMILY PRACTICE PROGRAM							107643		96.08
96.09 CONTACT LENS CLINIC		14252				14252	8295	1782	96.09
96.10 BEAUTY SHOP		4650				4650	127	581	96.10
96.11 CLINICAL FACULTY DEPARTMENT		1034398				1034398	28332	129327	96.11
96.12 MEDICAL ADMINISTRATIVE PROJECT									96.12
96.13 OTHER NONALLOWABLE	12418	869409	65048	12601	4543	964019	109958	108699	96.13
97 RESEARCH		718918				718918	19691	89883	97
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	2526800	28469953	65048	263319	38547338	69872458	18756002	2955262	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	PLANT	PLANT	LAUNDRY	HOUSE-	HOUSE-	DIETARY	CAFETERIA	CAFETERIA
	OPERATIONS WESTLAWN 7.02	OPERATIONS CDD 7.04	AND LINEN SERVICE 9	KEEPING GEN HOSP 10.01	KEEPING CDD 10.04	11	12	EMPLOYEES 12.01
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
3.01 NEW CAPITAL REL - GENERAL HOSP								3.01
3.02 NEW CAPITAL REL - WESTLAWN								3.02
3.04 NEW CAPITAL REL - CDD								3.04
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6 ADMINISTRATIVE & GENERAL								6
7 MAINTENANCE & REPAIRS								7
7.01 PLANT OPER/MAINT - GENERAL HOSP								7.01
7.02 PLANT OPER/MAINT - WESTLAWN	11550							7.02
7.04 PLANT OPER/MAINT - CDD		42157						7.04
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE			143310					9
10 HOUSEKEEPING								10
10.01 HOUSEKEEPING - GENERAL HOSPITAL			157	911522				10.01
10.04 HOUSEKEEPING - CDD					8423			10.04
11 DIETARY		5054	2401	2790	1010	442814		11
12 CAFETERIA				30641			1239001	12
12.01 CAFETERIA - EMPLOYEES							1239001	12.01
13 MAINTENANCE OF PERSONNEL								13
13.01 STUDENT & PERSONNEL HOUSING								13.01
14 NURSING ADMINISTRATION			5	27736				14
15 CENTRAL SERVICES & SUPPLY			4043	10449				15
16 PHARMACY			156	16252				16
17 MEDICAL RECORDS & LIBRARY								17
17.01 MEDICAL RECORDS PREPARATION		1768		6927	353			17.01
17.02 MEDICAL RECORDS PROCESSING				20511				17.02
18 SOCIAL SERVICE		1308		4373	261			18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A				60124				22
23 I&R SERVICES-OTHER PRGM COSTS A			2171					23
24 PARAMED ED PRGM-(SPECIFY)								24
24.01 PARAMEDICAL EDUC - DIETARY							297	24.01
24.02 PARAMEDICAL EDUC - PHARMACY				131			1483	24.02
24.03 PARAMEDICAL EDCU - MED LAB				2071			297	24.03
24.04 PARAMEDICAL EDUC - RAD TECH				1692			3262	24.04
24.05 PARAMED ED PRGM-PASTORAL				454			2076	24.05
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS		8537	53312	128574	1706	351678	226563	25
26.01 MEDICAL INTENSIVE CARE UNIT			2286	5196		2755	14235	26.01
27 CORONARY CARE UNIT			1813	3632		4791	10379	27
28 BURN INTENSIVE CARE UNIT			4843	7336		13544	13641	28
29 SURGICAL INTENSIVE CARE UNIT			6111	5057		5595	38255	29
30 NEONATAL INTENSIVE CARE UNIT			1978	12443			49821	30
31 SUBPROVIDER I			4182	16644		60460	31731	31
33 NURSERY			3					33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM			21361	57063			97863	37
39 DELIVERY ROOM & LABOR ROOM			2436	6650			11566	39
40 ANESTHESIOLOGY				3617			15124	40
41 RADIOLOGY-DIAGNOSTIC			7630	44205			65538	41
42 RADIOLOGY-THERAPEUTIC			1638	13131			12752	42
42.01 ULTRASOUND			833	1302			6524	42.01
42.02 RADIOLOGY - PET SCAN			530	5353				42.02
44 LABORATORY		5678	403	26744	1135		67021	44
44.01 ANATOMICAL LABORATORY			150	6976			13938	44.01
44.02 RADIOLOGY			1912	7303			18683	44.02
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
47 BLOOD STORING, PROCESSING & TRA			582	8081			8897	47
47.01 ORTHOTIC SERVICES		4075	31	322	814		297	47.01
49 RESPIRATORY THERAPY			473	2825			28766	49
50 PHYSICAL THERAPY		1131	973	4186	226		14235	50
51 OCCUPATIONAL THERAPY		1217		1172	243		4745	51
53 ELECTROCARDIOLOGY			233	514			2076	53
54 ELECTROENCEPHALOGRAPHY			479	2631			5635	54
55 MEDICAL SUPPLIES CHARGED TO PAT								55
56 DRUGS CHARGED TO PATIENTS								56
57 RENAL DIALYSIS			2271	4960			8007	57
59 IVF/CULTURE LAB			340	5806			5338	59
59.01 LITHOTRIPSY			137	226			593	59.01
59.02 URODYNAMICS			53	892			1186	59.02

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	PLANT	PLANT	LAUNDRY	HOUSE-	HOUSE-	DIETARY	CAFETERIA	CAFETERIA	
	OPERATIONS WESTLAWN 7.02	OPERATIONS CDD 7.04	AND LINEN SERVICE 9	KEEPING GEN HOSP 10.01	KEEPING CDD 10.04	11	12	EMPLOYEES 12.01	
59.03 SPINE TREATMENT CENTER			8	2080				4448	59.03
59.04 OPHTHALMOLOGY SPECIALTY LABS				2725				4448	59.04
59.05 DIGESTIVE DISEASE CNTR			2517	5400				8304	59.05
59.06 RECREATION THERAPY									59.06
59.07 CDC - REHAB			10	897				890	59.07
59.08 DIABETES EDUCATION				867				890	59.08
OUTPATIENT SERVICE COST CENTERS									
60.01 ANESTHESIA PAIN CLINIC			327	3956				593	60.01
60.02 DERMATOLOGY CLINIC			549	6374				3559	60.02
60.03 ORAL SURGERY CLINIC		1412	176	7732	282			4152	60.03
60.04 INTERNAL MEDICINE CLINIC			419	25496				22538	60.04
60.05 NEUROLOGY CLINIC			26	8655				4745	60.05
60.06 OB-GYN CLINIC			1104	15188				15717	60.06
60.07 OPHTHALMOLOGY CLINIC			109	18646				8304	60.07
60.08 ORTHOPAEDICS CLINIC			684	13624				10379	60.08
60.09 OTOLARYNGOLOGY CLINIC			247	15886				8007	60.09
60.10 PEDIATRIC CLINIC		9037	661	15704	1806			24614	60.10
60.11 SURGERY CLINIC			200	16320				18090	60.11
60.12 UROLOGY CLINIC			338	6409				4745	60.12
60.13 PSYCHIATRIC CLINIC				11385				6821	60.13
60.14 CANCER CLINIC			1236	12338				16014	60.14
60.15 FAMILY CARE CLINIC			742	17444				37366	60.15
61 EMERGENCY			6933	17586				18979	61
62 OBSERVATION BEDS (NON-DISTINCT									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
64 HOME PROGRAM DIALYSIS			47	236					64
65 AMBULANCE SERVICES			270	2655				4448	65
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
82 LUNG ACQUISITION								297	82
83 KIDNEY ACQUISITION				25				890	83
84 LIVER ACQUISITION				8				1186	84
85 HEART ACQUISITION				275				297	85
85.01 PANCREAS ACQUISITION				57					85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
86 OTHER ORGAN ACQUISITION (SPECIF									86
95 SUBTOTALS		39217	142529	794960	7836	438823	1239001	1214091	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & CAN				438					96
96.01 VENDING/PATIENT ART				3009				21945	96.01
96.02 PATIENT TRANSPORTATION SERVICE			23	319					96.02
96.03 PHARMACY HOME GOING DRUGS									96.03
96.04 OUTPATIENT & ESCORT HOUSING						3814			96.04
96.05 CLINICAL RESEARCH UNIT			394	7113		177			96.05
96.06 PATIENT EDUCATION SERVICE				2109				1779	96.06
96.08 FAMILY PRACTICE PROGRAM									96.08
96.09 CONTACT LENS CLINIC				559					96.09
96.10 BEAUTY SHOP				182					96.10
96.11 CLINICAL FACULTY DEPARTMENT			338	40557					96.11
96.12 MEDICAID ADMINISTRATIVE PROJECT									96.12
96.13 OTHER NONALLOWABLE	11550	2940	26	34088	587			1186	96.13
97 RESEARCH				28188					97
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 TOTAL	11550	42157	143310	911522	8423	442814	1239001	1239001	103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	NURSING	CENTRAL	PHARMACY	MEDICAL	MEDICAL	SOCIAL	I/R-SALARY	I/R-OTHER
	ADMINI- STRATION 14	SERVICES & SUPPLY 15	16	RECORDS PREP 17.01	RECORDS PROCESSING 17.02	SERVICE 18	AND FRINGES 22	PROGRAM COSTS 23
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
3.01 NEW CAPITAL REL - GENERAL HOSP								3.01
3.02 NEW CAPITAL REL - WESTLAWN								3.02
3.04 NEW CAPITAL REL - CDD								3.04
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6 ADMINISTRATIVE & GENERAL								6
7 MAINTENANCE & REPAIRS								7
7.01 PLANT OPER/MAINT - GENERAL HOSP								7.01
7.02 PLANT OPER/MAINT - WESTLAWN								7.02
7.04 PLANT OPER/MAINT - CDD								7.04
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING								10
10.01 HOUSEKEEPING - GENERAL HOSPITAL								10.01
10.04 HOUSEKEEPING - CDD								10.04
11 DIETARY								11
12 CAFETERIA								12
12.01 CAFETERIA - EMPLOYEES								12.01
13 MAINTENANCE OF PERSONNEL								13
13.01 STUDENT & PERSONNEL HOUSING								13.01
14 NURSING ADMINISTRATION	1446895							14
15 CENTRAL SERVICES & SUPPLY		933782						15
16 PHARMACY			3351463					16
17 MEDICAL RECORDS & LIBRARY								17
17.01 MEDICAL RECORDS PREPARATION				495638				17.01
17.02 MEDICAL RECORDS PROCESSING					797345			17.02
18 SOCIAL SERVICE						344054		18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A							2579348	22
23 I&R SERVICES-OTHER PRGM COSTS A								23
24 PARAMED ED PRGM-(SPECIFY)								24
24.01 PARAMEDICAL EDUC - DIETARY								24.01
24.02 PARAMEDICAL EDUC - PHARMACY			18524					24.02
24.03 PARAMEDICAL EDCU - MED LAB								24.03
24.04 PARAMEDICAL EDUC - RAD TECH								24.04
24.05 PARAMED ED PRGM-PASTORAL								24.05
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	585779	1617	18652	189799	343232	153086		25
26.01 MEDICAL INTENSIVE CARE UNIT	35197	213	3617	6377	11534	3665		26.01
27 CORONARY CARE UNIT	25281	185	869	4460	8071	1725		27
28 BURN INTENSIVE CARE UNIT	34870	582	2296	7804	7588	5543		28
29 SURGICAL INTENSIVE CARE UNIT	93138	367	892	15114	27338	8350		29
30 NEONATAL INTENSIVE CARE UNIT	116635	185	2381	31354	10858	20323		30
31 SUBPROVIDER I	83789		431	35495	64197	46360		31
33 NURSERY	12620	30	9	854	7394	1435		33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	166972	924101	14533			176		37
39 DELIVERY ROOM & LABOR ROOM	33288	442	528			686		39
40 ANESTHESIOLOGY		28	49494					40
41 RADIOLOGY-DIAGNOSTIC		430	90013					41
42 RADIOLOGY-THERAPEUTIC		62	1151					42
42.01 ULTRASOUND		80	1978					42.01
42.02 RADIOLOGY - PET SCAN			1372					42.02
44 LABORATORY		3	2816					44
44.01 ANATOMICAL LABORATORY		3						44.01
44.02 RADIOLOGY		460	17712					44.02
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
47 BLOOD STORING, PROCESSING & TRA		1	2273					47
47.01 ORTHOTIC SERVICES								47.01
49 RESPIRATORY THERAPY		501	685					49
50 PHYSICAL THERAPY		2	29					50
51 OCCUPATIONAL THERAPY								51
53 ELECTROCARDIOLOGY			4					53
54 ELECTROENCEPHALOGRAPHY		1	327					54
55 MEDICAL SUPPLIES CHARGED TO PAT								55
56 DRUGS CHARGED TO PATIENTS			2733276					56
57 RENAL DIALYSIS	14109	12	48547	2137	3302	9375		57
59 IVF/CULTURE LAB	6117	65	56					59
59.01 LITHOTRIPSY	1634	962						59.01
59.02 URODYNAMICS	2044	1						59.02

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	NURSING	CENTRAL	PHARMACY	MEDICAL	MEDICAL	SOCIAL	I/R-SALARY	I/R-OTHER
	ADMINI- STRATION 14	SERVICES & SUPPLY 15	16	RECORDS PREP 17.01	RECORDS PROCESSING 17.02	SERVICE 18	AND FRINGES 22	PROGRAM COSTS 23
59.03 SPINE TREATMENT CENTER	2588							59.03
59.04 OPHTHALMOLOGY SPECIALTY LABS								59.04
59.05 DIGESTIVE DISEASE CNTR	19913	129	2294					59.05
59.06 RECREATION THERAPY								59.06
59.07 CDC - REHAB						15004		59.07
59.08 DIABETES EDUCATION OUTPATIENT SERVICE COST CENTERS	1757							59.08
60.01 ANESTHESIA PAIN CLINIC	1081	18	1899	1325	2014			60.01
60.02 DERMATOLOGY CLINIC	3025	371	1495	7524	11422			60.02
60.03 ORAL SURGERY CLINIC	3646	344	531	7044	10697			60.03
60.04 INTERNAL MEDICINE CLINIC	18349	60	2702	25424	38615	14885		60.04
60.05 NEUROLOGY CLINIC	3999	1	287	4553	6911	481		60.05
60.06 OB-GYN CLINIC	19186	269	1801	17928	27241	2459		60.06
60.07 OPHTHALMOLOGY CLINIC	4297	501	2364	19439	29529			60.07
60.08 ORTHOPAEDICS CLINIC	7846	473	762	17159	26065	334		60.08
60.09 OTOLARYNGOLOGY CLINIC	6117	176	278	6617	10052	386		60.09
60.10 PEDIATRIC CLINIC	17338	52	4	12700	19299	31914		60.10
60.11 SURGERY CLINIC	11534	421	183	8647	13129	4228		60.11
60.12 UROLOGY CLINIC	4720	30	5984	4653	7072	95		60.12
60.13 PSYCHIATRIC CLINIC	5572		50	7743	11760	9861		60.13
60.14 CANCER CLINIC	23995	176	13541	15535	23601	9289		60.14
60.15 FAMILY CARE CLINIC	19548	140	232	32677	49634			60.15
61 EMERGENCY	48117	283	5421	13276	20169			61
62 OBSERVATION BEDS (NON-DISTINCT RHC								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
64 HOME PROGRAM DIALYSIS	1560		18					64
65 AMBULANCE SERVICES	4461	5	8					65
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY SPECIAL PURPOSE COST CENTERS								71
82 LUNG ACQUISITION								82
83 KIDNEY ACQUISITION	2629		116		3286	3155		83
84 LIVER ACQUISITION	1364				1804	1058		84
85 HEART ACQUISITION	473				580	167		85
85.01 PANCREAS ACQUISITION	79				81			85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
86 OTHER ORGAN ACQUISITION (SPECIF								86
95 SUBTOTALS	1444667	933782	3052435	495638	796475	344040		95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN								96
96.01 VENDING/PATIENT ART								96.01
96.02 PATIENT TRANSPORTATION SERVICE								96.02
96.03 PHARMACY HOME GOING DRUGS			298897					96.03
96.04 OUTPATIENT & ESCORT HOUSING			1			14		96.04
96.05 CLINICAL RESEARCH UNIT	2228		130		870			96.05
96.06 PATIENT EDUCATION SERVICE								96.06
96.08 FAMILY PRACTICE PROGRAM								96.08
96.09 CONTACT LENS CLINIC								96.09
96.10 BEAUTY SHOP								96.10
96.11 CLINICAL FACULTY DEPARTMENT								96.11
96.12 MEDICAL ADMINISTRATIVE PROJECT								96.12
96.13 OTHER NONALLOWABLE								96.13
97 RESEARCH								97
101 CROSS FOOT ADJUSTMENTS							2579348	334413 101
102 NEGATIVE COST CENTER								102
103 TOTAL	1446895	933782	3351463	495638	797345	344054	2579348	334413 103

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	PARAMED EDUCATION DIETARY	PARAMED EDUCATION PHARMACY	PARAMED EDUCATION MED LAB	PARAMED EDUCATION RAD TECH	EDUCATION PASTORAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	24.01	24.02	24.03	24.04	24.05	25	26	27
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
3.01 NEW CAPITAL REL - GENERAL HOSP								3.01
3.02 NEW CAPITAL REL - WESTLAWN								3.02
3.04 NEW CAPITAL REL - CDD								3.04
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6 ADMINISTRATIVE & GENERAL								6
7 MAINTENANCE & REPAIRS								7
7.01 PLANT OPER/MAINT - GENERAL HOSP								7.01
7.02 PLANT OPER/MAINT - WESTLAWN								7.02
7.04 PLANT OPER/MAINT - CDD								7.04
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING								10
10.01 HOUSEKEEPING - GENERAL HOSPITAL								10.01
10.04 HOUSEKEEPING - CDD								10.04
11 DIETARY								11
12 CAFETERIA								12
12.01 CAFETERIA - EMPLOYEES								12.01
13 MAINTENANCE OF PERSONNEL								13
13.01 STUDENT & PERSONNEL HOUSING								13.01
14 NURSING ADMINISTRATION								14
15 CENTRAL SERVICES & SUPPLY								15
16 PHARMACY								16
17 MEDICAL RECORDS & LIBRARY								17
17.01 MEDICAL RECORDS PREPARATION								17.01
17.02 MEDICAL RECORDS PROCESSING								17.02
18 SOCIAL SERVICE								18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES A								22
23 I&R SERVICES-OTHER PRGM COSTS A								23
24 PARAMED ED PRGM-(SPECIFY)								24
24.01 PARAMEDICAL EDUC - DIETARY	1373							24.01
24.02 PARAMEDICAL EDUC - PHARMACY		37304						24.02
24.03 PARAMEDICAL EDCU - MED LAB			71138					24.03
24.04 PARAMEDICAL EDUC - RAD TECH				77110				24.04
24.05 PARAMED ED PRGM-PASTORAL					18320			24.05
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS						10352468		10352468 25
26.01 MEDICAL INTENSIVE CARE UNIT						540851		540851 26.01
27 CORONARY CARE UNIT						445366		445366 27
28 BURN INTENSIVE CARE UNIT						527109		527109 28
29 SURGICAL INTENSIVE CARE UNIT						903995		903995 29
30 NEONATAL INTENSIVE CARE UNIT						1656864		1656864 30
31 SUBPROVIDER I						1119775		1119775 31
33 NURSERY						58498		58498 33
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM						6760976		6760976 37
39 DELIVERY ROOM & LABOR ROOM						511267		511267 39
40 ANESTHESIOLOGY						801740		801740 40
41 RADIOLOGY-DIAGNOSTIC						8025373		8025373 41
42 RADIOLOGY-THERAPEUTIC						3415676		3415676 42
42.01 ULTRASOUND						641496		641496 42.01
42.02 RADIOLOGY - PET SCAN						793218		793218 42.02
44 LABORATORY						2238793		2238793 44
44.01 ANATOMICAL LABORATORY						546945		546945 44.01
44.02 RADIOLOGY						1840848		1840848 44.02
46.30 BLOOD CLOTTING FACTORS ADMIN CO								46.30
47 BLOOD STORING, PROCESSING & TRA						525173		525173 47
47.01 ORTHOTIC SERVICES						103171		103171 47.01
49 RESPIRATORY THERAPY						776403		776403 49
50 PHYSICAL THERAPY						257392		257392 50
51 OCCUPATIONAL THERAPY						88454		88454 51
53 ELECTROCARDIOLOGY						68526		68526 53
54 ELECTROENCEPHALOGRAPHY						277898		277898 54
55 MEDICAL SUPPLIES CHARGED TO PAT						1382129		1382129 55
56 DRUGS CHARGED TO PATIENTS						2733276		2733276 56
57 RENAL DIALYSIS						670996		670996 57
59 IVF/CULTURE LAB						258838		258838 59
59.01 LITHOTRIPSY						97466		97466 59.01
59.02 URODYNAMICS						53867		53867 59.02

ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
 PART III

COST CENTER DESCRIPTION	PARAMED	PARAMED	PARAMED	PARAMED	EDUCATION	SUBTOTAL	I&R COST &	TOTAL
	EDUCATION	EDUCATION	EDUCATION	EDUCATION	PASTORAL		POST STEP-	
	DIETARY	PHARMACY	MED LAB	RAD TECH			DOWN ADJS	
	24.01	24.02	24.03	24.04	24.05	25	26	27
59.03 SPINE TREATMENT CENTER						121307		121307 59.03
59.04 OPHTHALMOLOGY SPECIALTY LABS						218052		218052 59.04
59.05 DIGESTIVE DISEASE CNTR						617344		617344 59.05
59.06 RECREATION THERAPY								59.06
59.07 CDC - REHAB						62473		62473 59.07
59.08 DIABETES EDUCATION						35740		35740 59.08
OUTPATIENT SERVICE COST CENTERS								
60.01 ANESTHESIA PAIN CLINIC						181182		181182 60.01
60.02 DERMATOLOGY CLINIC						380682		380682 60.02
60.03 ORAL SURGERY CLINIC						393104		393104 60.03
60.04 INTERNAL MEDICINE CLINIC						1329623		1329623 60.04
60.05 NEUROLOGY CLINIC						349887		349887 60.05
60.06 OB-GYN CLINIC						1305543		1305543 60.06
60.07 OPHTHALMOLOGY CLINIC						929295		929295 60.07
60.08 ORTHOPAEDICS CLINIC						606178		606178 60.08
60.09 OTOLARYNGOLOGY CLINIC						905289		905289 60.09
60.10 PEDIATRIC CLINIC						1104823		1104823 60.10
60.11 SURGERY CLINIC						945745		945745 60.11
60.12 UROLOGY CLINIC						435689		435689 60.12
60.13 PSYCHIATRIC CLINIC						458796		458796 60.13
60.14 CANCER CLINIC						633644		633644 60.14
60.15 FAMILY CARE CLINIC						842554		842554 60.15
61 EMERGENCY						1010339		1010339 61
62 OBSERVATION BEDS (NON-DISTINCT								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
64 HOME PROGRAM DIALYSIS						19985		19985 64
65 AMBULANCE SERVICES						278287		278287 65
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
SPECIAL PURPOSE COST CENTERS								
82 LUNG ACQUISITION						12660		12660 82
83 KIDNEY ACQUISITION						82095		82095 83
84 LIVER ACQUISITION						30841		30841 84
85 HEART ACQUISITION						38240		38240 85
85.01 PANCREAS ACQUISITION						9878		9878 85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
86 OTHER ORGAN ACQUISITION (SPECIF								86
95 SUBTOTALS						61814122		61814122 95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN						44182		44182 96
96.01 VENDING/PATIENT ART						717539		717539 96.01
96.02 PATIENT TRANSPORTATION SERVICE						97700		97700 96.02
96.03 PHARMACY HOME GOING DRUGS						298897		298897 96.03
96.04 OUTPATIENT & ESCORT HOUSING						3829		3829 96.04
96.05 CLINICAL RESEARCH UNIT						228612		228612 96.05
96.06 PATIENT EDUCATION SERVICE						87815		87815 96.06
96.08 FAMILY PRACTICE PROGRAM						107643		107643 96.08
96.09 CONTACT LENS CLINIC						24888		24888 96.09
96.10 BEAUTY SHOP						5540		5540 96.10
96.11 CLINICAL FACULTY DEPARTMENT						1232952		1232952 96.11
96.12 MEDICAID ADMINISTRATIVE PROJECT								96.12
96.13 OTHER NONALLOWABLE						1233053		1233053 96.13
97 RESEARCH						856680		856680 97
101 CROSS FOOT ADJUSTMENTS	1373	37304	71138	77110	18320	3119006		3119006 101
102 NEGATIVE COST CENTER								102
103 TOTAL	1373	37304	71138	77110	18320	69872458		69872458 103

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAPI-	NEW CAPI-	NEW CAPI-	NEW CAP-	RECON-	ADMINI-	PLANT
	TAL REL--	TAL REL--	TAL REL--	REL COSTS		STRATIVE	OPERATIONS
(SQUARE	WESTLAWN	CDD	MOV EQUIP	CILATION	& GENERAL	GEN HOSP	
FEET)	(SQUARE	(SQUARE	(DOLLAR	6A	COST	(SQUARE	
3.01	3.02	3.04	4		6	FEET)	
						7.01	
GENERAL SERVICE COST CENTERS							
1							1
2							2
3							3
3.01	2081553						3.01
3.02		14635					3.02
3.04			57447				3.04
4				38050895			4
5							5
6	319921		18025	14113606	-110525499	684787882	6
7							7
7.01	33423			132891		33391328	1728209
7.02						202612	
7.04				363		919632	
8							8
9	6874			737		1343200	6874
10							10
10.01	21586			82672		18089249	21586
10.04				573		286334	
11	5202		4726	96427		8470988	5202
12	57138			241671		3079113	57138
12.01							
13							13
13.01							
14	51720			185182		10907037	51720
15	19485			387043		7157744	19485
16	30305			444094		86115352	30305
17							17
17.01	12917		1653	16972		8943893	12917
17.02	38247			41958		4619772	38247
18	8155		1223	4966		5971253	8155
20							20
21							21
22	112116			1472		28936566	112116
23				6252		11898787	
24							24
24.01						39293	
24.02	245					489073	245
24.03	3861			2173		261367	3861
24.04	3156			7027		601511	3156
24.05	847					100668	847
INPATIENT ROUTINE SERV COST CENTERS							
25	239764		7983	2620224		66472227	239764
26.01	9689			168122		4741001	9689
27	6772			180004		3363296	6772
28	13680			83384		4326244	13680
29	9430			223258		11240131	9430
30	23203			570078		17029097	23203
31	31036			45010		9139342	31036
33						1319923	
ANCILLARY SERVICE COST CENTERS							
37	106408			2076854		60051636	106408
39	12400			136404		4619068	12400
40	6744			523295		3535880	6744
41	82431			5617380		31343491	82431
42	24486			2713538		9489168	24486
42.01	2427			510825		2772676	2427
42.02	9982			540552		2995760	9982
44	49871		5310	477690		31025623	49871
44.01	13009			180259		5200818	13009
44.02	13618			1352100		7641756	13618
46.30							
47	15068			79034		6866997	15068
47.01	601		3811	24063		1699121	601
49	5268			385650		9770391	5268
50	7806		1058	11203		3658844	7806
51	2185		1138	1253		1495849	2185
53	958			31765		685624	958
54	4906			126280		1777069	4906
55						32135614	
56							
57	9250			163576		5677799	9250
59	10826			20118		1909292	10826

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NEW CAPI-	NEW CAPI-	NEW CAPI-	NEW CAP-	RECON-	ADMINI-	PLANT	
	TAL REL--	TAL REL--	TAL REL--	REL COSTS		STRATIVE	OPERATIONS	
(SQUARE	(SQUARE	(SQUARE	(DOLLAR		CILATION	& GENERAL	GEN HOSP	
FEET)	FEET)	FEET)	VALUE)		6A	ACCUM	(SQUARE	
3.01	3.02	3.04	4			COST	FEET)	7.01
59.01 LITHOTRIPSY	422			63130		856740	422	59.01
59.02 URODYNAMICS	1663			7771		592563	1663	59.02
59.03 SPINE TREATMENT CENTER	3879			11821		1479420	3879	59.03
59.04 OPHTHALMOLOGY SPECIALTY LABS	5081			93563		1384140	5081	59.04
59.05 DIGESTIVE DISEASE CNTR	10069			299856		4370391	10069	59.05
59.06 RECREATION THERAPY								59.06
59.07 CDC - REHAB	1672			7944		215536	1672	59.07
59.08 DIABETES EDUCATION	1617					268154	1617	59.08
OUTPATIENT SERVICE COST CENTERS								
60.01 ANESTHESIA PAIN CLINIC	7377			36653		688055	7377	60.01
60.02 DERMATOLOGY CLINIC	11886			125302		1333793	11886	60.02
60.03 ORAL SURGERY CLINIC	14418		1320	86152		1530059	14418	60.03
60.04 INTERNAL MEDICINE CLINIC	47544			246050		7312945	47544	60.04
60.05 NEUROLOGY CLINIC	16139			32236		1314265	16139	60.05
60.06 OB-GYN CLINIC	28322			610202		5501595	28322	60.06
60.07 OPHTHALMOLOGY CLINIC	34769			189961		4273571	34769	60.07
60.08 ORTHOPAEDICS CLINIC	25405			23636		4161900	25405	60.08
60.09 OTOLARYNGOLOGY CLINIC	29623			272685		4446120	29623	60.09
60.10 PEDIATRIC CLINIC	29283		8451	264788		7817774	29283	60.10
60.11 SURGERY CLINIC	30433			298325		3699739	30433	60.11
60.12 UROLOGY CLINIC	11951			172573		1567190	11951	60.12
60.13 PSYCHIATRIC CLINIC	21230			22696		1872281	21230	60.13
60.14 CANCER CLINIC	23008			44910		4322446	23008	60.14
60.15 FAMILY CARE CLINIC	32528			20891		5948046	32528	60.15
61 EMERGENCY	32793			186747		6783400	32793	61
62 OBSERVATION BEDS (NON-DISTINC								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
64 HOME PROGRAM DIALYSIS	440					414540	440	64
65 AMBULANCE SERVICES	4950			74173		4124446	4950	65
69.10 CMHC								69.10
69.20 OUTPATIENT PHYSICAL THERAPY								69.20
69.30 OUTPATIENT OCCUPATIONAL THERA								69.30
69.40 OUTPATIENT SPEECH PATHOLOGY								69.40
71 HOME HEALTH AGENCY								71
82 LUNG ACQUISITION						451375		82
SPECIAL PURPOSE COST CENTERS								
83 KIDNEY ACQUISITION	47			4107		2394334	47	83
84 LIVER ACQUISITION	14					920254	14	84
85 HEART ACQUISITION	512					1043041	512	85
85.01 PANCREAS ACQUISITION	106					293188	106	85.01
85.02 INTESTINAL ACQUISITION								85.02
85.03 ISLET CELL ACQUISITION								85.03
86 OTHER ORGAN ACQUISITION (SPEC								86
95 SUBTOTALS	1864197		54698	37824170	-110525499	655189810	1510853	95
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & C	816					1138652	816	96
96.01 VENDING/PATIENT ART	5611			165187		16024277	5611	96.01
96.02 PATIENT TRANSPORTATION SERVIC	594			56972		1110698	594	96.02
96.03 PHARMACY HOME GOING DRUGS								96.03
96.04 OUTPATIENT & ESCORT HOUSING								96.04
96.05 CLINICAL RESEARCH UNIT	13263					497190	13263	96.05
96.06 PATIENT EDUCATION SERVICE	3932			82		821893	3932	96.06
96.08 FAMILY PRACTICE PROGRAM						3930010		96.08
96.09 CONTACT LENS CLINIC	1042					302862	1042	96.09
96.10 BEAUTY SHOP	340					4650	340	96.10
96.11 CLINICAL FACULTY DEPARTMENT	75629					1034398	75629	96.11
96.12 MEDICAID ADMINISTRATIVE PROJE								96.12
96.13 OTHER NONALLOWABLE	63566	14635	2749	4484		4014524	63566	96.13
97 RESEARCH	52563					718918	52563	97
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	28469953	65048	263319	38547338		110525499	38780722	103
104 UNIT COST MULT-WS B PT I		4.444687		1.013047		.161401		104
104 UNIT COST MULT-WS B PT I	13.677265		4.583686				22.439833	104
105 COST TO BE ALLOC PER B PT II								105
106 UNIT COST MULT-WS B PT II								106
106 UNIT COST MULT-WS B PT II								106
107 COST TO BE ALLOC PER B PT III						18756002	2955262	107
108 UNIT COST MULT-WS B PT III						.027390		108
108 UNIT COST MULT-WS B PT III							1.710014	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PLANT OPERATIONS	PLANT OPERATIONS	LAUNDRY AND LINEN	HOUSE-KEEPING	HOUSE-KEEPING	DIETARY	CAFETERIA	CAFETERIA
	WESTLAWN (SQUARE FEET)	CDD (SQUARE FEET)	SERVICE POUNDS LAUNDRY	GEN HOSP (SQUARE FEET)	CDD (SQUARE FEET)	MEALS SERVED	MEALS SERVED	FTE'S
	7.02	7.04	9	10.01	10.04	11	12	12.01
GENERAL SERVICE COST CENTERS								
1								1
2								2
3								3
3.01								3.01
3.02								3.02
3.04								3.04
4								4
5								5
6								6
7								7
7.01								7.01
7.02	14635							7.02
7.04		39422						7.04
8								8
9			4621519					9
10								10
10.01				5059	1699749			10.01
10.04						39422		10.04
11		4726	77440	5202	4726	411849		11
12				57138			1222926	12
12.01							1222926	4178 12.01
13								13
13.01								13.01
14			147	51720				177 14
15			130383	19485				105 15
16			5029	30305				204 16
17								17
17.01		1653		12917	1653			61 17.01
17.02				38247				65 17.02
18			1223	8155	1223			71 18
20								20
21								21
22					112116			22
23			70027					23
24								24
24.01								1 24.01
24.02					245			5 24.02
24.03					3861			1 24.03
24.04					3156			11 24.04
24.05					847			7 24.05
INPATIENT ROUTINE SERV COST CENTERS								
25		7983	1719152	239764	7983	327086		764 25
26.01			73714	9689		2562		48 26.01
27			58459	6772		4456		35 27
28			156172	13680		12597		46 28
29			197064	9430		5204		129 29
30			63778	23203				168 30
31			134852	31036		56232		107 31
33			102					33
ANCILLARY SERVICE COST CENTERS								
37			688870	106408				330 37
39			78569	12400				39 39
40				6744				51 40
41			246054	82431				221 41
42			52828	24486				43 42
42.01			26876	2427				22 42.01
42.02			17098	9982				44 42.02
44		5310	12992	49871	5310			226 44
44.01			4832	13009				47 44.01
44.02			61656	13618				63 44.02
46.30								46.30
47			18774	15068				30 47
47.01		3811	1010	601	3811			1 47.01
49			15258	5268				97 49
50		1058	31375	7806	1058			48 50
51		1138		2185	1138			16 51
53			7504	958				7 53
54			15439	4906				19 54
55								55
56								56
57			73252	9250				27 57
59			10975	10826				18 59

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PLANT OPERATIONS	PLANT OPERATIONS	LAUNDRY AND LINEN	HOUSE-KEEPING	HOUSE-KEEPING	DIETARY	CAFETERIA	CAFETERIA	FTE'S
	WESTLAWN (SQUARE FEET)	CDD (SQUARE FEET)	SERVICE POUNDS LAUNDRY	GEN HOSP (SQUARE FEET)	CDD (SQUARE FEET)	MEALS SERVED	MEALS SERVED	EMPLOYEES	
	7.02	7.04	9	10.01	10.04	11	12	12.01	
59.01 LITHOTRIPSY			4433	422				2	59.01
59.02 URODYNAMICS			1705	1663				4	59.02
59.03 SPINE TREATMENT CENTER			255	3879				15	59.03
59.04 OPHTHALMOLOGY SPECIALTY LABS				5081				15	59.04
59.05 DIGESTIVE DISEASE CNTR			81178	10069				28	59.05
59.06 RECREATION THERAPY									59.06
59.07 CDC - REHAB			315	1672				3	59.07
59.08 DIABETES EDUCATION				1617				3	59.08
OUTPATIENT SERVICE COST CENTERS									
60.01 ANESTHESIA PAIN CLINIC			10530	7377				2	60.01
60.02 DERMATOLOGY CLINIC			17718	11886				12	60.02
60.03 ORAL SURGERY CLINIC		1320	5661	14418		1320		14	60.03
60.04 INTERNAL MEDICINE CLINIC			13511	47544				76	60.04
60.05 NEUROLOGY CLINIC			845	16139				16	60.05
60.06 OB-GYN CLINIC			35616	28322				53	60.06
60.07 OPHTHALMOLOGY CLINIC			3528	34769				28	60.07
60.08 ORTHOPAEDICS CLINIC			22052	25405				35	60.08
60.09 OTOLARYNGOLOGY CLINIC			7974	29623				27	60.09
60.10 PEDIATRIC CLINIC		8451	21315	29283		8451		83	60.10
60.11 SURGERY CLINIC			6457	30433				61	60.11
60.12 UROLOGY CLINIC			10912	11951				16	60.12
60.13 PSYCHIATRIC CLINIC				21230				23	60.13
60.14 CANCER CLINIC			39868	23008				54	60.14
60.15 FAMILY CARE CLINIC			23917	32528				126	60.15
61 EMERGENCY			223587	32793				64	61
62 OBSERVATION BEDS (NON-DISTINC									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
64 HOME PROGRAM DIALYSIS			1509	440					64
65 AMBULANCE SERVICES			8722	4950				15	65
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERA									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
82 LUNG ACQUISITION								1	82
SPECIAL PURPOSE COST CENTERS									
83 KIDNEY ACQUISITION				47				3	83
84 LIVER ACQUISITION				14				4	84
85 HEART ACQUISITION				512				1	85
85.01 PANCREAS ACQUISITION				106					85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
86 OTHER ORGAN ACQUISITION (SPEC									86
95 SUBTOTALS		36673	4596348	1482393	36673	408137	1222926	4094	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & C				816					96
96.01 VENDING/PATIENT ART				5611				74	96.01
96.02 PATIENT TRANSPORTATION SERVIC			741	594					96.02
96.03 PHARMACY HOME GOING DRUGS									96.03
96.04 OUTPATIENT & ESCORT HOUSING						3547			96.04
96.05 CLINICAL RESEARCH UNIT			12695	13263		165			96.05
96.06 PATIENT EDUCATION SERVICE				3932				6	96.06
96.08 FAMILY PRACTICE PROGRAM									96.08
96.09 CONTACT LENS CLINIC				1042					96.09
96.10 BEAUTY SHOP				340					96.10
96.11 CLINICAL FACULTY DEPARTMENT			10888	75629					96.11
96.12 MEDICAID ADMINISTRATIVE PROJE									96.12
96.13 OTHER NONALLOWABLE	14635	2749	847	63566	2749			4	96.13
97 RESEARCH				52563					97
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 COST TO BE ALLOC PER B PT I	235314	1068062	1714245	21495135	332549	10217365	5580823	5580823	103
104 UNIT COST MULT-WS B PT I	16.078852		.370927		8.435620		4.563500		104
104 UNIT COST MULT-WS B PT I		27.093044		12.646064		24.808522		1335.764241	104
105 COST TO BE ALLOC PER B PT II									105
106 UNIT COST MULT-WS B PT II									106
106 UNIT COST MULT-WS B PT II									106
107 COST TO BE ALLOC PER B PT III	11550	42157	143310	911522	8423	442814	1239001	1239001	107
108 UNIT COST MULT-WS B PT III	.789204		.031009		.213662		1.013145		108
108 UNIT COST MULT-WS B PT III		1.069378		.536269		1.075185		296.553614	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING ADMINISTRATION HOURS	CENTRAL SERVICES & SUPPLY CSS REQUIS	PHARMACY PHARM REQUIS	MEDICAL RECORDS PREP DISCHARGES	MEDICAL RECORDS PROCESSING RECDS PROC	SOCIAL SERVICE CASE TIME	I/R-SALARY AND FRINGES FTES TIME)	I/R-OTHER PROGRAM COSTS FTES TIME)
	14	15	16	17.01	17.02	18	22	23
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT								3
3.01 NEW CAPITAL REL - GENERAL HOS								3.01
3.02 NEW CAPITAL REL - WESTLAWN								3.02
3.04 NEW CAPITAL REL - CDD								3.04
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS								5
6 ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS								6
7.01 PLANT OPER/MAINT - GENERAL HO								7.01
7.02 PLANT OPER/MAINT - WESTLAWN								7.02
7.04 PLANT OPER/MAINT - CDD								7.04
8 OPERATION OF PLANT								8
9 LAUNDRY & LINEN SERVICE								9
10 HOUSEKEEPING								10
10.01 HOUSEKEEPING - GENERAL HOSPIT								10.01
10.04 HOUSEKEEPING - CDD								10.04
11 DIETARY								11
12 CAFETERIA								12
12.01 CAFETERIA - EMPLOYEES								12.01
13 MAINTENANCE OF PERSONNEL								13
13.01 STUDENT & PERSONNEL HOUSING								13.01
14 NURSING ADMINISTRATION	4369873							14
15 CENTRAL SERVICES & SUPPLY		23844195						15
16 PHARMACY			59349453					16
17 MEDICAL RECORDS & LIBRARY								17
17.01 MEDICAL RECORDS PREPARATION				326136				17.01
17.02 MEDICAL RECORDS PROCESSING					49495			17.02
18 SOCIAL SERVICE						72187		18
20 NONPHYSICIAN ANESTHETISTS								20
21 NURSING SCHOOL								21
22 I&R SERVICES-SALARY & FRINGES							397848	22
23 I&R SERVICES-OTHER PRGM COSTS								397848
24 PARAMED ED PRGM-(SPECIFY)								24
24.01 PARAMEDICAL EDUC - DIETARY								24.01
24.02 PARAMEDICAL EDUC - PHARMACY			328036					24.02
24.03 PARAMEDICAL EDUC - MED LAB								24.03
24.04 PARAMEDICAL EDUC - RAD TECH								24.04
24.05 PARAMED ED PRGM-PASTORAL								24.05
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	1769160	41292	330305	124890	21306	32119	53838	53838
26.01 MEDICAL INTENSIVE CARE UNIT	106302	5427	64046	4196	716	769	2916	2916
27 CORONARY CARE UNIT	76352	4715	15382	2935	501	362	4154	4154
28 BURN INTENSIVE CARE UNIT	105313	14862	40666	5135	471	1163	1508	1508
29 SURGICAL INTENSIVE CARE UNIT	281292	9368	15803	9945	1697	1752	4647	4647
30 NEONATAL INTENSIVE CARE UNIT	352259	4726	42167	20631	674	4264	4141	4141
31 SUBPROVIDER I	253057		7641	23356	3985	9727	10533	10533
33 NURSERY	38116	775	168	562	459	301	1000	1000
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	504283	23596989	257356			37	36612	36612
39 DELIVERY ROOM & LABOR ROOM	100534	11295	9352			144	4689	4689
40 ANESTHESIOLOGY		712	876461				50679	50679
41 RADIOLOGY-DIAGNOSTIC		10989	1593998				29063	29063
42 RADIOLOGY-THERAPEUTIC		1595	20383				5750	5750
42.01 ULTRASOUND		2047	35020				3205	3205
42.02 RADIOLOGY - PET SCAN			24301				1309	1309
44 LABORATORY		75	49871				7162	7162
44.01 ANATOMICAL LABORATORY		68					12818	12818
44.02 RADIOLOGY		11752	313656					
46.30 BLOOD CLOTTING FACTORS ADMIN								
47 BLOOD STORING, PROCESSING & T		18	40258					
47.01 ORTHOTIC SERVICES								
49 RESPIRATORY THERAPY		12784	12135					
50 PHYSICAL THERAPY		40	507					
51 OCCUPATIONAL THERAPY								
53 ELECTROCARDIOLOGY			68					
54 ELECTROENCEPHALOGRAPHY		27	5787				1257	1257
55 MEDICAL SUPPLIES CHARGED TO P								
56 DRUGS CHARGED TO PATIENTS			48402234					
57 RENAL DIALYSIS	42611	316	859688	1406	205	1967		
59 IVF/CULTURE LAB	18474	1672	985					

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	NURSING ADMINISTRATION HOURS	CENTRAL SERVICES & SUPPLY CSS REQUIS	PHARMACY PHARM REQUIS	MEDICAL RECORDS PREP DISCHARGES	MEDICAL RECORDS PROCESSING RECDs PROC	SOCIAL SERVICE CASE TIME	I/R-SALARY AND FRINGES FTES TIME)	I/R-OTHER PROGRAM COSTS FTES TIME)	
	14	15	16	17.01	17.02	18	22	23	
59.01 LITHOTRIPSY	4934	24573							59.01
59.02 URODYNAMICS	6172	21							59.02
59.03 SPINE TREATMENT CENTER	7817								59.03
59.04 OPHTHALMOLOGY SPECIALTY LABS									59.04
59.05 DIGESTIVE DISEASE CNTR	60140	3303	40627				224	224	59.05
59.06 RECREATION THERAPY									59.06
59.07 CDC - REHAB						3148	917	917	59.07
59.08 DIABETES EDUCATION OUTPATIENT SERVICE COST CENTERS	5305								59.08
60.01 ANESTHESIA PAIN CLINIC	3265	463	33631	872	125				60.01
60.02 DERMATOLOGY CLINIC	9135	9477	26483	4951	709		8936	8936	60.02
60.03 ORAL SURGERY CLINIC	11013	8787	9406	4635	664		6867	6867	60.03
60.04 INTERNAL MEDICINE CLINIC	55416	1542	47847	16729	2397	3123	21136	21136	60.04
60.05 NEUROLOGY CLINIC	12078	19	5084	2996	429	101	5515	5515	60.05
60.06 OB-GYN CLINIC	57946	6872	31896	11797	1691	516	5327	5327	60.06
60.07 OPHTHALMOLOGY CLINIC	12978	12792	41868	12791	1833		7750	7750	60.07
60.08 ORTHOPAEDICS CLINIC	23697	12078	13499	11291	1618	70	7606	7606	60.08
60.09 OTOLARYNGOLOGY CLINIC	18474	4485	4923	4354	624	81	6587	6587	60.09
60.10 PEDIATRIC CLINIC	52364	1317	65	8357	1198	6696	11481	11481	60.10
60.11 SURGERY CLINIC	34835	10743	3244	5690	815	887	6648	6648	60.11
60.12 UROLOGY CLINIC	14256	757	105962	3062	439	20	2763	2763	60.12
60.13 PSYCHIATRIC CLINIC	16827		888	5095	730	2069	16388	16388	60.13
60.14 CANCER CLINIC	72468	4495	239794	10222	1465	1949	2074	2074	60.14
60.15 FAMILY CARE CLINIC	59039	3575	4103	21502	3081		34938	34938	60.15
61 EMERGENCY	145323	7217	96003	8736	1252		17410	17410	61
62 OBSERVATION BEDS (NON-DISTINC									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
64 HOME PROGRAM DIALYSIS	4712		320						64
65 AMBULANCE SERVICES	13473	135	139						65
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERA									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
82 LUNG ACQUISITION SPECIAL PURPOSE COST CENTERS									82
83 KIDNEY ACQUISITION	7940		2055		204	662			83
84 LIVER ACQUISITION	4119				112	222			84
85 HEART ACQUISITION	1428				36	35			85
85.01 PANCREAS ACQUISITION	238				5				85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
86 OTHER ORGAN ACQUISITION (SPEC									86
95 SUBTOTALS	4363145	23844195	54054111	326136	49441	72184	397848	397848	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & C									96
96.01 VENDING/PATIENT ART									96.01
96.02 PATIENT TRANSPORTATION SERVIC									96.02
96.03 PHARMACY HOME GOING DRUGS			5293017						96.03
96.04 OUTPATIENT & ESCORT HOUSING			22			3			96.04
96.05 CLINICAL RESEARCH UNIT	6728		2303		54				96.05
96.06 PATIENT EDUCATION SERVICE									96.06
96.08 FAMILY PRACTICE PROGRAM									96.08
96.09 CONTACT LENS CLINIC									96.09
96.10 BEAUTY SHOP									96.10
96.11 CLINICAL FACULTY DEPARTMENT									96.11
96.12 MEDICAID ADMINISTRATIVE PROJE									96.12
96.13 OTHER NONALLOWABLE									96.13
97 RESEARCH									97
101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 COST TO BE ALLOC PER B PT I	14718571	9185278	101352139	10980861	6794163	7359436	37540647	13845238	103
104 UNIT COST MULT-WS B PT I	3.368192		1.707718		137.269684		94.359270		104
104 UNIT COST MULT-WS B PT I		.385221		33.669576		101.949603		34.800321	104
105 COST TO BE ALLOC PER B PT II									105
106 UNIT COST MULT-WS B PT II									106
107 COST TO BE ALLOC PER B PT III	1446895	933782	3351463	495638	797345	344054	2579348	334413	107
108 UNIT COST MULT-WS B PT III	.331107		.056470		16.109607		6.483250		108
108 UNIT COST MULT-WS B PT III		.039162		1.519728		4.766149		.840555	108

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PARAMED	PARAMED	PARAMED	PARAMED	EDUCATION
	EDUCATION	EDUCATION	EDUCATION	EDUCATION	PASTORAL
	DIETARY	PHARMACY	MED LAB	RAD TECH	
	DIETARY	PHARM	100%	100%	100%
	HOURS	HOURS	HOURS	RADIOLOGY	HOURS
	24.01	24.02	24.03	24.04	24.05
GENERAL SERVICE COST CENTERS					
1					1
2					2
3					3
3.01					3.01
3.02					3.02
3.04					3.04
4					4
5					5
6					6
7					7
7.01					7.01
7.02					7.02
7.04					7.04
8					8
9					9
10					10
10.01					10.01
10.04					10.04
11					11
12					12
12.01					12.01
13					13
13.01					13.01
14					14
15					15
16					16
17					17
17.01					17.01
17.02					17.02
18					18
20					20
21					21
22					22
23					23
24					24
24.01	264				24.01
24.02		1000			24.02
24.03			100		24.03
24.04				100	24.04
24.05					13831
INPATIENT ROUTINE SERV COST CENTERS					
25					25
26.01		58	183		2083
26		12	183		2083
27		44	183		2083
28		12			2083
29		12	183		2083
30			183		2083
31		22			458
33					33
ANCILLARY SERVICE COST CENTERS					
37					37
39					39
40					40
41					41
42		44		100	42
42.01					42.01
42.02					42.02
44					44
44.01			100		44.01
44.02					44.02
46.30					46.30
47					47
47.01					47.01
49					49
50					50
51					51
53					53
54					54
55					55
56					56
57					57
59		10			59

COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	PARAMED	PARAMED	PARAMED	PARAMED	EDUCATION
	EDUCATION	EDUCATION	EDUCATION	EDUCATION	PASTORAL
	DIETARY	PHARMACY	MED LAB	RAD TECH	
	DIETARY	PHARM	100%	100%	100%
	HOURS	HOURS	HOURS	RADIOLOGY	HOURS
	24.01	24.02	24.03	24.04	24.05
59.01 LITHOTRIPSY					59.01
59.02 URODYNAMICS					59.02
59.03 SPINE TREATMENT CENTER					59.03
59.04 OPHTHALMOLOGY SPECIALTY LABS					59.04
59.05 DIGESTIVE DISEASE CNTR					59.05
59.06 RECREATION THERAPY					59.06
59.07 CDC - REHAB					375 59.07
59.08 DIABETES EDUCATION	10				59.08
OUTPATIENT SERVICE COST CENTERS					
60.01 ANESTHESIA PAIN CLINIC					60.01
60.02 DERMATOLOGY CLINIC					60.02
60.03 ORAL SURGERY CLINIC					60.03
60.04 INTERNAL MEDICINE CLINIC					60.04
60.05 NEUROLOGY CLINIC					60.05
60.06 OB-GYN CLINIC					60.06
60.07 OPHTHALMOLOGY CLINIC					60.07
60.08 ORTHOPAEDICS CLINIC					60.08
60.09 OTOLARYNGOLOGY CLINIC					60.09
60.10 PEDIATRIC CLINIC					60.10
60.11 SURGERY CLINIC					60.11
60.12 UROLOGY CLINIC					60.12
60.13 PSYCHIATRIC CLINIC					60.13
60.14 CANCER CLINIC					60.14
60.15 FAMILY CARE CLINIC	18	8			60.15
61 EMERGENCY					500 61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
64 HOME PROGRAM DIALYSIS					64
65 AMBULANCE SERVICES					65
69.10 CMHC					69.10
69.20 OUTPATIENT PHYSICAL THERAPY					69.20
69.30 OUTPATIENT OCCUPATIONAL THERA					69.30
69.40 OUTPATIENT SPEECH PATHOLOGY					69.40
71 HOME HEALTH AGENCY					71
82 LUNG ACQUISITION					82
SPECIAL PURPOSE COST CENTERS					
83 KIDNEY ACQUISITION					83
84 LIVER ACQUISITION					84
85 HEART ACQUISITION					85
85.01 PANCREAS ACQUISITION					85.01
85.02 INTESTINAL ACQUISITION					85.02
85.03 ISLET CELL ACQUISITION					85.03
86 OTHER ORGAN ACQUISITION (SPEC					86
95 SUBTOTALS	264	923	100	100	13831 95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & C					96
96.01 VENDING/PATIENT ART					96.01
96.02 PATIENT TRANSPORTATION SERVIC					96.02
96.03 PHARMACY HOME GOING DRUGS					96.03
96.04 OUTPATIENT & ESCORT HOUSING					96.04
96.05 CLINICAL RESEARCH UNIT					96.05
96.06 PATIENT EDUCATION SERVICE					96.06
96.08 FAMILY PRACTICE PROGRAM					96.08
96.09 CONTACT LENS CLINIC					96.09
96.10 BEAUTY SHOP					96.10
96.11 CLINICAL FACULTY DEPARTMENT					96.11
96.12 MEDICAID ADMINISTRATIVE PROJE					96.12
96.13 OTHER NONALLOWABLE		77			96.13
97 RESEARCH					97
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 COST TO BE ALLOC PER B PT I	46971	1143478	440354	824019	155984 103
104 UNIT COST MULT-WS B PT I	177.920455		4403.540000		11.277854 104
104 UNIT COST MULT-WS B PT I		1143.478000		8240.190000	
105 COST TO BE ALLOC PER B PT II					105
106 UNIT COST MULT-WS B PT II					106
106 UNIT COST MULT-WS B PT II					106
107 COST TO BE ALLOC PER B PT III	1373	37304	71138	77110	18320 107
108 UNIT COST MULT-WS B PT III	5.200758		711.380000		1.324561 108
108 UNIT COST MULT-WS B PT III		37.304000		771.100000	

PROVIDER NO. 16-0058 UNIV OF IOWA HOSP & CLINIC
PERIOD FROM 07/01/2007 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (9/96)

VERSION: 2008.05
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POST STEP DOWN ADJUSTMENTS

SUPPLEMENTAL
WORKSHEET B-2
(CONTINUED)

----- WORKSHEET B -----

DESCRIPTION	PART	LINE NO.	AMOUNT	
1	2	3	4	
1 EXCLUDE EPO FROM RENAL FACILITY	1	57	-115299	1
2				2
3 EXCLUDE ARANESP FROM RENAL FACILITY	1	57	-718362	3
4				4
5	1			5
6				6
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I

COST CENTER DESCRIPTION	TOTAL COST	THERAPY	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS	
	(FROM WKST B, PART I, COL 27)	LIMIT ADJUSTMENT				
	1	2	3	4	5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	112855691		112855691		112855691	25
26.01 MEDICAL INTENSIVE CARE UNIT	7023525		7023525		7023525	26.01
27 CORONARY CARE UNIT	5053047		5053047		5053047	27
28 BURN INTENSIVE CARE UNIT	6747991		6747991		6747991	28
29 SURGICAL INTENSIVE CARE UNIT	15719004		15719004		15719004	29
30 NEONATAL INTENSIVE CARE UNI	23554697		23554697		23554697	30
31 SUBPROVIDER I	16490891		16490891		16490891	31
33 NURSERY	1774582		1774582		1774582	33
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	85405606		85405606		85405606	37
39 DELIVERY ROOM & LABOR ROOM	6258428		6258428		6258428	39
40 ANESTHESIOLOGY	5908340		5908340		5908340	40
41 RADIOLOGY-DIAGNOSTIC	43239180		43239180		43239180	41
42 RADIOLOGY-THERAPEUTIC	11992298		11992298		11992298	42
42.01 ULTRASOUND	3405291		3405291		3405291	42.01
42.02 RADIOLOGY - PET SCAN	3877347		3877347		3877347	42.02
44 LABORATORY	38803867		38803867	139394	38943261	44
44.01 ANATOMICAL LABORATORY	6561267		6561267	197257	6758524	44.01
44.02 CARDIOLOGY	10000129		10000129		10000129	44.02
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
47 BLOOD STORING, PROCESSING &	8619804		8619804		8619804	47
47.01 ORTHOTIC SERVICES	2131558		2131558		2131558	47.01
49 RESPIRATORY THERAPY	11693051		11693051		11693051	49
50 PHYSICAL THERAPY	4637490		4637490		4637490	50
51 OCCUPATIONAL THERAPY	1875748		1875748		1875748	51
53 ELECTROCARDIOLOGY	842145		842145		842145	53
54 ELECTROENCEPHALOGRAPHY	2277022		2277022		2277022	54
55 MEDICAL SUPPLIES CHARGED TO	37322334		37322334		37322334	55
56 DRUGS CHARGED TO PATIENTS	82657379		82657379		82657379	56
57 RENAL DIALYSIS	8037863		8037863		8037863	57
59 IVF/CULTURE LAB	2689959		2689959		2689959	59
59.01 LITHOTRIPSY	1040227		1040227		1040227	59.01
59.02 URODYNAMICS	773321		773321		773321	59.02
59.03 SPINE TREATMENT CENTER	1900758		1900758		1900758	59.03
59.04 OPHTHALMOLOGY SPECIALTY LAB	1805850		1805850		1805850	59.04
59.05 DIGESTIVE DISEASE CNTR	5769782		5769782		5769782	59.05
59.06 RECREATION THERAPY						59.06
59.07 CDC - REHAB	638277		638277		638277	59.07
59.08 DIABETES EDUCATION	391822		391822		391822	59.08
OUTPATIENT SERVICE COST CENTERS						
60.01 ANESTHESIA PAIN CLINIC	1179641		1179641		1179641	60.01
60.02 DERMATOLOGY CLINIC	2332367		2332367		2332367	60.02
60.03 ORAL SURGERY CLINIC	2654327		2654327		2654327	60.03
60.04 INTERNAL MEDICINE CLINIC	11747552		11747552		11747552	60.04
60.05 NEUROLOGY CLINIC	2333755		2333755		2333755	60.05
60.06 OB-GYN CLINIC	8401486		8401486		8401486	60.06
60.07 OPHTHALMOLOGY CLINIC	7024364		7024364		7024364	60.07
60.08 ORTHOPAEDICS CLINIC	6496846		6496846		6496846	60.08
60.09 OTOLARYNGOLOGY CLINIC	6554971		6554971		6554971	60.09
60.10 PEDIATRIC CLINIC	11831487		11831487		11831487	60.10
60.11 SURGERY CLINIC	5969420		5969420		5969420	60.11
60.12 UROLOGY CLINIC	2659525		2659525		2659525	60.12
60.13 PSYCHIATRIC CLINIC	3490946		3490946		3490946	60.13
60.14 CANCER CLINIC	7313558		7313558		7313558	60.14
60.15 FAMILY CARE CLINIC	9592999		9592999		9592999	60.15
61 EMERGENCY	10325082		10325082		10325082	61
62 OBSERVATION BEDS (NON-DISTI	1383468		1383468		1383468	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
64 HOME PROGRAM DIALYSIS	513862		513862		513862	64
65 AMBULANCE SERVICES	5032751		5032751		5032751	65
101 SUBTOTAL	686613978		686613978	336651	686950629	101
102 LESS OBSERVATION BEDS	1383468		1383468		1383468	102
103 TOTAL	685230510		685230510	336651	685567161	103

COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
 PART I (CONT)

COST CENTER DESCRIPTION	CHARGES			COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11	
	INPATIENT 6	OUTPATIENT 7	TOTAL 8				
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS	194935613		194935613				25
26.01 MEDICAL INTENSIVE CARE UNIT	15066070		15066070				26.01
27 CORONARY CARE UNIT	10235010		10235010				27
28 BURN INTENSIVE CARE UNIT	10786609		10786609				28
29 SURGICAL INTENSIVE CARE UNI	34097990		34097990				29
30 NEONATAL INTENSIVE CARE UNI	61321420		61321420				30
31 SUBPROVIDER I	24592214		24592214				31
33 NURSERY	2823158		2823158				33
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	144844496	83134012	227978508	.374621	.374621	.374621	37
39 DELIVERY ROOM & LABOR ROOM	9550702	624599	10175301	.615061	.615061	.615061	39
40 ANESTHESIOLOGY	17697704	9023944	26721648	.221107	.221107	.221107	40
41 RADIOLOGY-DIAGNOSTIC	72333370	119236810	191570180	.225709	.225709	.225709	41
42 RADIOLOGY-THERAPEUTIC	1831390	34023234	35854624	.334470	.334470	.334470	42
42.01 ULTRASOUND	2723790	9652396	12376186	.275149	.275149	.275149	42.01
42.02 RADIOLOGY - PET SCAN	687829	10490224	11178053	.346871	.346871	.346871	42.02
44 LABORATORY	99158483	85241727	184400210	.210433	.210433	.211189	44
44.01 ANATOMICAL LABORATORY	5997521	12313491	18311012	.358324	.358324	.369096	44.01
44.02 CARDIOLOGY	27102781	26798090	53900871	.185528	.185528	.185528	44.02
46.30 BLOOD CLOTTING FACTORS ADMI							46.30
47 BLOOD STORING, PROCESSING &	17146752	2400672	19547424	.440969	.440969	.440969	47
47.01 ORTHOTIC SERVICES	1863464	1410343	3273807	.651095	.651095	.651095	47.01
49 RESPIRATORY THERAPY	47144233	2205536	49349769	.236942	.236942	.236942	49
50 PHYSICAL THERAPY	5758229	4031516	9789745	.473709	.473709	.473709	50
51 OCCUPATIONAL THERAPY	2835744	1028413	3864157	.485422	.485422	.485422	51
53 ELECTROCARDIOLOGY	2027335	2196452	4223787	.199382	.199382	.199382	53
54 ELECTROENCEPHALOGRAPHY	3423884	4263077	7686961	.296219	.296219	.296219	54
55 MEDICAL SUPPLIES CHARGED TO	70165988	21327784	91493772	.407922	.407922	.407922	55
56 DRUGS CHARGED TO PATIENTS	75717424	67950171	143667595	.575338	.575338	.575338	56
57 RENAL DIALYSIS	5475901	13149981	18625882	.431543	.431543	.431543	57
59 IV/CULTURE LAB	5826	2427450	2433276	1.105489	1.105489	1.105489	59
59.01 LITHOTRIPSY	553426	3626425	4179851	.248867	.248867	.248867	59.01
59.02 URODYNAMICS	3506	1372406	1375912	.562042	.562042	.562042	59.02
59.03 SPINE TREATMENT CENTER	1391	522030	523421	3.631413	3.631413	3.631413	59.03
59.04 OPHTHALMOLOGY SPECIALTY LAB	66074	4108020	4174094	.432633	.432633	.432633	59.04
59.05 DIGESTIVE DISEASE CNTR	3143293	18218039	21361332	.270104	.270104	.270104	59.05
59.06 RECREATION THERAPY							59.06
59.07 CDC - REHAB	13079	740438	753517	.847064	.847064	.847064	59.07
59.08 DIABETES EDUCATION		60168	60168	6.512133	6.512133	6.512133	59.08
OUTPATIENT SERVICE COST CENTERS							
60.01 ANESTHESIA PAIN CLINIC	82946	1922966	2005912	.588082	.588082	.588082	60.01
60.02 DERMATOLOGY CLINIC	14717	5669889	5684606	.410295	.410295	.410295	60.02
60.03 ORAL SURGERY CLINIC	19462	2216121	2235583	1.187309	1.187309	1.187309	60.03
60.04 INTERNAL MEDICINE CLINIC	1856314	9424893	11281207	1.041338	1.041338	1.041338	60.04
60.05 NEUROLOGY CLINIC	4985	1795820	1800805	1.295951	1.295951	1.295951	60.05
60.06 OB-GYN CLINIC	6053	6011874	6017927	1.396076	1.396076	1.396076	60.06
60.07 OPHTHALMOLOGY CLINIC	69048	9957699	10026747	.700563	.700563	.700563	60.07
60.08 ORTHOPAEDICS CLINIC	65102	6419225	6484327	1.001931	1.001931	1.001931	60.08
60.09 OTOLARYNGOLOGY CLINIC	951840	5987787	6939627	.944571	.944571	.944571	60.09
60.10 PEDIATRIC CLINIC	25826	5214550	5240376	2.257755	2.257755	2.257755	60.10
60.11 SURGERY CLINIC	54171	2244288	2298459	2.597140	2.597140	2.597140	60.11
60.12 UROLOGY CLINIC	250365	4807225	5057590	.525848	.525848	.525848	60.12
60.13 PSYCHIATRIC CLINIC	33946	3091975	3125921	1.116774	1.116774	1.116774	60.13
60.14 CANCER CLINIC	83420	10861858	10945278	.668193	.668193	.668193	60.14
60.15 FAMILY CARE CLINIC	117560	11467683	11585243	.828036	.828036	.828036	60.15
61 EMERGENCY	6370618	43392200	49762818	.207486	.207486	.207486	61
62 OBSERVATION BEDS (NON-DISTI	527427	4778131	5305558	.260758	.260758	.260758	62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
64 HOME PROGRAM DIALYSIS		892473	892473	.575773	.575773	.575773	64
65 AMBULANCE SERVICES		13659619	13659619	.368440	.368440	.368440	65
101 SUBTOTAL	981665499	691393724	1673059223				101
102 LESS OBSERVATION BEDS							102
103 TOTAL	981665499	691393724	1673059223				103

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

CHECK [] TITLE V
 APPLICABLE [XX] TITLE XVIII-PT A
 BOXES [] TITLE XIX

COST CENTER DESCRIPTION	----- OLD CAPITAL -----			----- NEW CAPITAL -----			
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	
	1	2	3	4	5	6	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS				10352468		10352468	25
26 INTENSIVE CARE UNIT							26
26.01 MEDICAL INTENSIVE CARE UNIT				540851		540851	26.01
27 CORONARY CARE UNIT				445366		445366	27
28 BURN INTENSIVE CARE UNIT				527109		527109	28
29 SURGICAL INTENSIVE CARE UNIT				903995		903995	29
30 NEONATAL INTENSIVE CARE UNIT				1656864		1656864	30
31 SUBPROVIDER I				1119775		1119775	31
33 NURSERY				58498		58498	33
101 TOTAL				15604926		15604926	101

COST CENTER DESCRIPTION	---- OLD CAPITAL ----			---- NEW CAPITAL ----			
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST	
	7	8	9	10	11	12	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS	126440	40114			81.88	3284534	25
26 INTENSIVE CARE UNIT							26
26.01 MEDICAL INTENSIVE CARE UNIT	4196	1947			128.90	250968	26.01
27 CORONARY CARE UNIT	2935	1419			151.74	215319	27
28 BURN INTENSIVE CARE UNIT	5135	80			102.65	8212	28
29 SURGICAL INTENSIVE CARE UNIT	9945	3843			90.90	349329	29
30 NEONATAL INTENSIVE CARE UNIT	20631				80.31		30
31 SUBPROVIDER I	23356	6410			47.94	307295	31
33 NURSERY	2811				20.81		33
101 TOTAL	195449	53813				4415657	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (16-0058) [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		6760976	227978508	37039566			.029656	1098445 37
39 DELIVERY ROOM & LABOR ROOM		511267	10175301	97172			.050246	4883 39
40 ANESTHESIOLOGY		801740	26721648	4419283			.030003	132592 40
41 RADIOLOGY-DIAGNOSTIC		8025373	191570180	24591470			.041893	1030210 41
42 RADIOLOGY-THERAPEUTIC		3415676	35854624	587837			.095265	56000 42
42.01 ULTRASOUND		641496	12376186	859807			.051833	44566 42.01
42.02 RADIOLOGY - PET SCAN		793218	11178053	458052			.070962	32504 42.02
44 LABORATORY		2238793	184400210	33448893			.012141	406103 44
44.01 ANATOMICAL LABORATORY		546945	18311012	1696950			.029870	50688 44.01
44.02 CARDIOLOGY		1840848	53900871	11587907			.034152	395750 44.02
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		525173	19547424	5051402			.026867	135716 47
47.01 ORTHOTIC SERVICES		103171	3273807	373225			.031514	11762 47.01
49 RESPIRATORY THERAPY		776403	49349769	11891134			.015733	187083 49
50 PHYSICAL THERAPY		257392	9789745	2859043			.026292	75170 50
51 OCCUPATIONAL THERAPY		88454	3864157	739548			.022891	16929 51
53 ELECTROCARDIOLOGY		68526	4223787	926482			.016224	15031 53
54 ELECTROENCEPHALOGRAPHY		277898	7686961	851708			.036152	30791 54
55 MEDICAL SUPPLIES CHARGED TO P		1382129	91493772	25418601			.015106	383973 55
56 DRUGS CHARGED TO PATIENTS		2733276	143667595	21234789			.019025	403992 56
57 RENAL DIALYSIS		670996	18625882	2965777			.036025	106842 57
59 IVF/CULTURE LAB		258838	2433276	57			.106374	6 59
59.01 LITHOTRIPSY		97466	4179851	238187			.023318	5554 59.01
59.02 URODYNAMICS		53867	1375912				.039150	59.02
59.03 SPINE TREATMENT CENTER		121307	523421	1391			.231758	322 59.03
59.04 OPHTHALMOLOGY SPECIALTY LABS		218052	4174094	14685			.052239	767 59.04
59.05 DIGESTIVE DISEASE CNTR		617344	21361332	1925445			.028900	55645 59.05
59.06 RECREATION THERAPY								59.06
59.07 CDC - REHAB		62473	753517				.082909	59.07
59.08 DIABETES EDUCATION		35740	60168				.594003	59.08
OUTPATIENT SERVICE COST CENTERS								
60.01 ANESTHESIA PAIN CLINIC		181182	2005912	18175			.090324	1642 60.01
60.02 DERMATOLOGY CLINIC		380682	5684606	7989			.066967	535 60.02
60.03 ORAL SURGERY CLINIC		393104	2235583	659			.175840	116 60.03
60.04 INTERNAL MEDICINE CLINIC		1329623	11281207	38546			.117862	4543 60.04
60.05 NEUROLOGY CLINIC		349887	1800805	4985			.194295	969 60.05
60.06 OB-GYN CLINIC		1305543	6017927	6053			.216942	1313 60.06
60.07 OPHTHALMOLOGY CLINIC		929295	10026747	40401			.092682	3744 60.07
60.08 ORTHOPAEDICS CLINIC		606178	6484327	28921			.093484	2704 60.08
60.09 OTOLARYNGOLOGY CLINIC		905289	6939627	393128			.130452	51284 60.09
60.10 PEDIATRIC CLINIC		1104823	5240376	8126			.210829	1713 60.10
60.11 SURGERY CLINIC		945745	2298459	30837			.411469	12688 60.11
60.12 UROLOGY CLINIC		435689	5057590	90156			.086146	7767 60.12
60.13 PSYCHIATRIC CLINIC		458796	3125921	9630			.146771	1413 60.13
60.14 CANCER CLINIC		633644	10945278	38270			.057892	2216 60.14
60.15 FAMILY CARE CLINIC		842554	11585243	19193			.072726	1396 60.15
61 EMERGENCY		1010339	49762818				.020303	61
62 OBSERVATION BEDS (NON-DISTINC		126908	5305558				.023920	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
64 HOME PROGRAM DIALYSIS		19985	892473				.022393	64
65 AMBULANCE SERVICES								65
101 TOTAL		45884103	1305541520	190013480				4775367 101

PROVIDER NO. 16-0058 UNIV OF IOWA HOSP & CLINIC
 PERIOD FROM 07/01/2007 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2008.05
 12/01/2008 07:59

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

CHECK [] TITLE V
 APPLICABLE [XX] TITLE XVIII-PT A
 BOXES [] TITLE XIX

COST CENTER DESCRIPTION	NONPHYSICIAN	NURSING	ALLIED	ALL OTHER	TOTAL	
	ANESTHETIST	SCHOOL	HEALTH	MEDICAL SWING-BED		
	COST	COST	COSTS	EDUCATION ADJUSTMENT	COSTS	
	1	2	2.01	2.02 3	4	
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS			243068		243068	25
26 INTENSIVE CARE UNIT						26
26.01 MEDICAL INTENSIVE CARE UNIT			234883		234883	26.01
27 CORONARY CARE UNIT			240577		240577	27
28 BURN INTENSIVE CARE UNIT			25627		25627	28
29 SURGICAL INTENSIVE CARE UNIT			234883		234883	29
30 NEONATAL INTENSIVE CARE UNIT			232748		232748	30
31 SUBPROVIDER I			9079		9079	31
33 NURSERY						33
34 SKILLED NURSING FACILITY						34
35 NURSING FACILITY						35
101 TOTAL			1220865		1220865	101

PROVIDER NO. 16-0058 UNIV OF IOWA HOSP & CLINIC
 PERIOD FROM 07/01/2007 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2008.05
 12/01/2008 07:59

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

CHECK [] TITLE V
 APPLICABLE [XX] TITLE XVIII-PT A
 BOXES [] TITLE XIX

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8	
INPAT ROUTINE SERV COST CTRS					
25 ADULTS & PEDIATRICS	126440	1.92	40114	77019	25
26 INTENSIVE CARE UNIT					26
26.01 MEDICAL INTENSIVE CARE UNIT	4196	55.98	1947	108993	26.01
27 CORONARY CARE UNIT	2935	81.97	1419	116315	27
28 BURN INTENSIVE CARE UNIT	5135	4.99	80	399	28
29 SURGICAL INTENSIVE CARE UNIT	9945	23.62	3843	90772	29
30 NEONATAL INTENSIVE CARE UNIT	20631	11.28			30
31 SUBPROVIDER I	23356	.39	6410	2500	31
33 NURSERY	2811				33
34 SKILLED NURSING FACILITY					34
35 NURSING FACILITY					35
101 TOTAL	195449		53813	395998	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (16-0058) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL COST	ALLIED HEALTH COSTS	ALL OTHER MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST					
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
39 DELIVERY ROOM & LABOR ROOM				3914			3914
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC				831848			831848
42 RADIOLOGY-THERAPEUTIC							42
42.01 ULTRASOUND							42.01
42.02 RADIOLOGY - PET SCAN							42.02
44 LABORATORY				440354			440354
44.01 ANATOMICAL LABORATORY							44.01
44.02 CARDIOLOGY							44.02
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
47.01 ORTHOTIC SERVICES							47.01
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS				1779			1779
59 IVF/CULTURE LAB							59
59.01 LITHOTRIPSY							59.01
59.02 URODYNAMICS							59.02
59.03 SPINE TREATMENT CENTER							59.03
59.04 OPHTHALMOLOGY SPECIALTY LABS							59.04
59.05 DIGESTIVE DISEASE CNTR							59.05
59.06 RECREATION THERAPY							59.06
59.07 CDC - REHAB				4229			4229
59.08 DIABETES EDUCATION				1779			1779
OUTPATIENT SERVICE COST CENTERS							
60.01 ANESTHESIA PAIN CLINIC							60.01
60.02 DERMATOLOGY CLINIC							60.02
60.03 ORAL SURGERY CLINIC							60.03
60.04 INTERNAL MEDICINE CLINIC							60.04
60.05 NEUROLOGY CLINIC							60.05
60.06 OB-GYN CLINIC							60.06
60.07 OPHTHALMOLOGY CLINIC							60.07
60.08 ORTHOPAEDICS CLINIC							60.08
60.09 OTOLARYNGOLOGY CLINIC							60.09
60.10 PEDIATRIC CLINIC							60.10
60.11 SURGERY CLINIC							60.11
60.12 UROLOGY CLINIC							60.12
60.13 PSYCHIATRIC CLINIC							60.13
60.14 CANCER CLINIC							60.14
60.15 FAMILY CARE CLINIC				12351			12351
61 EMERGENCY				5639			5639
62 OBSERVATION BEDS (NON-DISTINC				2980			2980
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
64 HOME PROGRAM DIALYSIS							64
65 AMBULANCE SERVICES							65
101 TOTAL				1304873			1304873

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (16-0058) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		227978508			37039566		14153800
39 DELIVERY ROOM & LABOR ROOM	3914	10175301	.000385	.000385	97172	37	5419
40 ANESTHESIOLOGY		26721648			4419283		1745888
41 RADIOLOGY-DIAGNOSTIC	831848	191570180	.004342	.004342	24591470	106776	24844864
42 RADIOLOGY-THERAPEUTIC		35854624			587837		8678297
42.01 ULTRASOUND		12376186			859807		1139044
42.02 RADIOLOGY - PET SCAN		11178053			458052		2503533
44 LABORATORY	440354	184400210	.002388	.002388	33448893	79876	3553636
44.01 ANATOMICAL LABORATORY		18311012			1696950		2117246
44.02 RADIOLOGY		53900871			11587907		4908269
46.30 BLOOD CLOTTING FACTORS ADMIN							
47 BLOOD STORING, PROCESSING & T		19547424			5051402		746386
47.01 ORTHOTIC SERVICES		3273807			373225		64274
49 RESPIRATORY THERAPY		49349769			11891134		506007
50 PHYSICAL THERAPY		9789745			2859043		90433
51 OCCUPATIONAL THERAPY		3864157			739548		50732
53 ELECTROCARDIOLOGY		4223787			926482		610389
54 ELECTROENCEPHALOGRAPHY		7686961			851708		639193
55 MEDICAL SUPPLIES CHARGED TO P		91493772			25418601		4597758
56 DRUGS CHARGED TO PATIENTS		143667595			21234789		18003314
57 RENAL DIALYSIS	1779	18625882	.000096	.000096	2965777	285	
59 IVF/CULTURE LAB		2433276			57		5124
59.01 LITHOTRIPSY		4179851			238187		1080902
59.02 URODYNAMICS		1375912					438767
59.03 SPINE TREATMENT CENTER		523421			1391		61936
59.04 OPHTHALMOLOGY SPECIALTY LABS		4174094			14685		1246596
59.05 DIGESTIVE DISEASE CNTR		21361332			1925445		4733381
59.06 RECREATION THERAPY							
59.07 CDC - REHAB	4229	753517	.005612	.005612			34561
59.08 DIABETES EDUCATION	1779	60168	.029567	.029567			4051
OUTPATIENT SERVICE COST CENTERS							
60.01 ANESTHESIA PAIN CLINIC		2005912			18175		472639
60.02 DERMATOLOGY CLINIC		5684606			7989		1895876
60.03 ORAL SURGERY CLINIC		2235583			659		86997
60.04 INTERNAL MEDICINE CLINIC		11281207			38546		2353885
60.05 NEUROLOGY CLINIC		1800805			4985		609049
60.06 OB-GYN CLINIC		6017927			6053		675212
60.07 OPHTHALMOLOGY CLINIC		10026747			40401		3967605
60.08 ORTHOPAEDICS CLINIC		6484327			28921		1114293
60.09 OTOLARYNGOLOGY CLINIC		6939627			393128		1239842
60.10 PEDIATRIC CLINIC		5240376			8126		636855
60.11 SURGERY CLINIC		2298459			30837		653358
60.12 UROLOGY CLINIC		5057590			90156		1726484
60.13 PSYCHIATRIC CLINIC		3125921			9630		463827
60.14 CANCER CLINIC		10945278			38270		3294045
60.15 FAMILY CARE CLINIC	12351	11585243	.001066	.001066	19193	20	1734955
61 EMERGENCY	5639	49762818	.000113	.000113			
62 OBSERVATION BEDS (NON-DISTINC	2980	5305558	.000562	.000562			2577213
63.50 RHC							
63.60 FQHC							
OTHER REIMBURSABLE COST CENTERS							
64 HOME PROGRAM DIALYSIS		892473					64
65 AMBULANCE SERVICES							65
101 TOTAL	1304873	1305541520			190013480	186994	120065935

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (16-0058) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM						37
39 DELIVERY ROOM & LABOR ROOM				2		39
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC			107876			41
42 RADIOLOGY-THERAPEUTIC						42
42.01 ULTRASOUND						42.01
42.02 RADIOLOGY - PET SCAN						42.02
44 LABORATORY				8486		44
44.01 ANATOMICAL LABORATORY						44.01
44.02 CARDIOLOGY						44.02
46.30 BLOOD CLOTTING FACTORS ADMIN						46.30
47 BLOOD STORING, PROCESSING & T						47
47.01 ORTHOTIC SERVICES						47.01
49 RESPIRATORY THERAPY						49
50 PHYSICAL THERAPY						50
51 OCCUPATIONAL THERAPY						51
53 ELECTROCARDIOLOGY						53
54 ELECTROENCEPHALOGRAPHY						54
55 MEDICAL SUPPLIES CHARGED TO P						55
56 DRUGS CHARGED TO PATIENTS						56
57 RENAL DIALYSIS						57
59 IVF/CULTURE LAB						59
59.01 LITHOTRIPSY						59.01
59.02 URODYNAMICS						59.02
59.03 SPINE TREATMENT CENTER						59.03
59.04 OPHTHALMOLOGY SPECIALTY LABS						59.04
59.05 DIGESTIVE DISEASE CNTR						59.05
59.06 RECREATION THERAPY						59.06
59.07 CDC - REHAB			194			59.07
59.08 DIABETES EDUCATION			120			59.08
OUTPATIENT SERVICE COST CENTERS						
60.01 ANESTHESIA PAIN CLINIC						60.01
60.02 DERMATOLOGY CLINIC						60.02
60.03 ORAL SURGERY CLINIC						60.03
60.04 INTERNAL MEDICINE CLINIC						60.04
60.05 NEUROLOGY CLINIC						60.05
60.06 OB-GYN CLINIC						60.06
60.07 OPHTHALMOLOGY CLINIC						60.07
60.08 ORTHOPAEDICS CLINIC						60.08
60.09 OTOLARYNGOLOGY CLINIC						60.09
60.10 PEDIATRIC CLINIC						60.10
60.11 SURGERY CLINIC						60.11
60.12 UROLOGY CLINIC						60.12
60.13 PSYCHIATRIC CLINIC						60.13
60.14 CANCER CLINIC						60.14
60.15 FAMILY CARE CLINIC			1849			60.15
61 EMERGENCY						61
62 OBSERVATION BEDS (NON-DISTINC			1448			62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
64 HOME PROGRAM DIALYSIS						64
65 AMBULANCE SERVICES						65
101 TOTAL			119975			101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (16-0058) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II	PART I	PART II	OUTPATIENT	OUTPATIENT	OTHER
	COL. 8	COL. 9	COL. 9	AMBULATORY	RADIOLOGY	OUTPATIENT
	1	1.01	1.02	SURGICAL		DIAGNOSTIC
				CENTER		
				2	3	4
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.374621	.374621	.374621			37
39 DELIVERY ROOM & LABOR ROOM	.615061	.615061	.615061			39
40 ANESTHESIOLOGY	.221107	.221107	.221107			40
41 RADIOLOGY-DIAGNOSTIC	.225709	.225709	.225709			41
42 RADIOLOGY-THERAPEUTIC	.334470	.334470	.334470			42
42.01 ULTRASOUND	.275149	.275149	.275149			42.01
42.02 RADIOLOGY - PET SCAN	.346871	.346871	.346871			42.02
44 LABORATORY	.210433	.210433	.210433			44
44.01 ANATOMICAL LABORATORY	.358324	.358324	.358324			44.01
44.02 RADIOLOGY	.185528	.185528	.185528			44.02
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	.440969	.440969	.440969			47
47.01 ORTHOTIC SERVICES	.651095	.651095	.651095			47.01
49 RESPIRATORY THERAPY	.236942	.236942	.236942			49
50 PHYSICAL THERAPY	.473709	.473709	.473709			50
51 OCCUPATIONAL THERAPY	.485422	.485422	.485422			51
53 ELECTROCARDIOLOGY	.199382	.199382	.199382			53
54 ELECTROENCEPHALOGRAPHY	.296219	.296219	.296219			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.407922	.407922	.407922			55
56 DRUGS CHARGED TO PATIENTS	.575338	.575338	.575338			56
57 RENAL DIALYSIS	.431543	.431543	.431543			57
59 IVF/CULTURE LAB	1.105489	1.105489	1.105489			59
59.01 LITHOTRIPSY	.248867	.248867	.248867			59.01
59.02 URODYNAMICS	.562042	.562042	.562042			59.02
59.03 SPINE TREATMENT CENTER	3.631413	3.631413	3.631413			59.03
59.04 OPHTHALMOLOGY SPECIALTY LABS	.432633	.432633	.432633			59.04
59.05 DIGESTIVE DISEASE CNTR	.270104	.270104	.270104			59.05
59.06 RECREATION THERAPY						59.06
59.07 CDC - REHAB	.847064	.847064	.847064			59.07
59.08 DIABETES EDUCATION	6.512133	6.512133	6.512133			59.08
OUTPATIENT SERVICE COST CENTERS						
60.01 ANESTHESIA PAIN CLINIC	.588082	.588082	.588082			60.01
60.02 DERMATOLOGY CLINIC	.410295	.410295	.410295			60.02
60.03 ORAL SURGERY CLINIC	1.187309	1.187309	1.187309			60.03
60.04 INTERNAL MEDICINE CLINIC	1.041338	1.041338	1.041338			60.04
60.05 NEUROLOGY CLINIC	1.295951	1.295951	1.295951			60.05
60.06 OB-GYN CLINIC	1.396076	1.396076	1.396076			60.06
60.07 OPHTHALMOLOGY CLINIC	.700563	.700563	.700563			60.07
60.08 ORTHOPAEDICS CLINIC	1.001931	1.001931	1.001931			60.08
60.09 OTOLARYNGOLOGY CLINIC	.944571	.944571	.944571			60.09
60.10 PEDIATRIC CLINIC	2.257755	2.257755	2.257755			60.10
60.11 SURGERY CLINIC	2.597140	2.597140	2.597140			60.11
60.12 UROLOGY CLINIC	.525848	.525848	.525848			60.12
60.13 PSYCHIATRIC CLINIC	1.116774	1.116774	1.116774			60.13
60.14 CANCER CLINIC	.668193	.668193	.668193			60.14
60.15 FAMILY CARE CLINIC	.828036	.828036	.828036			60.15
61 EMERGENCY	.207486	.207486	.207486			61
62 OBSERVATION BEDS (NON-DISTINCT	.260758	.260758	.260758			62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
64 HOME PROGRAM DIALYSIS	.575773	.575773	.575773			64
65 AMBULANCE SERVICES	.368440	.368440	.368440			65
65.01 AMBULANCE SERVICES (2ND PERIOD)	.368440	.368440	.368440			65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)	.368440	.368440	.368440			65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)	.368440	.368440	.368440			65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

		1	
1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES		.575338	1
2 PROGRAM VACCINE CHARGES		80658	2
2.01 PROGRAM VACCINE CHARGES			2.01
3 PROGRAM COSTS		46406	3
3.01 PROGRAM COSTS			3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (16-0058) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1) (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	ALL OTHER (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	OUTPATIENT AMBULATORY CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	5	5.01	5.02	5.03	5.04	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		14153800	874900					37
39 DELIVERY ROOM & LABOR ROOM		5419						39
40 ANESTHESIOLOGY		1745888						40
41 RADIOLOGY-DIAGNOSTIC		24844864	656					41
42 RADIOLOGY-THERAPEUTIC		8678297						42
42.01 ULTRASOUND		1139044						42.01
42.02 RADIOLOGY - PET SCAN		2503533						42.02
44 LABORATORY		3553636	2602					44
44.01 ANATOMICAL LABORATORY		2117246						44.01
44.02 CARDIOLOGY		4908269						44.02
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
47 BLOOD STORING, PROCESSING & TR		746386	2288					47
47.01 ORTHOTIC SERVICES		64274						47.01
49 RESPIRATORY THERAPY		506007						49
50 PHYSICAL THERAPY		90433						50
51 OCCUPATIONAL THERAPY		50732						51
53 ELECTROCARDIOLOGY		610389						53
54 ELECTROENCEPHALOGRAPHY		639193						54
55 MEDICAL SUPPLIES CHARGED TO PA		4597758	7313					55
56 DRUGS CHARGED TO PATIENTS		18003314	95052					56
57 RENAL DIALYSIS								57
59 IVF/CULTURE LAB		5124						59
59.01 LITHOTRIPSY		1080902						59.01
59.02 URODYNAMICS		438767						59.02
59.03 SPINE TREATMENT CENTER		61936						59.03
59.04 OPHTHALMOLOGY SPECIALTY LABS		1246596						59.04
59.05 DIGESTIVE DISEASE CNTR		4733381						59.05
59.06 RECREATION THERAPY								59.06
59.07 CDC - REHAB		34561						59.07
59.08 DIABETES EDUCATION		4051						59.08
OUTPATIENT SERVICE COST CENTERS								
60.01 ANESTHESIA PAIN CLINIC		472639						60.01
60.02 DERMATOLOGY CLINIC		1895876						60.02
60.03 ORAL SURGERY CLINIC		86997						60.03
60.04 INTERNAL MEDICINE CLINIC		2353885						60.04
60.05 NEUROLOGY CLINIC		609049						60.05
60.06 OB-GYN CLINIC		675212						60.06
60.07 OPHTHALMOLOGY CLINIC		3967605						60.07
60.08 ORTHOPAEDICS CLINIC		1114293						60.08
60.09 OTOLARYNGOLOGY CLINIC		1239842						60.09
60.10 PEDIATRIC CLINIC		636855						60.10
60.11 SURGERY CLINIC		653358						60.11
60.12 UROLOGY CLINIC		1726484						60.12
60.13 PSYCHIATRIC CLINIC		463827						60.13
60.14 CANCER CLINIC		3294045						60.14
60.15 FAMILY CARE CLINIC		1734955						60.15
61 EMERGENCY								61
62 OBSERVATION BEDS (NON-DISTINCT		2577213						62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
64 HOME PROGRAM DIALYSIS								64
65 AMBULANCE SERVICES								65
65.01 AMBULANCE SERVICES (2ND PERIOD								65.01
65.02 AMBULANCE SERVICES (3RD PERIOD								65.02
65.03 AMBULANCE SERVICES (4TH PERIOD								65.03
101 SUBTOTAL		120065935	982811					101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		120065935	982811					104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [XX] HOSPITAL (16-0058) [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [] SUB I [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST					HOSPITAL	HOSPITAL
	ALL OTHER (COLS 1x5) 9	PPS SERVICES (COLUMNS 1.01x5.01) 9.01	ALL OTHER (COLUMNS 1.01x5.02) 9.02	PPS SERVICES (COLUMNS 1.01x5.03) 9.03	PPS SERVICES (COLUMNS 1.01x5.04) 9.04	I/P PART B CHARGES (SEE INSTRU.) 10	I/P PART B COST (COLUMNS 1.02x10) 11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		5302311	327756				37
39 DELIVERY ROOM & LABOR ROOM		3333					39
40 ANESTHESIOLOGY		386028					40
41 RADIOLOGY-DIAGNOSTIC		5607709	148				41
42 RADIOLOGY-THERAPEUTIC		2902630					42
42.01 ULTRASOUND		313407					42.01
42.02 RADIOLOGY - PET SCAN		868403					42.02
44 LABORATORY		747802	548				44
44.01 ANATOMICAL LABORATORY		758660					44.01
44.02 RADIOLOGY		910621					44.02
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA		329133	1009				47
47.01 ORTHOTIC SERVICES		41848					47.01
49 RESPIRATORY THERAPY		119894					49
50 PHYSICAL THERAPY		42839					50
51 OCCUPATIONAL THERAPY		24626					51
53 ELECTROCARDIOLOGY		121701					53
54 ELECTROENCEPHALOGRAPHY		189341					54
55 MEDICAL SUPPLIES CHARGED TO PAT		1875527	2983				55
56 DRUGS CHARGED TO PATIENTS		10357991	54687				56
57 RENAL DIALYSIS							57
59 IVF/CULTURE LAB		5665					59
59.01 LITHOTRIPSY		269001					59.01
59.02 URODYNAMICS		246605					59.02
59.03 SPINE TREATMENT CENTER		224915					59.03
59.04 OPHTHALMOLOGY SPECIALTY LABS		539319					59.04
59.05 DIGESTIVE DISEASE CNTR		1278505					59.05
59.06 RECREATION THERAPY							59.06
59.07 CDC - REHAB		29275					59.07
59.08 DIABETES EDUCATION		26381					59.08
OUTPATIENT SERVICE COST CENTERS							
60.01 ANESTHESIA PAIN CLINIC		277950					60.01
60.02 DERMATOLOGY CLINIC		777868					60.02
60.03 ORAL SURGERY CLINIC		103292					60.03
60.04 INTERNAL MEDICINE CLINIC		2451190					60.04
60.05 NEUROLOGY CLINIC		789298					60.05
60.06 OB-GYN CLINIC		942647					60.06
60.07 OPHTHALMOLOGY CLINIC		2779557					60.07
60.08 ORTHOPAEDICS CLINIC		1116445					60.08
60.09 OTOLARYNGOLOGY CLINIC		1171119					60.09
60.10 PEDIATRIC CLINIC		1437863					60.10
60.11 SURGERY CLINIC		1696862					60.11
60.12 UROLOGY CLINIC		907868					60.12
60.13 PSYCHIATRIC CLINIC		517990					60.13
60.14 CANCER CLINIC		2201058					60.14
60.15 FAMILY CARE CLINIC		1436605					60.15
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINCT)		672029					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
64 HOME PROGRAM DIALYSIS							64
65 AMBULANCE SERVICES							65
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)							65.03
101 SUBTOTAL		52803111	387131				101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES		52803111	387131				104

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (16-S058) [] SUB IV [XX] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----		
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS	
	1	2	3	4	5	6	7	8	
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		6760976	227978508	221532			.029656	6570	37
39 DELIVERY ROOM & LABOR ROOM		511267	10175301				.050246		39
40 ANESTHESIOLOGY		801740	26721648	86480			.030003	2595	40
41 RADIOLOGY-DIAGNOSTIC		8025373	191570180	278565			.041893	11670	41
42 RADIOLOGY-THERAPEUTIC		3415676	35854624				.095265		42
42.01 ULTRASOUND		641496	12376186	6218			.051833	322	42.01
42.02 RADIOLOGY - PET SCAN		793218	11178053				.070962		42.02
44 LABORATORY		2238793	184400210	635119			.012141	7711	44
44.01 ANATOMICAL LABORATORY		546945	18311012	4719			.029870	141	44.01
44.02 CARDIOLOGY		1840848	53900871				.034152		44.02
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
47 BLOOD STORING, PROCESSING & T		525173	19547424	1144			.026867	31	47
47.01 ORTHOTIC SERVICES		103171	3273807	2814			.031514	89	47.01
49 RESPIRATORY THERAPY		776403	49349769	21717			.015733	342	49
50 PHYSICAL THERAPY		257392	9789745	21069			.026292	554	50
51 OCCUPATIONAL THERAPY		88454	3864157	152609			.022891	3493	51
53 ELECTROCARDIOLOGY		68526	4223787	27545			.016224	447	53
54 ELECTROENCEPHALOGRAPHY		277898	7686961	12937			.036152	468	54
55 MEDICAL SUPPLIES CHARGED TO P		1382129	91493772	23442			.015106	354	55
56 DRUGS CHARGED TO PATIENTS		2733276	143667595	347501			.019025	6611	56
57 RENAL DIALYSIS		670996	18625882	64608			.036025	2328	57
59 IVF/CULTURE LAB		258838	2433276				.106374		59
59.01 LITHOTRIPSY		97466	4179851				.023318		59.01
59.02 URODYNAMICS		53867	1375912				.039150		59.02
59.03 SPINE TREATMENT CENTER		121307	523421				.231758		59.03
59.04 OPHTHALMOLOGY SPECIALTY LABS		218052	4174094				.052239		59.04
59.05 DIGESTIVE DISEASE CNTR		617344	21361332				.028900		59.05
59.06 RECREATION THERAPY									59.06
59.07 CDC - REHAB		62473	753517				.082909		59.07
59.08 DIABETES EDUCATION		35740	60168				.594003		59.08
OUTPATIENT SERVICE COST CENTERS									
60.01 ANESTHESIA PAIN CLINIC		181182	2005912				.090324		60.01
60.02 DERMATOLOGY CLINIC		380682	5684606				.066967		60.02
60.03 ORAL SURGERY CLINIC		393104	2235583				.175840		60.03
60.04 INTERNAL MEDICINE CLINIC		1329623	11281207				.117862		60.04
60.05 NEUROLOGY CLINIC		349887	1800805				.194295		60.05
60.06 OB-GYN CLINIC		1305543	6017927				.216942		60.06
60.07 OPHTHALMOLOGY CLINIC		929295	10026747				.092682		60.07
60.08 ORTHOPAEDICS CLINIC		606178	6484327				.093484		60.08
60.09 OTOLARYNGOLOGY CLINIC		905289	6939627				.130452		60.09
60.10 PEDIATRIC CLINIC		1104823	5240376				.210829		60.10
60.11 SURGERY CLINIC		945745	2298459				.411469		60.11
60.12 UROLOGY CLINIC		435689	5057590				.086146		60.12
60.13 PSYCHIATRIC CLINIC		458796	3125921	1878			.146771	276	60.13
60.14 CANCER CLINIC		633644	10945278				.057892		60.14
60.15 FAMILY CARE CLINIC		842554	11585243				.072726		60.15
61 EMERGENCY		1010339	49762818	407796			.020303	8279	61
62 OBSERVATION BEDS (NON-DISTINC		126908	5305558				.023920		62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
64 HOME PROGRAM DIALYSIS		19985	892473				.022393		64
65 AMBULANCE SERVICES									65
101 TOTAL		45884103	1305541520	2317693				52281	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (16-S058) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL COST	ALLIED HEALTH COSTS	ALL OTHER MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST					
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
39 DELIVERY ROOM & LABOR ROOM				3914			3914
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC				831848			831848
42 RADIOLOGY-THERAPEUTIC							42
42.01 ULTRASOUND							42.01
42.02 RADIOLOGY - PET SCAN							42.02
44 LABORATORY				440354			440354
44.01 ANATOMICAL LABORATORY							44.01
44.02 CARDIOLOGY							44.02
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
47.01 ORTHOTIC SERVICES							47.01
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS				1779			1779
59 IVF/CULTURE LAB							59
59.01 LITHOTRIPSY							59.01
59.02 URODYNAMICS							59.02
59.03 SPINE TREATMENT CENTER							59.03
59.04 OPHTHALMOLOGY SPECIALTY LABS							59.04
59.05 DIGESTIVE DISEASE CNTR							59.05
59.06 RECREATION THERAPY							59.06
59.07 CDC - REHAB				4229			4229
59.08 DIABETES EDUCATION				1779			1779
OUTPATIENT SERVICE COST CENTERS							
60.01 ANESTHESIA PAIN CLINIC							60.01
60.02 DERMATOLOGY CLINIC							60.02
60.03 ORAL SURGERY CLINIC							60.03
60.04 INTERNAL MEDICINE CLINIC							60.04
60.05 NEUROLOGY CLINIC							60.05
60.06 OB-GYN CLINIC							60.06
60.07 OPHTHALMOLOGY CLINIC							60.07
60.08 ORTHOPAEDICS CLINIC							60.08
60.09 OTOLARYNGOLOGY CLINIC							60.09
60.10 PEDIATRIC CLINIC							60.10
60.11 SURGERY CLINIC							60.11
60.12 UROLOGY CLINIC							60.12
60.13 PSYCHIATRIC CLINIC							60.13
60.14 CANCER CLINIC							60.14
60.15 FAMILY CARE CLINIC				12351			12351
61 EMERGENCY				5639			5639
62 OBSERVATION BEDS (NON-DISTINC				2980			2980
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
64 HOME PROGRAM DIALYSIS							64
65 AMBULANCE SERVICES							65
101 TOTAL				1304873			1304873

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (16-S058) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	CHARGES
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		227978508			221532		37
39 DELIVERY ROOM & LABOR ROOM	3914	10175301	.000385	.000385			39
40 ANESTHESIOLOGY		26721648			86480		40
41 RADIOLOGY-DIAGNOSTIC	831848	191570180	.004342	.004342	278565	1210	41
42 RADIOLOGY-THERAPEUTIC		35854624					42
42.01 ULTRASOUND		12376186			6218		42.01
42.02 RADIOLOGY - PET SCAN		11178053					42.02
44 LABORATORY	440354	184400210	.002388	.002388	635119	1517	44
44.01 ANATOMICAL LABORATORY		18311012			4719		44.01
44.02 RADIOLOGY		53900871					44.02
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		19547424			1144		47
47.01 ORTHOTIC SERVICES		3273807			2814		47.01
49 RESPIRATORY THERAPY		49349769			21717		49
50 PHYSICAL THERAPY		9789745			21069		50
51 OCCUPATIONAL THERAPY		3864157			152609		51
53 ELECTROCARDIOLOGY		4223787			27545		53
54 ELECTROENCEPHALOGRAPHY		7686961			12937		54
55 MEDICAL SUPPLIES CHARGED TO P		91493772			23442		55
56 DRUGS CHARGED TO PATIENTS		143667595			347501		56
57 RENAL DIALYSIS	1779	18625882	.000096	.000096	64608	6	57
59 IVF/CULTURE LAB		2433276					59
59.01 LITHOTRIPSY		4179851					59.01
59.02 URODYNAMICS		1375912					59.02
59.03 SPINE TREATMENT CENTER		523421					59.03
59.04 OPHTHALMOLOGY SPECIALTY LABS		4174094					59.04
59.05 DIGESTIVE DISEASE CNTR		21361332					59.05
59.06 RECREATION THERAPY							59.06
59.07 CDC - REHAB	4229	753517	.005612	.005612			59.07
59.08 DIABETES EDUCATION	1779	60168	.029567	.029567			59.08
OUTPATIENT SERVICE COST CENTERS							
60.01 ANESTHESIA PAIN CLINIC		2005912					60.01
60.02 DERMATOLOGY CLINIC		5684606					60.02
60.03 ORAL SURGERY CLINIC		2235583					60.03
60.04 INTERNAL MEDICINE CLINIC		11281207					60.04
60.05 NEUROLOGY CLINIC		1800805					60.05
60.06 OB-GYN CLINIC		6017927					60.06
60.07 OPHTHALMOLOGY CLINIC		10026747					60.07
60.08 ORTHOPAEDICS CLINIC		6484327					60.08
60.09 OTOLARYNGOLOGY CLINIC		6939627					60.09
60.10 PEDIATRIC CLINIC		5240376					60.10
60.11 SURGERY CLINIC		2298459					60.11
60.12 UROLOGY CLINIC		5057590					60.12
60.13 PSYCHIATRIC CLINIC		3125921			1878		60.13
60.14 CANCER CLINIC		10945278					60.14
60.15 FAMILY CARE CLINIC	12351	11585243	.001066	.001066			60.15
61 EMERGENCY	5639	49762818	.000113	.000113	407796	46	61
62 OBSERVATION BEDS (NON-DISTINC	2980	5305558	.000562	.000562			62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
64 HOME PROGRAM DIALYSIS		892473					64
65 AMBULANCE SERVICES							65
101 TOTAL	1304873	1305541520			2317693	2779	3361 101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [XX] SUB I (16-S058) [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM						37
39 DELIVERY ROOM & LABOR ROOM						39
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC			9			41
42 RADIOLOGY-THERAPEUTIC						42
42.01 ULTRASOUND						42.01
42.02 RADIOLOGY - PET SCAN						42.02
44 LABORATORY			1			44
44.01 ANATOMICAL LABORATORY						44.01
44.02 CARDIOLOGY						44.02
46.30 BLOOD CLOTTING FACTORS ADMIN						46.30
47 BLOOD STORING, PROCESSING & T						47
47.01 ORTHOTIC SERVICES						47.01
49 RESPIRATORY THERAPY						49
50 PHYSICAL THERAPY						50
51 OCCUPATIONAL THERAPY						51
53 ELECTROCARDIOLOGY						53
54 ELECTROENCEPHALOGRAPHY						54
55 MEDICAL SUPPLIES CHARGED TO P						55
56 DRUGS CHARGED TO PATIENTS						56
57 RENAL DIALYSIS						57
59 IVF/CULTURE LAB						59
59.01 LITHOTRIPSY						59.01
59.02 URODYNAMICS						59.02
59.03 SPINE TREATMENT CENTER						59.03
59.04 OPHTHALMOLOGY SPECIALTY LABS						59.04
59.05 DIGESTIVE DISEASE CNTR						59.05
59.06 RECREATION THERAPY						59.06
59.07 CDC - REHAB						59.07
59.08 DIABETES EDUCATION						59.08
OUTPATIENT SERVICE COST CENTERS						
60.01 ANESTHESIA PAIN CLINIC						60.01
60.02 DERMATOLOGY CLINIC						60.02
60.03 ORAL SURGERY CLINIC						60.03
60.04 INTERNAL MEDICINE CLINIC						60.04
60.05 NEUROLOGY CLINIC						60.05
60.06 OB-GYN CLINIC						60.06
60.07 OPHTHALMOLOGY CLINIC						60.07
60.08 ORTHOPAEDICS CLINIC						60.08
60.09 OTOLARYNGOLOGY CLINIC						60.09
60.10 PEDIATRIC CLINIC						60.10
60.11 SURGERY CLINIC						60.11
60.12 UROLOGY CLINIC						60.12
60.13 PSYCHIATRIC CLINIC						60.13
60.14 CANCER CLINIC						60.14
60.15 FAMILY CARE CLINIC						60.15
61 EMERGENCY						61
62 OBSERVATION BEDS (NON-DISTINC						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
64 HOME PROGRAM DIALYSIS						64
65 AMBULANCE SERVICES						65
101 TOTAL			10			101

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [] HOSPITAL [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [XX] SUB I (16-S058) [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II COL. 8 1	PART I COL. 9 1.01	PART II COL. 9 1.02	OUTPATIENT AMBULATORY SURGICAL CENTER 2	OUTPATIENT RADIOLOGY 3	OTHER OUTPATIENT DIAGNOSTIC 4
37 ANCILLARY SERVICE COST CENTERS						
39 OPERATING ROOM	.374621	.374621	.374621			37
40 DELIVERY ROOM & LABOR ROOM	.615061	.615061	.615061			39
41 ANESTHESIOLOGY	.221107	.221107	.221107			40
42 RADIOLOGY-DIAGNOSTIC	.225709	.225709	.225709			41
42.01 RADIOLOGY-THERAPEUTIC	.334470	.334470	.334470			42
42.02 ULTRASOUND	.275149	.275149	.275149			42.01
44 RADIOLOGY - PET SCAN	.346871	.346871	.346871			42.02
44 LABORATORY	.210433	.210433	.210433			44
44.01 ANATOMICAL LABORATORY	.358324	.358324	.358324			44.01
44.02 RADIOLOGY	.185528	.185528	.185528			44.02
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	.440969	.440969	.440969			47
47.01 ORTHOTIC SERVICES	.651095	.651095	.651095			47.01
49 RESPIRATORY THERAPY	.236942	.236942	.236942			49
50 PHYSICAL THERAPY	.473709	.473709	.473709			50
51 OCCUPATIONAL THERAPY	.485422	.485422	.485422			51
53 ELECTROCARDIOLOGY	.199382	.199382	.199382			53
54 ELECTROENCEPHALOGRAPHY	.296219	.296219	.296219			54
55 MEDICAL SUPPLIES CHARGED TO PAT	.407922	.407922	.407922			55
56 DRUGS CHARGED TO PATIENTS	.575338	.575338	.575338			56
57 RENAL DIALYSIS	.431543	.431543	.431543			57
59 IVF/CULTURE LAB	1.105489	1.105489	1.105489			59
59.01 LITHOTRIPSY	.248867	.248867	.248867			59.01
59.02 URODYNAMICS	.562042	.562042	.562042			59.02
59.03 SPINE TREATMENT CENTER	3.631413	3.631413	3.631413			59.03
59.04 OPHTHALMOLOGY SPECIALTY LABS	.432633	.432633	.432633			59.04
59.05 DIGESTIVE DISEASE CNTR	.270104	.270104	.270104			59.05
59.06 RECREATION THERAPY						59.06
59.07 CDC - REHAB	.847064	.847064	.847064			59.07
59.08 DIABETES EDUCATION	6.512133	6.512133	6.512133			59.08
OUTPATIENT SERVICE COST CENTERS						
60.01 ANESTHESIA PAIN CLINIC	.588082	.588082	.588082			60.01
60.02 DERMATOLOGY CLINIC	.410295	.410295	.410295			60.02
60.03 ORAL SURGERY CLINIC	1.187309	1.187309	1.187309			60.03
60.04 INTERNAL MEDICINE CLINIC	1.041338	1.041338	1.041338			60.04
60.05 NEUROLOGY CLINIC	1.295951	1.295951	1.295951			60.05
60.06 OB-GYN CLINIC	1.396076	1.396076	1.396076			60.06
60.07 OPHTHALMOLOGY CLINIC	.700563	.700563	.700563			60.07
60.08 ORTHOPAEDICS CLINIC	1.001931	1.001931	1.001931			60.08
60.09 OTOLARYNGOLOGY CLINIC	.944571	.944571	.944571			60.09
60.10 PEDIATRIC CLINIC	2.257755	2.257755	2.257755			60.10
60.11 SURGERY CLINIC	2.597140	2.597140	2.597140			60.11
60.12 UROLOGY CLINIC	.525848	.525848	.525848			60.12
60.13 PSYCHIATRIC CLINIC	1.116774	1.116774	1.116774			60.13
60.14 CANCER CLINIC	.668193	.668193	.668193			60.14
60.15 FAMILY CARE CLINIC	.828036	.828036	.828036			60.15
61 EMERGENCY	.207486	.207486	.207486			61
62 OBSERVATION BEDS (NON-DISTINCT	.260758	.260758	.260758			62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
64 HOME PROGRAM DIALYSIS	.575773	.575773	.575773			64
65 AMBULANCE SERVICES	.368440	.368440	.368440			65
65.01 AMBULANCE SERVICES (2ND PERIOD)	.368440	.368440	.368440			65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)	.368440	.368440	.368440			65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)	.368440	.368440	.368440			65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1 DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES		1	.575338	1
2 PROGRAM VACCINE CHARGES		2		2
2.01 PROGRAM VACCINE CHARGES		3		2.01
3 PROGRAM COSTS		3		3
3.01 PROGRAM COSTS		3.01		3.01

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [] HOSPITAL [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [XX] SUB I (16-S058) [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL OTHER (1) (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	ALL OTHER (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	PPS SER-VICES (SEE INSTRU.)	OUTPATIENT AMBULATORY CENTER	OUTPATIENT RADIOLOGY	OTHER OUTPATIENT DIAGNOSTIC
	5	5.01	5.02	5.03	5.04	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM								37
39 DELIVERY ROOM & LABOR ROOM								39
40 ANESTHESIOLOGY								40
41 RADIOLOGY-DIAGNOSTIC		2153						41
42 RADIOLOGY-THERAPEUTIC								42
42.01 ULTRASOUND								42.01
42.02 RADIOLOGY - PET SCAN								42.02
44 LABORATORY		343						44
44.01 ANATOMICAL LABORATORY								44.01
44.02 CARDIOLOGY								44.02
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
47 BLOOD STORING, PROCESSING & TR								47
47.01 ORTHOTIC SERVICES								47.01
49 RESPIRATORY THERAPY								49
50 PHYSICAL THERAPY								50
51 OCCUPATIONAL THERAPY								51
53 ELECTROCARDIOLOGY		580						53
54 ELECTROENCEPHALOGRAPHY								54
55 MEDICAL SUPPLIES CHARGED TO PA								55
56 DRUGS CHARGED TO PATIENTS		285						56
57 RENAL DIALYSIS								57
59 IVF/CULTURE LAB								59
59.01 LITHOTRIPSY								59.01
59.02 URODYNAMICS								59.02
59.03 SPINE TREATMENT CENTER								59.03
59.04 OPHTHALMOLOGY SPECIALTY LABS								59.04
59.05 DIGESTIVE DISEASE CNTR								59.05
59.06 RECREATION THERAPY								59.06
59.07 CDC - REHAB								59.07
59.08 DIABETES EDUCATION								59.08
OUTPATIENT SERVICE COST CENTERS								
60.01 ANESTHESIA PAIN CLINIC								60.01
60.02 DERMATOLOGY CLINIC								60.02
60.03 ORAL SURGERY CLINIC								60.03
60.04 INTERNAL MEDICINE CLINIC								60.04
60.05 NEUROLOGY CLINIC								60.05
60.06 OB-GYN CLINIC								60.06
60.07 OPHTHALMOLOGY CLINIC								60.07
60.08 ORTHOPAEDICS CLINIC								60.08
60.09 OTOLARYNGOLOGY CLINIC								60.09
60.10 PEDIATRIC CLINIC								60.10
60.11 SURGERY CLINIC								60.11
60.12 UROLOGY CLINIC								60.12
60.13 PSYCHIATRIC CLINIC								60.13
60.14 CANCER CLINIC								60.14
60.15 FAMILY CARE CLINIC								60.15
61 EMERGENCY								61
62 OBSERVATION BEDS (NON-DISTINCT)								62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
64 HOME PROGRAM DIALYSIS								64
65 AMBULANCE SERVICES								65
65.01 AMBULANCE SERVICES (2ND PERIOD)								65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)								65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)								65.03
101 SUBTOTAL		3361						101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		3361						104

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK [] TITLE V - O/P [] HOSPITAL [] SNF
 APPLICABLE [XX] TITLE XVIII-PT B [XX] SUB I (16-S058) [] NF
 BOXES [] TITLE XIX - O/P [] SUB II [] S/B-SNF
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL	
	ALL OTHER (COLS 1x5)	PPS SERVICES (COLUMNS 1.01x5.01)	ALL OTHER (COLUMNS 1.01x5.02)	PPS SERVICES (COLUMNS 1.01x5.03)	PPS SERVICES (COLUMNS 1.01x5.04)	I/P PART B CHARGES (SEE INSTRU.)	I/P PART B COST (COLUMNS 1.02x10)
	9	9.01	9.02	9.03	9.04	10	11
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
39 DELIVERY ROOM & LABOR ROOM							39
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC			486				41
42 RADIOLOGY-THERAPEUTIC							42
42.01 ULTRASOUND							42.01
42.02 RADIOLOGY - PET SCAN							42.02
44 LABORATORY			72				44
44.01 ANATOMICAL LABORATORY							44.01
44.02 CARDIOLOGY							44.02
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA							47
47.01 ORTHOTIC SERVICES							47.01
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
53 ELECTROCARDIOLOGY			116				53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO PAT							55
56 DRUGS CHARGED TO PATIENTS			164				56
57 RENAL DIALYSIS							57
59 IVF/CULTURE LAB							59
59.01 LITHOTRIPSY							59.01
59.02 URODYNAMICS							59.02
59.03 SPINE TREATMENT CENTER							59.03
59.04 OPHTHALMOLOGY SPECIALTY LABS							59.04
59.05 DIGESTIVE DISEASE CNTR							59.05
59.06 RECREATION THERAPY							59.06
59.07 CDC - REHAB							59.07
59.08 DIABETES EDUCATION							59.08
OUTPATIENT SERVICE COST CENTERS							
60.01 ANESTHESIA PAIN CLINIC							60.01
60.02 DERMATOLOGY CLINIC							60.02
60.03 ORAL SURGERY CLINIC							60.03
60.04 INTERNAL MEDICINE CLINIC							60.04
60.05 NEUROLOGY CLINIC							60.05
60.06 OB-GYN CLINIC							60.06
60.07 OPHTHALMOLOGY CLINIC							60.07
60.08 ORTHOPAEDICS CLINIC							60.08
60.09 OTOLARYNGOLOGY CLINIC							60.09
60.10 PEDIATRIC CLINIC							60.10
60.11 SURGERY CLINIC							60.11
60.12 UROLOGY CLINIC							60.12
60.13 PSYCHIATRIC CLINIC							60.13
60.14 CANCER CLINIC							60.14
60.15 FAMILY CARE CLINIC							60.15
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINCT)							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
64 HOME PROGRAM DIALYSIS							64
65 AMBULANCE SERVICES							65
65.01 AMBULANCE SERVICES (2ND PERIOD)							65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)							65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)							65.03
101 SUBTOTAL			838				101
102 CRNA CHARGES							102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS							103
104 NET CHARGES			838				104

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

CHECK [] TITLE V
 APPLICABLE [] TITLE XVIII-PT A
 BOXES [XX] TITLE XIX

COST CENTER DESCRIPTION	----- OLD CAPITAL -----			----- NEW CAPITAL -----			
	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	
	1	2	3	4	5	6	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS				10352468		10352468	25
26 INTENSIVE CARE UNIT							26
26.01 MEDICAL INTENSIVE CARE UNIT				540851		540851	26.01
27 CORONARY CARE UNIT				445366		445366	27
28 BURN INTENSIVE CARE UNIT				527109		527109	28
29 SURGICAL INTENSIVE CARE UNIT				903995		903995	29
30 NEONATAL INTENSIVE CARE UNIT				1656864		1656864	30
31 SUBPROVIDER I				1119775		1119775	31
33 NURSERY				58498		58498	33
101 TOTAL				15604926		15604926	101

COST CENTER DESCRIPTION	---- OLD CAPITAL ----			---- NEW CAPITAL ----			
	TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST	
	7	8	9	10	11	12	
INPAT ROUTINE SERV COST CTRS							
25 ADULTS & PEDIATRICS	126440	37012			81.88	3030543	25
26 INTENSIVE CARE UNIT							26
26.01 MEDICAL INTENSIVE CARE UNIT	4196	993			128.90	127998	26.01
27 CORONARY CARE UNIT	2935	714			151.74	108342	27
28 BURN INTENSIVE CARE UNIT	5135				102.65		28
29 SURGICAL INTENSIVE CARE UNIT	9945	1838			90.90	167074	29
30 NEONATAL INTENSIVE CARE UNIT	20631	14011			80.31	1125223	30
31 SUBPROVIDER I	23356	6313			47.94	302645	31
33 NURSERY	2811				20.81		33
101 TOTAL	195449	60881				4861825	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (16-0058) [] SUB III [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [XX] OTHER

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	---- OLD CAPITAL ----		---- NEW CAPITAL ----	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		6760976	227978508				.029656	37
39 DELIVERY ROOM & LABOR ROOM		511267	10175301				.050246	39
40 ANESTHESIOLOGY		801740	26721648				.030003	40
41 RADIOLOGY-DIAGNOSTIC		8025373	191570180				.041893	41
42 RADIOLOGY-THERAPEUTIC		3415676	35854624				.095265	42
42.01 ULTRASOUND		641496	12376186				.051833	42.01
42.02 RADIOLOGY - PET SCAN		793218	11178053				.070962	42.02
44 LABORATORY		2238793	184400210				.012141	44
44.01 ANATOMICAL LABORATORY		546945	18311012				.029870	44.01
44.02 CARDIOLOGY		1840848	53900871				.034152	44.02
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		525173	19547424				.026867	47
47.01 ORTHOTIC SERVICES		103171	3273807				.031514	47.01
49 RESPIRATORY THERAPY		776403	49349769				.015733	49
50 PHYSICAL THERAPY		257392	9789745				.026292	50
51 OCCUPATIONAL THERAPY		88454	3864157				.022891	51
53 ELECTROCARDIOLOGY		68526	4223787				.016224	53
54 ELECTROENCEPHALOGRAPHY		277898	7686961				.036152	54
55 MEDICAL SUPPLIES CHARGED TO P		1382129	91493772				.015106	55
56 DRUGS CHARGED TO PATIENTS		2733276	143667595				.019025	56
57 RENAL DIALYSIS		670996	18625882				.036025	57
59 IVF/CULTURE LAB		258838	2433276				.106374	59
59.01 LITHOTRIPSY		97466	4179851				.023318	59.01
59.02 URODYNAMICS		53867	1375912				.039150	59.02
59.03 SPINE TREATMENT CENTER		121307	523421				.231758	59.03
59.04 OPHTHALMOLOGY SPECIALTY LABS		218052	4174094				.052239	59.04
59.05 DIGESTIVE DISEASE CNTR		617344	21361332				.028900	59.05
59.06 RECREATION THERAPY								59.06
59.07 CDC - REHAB		62473	753517				.082909	59.07
59.08 DIABETES EDUCATION		35740	60168				.594003	59.08
OUTPATIENT SERVICE COST CENTERS								
60.01 ANESTHESIA PAIN CLINIC		181182	2005912				.090324	60.01
60.02 DERMATOLOGY CLINIC		380682	5684606				.066967	60.02
60.03 ORAL SURGERY CLINIC		393104	2235583				.175840	60.03
60.04 INTERNAL MEDICINE CLINIC		1329623	11281207				.117862	60.04
60.05 NEUROLOGY CLINIC		349887	1800805				.194295	60.05
60.06 OB-GYN CLINIC		1305543	6017927				.216942	60.06
60.07 OPHTHALMOLOGY CLINIC		929295	10026747				.092682	60.07
60.08 ORTHOPAEDICS CLINIC		606178	6484327				.093484	60.08
60.09 OTOLARYNGOLOGY CLINIC		905289	6939627				.130452	60.09
60.10 PEDIATRIC CLINIC		1104823	5240376				.210829	60.10
60.11 SURGERY CLINIC		945745	2298459				.411469	60.11
60.12 UROLOGY CLINIC		435689	5057590				.086146	60.12
60.13 PSYCHIATRIC CLINIC		458796	3125921				.146771	60.13
60.14 CANCER CLINIC		633644	10945278				.057892	60.14
60.15 FAMILY CARE CLINIC		842554	11585243				.072726	60.15
61 EMERGENCY		1010339	49762818				.020303	61
62 OBSERVATION BEDS (NON-DISTINC		126908	5305558				.023920	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
64 HOME PROGRAM DIALYSIS		19985	892473				.022393	64
65 AMBULANCE SERVICES								65
101 TOTAL		45884103	1305541520					101

PROVIDER NO. 16-0058 UNIV OF IOWA HOSP & CLINIC
 PERIOD FROM 07/01/2007 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2008.05
 12/01/2008 07:59

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

CHECK [] TITLE V
 APPLICABLE [] TITLE XVIII-PT A
 BOXES [XX] TITLE XIX

COST CENTER DESCRIPTION	NONPHYSICIAN	NURSING	ALLIED	ALL OTHER	TOTAL	
	ANESTHETIST	SCHOOL	HEALTH	MEDICAL SWING-BED		
	COST	COST	COSTS	EDUCATION ADJUSTMENT	COSTS	
	1	2	2.01	2.02 3	4	
INPAT ROUTINE SERV COST CTRS						
25 ADULTS & PEDIATRICS			243068		243068	25
26 INTENSIVE CARE UNIT						26
26.01 MEDICAL INTENSIVE CARE UNIT			234883		234883	26.01
27 CORONARY CARE UNIT			240577		240577	27
28 BURN INTENSIVE CARE UNIT			25627		25627	28
29 SURGICAL INTENSIVE CARE UNIT			234883		234883	29
30 NEONATAL INTENSIVE CARE UNIT			232748		232748	30
31 SUBPROVIDER I			9079		9079	31
33 NURSERY						33
34 SKILLED NURSING FACILITY						34
35 NURSING FACILITY						35
101 TOTAL			1220865		1220865	101

PROVIDER NO. 16-0058 UNIV OF IOWA HOSP & CLINIC
 PERIOD FROM 07/01/2007 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2008.05
 12/01/2008 07:59

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

CHECK [] TITLE V
 APPLICABLE [] TITLE XVIII-PT A
 BOXES [XX] TITLE XIX

COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8	
INPAT ROUTINE SERV COST CTRS					
25 ADULTS & PEDIATRICS	126440	1.92	37012	71063	25
26 INTENSIVE CARE UNIT					26
26.01 MEDICAL INTENSIVE CARE UNIT	4196	55.98	993	55588	26.01
27 CORONARY CARE UNIT	2935	81.97	714	58527	27
28 BURN INTENSIVE CARE UNIT	5135	4.99			28
29 SURGICAL INTENSIVE CARE UNIT	9945	23.62	1838	43414	29
30 NEONATAL INTENSIVE CARE UNIT	20631	11.28	14011	158044	30
31 SUBPROVIDER I	23356	.39	6313	2462	31
33 NURSERY	2811				33
34 SKILLED NURSING FACILITY					34
35 NURSING FACILITY					35
101 TOTAL	195449		60881	389098	101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (16-0058) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL COST	ALLIED HEALTH COSTS	ALL OTHER MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST					
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
39 DELIVERY ROOM & LABOR ROOM				3914			3914
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC				831848			831848
42 RADIOLOGY-THERAPEUTIC							42
42.01 ULTRASOUND							42.01
42.02 RADIOLOGY - PET SCAN							42.02
44 LABORATORY				440354			440354
44.01 ANATOMICAL LABORATORY							44.01
44.02 CARDIOLOGY							44.02
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
47.01 ORTHOTIC SERVICES							47.01
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS				1779			1779
59 IVF/CULTURE LAB							59
59.01 LITHOTRIPSY							59.01
59.02 URODYNAMICS							59.02
59.03 SPINE TREATMENT CENTER							59.03
59.04 OPHTHALMOLOGY SPECIALTY LABS							59.04
59.05 DIGESTIVE DISEASE CNTR							59.05
59.06 RECREATION THERAPY							59.06
59.07 CDC - REHAB				4229			4229
59.08 DIABETES EDUCATION				1779			1779
OUTPATIENT SERVICE COST CENTERS							
60.01 ANESTHESIA PAIN CLINIC							60.01
60.02 DERMATOLOGY CLINIC							60.02
60.03 ORAL SURGERY CLINIC							60.03
60.04 INTERNAL MEDICINE CLINIC							60.04
60.05 NEUROLOGY CLINIC							60.05
60.06 OB-GYN CLINIC							60.06
60.07 OPHTHALMOLOGY CLINIC							60.07
60.08 ORTHOPAEDICS CLINIC							60.08
60.09 OTOLARYNGOLOGY CLINIC							60.09
60.10 PEDIATRIC CLINIC							60.10
60.11 SURGERY CLINIC							60.11
60.12 UROLOGY CLINIC							60.12
60.13 PSYCHIATRIC CLINIC							60.13
60.14 CANCER CLINIC							60.14
60.15 FAMILY CARE CLINIC				12351			12351
61 EMERGENCY				5639			5639
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
64 HOME PROGRAM DIALYSIS							64
65 AMBULANCE SERVICES							65
101 TOTAL				1301893			1301893

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (16-0058) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		227978508					37
39 DELIVERY ROOM & LABOR ROOM	3914	10175301	.000385	.000385			39
40 ANESTHESIOLOGY		26721648					40
41 RADIOLOGY-DIAGNOSTIC	831848	191570180	.004342	.004342			41
42 RADIOLOGY-THERAPEUTIC		35854624					42
42.01 ULTRASOUND		12376186					42.01
42.02 RADIOLOGY - PET SCAN		11178053					42.02
44 LABORATORY	440354	184400210	.002388	.002388			44
44.01 ANATOMICAL LABORATORY		18311012					44.01
44.02 CARDIOLOGY		53900871					44.02
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		19547424					47
47.01 ORTHOTIC SERVICES		3273807					47.01
49 RESPIRATORY THERAPY		49349769					49
50 PHYSICAL THERAPY		9789745					50
51 OCCUPATIONAL THERAPY		3864157					51
53 ELECTROCARDIOLOGY		4223787					53
54 ELECTROENCEPHALOGRAPHY		7686961					54
55 MEDICAL SUPPLIES CHARGED TO P		91493772					55
56 DRUGS CHARGED TO PATIENTS		143667595					56
57 RENAL DIALYSIS	1779	18625882	.000096	.000096			57
59 IVF/CULTURE LAB		2433276					59
59.01 LITHOTRIPSY		4179851					59.01
59.02 URODYNAMICS		1375912					59.02
59.03 SPINE TREATMENT CENTER		523421					59.03
59.04 OPHTHALMOLOGY SPECIALTY LABS		4174094					59.04
59.05 DIGESTIVE DISEASE CNTR		21361332					59.05
59.06 RECREATION THERAPY							59.06
59.07 CDC - REHAB	4229	753517	.005612	.005612			59.07
59.08 DIABETES EDUCATION	1779	60168	.029567	.029567			59.08
OUTPATIENT SERVICE COST CENTERS							
60.01 ANESTHESIA PAIN CLINIC		2005912					60.01
60.02 DERMATOLOGY CLINIC		5684606					60.02
60.03 ORAL SURGERY CLINIC		2235583					60.03
60.04 INTERNAL MEDICINE CLINIC		11281207					60.04
60.05 NEUROLOGY CLINIC		1800805					60.05
60.06 OB-GYN CLINIC		6017927					60.06
60.07 OPHTHALMOLOGY CLINIC		10026747					60.07
60.08 ORTHOPAEDICS CLINIC		6484327					60.08
60.09 OTOLARYNGOLOGY CLINIC		6939627					60.09
60.10 PEDIATRIC CLINIC		5240376					60.10
60.11 SURGERY CLINIC		2298459					60.11
60.12 UROLOGY CLINIC		5057590					60.12
60.13 PSYCHIATRIC CLINIC		3125921					60.13
60.14 CANCER CLINIC		10945278					60.14
60.15 FAMILY CARE CLINIC	12351	11585243	.001066	.001066			60.15
61 EMERGENCY	5639	49762818	.000113	.000113			61
62 OBSERVATION BEDS (NON-DISTINC		5305558					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
64 HOME PROGRAM DIALYSIS		892473					64
65 AMBULANCE SERVICES							65
101 TOTAL	1301893	1305541520					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (16-0058) [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
42 RADIOLOGY-THERAPEUTIC					42
42.01 ULTRASOUND					42.01
42.02 RADIOLOGY - PET SCAN					42.02
44 LABORATORY					44
44.01 ANATOMICAL LABORATORY					44.01
44.02 CARDIOLOGY					44.02
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
47.01 ORTHOTIC SERVICES					47.01
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
59 IVF/CULTURE LAB					59
59.01 LITHOTRIPSY					59.01
59.02 URODYNAMICS					59.02
59.03 SPINE TREATMENT CENTER					59.03
59.04 OPHTHALMOLOGY SPECIALTY LABS					59.04
59.05 DIGESTIVE DISEASE CNTR					59.05
59.06 RECREATION THERAPY					59.06
59.07 CDC - REHAB					59.07
59.08 DIABETES EDUCATION					59.08
OUTPATIENT SERVICE COST CENTERS					
60.01 ANESTHESIA PAIN CLINIC					60.01
60.02 DERMATOLOGY CLINIC					60.02
60.03 ORAL SURGERY CLINIC					60.03
60.04 INTERNAL MEDICINE CLINIC					60.04
60.05 NEUROLOGY CLINIC					60.05
60.06 OB-GYN CLINIC					60.06
60.07 OPHTHALMOLOGY CLINIC					60.07
60.08 ORTHOPAEDICS CLINIC					60.08
60.09 OTOLARYNGOLOGY CLINIC					60.09
60.10 PEDIATRIC CLINIC					60.10
60.11 SURGERY CLINIC					60.11
60.12 UROLOGY CLINIC					60.12
60.13 PSYCHIATRIC CLINIC					60.13
60.14 CANCER CLINIC					60.14
60.15 FAMILY CARE CLINIC					60.15
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
64 HOME PROGRAM DIALYSIS					64
65 AMBULANCE SERVICES					65
101 TOTAL					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [] HOSPITAL [] SUB III [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (16-S058) [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [XX] OTHER

COST CENTER DESCRIPTION	OLD	NEW	TOTAL	INPATIENT PROGRAM CHARGES	OLD CAPITAL		NEW CAPITAL	
	CAPITAL RELATED COST	CAPITAL RELATED COST			RATIO OF COST TO CHARGES	CAPITAL COSTS	RATIO OF COST TO CHARGES	CAPITAL COSTS
	1	2	3	4	5	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		6760976	227978508				.029656	37
39 DELIVERY ROOM & LABOR ROOM		511267	10175301				.050246	39
40 ANESTHESIOLOGY		801740	26721648				.030003	40
41 RADIOLOGY-DIAGNOSTIC		8025373	191570180				.041893	41
42 RADIOLOGY-THERAPEUTIC		3415676	35854624				.095265	42
42.01 ULTRASOUND		641496	12376186				.051833	42.01
42.02 RADIOLOGY - PET SCAN		793218	11178053				.070962	42.02
44 LABORATORY		2238793	184400210				.012141	44
44.01 ANATOMICAL LABORATORY		546945	18311012				.029870	44.01
44.02 CARDIOLOGY		1840848	53900871				.034152	44.02
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
47 BLOOD STORING, PROCESSING & T		525173	19547424				.026867	47
47.01 ORTHOTIC SERVICES		103171	3273807				.031514	47.01
49 RESPIRATORY THERAPY		776403	49349769				.015733	49
50 PHYSICAL THERAPY		257392	9789745				.026292	50
51 OCCUPATIONAL THERAPY		88454	3864157				.022891	51
53 ELECTROCARDIOLOGY		68526	4223787				.016224	53
54 ELECTROENCEPHALOGRAPHY		277898	7686961				.036152	54
55 MEDICAL SUPPLIES CHARGED TO P		1382129	91493772				.015106	55
56 DRUGS CHARGED TO PATIENTS		2733276	143667595				.019025	56
57 RENAL DIALYSIS		670996	18625882				.036025	57
59 IVF/CULTURE LAB		258838	2433276				.106374	59
59.01 LITHOTRIPSY		97466	4179851				.023318	59.01
59.02 URODYNAMICS		53867	1375912				.039150	59.02
59.03 SPINE TREATMENT CENTER		121307	523421				.231758	59.03
59.04 OPHTHALMOLOGY SPECIALTY LABS		218052	4174094				.052239	59.04
59.05 DIGESTIVE DISEASE CNTR		617344	21361332				.028900	59.05
59.06 RECREATION THERAPY								59.06
59.07 CDC - REHAB		62473	753517				.082909	59.07
59.08 DIABETES EDUCATION		35740	60168				.594003	59.08
OUTPATIENT SERVICE COST CENTERS								
60.01 ANESTHESIA PAIN CLINIC		181182	2005912				.090324	60.01
60.02 DERMATOLOGY CLINIC		380682	5684606				.066967	60.02
60.03 ORAL SURGERY CLINIC		393104	2235583				.175840	60.03
60.04 INTERNAL MEDICINE CLINIC		1329623	11281207				.117862	60.04
60.05 NEUROLOGY CLINIC		349887	1800805				.194295	60.05
60.06 OB-GYN CLINIC		1305543	6017927				.216942	60.06
60.07 OPHTHALMOLOGY CLINIC		929295	10026747				.092682	60.07
60.08 ORTHOPAEDICS CLINIC		606178	6484327				.093484	60.08
60.09 OTOLARYNGOLOGY CLINIC		905289	6939627				.130452	60.09
60.10 PEDIATRIC CLINIC		1104823	5240376				.210829	60.10
60.11 SURGERY CLINIC		945745	2298459				.411469	60.11
60.12 UROLOGY CLINIC		435689	5057590				.086146	60.12
60.13 PSYCHIATRIC CLINIC		458796	3125921				.146771	60.13
60.14 CANCER CLINIC		633644	10945278				.057892	60.14
60.15 FAMILY CARE CLINIC		842554	11585243				.072726	60.15
61 EMERGENCY		1010339	49762818				.020303	61
62 OBSERVATION BEDS (NON-DISTINC		126908	5305558				.023920	62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
64 HOME PROGRAM DIALYSIS		19985	892473				.022393	64
65 AMBULANCE SERVICES								65
101 TOTAL		45884103	1305541520					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (16-S058) [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT		NURSING SCHOOL COST	ALLIED HEALTH COSTS	ALL OTHER MEDICAL EDUCATION COSTS	ADMINISTERING BLOOD CLOTTING FACTORS COST	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST COST	NONPHYSICIAN ANESTHETIST COST					
	1	1.01	2	2.01	2.02	2.03	3
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
39 DELIVERY ROOM & LABOR ROOM				3914			3914
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC				831848			831848
42 RADIOLOGY-THERAPEUTIC							42
42.01 ULTRASOUND							42.01
42.02 RADIOLOGY - PET SCAN							42.02
44 LABORATORY				440354			440354
44.01 ANATOMICAL LABORATORY							44.01
44.02 CARDIOLOGY							44.02
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T							47
47.01 ORTHOTIC SERVICES							47.01
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
51 OCCUPATIONAL THERAPY							51
53 ELECTROCARDIOLOGY							53
54 ELECTROENCEPHALOGRAPHY							54
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
57 RENAL DIALYSIS				1779			1779
59 IVF/CULTURE LAB							59
59.01 LITHOTRIPSY							59.01
59.02 URODYNAMICS							59.02
59.03 SPINE TREATMENT CENTER							59.03
59.04 OPHTHALMOLOGY SPECIALTY LABS							59.04
59.05 DIGESTIVE DISEASE CNTR							59.05
59.06 RECREATION THERAPY							59.06
59.07 CDC - REHAB				4229			4229
59.08 DIABETES EDUCATION				1779			1779
OUTPATIENT SERVICE COST CENTERS							
60.01 ANESTHESIA PAIN CLINIC							60.01
60.02 DERMATOLOGY CLINIC							60.02
60.03 ORAL SURGERY CLINIC							60.03
60.04 INTERNAL MEDICINE CLINIC							60.04
60.05 NEUROLOGY CLINIC							60.05
60.06 OB-GYN CLINIC							60.06
60.07 OPHTHALMOLOGY CLINIC							60.07
60.08 ORTHOPAEDICS CLINIC							60.08
60.09 OTOLARYNGOLOGY CLINIC							60.09
60.10 PEDIATRIC CLINIC							60.10
60.11 SURGERY CLINIC							60.11
60.12 UROLOGY CLINIC							60.12
60.13 PSYCHIATRIC CLINIC							60.13
60.14 CANCER CLINIC							60.14
60.15 FAMILY CARE CLINIC				12351			12351
61 EMERGENCY				5639			5639
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
64 HOME PROGRAM DIALYSIS							64
65 AMBULANCE SERVICES							65
101 TOTAL				1301893			1301893

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (16-S058) [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT	TOTAL	RATIO OF	OUTPATIENT	INPATIENT	INPATIENT	OUTPATIENT
	PASS THROUGH		COST TO	RATIO OF COST	PROGRAM	PROGRAM	PROGRAM
	COSTS	CHARGES	CHARGES	TO CHARGES	CHARGES	PASS THROUGH	PROGRAM
	3.01	4	5	5.01	6	7	8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		227978508					37
39 DELIVERY ROOM & LABOR ROOM	3914	10175301	.000385	.000385			39
40 ANESTHESIOLOGY		26721648					40
41 RADIOLOGY-DIAGNOSTIC	831848	191570180	.004342	.004342			41
42 RADIOLOGY-THERAPEUTIC		35854624					42
42.01 ULTRASOUND		12376186					42.01
42.02 RADIOLOGY - PET SCAN		11178053					42.02
44 LABORATORY	440354	184400210	.002388	.002388			44
44.01 ANATOMICAL LABORATORY		18311012					44.01
44.02 CARDIOLOGY		53900871					44.02
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
47 BLOOD STORING, PROCESSING & T		19547424					47
47.01 ORTHOTIC SERVICES		3273807					47.01
49 RESPIRATORY THERAPY		49349769					49
50 PHYSICAL THERAPY		9789745					50
51 OCCUPATIONAL THERAPY		3864157					51
53 ELECTROCARDIOLOGY		4223787					53
54 ELECTROENCEPHALOGRAPHY		7686961					54
55 MEDICAL SUPPLIES CHARGED TO P		91493772					55
56 DRUGS CHARGED TO PATIENTS		143667595					56
57 RENAL DIALYSIS	1779	18625882	.000096	.000096			57
59 IVF/CULTURE LAB		2433276					59
59.01 LITHOTRIPSY		4179851					59.01
59.02 URODYNAMICS		1375912					59.02
59.03 SPINE TREATMENT CENTER		523421					59.03
59.04 OPHTHALMOLOGY SPECIALTY LABS		4174094					59.04
59.05 DIGESTIVE DISEASE CNTR		21361332					59.05
59.06 RECREATION THERAPY							59.06
59.07 CDC - REHAB	4229	753517	.005612	.005612			59.07
59.08 DIABETES EDUCATION	1779	60168	.029567	.029567			59.08
OUTPATIENT SERVICE COST CENTERS							
60.01 ANESTHESIA PAIN CLINIC		2005912					60.01
60.02 DERMATOLOGY CLINIC		5684606					60.02
60.03 ORAL SURGERY CLINIC		2235583					60.03
60.04 INTERNAL MEDICINE CLINIC		11281207					60.04
60.05 NEUROLOGY CLINIC		1800805					60.05
60.06 OB-GYN CLINIC		6017927					60.06
60.07 OPHTHALMOLOGY CLINIC		10026747					60.07
60.08 ORTHOPAEDICS CLINIC		6484327					60.08
60.09 OTOLARYNGOLOGY CLINIC		6939627					60.09
60.10 PEDIATRIC CLINIC		5240376					60.10
60.11 SURGERY CLINIC		2298459					60.11
60.12 UROLOGY CLINIC		5057590					60.12
60.13 PSYCHIATRIC CLINIC		3125921					60.13
60.14 CANCER CLINIC		10945278					60.14
60.15 FAMILY CARE CLINIC	12351	11585243	.001066	.001066			60.15
61 EMERGENCY	5639	49762818	.000113	.000113			61
62 OBSERVATION BEDS (NON-DISTINC		5305558					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
64 HOME PROGRAM DIALYSIS		892473					64
65 AMBULANCE SERVICES							65
101 TOTAL	1301893	1305541520					101

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [] HOSPITAL [] SUB IV [] PPS
 APPLICABLE [] TITLE XVIII-PT A [XX] SUB I (16-S058) [] SNF [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [] NF [] OTHER
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM CHARGES	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS	OUTPATIENT PROGRAM PASS THROUGH COSTS
	8.01	8.02	9	9.01	9.02
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
42 RADIOLOGY-THERAPEUTIC					42
42.01 ULTRASOUND					42.01
42.02 RADIOLOGY - PET SCAN					42.02
44 LABORATORY					44
44.01 ANATOMICAL LABORATORY					44.01
44.02 CARDIOLOGY					44.02
46.30 BLOOD CLOTTING FACTORS ADMIN					46.30
47 BLOOD STORING, PROCESSING & T					47
47.01 ORTHOTIC SERVICES					47.01
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO P					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
59 IVF/CULTURE LAB					59
59.01 LITHOTRIPSY					59.01
59.02 URODYNAMICS					59.02
59.03 SPINE TREATMENT CENTER					59.03
59.04 OPHTHALMOLOGY SPECIALTY LABS					59.04
59.05 DIGESTIVE DISEASE CNTR					59.05
59.06 RECREATION THERAPY					59.06
59.07 CDC - REHAB					59.07
59.08 DIABETES EDUCATION					59.08
OUTPATIENT SERVICE COST CENTERS					
60.01 ANESTHESIA PAIN CLINIC					60.01
60.02 DERMATOLOGY CLINIC					60.02
60.03 ORAL SURGERY CLINIC					60.03
60.04 INTERNAL MEDICINE CLINIC					60.04
60.05 NEUROLOGY CLINIC					60.05
60.06 OB-GYN CLINIC					60.06
60.07 OPHTHALMOLOGY CLINIC					60.07
60.08 ORTHOPAEDICS CLINIC					60.08
60.09 OTOLARYNGOLOGY CLINIC					60.09
60.10 PEDIATRIC CLINIC					60.10
60.11 SURGERY CLINIC					60.11
60.12 UROLOGY CLINIC					60.12
60.13 PSYCHIATRIC CLINIC					60.13
60.14 CANCER CLINIC					60.14
60.15 FAMILY CARE CLINIC					60.15
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINC					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
64 HOME PROGRAM DIALYSIS					64
65 AMBULANCE SERVICES					65
101 TOTAL					101

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

[] TITLE V-INPT [XX] TITLE XVIII-PART A [] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (16-0058)	SUB I (TEFRA) (16-S058)	SUB II	SUB III	SUB IV	SNF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	126440	23356					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	126440	23356					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	126440	23356					4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	40114	6410					9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15 TOTAL NURSERY DAYS							15
16 TITLE V OR XIX NURSERY DAYS							16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

[] TITLE V-INPT [XX] TITLE XVIII-PART A [] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (16-0058)	SUB I (TEFRA) (16-S058)	SUB II	SUB III	SUB IV	SNF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	112855691	16490891					21
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							22
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							23
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							25
26 TOTAL SWING-BED COST							26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	112855691	16490891					27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	194935613	24592214					28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.578938	.670574					31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE							33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	112855691	16490891					37

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

[] TITLE V-INPT [XX] TITLE XVIII-PART A [] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (16-0058)	SUB I (TEFRA) (16-S058)	SUB II	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	892.56	706.07				38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	35804152	4525909				39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	35804152	4525909				41

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42 NURSERY (TITLES V AND XIX ONLY)						42
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43 INTENSIVE CARE UNIT						43
43.01 MEDICAL INTENSIVE CARE UNIT	7023525	4196	1673.86	1947	3259005	43.01
44 CORONARY CARE UNIT	5053047	2935	1721.65	1419	2443021	44
45 BURN INTENSIVE CARE UNIT	6747991	5135	1314.12	80	105130	45
46 SURGICAL INTENSIVE CARE UNIT	15719004	9945	1580.59	3843	6074207	46
47 NEONATAL INTENSIVE CARE UNIT	23554697	20631	1141.71			47

	HOSPITAL (PPS) (16-0058)	SUB I (TEFRA) (16-S058)	SUB II	SUB III	SUB IV	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST	63487073	726990				48
49 TOTAL PROGRAM INPATIENT COSTS	111172588	5252899				49

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	4501860	309795				50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	4962361	55060				51
52 TOTAL PROGRAM EXCLUDABLE COST	9464221	364855				52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	101708367	4888044				53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

[] TITLE V-INPT [XX] TITLE XVIII-PART A [] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (PPS) (16-0058)	SUB I (TEFRA) (16-S058)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
	1	1	1	1	1	
54		439				54
55		10365.89				55
56		4550626				56
57		-337418				57
58						58
58.01						58.01
58.02						58.02
58.03						58.03
58.04						58.04
59		4915481				59
59.01						59.01
59.02						59.02
59.03						59.03
59.04						59.04
59.05						59.05
59.06						59.06
59.07						59.07
59.08						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						60
61						61
62						62
63						63
64						64
65						65

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

[] TITLE V-INPT [XX] TITLE XVIII-PART A [] TITLE XIX-INPT

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

SNF

1

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

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PARTS III & IV

[] TITLE V-INPT [XX] TITLE XVIII-PART A [] TITLE XIX-INPT

HOSPITAL SUB I SUB II SUB III SUB IV
 (PPS) (TEFRA)
 (16-0058)(16-S058)
 1 1 1 1 1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	1550	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	892.56	84
85 OBSERVATION BED COST	1383468	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL

	COST	ROUTINE COST (FROM LINE 27)	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST (FROM LINE 85)	OBSERVATION BED PASS-THROUGH COST COL 3 TIMES COL 4	
	1	2	3	4	5	
86 OLD CAPITAL-RELATED COST		112855691		1383468		86
87 NEW CAPITAL-RELATED COST	10352468	112855691	.091732	1383468	126908	87
88 NON PHYSICIAN ANESTHETIST		112855691		1383468		88
89 NURSING SCHOOL		112855691		1383468		89
89.01 ALLIED HEALTH	243068	112855691	.002154	1383468	2980	89.01
89.02 ALL OTHER		112855691		1383468		89.02

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

[] TITLE V-INPT [] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (16-0058)	SUB I (OTHER) (16-S058)	SUB II	SUB III	SUB IV	NF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	126440	23356					1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	126440	23356					2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	126440	23356					4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	37012	6313					9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15 TOTAL NURSERY DAYS	2811						15
16 TITLE V OR XIX NURSERY DAYS							16

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I (CONT)

[] TITLE V-INPT [] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (16-0058)	SUB I (OTHER) (16-S058)	SUB II	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT							
	1	1	1	1	1	1	
17							17
MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
18							18
MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
19							19
MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
20							20
MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
21	112855691	16490891					21
TOTAL GENERAL INPATIENT ROUTINE SERVICE COST							
22							22
SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
23							23
SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
24							24
SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							
25							25
SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							
26							26
TOTAL SWING-BED COST							
27	112855691	16490891					27
GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST							
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28	194935613	24592214					28
GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)							
29							29
PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							
30							30
SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							
31	.578938	.670574					31
GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO							
32							32
AVERAGE PRIVATE ROOM PER DIEM CHARGE							
33							33
AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE							
34							34
AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							
35							35
AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							
36							36
PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							
37	112855691	16490891					37
GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL							

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II

[] TITLE V-INPT [] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

		HOSPITAL (OTHER) (16-0058)	SUB I (OTHER) (16-S058)	SUB II	SUB III	SUB IV		
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		1	1	1	1	1		
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	892.56	706.07					38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	33035431	4457420					39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM							40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	33035431	4457420					41
		TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5		
42	NURSERY (TITLES V AND XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS	1774582	2811	631.30				42
43	INTENSIVE CARE UNIT							43
43.01	MEDICAL INTENSIVE CARE UNIT	7023525	4196	1673.86	993	1662143		43.01
44	CORONARY CARE UNIT	5053047	2935	1721.65	714	1229258		44
45	BURN INTENSIVE CARE UNIT	6747991	5135	1314.12				45
46	SURGICAL INTENSIVE CARE UNIT	15719004	9945	1580.59	1838	2905124		46
47	NEONATAL INTENSIVE CARE UNIT	23554697	20631	1141.71	14011	15996499		47
		HOSPITAL (OTHER) (16-0058)	SUB I (OTHER) (16-S058)	SUB II	SUB III	SUB IV		
		1	1	1	1	1		
48	PROGRAM INPATIENT ANCILLARY SERVICE COST							48
49	TOTAL PROGRAM INPATIENT COSTS	54828455	4457420					49
PASS THROUGH COST ADJUSTMENTS								
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	4945816	305107					50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES							51
52	TOTAL PROGRAM EXCLUDABLE COST	4945816	305107					52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS							53

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART II (CONT)

[] TITLE V-INPT [] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (16-0058)	SUB I (OTHER) (16-S058)	SUB II	SUB III	SUB IV	
TARGET AMOUNT AND LIMITATION COMPUTATION						
54	1	1	1	1	1	54
55		438				55
56						56
57						57
58						58
58.01						58.01
58.02						58.02
58.03						58.03
58.04						58.04
59						59
59.01						59.01
59.02						59.02
59.03						59.03
59.04						59.04
59.05						59.05
59.06						59.06
59.07						59.07
59.08						59.08
PROGRAM INPATIENT ROUTINE SWING BED COST						
60						60
61						61
62						62
63						63
64						64
65						65

PROVIDER NO. 16-0058 UNIV OF IOWA HOSP & CLINIC
PERIOD FROM 07/01/2007 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2008.05
12/01/2008 07:59

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

[] TITLE V-INPT [] TITLE XVIII-PART A [XX] TITLE XIX-INPT

PART III - SKILLED NURSING FACILITY, NURSING FACILITY AND ICF/MR ONLY NF

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

PROVIDER NO. 16-0058 UNIV OF IOWA HOSP & CLINIC
PERIOD FROM 07/01/2007 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2008.05
12/01/2008 07:59

COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
PARTS III & IV

TITLE V-INPT TITLE XVIII-PART A TITLE XIX-INPT

HOSPITAL (OTHER) (16-0058)	SUB I (OTHER) (16-S058)	SUB II	SUB III	SUB IV
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	1550	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	892.56	84
85 OBSERVATION BED COST	1383468	85

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V [XX] HOSPITAL (16-0058) [] SNF [XX] PPS
 [XX] TITLE XVIII-PT A [] SUB I [] NF [] TEFRA
 [] TITLE XIX [] SUB II [] S/B-SNF [] OTHER
 [] SUB III [] S/B-NF
 [] SUB IV [] ICF/MR

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		60070784		25
26.01 MEDICAL INTENSIVE CARE UNIT		13023548		26.01
27 CORONARY CARE UNIT		6550917		27
28 BURN INTENSIVE CARE UNIT		278117		28
29 SURGICAL INTENSIVE CARE UNIT		4877370		29
30 NEONATAL INTENSIVE CARE UNIT				30
31 SUBPROVIDER I				31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.374621	37039566	13875799	37
39 DELIVERY ROOM & LABOR ROOM	.615061	97172	59767	39
40 ANESTHESIOLOGY	.221107	4419283	977134	40
41 RADIOLOGY-DIAGNOSTIC	.225709	24591470	5550516	41
42 RADIOLOGY-THERAPEUTIC	.334470	587837	196614	42
42.01 ULTRASOUND	.275149	859807	236575	42.01
42.02 RADIOLOGY - PET SCAN	.346871	458052	158885	42.02
44 LABORATORY	.211189	33448893	7064038	44
44.01 ANATOMICAL LABORATORY	.369096	1696950	626337	44.01
44.02 RADIOLOGY	.185528	11587907	2149881	44.02
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.440969	5051402	2227512	47
47.01 ORTHOTIC SERVICES	.651095	373225	243005	47.01
49 RESPIRATORY THERAPY	.236942	11891134	2817509	49
50 PHYSICAL THERAPY	.473709	2859043	1354354	50
51 OCCUPATIONAL THERAPY	.485422	739548	358993	51
53 ELECTROCARDIOLOGY	.199382	926482	184724	53
54 ELECTROENCEPHALOGRAPHY	.296219	851708	252292	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.407922	25418601	10368807	55
56 DRUGS CHARGED TO PATIENTS	.575338	21234789	12217181	56
57 RENAL DIALYSIS	.431543	2965777	1279860	57
59 IVF/CULTURE LAB	1.105489	57	63	59
59.01 LITHOTRIPSY	.248867	238187	59277	59.01
59.02 URODYNAMICS	.562042			59.02
59.03 SPINE TREATMENT CENTER	3.631413	1391	5051	59.03
59.04 OPHTHALMOLOGY SPECIALTY LABS	.432633	14685	6353	59.04
59.05 DIGESTIVE DISEASE CNTR	.270104	1925445	520070	59.05
59.06 RECREATION THERAPY				59.06
59.07 CDC - REHAB	.847064			59.07
59.08 DIABETES EDUCATION	6.512133			59.08
OUTPATIENT SERVICE COST CENTERS				
60.01 ANESTHESIA PAIN CLINIC	.588082	18175	10688	60.01
60.02 DERMATOLOGY CLINIC	.410295	7989	3278	60.02
60.03 ORAL SURGERY CLINIC	1.187309	659	782	60.03
60.04 INTERNAL MEDICINE CLINIC	1.041338	38546	40139	60.04
60.05 NEUROLOGY CLINIC	1.295951	4985	6460	60.05
60.06 OB-GYN CLINIC	1.396076	6053	8450	60.06
60.07 OPHTHALMOLOGY CLINIC	.700563	40401	28303	60.07
60.08 ORTHOPAEDICS CLINIC	1.001931	28921	28977	60.08
60.09 OTOLARYNGOLOGY CLINIC	.944571	393128	371337	60.09
60.10 PEDIATRIC CLINIC	2.257755	8126	18347	60.10
60.11 SURGERY CLINIC	2.597140	30837	80088	60.11
60.12 UROLOGY CLINIC	.525848	90156	47408	60.12
60.13 PSYCHIATRIC CLINIC	1.116774	9630	10755	60.13
60.14 CANCER CLINIC	.668193	38270	25572	60.14
60.15 FAMILY CARE CLINIC	.828036	19193	15892	60.15
61 EMERGENCY	.207486			61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.260758			62
63.50 RHC				63.50
63.60 FQHC				63.60
64 HOME PROGRAM DIALYSIS	.575773			64
65 AMBULANCE SERVICES				65
101 TOTAL		190013480	63487073	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		190013480		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

[] TITLE V	[] HOSPITAL	[] SNF	[] PPS
[XX] TITLE XVIII-PT A	[XX] SUB I (16-S058)	[] NF	[XX] TEFRA
[] TITLE XIX	[] SUB II	[] S/B-SNF	[] OTHER
	[] SUB III	[] S/B-NF	
	[] SUB IV	[] ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT	
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS	
	1	2	3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26.01 MEDICAL INTENSIVE CARE UNIT				26.01
27 CORONARY CARE UNIT				27
28 BURN INTENSIVE CARE UNIT				28
29 SURGICAL INTENSIVE CARE UNIT				29
30 NEONATAL INTENSIVE CARE UNIT				30
31 SUBPROVIDER I		6458550		31
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.374621	221532	82991	37
39 DELIVERY ROOM & LABOR ROOM	.615061			39
40 ANESTHESIOLOGY	.221107	86480	19121	40
41 RADIOLOGY-DIAGNOSTIC	.225709	278565	62875	41
42 RADIOLOGY-THERAPEUTIC	.334470			42
42.01 ULTRASOUND	.275149	6218	1711	42.01
42.02 RADIOLOGY - PET SCAN	.346871			42.02
44 LABORATORY	.210433	635119	133650	44
44.01 ANATOMICAL LABORATORY	.358324	4719	1691	44.01
44.02 RADIOLOGY	.185528			44.02
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
47 BLOOD STORING, PROCESSING & TRA	.440969	1144	504	47
47.01 ORTHOTIC SERVICES	.651095	2814	1832	47.01
49 RESPIRATORY THERAPY	.236942	21717	5146	49
50 PHYSICAL THERAPY	.473709	21069	9981	50
51 OCCUPATIONAL THERAPY	.485422	152609	74080	51
53 ELECTROCARDIOLOGY	.199382	27545	5492	53
54 ELECTROENCEPHALOGRAPHY	.296219	12937	3832	54
55 MEDICAL SUPPLIES CHARGED TO PAT	.407922	23442	9563	55
56 DRUGS CHARGED TO PATIENTS	.575338	347501	199931	56
57 RENAL DIALYSIS	.431543	64608	27881	57
59 IVF/CULTURE LAB	1.105489			59
59.01 LITHOTRIPSY	.248867			59.01
59.02 URODYNAMICS	.562042			59.02
59.03 SPINE TREATMENT CENTER	3.631413			59.03
59.04 OPHTHALMOLOGY SPECIALTY LABS	.432633			59.04
59.05 DIGESTIVE DISEASE CNTR	.270104			59.05
59.06 RECREATION THERAPY				59.06
59.07 CDC - REHAB	.847064			59.07
59.08 DIABETES EDUCATION	6.512133			59.08
OUTPATIENT SERVICE COST CENTERS				
60.01 ANESTHESIA PAIN CLINIC	.588082			60.01
60.02 DERMATOLOGY CLINIC	.410295			60.02
60.03 ORAL SURGERY CLINIC	1.187309			60.03
60.04 INTERNAL MEDICINE CLINIC	1.041338			60.04
60.05 NEUROLOGY CLINIC	1.295951			60.05
60.06 OB-GYN CLINIC	1.396076			60.06
60.07 OPHTHALMOLOGY CLINIC	.700563			60.07
60.08 ORTHOPAEDICS CLINIC	1.001931			60.08
60.09 OTOLARYNGOLOGY CLINIC	.944571			60.09
60.10 PEDIATRIC CLINIC	2.257755			60.10
60.11 SURGERY CLINIC	2.597140			60.11
60.12 UROLOGY CLINIC	.525848			60.12
60.13 PSYCHIATRIC CLINIC	1.116774	1878	2097	60.13
60.14 CANCER CLINIC	.668193			60.14
60.15 FAMILY CARE CLINIC	.828036			60.15
61 EMERGENCY	.207486	407796	84612	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.260758			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
64 HOME PROGRAM DIALYSIS	.575773			64
65 AMBULANCE SERVICES				65
101 TOTAL		2317693	726990	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		2317693		103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (16-0058)	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input checked="" type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input checked="" type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26.01 MEDICAL INTENSIVE CARE UNIT			26.01
27 CORONARY CARE UNIT			27
28 BURN INTENSIVE CARE UNIT			28
29 SURGICAL INTENSIVE CARE UNIT			29
30 NEONATAL INTENSIVE CARE UNIT			30
31 SUBPROVIDER I			31
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.374621		37
39 DELIVERY ROOM & LABOR ROOM	.615061		39
40 ANESTHESIOLOGY	.221107		40
41 RADIOLOGY-DIAGNOSTIC	.225709		41
42 RADIOLOGY-THERAPEUTIC	.334470		42
42.01 ULTRASOUND	.275149		42.01
42.02 RADIOLOGY - PET SCAN	.346871		42.02
44 LABORATORY	.210433		44
44.01 ANATOMICAL LABORATORY	.358324		44.01
44.02 RADIOLOGY	.185528		44.02
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
47 BLOOD STORING, PROCESSING & TRA	.440969		47
47.01 ORTHOTIC SERVICES	.651095		47.01
49 RESPIRATORY THERAPY	.236942		49
50 PHYSICAL THERAPY	.473709		50
51 OCCUPATIONAL THERAPY	.485422		51
53 ELECTROCARDIOLOGY	.199382		53
54 ELECTROENCEPHALOGRAPHY	.296219		54
55 MEDICAL SUPPLIES CHARGED TO PAT	.407922		55
56 DRUGS CHARGED TO PATIENTS	.575338		56
57 RENAL DIALYSIS	.431543		57
59 IVF/CULTURE LAB	1.105489		59
59.01 LITHOTRIPSY	.248867		59.01
59.02 URODYNAMICS	.562042		59.02
59.03 SPINE TREATMENT CENTER	3.631413		59.03
59.04 OPHTHALMOLOGY SPECIALTY LABS	.432633		59.04
59.05 DIGESTIVE DISEASE CNTR	.270104		59.05
59.06 RECREATION THERAPY			59.06
59.07 CDC - REHAB	.847064		59.07
59.08 DIABETES EDUCATION	6.512133		59.08
OUTPATIENT SERVICE COST CENTERS			
60.01 ANESTHESIA PAIN CLINIC	.588082		60.01
60.02 DERMATOLOGY CLINIC	.410295		60.02
60.03 ORAL SURGERY CLINIC	1.187309		60.03
60.04 INTERNAL MEDICINE CLINIC	1.041338		60.04
60.05 NEUROLOGY CLINIC	1.295951		60.05
60.06 OB-GYN CLINIC	1.396076		60.06
60.07 OPHTHALMOLOGY CLINIC	.700563		60.07
60.08 ORTHOPAEDICS CLINIC	1.001931		60.08
60.09 OTOLARYNGOLOGY CLINIC	.944571		60.09
60.10 PEDIATRIC CLINIC	2.257755		60.10
60.11 SURGERY CLINIC	2.597140		60.11
60.12 UROLOGY CLINIC	.525848		60.12
60.13 PSYCHIATRIC CLINIC	1.116774		60.13
60.14 CANCER CLINIC	.668193		60.14
60.15 FAMILY CARE CLINIC	.828036		60.15
61 EMERGENCY	.207486		61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS)	.260758		62
63.50 RHC			63.50
63.60 FQHC			63.60
64 HOME PROGRAM DIALYSIS	.575773		64
65 AMBULANCE SERVICES			65
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input checked="" type="checkbox"/> SUB I (16-S058)	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input checked="" type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input checked="" type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST	INPATIENT	INPATIENT
	TO CHARGES	PROGRAM CHARGES	PROGRAM COSTS
	1	2	3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26.01 MEDICAL INTENSIVE CARE UNIT			26.01
27 CORONARY CARE UNIT			27
28 BURN INTENSIVE CARE UNIT			28
29 SURGICAL INTENSIVE CARE UNIT			29
30 NEONATAL INTENSIVE CARE UNIT			30
31 SUBPROVIDER I			31
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.374621		37
39 DELIVERY ROOM & LABOR ROOM	.615061		39
40 ANESTHESIOLOGY	.221107		40
41 RADIOLOGY-DIAGNOSTIC	.225709		41
42 RADIOLOGY-THERAPEUTIC	.334470		42
42.01 ULTRASOUND	.275149		42.01
42.02 RADIOLOGY - PET SCAN	.346871		42.02
44 LABORATORY	.210433		44
44.01 ANATOMICAL LABORATORY	.358324		44.01
44.02 RADIOLOGY	.185528		44.02
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
47 BLOOD STORING, PROCESSING & TRA	.440969		47
47.01 ORTHOTIC SERVICES	.651095		47.01
49 RESPIRATORY THERAPY	.236942		49
50 PHYSICAL THERAPY	.473709		50
51 OCCUPATIONAL THERAPY	.485422		51
53 ELECTROCARDIOLOGY	.199382		53
54 ELECTROENCEPHALOGRAPHY	.296219		54
55 MEDICAL SUPPLIES CHARGED TO PAT	.407922		55
56 DRUGS CHARGED TO PATIENTS	.575338		56
57 RENAL DIALYSIS	.431543		57
59 IVF/CULTURE LAB	1.105489		59
59.01 LITHOTRIPSY	.248867		59.01
59.02 URODYNAMICS	.562042		59.02
59.03 SPINE TREATMENT CENTER	3.631413		59.03
59.04 OPHTHALMOLOGY SPECIALTY LABS	.432633		59.04
59.05 DIGESTIVE DISEASE CNTR	.270104		59.05
59.06 RECREATION THERAPY			59.06
59.07 CDC - REHAB	.847064		59.07
59.08 DIABETES EDUCATION	6.512133		59.08
OUTPATIENT SERVICE COST CENTERS			
60.01 ANESTHESIA PAIN CLINIC	.588082		60.01
60.02 DERMATOLOGY CLINIC	.410295		60.02
60.03 ORAL SURGERY CLINIC	1.187309		60.03
60.04 INTERNAL MEDICINE CLINIC	1.041338		60.04
60.05 NEUROLOGY CLINIC	1.295951		60.05
60.06 OB-GYN CLINIC	1.396076		60.06
60.07 OPHTHALMOLOGY CLINIC	.700563		60.07
60.08 ORTHOPAEDICS CLINIC	1.001931		60.08
60.09 OTOLARYNGOLOGY CLINIC	.944571		60.09
60.10 PEDIATRIC CLINIC	2.257755		60.10
60.11 SURGERY CLINIC	2.597140		60.11
60.12 UROLOGY CLINIC	.525848		60.12
60.13 PSYCHIATRIC CLINIC	1.116774		60.13
60.14 CANCER CLINIC	.668193		60.14
60.15 FAMILY CARE CLINIC	.828036		60.15
61 EMERGENCY	.207486		61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.260758		62
63.50 RHC			63.50
63.60 FQHC			63.60
64 HOME PROGRAM DIALYSIS	.575773		64
65 AMBULANCE SERVICES			65
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6
 PART I

CHECK [] HEART [] LIVER [] PANCREAS [] ISLET
 APPLICABLE BOX [XX] KIDNEY [] LUNG [] INTESTINE [] OTHER (specify)

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

1	COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION	INPATIENT ROUTINE CHARGES		PER DIEM COST FROM WKST D-1	ORGAN ACQUISITION DAYS	COST	
		1	D				
1	ADULTS & PEDIATRICS	53862	38	892.56	34	30347	1
2	INTENSIVE CARE UNIT		43				2
2.01	MEDICAL INTENSIVE CARE UNIT		43.01	1673.86			2.01
3	CORONARY CARE UNIT		44	1721.65			3
4	BURN INTENSIVE CARE UNIT		45	1314.12			4
5	SURGICAL INTENSIVE CARE UNIT	29310	46	1580.59	11	17386	5
6	NEONATAL INTENSIVE CARE UNIT		47	1141.71			6
7	TOTAL	83172			45	47733	7
COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		RATIO OF COST/CHARGES		ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS		
8	C	1					
8	OPERATING ROOM	37	.374621	204604	76649		8
9	RECOVERY ROOM	38					9
10	DELIVERY ROOM & LABOR ROOM	39	.615061				10
11	ANESTHESIOLOGY	40	.221107	24269	5366		11
12	RADIOLOGY-DIAGNOSTIC	41	.225709	306911	69273		12
13	RADIOLOGY-THERAPEUTIC	42	.334470				13
13.01	ULTRASOUND	42.01	.275149	8148	2242		13.01
13.02	RADIOLOGY - PET SCAN	42.02	.346871				13.02
14	RADIOISOTOPE	43					14
15	LABORATORY	44	.210433	351049	73872		15
15.01	ANATOMICAL LABORATORY	44.01	.358324				15.01
15.02	CARDIOLOGY	44.02	.185528	184271	34187		15.02
16	PBP CLINICAL LAB SERVICES-PRGM	45					16
17	WHOLE BLOOD & PACKED RED BLOOD	46					17
17.30	BLOOD CLOTTING FACTORS ADMIN CO	46.30					17.30
18	BLOOD STORING, PROCESSING & TRA	47	.440969	6189	2729		18
18.01	ORTHOTIC SERVICES	47.01	.651095				18.01
19	INTRAVENOUS THERAPY	48					19
20	RESPIRATORY THERAPY	49	.236942	17395	4122		20
21	PHYSICAL THERAPY	50	.473709				21
22	OCCUPATIONAL THERAPY	51	.485422				22
23	SPEECH PATHOLOGY	52					23
24	ELECTROCARDIOLOGY	53	.199382	17765	3542		24
25	ELECTROENCEPHALOGRAPHY	54	.296219				25
26	MEDICAL SUPPLIES CHARGED TO PAT	55	.407922	23662	9652		26
27	DRUGS CHARGED TO PATIENTS	56	.575338	50783	29217		27
28	RENAL DIALYSIS	57	.431543	12114	5228		28
29	ASC (NON-DISTINCT PART)	58					29
30	IVF/CULTURE LAB	59	1.105489				30
30.01	LITHOTRIPSY	59.01	.248867				30.01
30.02	URODYNAMICS	59.02	.562042				30.02
30.03	SPINE TREATMENT CENTER	59.03	3.631413				30.03
30.04	OPHTHALMOLOGY SPECIALTY LABS	59.04	.432633				30.04
30.05	DIGESTIVE DISEASE CNTR	59.05	.270104	6353	1716		30.05
30.06	RECREATION THERAPY	59.06					30.06
30.07	CDC - REHAB	59.07	.847064				30.07
30.08	DIABETES EDUCATION	59.08	6.512133				30.08
31	CLINIC	60					31
31.01	ANESTHESIA PAIN CLINIC	60.01	.588082				31.01
31.02	DERMATOLOGY CLINIC	60.02	.410295				31.02
31.03	ORAL SURGERY CLINIC	60.03	1.187309				31.03
31.04	INTERNAL MEDICINE CLINIC	60.04	1.041338				31.04
31.05	NEUROLOGY CLINIC	60.05	1.295951				31.05
31.06	OB-GYN CLINIC	60.06	1.396076				31.06
31.07	OPHTHALMOLOGY CLINIC	60.07	.700563				31.07
31.08	ORTHOPEAEDICS CLINIC	60.08	1.001931				31.08
31.09	OTOLARYNGOLOGY CLINIC	60.09	.944571				31.09
31.10	PEDIATRIC CLINIC	60.10	2.257755				31.10
31.11	SURGERY CLINIC	60.11	2.597140	49533	128644		31.11
31.12	UROLOGY CLINIC	60.12	.525848				31.12
31.13	PSYCHIATRIC CLINIC	60.13	1.116774				31.13
31.14	CANCER CLINIC	60.14	.668193				31.14
31.15	FAMILY CARE CLINIC	60.15	.828036				31.15
32	EMERGENCY	61	.207486				32
33	OBSERVATION BEDS (NON-DISTINCT)	62	.260758				33
34	OTHER OUTPATIENT SERV (SPECIFY)	63					34
34.50	RHC	63.50					34.50
34.60	FQHC	63.60					34.60
35	TOTAL			1263046	446439		35

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6
 PART II

CHECK [] HEART [] LIVER [] PANCREAS [] ISLET
 APPLICABLE BOX [XX] KIDNEY [] LUNG [] INTESTINE [] OTHER (specify)

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				36
37	INTENSIVE CARE UNIT		34		37
37.01	MEDICAL INTENSIVE CARE UNIT	3.01			37.01
38	CORONARY CARE UNIT	4			38
39	BURN INTENSIVE CARE UNIT	5			39
40	SURGICAL INTENSIVE CARE UNIT	6	11		40
41	NEONATAL INTENSIVE CARE UNIT	7			41
42	SUBTOTAL		45		42
COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		ORGAN ACQUISITION CHARGES	RATIO OF COST TO CHARGES	ORGAN ACQUISITION COSTS	
		1	D 2	3	
43	CLINIC		20		43
43.01	ANESTHESIA PAIN CLINIC		20.01		43.01
43.02	DERMATOLOGY CLINIC		20.02		43.02
43.03	ORAL SURGERY CLINIC		20.03		43.03
43.04	INTERNAL MEDICINE CLINIC		20.04		43.04
43.05	NEUROLOGY CLINIC		20.05		43.05
43.06	OB-GYN CLINIC		20.06		43.06
43.07	OPHTHALMOLOGY CLINIC		20.07		43.07
43.08	ORTHOPAEDICS CLINIC		20.08		43.08
43.09	OTOLARYNGOLOGY CLINIC		20.09		43.09
43.10	PEDIATRIC CLINIC		20.10		43.10
43.11	SURGERY CLINIC	49533	20.11		43.11
43.12	UROLOGY CLINIC		20.12		43.12
43.13	PSYCHIATRIC CLINIC		20.13		43.13
43.14	CANCER CLINIC		20.14		43.14
43.15	FAMILY CARE CLINIC		20.15		43.15
44	EMERGENCY		21		44
45	OBSERVATION BEDS (NON-DISTINCT)		22		45
46	OTHER OUTPATIENT SERV (SPECIFY)		23		46
46.50	RHC		23.50		46.50
46.60	FQHC		23.60		46.60
47	TOTAL	49533			47

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6
 PARTS III & IV

CHECK [] HEART [] LIVER [] PANCREAS [] ISLET
 APPLICABLE BOX [XX] KIDNEY [] LUNG [] INTESTINE [] OTHER (specify)

PART III - SUMMARY OF COSTS AND CHARGES

	----- COST -----		----- CHARGES -----		
	PART A 1	PART B 2	PART A 3	PART B 4	
48 ROUTINE & ANCILLARY FROM PART I	494172		1346218		48
49 INTERNS & RESIDENTS (INPATIENT)					49
50 INTERNS & RESIDENTS (OUTPATIENT)					50
51 DIRECT ORGAN ACQUISITION	2912184		3610500		51
52 COST OF SERVICES OF TEACHING PHYSICIANS					52
53 TOTAL	3406356		4956718		53
54 TOTAL USABLE ORGANS		80			54
55 MEDICARE USABLE ORGANS		56			55
56 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		.700000			56
57 MEDICARE COST/CHARGES	2384449		3469703		57
58 REVENUE FOR ORGANS SOLD	95249				58
59 SUBTOTAL	2289200		3469703		59
60 ORGANS FURNISHED PART B					60
61 NET ORGAN ACQUISITION COST & CHARGES	2289200		3469703		61

PART IV - STATISTICS

	LIVING RELATED		CADAVERIC 2	REVENUE 3	
	1				
62 ORGANS EXCISED IN PROVIDER		15	22		62
63 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS					63
64 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS					64
65 ORGANS PURCHASED FROM OPO'S			43		65
66 TOTAL		15	65		66
67 ORGANS TRANSPLANTED		15	43	3610500	67
68 ORGANS SOLD TO OTHER HOSPITALS					68
69 ORGANS SOLD TO OPO'S			22	95249	69
70 ORGANS SOLD TO TRANSPLANT HOSPITALS					70
71 ORGANS SOLD TO MILITARY OR VA HOSPITALS					71
72 ORGANS SOLD OUTSIDE THE U.S.					72
73 ORGANS SENT OUTSIDE THE U.S. (NO REVENUE RECVD)					73
74 ORGANS USED FOR RESEARCH					74
75 UNUSABLE/DISCARDED ORGANS					75
76 TOTAL		15	65		76

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6
 PART I

CHECK [] HEART [XX] LIVER [] PANCREAS [] ISLET
 APPLICABLE BOX [] KIDNEY [] LUNG [] INTESTINE [] OTHER (specify)

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

1	COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION	INPATIENT ROUTINE CHARGES		PER DIEM COST FROM WKST D-1	ORGAN ACQUISITION DAYS	COST	
		1	D				
1	ADULTS & PEDIATRICS	1345	38	892.56	1	893	1
2	INTENSIVE CARE UNIT		43				2
2.01	MEDICAL INTENSIVE CARE UNIT		43.01	1673.86			2.01
3	CORONARY CARE UNIT		44	1721.65			3
4	BURN INTENSIVE CARE UNIT		45	1314.12			4
5	SURGICAL INTENSIVE CARE UNIT	24335	46	1580.59	10	15806	5
6	NEONATAL INTENSIVE CARE UNIT		47	1141.71			6
7	TOTAL	25680			11	16699	7
COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		RATIO OF COST/CHARGES		ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS		
8	C	1					
8	OPERATING ROOM	37	.374621	45385	17002		8
9	RECOVERY ROOM	38					9
10	DELIVERY ROOM & LABOR ROOM	39	.615061				10
11	ANESTHESIOLOGY	40	.221107	4751	1050		11
12	RADIOLOGY-DIAGNOSTIC	41	.225709	316002	71324		12
13	RADIOLOGY-THERAPEUTIC	42	.334470				13
13.01	ULTRASOUND	42.01	.275149	13623	3748		13.01
13.02	RADIOLOGY - PET SCAN	42.02	.346871				13.02
14	RADIOISOTOPE	43					14
15	LABORATORY	44	.210433	229361	48265		15
15.01	ANATOMICAL LABORATORY	44.01	.358324				15.01
15.02	CARDIOLOGY	44.02	.185528	169310	31412		15.02
16	PBP CLINICAL LAB SERVICES-PRGM	45					16
17	WHOLE BLOOD & PACKED RED BLOOD	46					17
17.30	BLOOD CLOTTING FACTORS ADMIN CO	46.30					17.30
18	BLOOD STORING, PROCESSING & TRA	47	.440969	3720	1640		18
18.01	ORTHOTIC SERVICES	47.01	.651095				18.01
19	INTRAVENOUS THERAPY	48					19
20	RESPIRATORY THERAPY	49	.236942	14473	3429		20
21	PHYSICAL THERAPY	50	.473709				21
22	OCCUPATIONAL THERAPY	51	.485422				22
23	SPEECH PATHOLOGY	52					23
24	ELECTROCARDIOLOGY	53	.199382	6916	1379		24
25	ELECTROENCEPHALOGRAPHY	54	.296219				25
26	MEDICAL SUPPLIES CHARGED TO PAT	55	.407922	1491	608		26
27	DRUGS CHARGED TO PATIENTS	56	.575338	42247	24306		27
28	RENAL DIALYSIS	57	.431543				28
29	ASC (NON-DISTINCT PART)	58					29
30	IVF/CULTURE LAB	59	1.105489				30
30.01	LITHOTRIPSY	59.01	.248867				30.01
30.02	URODYNAMICS	59.02	.562042				30.02
30.03	SPINE TREATMENT CENTER	59.03	3.631413				30.03
30.04	OPHTHALMOLOGY SPECIALTY LABS	59.04	.432633				30.04
30.05	DIGESTIVE DISEASE CNTR	59.05	.270104	6448	1742		30.05
30.06	RECREATION THERAPY	59.06					30.06
30.07	CDC - REHAB	59.07	.847064				30.07
30.08	DIABETES EDUCATION	59.08	6.512133				30.08
31	CLINIC	60					31
31.01	ANESTHESIA PAIN CLINIC	60.01	.588082				31.01
31.02	DERMATOLOGY CLINIC	60.02	.410295				31.02
31.03	ORAL SURGERY CLINIC	60.03	1.187309				31.03
31.04	INTERNAL MEDICINE CLINIC	60.04	1.041338				31.04
31.05	NEUROLOGY CLINIC	60.05	1.295951				31.05
31.06	OB-GYN CLINIC	60.06	1.396076				31.06
31.07	OPHTHALMOLOGY CLINIC	60.07	.700563				31.07
31.08	ORTHOPEAEDICS CLINIC	60.08	1.001931				31.08
31.09	OTOLARYNGOLOGY CLINIC	60.09	.944571				31.09
31.10	PEDIATRIC CLINIC	60.10	2.257755				31.10
31.11	SURGERY CLINIC	60.11	2.597140	22037	57233		31.11
31.12	UROLOGY CLINIC	60.12	.525848				31.12
31.13	PSYCHIATRIC CLINIC	60.13	1.116774				31.13
31.14	CANCER CLINIC	60.14	.668193				31.14
31.15	FAMILY CARE CLINIC	60.15	.828036				31.15
32	EMERGENCY	61	.207486				32
33	OBSERVATION BEDS (NON-DISTINCT)	62	.260758				33
34	OTHER OUTPATIENT SERV (SPECIFY)	63					34
34.50	RHC	63.50					34.50
34.60	FQHC	63.60					34.60
35	TOTAL			875764	263138		35

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6
 PART II

CHECK [] HEART [XX] LIVER [] PANCREAS [] ISLET
 APPLICABLE BOX [] KIDNEY [] LUNG [] INTESTINE [] OTHER (specify)

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

COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		AVERAGE COST PER DAY	ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS	
	D	1	2	3	
36 ADULTS & PEDIATRICS	2		1		36
37 INTENSIVE CARE UNIT	3				37
37.01 MEDICAL INTENSIVE CARE UNIT	3.01				37.01
38 CORONARY CARE UNIT	4				38
39 BURN INTENSIVE CARE UNIT	5				39
40 SURGICAL INTENSIVE CARE UNIT	6		10		40
41 NEONATAL INTENSIVE CARE UNIT	7				41
42 SUBTOTAL			11		42
COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		ORGAN ACQUISITION CHARGES	RATIO OF COST TO CHARGES	ORGAN ACQUISITION COSTS	
	1	D	2	3	
43 CLINIC		20			43
43.01 ANESTHESIA PAIN CLINIC		20.01			43.01
43.02 DERMATOLOGY CLINIC		20.02			43.02
43.03 ORAL SURGERY CLINIC		20.03			43.03
43.04 INTERNAL MEDICINE CLINIC		20.04			43.04
43.05 NEUROLOGY CLINIC		20.05			43.05
43.06 OB-GYN CLINIC		20.06			43.06
43.07 OPHTHALMOLOGY CLINIC		20.07			43.07
43.08 ORTHOPAEDICS CLINIC		20.08			43.08
43.09 OTOLARYNGOLOGY CLINIC		20.09			43.09
43.10 PEDIATRIC CLINIC		20.10			43.10
43.11 SURGERY CLINIC	22037	20.11			43.11
43.12 UROLOGY CLINIC		20.12			43.12
43.13 PSYCHIATRIC CLINIC		20.13			43.13
43.14 CANCER CLINIC		20.14			43.14
43.15 FAMILY CARE CLINIC		20.15			43.15
44 EMERGENCY		21			44
45 OBSERVATION BEDS (NON-DISTINCT)		22			45
46 OTHER OUTPATIENT SERV (SPECIFY)		23			46
46.50 RHC		23.50			46.50
46.60 FQHC		23.60			46.60
47 TOTAL	22037				47

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6
 PARTS III & IV

CHECK [] HEART [XX] LIVER [] PANCREAS [] ISLET
 APPLICABLE BOX [] KIDNEY [] LUNG [] INTESTINE [] OTHER (specify)

PART III - SUMMARY OF COSTS AND CHARGES

	----- COST -----		----- CHARGES -----		
	PART A 1	PART B 2	PART A 3	PART B 4	
48 ROUTINE & ANCILLARY FROM PART I	279837		901444		48
49 INTERNS & RESIDENTS (INPATIENT)					49
50 INTERNS & RESIDENTS (OUTPATIENT)					50
51 DIRECT ORGAN ACQUISITION	1126499		1095400		51
52 COST OF SERVICES OF TEACHING PHYSICIANS					52
53 TOTAL	1406336		1996844		53
54 TOTAL USABLE ORGANS		31			54
55 MEDICARE USABLE ORGANS		13			55
56 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		.419355			56
57 MEDICARE COST/CHARGES	589754		837387		57
58 REVENUE FOR ORGANS SOLD	56504				58
59 SUBTOTAL	533250		837387		59
60 ORGANS FURNISHED PART B					60
61 NET ORGAN ACQUISITION COST & CHARGES	533250		837387		61

PART IV - STATISTICS

	LIVING RELATED	CADAVERIC	REVENUE	
	1	2	3	
62 ORGANS EXCISED IN PROVIDER		11		62
63 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS				63
64 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				64
65 ORGANS PURCHASED FROM OPO'S		20		65
66 TOTAL		31		66
67 ORGANS TRANSPLANTED		20	1095400	67
68 ORGANS SOLD TO OTHER HOSPITALS				68
69 ORGANS SOLD TO OPO'S		11	56504	69
70 ORGANS SOLD TO TRANSPLANT HOSPITALS				70
71 ORGANS SOLD TO MILITARY OR VA HOSPITALS				71
72 ORGANS SOLD OUTSIDE THE U.S.				72
73 ORGANS SENT OUTSIDE THE U.S. (NO REVENUE RECVD)				73
74 ORGANS USED FOR RESEARCH				74
75 UNUSABLE/DISCARDED ORGANS				75
76 TOTAL		31		76

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6
 PART I

CHECK [XX] HEART [] LIVER [] PANCREAS [] ISLET
 APPLICABLE BOX [] KIDNEY [] LUNG [] INTESTINE [] OTHER (specify)

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

	COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		PER DIEM COST FROM WKST D-1	ORGAN ACQUISITION DAYS	COST		
	1	D					
1	ADULTS & PEDIATRICS	8398	38	892.56	2	1785	1
2	INTENSIVE CARE UNIT		43				2
2.01	MEDICAL INTENSIVE CARE UNIT		43.01	1673.86			2.01
3	CORONARY CARE UNIT	13342	44	1721.65	6	10330	3
4	BURN INTENSIVE CARE UNIT		45	1314.12			4
5	SURGICAL INTENSIVE CARE UNIT		46	1580.59			5
6	NEONATAL INTENSIVE CARE UNIT		47	1141.71			6
7	TOTAL	21740			8	12115	7
COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		RATIO OF COST/CHARGES		ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS		
	C	1		2	3		
8	OPERATING ROOM	37	.374621	35404	13263	8	
9	RECOVERY ROOM	38				9	
10	DELIVERY ROOM & LABOR ROOM	39	.615061			10	
11	ANESTHESIOLOGY	40	.221107	3718	822	11	
12	RADIOLOGY-DIAGNOSTIC	41	.225709	13882	3133	12	
13	RADIOLOGY-THERAPEUTIC	42	.334470			13	
13.01	ULTRASOUND	42.01	.275149	10768	2963	13.01	
13.02	RADIOLOGY - PET SCAN	42.02	.346871			13.02	
14	RADIOISOTOPE	43				14	
15	LABORATORY	44	.210433	105501	22201	15	
15.01	ANATOMICAL LABORATORY	44.01	.358324			15.01	
15.02	CARDIOLOGY	44.02	.185528	121345	22513	15.02	
16	PBP CLINICAL LAB SERVICES-PRGM	45				16	
17	WHOLE BLOOD & PACKED RED BLOOD	46				17	
17.30	BLOOD CLOTTING FACTORS ADMIN CO	46.30				17.30	
18	BLOOD STORING, PROCESSING & TRA	47	.440969	3204	1413	18	
18.01	ORTHOTIC SERVICES	47.01	.651095			18.01	
19	INTRAVENOUS THERAPY	48				19	
20	RESPIRATORY THERAPY	49	.236942	22058	5226	20	
21	PHYSICAL THERAPY	50	.473709			21	
22	OCCUPATIONAL THERAPY	51	.485422	205	100	22	
23	SPEECH PATHOLOGY	52				23	
24	ELECTROCARDIOLOGY	53	.199382	3861	770	24	
25	ELECTROENCEPHALOGRAPHY	54	.296219	3696	1095	25	
26	MEDICAL SUPPLIES CHARGED TO PAT	55	.407922	4548	1855	26	
27	DRUGS CHARGED TO PATIENTS	56	.575338	4204	2419	27	
28	RENAL DIALYSIS	57	.431543			28	
29	ASC (NON-DISTINCT PART)	58				29	
30	IVF/CULTURE LAB	59	1.105489			30	
30.01	LITHOTRIPSY	59.01	.248867			30.01	
30.02	URODYNAMICS	59.02	.562042			30.02	
30.03	SPINE TREATMENT CENTER	59.03	3.631413			30.03	
30.04	OPHTHALMOLOGY SPECIALTY LABS	59.04	.432633			30.04	
30.05	DIGESTIVE DISEASE CNTR	59.05	.270104	9915	2678	30.05	
30.06	RECREATION THERAPY	59.06				30.06	
30.07	CDC - REHAB	59.07	.847064			30.07	
30.08	DIABETES EDUCATION	59.08	6.512133			30.08	
31	CLINIC	60				31	
31.01	ANESTHESIA PAIN CLINIC	60.01	.588082			31.01	
31.02	DERMATOLOGY CLINIC	60.02	.410295			31.02	
31.03	ORAL SURGERY CLINIC	60.03	1.187309			31.03	
31.04	INTERNAL MEDICINE CLINIC	60.04	1.041338			31.04	
31.05	NEUROLOGY CLINIC	60.05	1.295951			31.05	
31.06	OB-GYN CLINIC	60.06	1.396076			31.06	
31.07	OPHTHALMOLOGY CLINIC	60.07	.700563			31.07	
31.08	ORTHOPAEDICS CLINIC	60.08	1.001931			31.08	
31.09	OTOLARYNGOLOGY CLINIC	60.09	.944571			31.09	
31.10	PEDIATRIC CLINIC	60.10	2.257755			31.10	
31.11	SURGERY CLINIC	60.11	2.597140	4861	12625	31.11	
31.12	UROLOGY CLINIC	60.12	.525848			31.12	
31.13	PSYCHIATRIC CLINIC	60.13	1.116774			31.13	
31.14	CANCER CLINIC	60.14	.668193			31.14	
31.15	FAMILY CARE CLINIC	60.15	.828036			31.15	
32	EMERGENCY	61	.207486			32	
33	OBSERVATION BEDS (NON-DISTINCT)	62	.260758			33	
34	OTHER OUTPATIENT SERV (SPECIFY)	63				34	
34.50	RHC	63.50				34.50	
34.60	FQHC	63.60				34.60	
35	TOTAL			347170	93076	35	

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6
 PART II

CHECK [XX] HEART [] LIVER [] PANCREAS [] ISLET
 APPLICABLE BOX [] KIDNEY [] LUNG [] INTESTINE [] OTHER (specify)

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				36
37	INTENSIVE CARE UNIT		2		37
37.01	MEDICAL INTENSIVE CARE UNIT	3.01			37.01
38	CORONARY CARE UNIT		6		38
39	BURN INTENSIVE CARE UNIT				39
40	SURGICAL INTENSIVE CARE UNIT				40
41	NEONATAL INTENSIVE CARE UNIT				41
42	SUBTOTAL		8		42
COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		ORGAN ACQUISITION CHARGES	RATIO OF COST TO CHARGES	ORGAN ACQUISITION COSTS	
		1	D 2	3	
43	CLINIC		20		43
43.01	ANESTHESIA PAIN CLINIC		20.01		43.01
43.02	DERMATOLOGY CLINIC		20.02		43.02
43.03	ORAL SURGERY CLINIC		20.03		43.03
43.04	INTERNAL MEDICINE CLINIC		20.04		43.04
43.05	NEUROLOGY CLINIC		20.05		43.05
43.06	OB-GYN CLINIC		20.06		43.06
43.07	OPHTHALMOLOGY CLINIC		20.07		43.07
43.08	ORTHOPAEDICS CLINIC		20.08		43.08
43.09	OTOLARYNGOLOGY CLINIC		20.09		43.09
43.10	PEDIATRIC CLINIC		20.10		43.10
43.11	SURGERY CLINIC	4861	20.11		43.11
43.12	UROLOGY CLINIC		20.12		43.12
43.13	PSYCHIATRIC CLINIC		20.13		43.13
43.14	CANCER CLINIC		20.14		43.14
43.15	FAMILY CARE CLINIC		20.15		43.15
44	EMERGENCY		21		44
45	OBSERVATION BEDS (NON-DISTINCT)		22		45
46	OTHER OUTPATIENT SERV (SPECIFY)		23		46
46.50	RHC		23.50		46.50
46.60	FQHC		23.60		46.60
47	TOTAL	4861			47

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6
 PARTS III & IV

CHECK [XX] HEART [] LIVER [] PANCREAS [] ISLET
 APPLICABLE BOX [] KIDNEY [] LUNG [] INTESTINE [] OTHER (specify)

PART III - SUMMARY OF COSTS AND CHARGES

	----- COST -----		----- CHARGES -----		
	PART A 1	PART B 2	PART A 3	PART B 4	
48 ROUTINE & ANCILLARY FROM PART I	105191		368910		48
49 INTERNS & RESIDENTS (INPATIENT)					49
50 INTERNS & RESIDENTS (OUTPATIENT)					50
51 DIRECT ORGAN ACQUISITION	1244009		1037740		51
52 COST OF SERVICES OF TEACHING PHYSICIANS					52
53 TOTAL	1349200		1406650		53
54 TOTAL USABLE ORGANS		16			54
55 MEDICARE USABLE ORGANS		7			55
56 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		.437500			56
57 MEDICARE COST/CHARGES	590275		615409		57
58 REVENUE FOR ORGANS SOLD	54507				58
59 SUBTOTAL	535768		615409		59
60 ORGANS FURNISHED PART B					60
61 NET ORGAN ACQUISITION COST & CHARGES	535768		615409		61

PART IV - STATISTICS

	LIVING RELATED		REVENUE	
	1	2		
62 ORGANS EXCISED IN PROVIDER		5		62
63 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS				63
64 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				64
65 ORGANS PURCHASED FROM OPO'S		11		65
66 TOTAL		16		66
67 ORGANS TRANSPLANTED		11	1037740	67
68 ORGANS SOLD TO OTHER HOSPITALS				68
69 ORGANS SOLD TO OPO'S		5	54507	69
70 ORGANS SOLD TO TRANSPLANT HOSPITALS				70
71 ORGANS SOLD TO MILITARY OR VA HOSPITALS				71
72 ORGANS SOLD OUTSIDE THE U.S.				72
73 ORGANS SENT OUTSIDE THE U.S. (NO REVENUE RECVD)				73
74 ORGANS USED FOR RESEARCH				74
75 UNUSABLE/DISCARDED ORGANS				75
76 TOTAL		16		76

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6
 PART I

CHECK [] HEART [] LIVER [XX] PANCREAS [] ISLET
 APPLICABLE BOX [] KIDNEY [] LUNG [] INTESTINE [] OTHER (specify)

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

COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		INPATIENT ROUTINE CHARGES		PER DIEM COST FROM WKST D-1	ORGAN ACQUISITION DAYS	COST	
		1	D	2	3	4	
1	ADULTS & PEDIATRICS	12132	38	892.56	5	4463	1
2	INTENSIVE CARE UNIT		43				2
2.01	MEDICAL INTENSIVE CARE UNIT		43.01	1673.86			2.01
3	CORONARY CARE UNIT		44	1721.65			3
4	BURN INTENSIVE CARE UNIT		45	1314.12			4
5	SURGICAL INTENSIVE CARE UNIT		46	1580.59			5
6	NEONATAL INTENSIVE CARE UNIT		47	1141.71			6
7	TOTAL	12132			5	4463	7
COMPUTATION OF ANCILLARY SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		RATIO OF COST/CHARGES		ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS		
		C	1	2	3		
8	OPERATING ROOM	37	.374621				8
9	RECOVERY ROOM	38		21529			9
10	DELIVERY ROOM & LABOR ROOM	39	.615061				10
11	ANESTHESIOLOGY	40	.221107	2574		569	11
12	RADIOLOGY-DIAGNOSTIC	41	.225709	8977		2026	12
13	RADIOLOGY-THERAPEUTIC	42	.334470				13
13.01	ULTRASOUND	42.01	.275149		216	59	13.01
13.02	RADIOLOGY - PET SCAN	42.02	.346871				13.02
14	RADIOISOTOPE	43					14
15	LABORATORY	44	.210433	14753		3105	15
15.01	ANATOMICAL LABORATORY	44.01	.358324				15.01
15.02	CARDIOLOGY	44.02	.185528	2763		513	15.02
16	PBP CLINICAL LAB SERVICES-PRGM	45					16
17	WHOLE BLOOD & PACKED RED BLOOD	46					17
17.30	BLOOD CLOTTING FACTORS ADMIN CO	46.30					17.30
18	BLOOD STORING, PROCESSING & TRA	47	.440969	2814		1241	18
18.01	ORTHOTIC SERVICES	47.01	.651095				18.01
19	INTRAVENOUS THERAPY	48					19
20	RESPIRATORY THERAPY	49	.236942	2929		694	20
21	PHYSICAL THERAPY	50	.473709				21
22	OCCUPATIONAL THERAPY	51	.485422				22
23	SPEECH PATHOLOGY	52					23
24	ELECTROCARDIOLOGY	53	.199382	381		76	24
25	ELECTROENCEPHALOGRAPHY	54	.296219				25
26	MEDICAL SUPPLIES CHARGED TO PAT	55	.407922	521		213	26
27	DRUGS CHARGED TO PATIENTS	56	.575338	4124		2373	27
28	RENAL DIALYSIS	57	.431543				28
29	ASC (NON-DISTINCT PART)	58					29
30	IVF/CULTURE LAB	59	1.105489				30
30.01	LITHOTRIPSY	59.01	.248867				30.01
30.02	URODYNAMICS	59.02	.562042				30.02
30.03	SPINE TREATMENT CENTER	59.03	3.631413				30.03
30.04	OPHTHALMOLOGY SPECIALTY LABS	59.04	.432633				30.04
30.05	DIGESTIVE DISEASE CNTR	59.05	.270104				30.05
30.06	RECREATION THERAPY	59.06					30.06
30.07	CDC - REHAB	59.07	.847064				30.07
30.08	DIABETES EDUCATION	59.08	6.512133				30.08
31	CLINIC	60					31
31.01	ANESTHESIA PAIN CLINIC	60.01	.588082				31.01
31.02	DERMATOLOGY CLINIC	60.02	.410295				31.02
31.03	ORAL SURGERY CLINIC	60.03	1.187309				31.03
31.04	INTERNAL MEDICINE CLINIC	60.04	1.041338				31.04
31.05	NEUROLOGY CLINIC	60.05	1.295951				31.05
31.06	OB-GYN CLINIC	60.06	1.396076				31.06
31.07	OPHTHALMOLOGY CLINIC	60.07	.700563				31.07
31.08	ORTHOPEAEDICS CLINIC	60.08	1.001931				31.08
31.09	OTOLARYNGOLOGY CLINIC	60.09	.944571				31.09
31.10	PEDIATRIC CLINIC	60.10	2.257755				31.10
31.11	SURGERY CLINIC	60.11	2.597140	560		1454	31.11
31.12	UROLOGY CLINIC	60.12	.525848				31.12
31.13	PSYCHIATRIC CLINIC	60.13	1.116774				31.13
31.14	CANCER CLINIC	60.14	.668193				31.14
31.15	FAMILY CARE CLINIC	60.15	.828036				31.15
32	EMERGENCY	61	.207486				32
33	OBSERVATION BEDS (NON-DISTINCT)	62	.260758				33
34	OTHER OUTPATIENT SERV (SPECIFY)	63					34
34.50	RHC	63.50					34.50
34.60	FQHC	63.60					34.60
35	TOTAL			62141		12323	35

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6
 PART II

CHECK [] HEART [] LIVER [XX] PANCREAS [] ISLET
 APPLICABLE BOX [] KIDNEY [] LUNG [] INTESTINE [] OTHER (specify)

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		5		36
37 INTENSIVE CARE UNIT	3				37
37.01 MEDICAL INTENSIVE CARE UNIT	3.01				37.01
38 CORONARY CARE UNIT	4				38
39 BURN INTENSIVE CARE UNIT	5				39
40 SURGICAL INTENSIVE CARE UNIT	6				40
41 NEONATAL INTENSIVE CARE UNIT	7				41
42 SUBTOTAL			5		42

COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		ORGAN ACQUISITION CHARGES	RATIO OF COST TO CHARGES	ORGAN ACQUISITION COSTS	
	1	D	2	3	
43 CLINIC		20			43
43.01 ANESTHESIA PAIN CLINIC		20.01			43.01
43.02 DERMATOLOGY CLINIC		20.02			43.02
43.03 ORAL SURGERY CLINIC		20.03			43.03
43.04 INTERNAL MEDICINE CLINIC		20.04			43.04
43.05 NEUROLOGY CLINIC		20.05			43.05
43.06 OB-GYN CLINIC		20.06			43.06
43.07 OPHTHALMOLOGY CLINIC		20.07			43.07
43.08 ORTHOPAEDICS CLINIC		20.08			43.08
43.09 OTOLARYNGOLOGY CLINIC		20.09			43.09
43.10 PEDIATRIC CLINIC		20.10			43.10
43.11 SURGERY CLINIC	560	20.11			43.11
43.12 UROLOGY CLINIC		20.12			43.12
43.13 PSYCHIATRIC CLINIC		20.13			43.13
43.14 CANCER CLINIC		20.14			43.14
43.15 FAMILY CARE CLINIC		20.15			43.15
44 EMERGENCY		21			44
45 OBSERVATION BEDS (NON-DISTINCT)		22			45
46 OTHER OUTPATIENT SERV (SPECIFY)		23			46
46.50 RHC		23.50			46.50
46.60 FQHC		23.60			46.60
47 TOTAL	560				47

COMPUTATION OF ORGAN ACQUISITION COSTS AND CHARGES

OPO NO:

WORKSHEET D-6
 PARTS III & IV

CHECK [] HEART [] LIVER [XX] PANCREAS [] ISLET
 APPLICABLE BOX [] KIDNEY [] LUNG [] INTESTINE [] OTHER (specify)

PART III - SUMMARY OF COSTS AND CHARGES

	----- COST -----		----- CHARGES -----		
	PART A 1	PART B 2	PART A 3	PART B 4	
48 ROUTINE & ANCILLARY FROM PART I	16786		74273		48
49 INTERNS & RESIDENTS (INPATIENT)					49
50 INTERNS & RESIDENTS (OUTPATIENT)					50
51 DIRECT ORGAN ACQUISITION	345716		220800		51
52 COST OF SERVICES OF TEACHING PHYSICIANS					52
53 TOTAL	362502		295073		53
54 TOTAL USABLE ORGANS		7			54
55 MEDICARE USABLE ORGANS		3			55
56 RATIO OF MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		.428571			56
57 MEDICARE COST/CHARGES	155358		126460		57
58 REVENUE FOR ORGANS SOLD	28977				58
59 SUBTOTAL	126381		126460		59
60 ORGANS FURNISHED PART B					60
61 NET ORGAN ACQUISITION COST & CHARGES	126381		126460		61

PART IV - STATISTICS

	LIVING RELATED	CADAVERIC	REVENUE	
	1	2	3	
62 ORGANS EXCISED IN PROVIDER		1		62
63 ORGANS PURCHASED FROM OTHER TRANSPLANT HOSPITALS				63
64 ORGANS PURCHASED FROM NON-TRANSPLANT HOSPITALS				64
65 ORGANS PURCHASED FROM OPO'S		6		65
66 TOTAL		7		66
67 ORGANS TRANSPLANTED		6	220800	67
68 ORGANS SOLD TO OTHER HOSPITALS				68
69 ORGANS SOLD TO OPO'S		1	28977	69
70 ORGANS SOLD TO TRANSPLANT HOSPITALS				70
71 ORGANS SOLD TO MILITARY OR VA HOSPITALS				71
72 ORGANS SOLD OUTSIDE THE U.S.				72
73 ORGANS SENT OUTSIDE THE U.S. (NO REVENUE RECVD)				73
74 ORGANS USED FOR RESEARCH				74
75 UNUSABLE/DISCARDED ORGANS				75
76 TOTAL		7		76

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

DRG AMOUNT	HOSPITAL (16-0058)	SUB I	SUB II	SUB III	SUB IV	
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	16983601					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	16983601					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	33967203					1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1	929155					1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1	929155					1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1	1858310					1.05
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED						1.06
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.07
1.08 SIMULATED PAYMENTS FROM THE PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.08
2 OUTLIER PAYMENTS PRIOR TO OCTOBER 1, 1997						2
2.01 OUTLIER PAYMENTS ON OR AFTER OCTOBER 1, 1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT	6101880					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	607.54					3
3.01 NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I						3.01
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE						3.02
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT						3.03
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996	347.30					3.04
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)						3.05
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [FOR CR PERIODS ENDING] [ON OR AFTER 7/1/2005] [E-3,PT.VI,LN.15][PLUS LN.3.06]						3.06
3.07 SUM OF LINES 3.04-3.06	0.00	0.00	347.30			3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS	462.62					3.08
3.09 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1						3.09
3.10 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1						3.10
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09						3.11
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10						3.12
3.13 FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS	15.79					3.13
3.14 CURRENT YEAR ALLOWABLE FTE	363.09					3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..	361.37					3.15
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE.. RES. IN INIT YRS	365.99					3.16
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	0.00	363.48				3.17

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (16-0058)	SUB I	SUB II	SUB III	SUB IV	
3.18	CURRENT YEAR RESIDENT TO BED RATIO	0.598282				3.18
3.19	PRIOR YEAR RESIDENT TO BED RATIO	0.608207				3.19
3.20	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19	0.598282				3.20
3.21	IME PAYMENTS FOR DSCHGS OCCURRING PRIOR TO OCTOBER 1	4945264				3.21
3.22	IME PAYMENTS FOR DSCHGS AFTER SEP 30 BUT BEFORE JAN 1	5057667				3.22
3.23	IME PAYMENTS FOR DSCHGS OCCURRING ON OR AFTER JANUARY 1 [SUM OF LINES][PLUS E-3,PT.VI] [3.21-3.23][LINE 23]	10115334				3.23
3.24	SUM OF LINES 3.21-3.23 DISPROPORTIONATE SHARE ADJUSTMENT	20118265 778703 20896968				3.24
4	PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS	0.0710				4
4.01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS	0.3238				4.01
4.02	SUM OF 4 AND 4.01	0.3948				4.02
4.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.2289				4.03
4.04	DISPROPORTIONATE SHARE ADJUSTMENT ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES	15550185				4.04
5	TOTAL MEDICARE DISCHARGES ON WKST S-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316 AND 317					5
5.01	TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316 AND 317					5.01
5.02	DIVIDE LINE 5.01 BY LINE 5					5.02
5.03	TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGs 302, 316 AND 317					5.03
5.04	RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK					5.04
5.05	AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS					5.05
5.06	TOTAL ADDITIONAL PAYMENT					5.06
6	SUBTOTAL	110483438				6
7	HOSPITAL SPECIFIC PAYMENTS					7
7.01	HOSPITAL SPECIFIC PAYMENTS (1996 HSR)					7.01
8	TOTAL PAYMENT FOR INPATIENT OPERATING COSTS	110483438				8
9	PAYMENT FOR INPATIENT PROGRAM CAPITAL	8289825				9
10	EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL					10
11	DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	5575723				11
11.01	NURSING AND ALLIED HEALTH MANAGED CARE					11.01
11.02	ADD-ON PAYMENT FOR NEW TECHNOLOGIES					11.02
12	NET ORGAN ACQUISITION COST	3484599				12
13	COST OF TEACHING PHYSICIANS					13
14	ROUTINE SERVICE OTHER PASS THROUGH COSTS	393498				14
15	ANCILLARY SERVICE OTHER PASS THROUGH COSTS	186994				15
16	TOTAL	128414077				16
17	PRIMARY PAYER PAYMENTS	79308				17
18	TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	128334769				18
19	DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	4747623				19
20	COINSURANCE BILLED TO PROGRAM BENEFICIARIES	684448				20
21	REIMBURSABLE BAD DEBTS	80180				21
21.01	REDUCED PROGRAM REIMBURSABLE BAD DEBTS	56126				21.01
21.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	33762				21.02
22	SUBTOTAL	122958824				22

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART A
 (CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (16-0058)	SUB I	SUB II	SUB III	SUB IV	
23						23
24						24
25						25
26	122958824					26
27						27
28	119819268					28
28.01						28.01
29	3139556					29
30						30
50						50
51						51
52						52
53						53
54						54
55						55
56						56

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (16-0058) 1	HOSPITAL (16-0058) 1.01	HOSPITAL (16-0058) 1.02	
1 MEDICAL AND OTHER SERVICES	433537			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	52683136			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	43157235			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.840			1.03
1.04 LINE 1.01 TIMES LINE 1.03	44253834			1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04	97.52			1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101	119975			1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST	433537			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	1063469			6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES	1063469			10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES	1063469			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	629932			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	433537			17
17.01 TOTAL PPS PAYMENTS	43277210			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (16-0058) 1	HOSPITAL (16-0058) 1.01	HOSPITAL (16-0058) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE	179412		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	9904702		18.01
19 SUBTOTAL	33626633		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	2475805		21
22 ESRD DIRECT MEDICAL EDUCATION COSTS	912		22
23 SUBTOTAL	36103350		23
24 PRIMARY PAYER PAYMENTS	28722		24
25 SUBTOTAL	36074628		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	50273		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	35191		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	8973		27.02
28 SUBTOTAL	36109819		28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL	36109819		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	36102076		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	7743		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (16-S058) 1	SUB I (16-S058) 1.01	SUB I (16-S058) 1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	828			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS				1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101	10			1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS	10			17.01

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
 PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SUB I (16-S058) 1	SUB I (16-S058) 1.01	SUB I (16-S058) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01			18.01
19 SUBTOTAL	10		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	10		23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL	10		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS			27
27.01 REDUCED REIMBURSABLE BAD DEBTS			27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL	10		28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL	10		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	550		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	-540		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART C

PART C - OUTPATIENT AMBULATORY SURGICAL CENTER

[] TITLE V [XX] TITLE XVIII [] TITLE XIX

HOSPITAL
(16-0058)
OCTOBER 1, 1997
PRIOR TO ON OR AFTER
1 1.01

1	STANDARD OVERHEAD AMOUNTS (ASC FEES)	1
2	DEDUCTIBLES	2
3	SUBTOTAL	3
4	80 PERCENT OF LINE 3	4
5	ASC PORTION OF BLEND	5
6	OUTPATIENT ASC COST	6
COMPUTATION OF LESSER OF COST OR CHARGES		
7	TOTAL CHARGES	7
CUSTOMARY CHARGES		
8	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	8
9	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)	9
10	RATIO OF LINE 8 TO LINE 9	10
11	TOTAL CUSTOMARY CHARGES	11
12	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	12
13	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	13
14	LESSER OF COST OR CHARGES	14
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
15	DEDUCTIBLES AND COINSURANCE	15
16	TOTAL	16
17	HOSPITAL SPECIFIC PORTION OF BLEND	17
18	ASC BLENDED AMOUNT	18
19	LESSER OF LINES 16 OR 18	19
20	PART B DEDUCTIBLES AND COINSURANCE	20
21	ASC PAYMENT AMOUNT	21

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART D

PART D - OUTPATIENT RADIOLOGY SERVICES

[] TITLE V [XX] TITLE XVIII [] TITLE XIX

HOSPITAL
(16-0058)
OCTOBER 1, 1997
PRIOR TO ON OR AFTER
1 1.01

1	PREVAILING CHARGES	1
2	62 PERCENT OF LINE 1	2
3	DEDUCTIBLES	3
4	SUBTOTAL	4
5	BLENDED CHARGE PROPORTION	5
6	COST OF OUTPATIENT RADIOLOGY	6
COMPUTATION OF LESSER OF COST OR CHARGES		
7	TOTAL CHARGES	7
CUSTOMARY CHARGES		
8	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	8
9	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICE ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)	9
10	RATIO OF LINE 8 TO LINE 9	10
11	TOTAL CUSTOMARY CHARGES	11
12	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	12
13	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	13
14	LESSER OF COST OR CHARGES	14
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
15	DEDUCTIBLES AND COINSURANCE	15
16	TOTAL	16
17	COST PROPORTION	17
18	OUTPATIENT RADIOLOGY BLENDED AMOUNT	18
19	LESSER OF LINE 16 OR LINE 18	19
20	PART B DEDUCTIBLES AND COINSURANCE	20
21	RADIOLOGY PAYMENT AMOUNT	21

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART E

PART E - OTHER OUTPATIENT DIAGNOSTIC PROCEDURES

[] TITLE V [XX] TITLE XVIII [] TITLE XIX

HOSPITAL
(16-0058)
OCTOBER 1, 1997
PRIOR TO ON OR AFTER
1 1.01

1	PREVAILING CHARGES	1
2	42 PERCENT OF LINE 1	2
3	DEDUCTIBLES	3
4	SUBTOTAL	4
5	BLENDED CHARGE PROPORTION	5
6	COST OF OTHER OUTPATIENT DIAGNOSTIC PROCEDURES	6
COMPUTATION OF LESSER OF COST OR CHARGES		
7	TOTAL CHARGES	7
CUSTOMARY CHARGES		
8	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	8
9	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICE ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)	9
10	RATIO OF LINE 8 TO LINE 9	10
11	TOTAL CUSTOMARY CHARGES	11
12	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	12
13	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	13
14	LESSER OF COST OR CHARGES	14
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
15	DEDUCTIBLES AND COINSURANCE	15
16	TOTAL	16
17	COST PROPORTION	17
18	OTHER OUTPATIENT DIAGNOSTIC BLENDED AMOUNT	18
19	LESSER OF LINE 16 OR LINE 18	19
20	PART B DEDUCTIBLES AND COINSURANCE	20
21	DIAGNOSTIC PAYMENT AMOUNT	21

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 HOSPITAL (16-0058)

WORKSHEET E-1

DESCRIPTION	INPATIENT PART A		PART B		
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		118286568		36102076	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	.01 PROGRAM .02 TO .03 PROVIDER .04 .05 .50 PROVIDER .51 TO .52 PROGRAM .53 .54	07/17/2008 1532700			3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99	1532700			3.99
4 TOTAL INTERIM PAYMENTS		119819268		36102076	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52				5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01 PROVIDER TO .02 PROGRAM				6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY					7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

INTERMEDIARY NUMBER: _____
 DATE (MO/DAY/YR): _____

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED
 SUBPROVIDER I (16-S058)

WORKSHEET E-1

DESCRIPTION	INPATIENT		PART B		
	PART A				
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4	
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		3911121		550	1
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE 'NONE', OR ENTER A ZERO.		NONE		NONE	2
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .04 TO .05 PROVIDER .50 TO .51 PROGRAM .52 .54	NONE		NONE	3.01 3.02 3.03 3.04 3.05 3.50 3.51 3.52 3.53 3.54
SUBTOTAL	.99				3.99
4 TOTAL INTERIM PAYMENTS		3911121		550	4
TO BE COMPLETED BY INTERMEDIARY					
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE 'NONE' OR ENTER A ZERO.	PROGRAM .01 TO .02 PROVIDER .03 PROVIDER .50 TO .51 PROGRAM .52				5.01 5.02 5.03 5.50 5.51 5.52
SUBTOTAL	.99				5.99
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON THE COST REPORT.	PROGRAM TO .01 PROVIDER TO .02 PROGRAM				6.01 6.02
7 TOTAL MEDICARE PROGRAM LIABILITY					7

NAME OF INTERMEDIARY: _____
 SIGNATURE OF AUTHORIZED PERSON: _____

INTERMEDIARY NUMBER: _____
 DATE (MO/DAY/YR): _____

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
 PART I

MEDICARE PART A SERVICES - TEFRA

HOSPITAL SUB I SUB II SUB III SUB IV
 (16-S058)

1	INPATIENT HOSPITAL SERVICES	4915481				1
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)	1228870				1.01
1.02	NET FEDERAL PPS PAYMENTS (SEE INSTRUCTIONS)					1.02
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)					1.03
1.04	INPATIENT REHAB LIP PAYMENTS (SEE INSTRUCTIONS)					1.04
1.05	OUTLIER PAYMENTS					1.05
1.06	TOTAL PPS PAYMENTS					1.06
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT					1.07
	INPATIENT PSYCHIATRIC FACILITY (IPF)					
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, STOP-LOSS, ECT, AND TEACHING ADJUSTMENT)	3166345				1.08
1.09	NET IPF PPS OUTLIER PAYMENTS	78259				1.09
1.10	NET IPF PPS ECT PAYMENTS	52259				1.10
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004. (SEE INSTRUCTIONS)	9.74				1.11
1.12	NEW TEACHING PROGRAM ADJUSTMENT (SEE INSTR.)					1.12
1.13	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)	8.86				1.13
1.14	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A 'NEW TEACHING PROGRAM'. (SEE INSTR.)					1.14
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	8.86				1.15
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	63.814208				1.16
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR	0.069248				1.17
1.18	MEDICAL EDUCATION ADJUSTMENT	219263				1.18
1.19	ADJUSTED NET IPF PPS PAYMENTS	3516126				1.19
1.20	STOP LESS PAYMENT FLOOR	3440837				1.20
1.21	ADJUSTED NET PAYMENT FLOOR	2580628				1.21
1.22	STOP LOSS ADJUSTMENT					1.22
1.23	TOTAL IPF PPS PAYMENTS	4744996				1.23
	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 INSTRUCTIONS)					1.35
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTR.)					1.36
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 INSTRUCTIONS)					1.37
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INSTRUCTIONS)					1.38
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT. (SEE INSTRUCTIONS)					1.39
1.40	AVERAGE DAILY CENSUS. (SEE INSTRUCTIONS)					1.40
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR					1.41
1.42	MEDICAL EDUCATION ADJUSTMENT					1.42
2	ORGAN ACQUISITION					2
3	COST OF TEACHING PHYSICIANS					3
4	SUBTOTAL	4744996				4
5	PRIMARY PAYER PAYMENTS	80				5
6	SUBTOTAL	4744916				6
7	DEDUCTIBLES	260606				7
8	SUBTOTAL	4484310				8
9	COINSURANCE	209664				9
10	SUBTOTAL	4274646				10
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)					11
11.01	REDUCED REIMBURSABLE BAD DEBTS					11.01
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)					11.02
12	SUBTOTAL	4274646				12
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS					13

CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART I

MEDICARE PART A SERVICES - TEFRA

	HOSPITAL	SUB I (16-S058)	SUB II	SUB III	SUB IV	
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		3959			13.01
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION					14
15	OTHER ADJUSTMENTS					15
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					16
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER	4278605				17
18	SEQUESTRATION ADJUSTMENT					18
19	INTERIM PAYMENTS	3911121				19
19.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					19.01
20	BALANCE DUE PROVIDER/PROGRAM	367484				20
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2					21
	TO BE COMPLETED BY INTERMEDIARY					
50	ORIGINAL OUTLIER AMOUNT					50
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)					51
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY					52
53	OPERATING TIME VALUE OF MONEY (SEE INSTRUCTIONS)					53

CALCULATION OF REIMBURSEMENT SETTLEMENT
 PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX				
		HOSPITAL (16-0058) (OTHER)	SUB I (16-S058) (OTHER)	SUB II	SUB III	SUB IV	NF I
	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1	1	1	
1	INPATIENT HOSPITAL/SNF/NF SERVICES	54828455	4457420				1
2	MEDICAL AND OTHER SERVICES						2
3	INTERNS AND RESIDENTS						3
4	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O						4
5	COST OF TEACHING PHYSICIANS						5
6	SUBTOTAL	54828455	4457420				6
7	INPATIENT PRIMARY PAYER PAYMENTS						7
8	OUTPATIENT PRIMARY PAYER PAYMENTS						8
9	SUBTOTAL	54828455	4457420				9
	COMPUTATION OF LESSER OF COST OR CHARGES						
10	ROUTINE SERVICE CHARGES						10
11	ANCILLARY SERVICE CHARGES						11
12	INTERNS AND RESIDENTS SERVICE CHARGES						12
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE						13
14	TEACHING PHYSICIANS						14
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION						15
16	TOTAL REASONABLE CHARGES						16
	CUSTOMARY CHARGES						
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE						17
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)						18
19	RATIO OF LINE 17 TO LINE 18						19
20	TOTAL CUSTOMARY CHARGES						20
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST						21
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	54828455	4457420				22
23	COST OF COVERED SERVICES	54828455	4457420				23
	PROSPECTIVE PAYMENT AMOUNT						
24	OTHER THAN OUTLIER PAYMENTS						24
25	OUTLIER PAYMENTS						25
26	PROGRAM CAPITAL PAYMENTS						26
27	CAPITAL EXCEPTION PAYMENTS						27
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS						28
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS						29
30	SUBTOTAL	54828455	4457420				30
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED)						31
32	LESSER OF LINES 30 OR 31	54828455	4457420				32
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)						33

CALCULATION OF REIMBURSEMENT SETTLEMENT
 PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

WORKSHEET E-3
 PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX				
		HOSPITAL (16-0058) (OTHER)	SUB I (16-S058) (OTHER)	SUB II	SUB III	SUB IV	NF I
		1	1	1	1	1	1
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT						
35	EXCESS OF REASONABLE COST	54828455	4457420				34
36	SUBTOTAL						35
37	COINSURANCE						36
38	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,						37
38	REIMBURSABLE BAD DEBTS						38
38.01	REDUCED REIMBURSABLE BAD DEBTS						38.01
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE						38.02
	BENEFICIARIES (SEE INSTRUCTIONS)						
39	UTILIZATION REVIEW						39
40	SUBTOTAL						40
41	INPATIENT ROUTINE SERVICE COST						41
42	MEDICARE INPATIENT ROUTINE CHARGES						42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE						43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM						44
	A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN						
	ACCORDANCE WITH 42 CFR 413.13(E)						
45	RATIO OF LINE 43 TO LINE 44						45
46	TOTAL CUSTOMARY CHARGES						46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST						47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES						48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM						49
	UTILIZATION						
50	OTHER ADJUSTMENTS						50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING						51
	DEPRECIABLE ASSETS						
52	SUBTOTAL						52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT						53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS						54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER						55
56	SEQUESTRATION ADJUSTMENT						56
57	INTERIM PAYMENTS						57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)						57.01
58	BALANCE DUE PROVIDER/PROGRAM						58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT						59
	SECTION 115.2						

DIRECT GRADUATE MEDICAL EDUCATION (GME)
 & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-3
 PART IV

[] TITLE V [XX] TITLE XVIII [] TITLE XIX

COMPUTATION OF TOTAL DIRECT GME AMOUNT			
1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		1
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHERS		1.01
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY CARE		2
2.01	UPDATED PER RESIDENT AMOUNT FOR ALL OTHERS		2.01
3	AGGREGATE APPROVED AMOUNT		3
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR CR PERIODS ENDING ON OR BEFORE DEC 31, 1996	384.70	3.01
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)		3.02
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(4) [E-3,PT.VI,LN.4] [PLUS LINE 3.03]		3.03
3.04	FTE ADJUSTMENT CAP	384.70	3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	520.85	3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	384.70	3.06
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	133.44	3.07
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	329.08	3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08	462.52	3.09
3.10	SEE INSTRUCTIONS	341.62	3.10
3.11	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	19.36	3.11
3.12	SEE INSTRUCTIONS	262.42	3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	265.87	3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	272.16	3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	266.82	3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	266.82	3.16
3.17	SEE INSTRUCTIONS	71011.00	3.17
3.18	SEE INSTRUCTIONS	18947155	3.18

DIRECT GRADUATE MEDICAL EDUCATION (GME)
 & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-3
 PART IV
 (CONT)

[] TITLE V [XX] TITLE XVIII [] TITLE XIX

3.19	SEE INSTRUCTIONS		92.06	3.19
3.20	SEE INSTRUCTIONS		90.08	3.20
3.21	SEE INSTRUCTIONS		93.57	3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]		93.57	3.22
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		71011.00	3.23
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		6644499	3.24
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		25591654	3.25
COMPUTATION OF PROGRAM PATIENT LOAD				
4	PROGRAM PART A INPATIENT DAYS		53813	4
5	TOTAL INPATIENT DAYS		191088	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS		.281614	6
		[LINE 6 x] [E-3,PART 6]		
		[LINE 3.25] [LINE 11]		
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	7206968 522290	7729258	6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD		2613	6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE		191088	6.03
6.04	APPROPRIATE PERCENTAGE FOR INCLUSION OF MANAGED CARE DAYS		100.00	6.04
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD		300493	6.05
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR			6.06
6.07	APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE		100.00	6.07
		[PRIOR TO] [E-3,PART 6]		
		[422] [LINE 12]		
6.08	GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD	0 21777	21777	6.08
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS		1779	7
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES		19518355	8
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES		.000091	9
10	MEDICARE O/P ESRD CHARGES		10017690	10
11	MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS		912	11

PROVIDER NO. 16-0058 UNIV OF IOWA HOSP & CLINIC
PERIOD FROM 07/01/2007 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2008.05
12/01/2008 07:59

DIRECT GRADUATE MEDICAL EDUCATION (GME)
& ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-3
PART IV
(CONT)

[] TITLE V

[XX] TITLE XVIII

[] TITLE XIX

APPORIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY
PART A REASONABLE COST

12	REASONABLE COST	116425487	12
13	ORGAN ACQUISITION COSTS	3484599	13
14	COST OF TEACHING PHYSICIANS		14
15	PRIMARY PAYER PAYMENTS	79388	15
16	TOTAL PART A REASONABLE COST	119830698	16
PART B REASONABLE COST			
17	REASONABLE COST	53237486	17
18	PRIMARY PAYER PAYMENTS	28722	18
19	TOTAL PART B REASONABLE COST	53208764	19
20	TOTAL REASONABLE COST	173039462	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.692505	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.307495	22

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

23	TOTAL PROGRAM GME PAYMENT		23
23.01	FOR COST REPORTING PERIODS ENDING ON OR AFTER JAN 1, 1998	8051528	23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	5575723	24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	2475805	25

DIRECT GRADUATE MEDICAL EDUCATION (GME)
& ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-3
PART IV

[] TITLE V

[] TITLE XVIII

[XX] TITLE XIX

COMPUTATION OF TOTAL DIRECT GME AMOUNT		
1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE	1
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHERS	1.01
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY CARE	2
2.01	UPDATED PER RESIDENT AMOUNT FOR ALL OTHERS	2.01
3	AGGREGATE APPROVED AMOUNT	3
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR CR PERIODS ENDING ON OR BEFORE DEC 31, 1996	3.01
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)	3.02
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(4) [E-3,PT.VI,LN.4] [PLUS LINE 3.03]	3.03
3.04	FTE ADJUSTMENT CAP	3.04
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR	3.05
3.06	LESSER OF LINE 3.04 OR LINE 3.05	3.06
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	3.07
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	3.08
3.09	SUM OF LINES 3.07 AND LINE 3.08	3.09
3.10	SEE INSTRUCTIONS	3.10
3.11	WEIGHTED DENTAL AND PODIATRIC RESIDENT FTE COUNT FOR THE CURRENT YEAR. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COLUMN ZERO	3.11
3.12	SEE INSTRUCTIONS	3.12
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR THE PRIOR CR YEAR. (SEE INSTRUCTIONS)	3.13
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR PENULTIMATE CR YEAR. (SEE INSTRUCTIONS)	3.14
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	3.15
3.16	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	3.16
3.17	SEE INSTRUCTIONS	3.17
3.18	SEE INSTRUCTIONS	3.18

DIRECT GRADUATE MEDICAL EDUCATION (GME)
 & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-3
 PART IV
 (CONT)

[] TITLE V [] TITLE XVIII [XX] TITLE XIX

3.19	SEE INSTRUCTIONS		3.19
3.20	SEE INSTRUCTIONS		3.20
3.21	SEE INSTRUCTIONS		3.21
3.22	SEE INSTRUCTIONS [RESIDENTS IN INITIAL YEARS 0.00]	0.00	3.22
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001	0.00	3.23
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		3.24
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR ON OR AFTER 10/01/2001		3.25
COMPUTATION OF PROGRAM PATIENT LOAD			
4	PROGRAM PART A INPATIENT DAYS	60881	4
5	TOTAL INPATIENT DAYS	191088	5
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS [LINE 6 x] [E-3,PART 6] [LINE 3.25] [LINE 11]	.318602	6
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS 0 0		6.01
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JAN 1 OF THIS COST REPORTING PERIOD		6.02
6.03	TOTAL INPATIENT DAYS FROM LINE 5 ABOVE	191088	6.03
6.04	APPROPRIATE PERCENTAGE FOR INCLUSION OF MANAGED CARE DAYS	100.00	6.04
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD		6.05
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR		6.06
6.07	APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE	100.00	6.07
6.08	GRAD.MED.ED.PAYMENT FOR MANAGED CARE DAYS PRIOR TO JAN 1 OF THIS COST REPORTING PERIOD [PRIOR TO] [E-3,PART 6] [422] [LINE 12] 0 0		6.08
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)			
7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS		7
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES		8
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES		9
10	MEDICARE O/P ESRD CHARGES		10
11	MEDICARE O/P ESRD DIRECT MEDICAL EDUCATION COSTS		11

PROVIDER NO. 16-0058 UNIV OF IOWA HOSP & CLINIC
PERIOD FROM 07/01/2007 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2008.05
12/01/2008 07:59

DIRECT GRADUATE MEDICAL EDUCATION (GME)
& ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

WORKSHEET E-3
PART IV
(CONT)

[] TITLE V

[] TITLE XVIII

[XX] TITLE XIX

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

12	REASONABLE COST	12
13	ORGAN ACQUISITION COSTS	13
14	COST OF TEACHING PHYSICIANS	14
15	PRIMARY PAYER PAYMENTS	15
16	TOTAL PART A REASONABLE COST	16
PART B REASONABLE COST		
17	REASONABLE COST	17
18	PRIMARY PAYER PAYMENTS	18
19	TOTAL PART B REASONABLE COST	19
20	TOTAL REASONABLE COST	20
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	21
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	22

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

23	TOTAL PROGRAM GME PAYMENT	23
23.01	FOR COST REPORTING PERIODS ENDING ON OR AFTER JAN 1, 1998	23.01
24	PART A MEDICARE GME PAYMENT - TITLE XVIII ONLY	24
25	PART B MEDICARE GME PAYMENT - TITLE XVIII ONLY	25

CALCULATION OF GME AND IME PAYMENTS FOR
 REDISTRIBUTION OF UNUSED RESIDENCY SLOTS

WORKSHEET E-3
 PART VI

	[] TITLE V	[XX] TITLE XVIII	[] TITLE XIX	
	CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA			
1	RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD		1.000000	1
2	REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)			2
3	UNADJUSTED DIRECT GME FTE CAP			3
4	PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)			4
	CALCULATION OF ADDITIONAL DIRECT GME PAYMENT ATTRIBUTABLE TO SECTION 422 OF MMA			
5	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC.413.79(c)(4)		25.00	5
5.01	PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP SLOTS			5.01
6	GME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)		120.90	6
7	ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)		22.20	7
8	LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)		83542.00	8
9	LINE 7 TIMES LINE 8		1854632	9
10	MEDICARE PGM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6		.281614	10
11	DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS		522290	11
12	DIRECT GME PAYMENT FOR MANAGED CARE DAYS		21777	12
	CALCULATION OF REDUCED IME CAP UNDER SECTION 422 OF MMA			
13	REDUCED IME FTE CAP (SEE INSTRUCTIONS)			13
14	UNADJUSTED IME FTE CAP			14
15	PRORATED REDUCED ALLOWABLE FTE CAP			15
	CALCULATION OF ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA			
16	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC.412.105(f)(1)(iv)(C)		25.00	16
17	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)		115.32	17
18	SEE INSTRUCTIONS		25.00	18
19	RESIDENT TO BED COUNT		.041150	19
20	IME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)		.010868	20
21	DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005		67934405	21
22	SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005		3716620	22
23	ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA		778703	23

CALCULATION OF GME AND IME PAYMENTS FOR
 REDISTRIBUTION OF UNUSED RESIDENCY SLOTS

WORKSHEET E-3
 PART VI

[] TITLE V [] TITLE XVIII [XX] TITLE XIX

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA		
1	RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD	1.000000 1
2	REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	2
3	UNADJUSTED DIRECT GME FTE CAP	3
4	PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)	4
CALCULATION OF ADDITIONAL DIRECT GME PAYMENT ATTRIBUTABLE TO SECTION 422 OF MMA		
5	ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC.413.79(c)(4)	5
5.01	PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP SLOTS	5.01
6	GME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	6
7	ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)	7
8	LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)	8
9	LINE 7 TIMES LINE 8	9
10	MEDICARE PGM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6	10
11	DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS	11
12	DIRECT GME PAYMENT FOR MANAGED CARE DAYS	12
CALCULATION OF REDUCED IME CAP UNDER SECTION 422 OF MMA		
13	REDUCED IME FTE CAP (SEE INSTRUCTIONS)	13
14	UNADJUSTED IME FTE CAP	14
15	PRORATED REDUCED ALLOWABLE FTE CAP	15
CALCULATION OF ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA		
16	NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC.412.105(f)(1)(iv)(C)	16
17	IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	17
18	SEE INSTRUCTIONS	18
19	RESIDENT TO BED COUNT	19
20	IME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)	20
21	DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005	21
22	SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005	22
23	ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA	23

BALANCE SHEET

WORKSHEET G

ASSETS	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
	1	2	3	4	
CURRENT ASSETS					
1 CASH ON HAND AND IN BANKS	610197				1
2 TEMPORARY INVESTMENTS	80560479				2
3 NOTES RECEIVABLE					3
4 ACCOUNTS RECEIVABLE	130397329				4
5 OTHER RECEIVABLES	12470762				5
6 ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-18076768				6
7 INVENTORY	20443440				7
8 PREPAID EXPENSES	8282814				8
9 OTHER CURRENT ASSETS	13249886				9
10 DUE FROM OTHER FUNDS					10
11 TOTAL CURRENT ASSETS	247938139				11
FIXED ASSETS					
12 LAND					12
12.01 ACCUMULATED DEPRECIATION					12.01
13 LAND IMPROVEMENTS	41229765				13
13.01 ACCUMULATED DEPRECIATION	-32057303				13.01
14 BUILDINGS	701774241				14
14.01 ACCUMULATED DEPRECIATION	-352720468				14.01
15 LEASEHOLD IMPROVEMENTS					15
15.01 ACCUMULATED AMORTIZATION					15.01
16 FIXED EQUIPMENT					16
16.01 ACCUMULATED DEPRECIATION					16.01
17 AUTOMOBILES AND TRUCKS					17
17.01 ACCUMULATED DEPRECIATION					17.01
18 MAJOR MOVABLE EQUIPMENT	322535077				18
18.01 ACCUMULATED DEPRECIATION	-172109324				18.01
19 MINOR EQUIPMENT DEPRECIABLE					19
19.01 ACCUMULATED DEPRECIATION					19.01
20 MINOR EQUIPMENT-NONDEPRECIABLE					20
21 TOTAL FIXED ASSETS	508651988				21
OTHER ASSETS					
22 INVESTMENTS	432981337				22
23 DEPOSITS ON LEASES					23
24 DUE FROM OWNERS/OFFICERS					24
25 OTHER ASSETS	2120662				25
26 TOTAL OTHER ASSETS	435101999				26
27 TOTAL ASSETS	1191692126				27
LIABILITIES AND FUND BALANCES					
	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND	
	1	2	3	4	
CURRENT LIABILITIES					
28 ACCOUNTS PAYABLE	30914427				28
29 SALARIES, WAGES & FEES PAYABLE	71074032				29
30 PAYROLL TAXES PAYABLE					30
31 NOTES & LOANS PAYABLE (SHORT TERM)					31
32 DEFERRED INCOME					32
33 ACCELERATED PAYMENTS					33
34 DUE TO OTHER FUNDS					34
35 OTHER CURRENT LIABILITIES	28787105				35
36 TOTAL CURRENT LIABILITIES	130775564				36
LONG-TERM LIABILITIES					
37 MORTGAGE PAYABLE					37
38 NOTES PAYABLE	80755183				38
39 UNSECURED LOANS					39
40 LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66					40
41 OTHER LONG TERM LIABILITIES					41
42 TOTAL LONG TERM LIABILITIES	80755183				42
43 TOTAL LIABILITIES	211530747				43
CAPITAL ACCOUNTS					
44 GENERAL FUND BALANCE	980161379				44
45 SPECIFIC PURPOSE FUND BALANCE					45
46 DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED					46
47 DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED					47
48 GOVERNING BODY CREATED - ENDOWMENT FUND BAL					48
49 PLANT FUND BALANCE - INVESTED IN PLANT					49
50 PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION					50
51 TOTAL FUND BALANCES	980161379				51
52 TOTAL LIABILITIES AND FUND BALANCES	1191692126				52

STATEMENT OF CHANGES IN FUND BALANCES

WORKSHEET G-1

	GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4
1 FUND BALANCES AT BEGINNING OF PERIOD	948179117			1
2 NET INCOME (LOSS)	31965380			2
3 TOTAL	980144497			3
4 ADDITIONS (CREDIT ADJUSTMENTS)				4
5 RESTRICTED FUND GIFTS	162052			5
6 TRANSFER FROM UNIVERSITY				6
7 FIXED ASSET GIFTS				7
8				8
9				9
10 TOTAL ADDITIONS	162052			10
11 SUBTOTAL	980306549			11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)				12
13 TRANSFER TO UNIVERSITY	145170			13
14				14
15				15
16				16
17				17
18 TOTAL DEDUCTIONS	145170			18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	980161379			19

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES				
2 HOSPITAL	198372331		198372331	1
4 SUBPROVIDER I	24592214		24592214	2
5 SWING BED - SNF				4
6 SWING BED - NF				5
7 SKILLED NURSING FACILITY				6
8 NURSING FACILITY				7
9 OTHER LONG TERM CARE				8
10 TOTAL GENERAL INPATIENT CARE SERVICES	222964545		222964545	9
10 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				
10.01 INTENSIVE CARE UNIT				10
10.01 MEDICAL INTENSIVE CARE UNIT	15066070		15066070	10.01
11 CORONARY CARE UNIT	10235010		10235010	11
12 BURN INTENSIVE CARE UNIT	10786609		10786609	12
13 SURGICAL INTENSIVE CARE UNIT	34097990		34097990	13
14 NEONATAL INTENSIVE CARE UNIT	61603820		61603820	14
15 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	131789499		131789499	15
16 TOTAL INPATIENT ROUTINE CARE SERVICES	354754044		354754044	16
17 ANCILLARY SERVICES	618225968	544142768	1162368736	17
18 OUTPATIENT SERVICES	10530935	137084015	147614950	18
18.50 RHC				18.50
18.60 FQHC				18.60
19 HOME HEALTH AGENCY				19
20 AMBULANCE		13661480	13661480	20
21 CORF				21
22 ASC				22
23 HOSPICE				23
24 TRANSPLANTS	6602562	66	6602628	24
24.01 NONALLOWABLE CHARGES	3271	14923540	14926811	24.01
24.02 FAMILY CARE PHYSICIANS		13798845	13798845	24.02
24.03 ER PHYSICIANS		19413222	19413222	24.03
24.04 IOWA CARE PHYSICIANS		975557	975557	24.04
24.05 ASC PHYSICIANS		182710	182710	24.05
24.06 ADJUST TO LEDGER		1567	1567	24.06
25 TOTAL PATIENT REVENUES	990116780	744183770	1734300550	25

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		830658474	26
27 ADD (SPECIFY)			27
28 LOSS ON EQUIPMENT DISPOSAL	1340511		28
29 ADJUSTMENT TO EXPENSE			29
30			30
31			31
32			32
33 TOTAL ADDITIONS		1340511	33
34 DEDUCT (SPECIFY)			34
35 GAIN ON EQUIPMENT DISPOSAL			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		831998985	40

STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

DESCRIPTION			
1	TOTAL PATIENT REVENUES	1734300550	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	923439769	2
3	NET PATIENT REVENUES	810860781	3
4	LESS - TOTAL OPERATING EXPENSES	831998985	4
5	NET INCOME FROM SERVICE TO PATIENTS	-21138204	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS	13752929	7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	6925060	14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS	484943	17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS	3733841	18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS	6726227	23
24	OTHER REVENUE	18050829	24
24.01	OTHER EXPENSE REIMBURSEMENTS		24.01
24.02	BUSINESS OFFICE/ADMINISTRATION	2863073	24.02
24.03	MISC REVENUE/NONALLOWABLE COST CTR	552856	24.03
24.04	MISC REVENUE RADIOLOGY	13826	24.04
25	TOTAL OTHER INCOME	53103584	25
26	TOTAL	31965380	26
27			27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	31965380	31

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

COMPONENT NO: 16-2306

WORKSHEET I-1

CHECK APPLICABLE BOX: [XX] RENAL DIALYSIS DEPARTMENT [] HOME PROGRAM DIALYSIS

	TOTAL COSTS	BASIS	STATISTICS	FTES PER 2080 HOURS	
	1	2	3	4	
1 REGISTERED NURSES	1403754	HRS OF SERVICE	50814.00	24.43	1
2 LICENSED PRACTICAL NURSES		HRS OF SERVICE			2
3 NURSES AIDES		HRS OF SERVICE			3
4 TECHNICIANS	604517	HRS OF SERVICE	30822.00	14.82	4
5 SOCIAL WORKERS		HRS OF SERVICE			5
6 DIETICIANS		HRS OF SERVICE			6
7 PHYSICIANS		ACCUMULATED COST			7
8 NON-PATIENT CARE SALARY	320284	ACCUMULATED COST			8
9 SUBTOTAL	2328555				9
10 EMPLOYEE BENEFITS	843753	SALARY			10
11 OLD & NEW CAP REL COSTS-BLDGS & FIXTU		SQUARE FEET			11
12 OLD & NEW CAP REL COSTS-MOV EQUIPMENT	112210	PERCENTAGE OF TIME			12
13 MACHINES COSTS & REPAIRS		PERCENTAGE OF TIME			13
14 SUPPLIES	578259	REQUISITIONS			14
15 DRUGS	833661	REQUISITIONS			15
16 OTHER	689136	ACCUMULATED COST			16
17 SUBTOTAL	5385574				17
18 OLD CAP REL COSTS-BLDGS & FIXTURES		SQUARE FEET			18
19 OLD CAP REL COSTS-MOV EQUIPMENT		PERCENTAGE OF TIME			19
20 NEW CAP REL COSTS-BLDGS & FIXTURES	126515	SQUARE FEET			20
21 NEW CAP REL COSTS-MOV EQUIPMENT	165710	PERCENTAGE OF TIME			21
22 EMPLOYEE BENEFITS		SALARY			22
23 ADMINISTRATIVE AND GENERAL	916402	ACCUMULATED COST			23
24 MAINT/REPAIRS-OPERATION-HOUSEKEEPING	324544	SQUARE FEET			24
25 MEDICAL EDUCATION PROGRAM COSTS	1779				25
26 CENTRAL SERVICES & SUPPLIES	122	REQUISITIONS			26
27 PHARMACY	634444	REQUISITIONS			27
28 OTHER ALLOCATED COSTS	482773	ACCUMULATED COST			28
29 SUBTOTAL	8037863				29
30 LABORATORY		CHARGES			30
30.01 ANATOMICAL LABORATORY		CHARGES			30.01
30.02 CARDIOLOGY		CHARGES			30.02
31 RESPIRATORY THERAPY		CHARGES			31
32 IVF/CULTURE LAB		CHARGES			32
32.01 LITHOTRIPSY		CHARGES			32.01
32.02 URODYNAMICS		CHARGES			32.02
32.03 SPINE TREATMENT CENTER		CHARGES			32.03
32.04 OPHTHALMOLOGY SPECIALTY LABS		CHARGES			32.04
32.05 DIGESTIVE DISEASE CNTR		CHARGES			32.05
32.06 RECREATION THERAPY		CHARGES			32.06
32.07 CDC - REHAB		CHARGES			32.07
32.08 DIABETES EDUCATION		CHARGES			32.08
33 TOTAL COSTS	8037863				33

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODILITIES

COMPONENT NO: 16-2306

WORKSHEET I-2

CHECK APPLICABLE BOX:

[] RENAL DIALYSIS DEPARTMENT

[] HOME PROGRAM DIALYSIS

	---CAPITAL AND---		DIRECT PATIENT			DRUGS	ROUTINE			SUB-	OVERHEAD	TOTAL	
	RELATED COSTS	CARE	SALARY	EMPLOYEE	MEDICAL		ANCILLARY	SERVICES	TOTAL				
	1	2	3	4	5	6	7	8	9	10	11		
1 TOTAL RENAL DEPT COSTS	451059	277920	1403754	604517	843753	1468105	578381		5627489	2408595	8036084	1	
2 MAINTENANCE													
3 HEMODIALYSIS	163844	122340	1000285	539645	629822	120452	444533		3020921	1292970	4313891	2	
4 INTERMITTENT PERITONEAL TRAINING												3	
5 HEMODIALYSIS	68707	4701	31576	18404	32494	3495			159377	68214	227591	4	
6 INTERMITTENT PERITONEAL												5	
7 CAPD	5266	360	2680	1562	2492	270			12630	5406	18036	6	
8 CCPD	12873	880	5967	3497	6078	664			29959	12823	42782	7	
9 HOME													8
10 HEMODIALYSIS													9
11 INTERMITTENT PERITONEAL													10
12 CAPD													11
13 CCPD													12
14 OTHER BILLABLE SERVICES													13
15 INPATIENT DIALYSIS	200369	149639	363246	41409	172867	1343224	133848		2404602	1029182	3433784	14	
16 METHOD II HOME PATIENT													15
17 EPO (INCL IN RENAL DEPT)						115299							16
18.01 ARANESP (INCL IN RENAL DEPT)						718362							17
19 OTHER													18
20 TOTAL	451059	277920	1403754	604517	843753	1468105	578381		5627489	2408595	8036084	16	
21 MEDICAL EDUC PGM COSTS											1779	17	
22 TOTAL RENAL COSTS											8037863	18	

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION -
 STATISTICAL BASIS

COMPONENT NO: 16-2306

WORKSHEET I-3

CHECK APPLICABLE BOX:

[XX] RENAL DIALYSIS DEPARTMENT

[] HOME PROGRAM DIALYSIS

	---CAPITAL AND--- RELATED COSTS BUILDING EQUIPMENT (SQUARE FEET)	(% OF TIME)	-DIRECT CARE RNS (HOURS)	PATIENT- SALARY OTHERS (HOURS)	EMPLOYEE BENEFITS (SALARY)	DRGS (REQUIS)	MEDICAL SUPPLIES (REQUIS)	ROUTINE ANCILLARY SERVICES (CHARGES)	SUB- TOTAL	OVERHEAD (ACCUM. COST)	
	1	2	3	4	5	6	7	8	9	10	
1	TOTAL RENAL DEPT COSTS	451059	277920	1403754	604517	843753	1468105	578381	5627489	2408595	1
	MAINTENANCE										
2	HEMODIALYSIS	3360	72006.00	36209.00	37650.00	1773883	11613	447035	11790171		2
3	INTERMITTENT PERITONEAL TRAINING										3
4	HEMODIALYSIS	1409	2767.00	1143.00	1284.00	91519	337		171832		4
5	INTERMITTENT PERITONEAL										5
6	CAPD	108	212.00	97.00	109.00	7018	26		13178		6
7	CCPD	264	518.00	216.00	244.00	17118	64		32142		7
	HOME										
8	HEMODIALYSIS										8
9	INTERMITTENT PERITONEAL										9
10	CAPD										10
11	CCPD										11
	OTHER BILLABLE SERVICES										
12	INPT DIAL TRMNTS 2567	4109	88073.00	13149.00	2889.00	486876	14204	134601	5306241		
13	METHOD II HOME PATIENT										13
14	EPO						115299				14
14.01	ARANESP										14.01
15	OTHER										15
16	TOTAL STATISTICAL BASIS	9250	163576.0	50814.00	42176.00	2376414	141543	581636	17313564	5627489	16
17	UNIT COST MULTIPLIER	48.763135		27.625339		.355053		.994404			
			1.699027		14.333199		10.372148			.428005	17

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COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

COMPONENT NO: 16-2306
 PAYMENT RATE # 1

WORKSHEET I-4

CHECK APPLICABLE BOX: [XX] RENAL DIALYSIS DEPARTMENT [] HOME PROGRAM DIALYSIS

	NUMBER OF TOTAL TREATMENTS 1	TOTAL COST 2	AVG COST OF PROGRAM TREATMENTS 3	NUMBER OF PROGRAM TREATMENTS 4	TOTAL PROGRAM EXPENSES 5	PAYMENT RATE 6	TOTAL PROGRAM PAYMENT 7	
1 MAINTENANCE - HEMODIALYSIS	18974	4313891	227.36	14896	3386755	167.83	2499996	1
2 MAINTENANCE - PERITONEAL DIALYSIS								2
3 TRAINING - HEMODIALYSIS	144	227591	1580.49	110	173854	192.22	21144	3
4 TRAINING - PERITONEAL DIALYSIS								4
5 TRAINING - CAPD	13	18036	1387.38					5
6 TRAINING - CCPD	27	42782	1584.52					6
7 HOME PROGRAM - HEMODIALYSIS								7
8 HOME PROGRAM - PERITONEAL DIALYSIS								8
	PATIENT WEEKS			PATIENT WEEKS				
9 HOME PROGRAM - CAPD								9
10 HOME PROGRAM - CCPD								10
11 TOTALS	19158	4602300		15006	3560609		2521140	11

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

COMPONENT NO: 16-2306

WORKSHEET I-1

CHECK APPLICABLE BOX: [] RENAL DIALYSIS DEPARTMENT [XX] HOME PROGRAM DIALYSIS

	TOTAL COSTS	BASIS	STATISTICS	FTES PER 2080 HOURS	
	1	2	3	4	
1 REGISTERED NURSES	76582	HRS OF SERVICE	1458.00	.70	1
2 LICENSED PRACTICAL NURSES		HRS OF SERVICE			2
3 NURSES AIDES		HRS OF SERVICE			3
4 TECHNICIANS	16574	HRS OF SERVICE	843.00	.41	4
5 SOCIAL WORKERS		HRS OF SERVICE			5
6 DIETICIANS		HRS OF SERVICE			6
7 PHYSICIANS		ACCUMULATED COST			7
8 NON-PATIENT CARE SALARY	22501	ACCUMULATED COST			8
9 SUBTOTAL	115657				9
10 EMPLOYEE BENEFITS	38763	SALARY			10
11 OLD & NEW CAP REL COSTS-BLDGS & FIXTU		SQUARE FEET			11
12 OLD & NEW CAP REL COSTS-MOV EQUIPMENT		PERCENTAGE OF TIME			12
13 MACHINES COSTS & REPAIRS		PERCENTAGE OF TIME			13
14 SUPPLIES	205358	REQUISITIONS			14
15 DRUGS		REQUISITIONS			15
16 OTHER	48744	ACCUMULATED COST			16
17 SUBTOTAL	408522				17
18 OLD CAP REL COSTS-BLDGS & FIXTURES		SQUARE FEET			18
19 OLD CAP REL COSTS-MOV EQUIPMENT		PERCENTAGE OF TIME			19
20 NEW CAP REL COSTS-BLDGS & FIXTURES	6018	SQUARE FEET			20
21 NEW CAP REL COSTS-MOV EQUIPMENT		PERCENTAGE OF TIME			21
22 EMPLOYEE BENEFITS		SALARY			22
23 ADMINISTRATIVE AND GENERAL	66907	ACCUMULATED COST			23
24 MAINT/REPAIRS-OPERATION-HOUSEKEEPING	15438	SQUARE FEET			24
25 MEDICAL EDUCATION PROGRAM COSTS					25
26 CENTRAL SERVICES & SUPPLIES		REQUISITIONS			26
27 PHARMACY	546	REQUISITIONS			27
28 OTHER ALLOCATED COSTS	16431	ACCUMULATED COST			28
29 SUBTOTAL	513862				29
30 LABORATORY		CHARGES			30
30.01 ANATOMICAL LABORATORY		CHARGES			30.01
30.02 CARDIOLOGY		CHARGES			30.02
31 RESPIRATORY THERAPY		CHARGES			31
32 IVF/CULTURE LAB		CHARGES			32
32.01 LITHOTRIPSY		CHARGES			32.01
32.02 URODYNAMICS		CHARGES			32.02
32.03 SPINE TREATMENT CENTER		CHARGES			32.03
32.04 OPHTHALMOLOGY SPECIALTY LABS		CHARGES			32.04
32.05 DIGESTIVE DISEASE CNTR		CHARGES			32.05
32.06 RECREATION THERAPY		CHARGES			32.06
32.07 CDC - REHAB		CHARGES			32.07
32.08 DIABETES EDUCATION		CHARGES			32.08
33 TOTAL COSTS	513862				33

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION -
 STATISTICAL BASIS

COMPONENT NO: 16-2306

WORKSHEET I-3

CHECK APPLICABLE BOX:

[] RENAL DIALYSIS DEPARTMENT

[XX] HOME PROGRAM DIALYSIS

	----	---	---	---	---	---	---	---	---	---
	CAPITAL AND	DIRECT	PATIENT-	EMPLOYEE	DRGS	MEDICAL	ROUTINE	SUB-	OVERHEAD	
	RELATED COSTS	CARE	SALARY	BENEFITS	(REQUIS)	SUPPLIES	ANCILLARY	TOTAL	(ACCUM.	
	BUILDING EQUIPMENT	RNS	OTHERS	(SALARY)	(REQUIS)	(REQUIS)	SERVICES		COST)	
	(SQUARE FEET)	(HOURS)	(HOURS)	(SALARY)	(REQUIS)	(REQUIS)	(CHARGES)			
	1	2	3	4	5	6	7	8	9	10
1	TOTAL RENAL DEPT COSTS	21456	76582	16574	38763	546	205358	359279	154583	1
	MAINTENANCE									
2	HEMODIALYSIS									2
3	INTERMITTENT PERITONEAL TRAINING									3
4	HEMODIALYSIS									4
5	INTERMITTENT PERITONEAL									5
6	CAPD									6
7	CCPD									7
	HOME									
8	HEMODIALYSIS	345	1143.00	1284.00	90704	251	161057	680688		8
9	INTERMITTENT PERITONEAL									9
10	CAPD	36	118.00	132.00	9349	26	16600	70156		10
11	CCPD	59	197.00	220.00	15604	43	27706	117096		11
	OTHER BILLABLE SERVICES									
12	INPT DIAL TRMNTS									13
13	METHOD II HOME PATIENT									14
14	EPO									14.01
14.01	ARANESP									15
15	OTHER									16
16	TOTAL STATISTICAL BASIS	440	1458.00	1636.00	115657	320	205363	867940	359279	17
17	UNIT COST MULTIPLIER	48.763636	52.525377	10.130807	.335155	1.706250	.999976		.430259	

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COMPUTATION OF AVERAGE COST PER TREATMENT FOR OUTPATIENT RENAL DIALYSIS

COMPONENT NO: 16-2306
 PAYMENT RATE # 1

WORKSHEET I-4

CHECK APPLICABLE BOX: RENAL DIALYSIS DEPARTMENT HOME PROGRAM DIALYSIS

	NUMBER OF TOTAL TREATMENTS 1	TOTAL COST 2	AVG COST OF PROGRAM TREATMENTS 3	NUMBER OF PROGRAM TREATMENTS 4	TOTAL PROGRAM EXPENSES 5	PAYMENT RATE 6	TOTAL PROGRAM PAYMENT 7	
1 MAINTENANCE - HEMODIALYSIS								1
2 MAINTENANCE - PERITONEAL DIALYSIS								2
3 TRAINING - HEMODIALYSIS								3
4 TRAINING - PERITONEAL DIALYSIS								4
5 TRAINING - CAPD								5
6 TRAINING - CCPD								6
7 HOME PROGRAM - HEMODIALYSIS	2151	402977	187.34	1758	329344	175.52	308564	7
8 HOME PROGRAM - PERITONEAL DIALYSIS								8
	PATIENT WEEKS			PATIENT WEEKS				
9 HOME PROGRAM - CAPD	52	41573	799.48					9
10 HOME PROGRAM - CCPD	131	69312	529.10					10
11 TOTALS	2151	513862		1758	329344		308564	11

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B

COMPONENT NO: 16-2306

WORKSHEET I-5

DESCRIPTION		
1	TOTAL EXPENSES RELATED TO CARE OF PROGRAM BENEFICIARIES	3889953 1
2	TOTAL PAYMENT (FROM I-4, COLUMN 7, LINE11)	2829704 2
3	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS	197 3
4	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS	577308 4
5	BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE, NET OF BAD DEBT RECOVERIES	5
5.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	5.01
6	NET DEDUCTIBLES AND COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS	577505 6
7	PROGRAM PAYMENT	2263606 7
8	UNRECOVERED FROM MEDICARE (PART B) PATIENTS (IF NEGATIVE, ENTER ZERO AND DO NOT COMPLETE LINE 9)	8
9	REIMBURSABLE BAD DEBTS	9

CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (16-0058)	SUB I	SUB II	SUB III	SUB IV
PART I - FULLY PROSPECTIVE METHOD					
1	CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS				1
	CAPITAL FEDERAL AMOUNT				
2	CAPITAL DRG OTHER THAN OUTLIER	5811317			2
3	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997				3
3.01	CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997	430599			3.01
4	INDIRECT MEDICAL EDUCATION ADJUSTMENT TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD	459.88			4
	[E-3,PT VI,LN.18]				
	[E,PT A,LN.3.17][x E-3,PT VI,LN.1]				
4.01	NO. OF INTERNS & RESIDENTS	363.48	25.00		4.01
4.02	INDIRECT MEDICAL EDUCATION PERCENTAGE			26.92	4.02
4.03	INDIRECT MEDICAL EDUCATION ADJUSTMENT DISPROPORTIONATE SHARE ADJUSTMENT	1564407			4.03
5	% OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS	0.0710			5
5.01	% OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I	0.3238			5.01
5.02	SUM OF LINES 5 AND 5.01	0.3948			5.02
5.03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.0832			5.03
5.04	DISPROPORTIONATE SHARE ADJUSTMENT	483502			5.04
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	8289825			6
PART II - HOLD HARMLESS METHOD					
1	NEW CAPITAL				1
2	OLD CAPITAL				2
3	TOTAL CAPITAL				3
4	RATIO OF NEW CAPITAL TO TOTAL CAPITAL				4
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE				5
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT				6
7	REDUCED OLD CAPITAL AMOUNT				7
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL				8
9	SUBTOTAL				9
10	PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)				10
PART III - PAYMENT UNDER REASONABLE COST					
1	PROGRAM INPATIENT ROUTINE CAPITAL COST				1
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST				2
3	TOTAL INPATIENT PROGRAM CAPITAL				3
4	CAPITAL COST PAYMENT FACTOR				4
5	TOTAL INPATIENT PROGRAM CAPITAL COST				5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1	PROGRAM INPATIENT CAPITAL COSTS				1
2	PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES				2
3	NET PROGRAM INPATIENT CAPITAL COSTS				3
4	APPLICABLE EXCEPTION PERCENTAGE				4
5	CAPITAL COST FOR COMPARISON TO PAYMENTS				5
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES				6
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES				7
8	CAPITAL MINIMUM PAYMENT LEVEL				8
9	CURRENT YEAR CAPITAL PAYMENTS				9
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS				10
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT				11
12	NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS				12
13	CURRENT YEAR EXCEPTION PAYMENT				13
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD				14
15	CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)				15
16	CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)				16
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT				17

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS 0	SUBTOTAL 4A	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
3.01 NEW CAPITAL REL - GENERAL HOSP					3.01
3.02 NEW CAPITAL REL - WESTLAWN					3.02
3.04 NEW CAPITAL REL - CDD					3.04
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6 ADMINISTRATIVE & GENERAL					6
7 MAINTENANCE & REPAIRS					7
7.01 PLANT OPER/MAINT - GENERAL HOSP					7.01
7.02 PLANT OPER/MAINT - WESTLAWN					7.02
7.04 PLANT OPER/MAINT - CDD					7.04
8 OPERATION OF PLANT					8
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
10.01 HOUSEKEEPING - GENERAL HOSPITAL					10.01
10.04 HOUSEKEEPING - CDD					10.04
11 DIETARY					11
12 CAFETERIA					12
12.01 CAFETERIA - EMPLOYEES					12.01
13 MAINTENANCE OF PERSONNEL					13
13.01 STUDENT & PERSONNEL HOUSING					13.01
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
17.01 MEDICAL RECORDS PREPARATION					17.01
17.02 MEDICAL RECORDS PROCESSING					17.02
18 SOCIAL SERVICE					18
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES A					22
23 I&R SERVICES-OTHER PRGM COSTS A					23
24 PARAMED ED PRGM-(SPECIFY)					24
24.01 PARAMEDICAL EDUC - DIETARY					24.01
24.02 PARAMEDICAL EDUC - PHARMACY					24.02
24.03 PARAMEDICAL EDCU - MED LAB					24.03
24.04 PARAMEDICAL EDUC - RAD TECH					24.04
24.05 PARAMED ED PRGM-PASTORAL					24.05
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
26.01 MEDICAL INTENSIVE CARE UNIT					26.01
27 CORONARY CARE UNIT					27
28 BURN INTENSIVE CARE UNIT					28
29 SURGICAL INTENSIVE CARE UNIT					29
30 NEONATAL INTENSIVE CARE UNIT					30
31 SUBPROVIDER I					31
33 NURSERY					33
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
39 DELIVERY ROOM & LABOR ROOM					39
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
42 RADIOLOGY-THERAPEUTIC					42
42.01 ULTRASOUND					42.01
42.02 RADIOLOGY - PET SCAN					42.02
44 LABORATORY					44
44.01 ANATOMICAL LABORATORY					44.01
44.02 RADIOLOGY					44.02
46.30 BLOOD CLOTTING FACTORS ADMIN CO					46.30
47 BLOOD STORING, PROCESSING & TRA					47
47.01 ORTHOTIC SERVICES					47.01
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
51 OCCUPATIONAL THERAPY					51
53 ELECTROCARDIOLOGY					53
54 ELECTROENCEPHALOGRAPHY					54
55 MEDICAL SUPPLIES CHARGED TO PAT					55
56 DRUGS CHARGED TO PATIENTS					56
57 RENAL DIALYSIS					57
59 IVF/CULTURE LAB					59
59.01 LITHOTRIPSY					59.01
59.02 URODYNAMICS					59.02

ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
 PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL
	0	4A	25	26	27
59.03 SPINE TREATMENT CENTER					59.03
59.04 OPHTHALMOLOGY SPECIALTY LABS					59.04
59.05 DIGESTIVE DISEASE CNTR					59.05
59.06 RECREATION THERAPY					59.06
59.07 CDC - REHAB					59.07
59.08 DIABETES EDUCATION					59.08
OUTPATIENT SERVICE COST CENTERS					
60.01 ANESTHESIA PAIN CLINIC					60.01
60.02 DERMATOLOGY CLINIC					60.02
60.03 ORAL SURGERY CLINIC					60.03
60.04 INTERNAL MEDICINE CLINIC					60.04
60.05 NEUROLOGY CLINIC					60.05
60.06 OB-GYN CLINIC					60.06
60.07 OPHTHALMOLOGY CLINIC					60.07
60.08 ORTHOPAEDICS CLINIC					60.08
60.09 OTOLARYNGOLOGY CLINIC					60.09
60.10 PEDIATRIC CLINIC					60.10
60.11 SURGERY CLINIC					60.11
60.12 UROLOGY CLINIC					60.12
60.13 PSYCHIATRIC CLINIC					60.13
60.14 CANCER CLINIC					60.14
60.15 FAMILY CARE CLINIC					60.15
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINCT)					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
64 HOME PROGRAM DIALYSIS					64
65 AMBULANCE SERVICES					65
69.10 CMHC					69.10
69.20 OUTPATIENT PHYSICAL THERAPY					69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY					69.30
69.40 OUTPATIENT SPEECH PATHOLOGY					69.40
71 HOME HEALTH AGENCY					71
82 LUNG ACQUISITION					82
SPECIAL PURPOSE COST CENTERS					
83 KIDNEY ACQUISITION					83
84 LIVER ACQUISITION					84
85 HEART ACQUISITION					85
85.01 PANCREAS ACQUISITION					85.01
85.02 INTESTINAL ACQUISITION					85.02
85.03 ISLET CELL ACQUISITION					85.03
86 OTHER ORGAN ACQUISITION (SPECIF					86
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CAN					96
96.01 VENDING/PATIENT ART					96.01
96.02 PATIENT TRANSPORTATION SERVICE					96.02
96.03 PHARMACY HOME GOING DRUGS					96.03
96.04 OUTPATIENT & ESCORT HOUSING					96.04
96.05 CLINICAL RESEARCH UNIT					96.05
96.06 PATIENT EDUCATION SERVICE					96.06
96.08 FAMILY PRACTICE PROGRAM					96.08
96.09 CONTACT LENS CLINIC					96.09
96.10 BEAUTY SHOP					96.10
96.11 CLINICAL FACULTY DEPARTMENT					96.11
96.12 MEDICAID ADMINISTRATIVE PROJECT					96.12
96.13 OTHER NONALLOWABLE					96.13
97 RESEARCH					97
101 CROSS FOOT ADJUSTMENTS					101
102 NEGATIVE COST CENTER					102
103 TOTAL					103
104 TOTAL STATISTICAL BASIS					104
105 UNIT COST MULTIPLIER					105
105 UNIT COST MULTIPLIER					105

***** REPORT 97 ***** UTILIZATION STATISTICS *****

HOSPITAL

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL 7
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
25 ADULTS & PEDIATRICS	31.73		29.27				61.00 25
26.01 MEDICAL INTENSIVE CARE UNIT	46.40		23.67				70.07 26.01
27 CORONARY CARE UNIT	48.35		24.33				72.68 27
28 BURN INTENSIVE CARE UNIT	1.56						1.56 28
29 SURGICAL INTENSIVE CARE UNIT	38.64		18.48				57.12 29
30 NEONATAL INTENSIVE CARE UNIT			67.91				67.91 30
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	16.25	6.21					22.46 37
39 DELIVERY ROOM & LABOR ROOM	0.95	0.05					1.00 39
40 ANESTHESIOLOGY	16.54	6.53					23.07 40
41 RADIOLOGY-DIAGNOSTIC	12.84	12.97					25.81 41
42 RADIOLOGY-THERAPEUTIC	1.64	24.20					25.84 42
42.01 ULTRASOUND	6.95	9.20					16.15 42.01
42.02 RADIOLOGY - PET SCAN	4.10	22.40					26.50 42.02
44 LABORATORY	18.14	1.93					20.07 44
44.01 ANATOMICAL LABORATORY	9.27	11.56					20.83 44.01
44.02 RADIOLOGY	21.50	9.11					30.61 44.02
47 BLOOD STORING, PROCESSING & TRA	25.84	3.82					29.66 47
47.01 ORTHOTIC SERVICES	11.40	1.96					13.36 47.01
49 RESPIRATORY THERAPY	24.10	1.03					25.13 49
50 PHYSICAL THERAPY	29.20	0.92					30.12 50
51 OCCUPATIONAL THERAPY	19.14	1.31					20.45 51
53 ELECTROCARDIOLOGY	21.93	14.45					36.38 53
54 ELECTROENCEPHALOGRAPHY	11.08	8.32					19.40 54
55 MEDICAL SUPPLIES CHARGED TO PAT	27.78	5.03					32.81 55
56 DRUGS CHARGED TO PATIENTS	14.78	12.53					27.31 56
57 RENAL DIALYSIS	15.92						15.92 57
59 IVF/CULTURE LAB		0.21					0.21 59
59.01 LITHOTRIPSY	5.70	25.86					31.56 59.01
59.02 URODYNAMICS		31.89					31.89 59.02
59.03 SPINE TREATMENT CENTER	0.27	11.83					12.10 59.03
59.04 OPHTHALMOLOGY SPECIALTY LABS	0.35	29.87					30.22 59.04
59.05 DIGESTIVE DISEASE CNTR	9.01	22.16					31.17 59.05
59.07 CDC - REHAB		4.59					4.59 59.07
59.08 DIABETES EDUCATION		6.73					6.73 59.08
60.01 ANESTHESIA PAIN CLINIC	0.91	23.56					24.47 60.01
60.02 DERMATOLOGY CLINIC	0.14	33.35					33.49 60.02
60.03 ORAL SURGERY CLINIC	0.03	3.89					3.92 60.03
60.04 INTERNAL MEDICINE CLINIC	0.34	20.87					21.21 60.04
60.05 NEUROLOGY CLINIC	0.28	33.82					34.10 60.05
60.06 OB-GYN CLINIC	0.10	11.22					11.32 60.06
60.07 OPHTHALMOLOGY CLINIC	0.40	39.57					39.97 60.07
60.08 ORTHOPAEDICS CLINIC	0.45	17.18					17.63 60.08
60.09 OTOLARYNGOLOGY CLINIC	5.66	17.87					23.53 60.09
60.10 PEDIATRIC CLINIC	0.16	12.15					12.31 60.10
60.11 SURGERY CLINIC	1.34	28.43					29.77 60.11
60.12 UROLOGY CLINIC	1.78	34.14					35.92 60.12
60.13 PSYCHIATRIC CLINIC	0.31	14.84					15.15 60.13
60.14 CANCER CLINIC	0.35	30.10					30.45 60.14
60.15 FAMILY CARE CLINIC	0.17	14.98					15.15 60.15
62 OBSERVATION BEDS (NON-DISTINCT		48.58					48.58 62
101 TOTAL CHARGES	11.36	7.18					18.54 101

***** REPORT 97 ***** UTILIZATION STATISTICS *****

SUBPROVIDER I

COST CENTERS	---- TITLE XVIII ----		----- TITLE XIX -----		----- TITLE V -----		TOTAL THIRD PARTY UTIL
	PART A 1	PART B 2	INPATIENT 3	OUTPATIENT 4	INPATIENT 5	OUTPATIENT 6	
UTILIZATION PERCENTAGES BASED ON DAYS							
31 SUBPROVIDER I	27.44		27.03				54.47 31
UTILIZATION PERCENTAGES BASED ON CHARGES							
37 OPERATING ROOM	0.10						0.10 37
40 ANESTHESIOLOGY	0.32						0.32 40
41 RADIOLOGY-DIAGNOSTIC	0.15						0.15 41
42.01 ULTRASOUND	0.05						0.05 42.01
44 LABORATORY	0.34						0.34 44
44.01 ANATOMICAL LABORATORY	0.03						0.03 44.01
47 BLOOD STORING, PROCESSING & TRA	0.01						0.01 47
47.01 ORTHOTIC SERVICES	0.09						0.09 47.01
49 RESPIRATORY THERAPY	0.04						0.04 49
50 PHYSICAL THERAPY	0.22						0.22 50
51 OCCUPATIONAL THERAPY	3.95						3.95 51
53 ELECTROCARDIOLOGY	0.65	0.01					0.66 53
54 ELECTROENCEPHALOGRAPHY	0.17						0.17 54
55 MEDICAL SUPPLIES CHARGED TO PAT	0.03						0.03 55
56 DRUGS CHARGED TO PATIENTS	0.24						0.24 56
57 RENAL DIALYSIS	0.35						0.35 57
60.13 PSYCHIATRIC CLINIC	0.06						0.06 60.13
61 EMERGENCY	0.82						0.82 61
101 TOTAL CHARGES	0.14						0.14 101

COST CENTER		---	DIRECT COSTS	---	ALLOCATED OVERHEAD	---	TOTAL COSTS	---
		AMOUNT	%	AMOUNT	%	AMOUNT	%	
GENERAL SERVICE COST CENTERS								
1	OLD CAP REL COSTS-BLDG & FIXT							1
2	OLD CAP REL COSTS-MVBLE EQUIP							2
3	NEW CAP REL COSTS-BLDG & FIXT							3
3.01	NEW CAPITAL REL - GENERAL HOSP	28469953	3.58	-28469953	-7.42			3.01
3.02	NEW CAPITAL REL - WESTLAWN	65048	.01	-65048	-.02			3.02
3.04	NEW CAPITAL REL - CDD	263319	.03	-263319	-.07			3.04
4	NEW CAP REL COSTS-MVBLE EQUIP	38547338	4.85	-38547338	-10.05			4
5	EMPLOYEE BENEFITS							5
6	ADMINISTRATIVE & GENERAL	91769497	11.54	-91769497	-23.92			6
7	MAINTENANCE & REPAIRS							7
7.01	PLANT OPER/MAINT - GENERAL HOSP	32799568	4.12	-32799568	-8.55			7.01
7.02	PLANT OPER/MAINT - WESTLAWN	202612	.03	-202612	-.05			7.02
7.04	PLANT OPER/MAINT - CDD	919264	.12	-919264	-.24			7.04
8	OPERATION OF PLANT							8
9	LAUNDRY & LINEN SERVICE	1248435	.16	-1248435	-.33			9
10	HOUSEKEEPING							10
10.01	HOUSEKEEPING - GENERAL HOSPITAL	17710261	2.23	-17710261	-4.62			10.01
10.04	HOUSEKEEPING - CDD	285754	.04	-285754	-.07			10.04
11	DIETARY	8280491	1.04	-8280491	-2.16			11
12	CAFETERIA	2052797	.26	-2052797	-.54			12
12.01	CAFETERIA - EMPLOYEES							12.01
13	MAINTENANCE OF PERSONNEL							13
13.01	STUDENT & PERSONNEL HOUSING							13.01
14	NURSING ADMINISTRATION	10012051	1.26	-10012051	-2.61			14
15	CENTRAL SERVICES & SUPPLY	6499149	.82	-6499149	-1.69			15
16	PHARMACY	85250974	10.72	-85250974	-22.22			16
17	MEDICAL RECORDS & LIBRARY							17
17.01	MEDICAL RECORDS PREPARATION	8742454	1.10	-8742454	-2.28			17.01
17.02	MEDICAL RECORDS PROCESSING	4054153	.51	-4054153	-1.06			17.02
18	SOCIAL SERVICE	5849078	.74	-5849078	-1.52			18
20	NONPHYSICIAN ANESTHETISTS							20
21	NURSING SCHOOL							21
22	I&R SERVICES-SALARY & FRINGES A	27401635	3.45	-27401635	-7.14			22
23	I&R SERVICES-OTHER PRGM COSTS A	11892453	1.50	-11892453	-3.10			23
24	PARAMED ED PRGM-(SPECIFY)							24
24.01	PARAMEDICAL EDUC - DIETARY	39293		-39293	-.01			24.01
24.02	PARAMEDICAL EDUC - PHARMACY	485722	.06	-485722	-.13			24.02
24.03	PARAMEDICAL EDUC - MED LAB	206358	.03	-206358	-.05			24.03
24.04	PARAMEDICAL EDUC - RAD TECH	551227	.07	-551227	-.14			24.04
24.05	PARAMED ED PRGM-PASTORAL	89083	.01	-89083	-.02			24.05
INPATIENT ROUTINE SERV COST CENTERS								
25	ADULTS & PEDIATRICS	60501909	7.61	59307474	15.46	119809383	15.06	25
26.01	MEDICAL INTENSIVE CARE UNIT	4438167	.56	2961988	.77	7400155	.93	26.01
27	CORONARY CARE UNIT	3088321	.39	2501255	.65	5589576	.70	27
28	BURN INTENSIVE CARE UNIT	4054667	.51	2888097	.75	6942764	.87	28
29	SURGICAL INTENSIVE CARE UNIT	10884983	1.37	5434226	1.42	16319209	2.05	29

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
30 NEONATAL INTENSIVE CARE UNIT	16134227	2.03	7955320	2.07	24089547	3.03	30
31 SUBPROVIDER I	8669257	1.09	9182072	2.39	17851329	2.24	31
33 NURSERY	1319923	.17	583818	.15	1903741	.24	33
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	56492315	7.10	33642082	8.77	90134397	11.33	37
39 DELIVERY ROOM & LABOR ROOM	4311286	.54	2552772	.67	6864058	.86	39
40 ANESTHESIOLOGY	2913519	.37	9540499	2.49	12454018	1.57	40
41 RADIOLOGY-DIAGNOSTIC	24525390	3.08	22467555	5.86	46992945	5.91	41
42 RADIOLOGY-THERAPEUTIC	6405324	.81	6329642	1.65	12734966	1.60	42
42.01 ULTRASOUND	2221991	.28	1597256	.42	3819247	.48	42.01
42.02 RADIOLOGY - PET SCAN	2311629	.29	1734788	.45	4046417	.51	42.02
44 LABORATORY	29835263	3.75	9893645	2.58	39728908	5.00	44
44.01 ANATOMICAL LABORATORY	4840279	.61	3376556	.88	8216835	1.03	44.01
44.02 RADIOLOGY	6085758	.77	3914371	1.02	10000129	1.26	44.02
46.30 BLOOD CLOTTING FACTORS ADMIN CO							46.30
47 BLOOD STORING, PROCESSING & TRA	6580843	.83	2038961	.53	8619804	1.08	47
47.01 ORTHOTIC SERVICES	1649056	.21	482502	.13	2131558	.27	47.01
49 RESPIRATORY THERAPY	9307657	1.17	2385394	.62	11693051	1.47	49
50 PHYSICAL THERAPY	3535880	.44	1101610	.29	4637490	.58	50
51 OCCUPATIONAL THERAPY	1459479	.18	416269	.11	1875748	.24	51
53 ELECTROCARDIOLOGY	640342	.08	201803	.05	842145	.11	53
54 ELECTROENCEPHALOGRAPHY	1582040	.20	857336	.22	2439376	.31	54
55 MEDICAL SUPPLIES CHARGED TO PAT	32135614	4.04	5186720	1.35	37322334	4.69	55
56 DRUGS CHARGED TO PATIENTS			82657379	21.54	82657379	10.39	56
57 RENAL DIALYSIS	5385574	.68	3485950	.91	8871524	1.12	57
59 IVF/CULTURE LAB	1740842	.22	949117	.25	2689959	.34	59
59.01 LITHOTRIPSY	787014	.10	253213	.07	1040227	.13	59.01
59.02 URODYNAMICS	561946	.07	211375	.06	773321	.10	59.02
59.03 SPINE TREATMENT CENTER	1414391	.18	486367	.13	1900758	.24	59.03
59.04 OPHTHALMOLOGY SPECIALTY LABS	1219862	.15	585988	.15	1805850	.23	59.04
59.05 DIGESTIVE DISEASE CNTR	3928907	.49	1869806	.49	5798713	.73	59.05
59.06 RECREATION THERAPY							59.06
59.07 CDC - REHAB	184620	.02	572096	.15	756716	.10	59.07
59.08 DIABETES EDUCATION	246038	.03	145784	.04	391822	.05	59.08
60.01 ANESTHESIA PAIN CLINIC	550027	.07	629614	.16	1179641	.15	60.01
60.02 DERMATOLOGY CLINIC	1044288	.13	2442249	.64	3486537	.44	60.02
60.03 ORAL SURGERY CLINIC	1239534	.16	2301732	.60	3541266	.45	60.03
60.04 INTERNAL MEDICINE CLINIC	6413413	.81	8064057	2.10	14477470	1.82	60.04
60.05 NEUROLOGY CLINIC	1060871	.13	1985199	.52	3046070	.38	60.05
60.06 OB-GYN CLINIC	4496065	.57	4593454	1.20	9089519	1.14	60.06
60.07 OPHTHALMOLOGY CLINIC	3605587	.45	4419763	1.15	8025350	1.01	60.07
60.08 ORTHOPAEDICS CLINIC	3790485	.48	3688749	.96	7479234	.94	60.08
60.09 OTOLARYNGOLOGY CLINIC	3764715	.47	3641031	.95	7405746	.93	60.09
60.10 PEDIATRIC CLINIC	7110283	.89	6204085	1.62	13314368	1.67	60.10
60.11 SURGERY CLINIC	2981282	.37	3846791	1.00	6828073	.86	60.11
60.12 UROLOGY CLINIC	1228908	.15	1787485	.47	3016393	.38	60.12
60.13 PSYCHIATRIC CLINIC	1558921	.20	4048693	1.06	5607614	.71	60.13

COST CENTER	--- DIRECT COSTS ---		-- ALLOCATED OVERHEAD --		--- TOTAL COSTS ---		
	AMOUNT	%	AMOUNT	%	AMOUNT	%	
60.14 CANCER CLINIC	3962263	.50	3619172	.94	7581435	.95	60.14
60.15 FAMILY CARE CLINIC	5481988	.69	8623589	2.25	14105577	1.77	60.15
61 EMERGENCY	6145698	.77	6428053	1.68	12573751	1.58	61
62 OBSERVATION BEDS (NON-DISTINCT							62
63.50 RHC							63.50
63.60 FOHC							63.60
OTHER REIMBURSABLE COST CENTERS							
64 HOME PROGRAM DIALYSIS	408522	.05	105340	.03	513862	.06	64
65 AMBULANCE SERVICES	3981603	.50	1051148	.27	5032751	.63	65
OUTPATIENT SERVICE COST CENTERS							
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY							71
82 LUNG ACQUISITION	451375	.06	74188	.02	525563	.07	82
SPECIAL PURPOSE COST CENTERS							
83 KIDNEY ACQUISITION	2389530	.30	522654	.14	2912184	.37	83
84 LIVER ACQUISITION	920063	.12	206436	.05	1126499	.14	84
85 HEART ACQUISITION	1036038	.13	207971	.05	1244009	.16	85
85.01 PANCREAS ACQUISITION	291738	.04	53978	.01	345716	.04	85.01
85.02 INTESTINAL ACQUISITION							85.02
85.03 ISLET CELL ACQUISITION							85.03
86 OTHER ORGAN ACQUISITION (SPECIF							86
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & CAN	1127491	.14	223571	.06	1351062	.17	96
96.01 VENDING/PATIENT ART	15780192	1.98	3126133	.81	18906325	2.38	96.01
96.02 PATIENT TRANSPORTATION SERVICE	1044859	.13	266223	.07	1311082	.16	96.02
96.03 PHARMACY HOME GOING DRUGS			9038980	2.36	9038980	1.14	96.03
96.04 OUTPATIENT & ESCORT HOUSING			88340	.02	88340	.01	96.04
96.05 CLINICAL RESEARCH UNIT	315788	.04	769803	.20	1085591	.14	96.05
96.06 PATIENT EDUCATION SERVICE	768031	.10	332488	.09	1100519	.14	96.06
96.08 FAMILY PRACTICE PROGRAM	3930010	.49	634308	.17	4564318	.57	96.08
96.09 CONTACT LENS CLINIC	288610	.04	99693	.03	388303	.05	96.09
96.10 BEAUTY SHOP			17331		17331		96.10
96.11 CLINICAL FACULTY DEPARTMENT			3858901	1.01	3858901	.49	96.11
96.12 MEDICAID ADMINISTRATIVE PROJECT							96.12
96.13 OTHER NONALLOWABLE	3062923	.39	4256507	1.11	7319430	.92	96.13
97 RESEARCH			2679172	.70	2679172	.34	97
101 CROSS FOOT ADJUSTMENTS							101
102 NEGATIVE COST CENTER							102
103 TOTAL	795313381	100.00	0	.00	795313381	100.00	103

APPORTIONMENT OF INPATIENT MEDICARE ANCILLARY SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL RELATED COSTS 1	TOTAL CHARGES 2	RATIO CAPITAL COST TO CHARGES 3	INPATIENT PROGRAM CHARGES 4	MEDICARE INPATIENT PPS CAPITAL COSTS 5	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	6760976	227978508	.029656	37039566	1098445	37
39 DELIVERY ROOM & LABOR ROOM	511267	10175301	.050246	97172	4883	39
40 ANESTHESIOLOGY	801740	26721648	.030003	4419283	132592	40
41 RADIOLOGY-DIAGNOSTIC	8025373	191570180	.041893	24591470	1030210	41
42 RADIOLOGY-THERAPEUTIC	3415676	35854624	.095265	587837	56000	42
42.01 ULTRASOUND	641496	12376186	.051833	859807	44566	42.01
42.02 RADIOLOGY - PET SCAN	793218	11178053	.070962	458052	32504	42.02
44 LABORATORY	2238793	184400210	.012141	33448893	406103	44
44.01 ANATOMICAL LABORATORY	546945	18311012	.029870	1696950	50688	44.01
44.02 RADIOLOGY	1840848	53900871	.034152	11587907	395750	44.02
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
47 BLOOD STORING, PROCESSING & TRA	525173	19547424	.026867	5051402	135716	47
47.01 ORTHOTIC SERVICES	103171	3273807	.031514	373225	11762	47.01
49 RESPIRATORY THERAPY	776403	49349769	.015733	11891134	187083	49
50 PHYSICAL THERAPY	257392	9789745	.026292	2859043	75170	50
51 OCCUPATIONAL THERAPY	88454	3864157	.022891	739548	16929	51
53 ELECTROCARDIOLOGY	68526	4223787	.016224	926482	15031	53
54 ELECTROENCEPHALOGRAPHY	277898	7686961	.036152	851708	30791	54
55 MEDICAL SUPPLIES CHARGED TO PAT	1382129	91493772	.015106	25418601	383973	55
56 DRUGS CHARGED TO PATIENTS	2733276	143667595	.019025	21234789	403992	56
57 RENAL DIALYSIS	670996	18625882	.036025	2965777	106842	57
59 IVF/CULTURE LAB	258838	2433276	.106374	57	6	59
59.01 LITHOTRIPSY	97466	4179851	.023318	238187	5554	59.01
59.02 URODYNAMICS	53867	1375912	.039150			59.02
59.03 SPINE TREATMENT CENTER	121307	523421	.231758	1391	322	59.03
59.04 OPHTHALMOLOGY SPECIALTY LABS	18052	4174094	.052239	14685	767	59.04
59.05 DIGESTIVE DISEASE CNTR	617344	21361332	.028900	1925445	55645	59.05
59.06 RECREATION THERAPY						59.06
59.07 CDC - REHAB	62473	753517	.082909			59.07
59.08 DIABETES EDUCATION	35740	60168	.594003			59.08
OUTPATIENT SERVICE COST CENTERS						
60.01 ANESTHESIA PAIN CLINIC	181182	2005912	.090324	18175	1642	60.01
60.02 DERMATOLOGY CLINIC	380682	5684606	.066967	7989	535	60.02
60.03 ORAL SURGERY CLINIC	393104	2235583	.175840	659	116	60.03
60.04 INTERNAL MEDICINE CLINIC	1329623	11281207	.117862	38546	4543	60.04
60.05 NEUROLOGY CLINIC	349887	1800805	.194295	4985	969	60.05
60.06 OB-GYN CLINIC	1305543	6017927	.216942	6053	1313	60.06
60.07 OPHTHALMOLOGY CLINIC	929295	10026747	.092682	40401	3744	60.07
60.08 ORTHOPAEDICS CLINIC	606178	6484327	.093484	28921	2704	60.08
60.09 OTOLARYNGOLOGY CLINIC	905289	6939627	.130452	393128	51284	60.09
60.10 PEDIATRIC CLINIC	1104823	5240376	.210829	8126	1713	60.10
60.11 SURGERY CLINIC	945745	2298459	.411469	30837	12688	60.11
60.12 UROLOGY CLINIC	435689	5057590	.086146	90156	7767	60.12
60.13 PSYCHIATRIC CLINIC	458796	3125921	.146771	9630	1413	60.13
60.14 CANCER CLINIC	633644	10945278	.057892	38270	2216	60.14
60.15 FAMILY CARE CLINIC	842554	11585243	.072726	19193	1396	60.15
61 EMERGENCY	1010339	49762818	.020303			61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	126908	5305558	.023920			62
63.50 RHC						63.50
63.60 FQHC						63.60
64 HOME PROGRAM DIALYSIS	19985	892473	.022393			64
65 AMBULANCE SERVICES						65
101 TOTAL	45884103	1305541520		190013480	4775367	101

APPORTIONMENT OF INPATIENT MEDICARE ROUTINE SERVICE PPS CAPITAL COSTS

COST CENTER DESCRIPTION	CAPITAL	SWING-BED	TOTAL	TOTAL	PER	INPATIENT	MEDICARE
	RELATED	ADJUSTMENT	COST	PATIENT			INPATIENT
	COSTS	AMOUNT	COST	DAYS	DIEM	PROGRAM	PPS CAPITAL
	1	2	3	4	5	DAYS	COSTS
INPATIENT ROUTINE SERVICE COST CENTERS							
25 ADULTS & PEDIATRICS	10352468		10352468	126440	81.88	40114	3284534 25
26.01 MEDICAL INTENSIVE CARE UNIT	540851		540851	4196	128.90	1947	250968 26.01
27 CORONARY CARE UNIT	445366		445366	2935	151.74	1419	215319 27
28 BURN INTENSIVE CARE UNIT	527109		527109	5135	102.65	80	8212 28
29 SURGICAL INTENSIVE CARE UNIT	903995		903995	9945	90.90	3843	349329 29
30 NEONATAL INTENSIVE CARE UNIT	1656864		1656864	20631	80.31		30
101 TOTAL	14426653		14426653			47403	4108362 101

MEDICARE INPATIENT ROUTINE SERVICE PPS CAPITAL COSTS 4108362

MEDICARE INPATIENT ANCILLARY SERVICE PPS CAPITAL COSTS 4775367

TOTAL MEDICARE INPATIENT PPS CAPITAL COSTS 8883729

MEDICARE DISCHARGES (WORKSHEET S-3, LINE 8, COLUMN 13)

MEDICARE PATIENT DAYS (WORKSHEET S-3, LINE 8, COLUMN 4)

PER DISCHARGE CAPITAL COSTS

PER DIEM CAPITAL COSTS

I. COST TO CHARGE RATIO FOR PPS HOSPITALS

1. TOTAL PROGRAM (TITLE XVIII) INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COST. (WORKSHEET D-1 PART II LINE 53)	101708367
2. HOSPITAL PART A TITLE XVIII CHARGES (SUM OF INPATIENT CHARGES AND ANCILLARY CHARGES ON WKST D-4 FOR HOSPITAL TITLE XVIII COMPONENT)	274814216
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.370

COST TO CHARGE RATIO FOR PSYCH SUBPROVIDER

1. TOTAL MEDICARE COSTS (WKST D-1 PART II LINE 49 - (WKST D PART III COLUMN 8 LINE 31 + WKST D PART IV COL 7 LINE 101))	5247620
2. TOTAL MEDICARE CHARGES (WKST D-4 LINE 31 COLUMN 2 PLUS WKST D-4 LINE 103 COLUMN 2) (SEE CR 5619)	8776243
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.598

II. COST TO CHARGE RATIO FOR CAPITAL

1. TOTAL MEDICARE INPATIENT PPS CAPITAL RELATED COSTS (WKST D PART I LINES 25-30, COLS 10 & 12 + WKST D PART II, LINE 101, COLS 6 & 8)	8883729
2. RATIO OF COST TO CHARGES (LINE II-1 / LINE I-2)	.032

III. COST TO CHARGE RATIO FOR OUTPATIENT SERVICES

1. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT COST EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 x (WKST B, PART I, COLUMN 27 - COLUMNS 21 & 24 / WKST C, PART I, COLUMN 8) LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66) (SEE CR 5238))	52617119
2. TOTAL PROGRAM (TITLE XVIII) OUTPATIENT CHARGES EXCLUDING SERVICES NOT SUBJECT TO OPPS. (WKST D, PART V, LINE 104, COLUMNS 2, 2.01, 3, 3.01, 4, 4.01, 5, 5.01, 5.03 & 5.04 LESS LINES 45, 50 - 52, 57, 64, 65 & SUBSCRIPTS, & 66)	119924770
3. RATIO OF COST TO CHARGES (LINE 1 / LINE 2)	.439