

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

FORM APPROVED OMB NO. 0938-0050

WORKSHEET S PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY | PROVIDER NO: 52-0098 | PERIOD FROM 7/1/2008 TO 6/30/2009 | INTERMEDIARY USE ONLY --AUDITED --DESK REVIEW --INITIAL --REOPENED --FINAL 1-MCR CODE 00 - # OF REOPENINGS | DATE RECEIVED: / / | INTERMEDIARY NO:

ELECTRONICALLY FILED COST REPORT DATE: 11/24/2009 TIME 16:48

PART I - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY: UNIVERSITY OF WI HOSPITAL & CLINICS 52-0098 FOR THE COST REPORTING PERIOD BEGINNING 7/1/2008 AND ENDING 6/30/2009 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

PART II - SETTLEMENT SUMMARY

Table with 5 columns: TITLE V, A, B, C, D. Rows include HOSPITAL, SUBPROVIDER, SUBPROVIDER II, HOSPITAL-BASED HHA, and TOTAL.

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

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

TITLE XIX INPATIENT SERVICES

- 38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES? Y
 38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART? Y
 38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY? Y
 38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)? N
 38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX? N
 40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-1, CHAP 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COLUMN 2 THE CHAIN HOME OFFICE NUMBER. (SEE INSTRUCTIONS). Y
 40.01 NAME: FI/CONTRACTOR NAME FI/CONTRACTOR #
 40.02 STREET: P.O. BOX:
 40.03 CITY: STATE: ZIP CODE: -
 41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A? Y
 42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS? N
 44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY? Y
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000
 SEE CMS PUB. 15-11, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.
 45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?
 45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?
 45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?
 46 IF YOU ARE PARTICIPATING IN THE NHCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES, ENTER "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
47.00 HOSPITAL	N	N	N	N	N
48.00 SUBPROVIDER	N	N	N	N	N
48.01 SUBPROVIDER 2	N	N	N	N	N
50.00 HHA	N	N			

- 52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS) N
 52.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV N
 53 IF YOU ARE 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. 0
 53.01 MDH PERIOD: BEGINNING: / / ENDING: / /
 54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:
 PREMIUMS: 0
 PAID LOSSES: 0
 AND/OR SELF INSURANCE: 0
 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. N
 55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO. N
 56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.
 56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE. DATE Y OR N LIMIT Y OR N FEES
 0 1 2 3 4

 N 0.00 0
 56.01 0.00 0
 56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0
 56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY. 0.00 0
 57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS? Y
 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% FEDERAL 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. Y Y
 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 "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). Y N
 59 ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N
 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) Y N

60.01 IF LINE 60 COLUMN 1 IS Y, AND THE FACILITY IS AN IPF SUBPROVIDER, WERE RESIDENTS TRAINING IN THIS FACILITY IN ITS MOST RECENT COST REPORTING PERIOD FILED BEFORE NOV. 15, 2004? ENTER "Y" FOR YES AND "N" FOR NO. IS THIS FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR §412.424(d)(1)(iii)(C)? ENTER IN COL. 2 "Y" FOR YES OR "N" FOR NO. IF COL. 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COL. 3, (SEE INSTRUC). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COL. 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUC).

MULTI CAMPUS

61.00 IS THIS FACILITY PART OF A MULTICAMPUS HOSPITAL THAT HAS ONE OR MORE CAMPUSES IN DIFFERENT CBSA? 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.

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
62.00					0.00
62.01					0.00
62.02					0.00
62.03					0.00
62.04					0.00
62.05					0.00
62.06					0.00
62.07					0.00
62.08					0.00
62.09					0.00

SETTLEMENT DATA

63.00 WAS THE COST REPORT FILED USING THE PS&R (EITHER IN ITS ENTIRETY OR FOR TOTAL CHARGES AND DAYS ONLY)? ENTER "Y" FOR YES AND "N" FOR NO IN COL. 1. IF COL. 1 IS "Y", ENTER THE "PAID THROUGH" DATE OF THE PS&R IN COL. 2 (MM/DD/YYYY).

COMPONENT	I & R FTES	--- FULL TIME	EQUIV ---	-----	DISCHARGES	-----	TOTAL ALL
	NET	EMPLOYEES ON PAYROLL	NONPAID WORKERS	TITLE V	TITLE XVIII	TITLE XIX	PATIENTS
1 ADULTS & PEDIATRICS	9	10	11	12	13	14	15
2 HMO					7,220	1,659	24,403
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS							
6 INTENSIVE CARE UNIT							
6 01 TRAUMA INTENSIVE CARE UNIT							
6 02 BURN INTENSIVE CARE UNIT							
6 03 SURGICAL INTENSIVE CARE UNIT							
6 04 MEDICAL INTENSIVE CARE UNIT							
6 05 PEDIATRIC INTENSIVE CARE UNIT							
6 06 NEURO INTENSIVE CARE UNIT							
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
10 PSYCHIATRIC INTENSIVE CARE U							
11 NURSERY							
12 TOTAL	337.92	5,794.04			7,220	1,659	24,403
13 RPCH VISITS							
14 SUBPROVIDER	3.20	26.22			227	102	878
14 01 SUBPROVIDER-REHAB	1.27	41.78			104	31	385
15 SKILLED NURSING FACILITY							
16 NURSING FACILITY							
16 01 ICF/MR							
17 OTHER LONG TERM CARE							
18 HOME HEALTH AGENCY		30.24					
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE							
23 CORF							
25 TOTAL	342.39	5,892.28					
26 OBSERVATION BED DAYS							
26 01 OBSERVATION BED DAYS-SUB I							
26 02 OBSERVATION BED DAYS-SUB II							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							

PART II - WAGE DATA	AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
SALARIES						
1 TOTAL SALARY	351,769,157	175,852	351,945,009	12,255,950.00	28.72	
2 NON-PHYSICIAN ANESTHETIST PART A						
3 NON-PHYSICIAN ANESTHETIST PART B						
4 PHYSICIAN - PART A						
4.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5 PHYSICIAN - PART B						
5.01 NON-PHYSICIAN - PART B						
6 INTERNS & RESIDENTS (APPRVD)	18,738,203		18,738,203	728,144.00	25.73	
6.01 CONTRACT SERVICES, I&R						
7 HOME OFFICE PERSONNEL						
8 SNF						
8.01 EXCLUDED AREA SALARIES	24,268,615	1,130,149	25,398,764	778,600.00	32.62	
OTHER WAGES & RELATED COSTS						
9 CONTRACT LABOR:	4,713,494		4,713,494	83,685.00	56.32	
9.01 PHARMACY SERVICES UNDER CONTRACT						
9.02 LABORATORY SERVICES UNDER CONTRACT						
9.03 MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10 CONTRACT LABOR: PHYS PART A	12,688,299		12,688,299	100,831.00	125.84	
10.01 TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)	2,565,624		2,565,624	50,295.00	51.01	
11 HOME OFFICE SALARIES & WAGE RELATED COSTS						
12 HOME OFFICE: PHYS PART A						
12.01 TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
WAGE RELATED COSTS						
13 WAGE-RELATED COSTS (CORE)	125,954,517		125,954,517			CMS 339
14 WAGE-RELATED COSTS (OTHER)						CMS 339
15 EXCLUDED AREAS	9,886,807		9,886,807			CMS 339
16 NON-PHYS ANESTHETIST PART A						CMS 339
17 NON-PHYS ANESTHETIST PART B						CMS 339
18 PHYSICIAN PART A						CMS 339
18.01 PART A TEACHING PHYSICIANS						CMS 339
19 PHYSICIAN PART B						CMS 339
19.01 WAGE-RELATED COSTS (RHC/FOHC)						CMS 339
20 INTERNS & RESIDENTS (APPRVD)	7,466,155		7,466,155			CMS 339
OVERHEAD COSTS - DIRECT SALARIES						
21 EMPLOYEE BENEFITS	4,258,142		4,258,142	149,134.00	28.55	
22 ADMINISTRATIVE & GENERAL A & G UNDER CONTRACT	39,272,727	-239,416	39,033,311	1,250,440.00	31.22	
22.01 A & G UNDER CONTRACT						
23 MAINTENANCE & REPAIRS	4,072,265	7	4,072,272	158,515.00	25.69	
24 OPERATION OF PLANT						
25 LAUNDRY & LINEN SERVICE	36,917		36,917	2,940.00	12.56	
26 HOUSEKEEPING	7,310,434		7,310,434	494,810.00	14.77	
26.01 HOUSEKEEPING UNDER CONTRACT						
27 DIETARY	5,771,780	-855,456	4,916,324	358,348.00	13.72	
27.01 DIETARY UNDER CONTRACT						
28 CAFETERIA						
29 MAINTENANCE OF PERSONNEL						
30 NURSING ADMINISTRATION	13,293,608	7	13,293,615	358,851.00	37.04	
31 CENTRAL SERVICE AND SUPPLY	5,045,577	-1,757,656	3,287,921	324,514.00	10.13	
32 PHARMACY	15,385,929		15,385,929	471,012.00	32.67	
33 MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	8,605,961		8,605,961	426,039.00	20.20	
34 SOCIAL SERVICE						
35 OTHER GENERAL SERVICE	743,544		743,544	26,011.00	28.59	
PART III - HOSPITAL WAGE INDEX SUMMARY						
1 NET SALARIES	333,030,954	175,852	333,206,806	11,527,806.00	28.90	
2 EXCLUDED AREA SALARIES	24,268,615	1,130,149	25,398,764	778,600.00	32.62	
3 SUBTOTAL SALARIES	308,762,339	-954,297	307,808,042	10,749,206.00	28.64	
4 SUBTOTAL OTHER WAGES & RELATED COSTS	19,967,417		19,967,417	234,811.00	85.04	
5 SUBTOTAL WAGE-RELATED COSTS	125,954,517		125,954,517		40.92	
6 TOTAL	454,684,273	-954,297	453,729,976	10,984,017.00	41.31	
7 NET SALARIES						
8 EXCLUDED AREA SALARIES						
9 SUBTOTAL SALARIES						
10 SUBTOTAL OTHER WAGES & RELATED COSTS						
11 SUBTOTAL WAGE-RELATED COSTS						
12 TOTAL						
13 TOTAL OVERHEAD COSTS	103,796,884	-2,852,514	100,944,370	4,020,614.00	25.11	

HHA 1

	TITLE V 1	TITLE XVIII 2	TITLE XIX 3	OTHER 4
1 HOME HEALTH AIDE HOURS	0	948	0	194
2 UNDUPLICATED CENSUS COUNT		494.00		498.00
	TOTAL 5			
1 HOME HEALTH AIDE HOURS	1,142			
2 UNDUPLICATED CENSUS COUNT				
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES (FULL TIME EQUIVALENT)				
ENTER THE NUMBER OF HOURS IN YOUR NORMAL WORK WEEK				
	40.00			
HHA NO. OF FTE EMPLOYEES (2080 HRS)				
	STAFF 1	CONTRACT 2	TOTAL 3	
3 ADMINISTRATOR AND ASSISTANT ADMINISTRATOR(S)	.10		.10	
4 DIRECTOR(S) AND ASSISTANT DIRECTOR(S)	4.95		4.95	
5 OTHER ADMINISTRATIVE PERSONEL				
6 DIRECTING NURSING SERVICE				
7 NURSING SUPERVISOR	.92		.92	
8 PHYSICAL THERAPY SERVICE	5.22		5.22	
9 PHYSICAL THERAPY SUPERVISOR				
10 OCCUPATIONAL THERAPY SERVICE	1.59		1.59	
11 OCCUPATIONAL THERAPY SUPERVISOR				
12 SPEECH PATHOLOGY SERVICE	.03		.03	
13 SPEECH PATHOLOGY SUPERVISOR				
14 MEDICAL SOCIAL SERVICE	.60		.60	
15 MEDICAL SOCIAL SERVICE SUPERVISOR				
16 HOME HEALTH AIDE	1.77		1.77	
17 HOME HEALTH AIDE SUPERVISOR				
18 NURSING SERVICE	24.91		24.91	
HOME HEALTH AGENCY MSA CODES	1	1.01		
19 HOW MANY MSAs IN COL. 1 OR CBSAs IN COL. 1.01 DID YOU PROVIDER SERVICES TO DURING THE C/R PERIOD?	2	4		
20 LIST THOSE MSA CODE(S) IN COL. 1 & CBSA CODE(S) IN COL. 1.01 SERVICED DURING THIS C/R PERIOD (LINE 20 CONTAINS THE FIRST CODE).	9952	99952		
20.01	4720	31540		
20.02		50160		
20.03		50274		

PPS ACTIVITY DATA - APPLICABLE FOR SERVICES ON OR AFTER OCTOBER 1, 2000

	FULL EPI SODES			PEP ONLY EPI SODES 4
	WITHOUT OUTLIERS 1	WITH OUTLIERS 2	LUPA EPI SODES 3	
21 SKILLED NURSING VISITS	4,089	663	94	31
22 SKILLED NURSING VISIT CHARGES	750,525	120,195	17,010	6,345
23 PHYSICAL THERAPY VISITS	1,929	38	18	29
24 PHYSICAL THERAPY VISIT CHARGES	359,606	7,060	3,330	5,460
25 OCCUPATIONAL THERAPY VISITS	595	21	3	12
26 OCCUPATIONAL THERAPY VISIT CHARGES	109,965	3,885	550	2,195
27 SPEECH PATHOLOGY VISITS	17	0	1	0
28 SPEECH PATHOLOGY VISIT CHARGES	4,620	8	185	0
29 MEDICAL SOCIAL SERVICE VISITS	215	8	5	1
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	46,970	1,720	1,090	210
31 HOME HEALTH AIDE VISITS	828	117	3	0
32 HOME HEALTH AIDE VISIT CHARGES	78,660	11,115	285	0
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	7,673	847	124	73
34 OTHER CHARGES	0	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	1,350,346	143,983	22,450	14,210
36 TOTAL NUMBER OF EPI SODES (STANDARD/NON OUTLIER)	7,673	0	124	73
37 TOTAL NUMBER OF OUTLIER EPI SODES	0	847	0	0
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	60,595	5,694	1,445	160

HHA 1

PPS ACTIVITY DATA - APPLICABLE FOR SERVICES ON OR AFTER OCTOBER 1, 2000

	SCIC WITHIN A PEP 5	SCIC ONLY EPIISODES 6	TOTAL (COLS. 1-6) 7
21 SKILLED NURSING VISITS	0	0	4,877
22 SKILLED NURSING VISIT CHARGES	0	0	894,075
23 PHYSICAL THERAPY VISITS	0	0	2,014
24 PHYSICAL THERAPY VISIT CHARGES	0	0	375,456
25 OCCUPATIONAL THERAPY VISITS	0	0	631
26 OCCUPATIONAL THERAPY VISIT CHARGES	0	0	116,595
27 SPEECH PATHOLOGY VISITS	0	0	18
28 SPEECH PATHOLOGY VISIT CHARGES	0	0	4,813
29 MEDICAL SOCIAL SERVICE VISITS	0	0	229
30 MEDICAL SOCIAL SERVICE VISIT CHARGES	0	0	49,990
31 HOME HEALTH AIDE VISITS	0	0	948
32 HOME HEALTH AIDE VISIT CHARGES	0	0	90,060
33 TOTAL VISITS (SUM OF LINES 21, 23, 25, 27, 29 & 31)	0	0	8,717
34 OTHER CHARGES	0	0	0
35 TOTAL CHARGES (SUM OF LNS 22, 24, 26, 28, 30, 32 & 34)	0	0	1,530,989
36 TOTAL NUMBER OF EPIISODES (STANDARD/NON OUTLIER)	0	0	7,870
37 TOTAL NUMBER OF OUTLIER EPIISODES	0	0	847
38 TOTAL NON-ROUTINE MEDICAL SUPPLY CHARGES	0	0	67,894

DESCRIPTION

UNCOMPENSATED CARE INFORMATION		
1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	
2.01	IS IT AT THE TIME OF ADMISSION?	
2.02	IS IT AT THE TIME OF FIRST BILLING?	
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	
2.04		
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	
4	ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	
5	ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?	
6	ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?	
7	ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?	
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?	
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04	
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	
14	IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02	
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?	
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	
UNCOMPENSATED CARE REVENUES		
17	REVENUE FROM UNCOMPENSATED CARE	
17.01	GROSS MEDICAID REVENUES	73,539,470
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	688,527
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	
20	RESTRICTED GRANTS	
21	NON-RESTRICTED GRANTS	
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	74,227,997
UNCOMPENSATED CARE COST		
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	688,527
24	COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103)	.460660
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 * LINE 24)	317,177
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	
27	TOTAL SCHIP COST, (LINE 24 * LINE 26)	
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	106,313,051

DESCRIPTION

29	TOTAL GROSS MEDICAID COST (LINE 24 * LINE 28)	48,974,170
30	OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS	63,445,974
31	UNCOMPENSATED CARE COST (LINE 24 * LINE 30)	29,227,022
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL (SUM OF LINES 25, 27, AND 29)	49,291,347

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES
 PROVIDER NO: 52-0098
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/24/2009
 WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
	GENERAL SERVICE COST CNTR					
1	0100 OLD CAP REL COSTS-BLDG & FIXT					
2	0200 OLD CAP REL COSTS-MVBLE EQUIP					
3	0300 NEW CAP REL COSTS-BLDG & FIXT					
3.01	0301 NEW CAP REL COSTS-RESEARCH PARK				647,363	647,363
3.02	0302 NEW CAP REL COSTS-WEST CLINIC				494,501	494,501
3.03	0303 NEW CAP REL COSTS-EAST CLINIC				401,218	401,218
3.04	0304 NEW CAP REL COSTS-600 HIGHLAND				25,842,786	25,842,786
3.05	0305 NEW CAP REL COSTS-WAISMAN				466,210	466,210
3.06	0306 NEW CAP REL COSTS-USTATION				541,433	541,433
4	0400 NEW CAP REL COSTS-MVBLE EQUIP					
5	0500 EMPLOYEE BENEFITS	4,258,142	4,605,354	8,863,496	108,327	8,971,823
6	0600 ADMINISTRATIVE & GENERAL	39,272,727	147,747,519	187,020,246	-31,910,008	155,110,238
7	0700 MAINTENANCE & REPAIRS	4,072,265	16,052,892	20,125,157	1	20,125,158
8	0800 OPERATION OF PLANT					
9	0900 LAUNDRY & LINEN SERVICE	36,917	25,511	62,428	2,450,514	2,512,942
10	1000 HOUSEKEEPING	7,310,434	5,237,444	12,547,878	-198,169	12,349,709
11	1100 DIETARY	5,771,780	8,663,445	14,435,225	-1,388,043	13,047,182
12	1200 CAFETERIA					
13	1300 MAINTENANCE OF PERSONNEL					
14	1400 NURSING ADMINISTRATION	13,293,608	9,775,046	23,068,654	-18,019	23,050,635
15	1500 CENTRAL SERVICES & SUPPLY	5,045,577	4,678,882	9,724,459	-2,963,630	6,760,829
16	1600 PHARMACY	15,385,929	97,783,306	113,169,235	-103,016,071	10,153,164
17	1700 MEDICAL RECORDS & LIBRARY	8,605,961	7,436,879	16,042,840		16,042,840
18	1800 SOCIAL SERVICE					
19	1950 CLINICAL OFFICES	48,562	64,952	113,514		113,514
19.01	1951 HISTOCOMPATIBILITY	694,982	1,381,147	2,076,129	-642	2,075,487
20	2000 NONPHYSICIAN ANESTHETISTS					
21	2100 NURSING SCHOOL					
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD	18,738,203	4,972,759	23,710,962	2,544,819	26,255,781
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD					
24	2400 PARAMED ED PRGM					
24.01	2401 PARAMED ED PRGM-PHARMACY	626,702	221,064	847,766		847,766
24.02	2402 PARAMED ED PRGM-EMERGENCY MEDICAL SE	575,734	254,846	830,580		830,580
24.03	2403 PARAMED ED PRGM-DIETARY	101,954	72,125	174,079		174,079
24.04	2404 PARAMED ED PRGM-DIAGNOSTIC RADIOLOGY	297,264	117,459	414,723		414,723
24.05	2405 PARAMED ED PRGM-ULTRASOUND TRAINING	272,546	107,532	380,078		380,078
24.06	2406 PARAMED ED PRGM-RADIOTHERAPY	61,506	12,164	73,670		73,670
25	2500 INPAT ROUTINE SRVC CNTRS					
26	2600 ADULTS & PEDIATRICS	50,269,126	24,950,174	75,219,300	1,046,857	76,266,157
26.01	2601 INTENSIVE CARE UNIT					
26.02	2602 TRAUMA INTENSIVE CARE UNIT	7,489,378	5,762,223	13,251,601	-97,525	13,154,076
26.03	2603 BURN INTENSIVE CARE UNIT	2,158,450	1,231,795	3,390,245	-2,679	3,387,566
26.04	2604 SURGICAL INTENSIVE CARE UNIT	4,609,034	2,792,883	7,401,917	-24,689	7,377,228
26.05	2605 MEDICAL INTENSIVE CARE UNIT	2,019,747	1,135,038	3,154,785	-23,136	3,131,649
26.06	2606 PEDIATRIC INTENSIVE CARE UNIT	4,385,808	2,417,539	6,803,347	-31,571	6,771,776
27	2700 NEURO INTENSIVE CARE UNIT	3,980,745	2,088,008	6,068,753	-51,325	6,017,428
28	2800 CORONARY CARE UNIT					
29	2900 BURN INTENSIVE CARE UNIT					
30	3000 SURGICAL INTENSIVE CARE UNIT					
31	3100 PSYCHIATRIC INTENSIVE CARE UNIT					
31.01	3101 SUBPROVIDER	1,978,473	852,500	2,830,973	-9,991	2,820,982
31.01	3101 SUBPROVIDER-REHAB	2,738,702	1,431,545	4,170,247	-36,809	4,133,438
33	3300 NURSERY					
34	3400 SKILLED NURSING FACILITY					
35	3500 NURSING FACILITY					
35.01	3510 ICF/MR					
36	3600 OTHER LONG TERM CARE					
37	3700 ANCILLARY SRVC COST CNTRS					
38	3800 OPERATING ROOM	22,133,515	52,212,135	74,345,650	713,594	75,059,244
39	3900 RECOVERY ROOM					
40	4000 DELIVERY ROOM & LABOR ROOM					
41	4100 ANESTHESIOLOGY	1,108,677	5,093,947	6,202,624	-29,325	6,173,299
42	4200 RADIOLOGY-DIAGNOSTIC	14,218,477	21,321,678	35,540,155	57,511	35,597,666
43	4300 RADIOLOGY-THERAPEUTIC	2,354,469	3,513,234	5,867,703	-6,712	5,860,991
44	4400 RADIOISOTOPE	1,009,059	1,900,943	2,910,002	6,652	2,916,654
45	4500 LABORATORY	13,704,813	24,853,141	38,557,954	-1,822	38,556,132
46	4600 PBP CLINICAL LAB SERVICES-PRGM ONLY					
47	4700 WHOLE BLOOD & PACKED RED BLOOD CELLS					
48	4800 BLOOD STORING, PROCESSING & TRANS.					
49	4900 INTRAVENOUS THERAPY					
49.01	4901 RESPIRATORY THERAPY	6,416,578	5,313,325	11,729,903	25,086	11,754,989
50	5000 NEURO PSYCH TESTING	183,610	107,624	291,234	42	291,276
51	5100 PHYSICAL THERAPY	10,685,123	6,042,283	16,727,406	-23,875	16,703,531
52	5200 OCCUPATIONAL THERAPY					
53	5300 SPEECH PATHOLOGY					
54	5400 ELECTROCARDIOLOGY	5,236,455	14,405,437	19,641,892	-17,005	19,624,887
55	5500 ELECTROENCEPHALOGRAPHY	924,062	561,788	1,485,850	-2,302	1,483,548
56	5600 MEDICAL SUPPLIES CHARGED TO PATIENTS				592,205	592,205
57	5700 DRUGS CHARGED TO PATIENTS				103,005,938	103,005,938
58	5800 RENAL DIALYSIS	1,413,917	1,047,494	2,461,411	-8,024	2,453,387
58.01	5801 ASC (NON-DISTINCT PART)					
58.02	5802 PULMONARY FUNCTION TESTING	296,590	155,190	451,780	5,710	457,490
59	5950 ORTHOTICS LAB	648,737	958,360	1,607,097	-430	1,606,667
60	6000 OTHER ANCILLARY SERVICE COST CENTERS					
	OUTPAT SERVICE COST CNTRS					
	CLINIC	2,805,170	1,669,462	4,474,632		4,474,632

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO:	PERIOD:	PREPARED
52-0098	7/ 1/2008	11/24/2009
	FROM	WORKSHEET A
	TO	
	6/30/2009	

COST CENTER	COST CENTER DESCRIPTION	SALARIES	OTHER	TOTAL	RECLASS- IFICATIONS	RECLASSIFIED TRIAL BALANCE
		1	2	3	4	5
	OUTPAT SERVICE COST CNTRS					
60.01	6001 CLINIC CSC	22,467,052	14,221,459	36,688,511	-460,016	36,228,495
60.02	6002 CLINIC UNIVERSITY STATION	5,246,750	3,300,494	8,547,244	53,352	8,600,596
60.03	6003 CLINIC WAI SMAN	377,670	177,972	555,642	-109	555,533
60.04	6004 CLINIC WEST	8,445,090	5,122,536	13,567,626	-27,034	13,540,592
60.05	6005 CLINIC EAST	3,898,208	2,658,473	6,556,681	-8,372	6,548,309
60.06	6006 CLINIC RESEARCH PARK	1,313,753	1,705,754	3,019,507	-620	3,018,887
61	6100 EMERGENCY	5,165,392	3,440,655	8,606,047	-84,093	8,521,954
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)					
63	4950 OTHER OUTPATIENT SERVICE COST CENTER					
	OTHER REIMBURS COST CNTRS					
64	6400 HOME PROGRAM DIALYSIS					
65	6500 AMBULANCE SERVICES	1,090,978	1,036,600	2,127,578	-2,929	2,124,649
66	6600 DURABLE MEDICAL EQUIP-RENTED					
67	6700 DURABLE MEDICAL EQUIP-SOLD					
68	5950 OTHER REIMBURSABLE COST CENTERS					
69	6900 CORF					
70	7000 I&R SERVICES-NOT APPRVD PRGM					
71	7100 HOME HEALTH AGENCY	2,096,699	1,080,575	3,177,274		3,177,274
	SPEC PURPOSE COST CENTERS					
82	8200 LUNG ACQUISITION		1,089,214	1,089,214	651,440	1,740,654
83	8300 KIDNEY ACQUISITION	5,293,259	4,423,504	9,716,763	-4,392,534	5,324,229
84	8400 LIVER ACQUISITION		682,691	682,691	1,502,825	2,185,516
85	8500 HEART ACQUISITION	651,866	568,115	1,219,981	-395,283	824,698
85.01	8510 PANCREAS ACQUISITION		613,154	613,154	664,333	1,277,487
86	8600 OTHER ORGAN ACQUISITION		-46,698	-46,698		-46,698
86.01	8601 TRANSPLANT COST - PRE TRANSPLANT					
86.02	8602 TRANSPLANT COST - POST TRANSPLANT				3,180,416	3,180,416
86.03	8603 OPO ADMIN COST					
88	8800 INTEREST EXPENSE					
89	8900 UTILIZATION REVIEW-SNF					
90	9000 OTHER CAPITAL RELATED COSTS					
92	9200 AMBULATORY SURGICAL CENTER (D.P.)					
93	9300 HOSPICE					
94	6950 OTHER SPECIAL PURPOSE (SPECIFY)					
95	SUBTOTALS	343,286,225	531,102,570	874,388,795	-229,659	874,159,136
	NONREIMBURS COST CENTERS					
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN	131,515	425,712	557,227		557,227
97	9700 RESEARCH					
97.01	9701 OTHER AUXILIARY SERVICES	1,941,655	2,046,815	3,988,470	233,489	4,221,959
97.02	9702 CLINICAL RESEARCH CENTER	1,418,006	603,286	2,021,292	-3,128	2,018,164
97.03	9703 FAMILY MEDICINE					
97.04	9704 COMMUNICATION AIDS		370,349	370,349		370,349
97.05	9705 INVESTIGATIONAL PHARMACY	1,150,763	163,305	1,314,068	-702	1,313,366
97.06	9706 RONALD MCDONALD CARE MOBILE	112,725	118,585	231,310		231,310
97.07	9707 PUBLIC AFFAIRS	1,515,176	2,852,611	4,367,787		4,367,787
97.08	9708 RETAIL PHARMACIES	2,213,092	14,108,828	16,321,920		16,321,920
98	9800 PHYSICIANS' PRIVATE OFFICES					
99	9900 NONPAID WORKERS					
100	7950 OTHER NONREIMBURSABLE COST CENTERS					
101	TOTAL	351,769,157	551,792,061	903,561,218	-0-	903,561,218

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 52-0098
PERIOD: FROM 7/1/2008 TO 6/30/2009
PREPARED 11/24/2009
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	GENERAL SERVICE COST CNTR		
1 0100	OLD CAP REL COSTS-BLDG & FIXT		
2 0200	OLD CAP REL COSTS-MVBLE EQUIP		
3 0300	NEW CAP REL COSTS-BLDG & FIXT		
3.01 0301	NEW CAP REL COSTS-RESEARCH PARK		647,363
3.02 0302	NEW CAP REL COSTS-WEST CLINIC		494,501
3.03 0303	NEW CAP REL COSTS-EAST CLINIC		401,218
3.04 0304	NEW CAP REL COSTS-600 HIGHLAND	-10,025,238	15,817,548
3.05 0305	NEW CAP REL COSTS-WAISMAN		466,210
3.06 0306	NEW CAP REL COSTS-USTATION	206,162	747,595
4 0400	NEW CAP REL COSTS-MVBLE EQUIP		
5 0500	EMPLOYEE BENEFITS		8,971,823
6 0600	ADMINISTRATIVE & GENERAL	-2,339,137	152,771,101
7 0700	MAINTENANCE & REPAIRS	11,848,463	31,973,621
8 0800	OPERATION OF PLANT		
9 0900	LAUNDRY & LINEN SERVICE	-320,170	2,192,772
10 1000	HOUSEKEEPING		12,349,709
11 1100	DIETARY	-6,865,137	6,182,045
12 1200	CAFETERIA		
13 1300	MAINTENANCE OF PERSONNEL		
14 1400	NURSING ADMINISTRATION		23,050,635
15 1500	CENTRAL SERVICES & SUPPLY		6,760,829
16 1600	PHARMACY		10,153,164
17 1700	MEDICAL RECORDS & LIBRARY		16,042,840
18 1800	SOCIAL SERVICE		
19 1950	CLINICAL OFFICES		113,514
19.01 1951	HISTOCOMPATIBILITY		2,075,487
20 2000	NONPHYSICIAN ANESTHETISTS		
21 2100	NURSING SCHOOL		
22 2200	I&R SERVICES-SALARY & FRINGES APPRVD		26,255,781
23 2300	I&R SERVICES-OTHER PRGM COSTS APPRVD		
24 2400	PARAMED PRGM		
24.01 2401	PARAMED PRGM-PHARMACY		847,766
24.02 2402	PARAMED PRGM-EMERGENCY MEDICAL SE		830,580
24.03 2403	PARAMED PRGM-DIETARY	-3,995	170,084
24.04 2404	PARAMED PRGM-DIAGNOSTIC RADIOLOGY		414,723
24.05 2405	PARAMED PRGM-ULTRASOUND TRAINING		380,078
24.06 2406	PARAMED PRGM-RADIOTHERAPY		73,670
25 2500	INPAT ROUTINE SRVC CNTRS		76,266,157
26 2600	ADULTS & PEDIATRICS		
26.01 2180	INTENSIVE CARE UNIT		13,154,076
26.02 2601	TRAUMA INTENSIVE CARE UNIT		3,387,566
26.03 2602	BURN INTENSIVE CARE UNIT		7,377,228
26.04 2603	SURGICAL INTENSIVE CARE UNIT		3,131,649
26.05 2080	MEDICAL INTENSIVE CARE UNIT		6,771,776
26.06 2604	PEDIATRIC INTENSIVE CARE UNIT		6,017,428
27 2700	NEURO INTENSIVE CARE UNIT		
28 2800	CORONARY CARE UNIT		
29 2900	BURN INTENSIVE CARE UNIT		
30 2140	SURGICAL INTENSIVE CARE UNIT		
30 2140	PSYCHIATRIC INTENSIVE CARE UNIT		
31 3100	SUBPROVIDER		2,820,982
31.01 3101	SUBPROVIDER-REHAB		4,133,438
33 3300	NURSERY		
34 3400	NURSING FACILITY		
35 3500	SKILLED NURSING FACILITY		
35.01 3510	NURSING FACILITY		
36 3600	ICF/MR		
37 3700	OTHER LONG TERM CARE		
38 3800	ANCILLARY SRVC COST CNTRS		75,059,244
39 3900	OPERATING ROOM		
40 4000	RECOVERY ROOM		
41 4100	DELIVERY ROOM & LABOR ROOM		
42 4200	ANESTHESIOLOGY		6,173,299
43 4300	RADIOLOGY-DIAGNOSTIC		35,597,666
44 4400	RADIOLOGY-THERAPEUTIC		5,860,991
45 4500	RADIOISOTOPE		2,916,654
46 4600	LABORATORY		38,556,132
47 4700	PBP CLINICAL LAB SERVICES-PRGM ONLY		
48 4800	WHOLE BLOOD & PACKED RED BLOOD CELLS		
49 4900	BLOOD STORING, PROCESSING & TRANS.		
49.01 3550	INTRAVENOUS THERAPY		11,754,989
50 5000	RESPIRATORY THERAPY		291,276
51 5100	NEURO PSYCH TESTING		
52 5200	PHYSICAL THERAPY	-38,968	16,664,563
53 5300	OCCUPATIONAL THERAPY		
54 5400	SPEECH PATHOLOGY		19,624,887
55 5500	ELECTROCARDIOLOGY		1,483,548
56 5600	ELECTROENCEPHALOGRAPHY		592,205
57 5700	MEDICAL SUPPLIES CHARGED TO PATIENTS		103,005,938
58 5800	DRUGS CHARGED TO PATIENTS		2,453,387
58.01 3560	RENAL DIALYSIS		457,490
58.02 3540	ASC (NON-DISTINCT PART)		1,606,667
59 3950	PULMONARY FUNCTION TESTING		
60 6000	ORTHOTICS LAB		
	OTHER ANCILLARY SERVICE COST CENTERS		
	OUTPAT SERVICE COST CNTRS		
	CLINIC		4,474,632

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

PROVIDER NO: 52-0098
PERIOD: FROM 7/1/2008 TO 6/30/2009
PREPARED 11/24/2009
WORKSHEET A

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS	NET EXPENSES FOR ALLOC
		6	7
	OUTPAT SERVICE COST CNTRS		
60.01	6001 CLINIC CSC		36,228,495
60.02	6002 CLINIC UNIVERSITY STATION		8,600,596
60.03	6003 CLINIC WATSMAN		555,533
60.04	6004 CLINIC WEST		13,540,592
60.05	6005 CLINIC EAST		6,548,309
60.06	6006 CLINIC RESEARCH PARK		3,018,887
61	6100 EMERGENCY		8,521,954
62	6200 OBSERVATION BEDS (NON-DISTINCT PART)		
63	4950 OTHER OUTPATIENT SERVICE COST CENTER		
	OTHER REIMBURS COST CNTRS		
64	6400 HOME PROGRAM DIALYSIS		
65	6500 AMBULANCE SERVICES		2,124,649
66	6600 DURABLE MEDICAL EQUIP-RENTED		
67	6700 DURABLE MEDICAL EQUIP-SOLD		
68	5950 OTHER REIMBURSABLE COST CENTERS		
69	6900 CORF		
70	7000 I&R SERVICES-NOT APPRVD PRGM		
71	7100 HOME HEALTH AGENCY		3,177,274
	SPEC PURPOSE COST CENTERS		
82	8200 LUNG ACQUISITION	138,265	1,878,919
83	8300 KIDNEY ACQUISITION	1,166,326	6,490,555
84	8400 LIVER ACQUISITION	430,783	2,616,299
85	8500 HEART ACQUISITION	347,301	1,171,999
85.01	8510 PANCREAS ACQUISITION	53,045	1,330,532
86	8600 OTHER ORGAN ACQUISITION		-46,698
86.01	8601 TRANSPLANT COST - PRE TRANSPLANT		
86.02	8602 TRANSPLANT COST - POST TRANSPLANT		3,180,416
86.03	8603 OPO ADMIN COST		
88	8800 INTEREST EXPENSE		-0-
89	8900 UTILIZATION REVIEW-SNF		-0-
90	9000 OTHER CAPITAL RELATED COSTS		-0-
92	9200 AMBULATORY SURGICAL CENTER (D.P.)		
93	9300 HOSPICE		
94	6950 OTHER SPECIAL PURPOSE (SPECIFY)		
95	SUBTOTALS	-5,402,300	868,756,836
	NONREIMBURS COST CENTERS		
96	9600 GIFT, FLOWER, COFFEE SHOP & CANTEEN		557,227
97	9700 RESEARCH		
97.01	9701 OTHER AUXILIARY SERVICES		4,221,959
97.02	9702 CLINICAL RESEARCH CENTER		2,018,164
97.03	9703 FAMILY MEDICINE	185,769	185,769
97.04	9704 COMMUNICATION AIDS		370,349
97.05	9705 INVESTIGATIONAL PHARMACY		1,313,366
97.06	9706 RONALD MCDONALD CARE MOBILE	159,801	391,111
97.07	9707 PUBLIC AFFAIRS		4,367,787
97.08	9708 RETAIL PHARMACIES		16,321,920
98	9800 PHYSICIANS' PRIVATE OFFICES		
99	9900 NONPAID WORKERS		
100	7950 OTHER NONREIMBURSABLE COST CENTERS		
101	TOTAL	-5,056,730	898,504,488

COST CENTERS USED IN COST REPORT

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
3.01	NEW CAP REL COSTS-RESEARCH PARK	0301	NEW CAP REL COSTS-BLDG & FIXT
3.02	NEW CAP REL COSTS-WEST CLINIC	0302	NEW CAP REL COSTS-BLDG & FIXT
3.03	NEW CAP REL COSTS-EAST CLINIC	0303	NEW CAP REL COSTS-BLDG & FIXT
3.04	NEW CAP REL COSTS-600 HIGHLAND	0304	NEW CAP REL COSTS-BLDG & FIXT
3.05	NEW CAP REL COSTS-WAISMAN	0305	NEW CAP REL COSTS-BLDG & FIXT
3.06	NEW CAP REL COSTS-USTATION	0306	NEW CAP REL COSTS-BLDG & FIXT
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
13	MAINTENANCE OF PERSONNEL	1300	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
19	CLINICAL OFFICES	1950	OTHER GENERAL SERVICE COST CENTERS
19.01	HISTOCOMPATIBILITY	1951	OTHER GENERAL SERVICE COST CENTERS
20	NONPHYSICIAN ANESTHETISTS	2000	
21	NURSING SCHOOL	2100	
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	2300	
24	PARAMED PRGM	2400	
24.01	PARAMED PRGM-PHARMACY	2401	PARAMED PRGM
24.02	PARAMED PRGM-EMERGENCY MEDICAL SE	2402	PARAMED PRGM
24.03	PARAMED PRGM-DIETARY	2403	PARAMED PRGM
24.04	PARAMED PRGM-DIAGNOSTIC RADIOLOGY	2404	PARAMED PRGM
24.05	PARAMED PRGM-ULTRASOUND TRAINING	2405	PARAMED PRGM
24.06	PARAMED PRGM-RADIOTHERAPY	2406	PARAMED PRGM
INPAT ROUTINE SRVC			
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
26.01	TRAUMA INTENSIVE CARE UNIT	2180	TRAUMA INTENSIVE CARE UNIT
26.02	BURN INTENSIVE CARE UNIT	2601	INTENSIVE CARE UNIT
26.03	SURGICAL INTENSIVE CARE UNIT	2602	INTENSIVE CARE UNIT
26.04	MEDICAL INTENSIVE CARE UNIT	2603	INTENSIVE CARE UNIT
26.05	PEDIATRIC INTENSIVE CARE UNIT	2080	PEDIATRIC INTENSIVE CARE UNIT
26.06	NEURO INTENSIVE CARE UNIT	2604	INTENSIVE CARE UNIT
27	CORONARY CARE UNIT	2700	
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
30	PSYCHIATRIC INTENSIVE CARE UNIT	2140	PSYCHIATRIC INTENSIVE CARE UNIT
31	SUBPROVIDER	3100	
31.01	SUBPROVIDER-REHAB	3101	SUBPROVIDER #####
33	NURSERY	3300	
34	SKILLED NURSING FACILITY	3400	
35	NURSING FACILITY	3500	
35.01	ICF/MR	3510	
36	OTHER LONG TERM CARE	3600	
ANCILLARY SRVC COST			
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
39	DELIVERY ROOM & LABOR ROOM	3900	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
44	LABORATORY	4400	
45	PBP CLINICAL LAB SERVICES-PRGM ONLY	4500	
46	WHOLE BLOOD & PACKED RED BLOOD CELLS	4600	
47	BLOOD STORING, PROCESSING & TRANS.	4700	
48	INTRAVENOUS THERAPY	4800	
49	RESPIRATORY THERAPY	4900	
49.01	NEURO PSYCH TESTING	3550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES
50	PHYSICAL THERAPY	5000	
51	OCCUPATIONAL THERAPY	5100	
52	SPEECH PATHOLOGY	5200	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
56	DRUGS CHARGED TO PATIENTS	5600	
57	RENAL DIALYSIS	5700	
58	ASC (NON-DISTINCT PART)	5800	
58.01	PULMONARY FUNCTION TESTING	3560	PULMONARY FUNCTION TESTING
58.02	ORTHOTICS LAB	3540	PROSTHETIC DEVICES
59	OTHER ANCILLARY SERVICE COST CENTERS	3950	OTHER ANCILLARY SERVICE COST CENTERS
OUTPAT SERVICE COST			
60	CLINIC	6000	
60.01	CLINIC CSC	6001	CLINIC

COST CENTERS USED IN COST REPORT

PROVIDER NO: 52-0098
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/24/2009
 NOT A CMS WORKSHEET

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	OUTPAT SERVICE COST		
60.02	CLINIC UNIVERSITY STATION	6002	CLINIC
60.03	CLINIC WAI SMAN	6003	CLINIC
60.04	CLINIC WEST	6004	CLINIC
60.05	CLINIC EAST	6005	CLINIC
60.06	CLINIC RESEARCH PARK	6006	CLINIC
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
63	OTHER OUTPATIENT SERVICE COST CENTER	4950	OTHER OUTPATIENT SERVICE COST CENTER
	OTHER REIMBURS COST		
64	HOME PROGRAM DIALYSIS	6400	
65	AMBULANCE SERVICES	6500	
66	DURABLE MEDICAL EQUIP-RENTED	6600	
67	DURABLE MEDICAL EQUIP-SOLD	6700	
68	OTHER REIMBURSABLE COST CENTERS	5950	OTHER REIMBURSABLE COST CENTERS
69	CORF	6900	
70	I&R SERVICES-NOT APPRVD PRGM	7000	
71	HOME HEALTH AGENCY	7100	
	SPEC PURPOSE COST CE		
82	LUNG ACQUISITION	8200	
83	KIDNEY ACQUISITION	8300	
84	LIVER ACQUISITION	8400	
85	HEART ACQUISITION	8500	
85.01	PANCREAS ACQUISITION	8510	
86	OTHER ORGAN ACQUISITION	8600	
86.01	TRANSPLANT COST - PRE TRANSPLANT	8601	OTHER ORGAN ACQUISITION (SPECIFY)
86.02	TRANSPLANT COST - POST TRANSPLANT	8602	OTHER ORGAN ACQUISITION (SPECIFY)
86.03	OPO ADMIN COST	8603	OTHER ORGAN ACQUISITION (SPECIFY)
88	INTEREST EXPENSE	8800	
89	UTILIZATION REVIEW-SNF	8900	
90	OTHER CAPITAL RELATED COSTS	9000	
92	AMBULATORY SURGICAL CENTER (D.P.)	9200	
93	HOSPICE	9300	
94	OTHER SPECIAL PURPOSE (SPECIFY)	6950	OTHER SPECIAL PURPOSE (SPECIFY)
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	
97.01	OTHER AUXILIARY SERVICES	9701	RESEARCH
97.02	CLINICAL RESEARCH CENTER	9702	RESEARCH
97.03	FAMILY MEDICINE	9703	RESEARCH
97.04	COMMUNICATION AIDS	9704	RESEARCH
97.05	INVESTIGATIONAL PHARMACY	9705	RESEARCH
97.06	RONALD MCDONALD CARE MOBILE	9706	RESEARCH
97.07	PUBLIC AFFAIRS	9707	RESEARCH
97.08	RETAIL PHARMACIES	9708	RESEARCH
98	PHYSICIANS' PRIVATE OFFICES	9800	
99	NONPAID WORKERS	9900	
100	OTHER NONREIMBURSABLE COST CENTERS	7950	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL	0000	

RECLASSIFICATIONS

PROVIDER NO:
520098

PERIOD:
FROM 7/1/2008
TO 6/30/2009

PREPARED 11/24/2009
WORKSHEET A-6

----- INCREASE -----					
EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 PROPERTY INSURANCE	A	NEW CAP REL COSTS-600 HIGHLAND	3.04		503,025
2 MEDICAL SUPPLIES SOLD TO PATIENTS	B	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		592,205
3 DRUGS SOLD TO PATIENTS	C	DRUGS CHARGED TO PATIENTS	56		103,005,938
4 REPROCESSING COSTS DEPT 1213	D	ADULTS & PEDIATRICS	25	148,360	102,457
5		TRAUMA INTENSIVE CARE UNIT	26.01	606	418
6		BURN INTENSIVE CARE UNIT	26.02	23,919	16,519
7		SURGICAL INTENSIVE CARE UNIT	26.03	606	418
8		MEDICAL INTENSIVE CARE UNIT	26.04	606	418
9		PEDIATRIC INTENSIVE CARE UNIT	26.05	454	314
10		NEURO INTENSIVE CARE UNIT	26.06	454	314
11		SUBPROVIDER	31	454	314
12		SUBPROVIDER-REHAB	31.01	454	314
13		OPERATING ROOM	37	940,271	649,348
14		RESPIRATORY THERAPY	49	15,139	10,455
15		CLINIC CSC	60.01	26,039	17,982
16		CLINIC UNIVERSITY STATION	60.02	34,062	23,523
17		EMERGENCY	61	34,819	24,045
18 PATIENT ESCORT SERVICES	E	ADMINISTRATIVE & GENERAL	6	154	88
19		MAINTENANCE & REPAIRS	7	7	4
20		NURSING ADMINISTRATION	14	7	4
21		CENTRAL SERVICES & SUPPLY	15	1,263	723
22		ADULTS & PEDIATRICS	25	246,250	140,844
23		TRAUMA INTENSIVE CARE UNIT	26.01	4,994	2,856
24		BURN INTENSIVE CARE UNIT	26.02	1,524	872
25		SURGICAL INTENSIVE CARE UNIT	26.03	17,274	9,880
26		MEDICAL INTENSIVE CARE UNIT	26.04	2,895	1,656
27		PEDIATRIC INTENSIVE CARE UNIT	26.05	1,972	1,128
28		SUBPROVIDER	31	1,731	990
29		SUBPROVIDER-REHAB	31.01	4,920	2,814
30		OPERATING ROOM	37	6,544	3,743
31		ANESTHESIOLOGY	40	7	4
32		RADIOLOGY-DIAGNOSTIC	41	146,612	83,856
33		RADIOLOGY-THERAPEUTIC	42	9,439	5,399
34		RADIOISOTOPE	43	4,365	2,497
35		LABORATORY	44	80	46
1 PATIENT ESCORT SERVICES	E	NEURO PSYCH TESTING	49.01	27	15
2		PHYSICAL THERAPY	50	214	122
3		ELECTROCARDIOLOGY	53	37,709	21,568
4		ELECTROENCEPHALOGRAPHY	54	668	382
5		PULMONARY FUNCTION TESTING	58.01	3,643	2,084
6		CLINIC CSC	60.01	39,407	22,539
7		CLINIC UNIVERSITY STATION	60.02	234	134
8		CLINIC WEST	60.04	20	11
9		EMERGENCY	61	689	394
10		CLINICAL RESEARCH CENTER	97.02	27	14
11 BUILDING DEPRECIATION INTEREST	F	NEW CAP REL COSTS-RESEARCH PARK	3.01		647,363
12		NEW CAP REL COSTS-WEST CLINIC	3.02		494,501
13		NEW CAP REL COSTS-EAST CLINIC	3.03		401,218
14		NEW CAP REL COSTS-600 HIGHLAND	3.04		25,339,761
15		NEW CAP REL COSTS-WAISMAN	3.05		466,210
16		NEW CAP REL COSTS-USTATION	3.06		541,433
17 MEDICAL FACULTY COSTS	G	I&R SERVICES-SALARY & FRINGES APPRVD	22		2,565,624
18 REGIONAL PROJECT DIRECTOR	H	OTHER AUXILIARY SERVICES	97.01	217,019	70,531
19 LAUNDRY COSTS	I	LAUNDRY & LINEN SERVICE	9		3,043,230
20					
21					
22					
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24					
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35					

RECLASSIFICATIONS

PROVIDER NO:
520098

PERIOD:
FROM 7/1/2008
TO 6/30/2009

PREPARED 11/24/2009
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE		
			LINE NO 3	SALARY 4	OTHER 5
1 LAUNDRY COSTS	I				
2					
3					
4					
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7					
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29					
30 HOME AND CLINICAL NUTRITION	J	ADULTS & PEDIATRICS	25	793,978	353,897
31		CLINIC CSC	60.01	61,478	166,267
32 ADDITIONAL OPO COSTS	K	OPO ADMIN COST	86.03	2,124,462	1,973,466
33		TRANSPLANT COST - PRE TRANSPLANT	86.01	3,168,797	1,479,830
34		TRANSPLANT COST - PRE TRANSPLANT	86.01	651,866	280,123
35		TRANSPLANT COST - POST TRANSPLANT	86.02	1,658,672	774,601
1 ADDITIONAL OPO COSTS	K	TRANSPLANT COST - POST TRANSPLANT	86.02	452,154	194,302
2		KIDNEY ACQUISITION	83	1,073,931	501,526
3		LIVER ACQUISITION	84	389,907	182,087
4		PANCREAS ACQUISITION	85.01	46,287	21,616
5		LUNG ACQUISITION	82	149,081	64,064
6		HEART ACQUISITION	85	50,631	21,757
7		LUNG ACQUISITION	82	197,783	183,726
8		KIDNEY ACQUISITION	83	1,207,159	1,121,359
9		LIVER ACQUISITION	84	395,566	367,451
10		HEART ACQUISITION	85	98,891	91,863
11		PANCREAS ACQUISITION	85.01	225,063	209,067
12 DEFERRED COMP	L	ADMINISTRATIVE & GENERAL	6	175,852	
13 UW REC FEE	M	EMPLOYEE BENEFITS	5		108,344
14 TRANSPLANT EXPENSE	N	TRANSPLANT COST - POST TRANSPLANT	86.02	10,448	5,070
15		LUNG ACQUISITION	82	17,600	23,779
16		KIDNEY ACQUISITION	83		86,538
17		LIVER ACQUISITION	84	28,560	38,583
18		HEART ACQUISITION	85	27,327	18,435
19		PANCREAS ACQUISITION	85.01	62,862	43,726
20		TRANSPLANT COST - POST TRANSPLANT	86.02	6,883	2,804
21		HEART ACQUISITION	85	158,973	64,757
22		LIVER ACQUISITION	84		10,835
23		KIDNEY ACQUISITION	83		37,487
24		LUNG ACQUISITION	82		6,601
25		HEART ACQUISITION	85		2,242
26		PANCREAS ACQUISITION	85.01		5,853
27		TRANSPLANT COST - POST TRANSPLANT	86.02		75,482
28 FAMILY MEDICINE	O	FAMILY MEDICINE	97.03	116,296	
29		CLINIC RESEARCH PARK	60.06		116,296
30 TRANSPLANT CLINIC	P	KIDNEY ACQUISITION	83	295,431	
31		LIVER ACQUISITION	84	84,409	
32		PANCREAS ACQUISITION	85.01	45,149	
33 PATIENT ACCOUNT TRANS BILLING	Q	LUNG ACQUISITION	82	8,806	
34		KIDNEY ACQUISITION	83	30,820	
35		LIVER ACQUISITION	84	5,427	

RECLASSIFICATIONS

PROVIDER NO: 520098	PERIOD: FROM 7/1/2008 TO 6/30/2009	PREPARED 11/24/2009 WORKSHEET A-6 CONTD
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EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1)	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 PATIENT ACCOUNT TRANS BILLING	Q	HEART ACQUISITION	85	1,843	
2		PANCREAS ACQUISITION	85.01	4,710	
36 TOTAL RECLASSIFICATIONS				15,803,040	147,456,379

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

RECLASSIFICATIONS

PROVIDER NO:
520098

PERIOD:
FROM 7/1/2008
TO 6/30/2009

PREPARED 11/24/2009
WORKSHEET A-6

EXPLANATION OF RECLASSIFICATION	----- DECREASE -----					A-7 REF 10
	CODE (1)	COST CENTER	LINE NO	SALARY	OTHER	
	1	6	7	8	9	
1 PROPERTY INSURANCE	A	ADMINISTRATIVE & GENERAL	6		503,025	12
2 MEDICAL SUPPLIES SOLD TO PATIENTS	B	LAUNDRY & LINEN SERVICE	9		592,205	
3 DRUGS SOLD TO PATIENTS	C	PHARMACY	16		103,005,938	
4 REPROCESSING COSTS DEPT 1213	D	CENTRAL SERVICES & SUPPLY	15	1,226,243	846,839	
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18 PATIENT ESCORT SERVICES	E	CENTRAL SERVICES & SUPPLY	15	532,676	304,667	
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
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31						
32						
33						
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35						
1 PATIENT ESCORT SERVICES	E					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11 BUILDING DEPRECIATION INTEREST	F	ADMINISTRATIVE & GENERAL	6		27,890,486	9
12						9
13						9
14						9
15						9
16						9
17 MEDICAL FACULTY COSTS	G	ADMINISTRATIVE & GENERAL	6		2,565,624	
18 REGIONAL PROJECT DIRECTOR	H	ADMINISTRATIVE & GENERAL	6	217,019	70,531	
19 LAUNDRY COSTS	I	EMPLOYEE BENEFITS	5		17	
20		ADMINISTRATIVE & GENERAL	6		2,187	
21		MAINTENANCE & REPAIRS	7		10	
22		LAUNDRY & LINEN SERVICE	9		511	
23		HOUSEKEEPING	10		198,169	
24		DIETARY	11		12,423	
25		NURSING ADMINISTRATION	14		18,030	
26		CENTRAL SERVICES & SUPPLY	15		55,191	
27		PHARMACY	16		10,133	
28		HISTOCOMPATIBILITY	19.01		642	
29		I&R SERVICES-SALARY & FRINGES APPRVD	22		20,805	
30		ADULTS & PEDIATRICS	25		738,929	
31		TRAUMA INTENSIVE CARE UNIT	26.01		106,399	
32		BURN INTENSIVE CARE UNIT	26.02		45,513	
33		SURGICAL INTENSIVE CARE UNIT	26.03		52,867	
34		MEDICAL INTENSIVE CARE UNIT	26.04		28,711	
35		PEDIATRIC INTENSIVE CARE UNIT	26.05		35,439	

RECLASSIFICATIONS

PROVIDER NO:
520098

PERIOD:
FROM 7/1/2008
TO 6/30/2009

PREPARED 11/24/2009
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE			A-7 REF
			LINE NO	SALARY	OTHER	
	1	6	7	8	9	10
1 LAUNDRY COSTS	I	NEURO INTENSIVE CARE UNIT	26.06		52,093	
2		SUBPROVIDER	31		13,480	
3		SUBPROVIDER-REHAB	31.01		45,311	
4		OPERATING ROOM	37		886,312	
5		ANESTHESIOLOGY	40		29,336	
6		RADIOLOGY-DIAGNOSTIC	41		172,957	
7		RADIOLOGY-THERAPEUTIC	42		21,550	
8		RADIOISOTOPE	43		210	
9		LABORATORY	44		1,948	
10		RESPIRATORY THERAPY	49		508	
11		PHYSICAL THERAPY	50		24,211	
12		ELECTROCARDIOLOGY	53		76,282	
13		ELECTROENCEPHALOGRAPHY	54		3,352	
14		RENAL DIALYSIS	57		8,024	
15		PULMONARY FUNCTION TESTING	58.01		17	
16		ORTHOTICS LAB	58.02		430	
17		CLINIC CSC	60.01		135,322	
18		CLINIC UNIVERSITY STATION	60.02		4,601	
19		CLINIC WATSON	60.03		109	
20		CLINIC WEST	60.04		27,065	
21		CLINIC EAST	60.05		8,372	
22		CLINIC RESEARCH PARK	60.06		620	
23		EMERGENCY	61		144,040	
24		AMBULANCE SERVICES	65		2,929	
25		KIDNEY ACQUISITION	83		230	
26		HEART ACQUISITION	85		13	
27		OTHER AUXILIARY SERVICES	97.01		54,061	
28		CLINICAL RESEARCH CENTER	97.02		3,169	
29		INVESTIGATIONAL PHARMACY	97.05		702	
30 HOME AND CLINICAL NUTRITION	J	DIETARY	11	855,456	520,164	
31						
32 ADDITIONAL OPO COSTS	K	KIDNEY ACQUISITION	83	2,124,462	1,973,466	
33		KIDNEY ACQUISITION	83	3,168,797	1,479,830	
34		HEART ACQUISITION	85	651,866	280,123	
35		TRANSPLANT COST - PRE TRANSPLANT	86.01	1,658,672	774,601	
1 ADDITIONAL OPO COSTS	K	TRANSPLANT COST - PRE TRANSPLANT	86.01	452,154	194,302	
2		TRANSPLANT COST - PRE TRANSPLANT	86.01	1,510,125	705,229	
3						
4						
5		TRANSPLANT COST - PRE TRANSPLANT	86.01	199,712	85,821	
6						
7		OPO ADMIN COST	86.03	2,124,462	1,973,466	
8						
9						
10						
11						
12 DEFERRED COMP	L	ADMINISTRATIVE & GENERAL	6		175,852	
13 UW REC FEE	M	ADMINISTRATIVE & GENERAL	6		108,344	
14 TRANSPLANT EXPENSE	N	ADMINISTRATIVE & GENERAL	6	146,797	216,131	
15						
16						
17						
18						
19						
20		CLINIC CSC	60.01	165,856	67,561	
21						
22						
23						
24						
25						
26		ADMINISTRATIVE & GENERAL	6		138,500	
27						
28 FAMILY MEDICINE	O	FAMILY MEDICINE	97.03		116,296	
29		CLINIC RESEARCH PARK	60.06	116,296		
30 TRANSPLANT CLINIC	P	CLINIC CSC	60.01	424,989		
31						
32						
33 PATIENT ACCOUNT TRANS BILLING	Q	ADMINISTRATIVE & GENERAL	6	51,606		
34						
35						

RECLASSIFICATIONS

PROVIDER NO:
520098

PERIOD:
FROM 7/1/2008
TO 6/30/2009

PREPARED 11/24/2009
WORKSHEET A-6
CONTD

EXPLANATION OF RECLASSIFICATION	----- DECREASE -----				A-7 REF 10
	CODE (1)	COST CENTER	LINE NO	SALARY		OTHER
1 PATIENT ACCOUNT TRANS BILLING	Q	6	7	8	9
2					
36 TOTAL RECLASSIFICATIONS				15,627,188	147,632,231

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

RECLASSIFICATIONS

PROVIDER NO:
520098

PERIOD:
FROM 7/1/2008
TO 6/30/2009

PREPARED 11/24/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: E
EXPLANATION: PATIENT ESCORT SERVICES

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
27.00	EMERGENCY	61	1,083			0	
28.00	CLINICAL RESEARCH CENTER	97.02	41			0	
TOTAL RECLASSIFICATIONS FOR CODE E			837,343				837,343

RECLASS CODE: F
EXPLANATION: BUILDING DEPRECIATION INTEREST

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-RESEARCH PAR	3.01	647,363	ADMINISTRATIVE & GENERAL	6	27,890,486	
2.00	NEW CAP REL COSTS-WEST CLINIC	3.02	494,501			0	
3.00	NEW CAP REL COSTS-EAST CLINIC	3.03	401,218			0	
4.00	NEW CAP REL COSTS-600 HIGHLAND	3.04	25,339,761			0	
5.00	NEW CAP REL COSTS-WAISMAN	3.05	466,210			0	
6.00	NEW CAP REL COSTS-USTATION	3.06	541,433			0	
TOTAL RECLASSIFICATIONS FOR CODE F			27,890,486				27,890,486

RECLASS CODE: G
EXPLANATION: MEDICAL FACULTY COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	I&R SERVICES-SALARY & FRINGES	22	2,565,624	ADMINISTRATIVE & GENERAL	6	2,565,624	
TOTAL RECLASSIFICATIONS FOR CODE G			2,565,624				2,565,624

RECLASS CODE: H
EXPLANATION: REGIONAL PROJECT DIRECTOR

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OTHER AUXILIARY SERVICES	97.01	287,550	ADMINISTRATIVE & GENERAL	6	287,550	
TOTAL RECLASSIFICATIONS FOR CODE H			287,550				287,550

RECLASS CODE: I
EXPLANATION: LAUNDRY COSTS

----- INCREASE -----				----- DECREASE -----			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	LAUNDRY & LINEN SERVICE	9	3,043,230	EMPLOYEE BENEFITS	5	17	
2.00			0	ADMINISTRATIVE & GENERAL	6	2,187	
3.00			0	MAINTENANCE & REPAIRS	7	10	
4.00			0	LAUNDRY & LINEN SERVICE	9	511	
5.00			0	HOUSEKEEPING	10	198,169	
6.00			0	DIETARY	11	12,423	
7.00			0	NURSING ADMINISTRATION	14	18,030	
8.00			0	CENTRAL SERVICES & SUPPLY	15	55,191	
9.00			0	PHARMACY	16	10,133	
10.00			0	HISTOCOMPATIBILITY	19.01	642	
11.00			0	I&R SERVICES-SALARY & FRINGES	22	20,805	
12.00			0	ADULTS & PEDIATRICS	25	738,929	
13.00			0	TRAUMA INTENSIVE CARE UNIT	26.01	106,399	
14.00			0	BURN INTENSIVE CARE UNIT	26.02	45,513	
15.00			0	SURGICAL INTENSIVE CARE UNIT	26.03	52,867	
16.00			0	MEDICAL INTENSIVE CARE UNIT	26.04	28,711	
17.00			0	PEDIATRIC INTENSIVE CARE UNIT	26.05	35,439	
18.00			0	NEURO INTENSIVE CARE UNIT	26.06	52,093	
19.00			0	SUBPROVIDER	31	13,480	
20.00			0	SUBPROVIDER-REHAB	31.01	45,311	
21.00			0	OPERATING ROOM	37	886,312	
22.00			0	ANESTHESIOLOGY	40	29,336	
23.00			0	RADIOLOGY-DIAGNOSTIC	41	172,957	
24.00			0	RADIOLOGY-THERAPEUTIC	42	21,550	
25.00			0	RADIOISOTOPE	43	210	
26.00			0	LABORATORY	44	1,948	
27.00			0	RESPIRATORY THERAPY	49	508	
28.00			0	PHYSICAL THERAPY	50	24,211	
29.00			0	ELECTROCARDIOLOGY	53	76,282	
30.00			0	ELECTROENCEPHALOGRAPHY	54	3,352	
31.00			0	RENAL DIALYSIS	57	8,024	
32.00			0	PULMONARY FUNCTION TESTING	58.01	17	
33.00			0	ORTHOTICS LAB	58.02	430	

RECLASSIFICATIONS

PROVIDER NO:
520098

PERIOD:
FROM 7/1/2008
TO 6/30/2009

PREPARED 11/24/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: I
EXPLANATION: LAUNDRY COSTS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
34.00			0	CLINIC CSC	60.01	135,322	
35.00			0	CLINIC UNIVERSITY STATION	60.02	4,601	
36.00			0	CLINIC WAI SMAN	60.03	109	
37.00			0	CLINIC WEST	60.04	27,065	
38.00			0	CLINIC EAST	60.05	8,372	
39.00			0	CLINIC RESEARCH PARK	60.06	620	
40.00			0	EMERGENCY	61	144,040	
41.00			0	AMBULANCE SERVICES	65	2,929	
42.00			0	KIDNEY ACQUISITION	83	230	
43.00			0	HEART ACQUISITION	85	13	
44.00			0	OTHER AUXILIARY SERVICES	97.01	54,061	
45.00			0	CLINICAL RESEARCH CENTER	97.02	3,169	
46.00			0	INVESTIGATIONAL PHARMACY	97.05	702	
TOTAL RECLASSIFICATIONS FOR CODE I			3,043,230				3,043,230

RECLASS CODE: J
EXPLANATION: HOME AND CLINICAL NUTRITION

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADULTS & PEDIATRICS	25	1,147,875	DIETARY	11	1,375,620	
2.00	CLINIC CSC	60.01	227,745			0	
TOTAL RECLASSIFICATIONS FOR CODE J			1,375,620				1,375,620

RECLASS CODE: K
EXPLANATION: ADDITIONAL OPO COSTS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	OPO ADMIN COST	86.03	4,097,928	KIDNEY ACQUISITION	83	4,097,928	
2.00	TRANSPLANT COST - PRE TRANSPLA	86.01	4,648,627	KIDNEY ACQUISITION	83	4,648,627	
3.00	TRANSPLANT COST - PRE TRANSPLA	86.01	931,989	HEART ACQUISITION	85	931,989	
4.00	TRANSPLANT COST - POST TRANSPL	86.02	2,433,273	TRANSPLANT COST - PRE TRANSPLA	86.01	2,433,273	
5.00	TRANSPLANT COST - POST TRANSPL	86.02	646,456	TRANSPLANT COST - PRE TRANSPLA	86.01	646,456	
6.00	KIDNEY ACQUISITION	83	1,575,457	TRANSPLANT COST - PRE TRANSPLA	86.01	2,215,354	
7.00	LIVER ACQUISITION	84	571,994			0	
8.00	PANCREAS ACQUISITION	85.01	67,903			0	
9.00	LUNG ACQUISITION	82	213,145	TRANSPLANT COST - PRE TRANSPLA	86.01	285,533	
10.00	HEART ACQUISITION	85	72,388			0	
11.00	LUNG ACQUISITION	82	381,509	OPO ADMIN COST	86.03	4,097,928	
12.00	KIDNEY ACQUISITION	83	2,328,518			0	
13.00	LIVER ACQUISITION	84	763,017			0	
14.00	HEART ACQUISITION	85	190,754			0	
15.00	PANCREAS ACQUISITION	85.01	434,130			0	
TOTAL RECLASSIFICATIONS FOR CODE K			19,357,088				19,357,088

RECLASS CODE: L
EXPLANATION: DEFERRED COMP

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	175,852	ADMINISTRATIVE & GENERAL	6	175,852	
TOTAL RECLASSIFICATIONS FOR CODE L			175,852				175,852

RECLASS CODE: M
EXPLANATION: UW REC FEE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	108,344	ADMINISTRATIVE & GENERAL	6	108,344	
TOTAL RECLASSIFICATIONS FOR CODE M			108,344				108,344

RECLASS CODE: N
EXPLANATION: TRANSPLANT EXPENSE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	TRANSPLANT COST - POST TRANSPL	86.02	15,518	ADMINISTRATIVE & GENERAL	6	362,928	
2.00	LUNG ACQUISITION	82	41,379			0	
3.00	KIDNEY ACQUISITION	83	86,538			0	

RECLASSIFICATIONS

PROVIDER NO:
520098

PERIOD:
FROM 7/1/2008
TO 6/30/2009

PREPARED 11/24/2009
WORKSHEET A-6
NOT A CMS WORKSHEET

RECLASS CODE: N
EXPLANATION: TRANSPLANT EXPENSE

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
4.00	LIVER ACQUISITION	67,143			0
5.00	HEART ACQUISITION	45,762			0
6.00	PANCREAS ACQUISITION	106,588			0
7.00	TRANSPLANT COST - POST TRANSPL	9,687	CLINIC CSC	60.01	233,417
8.00	HEART ACQUISITION	223,730			0
9.00	LIVER ACQUISITION	10,835			0
10.00	KIDNEY ACQUISITION	37,487			0
11.00	LUNG ACQUISITION	6,601			0
12.00	HEART ACQUISITION	2,242			0
13.00	PANCREAS ACQUISITION	5,853	ADMINISTRATIVE & GENERAL	6	138,500
14.00	TRANSPLANT COST - POST TRANSPL	75,482			0
TOTAL RECLASSIFICATIONS FOR CODE N		734,845			734,845

RECLASS CODE: O
EXPLANATION: FAMILY MEDICINE

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	FAMILY MEDICINE	116,296	FAMILY MEDICINE	97.03	116,296
2.00	CLINIC RESEARCH PARK	116,296	CLINIC RESEARCH PARK	60.06	116,296
TOTAL RECLASSIFICATIONS FOR CODE O		232,592			232,592

RECLASS CODE: P
EXPLANATION: TRANSPLANT CLINIC

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	KIDNEY ACQUISITION	295,431	CLINIC CSC	60.01	424,989
2.00	LIVER ACQUISITION	84,409			0
3.00	PANCREAS ACQUISITION	45,149			0
TOTAL RECLASSIFICATIONS FOR CODE P		424,989			424,989

RECLASS CODE: Q
EXPLANATION: PATIENT ACCOUNT TRANS BILLING

----- INCREASE -----			----- DECREASE -----		
LINE	COST CENTER	AMOUNT	COST CENTER	LINE	AMOUNT
1.00	LUNG ACQUISITION	8,806	ADMINISTRATIVE & GENERAL	6	51,606
2.00	KIDNEY ACQUISITION	30,820			0
3.00	LIVER ACQUISITION	5,427			0
4.00	HEART ACQUISITION	1,843			0
5.00	PANCREAS ACQUISITION	4,710			0
TOTAL RECLASSIFICATIONS FOR CODE Q		51,606			51,606

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

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

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DI SPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1 LAND	11,770,911	8,816		8,816		11,779,727	
2 LAND IMPROVEMENTS	1,658,537	56,360		56,360		1,714,897	
3 BUILDINGS & FIXTURE	445,678,817	36,259,080		36,259,080	190,341	481,747,556	
4 BUILDING IMPROVEMENT							
5 FIXED EQUIPMENT							
6 MOVABLE EQUIPMENT	208,425,551	30,464,306		30,464,306	10,062,529	228,827,328	
7 SUBTOTAL	667,533,816	66,788,562		66,788,562	10,252,870	724,069,508	
8 RECONCILING ITEMS							
9 TOTAL	667,533,816	66,788,562		66,788,562	10,252,870	724,069,508	

PART III - RECONCILIATION OF CAPITAL COST CENTERS
 DESCRIPTION

		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL
		GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL RELATED COSTS
*		1	2	3	4	5	6	7
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL							
3 01	NEW CAP REL COSTS-RE	13,383,862		13,383,862	.018491			
3 02	NEW CAP REL COSTS-WE	16,674,784		16,674,784	.023038			
3 03	NEW CAP REL COSTS-EA	13,711,695		13,711,695	.018944			
3 04	NEW CAP REL COSTS-60	657,253,122		657,253,122	.908060			
3 05	NEW CAP REL COSTS-WA	10,390,681		10,390,681	.014356			
3 06	NEW CAP REL COSTS-US	12,384,929		12,384,929	.017111			
4	NEW CAP REL COSTS-MV							
5	TOTAL	723,799,073		723,799,073	1.000000			

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL							
3 01	NEW CAP REL COSTS-RE	647,363						647,363
3 02	NEW CAP REL COSTS-WE	494,501						494,501
3 03	NEW CAP REL COSTS-EA	401,218						401,218
3 04	NEW CAP REL COSTS-60	15,314,523			503,025			15,817,548
3 05	NEW CAP REL COSTS-WA	466,210						466,210
3 06	NEW CAP REL COSTS-US	747,595						747,595
4	NEW CAP REL COSTS-MV							
5	TOTAL	18,071,410			503,025			18,574,435

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

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL RELATED COST	TOTAL (1)
*		9	10	11	12	13	14	15
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL							
3 01	NEW CAP REL COSTS-RE							
3 02	NEW CAP REL COSTS-WE							
3 03	NEW CAP REL COSTS-EA							
3 04	NEW CAP REL COSTS-60							
3 05	NEW CAP REL COSTS-WA							
3 06	NEW CAP REL COSTS-US							
4	NEW CAP REL COSTS-MV							
5	TOTAL							

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

ADJUSTMENTS TO EXPENSES

DESCRPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER 3	LINE NO 4	
1 INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
2 INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
3 INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
4 INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS					
7 REFUNDS AND REBATES OF EXPENSES					
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES					
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT					
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-66,793			
13 SALE OF SCRAP, WASTE, ETC.					
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1	19,323,604			
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS					
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS					
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS					
20 SALE OF MEDICAL RECORDS & ABSTRACTS					
21 NURSG SCHOOL(TUITN, FEES, BOOKS, ETC.)					
22 VENDING MACHINES					
23 INCOME FROM IMPOSITION OF INTEREST					
24 INTRST EXP ON MEDICARE OVERPAYMENTS					
25 ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49	
26 ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50	
27 ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3				
28 UTILIZATION REVIEW-PHYSIAN COMP			UTILIZATION REVIEW-SNF	89	
29 DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1	
30 DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2	
31 DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3	
32 DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4	
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	
34 PHYSICIANS' ASSISTANT					
35 ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		OCCUPATIONAL THERAPY	51	
36 ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		SPEECH PATHOLOGY	52	
37 INTEREST INCOME	B	-498,341	NEW CAP REL COSTS-600 HIG	3.04	9
38 UNNECESSARY BORROWING	B	-9,512,888	NEW CAP REL COSTS-600 HIG	3.04	9
39 VOLUME DISCOUNT	B	-1,628,865	ADMINISTRATIVE & GENERAL	6	
40 MISCELLANEOUS INCOME	B	-391,826	NEW CAP REL COSTS-600 HIG	3.04	9
41 MISCELLANEOUS INCOME	B	-750,147	ADMINISTRATIVE & GENERAL	6	
42 MISCELLANEOUS INCOME	B	-38,968	PHYSICAL THERAPY	50	
43 MISCELLANEOUS INCOME	B	-213,951	DIETARY	11	
44 MISCELLANEOUS INCOME	B	-3,995	PARAMED ED PRGM-DIETARY	24.03	
45 MEDICARE LAPSING SCHEDULE	A	206,162	NEW CAP REL COSTS-USTATIO	3.06	9
46 LOBBY FEE WHA/AHA	A	-20,965	ADMINISTRATIVE & GENERAL	6	
47 GROSS UP CHARGES KIDNEY	B	1,299,914	KIDNEY ACQUISITION	83	
48 GROSS UP CHARGES HEART	B	353,250	HEART ACQUISITION	85	
49 GROSS UP CHARGES LIVER	B	460,800	LIVER ACQUISITION	84	
49.01 GROSS UP CHARGES LUNG	B	148,000	LUNG ACQUISITION	82	
49.02 GROSS UP CHARGES PANCREAS	B	69,000	PANCREAS ACQUISITION	85.01	
49.03 FAMILY MEDICINE GROSS UP	A	185,769	FAMILY MEDICINE	97.03	
49.04 NON-ALLOWABLE A&G	A	-4,887	ADMINISTRATIVE & GENERAL	6	
49.05 NON-ALLOWABLE UCC	A	-1,124,074	ADMINISTRATIVE & GENERAL	6	
49.06 CRNA COST OFFSET	A	-6,175,704	ADMINISTRATIVE & GENERAL	6	
49.07 CLERICAL SUPPORT PSYCH	A	-51,989	ADMINISTRATIVE & GENERAL	6	
49.08 CAFETERIA REVENUE	B	-6,651,186	DIETARY	11	
49.09 GROSS UP RONALD MCDONALD EXPENSE	B	159,801	RONALD MCDONALD CARE MOBI	97.06	
49.10 OPO MARKETING	A	-9,735	LUNG ACQUISITION	82	
49.11 OPO MARKETING	A	-66,795	KIDNEY ACQUISITION	83	
49.12 OPO MARKETING	A	-30,017	LIVER ACQUISITION	84	
49.13 OPO MARKETING	A	-5,949	HEART ACQUISITION	85	
49.14 OPO MARKETING	A	-15,955	PANCREAS ACQUISITION	85.01	
49.15					
49.16					
49.17					
49.18					
49.19					
49.20					
50 TOTAL (SUM OF LINES 1 THRU 49)		-5,056,730			

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

(2) Basis for adjustment (see instructions).

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

B. Amount Received - if cost cannot be determined.

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

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

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.	
1	2	3	4	5	6		
1	6	ADMINISTRATIVE & GENERAL	UW OVERHEAD	7,417,494		7,417,494	
2	7	MAINTENANCE & REPAIRS	UW OVERHEAD	11,949,601		11,949,601	
3	9	LAUNDRY & LINEN SERVICE	MUHL	2,723,060	3,043,230	-320,170	
4	3 4	NEW CAP REL COSTS-600 HIG	MUHL	299,191		299,191	9
4.01	7	MAINTENANCE & REPAIRS	MERI	482,875	584,013	-101,138	
4.02	3 4	NEW CAP REL COSTS-600 HIG	MERI	78,626		78,626	9
5		TOTALS		22,950,847	3,627,243	19,323,604	

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

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

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

SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
1	B	UW SYSTEM	0.00	STATE OF WISCONSIN	0.00	OVERHEAD
2	C	MUHL	0.00	MADISON UNITED HLTH LINEN	0.00	LAUNDRY
3	C	MERI	0.00	MADISON ENVIRNMNT RESOURC	0.00	INCINERATION
4			0.00		0.00	
5			0.00		0.00	

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

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
83	KIDNEY ACQUISITION	144,900		144,900	204,100	796	78,107	3,905
101	TOTAL	144,900		144,900		796	78,107	3,905

COST ALLOCATION STATISTICS

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
1	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	NOT ENTERED
2	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR VALUE	NOT ENTERED
3	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE FEET	NOT ENTERED
3.01	NEW CAP REL COSTS-RESEARCH PARK	23	SQUARE FEET	ENTERED
3.02	NEW CAP REL COSTS-WEST CLINIC	24	SQUARE FEET	ENTERED
3.03	NEW CAP REL COSTS-EAST CLINIC	25	SQUARE FEET	ENTERED
3.04	NEW CAP REL COSTS-600 HIGHLAND	26	SQUARE FEET	ENTERED
3.05	NEW CAP REL COSTS-WAISMAN	27	SQUARE FEET	ENTERED
3.06	NEW CAP REL COSTS-USTATION	28	SQUARE FEET	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR VALUE	NOT ENTERED
5	EMPLOYEE BENEFITS	5	GROSS SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	#	ACCUM. COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	6	SQUARE FEET	ENTERED
8	OPERATION OF PLANT	7	SQUARE FEET	NOT ENTERED
9	LAUNDRY & LINEN SERVICE	8	POUNDS OF LAUNDRY	ENTERED
10	HOUSEKEEPING	9	HOURS OF SERVICE	ENTERED
11	DIETARY	10	MEALS SERVED	ENTERED
12	CAFETERIA	11	MEALS SERVED	ENTERED
13	MAINTENANCE OF PERSONNEL	12	NUMBER HOUSED	NOT ENTERED
14	NURSING ADMINISTRATION	13	DI RECT NRSG HRS	ENTERED
15	CENTRAL SERVICES & SUPPLY	14	COSTED REQUIS.	ENTERED
16	PHARMACY	15	COSTED REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	16	GROSS CHARGES	ENTERED
18	SOCIAL SERVICE	17	TIME SPENT	NOT ENTERED
19	CLINICAL OFFICES	29	TIME SPENT	ENTERED
19.01	HISTOCOMPATIBILITY	30	# OF TESTS	ENTERED
20	NONPHYSICIAN ANESTHETISTS	18	ASSIGNED TIME	NOT ENTERED
21	NURSING SCHOOL	19	ASSIGNED TIME	NOT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	20	ASSIGNED TIME	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	21	ASSIGNED TIME	NOT ENTERED
24	PARAMED ED PRGM	22	ASSIGNED TIME	NOT ENTERED
24.01	PARAMED ED PRGM-PHARMACY	31	ASSIGNED TIME	ENTERED
24.02	PARAMED ED PRGM-EMERGENCY MEDICAL SE	32	ASSIGNED TIME	ENTERED
24.03	PARAMED ED PRGM-DIETARY	33	ASSIGNED TIME	ENTERED
24.04	PARAMED ED PRGM-DIAGNOSTIC RADIOLOGY	34	ASSIGNED TIME	ENTERED
24.05	PARAMED ED PRGM-ULTRASOUND TRAINING	35	ASSIGNED TIME	ENTERED
24.06	PARAMED ED PRGM-RADIOTHERAPY	36	ASSIGNED TIME	ENTERED

COST CENTER DESCRIPTION	NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-RESEARC	NEW CAP REL C OSTS-WEST CL	NEW CAP REL C OSTS-EAST CL
	0	1	2	3	3.01	3.02	3.03
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-RESEARC	647,363				647,363		
003 02 NEW CAP REL COSTS-WEST CL	494,501					494,501	
003 03 NEW CAP REL COSTS-EAST CL	401,218						401,218
003 04 NEW CAP REL COSTS-600 HIG	15,817,548						
003 05 NEW CAP REL COSTS-WAISMAN	466,210						
003 06 NEW CAP REL COSTS-USTATIO	747,595						
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	8,971,823						
006 ADMINISTRATIVE & GENERAL	152,771,101						837
007 MAINTENANCE & REPAIRS	31,973,621				2,302		
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE	2,192,772						
010 HOUSEKEEPING	12,349,709				3,965	6,235	10,559
011 DIETARY	6,182,045						
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	23,050,635						
015 CENTRAL SERVICES & SUPPLY	6,760,829					1,609	5,851
016 PHARMACY	10,153,164					8,461	8,074
017 MEDICAL RECORDS & LIBRARY	16,042,840					3,896	9,809
018 SOCIAL SERVICE							
019 CLINICAL OFFICES	113,514						
019 01 HISTOCOMPATIBILITY	2,075,487						
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI	26,255,781						
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
024 01 PARAMED ED PRGM-PHARMACY	847,766						
024 02 PARAMED ED PRGM-EMERGENCY	830,580					272	
024 03 PARAMED ED PRGM-DIETARY	170,084						
024 04 PARAMED ED PRGM-DIAGNOSTI	414,723						
024 05 PARAMED ED PRGM-ULTRASOUN	380,078						
024 06 PARAMED ED PRGM-RADIOTHER	73,670						
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	76,266,157						
026 INTENSIVE CARE UNIT							
026 01 TRAUMA INTENSIVE CARE UNI	13,154,076						
026 02 BURN INTENSIVE CARE UNIT	3,387,566						
026 03 SURGICAL INTENSIVE CARE U	7,377,228						
026 04 MEDICAL INTENSIVE CARE UN	3,131,649						
026 05 PEDIATRIC INTENSIVE CARE	6,771,776						
026 06 NEURO INTENSIVE CARE UNIT	6,017,428						
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 PSYCHIATRIC INTENSIVE CAR							
031 SUBPROVIDER	2,820,982						
031 01 SUBPROVIDER-REHAB	4,133,438						
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	75,059,244						
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	6,173,299						
041 RADIOLOGY-DIAGNOSTIC	35,597,666				77,318	13,344	10,310
042 RADIOLOGY-THERAPEUTIC	5,860,991						39,110
043 RADIOISOTOPE	2,916,654						
044 LABORATORY	38,556,132					11,694	8,567
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	11,754,989						
049 01 NEURO PSYCH TESTING	291,276						
050 PHYSICAL THERAPY	16,664,563				113,408		8,497
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	19,624,887				25,069	1,609	2,101
054 ELECTROENCEPHALOGRAPHY	1,483,548						
055 MEDICAL SUPPLIES CHARGED	592,205						
056 DRUGS CHARGED TO PATIENTS	103,005,938						
057 RENAL DIALYSIS	2,453,387						
058 ASC (NON-DIAGNOSTIC PART)							
058 01 PULMONARY FUNCTION TESTIN	457,490						
058 02 ORTHOTICS LAB	1,606,667				8,154		
059 OTHER ANCILLARY SERVICE C							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	4,474,632						645

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 52-0098
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/24/2009
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION		NET EXPENSES FOR COST ALLOCATION	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-RESEARC	NEW CAP REL C OSTS-WEST CL	NEW CAP REL C OSTS-EAST CL
		0	1	2	3	3.01	3.02	3.03
060	01 OUTPAT SERVICE COST CNTRS CLINIC CSC	36,228,495						
060	02 CLINIC UNIVERSITY STATION	8,600,596						
060	03 CLINIC WAI SMAN	555,533						
060	04 CLINIC WEST	13,540,592					447,381	
060	05 CLINIC EAST	6,548,309						296,248
060	06 CLINIC RESEARCH PARK	3,018,887				167,778		
061	EMERGENCY	8,521,954						
062	OBSERVATION BEDS (NON-DIS							
063	OTHER OUTPATIENT SERVICE							
064	OTHER REIMBURS COST CNTRS							
064	HOME PROGRAM DIALYSIS							
065	AMBULANCE SERVICES	2,124,649						
066	DURABLE MEDICAL EQUIP-REN							
067	DURABLE MEDICAL EQUIP-SOL							
068	OTHER REIMBURSABLE COST C							
069	CORF							
070	I&R SERVICES-NOT APPRVD P							
071	HOME HEALTH AGENCY	3,177,274						
082	LUNG ACQUISITION	1,878,919						
083	SPEC PURPOSE COST CENTERS							
083	KIDNEY ACQUISITION	6,490,555						
084	LIVER ACQUISITION	2,616,299						
085	HEART ACQUISITION	1,171,999						
085	01 PANCREAS ACQUISITION	1,330,532						
086	OTHER ORGAN ACQUISITION	-46,698						
086	01 TRANSPLANT COST - PRE TRA							
086	02 TRANSPLANT COST - POST TR	3,180,416						
086	03 OPO ADMIN COST							
092	AMBULATORY SURGICAL CENTE							
093	HOSPICE							
094	OTHER SPECIAL PURPOSE (SP							
095	SUBTOTALS	868,756,836				397,994	494,501	400,608
096	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP	557,227						
097	RESEARCH							
097	01 OTHER AUXILIARY SERVICES	4,221,959				249,369		610
097	02 CLINICAL RESEARCH CENTER	2,018,164						
097	03 FAMILY MEDICINE	185,769						
097	04 COMMUNICATION AIDS	370,349						
097	05 INVESTIGATIONAL PHARMACY	1,313,366						
097	06 RONALD MCDONALD CARE MOBI	391,111						
097	07 PUBLIC AFFAIRS	4,367,787						
097	08 RETAIL PHARMACIES	16,321,920						
098	PHYSICIANS' PRIVATE OFFIC							
099	NONPAID WORKERS							
100	OTHER NONREIMBURSABLE COS							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL	898,504,488				647,363	494,501	401,218

COST CENTER DESCRIPTION	NEW CAP REL C OSTS-600 HIG	NEW CAP REL C OSTS-WAISMAN	NEW CAP REL C OSTS-USTATIO	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENEFITS	SUBTOTAL	ADMINISTRATIVE & GENERAL
	3.04	3.05	3.06	4	5	5a.00	6
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-RESEARC							
003 02 NEW CAP REL COSTS-WEST CL							
003 03 NEW CAP REL COSTS-EAST CL							
003 04 NEW CAP REL COSTS-600 HIG	15,817,548						
003 05 NEW CAP REL COSTS-WAISMAN		466,210					
003 06 NEW CAP REL COSTS-USTATIO			747,595				
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	110,177		12,937		9,094,937		
006 ADMINISTRATIVE & GENERAL	1,405,976	7,697			1,017,393	155,203,004	155,203,004
007 MAINTENANCE & REPAIRS	1,707,278		9,024		106,579	33,798,804	7,056,818
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE	49,319				966	2,243,057	468,326
010 HOUSEKEEPING	364,216		4,903		191,329	12,930,916	2,699,833
011 DIETARY	544,210				128,670	6,854,925	1,431,233
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATI ON	265,348				347,920	23,663,903	4,940,763
015 CENTRAL SERVICES & SUPPLY	476,759		1,853		86,051	7,332,952	1,531,040
016 PHARMACY	252,031		15,843		402,681	10,840,254	2,263,326
017 MEDICAL RECORDS & LIBRARY	65,672		18,335		225,235	16,365,787	3,416,996
018 SOCIAL SERVICE							
019 CLINICAL OFFICES	18,376				1,271	133,161	27,803
019 01 HISTOCOMPATIBILI TY	49,434				18,189	2,143,110	447,458
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI	178,836				490,416	26,925,033	5,621,651
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
024 01 PARAMED ED PRGM-PHARMACY	9,384				16,402	873,552	182,388
024 02 PARAMED ED PRGM-EMERGENCY					15,068	845,920	176,619
024 03 PARAMED ED PRGM-DIETARY	2,513				2,668	175,265	36,593
024 04 PARAMED ED PRGM-DIAGNOSTI					7,780	422,503	88,214
024 05 PARAMED ED PRGM-ULTRASOUN					7,133	387,211	80,845
024 06 PARAMED ED PRGM-RADIOTHER					1,610	75,280	15,718
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	2,009,901				1,346,628	79,622,686	16,624,341
026 INTENSIVE CARE UNIT							
026 01 TRAUMA INTENSIVE CARE UNI	175,213				196,159	13,525,448	2,823,965
026 02 BURN INTENSIVE CARE UNIT	70,030				57,157	3,514,753	733,842
026 03 SURGICAL INTENSIVE CARE U	237,947				121,096	7,736,271	1,615,248
026 04 MEDICAL INTENSIVE CARE UN	29,344				52,951	3,213,944	671,036
026 05 PEDIATRIC INTENSIVE CARE	236,723				114,849	7,123,348	1,487,277
026 06 NEURO INTENSIVE CARE UNIT	192,267				104,196	6,313,891	1,318,271
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 PSYCHIATRIC INTENSIVE CAR							
031 SUBPROVIDER	124,898				51,838	2,997,718	625,891
031 01 SUBPROVIDER-REHAB	146,310				71,818	4,351,566	908,559
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	1,374,544				604,059	77,037,847	16,084,655
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	29,523				29,016	6,231,838	1,301,139
041 RADIOLOGY-DIAGNOSTIC	665,403	259,378	9,183		375,963	37,008,565	7,726,981
042 RADIOLOGY-THERAPEUTIC	282,811				61,868	6,244,780	1,303,841
043 RADIOISOTOPE	39,495				26,523	2,982,672	622,749
044 LABORATORY	532,672		9,726		358,684	39,477,475	8,242,463
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	95,538				168,331	12,018,858	2,509,405
049 01 NEURO PSYCH TESTING	11,440				4,806	307,522	64,207
050 PHYSICAL THERAPY	351,013		24,436		279,657	17,441,574	3,641,609
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	229,771				138,037	20,021,474	4,180,264
054 ELECTROENCEPHALOGRAPHY	80,311				24,202	1,588,061	331,570
055 MEDICAL SUPPLIES CHARGED						592,205	123,646
056 DRUGS CHARGED TO PATIENTS						103,005,938	21,506,583
057 RENAL DIALYSIS	61,559		3,594		37,005	2,555,545	533,570
058 ASC (NON-DI STINCT PART)	19,143					19,143	3,997
058 01 PULMONARY FUNCTION TESTIN					7,858	465,348	97,160
058 02 ORTHOTICS LAB	27,418				16,979	1,659,218	346,426
059 OTHER ANCILLARY SERVICE C							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	60,335		2,460		73,417	4,611,489	962,828

COST CENTER DESCRIPTION	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	SUBTOTAL	ADMINISTRATIVE & GENERAL
	OSTS-600 HIG	OSTS-WAISMAN	OSTS-USTATIO	OSTS-MVBLE E	FITS		
	3.04	3.05	3.06	4	5	5a.00	6
060 01 OUTPAT SERVICE COST CNTRS							
060 02 CLINIC CSC	2,280,110				579,758	39,088,363	8,161,220
060 03 CLINIC UNIVERSITY STATION			626,629		138,216	9,365,441	1,955,401
060 04 CLINIC WAISMAN		199,135			9,884	764,552	159,630
060 05 CLINIC WEST					221,025	14,208,998	2,966,682
060 06 CLINIC EAST					102,024	6,946,581	1,450,370
061 06 CLINIC RESEARCH PARK					34,384	3,221,049	672,520
062 EMERGENCY	321,914				136,118	8,979,986	1,874,922
063 OBSERVATION BEDS (NON-DIS							
064 OTHER OUTPATIENT SERVICE							
065 OTHER REIMBURS COST CNTRS							
066 HOME PROGRAM DIALYSIS							
067 AMBULANCE SERVICES	363,922				28,553	2,517,124	525,548
068 DURABLE MEDICAL EQUIP-REN							
069 DURABLE MEDICAL EQUIP-SOL							
070 OTHER REIMBURSABLE COST C							
071 CORF							
072 I&R SERVICES-NOT APPRVD P							
073 HOME HEALTH AGENCY	2,562				54,875	3,234,711	675,372
074 LUNG ACQUISITION	5,973				9,972	1,894,864	395,627
075 SPEC PURPOSE COST CENTERS							
076 KIDNEY ACQUISITION	36,459				65,229	6,592,243	1,376,388
077 LIVER ACQUISITION	11,946				22,821	2,651,066	553,513
078 HEART ACQUISITION	2,987				8,724	1,183,710	247,146
079 01 PANCREAS ACQUISITION	6,805				9,595	1,346,932	281,225
080 02 OTHER ORGAN ACQUISITION						-46,698	
081 01 TRANSPLANT COST - PRE TRA							
082 02 TRANSPLANT COST - POST TR	51,392				55,606	3,287,414	686,376
083 03 OPO ADMIN COST							
084 01 AMBULATORY SURGICAL CENTE							
085 02 HOSPICE							
086 04 OTHER SPECIAL PURPOSE (SP							
087 05 SUBTOTALS	15,667,208	466,210	738,923		8,867,242	868,120,150	148,859,087
088 06 NONREIMBURS COST CENTERS							
089 07 GIFT, FLOWER, COFFEE SHOP	26,781				3,442	587,450	122,653
090 01 RESEARCH							
091 02 OTHER AUXILIARY SERVICES	9,498		8,672		56,497	4,546,605	949,281
092 03 CLINICAL RESEARCH CENTER	83,216				37,112	2,138,492	446,494
093 04 FAMILY MEDICINE						185,769	38,787
094 05 COMMUNICATION AIDS						370,349	77,325
095 06 INVESTIGATIONAL PHARMACY	26,944				30,118	1,370,428	286,130
096 07 RONALD MCDONALD CARE MOBI					2,950	394,061	82,276
097 08 PUBLIC AFFAIRS	3,901				39,655	4,411,343	921,040
098 09 RETAIL PHARMACIES					57,921	16,379,841	3,419,931
099 10 PHYSICIANS' PRIVATE OFFIC							
100 11 NONPAID WORKERS							
101 12 OTHER NONREIMBURSABLE COS							
102 13 CROSS FOOT ADJUSTMENT							
103 14 NEGATIVE COST CENTER							
104 15 TOTAL	15,817,548	466,210	747,595		9,094,937	898,504,488	155,203,004

COST CENTER DESCRIPTION	MAINTENANCE & OPERATION OF REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL
	7	8	9	10	11	12	13
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-RESEARC							
003 02 NEW CAP REL COSTS-WEST CL							
003 03 NEW CAP REL COSTS-EAST CL							
003 04 NEW CAP REL COSTS-600 HIG							
003 05 NEW CAP REL COSTS-WAISMAN							
003 06 NEW CAP REL COSTS-USTATIO							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS	40,855,622						
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE	107,237		2,818,620				
010 HOUSEKEEPING	945,009		183,707	16,759,465			
011 DIETARY	1,183,293		11,516	519,733	10,000,700		
012 CAFETERIA					6,642,564	6,642,564	
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	616,664		16,714	270,855		288,642	
015 CENTRAL SERVICES & SUPPLY	1,099,477			482,919		248,979	
016 PHARMACY	707,329			310,677		347,484	
017 MEDICAL RECORDS & LIBRARY	1,017,257			446,806		49,855	
018 SOCIAL SERVICE							
019 CLINICAL OFFICES	39,956			17,550		1,652	
019 01 HISTOCOMPATIBILITY	107,485		595	47,210		19,014	
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI	388,848		19,287	170,792		841,147	
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
024 01 PARAMED ED PRGM-PHARMACY	20,404			8,962		12,026	
024 02 PARAMED ED PRGM-EMERGENCY	173,594			76,247		13,414	
024 03 PARAMED ED PRGM-DIETARY	7,345			3,226		6,426	
024 04 PARAMED ED PRGM-DIAGNOSTI	37,792			16,599		7,847	
024 05 PARAMED ED PRGM-ULTRASOUN	17,281			7,590		5,319	
024 06 PARAMED ED PRGM-RADIOTHER						1,487	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	4,370,193		685,005	1,919,502	2,540,904	1,253,548	
026 INTENSIVE CARE UNIT							
026 01 TRAUMA INTENSIVE CARE UNI	380,970		98,634	167,332	37,663	173,073	
026 02 BURN INTENSIVE CARE UNIT	152,267		42,192	66,880	51,715	46,634	
026 03 SURGICAL INTENSIVE CARE U	517,376		49,009	227,245	156,399	107,822	
026 04 MEDICAL INTENSIVE CARE UN	63,803		26,616	28,024	33,849	47,543	
026 05 PEDIATRIC INTENSIVE CARE	514,714		32,853	226,076	34,114	87,321	
026 06 NEURO INTENSIVE CARE UNIT	418,052		48,291	183,619	69,713	90,608	
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 PSYCHIATRIC INTENSIVE CAR							
031 SUBPROVIDER	271,569		12,496	119,280	168,507	43,198	
031 01 SUBPROVIDER-REHAB	318,126		42,004	139,729	236,216	68,836	
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	3,001,880		821,633	1,318,503	447	500,684	
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	64,193		27,195	28,195		38,242	
041 RADIOLOGY-DIAGNOSTIC	2,044,167		160,335	897,851	7,907	338,117	
042 RADIOLOGY-THERAPEUTIC	933,264		19,977	409,914		52,350	
043 RADIOISOTOPE	85,874		195	37,718		18,270	
044 LABORATORY	1,329,918		1,806	584,135		390,550	
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	456,341		471	200,437		180,358	
049 01 NEURO PSYCH TESTING	24,875			10,926		7,434	
050 PHYSICAL THERAPY	1,575,725		22,444	692,099			
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	611,234		70,715	268,470	10,707	135,557	
054 ELECTROENCEPHALOGRAPHY	174,623		3,107	76,699	314	23,656	
055 MEDICAL SUPPLIES CHARGED			51,163				
056 DRUGS CHARGED TO PATIENTS			9,394				
057 RENAL DIALYSIS	141,835		7,438	62,298		30,544	
058 ASC (NON-DIAGNOSTIC PART)							
058 01 PULMONARY FUNCTION TESTIN	41,624		16	18,282		8,260	
058 02 ORTHOTICS LAB	235,339		399	103,367		20,104	
059 OTHER ANCILLARY SERVICE C							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	141,906			62,329		115,817	

COST ALLOCATION - GENERAL SERVICE COSTS

PROVIDER NO: 52-0098
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/24/2009
 WORKSHEET B
 PART I

COST CENTER DESCRIPTION	MAINTENANCE & OPERATION OF REPAIRS		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL
	7	8	9	10	11	12	13	
060 01 OUTPAT SERVICE COST CNTRS								
060 02 CLINIC CSC	5,031,749		125,447	2,210,074		4,068	642,238	
060 03 CLINIC UNIVERSITY STATION	1,486,693		4,265	652,994				
060 04 CLINIC WAI SMAN	100,991		101	44,358			3,486	
060 05 CLINIC WEST	3,157,731		25,090	1,386,957				
060 06 CLINIC EAST	2,389,297		7,761	1,049,441				
061 06 CLINIC RESEARCH PARK	558,574		575	245,340				
062 EMERGENCY	699,948		133,529	307,435		5,613	121,103	
063 OBSERVATION BEDS (NON-DIS								
064 OTHER OUTPATIENT SERVICE								
065 OTHER REIMBURS COST CNTRS								
066 HOME PROGRAM DIALYSIS								
067 AMBULANCE SERVICES	791,287		2,715	347,554			22,351	
068 DURABLE MEDICAL EQUIP-REN								
069 DURABLE MEDICAL EQUIP-SOL								
070 OTHER REIMBURSABLE COST C								
071 CORF								
072 I&R SERVICES-NOT APPRVD P								
073 HOME HEALTH AGENCY	215,396			94,607				
074 LUNG ACQUISITION	21,433		9	9,414			8,491	
075 SPEC PURPOSE COST CENTERS								
076 KIDNEY ACQUISITION	195,985		152	86,082			55,835	
077 LIVER ACQUISITION	66,499		55	29,208			19,228	
078 HEART ACQUISITION	15,685		3	6,889			3,667	
079 01 PANCREAS ACQUISITION	27,217		6	11,955			6,641	
080 OTHER ORGAN ACQUISITION								
081 01 TRANSPLANT COST - PRE TRA								
082 02 TRANSPLANT COST - POST TR	111,743			49,081			51,672	
083 03 OPO ADMIN COST								
084 092 AMBULATORY SURGICAL CENTE								
085 093 HOSPICE								
086 094 OTHER SPECIAL PURPOSE (SP								
087 095 SUBTOTALS	39,209,067		2,764,915	16,759,465	10,000,700		6,556,530	
088 NONREIMBURS COST CENTERS								
089 096 GIFT, FLOWER, COFFEE SHOP	58,231						6,509	
090 097 RESEARCH								
091 097 01 OTHER AUXILIARY SERVICES	997,457		50,116				15,545	
092 097 02 CLINICAL RESEARCH CENTER	180,940		2,938				27,819	
093 097 03 FAMILY MEDICINE								
094 097 04 COMMUNICATION AIDS								
095 097 05 INVESTIGATIONAL PHARMACY	175,085		651				36,161	
096 097 06 RONALD MCDONALD CARE MOBI								
097 097 07 PUBLIC AFFAIRS	149,677							
098 097 08 RETAIL PHARMACIES	85,165							
099 098 PHYSICIANS' PRIVATE OFFIC								
100 099 NONPAID WORKERS								
101 100 OTHER NONREIMBURSABLE COS								
102 101 CROSS FOOT ADJUSTMENT								
103 102 NEGATIVE COST CENTER								
104 103 TOTAL	40,855,622		2,818,620	16,759,465	10,000,700		6,642,564	

COST CENTER DESCRIPTION	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	CLINICAL OFFICES	HI STOCOMPATIBILITY
	14	15	16	17	18	19	19.01
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-RESEARC							
003 02 NEW CAP REL COSTS-WEST CL							
003 03 NEW CAP REL COSTS-EAST CL							
003 04 NEW CAP REL COSTS-600 HIG							
003 05 NEW CAP REL COSTS-WAISMAN							
003 06 NEW CAP REL COSTS-USTATIO							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	29,797,541						
015 CENTRAL SERVICES & SUPPLY		10,695,367					
016 PHARMACY		160,238	14,629,308				
017 MEDICAL RECORDS & LIBRARY		39		21,296,740			
018 SOCIAL SERVICE							
019 CLINICAL OFFICES	107,391					327,513	
019 01 HI STOCOMPATIBILITY		1,803	685	18,248			2,785,608
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI		3	15,967				
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
024 01 PARAMED ED PRGM-PHARMACY							
024 02 PARAMED ED PRGM-EMERGENCY		1,969	351				
024 03 PARAMED ED PRGM-DIETARY							
024 04 PARAMED ED PRGM-DIAGNOSTI		8					
024 05 PARAMED ED PRGM-ULTRASOUN							
024 06 PARAMED ED PRGM-RADIOTHER							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	7,237,347	807,262	810,877	1,763,169		327,513	
026 INTENSIVE CARE UNIT							
026 01 TRAUMA INTENSIVE CARE UNI	999,231	281,090	154,362	423,278			
026 02 BURN INTENSIVE CARE UNIT	269,240	75,506	42,072	80,520			
026 03 SURGICAL INTENSIVE CARE U	622,505	195,193	65,763	222,760			
026 04 MEDICAL INTENSIVE CARE UN	274,486	78,539	45,212	90,287			
026 05 PEDIATRIC INTENSIVE CARE	504,146	86,308	47,875	247,282			
026 06 NEURO INTENSIVE CARE UNIT	523,125	100,122	65,315	247,218			
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 PSYCHIATRIC INTENSIVE CAR							
031 SUBPROVIDER	249,402	4,753	10,642	62,464			
031 01 SUBPROVIDER-REHAB	397,423	34,549	36,469	95,524			
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	2,890,685	3,082,596	829,503	3,162,486			
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	220,790	698,263	1,421,708	666,340			
041 RADIOLOGY-DIAGNOSTIC	1,952,111	1,558,031	214,089	3,222,843			
042 RADIOLOGY-THERAPEUTIC	302,240	83,065	17,171	538,387			
043 RADIOISOTOPE	105,483	10,997	13,728	113,592			
044 LABORATORY		188,792	42,972	2,115,609			
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	1,041,291	513,990	35,529	387,799			
049 01 NEURO PSYCH TESTING		150		9,978			
050 PHYSICAL THERAPY	1,546,105	109,450	19,461	592,154			
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	782,637	1,385,239	91,059	1,016,851			
054 ELECTROENCEPHALOGRAPHY		8,509	2,573	87,919			
055 MEDICAL SUPPLIES CHARGED				20,928			
056 DRUGS CHARGED TO PATIENTS				3,096,551			
057 RENAL DIALYSIS		91,411	15,019	62,302			
058 ASC (NON-DIAGNOSTIC PART)							
058 01 PULMONARY FUNCTION TESTIN		3,707	710	26,902			
058 02 ORTHOTICS LAB		96,907	335	37,740			
059 OTHER ANCILLARY SERVICE C							
060 OUTPAT SERVICE COST CNTRS	668,666	632					
060 CLINIC							

COST CENTER DESCRIPTION	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICES	CLINICAL SERVICES	OFFICE	HISTOCOMPATIBILITY
	14	15	16	17	18	19		19.01
060 01 OUTPAT SERVICE COST CNTRS								
060 02 CLINIC CSC	3,707,943	480,217	243,769	941,795				
060 03 CLINIC UNIVERSITY STATION	990,838	39,279	74,446	161,565				
060 04 CLINIC WAISSMAN	20,124	1,801	116	9,162				
060 05 CLINIC WEST	1,360,507	133,633	133,963	206,784				
060 06 CLINIC EAST	637,288	39,347	47,333	126,840				
061 06 CLINIC RESEARCH PARK	251,215	63,853	6,784	61,654				
062 EMERGENCY	699,185	227,120	185,390	505,355				
063 OBSERVATION BEDS (NON-DIS)								
064 OTHER OUTPATIENT SERVICE								
065 OTHER REIMBURS COST CNTRS								
066 HOME PROGRAM DIALYSIS								
067 AMBULANCE SERVICES	129,041	7,257	3,325	109,305				
068 DURABLE MEDICAL EQUIP-REN								
069 DURABLE MEDICAL EQUIP-SOL								
070 OTHER REIMBURSABLE COST C								
071 CORF								
072 I&R SERVICES-NOT APPRVD P								
073 HOME HEALTH AGENCY	287,647	4,707	4,831	32,859				
074 LUNG ACQUISITION	49,022	825	454	50,056				2,420
075 SPEC PURPOSE COST CENTERS								
076 KIDNEY ACQUISITION	322,363	13,046	4,953	297,302				2,732,523
077 LIVER ACQUISITION	111,015	4,735	1,798	55,513				6,897
078 HEART ACQUISITION	21,173	280	154	19,338				2,287
079 01 PANCREAS ACQUISITION	38,340	564	214	31,312				1,774
080 02 OTHER ORGAN ACQUISITION								
081 01 TRANSPLANT COST - PRE TRA								
082 02 TRANSPLANT COST - POST TR	298,329							39,707
083 03 OPO ADMIN COST								
084 092 AMBULATORY SURGICAL CENTE								
085 093 HOSPICE								
086 094 OTHER SPECIAL PURPOSE (SP								
087 095 SUBTOTALS	29,618,334	10,675,785	4,706,977	21,017,971		327,513		2,785,608
088 096 NONREIMBURS COST CENTERS								
089 097 GIFT, FLOWER, COFFEE SHOP				20				
090 097 RESEARCH								
091 097 01 OTHER AUXILIARY SERVICES		4,652	42,066	4,192				
092 097 02 CLINICAL RESEARCH CENTER	160,609	5,589	4,932	16,804				
093 097 03 FAMILY MEDICINE								
094 097 04 COMMUNICATION AIDS				4,222				
095 097 05 INVESTIGATIONAL PHARMACY		3,517	1,626					
096 097 06 RONALD MCDONALD CARE MOBI	18,598	4,011		602				
097 097 07 PUBLIC AFFAIRS		12						
098 097 08 RETAIL PHARMACIES		1,801	9,873,707	252,929				
099 098 PHYSICIANS' PRIVATE OFFICE								
100 099 NONPAID WORKERS								
101 100 OTHER NONREIMBURSABLE COS								
102 101 CROSS FOOT ADJUSTMENT								
103 102 NEGATIVE COST CENTER								
104 103 TOTAL	29,797,541	10,695,367	14,629,308	21,296,740		327,513		2,785,608

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PR GM	PARAMED ED PR GM-PHARMACY	PARAMED ED PR GM-EMERGENCY
	20	21	22	23	24	24.01	24.02
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-RESEARC							
003 02 NEW CAP REL COSTS-WEST CL							
003 03 NEW CAP REL COSTS-EAST CL							
003 04 NEW CAP REL COSTS-600 HIG							
003 05 NEW CAP REL COSTS-WAISMAN							
003 06 NEW CAP REL COSTS-USTATIO							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE							
019 CLINICAL OFFICES							
019 01 HI STOCOMPATIBILITY							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI			33,982,728				
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
024 01 PARAMED ED PRGM-PHARMACY						1,097,332	
024 02 PARAMED ED PRGM-EMERGENCY							1,288,114
024 03 PARAMED ED PRGM-DIETARY							
024 04 PARAMED ED PRGM-DIAGNOSTI							
024 05 PARAMED ED PRGM-ULTRASOUN							
024 06 PARAMED ED PRGM-RADIOTHER							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS			31,284,079				
026 INTENSIVE CARE UNIT							
026 01 TRAUMA INTENSIVE CARE UNIT							
026 02 BURN INTENSIVE CARE UNIT							
026 03 SURGICAL INTENSIVE CARE U							
026 04 MEDICAL INTENSIVE CARE UN							
026 05 PEDIATRIC INTENSIVE CARE							
026 06 NEURO INTENSIVE CARE UNIT							
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 PSYCHIATRIC INTENSIVE CAR							
031 SUBPROVIDER			2,060,462				
031 01 SUBPROVIDER-REHAB			638,187				
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM							
039 RECOVERY ROOM							
040 DELIVERY ROOM & LABOR ROO							
041 ANESTHESIOLOGY							
042 RADIOLOGY-DIAGNOSTIC							
043 RADIOLOGY-THERAPEUTIC							
044 RADIOISOTOPE							
045 LABORATORY							
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY							
049 01 NEURO PSYCH TESTING							
050 PHYSICAL THERAPY							
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPHY							
055 MEDICAL SUPPLIES CHARGED							
056 DRUGS CHARGED TO PATIENTS						1,097,332	
057 RENAL DIALYSIS							
058 ASC (NON-DIAGNOSTIC PART)							
058 01 PULMONARY FUNCTION TESTIN							
058 02 ORTHOTICS LAB							
059 OTHER ANCILLARY SERVICE C							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC							

COST CENTER DESCRIPTION		NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM	PARAMED ED PR GM-PHARMACY	PARAMED ED PR GM-EMERGENCY
		20	21	22	23	24	24.01	24.02
060	01 OUTPAT SERVICE COST CNTRS CLINIC CSC							
060	02 CLINIC UNIVERSITY STATION							
060	03 CLINIC WATSMAN							
060	04 CLINIC WEST							
060	05 CLINIC EAST							
060	06 CLINIC RESEARCH PARK							
061	EMERGENCY							1,288,114
062	OBSERVATION BEDS (NON-DIS							
063	OTHER OUTPATIENT SERVICE							
064	OTHER REIMBURS COST CNTRS							
064	HOME PROGRAM DIALYSIS							
065	AMBULANCE SERVICES							
066	DURABLE MEDICAL EQUIP-REN							
067	DURABLE MEDICAL EQUIP-SOL							
068	OTHER REIMBURSABLE COST C							
069	CORF							
070	I&R SERVICES-NOT APPRVD P							
071	HOME HEALTH AGENCY							
082	LUNG ACQUISITION							
083	SPEC PURPOSE COST CENTERS							
083	KIDNEY ACQUISITION							
084	LIVER ACQUISITION							
085	HEART ACQUISITION							
085	01 PANCREAS ACQUISITION							
086	OTHER ORGAN ACQUISITION							
086	01 TRANSPLANT COST - PRE TRA							
086	02 TRANSPLANT COST - POST TR							
086	03 OPO ADMIN COST							
092	AMBULATORY SURGICAL CENTE							
093	HOSPICE							
094	OTHER SPECIAL PURPOSE (SP							
095	SUBTOTALS			33,982,728			1,097,332	1,288,114
096	NONREIMBURS COST CENTERS							
096	GIFT, FLOWER, COFFEE SHOP							
097	RESEARCH							
097	01 OTHER AUXILIARY SERVICES							
097	02 CLINICAL RESEARCH CENTER							
097	03 FAMILY MEDICINE							
097	04 COMMUNICATION AIDS							
097	05 INVESTIGATIONAL PHARMACY							
097	06 RONALD MCDONALD CARE MOBI							
097	07 PUBLIC AFFAIRS							
097	08 RETAIL PHARMACIES							
098	PHYSICIANS' PRIVATE OFFIC							
099	NONPAID WORKERS							
100	OTHER NONREIMBURSABLE COS							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	TOTAL			33,982,728			1,097,332	1,288,114

COST CENTER DESCRIPTION	PARAMED ED PR GM-DIETARY	PARAMED ED PR GM-DIAGNOSTI	PARAMED ED PR GM-ULTRASOUN	PARAMED ED PR GM-RADIOTHER	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	24.03	24.04	24.05	24.06	25	26	27
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-RESEARC							
003 02 NEW CAP REL COSTS-WEST CL							
003 03 NEW CAP REL COSTS-EAST CL							
003 04 NEW CAP REL COSTS-600 HIG							
003 05 NEW CAP REL COSTS-WAISMAN							
003 06 NEW CAP REL COSTS-USTATIO							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE							
019 CLINICAL OFFICES							
019 01 HISTOCOMPATIBILITY							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
024 01 PARAMED ED PRGM-PHARMACY							
024 02 PARAMED ED PRGM-EMERGENCY							
024 03 PARAMED ED PRGM-DIETARY	228,855						
024 04 PARAMED ED PRGM-DIAGNOSTI		572,963					
024 05 PARAMED ED PRGM-ULTRASOUN			498,246				
024 06 PARAMED ED PRGM-RADIOTHER				92,485			
025 INPAT ROUTINE SRVC CNTRS	228,855				149,475,281	-31,284,079	118,191,202
026 ADULTS & PEDIATRICS							
026 INTENSIVE CARE UNIT							
026 01 TRAUMA INTENSIVE CARE UNI					19,065,046		19,065,046
026 02 BURN INTENSIVE CARE UNIT					5,075,621		5,075,621
026 03 SURGICAL INTENSIVE CARE U					11,515,591		11,515,591
026 04 MEDICAL INTENSIVE CARE UN					4,573,339		4,573,339
026 05 PEDIATRIC INTENSIVE CARE					10,391,314		10,391,314
026 06 NEURO INTENSIVE CARE UNIT					9,378,225		9,378,225
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 PSYCHIATRIC INTENSIVE CAR							
031 SUBPROVIDER					6,626,382	-2,060,462	4,565,920
031 01 SUBPROVIDER-REHAB					7,267,188	-638,187	6,629,001
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM					108,730,919		108,730,919
039 RECOVERY ROOM							
040 DELIVERY ROOM & LABOR ROO							
041 ANESTHESIOLOGY					10,697,903		10,697,903
042 RADIOLOGY-DIAGNOSTIC		572,963	498,246		56,202,206		56,202,206
043 RADIOLOGY-THERAPEUTIC					9,997,474		9,997,474
044 RADIOISOTOPE					3,991,278		3,991,278
045 LABORATORY					52,373,720		52,373,720
046 PBP CLINICAL LAB SERVICES							
047 WHOLE BLOOD & PACKED RED							
048 BLOOD STORING, PROCESSING							
049 INTRAVENOUS THERAPY							
049 01 RESPIRATORY THERAPY					17,344,479		17,344,479
050 NEURO PSYCH TESTING					425,092		425,092
051 PHYSICAL THERAPY					25,640,621		25,640,621
052 OCCUPATIONAL THERAPY							
053 SPEECH PATHOLOGY							
054 ELECTROCARDIOLOGY					28,574,207		28,574,207
055 ELECTROENCEPHALOGRAPHY					2,297,031		2,297,031
056 MEDICAL SUPPLIES CHARGED					787,942		787,942
057 DRUGS CHARGED TO PATIENTS					128,715,798		128,715,798
058 RENAL DIALYSIS					3,499,962		3,499,962
058 01 ASC (NON-DIAGNOSTIC PART)					23,140		23,140
058 02 PULMONARY FUNCTION TESTIN					662,009		662,009
059 ORTHOTICS LAB					2,499,835		2,499,835
060 OTHER ANCILLARY SERVICE C							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC					6,563,667	-6,564,334	-667

COST CENTER DESCRIPTION	PARAMED ED PR	PARAMED ED PR	PARAMED ED PR	PARAMED ED PR	SUBTOTAL	I&R COST POST STEP-DOWN ADJ	TOTAL
	GM-DIETARY	GM-DIAGNOSTI	GM-ULTRASOUN	GM-RADIOTHER			
	24.03	24.04	24.05	24.06	25	26	27
060 01 OUTPAT SERVICE COST CNTRS					60,636,883	3,378,005	64,014,888
060 02 CLINIC CSC					14,730,922	820,710	15,551,632
060 03 CLINIC UNIVERSITY STATION					1,104,321	61,525	1,165,846
060 04 CLINIC WAI SMAN					23,580,345	1,313,742	24,894,087
060 05 CLINIC WEST					12,694,258	707,240	13,401,498
060 06 CLINIC EAST					5,081,564	283,111	5,364,675
061 06 CLINIC RESEARCH PARK					15,027,700		15,027,700
062 EMERGENCY							
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
063 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES					4,455,507		4,455,507
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
068 OTHER REIMBURSABLE COST C							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY					4,550,130		4,550,130
082 LUNG ACQUISITION					2,432,615		2,432,615
083 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION					11,676,872		11,676,872
084 LIVER ACQUISITION					3,499,527		3,499,527
085 HEART ACQUISITION					1,500,332		1,500,332
085 01 PANCREAS ACQUISITION					1,746,180		1,746,180
086 OTHER ORGAN ACQUISITION					-46,698		-46,698
086 01 TRANSPLANT COST - PRE TRA							
086 02 TRANSPLANT COST - POST TR					4,524,322		4,524,322
086 03 OPO ADMIN COST							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
094 OTHER SPECIAL PURPOSE (SP							
095 SUBTOTALS	228,855	572,963	498,246	92,485	849,590,050	-33,982,729	815,607,321
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP					774,863		774,863
097 RESEARCH							
097 01 OTHER AUXILIARY SERVICES					6,609,914		6,609,914
097 02 CLINICAL RESEARCH CENTER					2,984,617		2,984,617
097 03 FAMILY MEDICINE					224,556		224,556
097 04 COMMUNICATION AIDS					451,896		451,896
097 05 INVESTIGATIONAL PHARMACY					1,873,598		1,873,598
097 06 RONALD MCDONALD CARE MOBI					499,548		499,548
097 07 PUBLIC AFFAIRS					5,482,072		5,482,072
097 08 RETAIL PHARMACIES					30,013,374		30,013,374
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	228,855	572,963	498,246	92,485	898,504,488	-33,982,729	864,521,759

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 52-0098
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/24/2009
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSIGNED NEW CAPITAL REL COSTS	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C				
		OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-RESEARC	OSTS-WEST CL	OSTS-EAST CL	
	0	1	2	3	3.01	3.02	3.03	
001 GENERAL SERVICE COST CNTR								
002 OLD CAP REL COSTS-BLDG &								
003 OLD CAP REL COSTS-MVBLE E								
003 NEW CAP REL COSTS-BLDG &								
003 01 NEW CAP REL COSTS-RESEARC								
003 02 NEW CAP REL COSTS-WEST CL								
003 03 NEW CAP REL COSTS-EAST CL								
003 04 NEW CAP REL COSTS-600 HIG								
003 05 NEW CAP REL COSTS-WAISMAN								
003 06 NEW CAP REL COSTS-USTATIO								
004 NEW CAP REL COSTS-MVBLE E								
005 EMPLOYEE BENEFITS	319,904							
006 ADMINISTRATIVE & GENERAL	17,513,796							837
007 MAINTENANCE & REPAIRS	1,864,112				2,302			
008 OPERATION OF PLANT								
009 LAUNDRY & LINEN SERVICE	47							
010 HOUSEKEEPING	35,713				3,965	6,235		10,559
011 DIETARY	319,629							
012 CAFETERIA								
013 MAINTENANCE OF PERSONNEL								
014 NURSING ADMINISTRATION	2,849,294							
015 CENTRAL SERVICES & SUPPLY	953,112					1,609		5,851
016 PHARMACY	1,073,979					8,461		8,074
017 MEDICAL RECORDS & LIBRARY	108,529					3,896		9,809
018 SOCIAL SERVICE								
019 CLINICAL OFFICES	8,048							
019 01 HISTOCOMPATIBILITY	33,138							
020 NONPHYSICIAN ANESTHETISTS								
021 NURSING SCHOOL								
022 I&R SERVICES-SALARY & FRI	24,408							
023 I&R SERVICES-OTHER PRGM C								
024 PARAMED ED PRGM								
024 01 PARAMED ED PRGM-PHARMACY								
024 02 PARAMED ED PRGM-EMERGENCY	124,805					272		
024 03 PARAMED ED PRGM-DIETARY								
024 04 PARAMED ED PRGM-DIAGNOSTI	32,292							
024 05 PARAMED ED PRGM-ULTRASOUN	5,221							
024 06 PARAMED ED PRGM-RADIOTHER	49							
025 INPAT ROUTINE SRVC CNTRS								
025 ADULTS & PEDIATRICS	803,675							
026 INTENSIVE CARE UNIT								
026 01 TRAUMA INTENSIVE CARE UNI	216,001							
026 02 BURN INTENSIVE CARE UNIT	55,180							
026 03 SURGICAL INTENSIVE CARE U	230,535							
026 04 MEDICAL INTENSIVE CARE UN	17,884							
026 05 PEDIATRIC INTENSIVE CARE	125,216							
026 06 NEURO INTENSIVE CARE UNIT	86,193							
027 CORONARY CARE UNIT								
028 BURN INTENSIVE CARE UNIT								
029 SURGICAL INTENSIVE CARE U								
030 PSYCHIATRIC INTENSIVE CAR								
031 SUBPROVIDER	16,942							
031 01 SUBPROVIDER-REHAB	64,809							
033 NURSERY								
034 SKILLED NURSING FACILITY								
035 NURSING FACILITY								
035 01 ICF/MR								
036 OTHER LONG TERM CARE								
037 ANCILLARY SRVC COST CNTRS								
037 OPERATING ROOM	3,694,465							
038 RECOVERY ROOM								
039 DELIVERY ROOM & LABOR ROO								
040 ANESTHESIOLOGY	573,933							
041 RADIOLOGY-DIAGNOSTIC	5,183,245				77,318	13,344		10,310
042 RADIOLOGY-THERAPEUTIC	1,224,699							39,110
043 RADIOISOTOPE	186,654							
044 LABORATORY	1,203,416					11,694		8,567
045 PBP CLINICAL LAB SERVICES								
046 WHOLE BLOOD & PACKED RED								
047 BLOOD STORING, PROCESSING								
048 INTRAVENOUS THERAPY								
049 RESPIRATORY THERAPY	453,549							
049 01 NEURO PSYCH TESTING	180							
050 PHYSICAL THERAPY	553,564				113,408			8,497
051 OCCUPATIONAL THERAPY								
052 SPEECH PATHOLOGY								
053 ELECTROCARDIOLOGY	1,529,025				25,069	1,609		2,101
054 ELECTROENCEPHALOGRAPHY	102,827							
055 MEDICAL SUPPLIES CHARGED								
056 DRUGS CHARGED TO PATIENTS								
057 RENAL DIALYSIS	89,377							
058 ASC (NON-DISTINCT PART)								
058 01 PULMONARY FUNCTION TESTIN	35,020							
058 02 ORTHOTICS LAB	70,995				8,154			
059 OTHER ANCILLARY SERVICE C								
060 OUTPAT SERVICE COST CNTRS								
060 CLINIC	60,933							645

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 52-0098
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/24/2009
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	DIR ASSGND NEW CAPITAL REL COSTS	OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-RESEARC	NEW CAP REL C OSTS-WEST CL	NEW CAP REL C OSTS-EAST CL
	0	1	2	3	3.01	3.02	3.03
060 01 OUTPAT SERVICE COST CNTRS CLINIC CSC	1,293,448						
060 02 CLINIC UNIVERSITY STATION	221,058						
060 03 CLINIC WAI SMAN	293						
060 04 CLINIC WEST	97,559					447,381	
060 05 CLINIC EAST	49,797						296,248
060 06 CLINIC RESEARCH PARK	125,102				167,778		
061 EMERGENCY	306,385						
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
064 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES	2,651,459						
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
068 OTHER REIMBURSABLE COST C							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY	56,771						
082 LUNG ACQUISITION	1,895						
083 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION	126,226						
084 LIVER ACQUISITION	45,819						
085 HEART ACQUISITION	643						
085 01 PANCREAS ACQUISITION	5,454						
086 OTHER ORGAN ACQUISITION							
086 01 TRANSPLANT COST - PRE TRA							
086 02 TRANSPLANT COST - POST TR							
086 03 OPO ADMIN COST							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
094 OTHER SPECIAL PURPOSE (SP							
095 SUBTOTALS	46,826,302				397,994	494,501	400,608
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	5,417						
097 RESEARCH							
097 01 OTHER AUXILIARY SERVICES	46,538				249,369		610
097 02 CLINICAL RESEARCH CENTER	30,009						
097 03 FAMILY MEDICINE							
097 04 COMMUNICATION AIDS							
097 05 INVESTIGATIONAL PHARMACY	65,811						
097 06 RONALD MCDONALD CARE MOBI	1,060						
097 07 PUBLIC AFFAIRS	139,270						
097 08 RETAIL PHARMACIES	235,208						
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	47,349,615				647,363	494,501	401,218

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 52-0098
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/24/2009
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C	SUBTOTAL	EMPLOYEE BENE	ADMINISTRATIVE & GENERAL
	OSTS-600 HIG	OSTS-WAISMAN	OSTS-USTATIO	OSTS-MVBLE E		FITS	E & GENERAL
	3.04	3.05	3.06	4	4a	5	6
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-RESEARC							
003 02 NEW CAP REL COSTS-WEST CL							
003 03 NEW CAP REL COSTS-EAST CL							
003 04 NEW CAP REL COSTS-600 HIG							
003 05 NEW CAP REL COSTS-WAISMAN							
003 06 NEW CAP REL COSTS-USTATIO							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS	110,177		12,937		443,018	443,018	
006 ADMINISTRATIVE & GENERAL	1,405,976	7,697			18,928,306	49,564	18,977,870
007 MAINTENANCE & REPAIRS	1,707,278		9,024		3,582,716	5,192	862,883
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE	49,319				49,366	47	57,265
010 HOUSEKEEPING	364,216		4,903		425,591	9,321	330,126
011 DIETARY	544,210				863,839	6,268	175,006
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	265,348				3,114,642	16,949	604,139
015 CENTRAL SERVICES & SUPPLY	476,759		1,853		1,439,184	4,192	187,210
016 PHARMACY	252,031		15,843		1,358,388	19,617	276,752
017 MEDICAL RECORDS & LIBRARY	65,672		18,335		206,241	10,973	417,819
018 SOCIAL SERVICE							
019 CLINICAL OFFICES	18,376				26,424	62	3,400
019 01 HISTOCOMPATIBILITY	49,434				82,572	886	54,714
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI	178,836				203,244	23,891	687,396
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
024 01 PARAMED ED PRGM-PHARMACY	9,384				9,384	799	22,302
024 02 PARAMED ED PRGM-EMERGENCY					125,077	734	21,596
024 03 PARAMED ED PRGM-DIETARY	2,513				2,513	130	4,475
024 04 PARAMED ED PRGM-DIAGNOSTI					32,292	379	10,787
024 05 PARAMED ED PRGM-ULTRASOUN					5,221	347	9,885
024 06 PARAMED ED PRGM-RADIOTHER					49	78	1,922
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	2,009,901				2,813,576	65,550	2,032,767
026 INTENSIVE CARE UNIT							
026 01 TRAUMA INTENSIVE CARE UNI	175,213				391,214	9,556	345,305
026 02 BURN INTENSIVE CARE UNIT	70,030				125,210	2,784	89,732
026 03 SURGICAL INTENSIVE CARE U	237,947				468,482	5,899	197,507
026 04 MEDICAL INTENSIVE CARE UN	29,344				47,228	2,580	82,052
026 05 PEDIATRIC INTENSIVE CARE	236,723				361,939	5,595	181,859
026 06 NEURO INTENSIVE CARE UNIT	192,267				278,460	5,076	161,194
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 PSYCHIATRIC INTENSIVE CAR							
031 SUBPROVIDER	124,898				141,840	2,525	76,532
031 01 SUBPROVIDER-REHAB	146,310				211,119	3,499	111,095
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	1,374,544				5,069,009	29,427	1,966,776
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	29,523				603,456	1,414	159,099
041 RADIOLOGY-DIAGNOSTIC	665,403	259,378	9,183		6,218,181	18,315	944,829
042 RADIOLOGY-THERAPEUTIC	282,811				1,546,620	3,014	159,429
043 RADIOISOTOPE	39,495				226,149	1,292	76,148
044 LABORATORY	532,672		9,726		1,766,075	17,474	1,007,860
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	95,538				549,087	8,200	306,841
049 01 NEURO PSYCH TESTING	11,440				11,620	234	7,851
050 PHYSICAL THERAPY	351,013		24,436		1,050,918	13,624	445,283
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	229,771				1,787,575	6,725	511,148
054 ELECTROENCEPHALOGRAPHY	80,311				183,138	1,179	40,543
055 MEDICAL SUPPLIES CHARGED							15,119
056 DRUGS CHARGED TO PATIENTS							2,629,932
057 RENAL DIALYSIS	61,559		3,594		154,530	1,803	65,243
058 ASC (NON-DIAGNOSTIC PART)	19,143				19,143		489
058 01 PULMONARY FUNCTION TESTIN					35,020	383	11,880
058 02 ORTHOTICS LAB	27,418				106,567	827	42,360
059 OTHER ANCILLARY SERVICE C							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	60,335		2,460		124,373	3,577	117,731

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C	NEW CAP REL C	SUBTOTAL	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL
	OSTS-600 HIG	OSTS-WAISMAN	OSTS-USTATIO	OSTS-MVBLE E			
	3.04	3.05	3.06	4	4a	5	6
060 01 OUTPAT SERVICE COST CNTRS CLINIC CSC	2,280,110				3,573,558	28,244	997,926
060 02 CLINIC UNIVERSITY STATION			626,629		847,687	6,733	239,100
060 03 CLINIC WAI SMAN		199,135			199,428	482	19,519
060 04 CLINIC WEST					544,940	10,768	362,756
060 05 CLINIC EAST					346,045	4,970	177,346
060 06 CLINIC RESEARCH PARK					292,880	1,675	82,233
061 EMERGENCY	321,914				628,299	6,631	229,259
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
064 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES	363,922				3,015,381	1,391	64,262
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
068 OTHER REIMBURSABLE COST C							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY	2,562				59,333	2,673	82,582
082 LUNG ACQUISITION	5,973				7,868	486	48,376
SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION	36,459				162,685	3,178	168,300
084 LIVER ACQUISITION	11,946				57,765	1,112	67,682
085 HEART ACQUISITION	2,987				3,630	425	30,220
085 01 PANCREAS ACQUISITION	6,805				12,259	467	34,387
086 OTHER ORGAN ACQUISITION							
086 01 TRANSPLANT COST - PRE TRA							
086 02 TRANSPLANT COST - POST TR	51,392				51,392	2,709	83,928
086 03 OPO ADMIN COST							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
094 OTHER SPECIAL PURPOSE (SP							
095 SUBTOTALS	15,667,208	466,210	738,923		64,991,746	431,925	18,202,157
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	26,781				32,198	168	14,998
097 RESEARCH							
097 01 OTHER AUXILIARY SERVICES	9,498		8,672		314,687	2,752	116,075
097 02 CLINICAL RESEARCH CENTER	83,216				113,225	1,808	54,596
097 03 FAMILY MEDICINE							4,743
097 04 COMMUNICATION AIDS							9,455
097 05 INVESTIGATIONAL PHARMACY	26,944				92,755	1,467	34,987
097 06 RONALD MCDONALD CARE MOBI					1,060	144	10,060
097 07 PUBLIC AFFAIRS	3,901				143,171	1,932	112,622
097 08 RETAIL PHARMACIES					235,208	2,822	418,177
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	15,817,548	466,210	747,595		65,924,050	443,018	18,977,870

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL
	7	8	9	10	11	12	13
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-RESEARC							
003 02 NEW CAP REL COSTS-WEST CL							
003 03 NEW CAP REL COSTS-EAST CL							
003 04 NEW CAP REL COSTS-600 HIG							
003 05 NEW CAP REL COSTS-WAISMAN							
003 06 NEW CAP REL COSTS-USTATIO							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS	4,450,791						
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE	11,682		118,360				
010 HOUSEKEEPING	102,949		7,714	875,701			
011 DIETARY	128,907		484	27,157	1,201,661		
012 CAFETERIA					798,154	798,154	
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	67,179		702	14,152		34,683	
015 CENTRAL SERVICES & SUPPLY	119,776			25,233		29,917	
016 PHARMACY	77,056			16,233		41,753	
017 MEDICAL RECORDS & LIBRARY	110,820			23,346		5,990	
018 SOCIAL SERVICE							
019 CLINICAL OFFICES	4,353			917		198	
019 01 HISTOCOMPATIBILITY	11,709		25	2,467		2,285	
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI	42,361		810	8,924		101,070	
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
024 01 PARAMED ED PRGM-PHARMACY	2,223			468		1,445	
024 02 PARAMED ED PRGM-EMERGENCY	18,911			3,984		1,612	
024 03 PARAMED ED PRGM-DIETARY	800			169		772	
024 04 PARAMED ED PRGM-DIAGNOSTI	4,117			867		943	
024 05 PARAMED ED PRGM-ULTRASOUN	1,883			397		639	
024 06 PARAMED ED PRGM-RADIOTHER						179	
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	476,087		28,765	100,296	305,309	150,625	
026 INTENSIVE CARE UNIT							
026 01 TRAUMA INTENSIVE CARE UNI	41,503		4,142	8,743	4,526	20,796	
026 02 BURN INTENSIVE CARE UNIT	16,588		1,772	3,495	6,214	5,603	
026 03 SURGICAL INTENSIVE CARE U	56,363		2,058	11,874	18,793	12,956	
026 04 MEDICAL INTENSIVE CARE UN	6,951		1,118	1,464	4,067	5,713	
026 05 PEDIATRIC INTENSIVE CARE	56,073		1,380	11,813	4,099	10,492	
026 06 NEURO INTENSIVE CARE UNIT	45,542		2,028	9,594	8,377	10,887	
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 PSYCHIATRIC INTENSIVE CAR							
031 SUBPROVIDER	29,585		525	6,233	20,247	5,191	
031 01 SUBPROVIDER-REHAB	34,656		1,764	7,301	28,383	8,271	
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	327,023		34,503	68,893	54	60,161	
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	6,993		1,142	1,473		4,595	
041 RADIOLOGY-DIAGNOSTIC	222,691		6,733	46,914	950	40,627	
042 RADIOLOGY-THERAPEUTIC	101,669		839	21,418		6,290	
043 RADIOISOTOPE	9,355		8	1,971		2,195	
044 LABORATORY	144,881		76	30,522		46,927	
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	49,714		20	10,473		21,671	
049 01 NEURO PSYCH TESTING	2,710			571		893	
050 PHYSICAL THERAPY	171,659		942	36,163			
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	66,588		2,970	14,028	1,287	16,288	
054 ELECTROENCEPHALOGRAPHY	19,023		130	4,008	38	2,842	
055 MEDICAL SUPPLIES CHARGED			2,148				
056 DRUGS CHARGED TO PATIENTS			394				
057 RENAL DIALYSIS	15,451		312	3,255		3,670	
058 ASC (NON-DIAGNOSTIC PART)							
058 01 PULMONARY FUNCTION TESTIN	4,535		1	955		992	
058 02 ORTHOTICS LAB	25,638		17	5,401		2,416	
059 OTHER ANCILLARY SERVICE C							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	15,459			3,257		13,916	

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	MAINTENANCE & OPERATION OF REPAIRS	PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL
	7	8	9	10	11	12	13
060 01 OUTPAT SERVICE COST CNTRS CLINIC CSC	548,153		5,268	115,477	489	77,170	
060 02 CLINIC UNIVERSITY STATION	161,960		179	34,120			
060 03 CLINIC WAISSMAN	11,002		4	2,318		419	
060 04 CLINIC WEST	344,002		1,054	72,470			
060 05 CLINIC EAST	260,289		326	54,835			
060 06 CLINIC RESEARCH PARK	60,851		24	12,819			
061 EMERGENCY	76,252		5,607	16,064	674	14,551	
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
064 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES	86,202		114	18,160		2,686	
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
068 OTHER REIMBURSABLE COST C							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY	23,465			4,943			
082 LUNG ACQUISITION	2,335			492		1,020	
083 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION	21,351		6	4,498		6,709	
084 LIVER ACQUISITION	7,244		2	1,526		2,310	
085 HEART ACQUISITION	1,709			360		441	
085 01 PANCREAS ACQUISITION	2,965			625		798	
086 OTHER ORGAN ACQUISITION							
086 01 TRANSPLANT COST - PRE TRA							
086 02 TRANSPLANT COST - POST TR	12,173			2,565		6,209	
086 03 OPO ADMIN COST							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
094 OTHER SPECIAL PURPOSE (SP							
095 SUBTOTALS	4,271,416		116,106	875,701	1,201,661	787,816	
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	6,344					782	
097 RESEARCH							
097 01 OTHER AUXILIARY SERVICES	108,662		2,104			1,868	
097 02 CLINICAL RESEARCH CENTER	19,711		123			3,343	
097 03 FAMILY MEDICINE							
097 04 COMMUNICATION AIDS							
097 05 INVESTIGATIONAL PHARMACY	19,074		27			4,345	
097 06 RONALD MCDONALD CARE MOBI							
097 07 PUBLIC AFFAIRS	16,306						
097 08 RETAIL PHARMACIES	9,278						
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS							
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	4,450,791		118,360	875,701	1,201,661	798,154	

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	CLINICAL SERVICES	OFFICE STOCOMPATIBILITY
	14	15	16	17	18	19	19.01
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-RESEARC							
003 02 NEW CAP REL COSTS-WEST CL							
003 03 NEW CAP REL COSTS-EAST CL							
003 04 NEW CAP REL COSTS-600 HIG							
003 05 NEW CAP REL COSTS-WAISMAN							
003 06 NEW CAP REL COSTS-USTATIO							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	3,852,446						
015 CENTRAL SERVICES & SUPPLY		1,805,512					
016 PHARMACY		27,050	1,816,849				
017 MEDICAL RECORDS & LIBRARY				775,196			
018 SOCIAL SERVICE							
019 CLINICAL OFFICES	13,884					49,238	
019 01 HI STOCOMPATIBILITY		304	85	664			155,711
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI		1	1,983				
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
024 01 PARAMED ED PRGM-PHARMACY							
024 02 PARAMED ED PRGM-EMERGENCY		332	44				
024 03 PARAMED ED PRGM-DIETARY							
024 04 PARAMED ED PRGM-DIAGNOSTI		1					
024 05 PARAMED ED PRGM-ULTRASOUN							
024 06 PARAMED ED PRGM-RADIOTHER							
025 INPAT ROUTINE SRVC CNTRS							
025 ADULTS & PEDIATRICS	935,697	136,277	100,705	64,147		49,238	
026 INTENSIVE CARE UNIT							
026 01 TRAUMA INTENSIVE CARE UNI	129,188	47,452	19,171	15,400			
026 02 BURN INTENSIVE CARE UNIT	34,809	12,746	5,225	2,929			
026 03 SURGICAL INTENSIVE CARE U	80,482	32,951	8,167	8,104			
026 04 MEDICAL INTENSIVE CARE UN	35,488	13,258	5,615	3,285			
026 05 PEDIATRIC INTENSIVE CARE	65,180	14,570	5,946	8,997			
026 06 NEURO INTENSIVE CARE UNIT	67,634	16,902	8,112	8,994			
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 PSYCHIATRIC INTENSIVE CAR							
031 SUBPROVIDER			1,322	2,273			
031 01 SUBPROVIDER-REHAB	32,245	802	4,529	3,475			
033 NURSERY	51,382	5,832					
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
037 OPERATING ROOM	373,729	520,379	103,018	115,057			
038 RECOVERY ROOM							
039 DELIVERY ROOM & LABOR ROO							
040 ANESTHESIOLOGY	28,545	117,876	176,566	24,243			
041 RADIOLOGY-DIAGNOSTIC	252,383	263,016	26,588	117,632			
042 RADIOLOGY-THERAPEUTIC	39,076	14,022	2,132	19,588			
043 RADIOISOTOPE	13,638	1,856	1,705	4,133			
044 LABORATORY		31,871	5,337	76,970			
045 PBP CLINICAL LAB SERVICES							
046 WHOLE BLOOD & PACKED RED							
047 BLOOD STORING, PROCESSING							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	134,626	86,768	4,412	14,109			
049 01 NEURO PSYCH TESTING		25		363			
050 PHYSICAL THERAPY	199,892	18,477	2,417	21,544			
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY	101,185	233,847	11,309	36,995			
054 ELECTROENCEPHALOGRAPHY		1,436	319	3,199			
055 MEDICAL SUPPLIES CHARGED				761			
056 DRUGS CHARGED TO PATIENTS				112,658			
057 RENAL DIALYSIS		15,431	1,865	2,267			
058 ASC (NON-DI STINCT PART)							
058 01 PULMONARY FUNCTION TESTIN		626	88	979			
058 02 ORTHOTICS LAB		16,359	42	1,373			
059 OTHER ANCILLARY SERVICE C							
060 OUTPAT SERVICE COST CNTRS							
060 CLINIC	86,450	107					

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	CLINICAL SERVICES	OFFICE	HI STOCOMPATIBILITY
	14	15	16	17	18	19		19.01
060 01 OUTPAT SERVICE COST CNTRS								
060 02 CLINIC CSC	479,390	81,067	30,274	34,264				
060 03 CLINIC UNIVERSITY STATION	128,103	6,631	9,246	5,878				
060 04 CLINIC WAI SMAN	2,602	304	14	333				
060 05 CLINIC WEST	175,896	22,559	16,637	7,523				
060 06 CLINIC EAST	82,393	6,642	5,878	4,615				
060 06 CLINIC RESEARCH PARK	32,479	10,779	843	2,243				
061 EMERGENCY	90,396	38,341	23,024	18,386				
062 OBSERVATION BEDS (NON-DIS								
063 OTHER OUTPATIENT SERVICE								
064 OTHER REIMBURS COST CNTRS								
064 HOME PROGRAM DIALYSIS								
065 AMBULANCE SERVICES	16,683	1,225	413	3,977				
066 DURABLE MEDICAL EQUIP-REN								
067 DURABLE MEDICAL EQUIP-SOL								
068 OTHER REIMBURSABLE COST C								
069 CORF								
070 I&R SERVICES-NOT APPRVD P								
071 HOME HEALTH AGENCY	37,189	795	600	1,195				
082 LUNG ACQUISITION	6,338	139	56	1,821				135
083 SPEC PURPOSE COST CENTERS								
083 KIDNEY ACQUISITION	41,678	2,202	615	10,816				152,743
084 LIVER ACQUISITION	14,353	799	223	2,020				386
085 HEART ACQUISITION	2,737	47	19	704				128
085 01 PANCREAS ACQUISITION	4,957	95	27	1,139				99
086 OTHER ORGAN ACQUISITION								
086 01 TRANSPLANT COST - PRE TRA								
086 02 TRANSPLANT COST - POST TR	38,570							2,220
086 03 OPO ADMIN COST								
092 AMBULATORY SURGICAL CENTE								
093 HOSPICE								
094 OTHER SPECIAL PURPOSE (SP								
095 SUBTOTALS	3,829,277	1,802,206	584,571	765,053		49,238		155,711
096 NONREIMBURS COST CENTERS								
096 GIFT, FLOWER, COFFEE SHOP				1				
097 RESEARCH								
097 01 OTHER AUXILIARY SERVICES		785	5,224	153				
097 02 CLINICAL RESEARCH CENTER	20,765	944	612	611				
097 03 FAMILY MEDICINE								
097 04 COMMUNICATION AIDS				154				
097 05 INVESTIGATIONAL PHARMACY		594	202					
097 06 RONALD MCDONALD CARE MOBI	2,404	677		22				
097 07 PUBLIC AFFAIRS		2						
097 08 RETAIL PHARMACIES		304	1,226,240	9,202				
098 PHYSICIANS' PRIVATE OFFIC								
099 NONPAID WORKERS								
100 OTHER NONREIMBURSABLE COS								
101 CROSS FOOT ADJUSTMENTS								
102 NEGATIVE COST CENTER								
103 TOTAL	3,852,446	1,805,512	1,816,849	775,196		49,238		155,711

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 52-0098
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/24/2009
 WORKSHEET B
 PART III

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM	PARAMED ED PR GM-PHARMACY	PARAMED ED PR GM-EMERGENCY
	20	21	22	23	24	24.01	24.02
060 01 OUTPAT SERVICE COST CNTRS							
060 02 CLINIC CSC							
060 03 CLINIC UNIVERSITY STATION							
060 04 CLINIC WAI SMAN							
060 05 CLINIC WEST							
060 06 CLINIC EAST							
060 06 CLINIC RESEARCH PARK							
061 EMERGENCY							
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
064 OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
068 OTHER REIMBURSABLE COST C							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION							
083 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							
084 LIVER ACQUISITION							
085 HEART ACQUISITION							
085 01 PANCREAS ACQUISITION							
086 OTHER ORGAN ACQUISITION							
086 01 TRANSPLANT COST - PRE TRA							
086 02 TRANSPLANT COST - POST TR							
086 03 OPO ADMIN COST							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
094 OTHER SPECIAL PURPOSE (SP							
095 SUBTOTALS							
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP							
097 RESEARCH							
097 01 OTHER AUXILIARY SERVICES							
097 02 CLINICAL RESEARCH CENTER							
097 03 FAMILY MEDICINE							
097 04 COMMUNICATION AIDS							
097 05 INVESTIGATIONAL PHARMACY							
097 06 RONALD MCDONALD CARE MOBI							
097 07 PUBLIC AFFAIRS							
097 08 RETAIL PHARMACIES							
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS							
101 CROSS FOOT ADJUSTMENTS			1,069,680			36,621	172,290
102 NEGATIVE COST CENTER							
103 TOTAL			1,069,680			36,621	172,290

ALLOCATION OF NEW CAPITAL RELATED COSTS

PROVIDER NO: 52-0098
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/24/2009
 WORKSHEET B PART III

COST CENTER DESCRIPTION	PARAMED ED PR GM-DIETARY	PARAMED ED PR GM-DIAGNOSTI	PARAMED ED PR GM-ULTRASOUN	PARAMED ED PR GM-RADIOTHER	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	24.03	24.04	24.05	24.06	25	26	27
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
003 NEW CAP REL COSTS-BLDG &							
003 01 NEW CAP REL COSTS-RESEARC							
003 02 NEW CAP REL COSTS-WEST CL							
003 03 NEW CAP REL COSTS-EAST CL							
003 04 NEW CAP REL COSTS-600 HIG							
003 05 NEW CAP REL COSTS-WAISMAN							
003 06 NEW CAP REL COSTS-USTATIO							
004 NEW CAP REL COSTS-MVBLE E							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVICE							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION							
015 CENTRAL SERVICES & SUPPLY							
016 PHARMACY							
017 MEDICAL RECORDS & LIBRARY							
018 SOCIAL SERVICE							
019 CLINICAL OFFICES							
019 01 HI STOCOMPATIBILITY							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI							
023 I&R SERVICES-OTHER PRGM C							
024 PARAMED ED PRGM							
024 01 PARAMED ED PRGM-PHARMACY							
024 02 PARAMED ED PRGM-EMERGENCY	8,859						
024 03 PARAMED ED PRGM-DIETARY		49,386					
024 04 PARAMED ED PRGM-DIAGNOSTI			18,372				
024 05 PARAMED ED PRGM-ULTRASOUN				2,228			
024 06 PARAMED ED PRGM-RADIOTHER							
025 INPAT ROUTINE SRVC CNTRS					7,259,039		7,259,039
026 ADULTS & PEDIATRICS							
026 INTENSIVE CARE UNIT							
026 01 TRAUMA INTENSIVE CARE UNI					1,036,996		1,036,996
026 02 BURN INTENSIVE CARE UNIT					307,107		307,107
026 03 SURGICAL INTENSIVE CARE U					903,636		903,636
026 04 MEDICAL INTENSIVE CARE UN					208,819		208,819
026 05 PEDIATRIC INTENSIVE CARE					727,943		727,943
026 06 NEURO INTENSIVE CARE UNIT					622,800		622,800
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 PSYCHIATRIC INTENSIVE CAR							
031 SUBPROVIDER					319,320		319,320
031 01 SUBPROVIDER-REHAB					471,306		471,306
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST CNTRS							
038 OPERATING ROOM					8,668,029		8,668,029
039 RECOVERY ROOM							
040 DELIVERY ROOM & LABOR ROO							
041 ANESTHESIOLOGY					1,125,402		1,125,402
042 RADIOLOGY-DIAGNOSTIC					8,158,859		8,158,859
043 RADIOLOGY-THERAPEUTIC					1,914,097		1,914,097
044 RADIOISOTOPE					338,450		338,450
045 LABORATORY					3,127,993		3,127,993
046 PBP CLINICAL LAB SERVICES							
047 WHOLE BLOOD & PACKED RED							
048 BLOOD STORING, PROCESSING							
049 INTRAVENOUS THERAPY							
049 01 RESPIRATORY THERAPY					1,185,921		1,185,921
050 NEURO PSYCH TESTING					24,267		24,267
051 PHYSICAL THERAPY					1,960,919		1,960,919
052 OCCUPATIONAL THERAPY							
053 SPEECH PATHOLOGY							
054 ELECTROCARDIOLOGY					2,789,945		2,789,945
055 ELECTROENCEPHALOGRAPHY					255,855		255,855
056 MEDICAL SUPPLIES CHARGED					18,028		18,028
057 DRUGS CHARGED TO PATIENTS					2,742,984		2,742,984
058 RENAL DIALYSIS					263,827		263,827
058 01 ASC (NON-DIAGNOSTIC PART)					19,632		19,632
058 02 PULMONARY FUNCTION TESTIN					55,459		55,459
059 ORTHOTICS LAB					201,000		201,000
060 OTHER ANCILLARY SERVICE C							
OUTPAT SERVICE COST CNTRS							
CLINIC					364,870	-364,887	-17

COST CENTER DESCRIPTION	PARAMED ED PR	PARAMED ED PR	PARAMED ED PR	PARAMED ED PR	SUBTOTAL	POST	TOTAL
	GM-DIETARY	GM-DIAGNOSTI	GM-ULTRASOUN	GM-RADIOTHER		STEPDOWN ADJUSTMENT	
	24.03	24.04	24.05	24.06	25	26	27
060 01 OUTPAT SERVICE COST CNTRS CLINIC CSC					5,971,280	192,871	6,164,151
060 02 CLINIC UNIVERSITY STATION					1,439,637	46,501	1,486,138
060 03 CLINIC WAI SMAN					236,425	7,636	244,061
060 04 CLINIC WEST					1,558,605	50,344	1,608,949
060 05 CLINIC EAST					943,339	30,470	973,809
060 06 CLINIC RESEARCH PARK					496,826	37,064	533,890
061 EMERGENCY					1,147,484		1,147,484
062 OBSERVATION BEDS (NON-DIS							
063 OTHER OUTPATIENT SERVICE							
064 OTHER REIMBURS COST CNTRS							
065 HOME PROGRAM DIALYSIS							
066 AMBULANCE SERVICES					3,210,494		3,210,494
067 DURABLE MEDICAL EQUIP-REN							
068 DURABLE MEDICAL EQUIP-SOL							
069 OTHER REIMBURSABLE COST C							
070 CORF							
071 I&R SERVICES-NOT APPRVD P							
072 HOME HEALTH AGENCY					212,775		212,775
082 LUNG ACQUISITION					69,066		69,066
083 SPEC PURPOSE COST CENTERS							
084 KIDNEY ACQUISITION					574,781		574,781
085 LIVER ACQUISITION					155,422		155,422
085 HEART ACQUISITION					40,420		40,420
086 01 PANCREAS ACQUISITION					57,818		57,818
086 OTHER ORGAN ACQUISITION							
086 01 TRANSPLANT COST - PRE TRA							
086 02 TRANSPLANT COST - POST TR					199,766		199,766
086 03 OPO ADMIN COST							
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
094 OTHER SPECIAL PURPOSE (SP							
095 SUBTOTALS					61,386,641	-1	61,386,640
096 NONREIMBURS COST CENTERS							
097 GIFT, FLOWER, COFFEE SHOP					54,491		54,491
097 RESEARCH							
097 01 OTHER AUXILIARY SERVICES					552,310		552,310
097 02 CLINICAL RESEARCH CENTER					215,738		215,738
097 03 FAMILY MEDICINE					4,743		4,743
097 04 COMMUNICATION AIDS					9,609		9,609
097 05 INVESTIGATIONAL PHARMACY					153,451		153,451
097 06 RONALD MCDONALD CARE MOBI					14,367		14,367
097 07 PUBLIC AFFAIRS					274,033		274,033
097 08 RETAIL PHARMACIES					1,901,231		1,901,231
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE COS							
101 CROSS FOOT ADJUSTMENTS	8,859	49,386	18,372	2,228	1,357,436		1,357,436
102 NEGATIVE COST CENTER							
103 TOTAL	8,859	49,386	18,372	2,228	65,924,050	-1	65,924,049

ALLOCATION OF NEW CAPITAL RELATED COSTS

|	PROVIDER NO:	|	PERIOD:	|	PREPARED 11/24/2009
|	52-0098	|	FROM 7/ 1/2008	|	WORKSHEET B
|		|	TO 6/30/2009	|	PART III

COST CENTER
DESCRIPTION

- 060 01 OUTPAT SERVICE COST CNTRS
- 060 01 CLINIC CSC
- 060 02 CLINIC UNIVERSITY STATION
- 060 03 CLINIC WAI SMAN
- 060 04 CLINIC WEST
- 060 05 CLINIC EAST
- 060 06 CLINIC RESEARCH PARK
- 061 EMERGENCY
- 062 OBSERVATION BEDS (NON-DIS
- 063 OTHER OUTPATIENT SERVICE
- 063 OTHER REIMBURS COST CNTRS
- 064 HOME PROGRAM DIALYSIS
- 065 AMBULANCE SERVICES
- 066 DURABLE MEDICAL EQUIP-REN
- 067 DURABLE MEDICAL EQUIP-SOL
- 068 OTHER REIMBURSABLE COST C
- 069 CORF
- 070 I&R SERVICES-NOT APPRVD P
- 071 HOME HEALTH AGENCY
- 082 LUNG ACQUISITION
- 082 SPEC PURPOSE COST CENTERS
- 083 KIDNEY ACQUISITION
- 084 LIVER ACQUISITION
- 085 HEART ACQUISITION
- 085 01 PANCREAS ACQUISITION
- 086 OTHER ORGAN ACQUISITION
- 086 01 TRANSPLANT COST - PRE TRA
- 086 02 TRANSPLANT COST - POST TR
- 086 03 OPO ADMIN COST
- 092 AMBULATORY SURGICAL CENTE
- 093 HOSPICE
- 094 OTHER SPECIAL PURPOSE (SP
- 095 SUBTOTALS
- 096 NONREIMBURS COST CENTERS
- 096 GIFT, FLOWER, COFFEE SHOP
- 097 RESEARCH
- 097 01 OTHER AUXILIARY SERVICES
- 097 02 CLINICAL RESEARCH CENTER
- 097 03 FAMILY MEDICINE
- 097 04 COMMUNICATION AIDS
- 097 05 INVESTIGATIONAL PHARMACY
- 097 06 RONALD MCDONALD CARE MOBI
- 097 07 PUBLIC AFFAIRS
- 097 08 RETAIL PHARMACIES
- 098 PHYSICIANS' PRIVATE OFFIC
- 099 NONPAID WORKERS
- 100 OTHER NONREIMBURSABLE COS
- 101 CROSS FOOT ADJUSTMENTS
- 102 NEGATIVE COST CENTER
- 103 TOTAL

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 52-0098
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/24/2009
 WORKSHEET B-1

COST CENTER DESCRIPTION		OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-RESEARC	NEW CAP REL C OSTS-WEST CL	NEW CAP REL C OSTS-EAST CL
		(SQUARE FEET)	(DOLLAR VALUE)	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)
		1	2	3	3.01	3.02	3.03
	GENERAL SERVICE COST						
001	OLD CAP REL COSTS-BLD						
002	OLD CAP REL COSTS-MVB						
003	NEW CAP REL COSTS-BLD						
003 01	NEW CAP REL COSTS-RES				60,736		
003 02	NEW CAP REL COSTS-WES					96,205	
003 03	NEW CAP REL COSTS-EAS						92,031
003 04	NEW CAP REL COSTS-600						
003 05	NEW CAP REL COSTS-WAI						
003 06	NEW CAP REL COSTS-UST						
004	NEW CAP REL COSTS-MVB						
005	EMPLOYEE BENEFITS						
006	ADMINISTRATIVE & GENE						192
007	MAINTENANCE & REPAIRS				216		
008	OPERATION OF PLANT						
009	LAUNDRY & LINEN SERVI						
010	HOUSEKEEPING				372	1,213	2,422
011	DIETARY						
012	CAFETERIA						
013	MAINTENANCE OF PERSON						
014	NURSING ADMINISTRATIO						
015	CENTRAL SERVICES & SU					313	1,342
016	PHARMACY					1,646	1,852
017	MEDICAL RECORDS & LIB					758	2,250
018	SOCIAL SERVICE						
019	CLINICAL OFFICES						
019 01	HISTOCOMPATIBILITY						
020	NONPHYSICIAN ANESTHET						
021	NURSING SCHOOL						
022	I&R SERVICES-SALARY &						
023	I&R SERVICES-OTHER PR						
024	PARAMED ED PRGM						
024 01	PARAMED ED PRGM-PHARM						
024 02	PARAMED ED PRGM-EMERG					53	
024 03	PARAMED ED PRGM-DIETA						
024 04	PARAMED ED PRGM-DIAGN						
024 05	PARAMED ED PRGM-ULTRA						
024 06	PARAMED ED PRGM-RADIO						
025	INPAT ROUTINE SRVC CN						
026	ADULTS & PEDIATRICS						
026 01	INTENSIVE CARE UNIT						
026 02	TRAUMA INTENSIVE CARE						
026 03	BURN INTENSIVE CARE U						
026 04	SURGICAL INTENSIVE CA						
026 05	MEDICAL INTENSIVE CAR						
026 06	PEDIATRIC INTENSIVE C						
027	NEURO INTENSIVE CARE						
028	CORONARY CARE UNIT						
029	BURN INTENSIVE CARE U						
030	SURGICAL INTENSIVE CA						
031	PSYCHIATRIC INTENSIVE						
031 01	SUBPROVIDER						
033	SUBPROVIDER-REHAB						
034	NURSERY						
035	SKILLED NURSING FACIL						
036	NURSING FACILITY						
037	ICF/MR						
038	OTHER LONG TERM CARE						
039	ANCILLARY SRVC COST C						
040	OPERATING ROOM						
041	RECOVERY ROOM						
042	DELIVERY ROOM & LABOR						
043	ANESTHESIOLOGY						
044	RADIOLOGY-DIAGNOSTIC				7,254	2,596	2,365
045	RADIOLOGY-THERAPEUTIC						8,971
046	RADIOISOTOPE						
047	LABORATORY					2,275	1,965
048	PBP CLINICAL LAB SERV						
049	WHOLE BLOOD & PACKED						
050	BLOOD STORING, PROCES						
051	INTRAVENOUS THERAPY						
052	RESPIRATORY THERAPY						
053	NEURO PSYCH TESTING						
054	PHYSICAL THERAPY				10,640		1,949
055	OCCUPATIONAL THERAPY						
056	SPEECH PATHOLOGY						
057	ELECTROCARDIOLOGY				2,352	313	482
058	ELECTROENCEPHALOGRAPH						
059	MEDICAL SUPPLIES CHAR						
060	DRUGS CHARGED TO PATI						
061	RENAL DIALYSIS						
062	ASC (NON-DISTINCT PAR						

COST ALLOCATION - STATISTICAL BASIS

PROVIDER NO: 52-0098
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/24/2009
 WORKSHEET B-1

COST CENTER DESCRIPTION		OLD CAP REL C OSTS-BLDG &	OLD CAP REL C OSTS-MVBLE E	NEW CAP REL C OSTS-BLDG &	NEW CAP REL C OSTS-RESEARC	NEW CAP REL C OSTS-WEST CL	NEW CAP REL C OSTS-EAST CL
		(SQUARE FEET)	(DOLLAR VALUE)	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)
		1	2	3	3.01	3.02	3.03
	ANCILLARY SRVC COST C						
058	01 PULMONARY FUNCTION TE						
058	02 ORTHOTICS LAB				765		
059	OTHER ANCILLARY SERVI OUTPAT SERVICE COST C						
060	CLINIC						148
060	01 CLINIC CSC						
060	02 CLINIC UNIVERSITY STA						
060	03 CLINIC WAISMAN						
060	04 CLINIC WEST					87,038	
060	05 CLINIC EAST						67,953
060	06 CLINIC RESEARCH PARK EMERGENCY				15,741		
062	OBSERVATION BEDS (NON						
063	OTHER OUTPATIENT SERV OTHER REIMBURS COST C						
064	HOME PROGRAM DIALYSIS						
065	AMBULANCE SERVICES						
066	DURABLE MEDICAL EQUIP						
067	DURABLE MEDICAL EQUIP						
068	OTHER REIMBURSABLE CO						
069	CORF						
070	I&R SERVICES-NOT APPR						
071	HOME HEALTH AGENCY						
082	LUNG ACQUISITION SPEC PURPOSE COST CEN						
083	KIDNEY ACQUISITION						
084	LIVER ACQUISITION						
085	HEART ACQUISITION						
085	01 PANCREAS ACQUISITION						
086	OTHER ORGAN ACQUI SITI						
086	01 TRANSPLANT COST - PRE						
086	02 TRANSPLANT COST - POS						
086	03 OPO ADMIN COST						
092	AMBULATORY SURGICAL C						
093	HOSPICE						
094	OTHER SPECIAL PURPOSE						
095	SUBTOTALS				37,340	96,205	91,891
096	NONREIMBURS COST CENT GIFT, FLOWER, COFFEE						
097	RESEARCH						
097	01 OTHER AUXILIARY SERVI				23,396		140
097	02 CLINICAL RESEARCH CEN						
097	03 FAMILY MEDICINE						
097	04 COMMUNICATION AIDS						
097	05 INVESTIGATIONAL PHARM						
097	06 RONALD MCDONALD CARE						
097	07 PUBLIC AFFAIRS						
097	08 RETAIL PHARMACIES						
098	PHYSICIANS' PRIVATE O						
099	NONPAID WORKERS						
100	OTHER NONREIMBURSABLE						
101	CROSS FOOT ADJUSTMENT						
102	NEGATIVE COST CENTER						
103	COST TO BE ALLOCATED (WRKSHT B, PART I)				647,363	494,501	401,218
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)					5.140076	4.359596
105	COST TO BE ALLOCATED (WRKSHT B, PART II)				10.658637		
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)						
107	COST TO BE ALLOCATED (WRKSHT B, PART III)						
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)						

COST CENTER DESCRIPTION		NEW CAP REL C OSTS-600 HIG	NEW CAP REL C OSTS-WAISMAN	NEW CAP REL C OSTS-USTATIO	NEW CAP REL C OSTS-MVBLE E	EMPLOYEE BENE FITS	S RECONCILIATION	ADMINISTRATIVE & GENERAL
		(SQUARE FEET)	(SQUARE FEET)	(SQUARE FEET)	(DOLLAR VALUE)	(GROSS SALARIES)		(ACCUM. COST)
	ANCILLARY SRVC COST C	3.04	3.05	3.06	4	5	6a.00	6
058	01 PULMONARY FUNCTION TE					300,233		465,348
058	02 ORTHOTICS LAB	1,680				648,737		1,659,218
059	OTHER ANCILLARY SERVI OUTPAT SERVICE COST C							
060	CLINIC	3,697		154		2,805,190		4,611,489
060	01 CLINIC CSC	139,712				22,151,842		39,088,363
060	02 CLINIC UNIVERSITY STA			39,235		5,281,046		9,365,441
060	03 CLINIC WAISMAN		2,846			377,670		764,552
060	04 CLINIC WEST					8,445,110		14,208,998
060	05 CLINIC EAST					3,898,208		6,946,581
060	06 CLINIC RESEARCH PARK					1,313,753		3,221,049
061	EMERGENCY	19,725				5,200,900		8,979,986
062	OBSERVATION BEDS (NON							
063	OTHER OUTPATIENT SERV OTHER REIMBURS COST C							
064	HOME PROGRAM DIALYSIS							
065	AMBULANCE SERVICES	22,299				1,090,978		2,517,124
066	DURABLE MEDICAL EQUIP							
067	DURABLE MEDICAL EQUIP							
068	OTHER REIMBURSABLE CO							
069	CORF							
070	I&R SERVICES-NOT APPR							
071	HOME HEALTH AGENCY	157				2,096,699		3,234,711
082	LUNG ACQUISITION	366				381,006		1,894,864
	SPEC PURPOSE COST CEN							
083	KIDNEY ACQUISITION	2,234				2,492,317		6,592,243
084	LIVER ACQUISITION	732				871,947		2,651,066
085	HEART ACQUISITION	183				333,326		1,183,710
085	01 PANCREAS ACQUISITION	417				366,607		1,346,932
086	OTHER ORGAN ACQUISTI						46,698	
086	01 TRANSPLANT COST - PRE							
086	02 TRANSPLANT COST - POS	3,149				2,124,645		3,287,414
086	03 OPO ADMIN COST							
092	AMBULATORY SURGICAL C							
093	HOSPICE							
094	OTHER SPECIAL PURPOSE							
095	SUBTOTALS	959,995	6,663	46,266		338,811,133	-155,156,306	712,963,844
	NONREIMBURS COST CENT							
096	GIFT, FLOWER, COFFEE	1,641				131,515		587,450
097	RESEARCH							
097	01 OTHER AUXILIARY SERVI	582		543		2,158,674		4,546,605
097	02 CLINICAL RESEARCH CEN	5,099				1,418,003		2,138,492
097	03 FAMILY MEDICINE							185,769
097	04 COMMUNICATION AIDS							370,349
097	05 INVESTIGATIONAL PHARM	1,651				1,150,763		1,370,428
097	06 RONALD MCDONALD CARE					112,725		394,061
097	07 PUBLIC AFFAIRS	239				1,515,176		4,411,343
097	08 RETAIL PHARMACIES					2,213,092		16,379,841
098	PHYSICIANS' PRIVATE O							
099	NONPAID WORKERS							
100	OTHER NONREIMBURSABLE							
101	CROSS FOOT ADJUSTMENT							
102	NEGATIVE COST CENTER							
103	COST TO BE ALLOCATED (WRKSHT B, PART I)	15,817,548	466,210	747,595		9,094,937		155,203,004
104	UNIT COST MULTIPLIER (WRKSHT B, PT I)	16.320093	69.969983	15.971181		.026172		.208789
105	COST TO BE ALLOCATED (WRKSHT B, PART II)							
106	UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107	COST TO BE ALLOCATED (WRKSHT B, PART III)					443,018		18,977,870
108	UNIT COST MULTIPLIER (WRKSHT B, PT III)					.001275		.025530

	COST CENTER DESCRIPTION	MAINTENANCE & OPERATION OF REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL
		(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	(MEALS SERVED)	S(MEALS SERVED)	S(NUMBER HOUSED)
		7	8	9	10	11	12	13
	GENERAL SERVICE COST							
001	OLD CAP REL COSTS-BLD							
002	OLD CAP REL COSTS-MVB							
003	NEW CAP REL COSTS-BLD							
003	01 NEW CAP REL COSTS-RES							
003	02 NEW CAP REL COSTS-WES							
003	03 NEW CAP REL COSTS-EAS							
003	04 NEW CAP REL COSTS-600							
003	05 NEW CAP REL COSTS-WAI							
003	06 NEW CAP REL COSTS-UST							
004	NEW CAP REL COSTS-MVB							
005	EMPLOYEE BENEFITS							
006	ADMINISTRATIVE & GENERAL							
007	MAINTENANCE & REPAIRS	1,151,339						
008	OPERATION OF PLANT							
009	LAUNDRY & LINEN SERVICE	3,022		3,040,505				
010	HOUSEKEEPING	26,631		198,169	1,075,285			
011	DIETARY	33,346		12,423	33,346	828,452		
012	CAFETERIA					550,266	402,109	
013	MAINTENANCE OF PERSONNEL							
014	NURSING ADMINISTRATIVE	17,378		18,030	17,378		17,473	
015	CENTRAL SERVICES & SUPPORT	30,984			30,984		15,072	
016	PHARMACY	19,933			19,933		21,035	
017	MEDICAL RECORDS & LIBRARY	28,667			28,667		3,018	
018	SOCIAL SERVICE							
019	CLINICAL OFFICES	1,126			1,126		100	
019	01 HISTOCOMPATIBILITY	3,029		642	3,029		1,151	
020	NONPHYSICIAN ANESTHETIST							
021	NURSING SCHOOL							
022	I&R SERVICES-SALARY & BENEFITS	10,958		20,805	10,958		50,919	
023	I&R SERVICES-OTHER PERSONNEL							
024	PARAMEDICAL PROGRAM							
024	01 PARAMEDICAL PROGRAM-PHARMACY	575			575		728	
024	02 PARAMEDICAL PROGRAM-EMERGENCY	4,892			4,892		812	
024	03 PARAMEDICAL PROGRAM-DIETARY	207			207		389	
024	04 PARAMEDICAL PROGRAM-DIAGNOSTIC	1,065			1,065		475	
024	05 PARAMEDICAL PROGRAM-ULTRASOUND	487			487		322	
024	06 PARAMEDICAL PROGRAM-RADIOLOGY						90	
025	INPATIENT ROUTINE SERVICES-CENTRAL	123,155		738,929	123,155	210,487	75,884	
026	ADULTS & PEDIATRICS INTENSIVE CARE UNIT							
026	01 TRAUMA INTENSIVE CARE	10,736		106,399	10,736	3,120	10,477	
026	02 BURN INTENSIVE CARE	4,291		45,513	4,291	4,284	2,823	
026	03 SURGICAL INTENSIVE CARE	14,580		52,867	14,580	12,956	6,527	
026	04 MEDICAL INTENSIVE CARE	1,798		28,711	1,798	2,804	2,878	
026	05 PEDIATRIC INTENSIVE CARE	14,505		35,439	14,505	2,826	5,286	
026	06 NEURO INTENSIVE CARE	11,781		52,093	11,781	5,775	5,485	
027	CORONARY CARE UNIT							
028	BURN INTENSIVE CARE							
029	SURGICAL INTENSIVE CARE							
030	PSYCHIATRIC INTENSIVE CARE							
031	SUBPROVIDER	7,653		13,480	7,653	13,959	2,615	
031	01 SUBPROVIDER-REHABILITATION	8,965		45,311	8,965	19,568	4,167	
033	NURSERY							
034	SKILLED NURSING FACILITY							
035	NURSING FACILITY							
035	01 ICF/MR							
036	OTHER LONG TERM CARE							
037	ANCILLARY SERVICE COST CENTER							
037	OPERATING ROOM	84,595		886,312	84,595	37	30,309	
038	RECOVERY ROOM							
039	DELIVERY ROOM & LABOR							
040	ANESTHESIOLOGY	1,809		29,336	1,809		2,315	
041	RADIOLOGY-DIAGNOSTIC	57,606		172,957	57,606	655	20,468	
042	RADIOLOGY-THERAPEUTIC	26,300		21,550	26,300		3,169	
043	RADIOISOTOPE	2,420		210	2,420		1,106	
044	LABORATORY	37,478		1,948	37,478		23,642	
045	PBP CLINICAL LABORATORY SERVICE							
046	WHOLE BLOOD & PACKED BLOOD STORAGE, PROCESSING							
047	BLOOD STORAGE, PROCESSING							
048	INTRAVENOUS THERAPY							
049	RESPIRATORY THERAPY	12,860		508	12,860		10,918	
049	01 NEURO PSYCH TESTING	701			701		450	
050	PHYSICAL THERAPY	44,405		24,211	44,405			
051	OCCUPATIONAL THERAPY							
052	SPEECH PATHOLOGY							
053	ELECTROCARDIOLOGY	17,225		76,282	17,225	887	8,206	
054	ELECTROENCEPHALOGRAPHY	4,921		3,352	4,921	26	1,432	
055	MEDICAL SUPPLIES CHARACTERIZED			55,191				
056	DRUGS CHARGED TO PATIENT			10,133				
057	RENAL DIALYSIS	3,997		8,024	3,997		1,849	
058	ASC (NON-DISTINCT) PARTS							

COST CENTER DESCRIPTION	MAINTENANCE & OPERATION OF REPAIRS	LAUNDRY & LINEN SERVICE	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL		
	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(HOURS OF SERVICE)	(MEALS SERVED)	S(MEALS SERVED)	S(NUMBER HOUSED)
	7	8	9	10	11	12	13
ANCILLARY SRVC COST C							
058 01 PULMONARY FUNCTION TE	1,173		17	1,173		500	
058 02 ORTHOTICS LAB	6,632		430	6,632		1,217	
059 OTHER ANCILLARY SERVI OUTPAT SERVICE COST C							
060 CLINIC	3,999			3,999		7,011	
060 01 CLINIC CSC	141,798		135,322	141,798	337	38,878	
060 02 CLINIC UNIVERSITY STA	41,896		4,601	41,896			
060 03 CLINIC WAI SMAN	2,846		109	2,846		211	
060 04 CLINIC WEST	88,987		27,065	88,987			
060 05 CLINIC EAST	67,332		8,372	67,332			
060 06 CLINIC RESEARCH PARK	15,741		620	15,741			
061 EMERGENCY	19,725		144,040	19,725	465	7,331	
062 OBSERVATION BEDS (NON							
063 OTHER OUTPATIENT SERV OTHER REIMBURS COST C							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES	22,299		2,929	22,299		1,353	
066 DURABLE MEDICAL EQUIP							
067 DURABLE MEDICAL EQUIP							
068 OTHER REIMBURSABLE CO							
069 CORF							
070 I&R SERVICES-NOT APPR							
071 HOME HEALTH AGENCY	6,070			6,070			
082 LUNG ACQUISITION	604		10	604		514	
083 SPEC PURPOSE COST CEN KIDNEY ACQUISITION	5,523		164	5,523		3,380	
084 LIVER ACQUISITION	1,874		59	1,874		1,164	
085 HEART ACQUISITION	442		3	442		222	
085 01 PANCREAS ACQUISITION	767		7	767		402	
086 OTHER ORGAN ACQUI SITI							
086 01 TRANSPLANT COST - PRE							
086 02 TRANSPLANT COST - POS	3,149			3,149		3,128	
086 03 OPO ADMIN COST							
092 AMBULATORY SURGICAL C							
093 HOSPICE							
094 OTHER SPECIAL PURPOSE							
095 SUBTOTALS	1,104,938		2,982,573	1,075,285	828,452	396,901	
096 NONREIMBURS COST CENT GIFT, FLOWER, COFFEE	1,641					394	
097 RESEARCH							
097 01 OTHER AUXILIARY SERVI	28,109		54,061			941	
097 02 CLINICAL RESEARCH CEN	5,099		3,169			1,684	
097 03 FAMILY MEDICINE							
097 04 COMMUNICATION AIDS							
097 05 INVESTIGATIONAL PHARM	4,934		702			2,189	
097 06 RONALD MCDONALD CARE							
097 07 PUBLIC AFFAIRS	4,218						
097 08 RETAIL PHARMACIES	2,400						
098 PHYSICIANS' PRIVATE O							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	40,855,622		2,818,620	16,759,465	10,000,700	6,642,564	
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	35.485311		.927024	15.586068	12.071550	16.519312	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED (WRKSHT B, PART III)	4,450,791		118,360	875,701	1,201,661	798,154	
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	3.865752		.038928	.814390	1.450490	1.984920	

COST CENTER DESCRIPTION	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	CLINICAL SERVICES	OFFICE STOKPATIBILITY
	(DIRECT SING HRS)	NR(COSTED)EQUI.S.	R(COSTED)EQUI.S.	R(GROSS CHARGES)	(TIME)SPENT	(TIME SPENT)	(# OF TESTS)
	14	15	16	17	18	19	19.01
058 01 ANCILLARY SRVC COST C							
058 02 PULMONARY FUNCTION TE		9,858	925	2,244,847			
059 02 ORTHOTICS LAB		257,726	436	3,149,172			
060 01 OTHER ANCILLARY SERVI							
060 01 OUTPAT SERVICE COST C							
060 01 CLINIC	7,011	1,680					
060 01 CLINIC CSC	38,878	1,277,150	317,627	78,587,710			
060 02 CLINIC UNIVERSITY STA	10,389	104,463	97,002	13,481,757			
060 03 CLINIC WAISMAN	211	4,790	151	764,478			
060 04 CLINIC WEST	14,265	355,401	174,552	17,255,028			
060 05 CLINIC EAST	6,682	104,643	61,674	10,584,152			
060 06 CLINIC RESEARCH PARK	2,634	169,818	8,840	5,144,678			
061 EMERGENCY	7,331	604,031	241,561	42,169,129			
062 OBSERVATION BEDS (NON							
063 OTHER OUTPATIENT SERV							
064 OTHER REIMBURS COST C							
065 HOME PROGRAM DIALYSIS	1,353	19,301	4,333	9,120,906			
066 AMBULANCE SERVICES							
067 DURABLE MEDICAL EQUIP							
068 DURABLE MEDICAL EQUIP							
069 OTHER REIMBURSABLE CO							
070 CORF							
071 I&R SERVICES-NOT APPR							
082 HOME HEALTH AGENCY	3,016	12,518	6,295	2,741,865			
083 LUNG ACQUISITION	514	2,194	592	4,176,900			326
084 SPEC PURPOSE COST CEN							
085 KIDNEY ACQUISITION	3,380	34,696	6,454	24,808,262			368,036
086 LIVER ACQUISITION	1,164	12,594	2,343	4,632,280			929
085 01 HEART ACQUISITION	222	745	201	1,613,674			308
086 01 PANCREAS ACQUISITION	402	1,499	279	2,612,800			239
086 02 OTHER ORGAN ACQUI SITI							
086 03 TRANSPLANT COST - PRE							
086 02 TRANSPLANT COST - POS	3,128						5,348
086 03 OPO ADMIN COST							
092 AMBULATORY SURGICAL C							
093 HOSPICE							
094 OTHER SPECIAL PURPOSE							
095 SUBTOTALS	310,550	28,392,509	6,133,126	1753,823,078		100	375,186
096 NONREIMBURS COST CENT							
097 GIFT, FLOWER, COFFEE				1,641			
097 RESEARCH							
097 01 OTHER AUXILIARY SERVI		12,373	54,811	349,834			
097 02 CLINICAL RESEARCH CEN	1,684	14,865	6,426	1,402,243			
097 03 FAMILY MEDICINE							
097 04 COMMUNICATION AIDS				352,340			
097 05 INVESTIGATIONAL PHARM		9,354	2,119				
097 06 RONALD MCDONALD CARE	195	10,668		50,273			
097 07 PUBLIC AFFAIRS		31					
097 08 RETAIL PHARMACIES		4,789	12,865,297	21,105,556			
098 PHYSICIANS' PRIVATE O							
099 NONPAID WORKERS							
100 OTHER NONREIMBURSABLE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	29,797,541	10,695,367	14,629,308	21,296,740		327,513	2,785,608
104 (WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		.376007		.011984		3,275.130000	
105 (WRKSHT B, PT I)	95.373800		.767468				7.424605
106 COST TO BE ALLOCATED							
106 (WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
106 (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	3,852,446	1,805,512	1,816,849	775,196		49,238	155,711
107 (WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		.063475		.000436		492.380000	
108 (WRKSHT B, PT III)	12.330629		.095314				.415023

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PRGM	PARAMED ED PRGM-PHARMACY	PARAMED ED PRGM-EMERGENCY
	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
GENERAL SERVICE COST	20	21	22	23	24	24.01	24.02
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
003 01 NEW CAP REL COSTS-RES							
003 02 NEW CAP REL COSTS-WES							
003 03 NEW CAP REL COSTS-EAS							
003 04 NEW CAP REL COSTS-600							
003 05 NEW CAP REL COSTS-WAI							
003 06 NEW CAP REL COSTS-UST							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENE							
007 MAINTENANCE & REPAIRS							
008 OPERATION OF PLANT							
009 LAUNDRY & LINEN SERVI							
010 HOUSEKEEPING							
011 DIETARY							
012 CAFETERIA							
013 MAINTENANCE OF PERSON							
014 NURSING ADMINISTRATIO							
015 CENTRAL SERVICES & SU							
016 PHARMACY							
017 MEDICAL RECORDS & LIB							
018 SOCIAL SERVICE							
019 CLINICAL OFFICES							
019 01 HISTOCOMPATIBILITY							
020 NONPHYSICIAN ANESTHET							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY &			34,239				
023 I&R SERVICES-OTHER PR							
024 PARAMED ED PRGM							
024 01 PARAMED ED PRGM-PHARM						100	
024 02 PARAMED ED PRGM-EMERG							100
024 03 PARAMED ED PRGM-DIETA							
024 04 PARAMED ED PRGM-DIAGN							
024 05 PARAMED ED PRGM-ULTRA							
024 06 PARAMED ED PRGM-RADIO							
025 INPAT ROUTINE SRVC CN							
026 ADULTS & PEDIATRICS			31,520				
026 INTENSIVE CARE UNIT							
026 01 TRAUMA INTENSIVE CARE							
026 02 BURN INTENSIVE CARE U							
026 03 SURGICAL INTENSIVE CA							
026 04 MEDICAL INTENSIVE CAR							
026 05 PEDIATRIC INTENSIVE C							
026 06 NEURO INTENSIVE CARE							
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE U							
029 SURGICAL INTENSIVE CA							
030 PSYCHIATRIC INTENSIVE							
031 SUBPROVIDER			2,076				
031 01 SUBPROVIDER-REHAB			643				
033 NURSERY							
034 SKILLED NURSING FACIL							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SRVC COST C							
038 OPERATING ROOM							
039 RECOVERY ROOM							
040 DELIVERY ROOM & LABOR							
041 ANESTHESIOLOGY							
042 RADIOLOGY-DIAGNOSTIC							
043 RADIOLOGY-THERAPEUTIC							
044 RADIOISOTOPE							
045 LABORATORY							
045 PBP CLINICAL LAB SERV							
046 WHOLE BLOOD & PACKED							
047 BLOOD STORING, PROCES							
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY							
049 01 NEURO PSYCH TESTING							
050 PHYSICAL THERAPY							
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY							
053 ELECTROCARDIOLOGY							
054 ELECTROENCEPHALOGRAPH							
055 MEDICAL SUPPLIES CHAR							
056 DRUGS CHARGED TO PATI						100	
057 RENAL DIALYSIS							
058 ASC (NON-DISTINCT PAR							

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	I&R SERVICES-SALARY & FRI	I&R SERVICES-OTHER PRGM C	PARAMED ED PR GM	PARAMED ED PR GM-PHARMACY	PARAMED ED PR GM-EMERGENCY
	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)	(ASSIGNED TIME)
ANCILLARY SRVC COST C	20	21	22	23	24	24.01	24.02
058 01 PULMONARY FUNCTION TE							
058 02 ORTHOTICS LAB							
059 OTHER ANCI LLARY SERVI							
OUTPAT SERVICE COST C							
060 CLINIC							
060 01 CLINIC CSC							
060 02 CLINIC UNIVERSITY STA							
060 03 CLINIC WAI SMAN							
060 04 CLINIC WEST							
060 05 CLINIC EAST							
060 06 CLINIC RESEARCH PARK							
061 EMERGENCY							100
062 OBSERVATI ON BEDS (NON							
063 OTHER OUTPATIENT SERV							
OTHER REIMBURS COST C							
064 HOME PROGRAM DIALYSIS							
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP							
067 DURABLE MEDICAL EQUIP							
068 OTHER REIMBURSABLE CO							
069 CORF							
070 I&R SERVICES-NOT APPR							
071 HOME HEALTH AGENCY							
082 LUNG ACQUI SITI ON							
SPEC PURPOSE COST CEN							
083 KIDNEY ACQUI SITI ON							
084 LIVER ACQUI SITI ON							
085 HEART ACQUI SITI ON							
085 01 PANCREAS ACQUI SITI ON							
086 OTHER ORGAN ACQUI SITI							
086 01 TRANSPLANT COST - PRE							
086 02 TRANSPLANT COST - POS							
086 03 OPO ADMIN COST							
092 AMBULATORY SURGI CAL C							
093 HOSPI CE							
094 OTHER SPECI AL PURPOSE							
095 SUBTOTALS			34,239			100	100
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE							
097 RESEARCH							
097 01 OTHER AUXI LIARY SERVI							
097 02 CLINI CAL RESEARCH CEN							
097 03 FAMI LY MEDI CINE							
097 04 COMMUNI CATION AIDS							
097 05 INVESTI GATI ONAL PHARM							
097 06 RONALD MCDONALD CARE							
097 07 PUBLI C AFFAIRS							
097 08 RETAI L PHARMACI ES							
098 PHYSI CI ANS' PRI VATE O							
099 NONPAI D WORKERS							
100 OTHER NONREIMBURSABLE							
101 CROSS FOOT ADJUSTMENT							
102 NEGATI VE COST CENTER							
103 COST TO BE ALLOCATED			33,982,728			1,097,332	1,288,114
(WRKSHT B, PART I)							
104 UNI T COST MULTI PLI ER						10,973.320000	12,881.140000
(WRKSHT B, PT I)			992.515202				
105 COST TO BE ALLOCATED							
(WRKSHT B, PART II)							
106 UNI T COST MULTI PLI ER							
(WRKSHT B, PT II)							
107 COST TO BE ALLOCATED			1,069,680			36,621	172,290
(WRKSHT B, PART III)							
108 UNI T COST MULTI PLI ER						366.210000	1,722.900000
(WRKSHT B, PT III)			31.241567				

COST CENTER DESCRIPTION	PARAMED ED PR GM-DIETARY (ASSIGNED TIME)	PARAMED ED PR GM-DIAGNOSTIC (ASSIGNED TIME)	PARAMED ED PR GM-ULTRASOUND (ASSIGNED TIME)	PARAMED ED PR GM-RADIOLOGY (ASSIGNED TIME)
GENERAL SERVICE COST	24.03	24.04	24.05	24.06
001 OLD CAP REL COSTS-BLD				
002 OLD CAP REL COSTS-MVB				
003 NEW CAP REL COSTS-BLD				
003 01 NEW CAP REL COSTS-RES				
003 02 NEW CAP REL COSTS-WES				
003 03 NEW CAP REL COSTS-EAS				
003 04 NEW CAP REL COSTS-600				
003 05 NEW CAP REL COSTS-WAI				
003 06 NEW CAP REL COSTS-UST				
004 NEW CAP REL COSTS-MVB				
005 EMPLOYEE BENEFITS				
006 ADMINISTRATIVE & GENERAL				
007 MAINTENANCE & REPAIRS				
008 OPERATION OF PLANT				
009 LAUNDRY & LINEN SERVICE				
010 HOUSEKEEPING				
011 DIETARY				
012 CAFETERIA				
013 MAINTENANCE OF PERSONNEL				
014 NURSING ADMINISTRATIVE				
015 CENTRAL SERVICES & SUPPLIES				
016 PHARMACY				
017 MEDICAL RECORDS & LIBRARY				
018 SOCIAL SERVICE				
019 CLINICAL OFFICES				
019 01 HISTOCOMPATIBILITY				
020 NONPHYSICIAN ANESTHESIA				
021 NURSING SCHOOL				
022 I&R SERVICES-SALARY & BENEFITS				
023 I&R SERVICES-OTHER PR				
024 PARAMED ED PRGM				
024 01 PARAMED ED PRGM-PHARM				
024 02 PARAMED ED PRGM-EMERG				
024 03 PARAMED ED PRGM-DIETARY	100			
024 04 PARAMED ED PRGM-DIAGNOSTIC		100		
024 05 PARAMED ED PRGM-ULTRASOUND			100	
024 06 PARAMED ED PRGM-RADIOLOGY				100
025 INPAT ROUTINE SRVC CN				
025 ADULTS & PEDIATRICS	100			
026 INTENSIVE CARE UNIT				
026 01 TRAUMA INTENSIVE CARE				
026 02 BURN INTENSIVE CARE U				
026 03 SURGICAL INTENSIVE CARE				
026 04 MEDICAL INTENSIVE CARE				
026 05 PEDIATRIC INTENSIVE CARE				
026 06 NEURO INTENSIVE CARE				
027 CORONARY CARE UNIT				
028 BURN INTENSIVE CARE U				
029 SURGICAL INTENSIVE CARE				
030 PSYCHIATRIC INTENSIVE CARE				
031 SUBPROVIDER				
031 01 SUBPROVIDER-REHAB				
033 NURSERY				
034 SKILLED NURSING FACILITY				
035 NURSING FACILITY				
035 01 ICF/MR				
036 OTHER LONG TERM CARE				
037 ANCILLARY SRVC COST C				
038 OPERATING ROOM				
039 RECOVERY ROOM				
040 DELIVERY ROOM & LABOR				
041 ANESTHESIOLOGY				
041 RADIOLOGY-DIAGNOSTIC		100	100	
042 RADIOLOGY-THERAPEUTIC				100
043 RADIOISOTOPE				
044 LABORATORY				
045 PBP CLINICAL LAB SERVICE				
046 WHOLE BLOOD & PACKED				
047 BLOOD STORAGE, PROCESSING				
048 INTRAVENOUS THERAPY				
049 RESPIRATORY THERAPY				
049 01 NEURO PSYCH TESTING				
050 PHYSICAL THERAPY				
051 OCCUPATIONAL THERAPY				
052 SPEECH PATHOLOGY				
053 ELECTROCARDIOLOGY				
054 ELECTROENCEPHALOGRAPHY				
055 MEDICAL SUPPLIES CHAR				
056 DRUGS CHARGED TO PATIENT				
057 RENAL DIALYSIS				
058 ASC (NON-DISTINCT PAR)				

COST CENTER DESCRIPTION	PARAMED ED PR GM-DIETARY (ASSIGNED TIME)	PARAMED ED PR GM-DIAGNOSTI (ASSIGNED TIME)	PARAMED ED PR GM-ULTRASOUN (ASSIGNED TIME)	PARAMED ED PR GM-RADIOTHER (ASSIGNED TIME)
ANCILLARY SRVC COST C	24.03	24.04	24.05	24.06
058 01 PULMONARY FUNCTION TE				
058 02 ORTHOTICS LAB				
059 OTHER ANCILLARY SERVI OUTPAT SERVICE COST C				
060 CLINIC				
060 01 CLINIC CSC				
060 02 CLINIC UNIVERSITY STA				
060 03 CLINIC WAIMAN				
060 04 CLINIC WEST				
060 05 CLINIC EAST				
060 06 CLINIC RESEARCH PARK				
061 EMERGENCY				
062 OBSERVATION BEDS (NON				
063 OTHER OUTPATIENT SERV OTHER REIMBURS COST C				
064 HOME PROGRAM DIALYSIS				
065 AMBULANCE SERVICES				
066 DURABLE MEDICAL EQUIP				
067 DURABLE MEDICAL EQUIP				
068 OTHER REIMBURSABLE CO				
069 CORF				
070 I&R SERVICES-NOT APPR				
071 HOME HEALTH AGENCY				
082 LUNG ACQUISITION				
SPEC PURPOSE COST CEN				
083 KIDNEY ACQUISITION				
084 LIVER ACQUISITION				
085 HEART ACQUISITION				
085 01 PANCREAS ACQUISITION				
086 OTHER ORGAN ACQUISTI				
086 01 TRANSPLANT COST - PRE				
086 02 TRANSPLANT COST - POS				
086 03 OPO ADMIN COST				
092 AMBULATORY SURGICAL C				
093 HOSPICE				
094 OTHER SPECIAL PURPOSE				
095 SUBTOTALS	100	100	100	100
NONREIMBURS COST CENT				
096 GIFT, FLOWER, COFFEE				
097 RESEARCH				
097 01 OTHER AUXILIARY SERVI				
097 02 CLINICAL RESEARCH CEN				
097 03 FAMILY MEDICINE				
097 04 COMMUNICATION AIDS				
097 05 INVESTIGATIONAL PHARM				
097 06 RONALD MCDONALD CARE				
097 07 PUBLIC AFFAIRS				
097 08 RETAIL PHARMACIES				
098 PHYSICIANS' PRIVATE O				
099 NONPAID WORKERS				
100 OTHER NONREIMBURSABLE				
101 CROSS FOOT ADJUSTMENT				
102 NEGATIVE COST CENTER				
103 COST TO BE ALLOCATED	228,855	572,963	498,246	92,485
(PER WRKSHT B, PART				
104 UNIT COST MULTIPLIER		5,729.630000		924.850000
(WRKSHT B, PT I)	2,288.550000		4,982.460000	
105 COST TO BE ALLOCATED				
(PER WRKSHT B, PART				
106 UNIT COST MULTIPLIER				
(WRKSHT B, PT II)				
107 COST TO BE ALLOCATED	8,859	49,386	18,372	2,228
(PER WRKSHT B, PART				
108 UNIT COST MULTIPLIER		493.860000		22.280000
(WRKSHT B, PT III)	88.590000		183.720000	

POST STEP DOWN ADJUSTMENTS

PROVIDER NO: 52-0098
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/24/2009
 WORKSHEET B-2

	DESCRIPTION	WORKSHEET		AMOUNT
		PART	LINE NO.	
	1	2	3	4
1	ADJ FOR EPO COSTS IN RENAL DIA	1	57	
2	ADJ FOR EPO COSTS IN HOME PROG	1	64	
3	ADJ FOR ARANESP IN RENAL DIALY	1	57	
4	ADJ FOR ARANESP IN HOME PROGRA	1	64	
5	CLINIC	1	60	-6,564,334
6		1	60 1	3,378,005
7		1	60 2	820,710
8		1	60 3	61,525
9		1	60 4	1,313,742
10		1	60 5	707,240
11		1	60 6	283,111
12		3	60	-364,887
13		3	60 1	192,871
14		3	60 2	46,501
15		3	60 3	7,636
16		3	60 4	50,344
17		3	60 5	30,470
18		3	60 6	37,064

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DI ALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	118, 191, 202		118, 191, 202		118, 191, 202
26	INTENSIVE CARE UNIT					
26 01	TRAUMA INTENSIVE CARE UNI	19, 065, 046		19, 065, 046		19, 065, 046
26 02	BURN INTENSIVE CARE UNIT	5, 075, 621		5, 075, 621		5, 075, 621
26 03	SURGICAL INTENSIVE CARE U	11, 515, 591		11, 515, 591		11, 515, 591
26 04	MEDICAL INTENSIVE CARE UN	4, 573, 339		4, 573, 339		4, 573, 339
26 05	PEDIATRIC INTENSIVE CARE	10, 391, 314		10, 391, 314		10, 391, 314
26 06	NEURO INTENSIVE CARE UNIT	9, 378, 225		9, 378, 225		9, 378, 225
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
30	PSYCHIATRIC INTENSIVE CAR					
31	SUBPROVIDER	4, 565, 920		4, 565, 920		4, 565, 920
31 01	SUBPROVIDER-REHAB	6, 629, 001		6, 629, 001		6, 629, 001
33	NURSERY					
34	SKILLED NURSING FACILITY					
35	NURSING FACILITY					
35 01	ICF/MR					
36	OTHER LONG TERM CARE					
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	108, 730, 919		108, 730, 919		108, 730, 919
38	RECOVERY ROOM					
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY	10, 697, 903		10, 697, 903		10, 697, 903
41	RADIOLOGY-DIAGNOSTIC	56, 202, 206		56, 202, 206		56, 202, 206
42	RADIOLOGY-THERAPEUTIC	9, 997, 474		9, 997, 474		9, 997, 474
43	RADIOISOTOPE	3, 991, 278		3, 991, 278		3, 991, 278
44	LABORATORY	52, 373, 720		52, 373, 720		52, 373, 720
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING					
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	17, 344, 479		17, 344, 479		17, 344, 479
49 01	NEURO PSYCH TESTING	425, 092		425, 092		425, 092
50	PHYSICAL THERAPY	25, 640, 621		25, 640, 621		25, 640, 621
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY					
53	ELECTROCARDIOLOGY	28, 574, 207		28, 574, 207		28, 574, 207
54	ELECTROENCEPHALOGRAPHY	2, 297, 031		2, 297, 031		2, 297, 031
55	MEDICAL SUPPLIES CHARGED	787, 942		787, 942		787, 942
56	DRUGS CHARGED TO PATIENTS	128, 715, 798		128, 715, 798		128, 715, 798
57	RENAL DIALYSIS	3, 499, 962		3, 499, 962		3, 499, 962
58	ASC (NON-DIAGNOSTIC PART)	23, 140		23, 140		23, 140
58 01	PULMONARY FUNCTION TESTIN	662, 009		662, 009		662, 009
58 02	ORTHOTICS LAB	2, 499, 835		2, 499, 835		2, 499, 835
59	OTHER ANCILLARY SERVICE C					
60	OUTPAT SERVICE COST CNTRS CLINIC					
60 01	CLINIC CSC	64, 014, 888		64, 014, 888		64, 014, 888
60 02	CLINIC UNIVERSITY STATION	15, 551, 632		15, 551, 632		15, 551, 632
60 03	CLINIC WATSMAN	1, 165, 846		1, 165, 846		1, 165, 846
60 04	CLINIC WEST	24, 894, 087		24, 894, 087		24, 894, 087
60 05	CLINIC EAST	13, 401, 498		13, 401, 498		13, 401, 498
60 06	CLINIC RESEARCH PARK	5, 364, 675		5, 364, 675		5, 364, 675
61	EMERGENCY	15, 027, 700		15, 027, 700		15, 027, 700
62	OBSERVATION BEDS (NON-DIS	1, 295, 145		1, 295, 145		1, 295, 145
63	OTHER OUTPATIENT SERVICE					
64	OTHER REIMBURS COST CNTRS					
65	HOME PROGRAM DIALYSIS					
66	AMBULANCE SERVICES	4, 455, 507		4, 455, 507		4, 455, 507
67	DURABLE MEDICAL EQUIP-REN					
68	DURABLE MEDICAL EQUIP-SOL					
68	OTHER REIMBURSABLE COST C					
101	SUBTOTAL	787, 019, 853		787, 019, 853		787, 019, 853
102	LESS OBSERVATION BEDS	1, 295, 145		1, 295, 145		1, 295, 145
103	TOTAL	785, 724, 708		785, 724, 708		785, 724, 708

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	108,730,919	8,668,029	100,062,890			108,730,919
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY	10,697,903	1,125,402	9,572,501			10,697,903
42	RADIOLOGY-DIAGNOSTIC	56,202,206	8,158,859	48,043,347			56,202,206
43	RADIOLOGY-THERAPEUTIC	9,997,474	1,914,097	8,083,377			9,997,474
44	RADIOISOTOPE	3,991,278	338,450	3,652,828			3,991,278
45	LABORATORY	52,373,720	3,127,993	49,245,727			52,373,720
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY	17,344,479	1,185,921	16,158,558			17,344,479
51	NEURO PSYCH TESTING	425,092	24,267	400,825			425,092
52	PHYSICAL THERAPY	25,640,621	1,960,919	23,679,702			25,640,621
53	OCCUPATIONAL THERAPY						
54	SPEECH PATHOLOGY						
55	ELECTROCARDIOLOGY	28,574,207	2,789,945	25,784,262			28,574,207
56	ELECTROENCEPHALOGRAPHY	2,297,031	255,855	2,041,176			2,297,031
57	MEDICAL SUPPLIES CHARGED	787,942	18,028	769,914			787,942
58	DRUGS CHARGED TO PATIENTS	128,715,798	2,742,984	125,972,814			128,715,798
59	RENAL DIALYSIS	3,499,962	263,827	3,236,135			3,499,962
60	ASC (NON-DISTINCT PART)	23,140	19,632	3,508			23,140
61	PULMONARY FUNCTION TESTIN	662,009	55,459	606,550			662,009
62	ORTHOTICS LAB	2,499,835	201,000	2,298,835			2,499,835
63	OTHER ANCILLARY SERVICE C						
64	OUTPAT SERVICE COST CNTRS						
65	CLINIC						
66	CLINIC CSC	64,014,888	6,164,151	57,850,737			64,014,888
67	CLINIC UNIVERSITY STATION	15,551,632	1,486,138	14,065,494			15,551,632
68	CLINIC WAI SMAN	1,165,846	244,061	921,785			1,165,846
69	CLINIC WEST	24,894,087	1,608,949	23,285,138			24,894,087
70	CLINIC EAST	13,401,498	973,809	12,427,689			13,401,498
71	CLINIC RESEARCH PARK	5,364,675	533,890	4,830,785			5,364,675
72	EMERGENCY	15,027,700	1,147,484	13,880,216			15,027,700
73	OBSERVATION BEDS (NON-DIS	1,295,145	79,545	1,215,600			1,295,145
74	OTHER OUTPATIENT SERVICE						
75	OTHER REIMBURS COST CNTRS						
76	HOME PROGRAM DIALYSIS						
77	AMBULANCE SERVICES	4,455,507	3,210,494	1,245,013			4,455,507
78	DURABLE MEDICAL EQUIP-REN						
79	DURABLE MEDICAL EQUIP-SOL						
80	OTHER REIMBURSABLE COST C						
101	SUBTOTAL	597,634,594	48,299,188	549,335,406			597,634,594
102	LESS OBSERVATION BEDS	1,295,145	79,545	1,215,600			1,295,145
103	TOTAL	596,339,449	48,219,643	548,119,806			596,339,449

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
38	OPERATING ROOM	263,892,382	.412028	.412028
39	RECOVERY ROOM			
40	DELIVERY ROOM & LABOR ROO			
41	ANESTHESIOLOGY	55,602,499	.192400	.192400
42	RADIOLOGY-DIAGNOSTIC	268,915,858	.208996	.208996
43	RADIOLOGY-THERAPEUTIC	44,925,496	.222535	.222535
44	RADIOISOTOPE	9,478,660	.421080	.421080
45	LABORATORY	176,536,107	.296674	.296674
46	PBP CLINICAL LAB SERVICES			
47	WHOLE BLOOD & PACKED RED			
48	BLOOD STORING, PROCESSING			
49	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	32,359,699	.535990	.535990
50	01 NEURO PSYCH TESTING	832,634	.510539	.510539
51	PHYSICAL THERAPY	49,412,021	.518915	.518915
52	OCCUPATIONAL THERAPY			
53	SPEECH PATHOLOGY			
54	ELECTROCARDIOLOGY	84,850,745	.336758	.336758
55	ELECTROENCEPHALOGRAPHY	7,336,405	.313100	.313100
56	MEDICAL SUPPLIES CHARGED	1,746,317	.451202	.451202
57	DRUGS CHARGED TO PATIENTS	258,390,427	.498145	.498145
58	RENAL DIALYSIS	5,198,733	.673234	.673234
58	01 ASC (NON-DISTINCT PART)	2,244,847	.294902	.294902
58	02 PULMONARY FUNCTION TESTIN	3,149,172	.793807	.793807
59	02 ORTHOTICS LAB			
60	OTHER ANCILLARY SERVICE C			
60	OUTPAT SERVICE COST CNTRS			
60	01 CLINIC CSC	78,587,711	.814566	.814566
60	02 CLINIC UNIVERSITY STATION	13,481,757	1.153532	1.153532
60	03 CLINIC WAI SMAN	764,478	1.525022	1.525022
60	04 CLINIC WEST	17,255,028	1.442715	1.442715
60	05 CLINIC EAST	10,584,152	1.266185	1.266185
60	06 CLINIC RESEARCH PARK	5,144,679	1.042762	1.042762
61	EMERGENCY	42,169,130	.356367	.356367
62	OBSERVATION BEDS (NON-DIS			
63	OTHER OUTPATIENT SERVICE			
64	OTHER REIMBURS COST CNTRS			
65	HOME PROGRAM DIALYSIS			
66	AMBULANCE SERVICES	9,120,906	.488494	.488494
67	DURABLE MEDICAL EQUIP-REN			
68	DURABLE MEDICAL EQUIP-SOL			
101	OTHER REIMBURSABLE COST C			
102	SUBTOTAL	1441,979,843		
103	LESS OBSERVATION BEDS			
103	TOTAL	1441,979,843		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	108,730,919	8,668,029	100,062,890			108,730,919
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY	10,697,903	1,125,402	9,572,501			10,697,903
42	RADIOLOGY-DIAGNOSTIC	56,202,206	8,158,859	48,043,347			56,202,206
43	RADIOLOGY-THERAPEUTIC	9,997,474	1,914,097	8,083,377			9,997,474
44	RADIOISOTOPE	3,991,278	338,450	3,652,828			3,991,278
45	LABORATORY	52,373,720	3,127,993	49,245,727			52,373,720
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY	17,344,479	1,185,921	16,158,558			17,344,479
51	NEURO PSYCH TESTING	425,092	24,267	400,825			425,092
52	PHYSICAL THERAPY	25,640,621	1,960,919	23,679,702			25,640,621
53	OCCUPATIONAL THERAPY						
54	SPEECH PATHOLOGY						
55	ELECTROCARDIOLOGY	28,574,207	2,789,945	25,784,262			28,574,207
56	ELECTROENCEPHALOGRAPHY	2,297,031	255,855	2,041,176			2,297,031
57	MEDICAL SUPPLIES CHARGED	787,942	18,028	769,914			787,942
58	DRUGS CHARGED TO PATIENTS	128,715,798	2,742,984	125,972,814			128,715,798
59	RENAL DIALYSIS	3,499,962	263,827	3,236,135			3,499,962
60	ASC (NON-DISTINCT PART)	23,140	19,632	3,508			23,140
61	PULMONARY FUNCTION TESTIN	662,009	55,459	606,550			662,009
62	ORTHOTICS LAB	2,499,835	201,000	2,298,835			2,499,835
63	OTHER ANCILLARY SERVICE C						
64	OUTPAT SERVICE COST CNTRS						
65	CLINIC						
66	CLINIC CSC	64,014,888	6,164,151	57,850,737			64,014,888
67	CLINIC UNIVERSITY STATION	15,551,632	1,486,138	14,065,494			15,551,632
68	CLINIC WAI SMAN	1,165,846	244,061	921,785			1,165,846
69	CLINIC WEST	24,894,087	1,608,949	23,285,138			24,894,087
70	CLINIC EAST	13,401,498	973,809	12,427,689			13,401,498
71	CLINIC RESEARCH PARK	5,364,675	533,890	4,830,785			5,364,675
72	EMERGENCY	15,027,700	1,147,484	13,880,216			15,027,700
73	OBSERVATION BEDS (NON-DIS	1,295,145	79,545	1,215,600			1,295,145
74	OTHER OUTPATIENT SERVICE						
75	OTHER REIMBURS COST CNTRS						
76	HOME PROGRAM DIALYSIS						
77	AMBULANCE SERVICES	4,455,507	3,210,494	1,245,013			4,455,507
78	DURABLE MEDICAL EQUIP-REN						
79	DURABLE MEDICAL EQUIP-SOL						
80	OTHER REIMBURSABLE COST C						
101	SUBTOTAL	597,634,594	48,299,188	549,335,406			597,634,594
102	LESS OBSERVATION BEDS	1,295,145	79,545	1,215,600			1,295,145
103	TOTAL	596,339,449	48,219,643	548,119,806			596,339,449

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	263,892,382	.412028	.412028
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROO			
40	ANESTHESIOLOGY	55,602,499	.192400	.192400
41	RADIOLOGY-DIAGNOSTIC	268,915,858	.208996	.208996
42	RADIOLOGY-THERAPEUTIC	44,925,496	.222535	.222535
43	RADIOISOTOPE	9,478,660	.421080	.421080
44	LABORATORY	176,536,107	.296674	.296674
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED			
47	BLOOD STORING, PROCESSING			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	32,359,699	.535990	.535990
49	01 NEURO PSYCH TESTING	832,634	.510539	.510539
50	PHYSICAL THERAPY	49,412,021	.518915	.518915
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	84,850,745	.336758	.336758
54	ELECTROENCEPHALOGRAPHY	7,336,405	.313100	.313100
55	MEDICAL SUPPLIES CHARGED	1,746,317	.451202	.451202
56	DRUGS CHARGED TO PATIENTS	258,390,427	.498145	.498145
57	RENAL DIALYSIS	5,198,733	.673234	.673234
58	ASC (NON-DISTINCT PART)			
58	01 PULMONARY FUNCTION TESTIN	2,244,847	.294902	.294902
58	02 ORTHOTICS LAB	3,149,172	.793807	.793807
59	OTHER ANCILLARY SERVICE C			
60	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60	01 CLINIC CSC	78,587,711	.814566	.814566
60	02 CLINIC UNIVERSITY STATION	13,481,757	1.153532	1.153532
60	03 CLINIC WAI SMAN	764,478	1.525022	1.525022
60	04 CLINIC WEST	17,255,028	1.442715	1.442715
60	05 CLINIC EAST	10,584,152	1.266185	1.266185
60	06 CLINIC RESEARCH PARK	5,144,679	1.042762	1.042762
61	EMERGENCY	42,169,130	.356367	.356367
62	OBSERVATION BEDS (NON-DIS			
63	OTHER OUTPATIENT SERVICE			
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES	9,120,906	.488494	.488494
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
68	OTHER REIMBURSABLE COST C			
101	SUBTOTAL	1441,979,843		
102	LESS OBSERVATION BEDS			
103	TOTAL	1441,979,843		

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	104,398	35,023			69.53	2,435,149
26	INTENSIVE CARE UNIT						
26	01 TRAUMA INTENSIVE CARE UNI	7,466	2,786			138.90	386,975
26	02 BURN INTENSIVE CARE UNIT	2,007	213			153.02	32,593
26	03 SURGICAL INTENSIVE CARE U	1,945	1,111			464.59	516,159
26	04 MEDICAL INTENSIVE CARE UN	1,732	810			120.57	97,662
26	05 PEDIATRIC INTENSIVE CARE	4,291	17			169.64	2,884
26	06 NEURO INTENSIVE CARE UNIT	4,803	1,415			129.67	183,483
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
30	PSYCHIATRIC INTENSIVE CAR						
31	SUBPROVIDER	4,733	1,596			67.47	107,682
31	01 SUBPROVIDER-REHAB	6,799	1,879			69.32	130,252
33	NURSERY						
101	TOTAL	138,174	44,850				3,892,839

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM		8,668,029	263,892,382	46,938,938		
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY		1,125,402	55,602,499	11,390,334		
42	RADIOLOGY-DIAGNOSTIC		8,158,859	268,915,858	26,788,689		
43	RADIOLOGY-THERAPEUTIC		1,914,097	44,925,496	627,101		
44	RADIOISOTOPE		338,450	9,478,660	463,983		
45	LABORATORY		3,127,993	176,536,107	29,300,997		
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY		1,185,921	32,359,699	7,432,312		
49	01 NEURO PSYCH TESTING		24,267	832,634	15,911		
50	PHYSICAL THERAPY		1,960,919	49,412,021	5,074,329		
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY		2,789,945	84,850,745	25,702,963		
54	ELECTROENCEPHALOGRAPHY		255,855	7,336,405	568,235		
55	MEDICAL SUPPLIES CHARGED		18,028	1,746,317	550,920		
56	DRUGS CHARGED TO PATIENTS		2,742,984	258,390,427	34,150,429		
57	RENAL DIALYSIS		263,827	5,198,733	2,041,900		
58	ASC (NON-DISTINCT PART)		19,632				
58	01 PULMONARY FUNCTION TESTIN		55,459	2,244,847	111,579		
58	02 ORTHOTICS LAB		201,000	3,149,172	821		
59	OTHER ANCILLARY SERVICE C						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 CLINIC CSC		6,164,151	78,587,711	1,938,607		
60	02 CLINIC UNIVERSITY STATION		1,486,138	13,481,757	25,815		
60	03 CLINIC WAI SMAN		244,061	764,478			
60	04 CLINIC WEST		1,608,949	17,255,028	91,371		
60	05 CLINIC EAST		973,809	10,584,152	10,284		
60	06 CLINIC RESEARCH PARK		533,890	5,144,679	2,395		
61	EMERGENCY		1,147,484	42,169,130	5,712,494		
62	OBSERVATION BEDS (NON-DIS		79,545				
63	OTHER OUTPATIENT SERVICE						
64	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
68	OTHER REIMBURSABLE COST C						
101	TOTAL		45,088,694	1432,858,937	198,940,407		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 52-0098
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 COMPONENT NO: 52-0098
 PREPARED 11/24/2009
 WORKSHEET D
 PART II

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
37	ANCILLARY SRVC COST CNTRS		
38	OPERATING ROOM	.032847	1,541,803
39	RECOVERY ROOM		
40	DELIVERY ROOM & LABOR ROO		
41	ANESTHESIOLOGY	.020240	230,540
42	RADIOLOGY-DIAGNOSTIC	.030340	812,769
43	RADIOLOGY-THERAPEUTIC	.042606	26,718
44	RADIOISOTOPE	.035707	16,567
45	LABORATORY	.017719	519,184
46	PBP CLINICAL LAB SERVICES		
47	WHOLE BLOOD & PACKED RED		
48	BLOOD STORING, PROCESSING		
49	INTRAVENOUS THERAPY		
49	RESPIRATORY THERAPY	.036648	272,379
49	01 NEURO PSYCH TESTING	.029145	464
50	PHYSICAL THERAPY	.039685	201,375
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY	.032881	845,139
54	ELECTROENCEPHALOGRAPHY	.034875	19,817
55	MEDICAL SUPPLIES CHARGED	.010323	5,687
56	DRUGS CHARGED TO PATIENTS	.010616	362,541
57	RENAL DIALYSIS	.050748	103,622
58	ASC (NON-DISTINCT PART)		
58	01 PULMONARY FUNCTION TESTIN	.024705	2,757
58	02 ORTHOTICS LAB	.063826	52
59	OTHER ANCILLARY SERVICE C		
60	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
60	01 CLINIC CSC	.078437	152,059
60	02 CLINIC UNIVERSITY STATION	.110233	2,846
60	03 CLINIC WISMAN	.319252	
60	04 CLINIC WEST	.093245	8,520
60	05 CLINIC EAST	.092006	946
60	06 CLINIC RESEARCH PARK	.103775	249
61	EMERGENCY	.027211	155,443
62	OBSERVATION BEDS (NON-DIS		
63	OTHER OUTPATIENT SERVICE		
64	OTHER REIMBURS COST CNTRS		
64	HOME PROGRAM DIALYSIS		
65	AMBULANCE SERVICES		
66	DURABLE MEDICAL EQUIP-REN		
67	DURABLE MEDICAL EQUIP-SOL		
68	OTHER REIMBURSABLE COST C		
101	TOTAL		5,281,477

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

PROVIDER NO: 52-0098
PERIOD: FROM 7/1/2008 TO 6/30/2009
PREPARED 11/24/2009
WORKSHEET D
PART III

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED ED NRS SCHOOL COST 2	MED ED ALLIED HEALTH COST 2.01	MED ED ALL OTHER COSTS 2.02	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			228,855			228,855
26	INTENSIVE CARE UNIT						
26	01 TRAUMA INTENSIVE CARE UNIT						
26	02 BURN INTENSIVE CARE UNIT						
26	03 SURGICAL INTENSIVE CARE UNIT						
26	04 MEDICAL INTENSIVE CARE UNIT						
26	05 PEDIATRIC INTENSIVE CARE UNIT						
26	06 NEURO INTENSIVE CARE UNIT						
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE UNIT						
30	PSYCHIATRIC INTENSIVE CARE UNIT						
31	SUBPROVIDER						
31	01 SUBPROVIDER-REHAB						
33	NURSERY						
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35	01 ICF/MR						
101	TOTAL			228,855			228,855

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

PROVIDER NO: 52-0098
PERIOD: FROM 7/1/2008 TO 6/30/2009
PREPARED 11/24/2009
WORKSHEET D
PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL	PER DIEM	INPAT PROG	INPAT PROG
		PATIENT DAYS		DAYS	PASS THRU COST
		5	6	7	8
25	ADULTS & PEDIATRICS	104,398	2.19	35,023	76,700
26	INTENSIVE CARE UNIT				
26 01	TRAUMA INTENSIVE CARE UNIT	7,466		2,786	
26 02	BURN INTENSIVE CARE UNIT	2,007		213	
26 03	SURGICAL INTENSIVE CARE U	1,945		1,111	
26 04	MEDICAL INTENSIVE CARE UN	1,732		810	
26 05	PEDIATRIC INTENSIVE CARE	4,291		17	
26 06	NEURO INTENSIVE CARE UNIT	4,803		1,415	
27	CORONARY CARE UNIT				
28	BURN INTENSIVE CARE UNIT				
29	SURGICAL INTENSIVE CARE U				
30	PSYCHIATRIC INTENSIVE CAR				
31	SUBPROVIDER	4,733		1,596	
31 01	SUBPROVIDER-REHAB	6,799		1,879	
33	NURSERY				
34	SKILLED NURSING FACILITY				
35	NURSING FACILITY				
35 01	ICF/MR				
101	TOTAL	138,174		44,850	76,700

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	HOSPITAL	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM						
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
42	RADIOLOGY-DIAGNOSTIC				1,071,209		
43	RADIOLOGY-THERAPEUTIC				92,485		
44	RADIOISOTOPE						
45	LABORATORY						
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	01 NEURO PSYCH TESTING						
51	PHYSICAL THERAPY						
52	OCCUPATIONAL THERAPY						
53	SPEECH PATHOLOGY						
54	ELECTROCARDIOLOGY						
55	ELECTROENCEPHALOGRAPHY						
56	MEDICAL SUPPLIES CHARGED				1,097,332		
57	DRUGS CHARGED TO PATIENTS						
58	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
59	01 PULMONARY FUNCTION TESTIN						
60	02 ORTHOTICS LAB						
60	OTHER ANCILLARY SERVICE C						
61	OUTPAT SERVICE COST CNTRS						
62	CLINIC						
63	01 CLINIC CSC						
64	02 CLINIC UNIVERSITY STATION						
65	03 CLINIC WAI SMAN						
66	04 CLINIC WEST						
67	05 CLINIC EAST						
68	06 CLINIC RESEARCH PARK						
69	EMERGENCY				1,288,114		
70	OBSERVATION BEDS (NON-DIS				2,507		
71	OTHER OUTPATIENT SERVICE						
72	OTHER REIMBURS COST CNTRS						
73	HOME PROGRAM DIALYSIS						
74	AMBULANCE SERVICES						
75	DURABLE MEDICAL EQUIP-REN						
76	DURABLE MEDICAL EQUIP-SOL						
77	OTHER REIMBURSABLE COST C						
101	TOTAL				3,551,647		

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
38	OPERATING ROOM			263,892,382			46,938,938	
39	RECOVERY ROOM							
40	DELIVERY ROOM & LABOR ROOM							
41	ANESTHESIOLOGY			55,602,499			11,390,334	
42	RADIOLOGY-DIAGNOSTIC	1,071,209	1,071,209	268,915,858	.003983	.003983	26,788,689	106,699
43	RADIOLOGY-THERAPEUTIC	92,485	92,485	44,925,496	.002059	.002059	627,101	1,291
44	RADIOISOTOPE			9,478,660			463,983	
45	LABORATORY			176,536,107			29,300,997	
46	PBP CLINICAL LAB SERVICES							
47	WHOLE BLOOD & PACKED RED							
48	BLOOD STORING, PROCESSING							
49	INTRAVENOUS THERAPY							
50	RESPIRATORY THERAPY			32,359,699			7,432,312	
51	NEURO PSYCH TESTING			832,634			15,911	
52	PHYSICAL THERAPY			49,412,021			5,074,329	
53	OCCUPATIONAL THERAPY							
54	SPEECH PATHOLOGY							
55	ELECTROCARDIOLOGY			84,850,745			25,702,963	
56	ELECTROENCEPHALOGRAPHY			7,336,405			568,235	
57	MEDICAL SUPPLIES CHARGED			1,746,317			550,920	
58	DRUGS CHARGED TO PATIENTS	1,097,332	1,097,332	258,390,427	.004247	.004247	34,150,429	145,037
59	RENAL DIALYSIS			5,198,733			2,041,900	
60	ASC (NON-DISTINCT PART)							
61	PULMONARY FUNCTION TESTING			2,244,847			111,579	
62	ORTHOTICS LAB			3,149,172			821	
63	OTHER ANCILLARY SERVICE C							
64	OUTPAT SERVICE COST CNTRS							
65	CLINIC							
66	01 CLINIC CSC			78,587,711			1,938,607	
67	02 CLINIC UNIVERSITY STATION			13,481,757			25,815	
68	03 CLINIC WAISSMAN			764,478				
69	04 CLINIC WEST			17,255,028			91,371	
70	05 CLINIC EAST			10,584,152			10,284	
71	06 CLINIC RESEARCH PARK			5,144,679			2,395	
72	EMERGENCY	1,288,114	1,288,114	42,169,130	.030546	.030546	5,712,494	174,494
73	OBSERVATION BEDS (NON-DIS	2,507	2,507					
74	OTHER OUTPATIENT SERVICE							
75	OTHER REIMBURS COST CNTRS							
76	HOME PROGRAM DIALYSIS							
77	AMBULANCE SERVICES							
78	DURABLE MEDICAL EQUIP-REN							
79	DURABLE MEDICAL EQUIP-SOL							
80	OTHER REIMBURSABLE COST C							
101	TOTAL	3,551,647	3,551,647	1,432,858,937			198,940,407	427,521

TITLE XVIII, PART A

HOSPITAL

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	5,126,905	4,771,209				
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	1,111,914	958,804				
41	RADIOLOGY-DIAGNOSTIC	20,302,139	20,314,897		80,863	80,914	
42	RADIOLOGY-THERAPEUTIC	6,709,087	7,401,073		13,814	15,239	
43	RADIOISOTOPE	852,196	1,013,218				
44	LABORATORY	1,094,856	1,005,360				
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	210,480	181,619				
49	01 NEURO PSYCH TESTING	99,659	148,247				
50	PHYSICAL THERAPY	175,618	162,783				
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY	5,005,664	5,055,441				
54	ELECTROENCEPHALOGRAPHY	404,686	410,441				
55	MEDICAL SUPPLIES CHARGED	9,361	8,778				
56	DRUGS CHARGED TO PATIENTS	12,833,753	13,536,135		54,505	57,488	
57	RENAL DIALYSIS	25,764	62,106				
58	ASC (NON-DISTINCT PART)						
58	01 PULMONARY FUNCTION TESTIN	222,097	196,447				
58	02 ORTHOTICS LAB	769	785				
59	OTHER ANCILLARY SERVICE C						
	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 CLINIC CSC	8,738,684	8,654,569				
60	02 CLINIC UNIVERSITY STATION	1,943,145	1,950,641				
60	03 CLINIC WAI SMAN	3,805	3,424				
60	04 CLINIC WEST	2,165,962	2,147,257				
60	05 CLINIC EAST	1,096,650	1,114,464				
60	06 CLINIC RESEARCH PARK	300,263	299,469				
61	EMERGENCY	1,711,902	1,830,017		52,292	55,900	
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
68	OTHER REIMBURSABLE COST C						
101	TOTAL	70,145,359	71,227,184		201,474	209,541	

TITLE XVIII, PART B

HOSPITAL

Cost Center Description	Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
	7	8	9	9.01	9.02
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM				2,112,428	28,805
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY				213,932	8
41 RADIOLOGY-DIAGNOSTIC				4,243,066	238
42 RADIOLOGY-THERAPEUTIC				1,493,007	124
43 RADIOISOTOPE				358,843	
44 LABORATORY				324,815	2,148
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47 BLOOD STORING, PROCESSING & TRANS.					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY				112,815	
49 01 NEURO PSYCH TESTING				50,880	
50 PHYSICAL THERAPY				91,131	
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY				1,685,697	5,603
54 ELECTROENCEPHALOGRAPHY				126,707	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				4,224	31
56 DRUGS CHARGED TO PATIENTS				6,393,070	1,159
57 RENAL DIALYSIS				17,345	
58 ASC (NON-DISTINCT PART)					
58 01 PULMONARY FUNCTION TESTING				65,497	
58 02 ORTHOTICS LAB				610	
59 OTHER ANCILLARY SERVICE COST CENTERS					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 CLINIC CSC				7,118,235	3,941
60 02 CLINIC UNIVERSITY STATION				2,241,480	18
60 03 CLINIC WAI SMAN				5,803	
60 04 CLINIC WEST				3,124,866	6
60 05 CLINIC EAST				1,388,562	5
60 06 CLINIC RESEARCH PARK				313,103	
61 EMERGENCY				610,065	
62 OBSERVATION BEDS (NON-DISTINCT PART)					
63 OTHER OUTPATIENT SERVICE COST CENTER					
63 OTHER REIMBURS COST CNTRS					
64 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
68 OTHER REIMBURSABLE COST CENTERS					
101 SUBTOTAL				32,096,181	42,086
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES				32,096,181	42,086

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 52-0098
 COMPONENT NO: 52-S098
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/24/2009
 WORKSHEET D
 PART II

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
37	ANCILLARY SRVC COST CNTRS		
38	OPERATING ROOM	.032847	320
39	RECOVERY ROOM		
40	DELIVERY ROOM & LABOR ROO		
41	ANESTHESIOLOGY	.020240	331
42	RADIOLOGY-DIAGNOSTIC	.030340	3,365
43	RADIOLOGY-THERAPEUTIC	.042606	
44	RADIOISOTOPE	.035707	23
45	LABORATORY	.017719	3,558
46	PBP CLINICAL LAB SERVICES		
47	WHOLE BLOOD & PACKED RED		
48	BLOOD STORING, PROCESSING		
49	INTRAVENOUS THERAPY		
49	RESPIRATORY THERAPY	.036648	671
50	01 NEURO PSYCH TESTING	.029145	445
51	PHYSICAL THERAPY	.039685	7,369
52	OCCUPATIONAL THERAPY		
53	SPEECH PATHOLOGY		
54	ELECTROCARDIOLOGY	.032881	371
55	ELECTROENCEPHALOGRAPHY	.034875	227
56	MEDICAL SUPPLIES CHARGED	.010323	1
57	DRUGS CHARGED TO PATIENTS	.010616	3,238
58	RENAL DIALYSIS	.050748	260
58	ASC (NON-DISTINCT PART)		
58	01 PULMONARY FUNCTION TESTIN	.024705	
59	02 ORTHOTICS LAB	.063826	
60	OTHER ANCILLARY SERVICE C		
60	OUTPAT SERVICE COST CNTRS		
60	01 CLINIC CSC	.078437	241
60	02 CLINIC UNIVERSITY STATION	.110233	
60	03 CLINIC WAI SMAN	.319252	
60	04 CLINIC WEST	.093245	181
60	05 CLINIC EAST	.092006	17
60	06 CLINIC RESEARCH PARK	.103775	
61	EMERGENCY	.027211	3,612
62	OBSERVATION BEDS (NON-DIS		
63	OTHER OUTPATIENT SERVICE		
64	OTHER REIMBURS COST CNTRS		
65	HOME PROGRAM DIALYSIS		
66	AMBULANCE SERVICES		
67	DURABLE MEDICAL EQUIP-REN		
68	DURABLE MEDICAL EQUIP-SOL		
68	OTHER REIMBURSABLE COST C		
101	TOTAL		24,230

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37	ANCILLARY SRVC COST CNTRS										
38	OPERATING ROOM										
39	RECOVERY ROOM										
40	DELIVERY ROOM & LABOR ROO										
41	ANESTHESIOLOGY										
42	RADIOLOGY-DIAGNOSTIC							1,071,209			
43	RADIOLOGY-THERAPEUTIC							92,485			
44	RADIOISOTOPE										
45	LABORATORY										
46	PBP CLINICAL LAB SERVICES										
47	WHOLE BLOOD & PACKED RED										
48	BLOOD STORING, PROCESSING										
49	INTRAVENOUS THERAPY										
49	RESPIRATORY THERAPY										
50	01 NEURO PSYCH TESTING										
51	PHYSICAL THERAPY										
52	OCCUPATIONAL THERAPY										
53	SPEECH PATHOLOGY										
54	ELECTROCARDIOLOGY										
55	ELECTROENCEPHALOGRAPHY										
56	MEDICAL SUPPLIES CHARGED										
57	DRUGS CHARGED TO PATIENTS							1,097,332			
58	RENAL DIALYSIS										
58	ASC (NON-DISTINCT PART)										
59	01 PULMONARY FUNCTION TESTIN										
60	02 ORTHOTICS LAB										
60	OTHER ANCILLARY SERVICE C										
61	OUTPAT SERVICE COST CNTRS										
62	CLINIC										
63	01 CLINIC CSC										
64	02 CLINIC UNIVERSITY STATION										
65	03 CLINIC WAI SMAN										
66	04 CLINIC WEST										
67	05 CLINIC EAST										
68	06 CLINIC RESEARCH PARK										
69	EMERGENCY							1,288,114			
70	OBSERVATION BEDS (NON-DIS							2,507			
71	OTHER OUTPATIENT SERVICE										
72	OTHER REIMBURS COST CNTRS										
73	HOME PROGRAM DIALYSIS										
74	AMBULANCE SERVICES										
75	DURABLE MEDICAL EQUIP-REN										
76	DURABLE MEDICAL EQUIP-SOL										
77	OTHER REIMBURSABLE COST C										
78	TOTAL							3,551,647			

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
38	OPERATING ROOM			263,892,382			9,747	
39	RECOVERY ROOM							
40	DELIVERY ROOM & LABOR ROO							
41	ANESTHESIOLOGY			55,602,499			16,356	
42	RADIOLOGY-DIAGNOSTIC	1,071,209	1,071,209	268,915,858	.003983	.003983	110,908	442
43	RADIOLOGY-THERAPEUTIC	92,485	92,485	44,925,496	.002059	.002059		
44	RADIOISOTOPE			9,478,660			639	
45	LABORATORY			176,536,107			200,824	
46	PBP CLINICAL LAB SERVICES							
47	WHOLE BLOOD & PACKED RED							
48	BLOOD STORING, PROCESSING							
49	INTRAVENOUS THERAPY							
50	RESPIRATORY THERAPY			32,359,699			18,313	
51	NEURO PSYCH TESTING			832,634			15,278	
52	PHYSICAL THERAPY			49,412,021			185,687	
53	OCCUPATIONAL THERAPY							
54	SPEECH PATHOLOGY							
55	ELECTROCARDIOLOGY			84,850,745			11,277	
56	ELECTROENCEPHALOGRAPHY			7,336,405			6,511	
57	MEDICAL SUPPLIES CHARGED			1,746,317			103	
58	DRUGS CHARGED TO PATIENTS	1,097,332	1,097,332	258,390,427	.004247	.004247	304,994	1,295
59	RENAL DIALYSIS			5,198,733			5,119	
60	ASC (NON-DISTINCT PART)							
61	PULMONARY FUNCTION TESTIN			2,244,847				
62	ORTHOTICS LAB			3,149,172				
63	OTHER ANCILLARY SERVICE C							
64	OUTPAT SERVICE COST CNTRS							
65	CLINIC							
66	01 CLINIC CSC			78,587,711			3,071	
67	02 CLINIC UNIVERSITY STATION			13,481,757				
68	03 CLINIC WAI SMAN			764,478				
69	04 CLINIC WEST			17,255,028			1,943	
70	05 CLINIC EAST			10,584,152			181	
71	06 CLINIC RESEARCH PARK			5,144,679				
72	EMERGENCY	1,288,114	1,288,114	42,169,130	.030546	.030546	132,752	4,055
73	OBSERVATION BEDS (NON-DIS	2,507	2,507					
74	OTHER OUTPATIENT SERVICE							
75	OTHER REIMBURS COST CNTRS							
76	HOME PROGRAM DIALYSIS							
77	AMBULANCE SERVICES							
78	DURABLE MEDICAL EQUIP-REN							
79	DURABLE MEDICAL EQUIP-SOL							
80	OTHER REIMBURSABLE COST C							
101	TOTAL	3,551,647	3,551,647	1432,858,937			1,023,703	5,792

TITLE XVIII, PART A

SUBPROVIDER 1

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM						
39	RECOVERY ROOM						
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY						
42	RADIOLOGY-DIAGNOSTIC						
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
45	LABORATORY						
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING						
49	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
50	01 NEURO PSYCH TESTING						
51	PHYSICAL THERAPY						
52	OCCUPATIONAL THERAPY						
53	SPEECH PATHOLOGY						
54	ELECTROCARDIOLOGY						
55	ELECTROENCEPHALOGRAPHY						
56	MEDICAL SUPPLIES CHARGED						
57	DRUGS CHARGED TO PATIENTS						
58	RENAL DIALYSIS						
58	01 ASC (NON-DISTINCT PART)						
58	02 PULMONARY FUNCTION TESTIN						
59	02 ORTHOTICS LAB						
60	OTHER ANCILLARY SERVICE C						
60	01 OUTPAT SERVICE COST CNTRS						
60	02 CLINIC						
60	03 CLINIC CSC						
60	04 CLINIC UNIVERSITY STATION						
60	05 CLINIC WAI SMAN						
60	06 CLINIC WEST						
61	05 CLINIC EAST						
62	06 CLINIC RESEARCH PARK						
63	EMERGENCY						
64	OBSERVATION BEDS (NON-DIS						
65	OTHER OUTPATIENT SERVICE						
66	OTHER REIMBURS COST CNTRS						
67	HOME PROGRAM DIALYSIS						
68	AMBULANCE SERVICES						
101	DURABLE MEDICAL EQUIP-REN						
	DURABLE MEDICAL EQUIP-SOL						
	OTHER REIMBURSABLE COST C						
	TOTAL						

TITLE XVIII, PART A SUBPROVIDER 2 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	CAPITAL COSTS 6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM		8,668,029	263,892,382	6,327		
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY		1,125,402	55,602,499	1,301		
41	RADIOLOGY-DIAGNOSTIC		8,158,859	268,915,858	113,208		
42	RADIOLOGY-THERAPEUTIC		1,914,097	44,925,496	23,149		
43	RADIOISOTOPE		338,450	9,478,660			
44	LABORATORY		3,127,993	176,536,107	171,295		
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY		1,185,921	32,359,699	59,222		
49	01 NEURO PSYCH TESTING		24,267	832,634	498		
50	PHYSICAL THERAPY		1,960,919	49,412,021	1,834,218		
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY		2,789,945	84,850,745	26,072		
54	ELECTROENCEPHALOGRAPHY		255,855	7,336,405	1,298		
55	MEDICAL SUPPLIES CHARGED		18,028	1,746,317	10,662		
56	DRUGS CHARGED TO PATIENTS		2,742,984	258,390,427	574,620		
57	RENAL DIALYSIS		263,827	5,198,733	46,609		
58	ASC (NON-DISTINCT PART)		19,632				
58	01 PULMONARY FUNCTION TESTIN		55,459	2,244,847			
58	02 ORTHOTICS LAB		201,000	3,149,172	322		
59	OTHER ANCILLARY SERVICE C						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 CLINIC CSC		6,164,151	78,587,711	8,254		
60	02 CLINIC UNIVERSITY STATION		1,486,138	13,481,757	161		
60	03 CLINIC WAI SMAN		244,061	764,478			
60	04 CLINIC WEST		1,608,949	17,255,028	2,470		
60	05 CLINIC EAST		973,809	10,584,152			
60	06 CLINIC RESEARCH PARK		533,890	5,144,679			
61	EMERGENCY		1,147,484	42,169,130	101		
62	OBSERVATION BEDS (NON-DIS		79,545				
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
68	OTHER REIMBURSABLE COST C						
101	TOTAL		45,088,694	1432,858,937	2,879,787		

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

PROVIDER NO: 52-0098
 COMPONENT NO: 52-T098
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/24/2009
 WORKSHEET D
 PART II
 PPS

TITLE XVIII, PART A SUBPROVIDER 2

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL COSTS	
		CST/CHRG 7	RATIO 8
37	ANCILLARY SRVC COST CNTRS		
38	OPERATING ROOM	.032847	208
39	RECOVERY ROOM		
40	DELIVERY ROOM & LABOR ROO		
41	ANESTHESIOLOGY	.020240	26
42	RADIOLOGY-DIAGNOSTIC	.030340	3,435
43	RADIOLOGY-THERAPEUTIC	.042606	986
44	RADIOISOTOPE	.035707	
45	LABORATORY	.017719	3,035
46	PBP CLINICAL LAB SERVICES		
47	WHOLE BLOOD & PACKED RED		
48	BLOOD STORING, PROCESSING		
49	INTRAVENOUS THERAPY		
49	RESPIRATORY THERAPY	.036648	2,170
50	01 NEURO PSYCH TESTING	.029145	15
51	PHYSICAL THERAPY	.039685	72,791
52	OCCUPATIONAL THERAPY		
53	SPEECH PATHOLOGY		
53	ELECTROCARDIOLOGY	.032881	857
54	ELECTROENCEPHALOGRAPHY	.034875	45
55	MEDICAL SUPPLIES CHARGED	.010323	110
56	DRUGS CHARGED TO PATIENTS	.010616	6,100
57	RENAL DIALYSIS	.050748	2,365
58	ASC (NON-DISTINCT PART)		
58	01 PULMONARY FUNCTION TESTIN	.024705	
58	02 ORTHOTICS LAB	.063826	21
59	OTHER ANCILLARY SERVICE C		
60	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
60	01 CLINIC CSC	.078437	647
60	02 CLINIC UNIVERSITY STATION	.110233	18
60	03 CLINIC WAI SMAN	.319252	
60	04 CLINIC WEST	.093245	230
60	05 CLINIC EAST	.092006	
60	06 CLINIC RESEARCH PARK	.103775	
61	EMERGENCY	.027211	3
62	OBSERVATION BEDS (NON-DIS		
63	OTHER OUTPATIENT SERVICE		
63	OTHER REIMBURS COST CNTRS		
64	HOME PROGRAM DIALYSIS		
65	AMBULANCE SERVICES		
66	DURABLE MEDICAL EQUIP-REN		
67	DURABLE MEDICAL EQUIP-SOL		
68	OTHER REIMBURSABLE COST C		
101	TOTAL		93,062

TITLE XVIII, PART A SUBPROVIDER 2 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	1.01	MED ED NRS SCHOOL COST	2	MED ED ALLIED HEALTH COST	2.01	MED ED ALL OTHER COSTS	2.02	BLOOD CLOT FOR HEMOPHILIACS	2.03
37	ANCILLARY SRVC COST CNTRS										
38	OPERATING ROOM										
39	RECOVERY ROOM										
40	DELIVERY ROOM & LABOR ROO										
41	ANESTHESIOLOGY										
42	RADIOLOGY-DIAGNOSTIC							1,071,209			
43	RADIOLOGY-THERAPEUTIC							92,485			
44	RADIOISOTOPE										
45	LABORATORY										
46	PBP CLINICAL LAB SERVICES										
47	WHOLE BLOOD & PACKED RED										
48	BLOOD STORING, PROCESSING										
49	INTRAVENOUS THERAPY										
49	RESPIRATORY THERAPY										
50	01 NEURO PSYCH TESTING										
51	PHYSICAL THERAPY										
52	OCCUPATIONAL THERAPY										
53	SPEECH PATHOLOGY										
54	ELECTROCARDIOLOGY										
55	ELECTROENCEPHALOGRAPHY										
56	MEDICAL SUPPLIES CHARGED										
57	DRUGS CHARGED TO PATIENTS							1,097,332			
58	RENAL DIALYSIS										
58	ASC (NON-DISTINCT PART)										
58	01 PULMONARY FUNCTION TESTIN										
58	02 ORTHOTICS LAB										
59	OTHER ANCILLARY SERVICE C										
60	OUTPAT SERVICE COST CNTRS										
60	CLINIC										
60	01 CLINIC CSC										
60	02 CLINIC UNIVERSITY STATION										
60	03 CLINIC WAI SMAN										
60	04 CLINIC WEST										
60	05 CLINIC EAST										
60	06 CLINIC RESEARCH PARK										
61	EMERGENCY							1,288,114			
62	OBSERVATION BEDS (NON-DIS							2,507			
63	OTHER OUTPATIENT SERVICE										
64	OTHER REIMBURS COST CNTRS										
65	HOME PROGRAM DIALYSIS										
66	AMBULANCE SERVICES										
67	DURABLE MEDICAL EQUIP-REN										
68	DURABLE MEDICAL EQUIP-SOL										
68	OTHER REIMBURSABLE COST C										
101	TOTAL							3,551,647			

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF CST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
38	OPERATING ROOM			263,892,382			6,327	
39	RECOVERY ROOM							
40	DELIVERY ROOM & LABOR ROO							
41	ANESTHESIOLOGY			55,602,499			1,301	
42	RADIOLOGY-DIAGNOSTIC	1,071,209	1,071,209	268,915,858	.003983	.003983	113,208	451
43	RADIOLOGY-THERAPEUTIC	92,485	92,485	44,925,496	.002059	.002059	23,149	48
44	RADIOISOTOPE			9,478,660				
45	LABORATORY			176,536,107			171,295	
46	PBP CLINICAL LAB SERVICES							
47	WHOLE BLOOD & PACKED RED							
48	BLOOD STORING, PROCESSING							
49	INTRAVENOUS THERAPY							
50	RESPIRATORY THERAPY			32,359,699			59,222	
51	NEURO PSYCH TESTING			832,634			498	
52	PHYSICAL THERAPY			49,412,021			1,834,218	
53	OCCUPATIONAL THERAPY							
54	SPEECH PATHOLOGY							
55	ELECTROCARDIOLOGY			84,850,745			26,072	
56	ELECTROENCEPHALOGRAPHY			7,336,405			1,298	
57	MEDICAL SUPPLIES CHARGED			1,746,317			10,662	
58	DRUGS CHARGED TO PATIENTS	1,097,332	1,097,332	258,390,427	.004247	.004247	574,620	2,440
59	RENAL DIALYSIS			5,198,733			46,609	
60	ASC (NON-DISTINCT PART)							
61	PULMONARY FUNCTION TESTIN			2,244,847				
62	ORTHOTICS LAB			3,149,172			322	
63	OTHER ANCILLARY SERVICE C							
64	OUTPAT SERVICE COST CNTRS							
65	CLINIC							
66	01 CLINIC CSC			78,587,711			8,254	
67	02 CLINIC UNIVERSITY STATION			13,481,757			161	
68	03 CLINIC WAI SMAN			764,478				
69	04 CLINIC WEST			17,255,028			2,470	
70	05 CLINIC EAST			10,584,152				
71	06 CLINIC RESEARCH PARK			5,144,679				
72	EMERGENCY	1,288,114	1,288,114	42,169,130	.030546	.030546	101	3
73	OBSERVATION BEDS (NON-DIS	2,507	2,507					
74	OTHER OUTPATIENT SERVICE							
75	OTHER REIMBURS COST CNTRS							
76	HOME PROGRAM DIALYSIS							
77	AMBULANCE SERVICES							
78	DURABLE MEDICAL EQUIP-REN							
79	DURABLE MEDICAL EQUIP-SOL							
80	OTHER REIMBURSABLE COST C							
101	TOTAL	3,551,647	3,551,647	1432,858,937			2,879,787	2,942

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES 8	OUTPAT PROG D, V COL 5.03 8.01	OUTPAT PROG D, V COL 5.04 8.02	OUTPAT PROG PASS THRU COST 9	COL 8.01 * COL 5 9.01	COL 8.02 * COL 5 9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
38	RECOVERY ROOM						
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING						
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY						
49	01 NEURO PSYCH TESTING						
50	PHYSICAL THERAPY						
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
56	DRUGS CHARGED TO PATIENTS						
57	RENAL DIALYSIS						
58	ASC (NON-DISTINCT PART)						
58	01 PULMONARY FUNCTION TESTIN						
58	02 ORTHOTICS LAB						
59	OTHER ANCILLARY SERVICE C						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 CLINIC CSC						
60	02 CLINIC UNIVERSITY STATION						
60	03 CLINIC WAI SMAN						
60	04 CLINIC WEST						
60	05 CLINIC EAST						
60	06 CLINIC RESEARCH PARK						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
63	OTHER OUTPATIENT SERVICE						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
68	OTHER REIMBURSABLE COST C						
101	TOTAL						

TITLE XIX - O/P

HOSPITAL

Cost Center Description	Cost/Charge Ratio (C, Pt I, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic	All Other (1)
	1	2	3	4	5
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	. 412028				2, 418, 344
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY	. 192400				669, 016
41 RADIOLOGY-DIAGNOSTIC	. 208996				7, 105, 134
42 RADIOLOGY-THERAPEUTIC	. 222535				1, 670, 379
43 RADIOISOTOPE	. 421080				221, 742
44 LABORATORY	. 296674				3, 785, 811
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47 BLOOD STORING, PROCESSING & TRANS.					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY	. 535990				86, 170
49 01 NEURO PSYCH TESTING	. 510539				11, 328
50 PHYSICAL THERAPY	. 518915				161, 851
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY	. 336758				1, 336, 082
54 ELECTROENCEPHALOGRAPHY	. 313100				239, 503
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	. 451202				4, 108
56 DRUGS CHARGED TO PATIENTS	. 498145				4, 715, 201
57 RENAL DIALYSIS	. 673234				1, 165
58 ASC (NON-DISTINCT PART)					
58 01 PULMONARY FUNCTION TESTING	. 294902				89, 578
58 02 ORTHOTICS LAB	. 793807				37, 759
59 OTHER ANCILLARY SERVICE COST CENTERS					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 CLINIC CSC	. 814566				3, 187, 678
60 02 CLINIC UNIVERSITY STATION	1. 153532				514, 500
60 03 CLINIC WISMAN	1. 525022				139, 339
60 04 CLINIC WEST	1. 442715				450, 412
60 05 CLINIC EAST	1. 266185				368, 866
60 06 CLINIC RESEARCH PARK	1. 042762				115, 079
61 EMERGENCY	. 356367				1, 588, 742
62 OBSERVATION BEDS (NON-DISTINCT PART)					
63 OTHER OUTPATIENT SERVICE COST CENTER					
63 OTHER REIMBURS COST CNTRS					
64 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES	. 488494				
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
68 OTHER REIMBURSABLE COST CENTERS					
101 SUBTOTAL					28, 917, 787
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
104 NET CHARGES					28, 917, 787

TITLE XIX - O/P

HOSPITAL

Cost Center Description	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology
	5.01	5.02	5.03	6	7
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM					
38 RECOVERY ROOM					
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY					
41 RADIOLOGY-DIAGNOSTIC					
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE					
44 LABORATORY					
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47 BLOOD STORING, PROCESSING & TRANS.					
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY					
49 01 NEURO PSYCH TESTING					
50 PHYSICAL THERAPY					
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY					
53 ELECTROCARDIOLOGY					
54 ELECTROENCEPHALOGRAPHY					
55 MEDICAL SUPPLIES CHARGED TO PATIENTS					
56 DRUGS CHARGED TO PATIENTS					
57 RENAL DIALYSIS					
58 ASC (NON-DISTINCT PART)					
58 01 PULMONARY FUNCTION TESTING					
58 02 ORTHOTICS LAB					
59 OTHER ANCILLARY SERVICE COST CENTERS					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 CLINIC CSC					
60 02 CLINIC UNIVERSITY STATION					
60 03 CLINIC WATSMAN					
60 04 CLINIC WEST					
60 05 CLINIC EAST					
60 06 CLINIC RESEARCH PARK					
61 EMERGENCY					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
63 OTHER OUTPATIENT SERVICE COST CENTER					
63 OTHER REIMBURS COST CNTRS					
64 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
68 OTHER REIMBURSABLE COST CENTERS					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS-					
PROGRAM ONLY CHARGES					
104 NET CHARGES					

TITLE XVIII PART A HOSPITAL PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	1,144
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,132.12
85	OBSERVATION BED COST	1,295,145

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	118,191,202		1,295,145	
87	NEW CAPITAL-RELATED COST	7,259,039	.061418	1,295,145	79,545
88	NON PHYSICIAN ANESTHETIST			1,295,145	
89	MEDICAL EDUCATION			1,295,145	
89.01	MEDICAL EDUCATION - ALLIED HEA	228,855	.001936	1,295,145	2,507
89.02	MEDICAL EDUCATION - ALL OTHER			1,295,145	

TITLE XVIII PART A SUBPROVIDER I PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	964.70
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	4,565,920			
87	NEW CAPITAL-RELATED COST	319,320	4,565,920		
88	NON PHYSICIAN ANESTHETIST		4,565,920	.069936	
89	MEDICAL EDUCATION		4,565,920		
89.01	MEDICAL EDUCATION - ALLIED HEA		4,565,920		
89.02	MEDICAL EDUCATION - ALL OTHER		4,565,920		

TITLE XVIII PART A SUBPROVIDER II PPS

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	975.00
85	OBSERVATION BED COST	

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86	OLD CAPITAL-RELATED COST	6,629,001			
87	NEW CAPITAL-RELATED COST	471,306	.071098		
88	NON PHYSICIAN ANESTHETIST	6,629,001			
89	MEDICAL EDUCATION	6,629,001			
89.01	MEDICAL EDUCATION - ALLIED HEA	6,629,001			
89.02	MEDICAL EDUCATION - ALL OTHER	6,629,001			

TITLE XIX - I/P HOSPITAL OTHER

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

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

PART IV - COMPUTATION OF OBSERVATION BED COST

83	TOTAL OBSERVATION BED DAYS	1,144
84	ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	1,431.78
85	OBSERVATION BED COST	1,637,956

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

TITLE XIX - I/P SUBPROVIDER II OTHER

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

1

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

PART IV - COMPUTATION OF OBSERVATION BED COST

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

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

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

TITLE XVIII, PART A HOSPITAL PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		47,962,934	
26	INTENSIVE CARE UNIT			
26 01	TRAUMA INTENSIVE CARE UNIT		13,236,636	
26 02	BURN INTENSIVE CARE UNIT		894,214	
26 03	SURGICAL INTENSIVE CARE UNIT		6,714,182	
26 04	MEDICAL INTENSIVE CARE UNIT		3,605,252	
26 05	PEDIATRIC INTENSIVE CARE UNIT		2,282	
26 06	NEURO INTENSIVE CARE UNIT		6,041,865	
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
30	PSYCHIATRIC INTENSIVE CARE UNIT			
31	SUBPROVIDER			
31 01	SUBPROVIDER-REHAB			
37	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	.412028	46,938,938	19,340,157
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY	.192400	11,390,334	2,191,500
41	RADIOLOGY-DIAGNOSTIC	.208996	26,788,689	5,598,729
42	RADIOLOGY-THERAPEUTIC	.222535	627,101	139,552
43	RADIOISOTOPE	.421080	463,983	195,374
44	LABORATORY	.296674	29,300,997	8,692,844
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.535990	7,432,312	3,983,645
49 01	NEURO PSYCH TESTING	.510539	15,911	8,123
50	PHYSICAL THERAPY	.518915	5,074,329	2,633,145
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.336758	25,702,963	8,655,678
54	ELECTROENCEPHALOGRAPHY	.313100	568,235	177,914
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.451202	550,920	248,576
56	DRUGS CHARGED TO PATIENTS	.498145	34,150,429	17,011,865
57	RENAL DIALYSIS	.673234	2,041,900	1,374,677
58	ASC (NON-DISTINCT PART)			
58 01	PULMONARY FUNCTION TESTING	.294902	111,579	32,905
58 02	ORTHOTICS LAB	.793807	821	652
59	OTHER ANCILLARY SERVICE COST CENTERS			
60	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60 01	CLINIC CSC	.814566	1,938,607	1,579,123
60 02	CLINIC UNIVERSITY STATION	1.153532	25,815	29,778
60 03	CLINIC WAIMAN	1.525022		
60 04	CLINIC WEST	1.442715	91,371	131,822
60 05	CLINIC EAST	1.266185	10,284	13,021
60 06	CLINIC RESEARCH PARK	1.042762	2,395	2,497
61	EMERGENCY	.356367	5,712,494	2,035,744
62	OBSERVATION BEDS (NON-DISTINCT PART)			
63	OTHER OUTPATIENT SERVICE COST CENTER			
64	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
68	OTHER REIMBURSABLE COST CENTERS			
101	TOTAL		198,940,407	74,077,321
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		198,940,407	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 52-0098
 COMPONENT NO: 52-S098
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/24/2009
 WORKSHEET D-4

TITLE XVIII, PART A SUBPROVIDER 1 PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
26	01 TRAUMA INTENSIVE CARE UNIT			
26	02 BURN INTENSIVE CARE UNIT			
26	03 SURGICAL INTENSIVE CARE UNIT			
26	04 MEDICAL INTENSIVE CARE UNIT			
26	05 PEDIATRIC INTENSIVE CARE UNIT			
26	06 NEURO INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
30	PSYCHIATRIC INTENSIVE CARE UNIT			
31	SUBPROVIDER		1,730,018	
31	01 SUBPROVIDER-REHAB			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.412028	9,747	4,016
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY	.192400	16,356	3,147
41	RADIOLOGY-DIAGNOSTIC	.208996	110,908	23,179
42	RADIOLOGY-THERAPEUTIC	.222535		
43	RADIOISOTOPE	.421080	639	269
44	LABORATORY	.296674	200,824	59,579
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.535990	18,313	9,816
49	01 NEURO PSYCH TESTING	.510539	15,278	7,800
50	PHYSICAL THERAPY	.518915	185,687	96,356
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.336758	11,277	3,798
54	ELECTROENCEPHALOGRAPHY	.313100	6,511	2,039
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.451202	103	46
56	DRUGS CHARGED TO PATIENTS	.498145	304,994	151,931
57	RENAL DIALYSIS	.673234	5,119	3,446
58	ASC (NON-DISTINCT PART)			
58	01 PULMONARY FUNCTION TESTING	.294902		
58	02 ORTHOTICS LAB	.793807		
59	OTHER ANCILLARY SERVICE COST CENTERS			
60	OUTPAT SERVICE COST CNTRS CLINIC			
60	01 CLINIC CSC	.814566	3,071	2,502
60	02 CLINIC UNIVERSITY STATION	1.153532		
60	03 CLINIC WAIMAN	1.525022		
60	04 CLINIC WEST	1.442715	1,943	2,803
60	05 CLINIC EAST	1.266185	181	229
60	06 CLINIC RESEARCH PARK	1.042762		
61	EMERGENCY	.356367	132,752	47,308
62	OBSERVATION BEDS (NON-DISTINCT PART)			
63	OTHER OUTPATIENT SERVICE COST CENTER			
64	OTHER REIMBURS COST CNTRS HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
68	OTHER REIMBURSABLE COST CENTERS			
101	TOTAL		1,023,703	418,264
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		1,023,703	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 52-0098
 COMPONENT NO: 52-T098
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/24/2009
 WORKSHEET D-4

TITLE XVIII, PART A

SUBPROVIDER 2

PPS

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
26	01 TRAUMA INTENSIVE CARE UNIT			
26	02 BURN INTENSIVE CARE UNIT			
26	03 SURGICAL INTENSIVE CARE UNIT			
26	04 MEDICAL INTENSIVE CARE UNIT			
26	05 PEDIATRIC INTENSIVE CARE UNIT			
26	06 NEURO INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
30	PSYCHIATRIC INTENSIVE CARE UNIT			
31	SUBPROVIDER			
31	01 SUBPROVIDER-REHAB		2,175,321	
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.412028	6,327	2,607
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY	.192400	1,301	250
41	RADIOLOGY-DIAGNOSTIC	.208996	113,208	23,660
42	RADIOLOGY-THERAPEUTIC	.222535	23,149	5,151
43	RADIOISOTOPE	.421080		
44	LABORATORY	.296674	171,295	50,819
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.535990	59,222	31,742
49	01 NEURO PSYCH TESTING	.510539	498	254
50	PHYSICAL THERAPY	.518915	1,834,218	951,803
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.336758	26,072	8,780
54	ELECTROENCEPHALOGRAPHY	.313100	1,298	406
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.451202	10,662	4,811
56	DRUGS CHARGED TO PATIENTS	.498145	574,620	286,244
57	RENAL DIALYSIS	.673234	46,609	31,379
58	ASC (NON-DISTINCT PART)			
58	01 PULMONARY FUNCTION TESTING	.294902		
58	02 ORTHOTICS LAB	.793807	322	256
59	OTHER ANCILLARY SERVICE COST CENTERS			
60	OUTPAT SERVICE COST CNTRS CLINIC			
60	01 CLINIC CSC	.814566	8,254	6,723
60	02 CLINIC UNIVERSITY STATION	1.153532	161	186
60	03 CLINIC WAIMAN	1.525022		
60	04 CLINIC WEST	1.442715	2,470	3,564
60	05 CLINIC EAST	1.266185		
60	06 CLINIC RESEARCH PARK	1.042762		
61	EMERGENCY	.356367	101	36
62	OBSERVATION BEDS (NON-DISTINCT PART)			
63	OTHER OUTPATIENT SERVICE COST CENTER			
64	OTHER REIMBURS COST CNTRS HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
68	OTHER REIMBURSABLE COST CENTERS			
101	TOTAL		2,879,787	1,408,671
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		2,879,787	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 52-0098
 COMPONENT NO: 52-0098
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/24/2009
 WORKSHEET D-4

TITLE XIX HOSPITAL OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS		13,811,247	
26	INTENSIVE CARE UNIT			
26 01	TRAUMA INTENSIVE CARE UNIT		2,516,116	
26 02	BURN INTENSIVE CARE UNIT		597,815	
26 03	SURGICAL INTENSIVE CARE UNIT		526,405	
26 04	MEDICAL INTENSIVE CARE UNIT		234,812	
26 05	PEDIATRIC INTENSIVE CARE UNIT		6,000,027	
26 06	NEURO INTENSIVE CARE UNIT		1,218,745	
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
30	PSYCHIATRIC INTENSIVE CARE UNIT			
31	SUBPROVIDER			
31 01	SUBPROVIDER-REHAB			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.412028	9,804,884	4,039,887
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY	.192400	1,992,779	383,411
41	RADIOLOGY-DIAGNOSTIC	.208996	5,920,770	1,237,417
42	RADIOLOGY-THERAPEUTIC	.222535	135,643	30,185
43	RADIOISOTOPE	.421080	52,073	21,927
44	LABORATORY	.296674	7,241,563	2,148,383
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.535990	3,604,917	1,932,199
49 01	NEURO PSYCH TESTING	.510539	15,633	7,981
50	PHYSICAL THERAPY	.518915	2,346,083	1,217,418
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.336758	2,512,459	846,091
54	ELECTROENCEPHALOGRAPHY	.313100	196,483	61,519
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.451202	194,032	87,548
56	DRUGS CHARGED TO PATIENTS	.498145	10,294,553	5,128,180
57	RENAL DIALYSIS	.673234	349,442	235,256
58	ASC (NON-DISTINCT PART)			
58 01	PULMONARY FUNCTION TESTING	.294902	30,253	8,922
58 02	ORTHOTICS LAB	.793807	6,055	4,807
59	OTHER ANCILLARY SERVICE COST CENTERS OUTPAT SERVICE COST CNTRS CLINIC			
60	CLINIC			
60 01	CLINIC CSC	.814566	394,373	321,243
60 02	CLINIC UNIVERSITY STATION	1.153532	10,038	11,579
60 03	CLINIC WAIMAN	1.525022		
60 04	CLINIC WEST	1.442715	16,754	24,171
60 05	CLINIC EAST	1.266185	679	860
60 06	CLINIC RESEARCH PARK	1.042762		
61	EMERGENCY	.356367	1,605,921	572,297
62	OBSERVATION BEDS (NON-DISTINCT PART)			
63	OTHER OUTPATIENT SERVICE COST CENTER OTHER REIMBURS COST CNTRS HOME PROGRAM DIALYSIS			
64	HOME PROGRAM DIALYSIS			
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
68	OTHER REIMBURSABLE COST CENTERS			
101	TOTAL		46,725,387	18,321,281
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES		46,725,387	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: 52-0098
 COMPONENT NO: 52-S098
 PERIOD: FROM 7/1/2008 TO 6/30/2009
 PREPARED 11/24/2009
 WORKSHEET D-4

TITLE XIX SUBPROVIDER 1 OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
26	01 TRAUMA INTENSIVE CARE UNIT			
26	02 BURN INTENSIVE CARE UNIT			
26	03 SURGICAL INTENSIVE CARE UNIT			
26	04 MEDICAL INTENSIVE CARE UNIT			
26	05 PEDIATRIC INTENSIVE CARE UNIT			
26	06 NEURO INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
30	PSYCHIATRIC INTENSIVE CARE UNIT			
31	SUBPROVIDER		745,824	
31	01 SUBPROVIDER-REHAB			
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.412028		
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY	.192400		
41	RADIOLOGY-DIAGNOSTIC	.208996		
42	RADIOLOGY-THERAPEUTIC	.222535		
43	RADIOISOTOPE	.421080		
44	LABORATORY	.296674		
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.535990		
49	01 NEURO PSYCH TESTING	.510539		
50	PHYSICAL THERAPY	.518915		
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.336758		
54	ELECTROENCEPHALOGRAPHY	.313100		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.451202		
56	DRUGS CHARGED TO PATIENTS	.498145		
57	RENAL DIALYSIS	.673234		
58	ASC (NON-DISTINCT PART)			
58	01 PULMONARY FUNCTION TESTING	.294902		
58	02 ORTHOTICS LAB	.793807		
59	OTHER ANCILLARY SERVICE COST CENTERS OUTPAT SERVICE COST CNTRS CLINIC			
60	01 CLINIC CSC	.814566		
60	02 CLINIC UNIVERSITY STATION	1.153532		
60	03 CLINIC WAIMAN	1.525022		
60	04 CLINIC WEST	1.442715		
60	05 CLINIC EAST	1.266185		
60	06 CLINIC RESEARCH PARK	1.042762		
61	EMERGENCY	.356367		
62	OBSERVATION BEDS (NON-DISTINCT PART)			
63	OTHER OUTPATIENT SERVICE COST CENTER OTHER REIMBURS COST CNTRS HOME PROGRAM DIALYSIS			
64	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
68	OTHER REIMBURSABLE COST CENTERS			
101	TOTAL			
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES			

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

PROVIDER NO: PERIOD: PREPARED 11/24/2009
 52-0098 FROM 7/ 1/2008 WORKSHEET D-4
 COMPONENT NO: TO 6/30/2009
 52-T098

TITLE XIX SUBPROVIDER 2 OTHER

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS			
26	INTENSIVE CARE UNIT			
26	01 TRAUMA INTENSIVE CARE UNIT			
26	02 BURN INTENSIVE CARE UNIT			
26	03 SURGICAL INTENSIVE CARE UNIT			
26	04 MEDICAL INTENSIVE CARE UNIT			
26	05 PEDIATRIC INTENSIVE CARE UNIT			
26	06 NEURO INTENSIVE CARE UNIT			
27	CORONARY CARE UNIT			
28	BURN INTENSIVE CARE UNIT			
29	SURGICAL INTENSIVE CARE UNIT			
30	PSYCHIATRIC INTENSIVE CARE UNIT			
31	SUBPROVIDER			
31	01 SUBPROVIDER-REHAB		733,869	
37	ANCILLARY SRVC COST CNTRS OPERATING ROOM	.412028		
38	RECOVERY ROOM			
39	DELIVERY ROOM & LABOR ROOM			
40	ANESTHESIOLOGY	.192400		
41	RADIOLOGY-DIAGNOSTIC	.208996		
42	RADIOLOGY-THERAPEUTIC	.222535		
43	RADIOISOTOPE	.421080		
44	LABORATORY	.296674		
45	PBP CLINICAL LAB SERVICES-PRGM ONLY			
46	WHOLE BLOOD & PACKED RED BLOOD CELLS			
47	BLOOD STORING, PROCESSING & TRANS.			
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	.535990		
49	01 NEURO PSYCH TESTING	.510539		
50	PHYSICAL THERAPY	.518915		
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY			
53	ELECTROCARDIOLOGY	.336758		
54	ELECTROENCEPHALOGRAPHY	.313100		
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	.451202		
56	DRUGS CHARGED TO PATIENTS	.498145		
57	RENAL DIALYSIS	.673234		
58	ASC (NON-DISTINCT PART)			
58	01 PULMONARY FUNCTION TESTING	.294902		
58	02 ORTHOTICS LAB	.793807		
59	OTHER ANCILLARY SERVICE COST CENTERS OUTPAT SERVICE COST CNTRS CLINIC			
60	01 CLINIC CSC	.814566		
60	02 CLINIC UNIVERSITY STATION	1.153532		
60	03 CLINIC WAIMAN	1.525022		
60	04 CLINIC WEST	1.442715		
60	05 CLINIC EAST	1.266185		
60	06 CLINIC RESEARCH PARK	1.042762		
61	EMERGENCY	.356367		
62	OBSERVATION BEDS (NON-DISTINCT PART)			
63	OTHER OUTPATIENT SERVICE COST CENTER OTHER REIMBURS COST CNTRS HOME PROGRAM DIALYSIS			
64	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			
68	OTHER REIMBURSABLE COST CENTERS			
101	TOTAL			
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
103	NET CHARGES			

KIDNEY

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

COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		INPATIENT ROUTINE ORGAN CHARGES		PER DIEM COSTS FROM WKST. D-1		ORGAN ACQUISITION DAYS	COST (COL. 2 X COL. 3) 4
		1	D	2	D-1	3	
1	ADULTS & PEDIATRICS	603,188	38	1,132.	12	303	343,032
2	INTENSIVE CARE UNIT		43				
2.01	TRAUMA INTENSIVE CARE UNIT	27,794	43.01	2,553.	58	5	12,768
2.02	BURN INTENSIVE CARE UNIT	10,359	43.02	2,528.	96	2	5,058
2.03	SURGICAL INTENSIVE CARE UNIT	31,446	43.03	5,920.	61	6	35,524
2.04	MEDICAL INTENSIVE CARE UNIT	12,418	43.04	2,640.	50	2	5,281
2.05	PEDIATRIC INTENSIVE CARE UNIT		43.05	2,421.	65		
2.06	NEURO INTENSIVE CARE UNIT		43.06	1,952.	58		
3	CORONARY CARE UNIT		44				
4	BURN INTENSIVE CARE UNIT		45				
5	SURGICAL INTENSIVE CARE UNIT		46				
6	PSYCHIATRIC INTENSIVE CARE UNIT		47				
7	TOTAL (SUM OF LINES 1-6)	685,205				318	401,663

COMPUTATION OF ANCILLARY SERVICE COST APPLICABLE TO ORGAN ACQUISITION		RATIO OF COST/ CHARGES	ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS
C		1	2	3
8	OPERATING ROOM	37	.412028	2,400,983
9	RECOVERY ROOM	38		989,272
10	DELIVERY ROOM & LABOR ROO	39		
11	ANESTHESIOLOGY	40	.192400	402,717
12	RADIOLOGY-DIAGNOSTIC	41	.208996	712,098
13	RADIOLOGY-THERAPEUTIC	42	.222535	148,826
14	RADIOISOTOPE	43	.421080	17,425
15	LABORATORY	44	.296674	857,864
16	PBP CLINICAL LAB SERVICES	45		254,506
17	WHOLE BLOOD & PACKED RED	46		145
18	BLOOD STORING, PROCESSING	47		
19	INTRAVENOUS THERAPY	48		
20	RESPIRATORY THERAPY	49	.535990	14,375
20.01	NEURO PSYCH TESTING	49.01	.510539	7,705
21	PHYSICAL THERAPY	50	.518915	827
22	OCCUPATIONAL THERAPY	51		429
23	SPEECH PATHOLOGY	52		
24	ELECTROCARDIOLOGY	53	.336758	119,655
25	ELECTROENCEPHALOGRAPHY	54	.313100	17,886
26	MEDICAL SUPPLIES CHARGED	55	.451202	221,009
27	DRUGS CHARGED TO PATIENTS	56	.498145	236,006
28	RENAL DIALYSIS	57	.673234	117,565
29	ASC (NON-DISTINCT PART)	58		
29.01	PULMONARY FUNCTION TESTIN	58.01	.294902	
29.02	ORTHOTICS LAB	58.02	.793807	
30	OTHER ANCILLARY SERVICE C	59		
31	CLINIC	60		
31.01	CLINIC CSC	60.01	.814566	351,170
31.02	CLINIC UNIVERSITY STATION	60.02	1.153532	286,051
31.03	CLINIC WAI SMAN	60.03	1.525022	
31.04	CLINIC WEST	60.04	1.442715	
31.05	CLINIC EAST	60.05	1.266185	
31.06	CLINIC RESEARCH PARK	60.06	1.042762	
32	EMERGENCY	61	.356367	2,075
33	OBSERVATION BEDS (NON-DIS	62		739
34	OTHER OUTPATIENT SERVICE	63		
35	TOTAL (SUM OF LINES 8-34)			5,354,235
				2,035,528

KIDNEY

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

COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		AVERAGE COST PER DAY	ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS
D		1	2	3
36	ADULTS & PEDIATRICS	2	303	
37	INTENSIVE CARE UNIT	3		
37.01	TRAUMA INTENSIVE CARE UNIT	3.01	5	
37.02	BURN INTENSIVE CARE UNIT	3.02	2	
37.03	SURGICAL INTENSIVE CARE UNIT	3.03	6	
37.04	MEDICAL INTENSIVE CARE UNIT	3.04	2	
37.05	PEDIATRIC INTENSIVE CARE UNIT	3.05		
37.06	NEURO INTENSIVE CARE UNIT	3.06		
38	CORONARY CARE UNIT	4		
39	BURN INTENSIVE CARE UNIT	5		
40	SURGICAL INTENSIVE CARE UNIT	6		
41	PSYCHIATRIC INTENSIVE CARE UNIT	7		
42	TOTAL (SUM OF LINES 36-41)		318	

COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED		ORGAN ACQUISITION CHARGES	RATIO OF COST TO CHARGES	ORGAN ACQUISITION COSTS
D		1	2	3
43	CLINIC	20		
43.01	CLINIC CSC	351,170	20.01	
43.02	CLINIC UNIVERSITY STATION		20.02	
43.03	CLINIC WAI SMAN		20.03	
43.04	CLINIC WEST		20.04	
43.05	CLINIC EAST		20.05	
43.06	CLINIC RESEARCH PARK		20.06	
44	EMERGENCY	2,075	21	
45	OBSERVATION BEDS (NON-DISTINCT PART)		22	
46	OTHER OUTPATIENT SERVICE COST CENTER		23	
47	TOTAL (SUM OF LINES 43-46)	353,245		

KIDNEY

PART III - SUMMARY OF COSTS AND CHARGES

		C O S T		C H A R G E S	
		PART A 1	PART B 2	PART A 3	PART B 4
48	ROUTINE & ANCILLARY FROM PT 1	2,437,191		6,039,440	
49	INTERNS & RESIDENTS (INPATIENT)				
50	INTERNS & RESIDENTS (OUTPATIENT)				
51	DIRECT ORGAN ACQUISITION	11,676,872			
52	COST OF SERVS OF TEACHING PHYSICIANS				
53	TOTAL (SUM OF LINES 48-52)	14,114,063		6,039,440	
54	TOTAL USABLE ORGANS		545		
55	MEDICARE USABLE ORGANS		398		
56	RATIO MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		0.730275		
57	MEDICARE COST/CHARGES	10,307,147		4,410,452	
58	REVENUE FOR ORGANS SOLD	1,299,914			
59	SUBTOTAL (LN 57 MINUS LN 58)	9,007,233		4,410,452	
60	ORGANS FURNISHED PART B				
61	NET ORGAN ACQUISITION COST & CHARGES	9,007,233		4,410,452	

PART IV - STATISTICS

		LIVING RELATED 1	CADAVERIC 2	REVENUE 3
62	ORGANS EXCISED IN PROVIDER (1)		97	41
63	ORGANS PURCH OTHER TRANSPLANT HOSPS(2)			212
64	ORGANS PURCH FROM NON-TRANSPLT HOSPS			
65	ORGANS PURCHASED FROM OPOS			204
66	TOTAL (SUM OF LINES 62-65)		97	457
67	ORGANS TRANSPLANTED		97	204
68	ORGANS SOLD TO OTHER HOSPITALS			40
69	ORGANS SOLD TO OPOS			
70	ORGANS SOLD TO TRANSPLANT HOSPITALS			204
71	ORGANS SOLD TO MILITARY OR VA HOSPS			
72	ORGANS SOLD OUTSIDE UNITED STATES			
73	ORGANS SENT OUTSIDE U.S. NO REVENUE			
74	ORGANS USED FOR RESEARCH			
75	UNUSABLE/DISCARDED ORGANS			9
76	TOTAL (SUM LNS 67-75 SHOULD = LN 66)		97	457

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

LIVER

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

COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		INPATIENT ROUTINE ORGAN CHARGES		PER DIEM COSTS FROM WKST. D-1		ORGAN ACQUISITION DAYS	COST (COL. 2 X COL. 3)
		1	D	2	D-1	3	4
1	ADULTS & PEDIATRICS	14,425	38	1,132.	12	6	6,793
2	INTENSIVE CARE UNIT		43				
2.01	TRAUMA INTENSIVE CARE UNIT	11,623	43.01	2,553.	58	2	5,107
2.02	BURN INTENSIVE CARE UNIT		43.02	2,528.	96		
2.03	SURGICAL INTENSIVE CARE UNIT	11,121	43.03	5,920.	61	2	11,841
2.04	MEDICAL INTENSIVE CARE UNIT		43.04	2,640.	50		
2.05	PEDIATRIC INTENSIVE CARE UNIT		43.05	2,421.	65		
2.06	NEURO INTENSIVE CARE UNIT		43.06	1,952.	58		
3	CORONARY CARE UNIT		44				
4	BURN INTENSIVE CARE UNIT		45				
5	SURGICAL INTENSIVE CARE UNIT		46				
6	PSYCHIATRIC INTENSIVE CARE UNIT		47				
7	TOTAL (SUM OF LINES 1-6)	37,169				10	23,741

COMPUTATION OF ANCILLARY SERVICE COST APPLICABLE TO ORGAN ACQUISITION		RATIO OF COST/ CHARGES	ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS
C		1	2	3
8	OPERATING ROOM	37	.412028	168,681
9	RECOVERY ROOM	38		69,501
10	DELIVERY ROOM & LABOR ROO	39		
11	ANESTHESIOLOGY	40	.192400	19,982
12	RADIOLOGY-DIAGNOSTIC	41	.208996	66,121
13	RADIOLOGY-THERAPEUTIC	42	.222535	13,819
14	RADIOISOTOPE	43	.421080	469
15	LABORATORY	44	.296674	197
16	PBP CLINICAL LAB SERVICES	45		42,310
17	WHOLE BLOOD & PACKED RED	46		
18	BLOOD STORING, PROCESSING	47		
19	INTRAVENOUS THERAPY	48		
20	RESPIRATORY THERAPY	49	.535990	6,478
20.01	NEURO PSYCH TESTING	49.01	.510539	3,472
21	PHYSICAL THERAPY	50	.518915	341
22	OCCUPATIONAL THERAPY	51		177
23	SPEECH PATHOLOGY	52		
24	ELECTROCARDIOLOGY	53	.336758	24,158
25	ELECTROENCEPHALOGRAPHY	54	.313100	4,385
26	MEDICAL SUPPLIES CHARGED	55	.451202	3,523
27	DRUGS CHARGED TO PATIENTS	56	.498145	22,080
28	RENAL DIALYSIS	57	.673234	10,999
29	ASC (NON-DISTINCT PART)	58		
29.01	PULMONARY FUNCTION TESTIN	58.01	.294902	
29.02	ORTHOTICS LAB	58.02	.793807	
30	OTHER ANCILLARY SERVICE C	59		
31	CLINIC	60		
31.01	CLINIC CSC	60.01	.814566	24,362
31.02	CLINIC UNIVERSITY STATION	60.02	1.153532	19,844
31.03	CLINIC WAI SMAN	60.03	1.525022	
31.04	CLINIC WEST	60.04	1.442715	
31.05	CLINIC EAST	60.05	1.266185	
31.06	CLINIC RESEARCH PARK	60.06	1.042762	
32	EMERGENCY	61	.356367	
33	OBSERVATION BEDS (NON-DIS	62		
34	OTHER OUTPATIENT SERVICE	63		
35	TOTAL (SUM OF LINES 8-34)			483,193
				175,262

LIVER

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

COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		AVERAGE COST PER DAY	ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS
		1	2	3
36	ADULTS & PEDIATRICS	2	6	
37	INTENSIVE CARE UNIT	3		
37.01	TRAUMA INTENSIVE CARE UNIT	3.01	2	
37.02	BURN INTENSIVE CARE UNIT	3.02		
37.03	SURGICAL INTENSIVE CARE UNIT	3.03	2	
37.04	MEDICAL INTENSIVE CARE UNIT	3.04		
37.05	PEDIATRIC INTENSIVE CARE UNIT	3.05		
37.06	NEURO INTENSIVE CARE UNIT	3.06		
38	CORONARY CARE UNIT	4		
39	BURN INTENSIVE CARE UNIT	5		
40	SURGICAL INTENSIVE CARE UNIT	6		
41	PSYCHIATRIC INTENSIVE CARE UNIT	7		
42	TOTAL (SUM OF LINES 36-41)		10	

COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED		ORGAN ACQUISITION CHARGES	RATIO OF COST TO CHARGES	ORGAN ACQUISITION COSTS
		1	2	3
43	CLINIC	20		
43.01	CLINIC CSC	24,362	20.01	
43.02	CLINIC UNIVERSITY STATION		20.02	
43.03	CLINIC WAI SMAN		20.03	
43.04	CLINIC WEST		20.04	
43.05	CLINIC EAST		20.05	
43.06	CLINIC RESEARCH PARK		20.06	
44	EMERGENCY	21		
45	OBSERVATION BEDS (NON-DISTINCT PART)	22		
46	OTHER OUTPATIENT SERVICE COST CENTER	23		
47	TOTAL (SUM OF LINES 43-46)	24,362		

LIVER

PART III - SUMMARY OF COSTS AND CHARGES

		C O S T		C H A R G E S	
		PART A 1	PART B 2	PART A 3	PART B 4
48	ROUTINE & ANCILLARY FROM PT 1	199,003		520,362	
49	INTERNS & RESIDENTS (INPATIENT)				
50	INTERNS & RESIDENTS (OUTPATIENT)				
51	DIRECT ORGAN ACQUISITION	3,499,527			
52	COST OF SERVS OF TEACHING PHYSICIANS				
53	TOTAL (SUM OF LINES 48-52)	3,698,530		520,362	
54	TOTAL USABLE ORGANS		188		
55	MEDICARE USABLE ORGANS		125		
56	RATIO MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		0.664894		
57	MEDICARE COST/CHARGES	2,459,130		345,986	
58	REVENUE FOR ORGANS SOLD	460,800			
59	SUBTOTAL (LN 57 MINUS LN 58)	1,998,330		345,986	
60	ORGANS FURNISHED PART B				
61	NET ORGAN ACQUISITION COST & CHARGES	1,998,330		345,986	

PART IV - STATISTICS

		LIVING RELATED 1	CADAVERIC 2	REVENUE 3
62	ORGANS EXCISED IN PROVIDER (1)		1	19
63	ORGANS PURCH OTHER TRANSPLANT HOSPS(2)			96
64	ORGANS PURCH FROM NON-TRANSPLT HOSPS			
65	ORGANS PURCHASED FROM OPOS			86
66	TOTAL (SUM OF LINES 62-65)		1	201
67	ORGANS TRANSPLANTED		1	86
68	ORGANS SOLD TO OTHER HOSPITALS			15
69	ORGANS SOLD TO OPOS			
70	ORGANS SOLD TO TRANSPLANT HOSPITALS			86
71	ORGANS SOLD TO MILITARY OR VA HOSPS			
72	ORGANS SOLD OUTSIDE UNITED STATES			
73	ORGANS SENT OUTSIDE U.S. NO REVENUE			
74	ORGANS USED FOR RESEARCH			7
75	UNUSABLE/DISCARDED ORGANS			7
76	TOTAL (SUM LNS 67-75 SHOULD = LN 66)		1	201

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

HEART

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

COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		INPATIENT ROUTINE ORGAN CHARGES		PER DIEM COSTS FROM WKST. D-1		ORGAN ACQUISITION DAYS	COST (COL. 2 X COL. 3) 4
		1	D	2	D-1	3	
1	ADULTS & PEDIATRICS		38	1,132.12			
2	INTENSIVE CARE UNIT		43				
2.01	TRAUMA INTENSIVE CARE UNIT		43.01	2,553.58			
2.02	BURN INTENSIVE CARE UNIT		43.02	2,528.96			
2.03	SURGICAL INTENSIVE CARE UNIT		43.03	5,920.61			
2.04	MEDICAL INTENSIVE CARE UNIT		43.04	2,640.50			
2.05	PEDIATRIC INTENSIVE CARE UNIT		43.05	2,421.65			
2.06	NEURO INTENSIVE CARE UNIT		43.06	1,952.58			
3	CORONARY CARE UNIT		44				
4	BURN INTENSIVE CARE UNIT		45				
5	SURGICAL INTENSIVE CARE UNIT		46				
6	PSYCHIATRIC INTENSIVE CARE UNIT		47				
7	TOTAL (SUM OF LINES 1-6)						

COMPUTATION OF ANCILLARY SERVICE COST APPLICABLE TO ORGAN ACQUISITION		C	RATIO OF COST/ CHARGES	ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS
		1	2	3	
8	OPERATING ROOM	37	.412028	29,389	12,109
9	RECOVERY ROOM	38			
10	DELIVERY ROOM & LABOR ROO	39			
11	ANESTHESIOLOGY	40	.192400	2,111	406
12	RADIOLOGY-DIAGNOSTIC	41	.208996	11,563	2,417
13	RADIOLOGY-THERAPEUTIC	42	.222535		
14	RADIOISOTOPE	43	.421080		
15	LABORATORY	44	.296674	41,777	12,394
16	PBP CLINICAL LAB SERVICES	45			
17	WHOLE BLOOD & PACKED RED	46			
18	BLOOD STORING, PROCESSING	47			
19	INTRAVENOUS THERAPY	48			
20	RESPIRATORY THERAPY	49	.535990	11,966	6,414
20.01	NEURO PSYCH TESTING	49.01	.510539		
21	PHYSICAL THERAPY	50	.518915		
22	OCCUPATIONAL THERAPY	51			
23	SPEECH PATHOLOGY	52			
24	ELECTROCARDIOLOGY	53	.336758	51,764	17,432
25	ELECTROENCEPHALOGRAPHY	54	.313100	7,589	2,376
26	MEDICAL SUPPLIES CHARGED	55	.451202	3,145	1,419
27	DRUGS CHARGED TO PATIENTS	56	.498145	5,851	2,915
28	RENAL DIALYSIS	57	.673234		
29	ASC (NON-DISTINCT PART)	58			
29.01	PULMONARY FUNCTION TESTIN	58.01	.294902		
29.02	ORTHOTICS LAB	58.02	.793807		
30	OTHER ANCILLARY SERVICE C	59			
31	CLINIC	60			
31.01	CLINIC CSC	60.01	.814566	23,551	19,184
31.02	CLINIC UNIVERSITY STATION	60.02	1.153532		
31.03	CLINIC WAI SMAN	60.03	1.525022		
31.04	CLINIC WEST	60.04	1.442715		
31.05	CLINIC EAST	60.05	1.266185		
31.06	CLINIC RESEARCH PARK	60.06	1.042762		
32	EMERGENCY	61	.356367		
33	OBSERVATION BEDS (NON-DIS	62			
34	OTHER OUTPATIENT SERVICE	63			
35	TOTAL (SUM OF LINES 8-34)			188,706	77,066

HEART

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

COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		AVERAGE COST PER DAY	ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS
D		1	2	3
36	ADULTS & PEDIATRICS			
		2		
37	INTENSIVE CARE UNIT			
		3		
37.01	TRAUMA INTENSIVE CARE UNIT	3.01		
37.02	BURN INTENSIVE CARE UNIT	3.02		
37.03	SURGICAL INTENSIVE CARE UNIT	3.03		
37.04	MEDICAL INTENSIVE CARE UNIT	3.04		
37.05	PEDIATRIC INTENSIVE CARE UNIT	3.05		
37.06	NEURO INTENSIVE CARE UNIT	3.06		
38	CORONARY CARE UNIT	4		
39	BURN INTENSIVE CARE UNIT	5		
40	SURGICAL INTENSIVE CARE UNIT	6		
41	PSYCHIATRIC INTENSIVE CARE UNIT	7		
42	TOTAL (SUM OF LINES 36-41)			

COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED		ORGAN ACQUISITION CHARGES		RATIO OF COST TO CHARGES	ORGAN ACQUISITION COSTS
		1	D	2	3
43	CLINIC		20		
43.01	CLINIC CSC	23,551	20.01		
43.02	CLINIC UNIVERSITY STATION		20.02		
43.03	CLINIC WAI SMAN		20.03		
43.04	CLINIC WEST		20.04		
43.05	CLINIC EAST		20.05		
43.06	CLINIC RESEARCH PARK		20.06		
44	EMERGENCY		21		
45	OBSERVATION BEDS (NON-DISTINCT PART)		22		
46	OTHER OUTPATIENT SERVICE COST CENTER		23		
47	TOTAL (SUM OF LINES 43-46)	23,551			

HEART

PART III - SUMMARY OF COSTS AND CHARGES

		C O S T		C H A R G E S	
		PART A	PART B	PART A	PART B
		1	2	3	4
48	ROUTINE & ANCILLARY FROM PT 1	77,066		188,706	
49	INTERNS & RESIDENTS (INPATIENT)				
50	INTERNS & RESIDENTS (OUTPATIENT)				
51	DIRECT ORGAN ACQUISITION	1,500,332			
52	COST OF SERVS OF TEACHING PHYSICIANS				
53	TOTAL (SUM OF LINES 48-52)	1,577,398		188,706	
54	TOTAL USABLE ORGANS		45		
55	MEDICARE USABLE ORGANS		30		
56	RATIO MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		0.666667		
57	MEDICARE COST/CHARGES	1,051,599		125,804	
58	REVENUE FOR ORGANS SOLD	353,250			
59	SUBTOTAL (LN 57 MINUS LN 58)	698,349		125,804	
60	ORGANS FURNISHED PART B				
61	NET ORGAN ACQUISITION COST & CHARGES	698,349		125,804	

PART IV - STATISTICS

		LIVING RELATED	CADAVERIC	REVENUE
		1	2	3
62	ORGANS EXCISED IN PROVIDER (1)			4
63	ORGANS PURCH OTH TRANSPLANT HOSPS(2)			25
64	ORGANS PURCH FROM NON-TRANSPLT HOSPS			
65	ORGANS PURCHASED FROM OPOS			18
66	TOTAL (SUM OF LINES 62-65)			47
67	ORGANS TRANSPLANTED			18
68	ORGANS SOLD TO OTHER HOSPITALS			9
69	ORGANS SOLD TO OPOS			
70	ORGANS SOLD TO TRANSPLANT HOSPITALS			18
71	ORGANS SOLD TO MILITARY OR VA HOSPS			
72	ORGANS SOLD OUTSIDE UNITED STATES			
73	ORGANS SENT OUTSIDE U.S. NO REVENUE			
74	ORGANS USED FOR RESEARCH			2
75	UNUSABLE/DISCARDED ORGANS			
76	TOTAL (SUM LNS 67-75 SHOULD = LN 66)			47

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

LUNG

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

COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		INPATIENT ROUTINE ORGAN CHARGES		PER DIEM COSTS FROM WKST. D-1		ORGAN ACQUISITION DAYS	COST (COL. 2 X COL. 3) 4
		1	D	2	D-1	3	
1	ADULTS & PEDIATRICS		38				
2	INTENSIVE CARE UNIT		43				
2.01	TRAUMA INTENSIVE CARE UNIT		43.01		2,553.58		
2.02	BURN INTENSIVE CARE UNIT		43.02		2,528.96		
2.03	SURGICAL INTENSIVE CARE UNIT		43.03		5,920.61		
2.04	MEDICAL INTENSIVE CARE UNIT		43.04		2,640.50		
2.05	PEDIATRIC INTENSIVE CARE UNIT		43.05		2,421.65		
2.06	NEURO INTENSIVE CARE UNIT		43.06		1,952.58		
3	CORONARY CARE UNIT		44				
4	BURN INTENSIVE CARE UNIT		45				
5	SURGICAL INTENSIVE CARE UNIT		46				
6	PSYCHIATRIC INTENSIVE CARE UNIT		47				
7	TOTAL (SUM OF LINES 1-6)						

COMPUTATION OF ANCILLARY SERVICE COST APPLICABLE TO ORGAN ACQUISITION		C	RATIO OF COST/ CHARGES	ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS
		1		2	3
8	OPERATING ROOM	37	.412028	15,270	6,292
9	RECOVERY ROOM	38			
10	DELIVERY ROOM & LABOR ROO	39			
11	ANESTHESIOLOGY	40	.192400	534	103
12	RADIOLOGY-DIAGNOSTIC	41	.208996	4,017	840
13	RADIOLOGY-THERAPEUTIC	42	.222535		
14	RADIOISOTOPE	43	.421080	5,415	2,280
15	LABORATORY	44	.296674	7,468	2,216
16	PBP CLINICAL LAB SERVICES	45			
17	WHOLE BLOOD & PACKED RED	46			
18	BLOOD STORING, PROCESSING	47			
19	INTRAVENOUS THERAPY	48			
20	RESPIRATORY THERAPY	49	.535990	1,063	570
20.01	NEURO PSYCH TESTING	49.01	.510539		
21	PHYSICAL THERAPY	50	.518915		
22	OCCUPATIONAL THERAPY	51			
23	SPEECH PATHOLOGY	52			
24	ELECTROCARDIOLOGY	53	.336758	50,807	17,110
25	ELECTROENCEPHALOGRAPHY	54	.313100	12,460	3,901
26	MEDICAL SUPPLIES CHARGED	55	.451202	11,297	5,097
27	DRUGS CHARGED TO PATIENTS	56	.498145	3,836	1,911
28	RENAL DIALYSIS	57	.673234		
29	ASC (NON-DISTINCT PART)	58			
29.01	PULMONARY FUNCTION TESTIN	58.01	.294902		
29.02	ORTHOTICS LAB	58.02	.793807		
30	OTHER ANCILLARY SERVICE C	59			
31	CLINIC	60			
31.01	CLINIC CSC	60.01	.814566	14,014	11,415
31.02	CLINIC UNIVERSITY STATION	60.02	1.153532		
31.03	CLINIC WAI SMAN	60.03	1.525022		
31.04	CLINIC WEST	60.04	1.442715		
31.05	CLINIC EAST	60.05	1.266185		
31.06	CLINIC RESEARCH PARK	60.06	1.042762		
32	EMERGENCY	61	.356367		
33	OBSERVATION BEDS (NON-DIS	62			
34	OTHER OUTPATIENT SERVICE	63			
35	TOTAL (SUM OF LINES 8-34)			126,181	51,735

LUNG

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

COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		AVERAGE COST PER DAY	ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS
D		1	2	3
36	ADULTS & PEDIATRICS			
		2		
37	INTENSIVE CARE UNIT			
		3		
37.01	TRAUMA INTENSIVE CARE UNIT	3.01		
37.02	BURN INTENSIVE CARE UNIT	3.02		
37.03	SURGICAL INTENSIVE CARE UNIT	3.03		
37.04	MEDICAL INTENSIVE CARE UNIT	3.04		
37.05	PEDIATRIC INTENSIVE CARE UNIT	3.05		
37.06	NEURO INTENSIVE CARE UNIT	3.06		
38	CORONARY CARE UNIT	4		
39	BURN INTENSIVE CARE UNIT	5		
40	SURGICAL INTENSIVE CARE UNIT	6		
41	PSYCHIATRIC INTENSIVE CARE UNIT	7		
42	TOTAL (SUM OF LINES 36-41)			

COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED		ORGAN ACQUISITION CHARGES	RATIO OF COST TO CHARGES	ORGAN ACQUISITION COSTS
D		1	2	3
43	CLINIC			20
43.01	CLINIC CSC	14,014	20.01	
43.02	CLINIC UNIVERSITY STATION		20.02	
43.03	CLINIC WAI SMAN		20.03	
43.04	CLINIC WEST		20.04	
43.05	CLINIC EAST		20.05	
43.06	CLINIC RESEARCH PARK		20.06	
44	EMERGENCY		21	
45	OBSERVATION BEDS (NON-DISTINCT PART)		22	
46	OTHER OUTPATIENT SERVICE COST CENTER		23	
47	TOTAL (SUM OF LINES 43-46)	14,014		

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PART III - SUMMARY OF COSTS AND CHARGES

		C O S T		C H A R G E S	
		PART A	PART B	PART A	PART B
		1	2	3	4
48	ROUTINE & ANCILLARY FROM PT 1	51,735		126,181	
49	INTERNS & RESIDENTS (INPATIENT)				
50	INTERNS & RESIDENTS (OUTPATIENT)				
51	DIRECT ORGAN ACQUISITION	2,432,615			
52	COST OF SERVS OF TEACHING PHYSICIANS				
53	TOTAL (SUM OF LINES 48-52)	2,484,350		126,181	
54	TOTAL USABLE ORGANS		111		
55	MEDICARE USABLE ORGANS		74		
56	RATIO MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		0.666667		
57	MEDICARE COST/CHARGES	1,656,234		84,121	
58	REVENUE FOR ORGANS SOLD	148,000			
59	SUBTOTAL (LN 57 MINUS LN 58)	1,508,234		84,121	
60	ORGANS FURNISHED PART B				
61	NET ORGAN ACQUISITION COST & CHARGES	1,508,234		84,121	

PART IV - STATISTICS

		LIVING RELATED	CADAVERIC	REVENUE
		1	2	3
62	ORGANS EXCISED IN PROVIDER (1)		58	
63	ORGANS PURCH OTHER TRANSPLANT HOSPS(2)			
64	ORGANS PURCH FROM NON-TRANSPLT HOSPS			
65	ORGANS PURCHASED FROM OPOS		53	
66	TOTAL (SUM OF LINES 62-65)		111	
67	ORGANS TRANSPLANTED		53	
68	ORGANS SOLD TO OTHER HOSPITALS		5	
69	ORGANS SOLD TO OPOS			
70	ORGANS SOLD TO TRANSPLANT HOSPITALS		53	
71	ORGANS SOLD TO MILITARY OR VA HOSPS			
72	ORGANS SOLD OUTSIDE UNITED STATES			
73	ORGANS SENT OUTSIDE U.S. NO REVENUE			
74	ORGANS USED FOR RESEARCH			
75	UNUSABLE/DISCARDED ORGANS			
76	TOTAL (SUM LNS 67-75 SHOULD = LN 66)		111	

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

PANCREAS

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

COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		INPATIENT ROUTINE ORGAN CHARGES	PER DIEM COSTS FROM WKST. D-1	ORGAN ACQUISITION DAYS	COST (COL. 2 X COL. 3) 4
		1 D	2	3	
1	ADULTS & PEDIATRICS	38	1,132.12		
2	INTENSIVE CARE UNIT	43			
2.01	TRAUMA INTENSIVE CARE UNIT	43.01	2,553.58		
2.02	BURN INTENSIVE CARE UNIT	43.02	2,528.96		
2.03	SURGICAL INTENSIVE CARE UNIT	43.03	5,920.61		
2.04	MEDICAL INTENSIVE CARE UNIT	43.04	2,640.50		
2.05	PEDIATRIC INTENSIVE CARE UNIT	43.05	2,421.65		
2.06	NEURO INTENSIVE CARE UNIT	43.06	1,952.58		
3	CORONARY CARE UNIT	44			
4	BURN INTENSIVE CARE UNIT	45			
5	SURGICAL INTENSIVE CARE UNIT	46			
6	PSYCHIATRIC INTENSIVE CARE UNIT	47			
7	TOTAL (SUM OF LINES 1-6)				

COMPUTATION OF ANCILLARY SERVICE COST APPLICABLE TO ORGAN ACQUISITION		RATIO OF COST/ CHARGES	ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS	
C		1	2	3	
8	OPERATING ROOM	37	.412028	41,284	17,010
9	RECOVERY ROOM	38			
10	DELIVERY ROOM & LABOR ROOM	39			
11	ANESTHESIOLOGY	40	.192400	3,868	744
12	RADIOLOGY-DIAGNOSTIC	41	.208996	389	81
13	RADIOLOGY-THERAPEUTIC	42	.222535		
14	RADIOISOTOPE	43	.421080		
15	LABORATORY	44	.296674	14,017	4,158
16	PBP CLINICAL LAB SERVICES	45			
17	WHOLE BLOOD & PACKED RED	46			
18	BLOOD STORING, PROCESSING	47			
19	INTRAVENOUS THERAPY	48			
20	RESPIRATORY THERAPY	49	.535990	1,740	933
20.01	NEURO PSYCH TESTING	49.01	.510539		
21	PHYSICAL THERAPY	50	.518915		
22	OCCUPATIONAL THERAPY	51			
23	SPEECH PATHOLOGY	52			
24	ELECTROCARDIOLOGY	53	.336758	1,244	419
25	ELECTROENCEPHALOGRAPHY	54	.313100		
26	MEDICAL SUPPLIES CHARGED	55	.451202	1,386	625
27	DRUGS CHARGED TO PATIENTS	56	.498145	3,329	1,658
28	RENAL DIALYSIS	57	.673234		
29	ASC (NON-DISTINCT PART)	58			
29.01	PULMONARY FUNCTION TESTING	58.01	.294902		
29.02	ORTHOTICS LAB	58.02	.793807		
30	OTHER ANCILLARY SERVICE C	59			
31	CLINIC	60			
31.01	CLINIC CSC	60.01	.814566	1,665	1,356
31.02	CLINIC UNIVERSITY STATION	60.02	1.153532		
31.03	CLINIC WAISSMAN	60.03	1.525022		
31.04	CLINIC WEST	60.04	1.442715		
31.05	CLINIC EAST	60.05	1.266185		
31.06	CLINIC RESEARCH PARK	60.06	1.042762		
32	EMERGENCY	61	.356367		
33	OBSERVATION BEDS (NON-DIS	62			
34	OTHER OUTPATIENT SERVICE	63			
35	TOTAL (SUM OF LINES 8-34)			68,922	26,984

PANCREAS

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

COMPUTATION OF THE COST OF INPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED TEACHING PROGRAM		AVERAGE COST PER DAY	ORGAN ACQUISITION DAYS	ORGAN ACQUISITION COSTS
D		1	2	3
36	ADULTS & PEDIATRICS			
		2		
37	INTENSIVE CARE UNIT			
		3		
37.01	TRAUMA INTENSIVE CARE UNIT	3.01		
37.02	BURN INTENSIVE CARE UNIT	3.02		
37.03	SURGICAL INTENSIVE CARE UNIT	3.03		
37.04	MEDICAL INTENSIVE CARE UNIT	3.04		
37.05	PEDIATRIC INTENSIVE CARE UNIT	3.05		
37.06	NEURO INTENSIVE CARE UNIT	3.06		
38	CORONARY CARE UNIT	4		
39	BURN INTENSIVE CARE UNIT	5		
40	SURGICAL INTENSIVE CARE UNIT	6		
41	PSYCHIATRIC INTENSIVE CARE UNIT	7		
42	TOTAL (SUM OF LINES 36-41)			

COMPUTATION OF THE COST OF OUTPATIENT SERVICES OF INTERNS AND RESIDENTS NOT IN APPROVED		ORGAN ACQUISITION CHARGES		RATIO OF COST TO CHARGES	ORGAN ACQUISITION COSTS
		1	D	2	3
43	CLINIC		20		
43.01	CLINIC CSC	1,665	20.01		
43.02	CLINIC UNIVERSITY STATION		20.02		
43.03	CLINIC WAI SMAN		20.03		
43.04	CLINIC WEST		20.04		
43.05	CLINIC EAST		20.05		
43.06	CLINIC RESEARCH PARK		20.06		
44	EMERGENCY		21		
45	OBSERVATION BEDS (NON-DISTINCT PART)		22		
46	OTHER OUTPATIENT SERVICE COST CENTER		23		
47	TOTAL (SUM OF LINES 43-46)	1,665			

PANCREAS

PART III - SUMMARY OF COSTS AND CHARGES

		C O S T		C H A R G E S	
		PART A	PART B	PART A	PART B
		1	2	3	4
48	ROUTINE & ANCILLARY FROM PT 1	26,984		68,922	
49	INTERNS & RESIDENTS (INPATIENT)				
50	INTERNS & RESIDENTS (OUTPATIENT)				
51	DIRECT ORGAN ACQUISITION	1,746,180			
52	COST OF SERVS OF TEACHING PHYSICIANS				
53	TOTAL (SUM OF LINES 48-52)	1,773,164		68,922	
54	TOTAL USABLE ORGANS		97		
55	MEDICARE USABLE ORGANS		71		
56	RATIO MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		0.731959		
57	MEDICARE COST/CHARGES	1,297,883		50,448	
58	REVENUE FOR ORGANS SOLD	69,000			
59	SUBTOTAL (LN 57 MINUS LN 58)	1,228,883		50,448	
60	ORGANS FURNISHED PART B				
61	NET ORGAN ACQUISITION COST & CHARGES	1,228,883		50,448	

PART IV - STATISTICS

		LIVING RELATED	CADAVERIC	REVENUE
		1	2	3
62	ORGANS EXCISED IN PROVIDER (1)		9	
63	ORGANS PURCH OTH TRANSPLANT HOSPS(2)		57	
64	ORGANS PURCH FROM NON-TRANSPLT HOSPS			
65	ORGANS PURCHASED FROM OPOS		47	
66	TOTAL (SUM OF LINES 62-65)		113	
67	ORGANS TRANSPLANTED		47	
68	ORGANS SOLD TO OTHER HOSPITALS		3	
69	ORGANS SOLD TO OPOS			
70	ORGANS SOLD TO TRANSPLANT HOSPITALS		47	
71	ORGANS SOLD TO MILITARY OR VA HOSPS			
72	ORGANS SOLD OUTSIDE UNITED STATES			
73	ORGANS SENT OUTSIDE U.S. NO REVENUE			
74	ORGANS USED FOR RESEARCH		8	
75	UNUSABLE/DISCARDED ORGANS		8	
76	TOTAL (SUM LNS 67-75 SHOULD = LN 66)		113	

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

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS
HOSPITAL

DESCRIPTION	1	1.01
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)	17.73	
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, 317, OR MS-DRGS 652, 682-685. (SEE INSTRUCTIONS)	8,584	
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK	.958036	
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUC)	335.00	
5.06 TOTAL ADDITIONAL PAYMENT	410,803	
6 SUBTOTAL (SEE INSTRUCTIONS)	124,092,259	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS FY BEG. 10/1/2000)		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	124,092,259	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	8,973,479	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL (WORKSHEET L, PART IV, SEE INSTRUCTIONS)		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT (FROM WORKSHEET E-3, PART IV, SEE INSTRUCTIONS)	6,221,302	
11.01 NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST	14,441,029	
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS	76,700	
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS	427,521	
16 TOTAL	154,232,290	
17 PRIMARY PAYER PAYMENTS	102,987	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	154,129,303	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	5,109,304	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	385,376	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	130,720	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	91,504	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	13,195	
22 SUBTOTAL	148,726,127	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.98 CREDIT FOR MANUFACTURER REPLACED MEDICAL DEVICES		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
25 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	148,726,127	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	142,017,155	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	6,708,972	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.		
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	91,787	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	31,894,707	32,272,702
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	24,241,757	25,444,965
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.		
1.04	LINE 1.01 TIMES LINE 1.03.		
1.05	LINE 1.02 DIVIDED BY LINE 1.04.		
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)		
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	411,015	
2	INTERNS AND RESIDENTS		
3	ORGAN ACQUISITIONS		
4	COST OF TEACHING PHYSICIANS		
5	TOTAL COST (SEE INSTRUCTIONS)	91,787	
COMPUTATION OF LESSER OF COST OR CHARGES			
REASONABLE CHARGES			
6	ANCILLARY SERVICE CHARGES	202,554	
7	INTERNS AND RESIDENTS SERVICE CHARGES		
8	ORGAN ACQUISITION CHARGES		
9	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.		
10	TOTAL REASONABLE CHARGES	202,554	
CUSTOMARY CHARGES			
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).		
13	RATIO OF LINE 11 TO LINE 12		
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	202,554	
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	110,767	
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)	91,787	
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	50,097,737	
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	20,608	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	11,385,938	
19	SUBTOTAL (SEE INSTRUCTIONS)	38,782,978	
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)		
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	2,639,109	
22	ESRD DIRECT MEDICAL EDUCATION COSTS		
23	SUBTOTAL	41,422,087	
24	PRIMARY PAYER PAYMENTS	6,968	
25	SUBTOTAL	41,415,119	
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26	COMPOSITE RATE ESRD		
27	BAD DEBTS (SEE INSTRUCTIONS)	1,261,750	
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	883,225	
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	1,014,022	
28	SUBTOTAL	42,298,344	
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.		
30	OTHER ADJUSTMENTS (SPECIFY)		
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)		
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.		
32	SUBTOTAL	42,298,344	
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)		
34	INTERIM PAYMENTS	39,678,474	
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
35	BALANCE DUE PROVIDER/PROGRAM	2,619,870	
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2		
TO BE COMPLETED BY CONTRACTOR			
50	ORIGINAL OUTLIER AMOUNT (SEE INSTRUCTIONS)		
51	OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
52	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
53	TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
54	TOTAL (SUM OF LINES 51 AND 53)		

PART B - MEDICAL AND OTHER HEALTH SERVICES

SUBPROVIDER 2

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

- COMPUTATION OF LESSER OF COST OR CHARGES

- REASONABLE CHARGES
- 6 ANCILLARY SERVICE CHARGES
- 7 INTERNS AND RESIDENTS SERVICE CHARGES
- 8 ORGAN ACQUISITION CHARGES
- 9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.
- 10 TOTAL REASONABLE CHARGES

- CUSTOMARY CHARGES
- 11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS
- 12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).
- 13 RATIO OF LINE 11 TO LINE 12
- 14 TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)
- 15 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST
- 16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES
- 17 LESSER OF COST OR CHARGES (FOR CAH SEE INSTRUC)
- 17.01 TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)

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

- REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)
- 26 COMPOSITE RATE ESRD
- 27 BAD DEBTS (SEE INSTRUCTIONS)
- 27.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)
- 27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES
- 28 SUBTOTAL
- 29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.
- 30 OTHER ADJUSTMENTS (SPECIFY)
- 30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)
- 31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.
- 32 SUBTOTAL
- 33 SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)
- 34 INTERIM PAYMENTS
- 34.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)
- 35 BALANCE DUE PROVIDER/PROGRAM
- 36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2

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

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

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)		
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)		
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT		
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)		
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)		
1.05	OUTLIER PAYMENTS		
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)		
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		
INPATIENT PSYCHIATRIC FACILITY (IPF)			
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)	1,234,123	
1.09	NET IPF PPS OUTLIER PAYMENTS	25,825	
1.10	NET IPF PPS ECT PAYMENTS	18,818	
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)	5.66	
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)		
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)	3.20	
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)	3.20	
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)	12,967,123	
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.15 / 1.16)) \text{ RAISED TO THE POWER OF } .5150 - 1)\}$.	.120292	
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).	148,455	
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)	1,427,221	
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)		
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)		
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)		
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)	1,427,221	
INPATIENT REHABILITATION FACILITY (IRF)			
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)		
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)		
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)		
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (\text{LINE } 1.39 / 1.40)) \text{ RAISED TO THE POWER OF } .9012 - 1)\}$.		
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).		
2	ORGAN ACQUISITION		
3	COST OF TEACHING PHYSICIANS		
4	SUBTOTAL (SEE INSTRUCTIONS)	1,427,221	
5	PRIMARY PAYER PAYMENTS		
6	SUBTOTAL	1,427,221	
7	DEDUCTIBLES	146,220	
8	SUBTOTAL	1,281,001	
9	COINSURANCE	24,906	
10	SUBTOTAL	1,256,095	
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)		
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
12	SUBTOTAL	1,256,095	
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)	5,792	
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
15	OTHER ADJUSTMENTS (SPECIFY)		
15.99	OUTLIER RECONCILIATION ADJUSTMENT		
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS		

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

RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	1,261,887
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	1,266,664
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	-4,777
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

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

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
SUBPROVIDER 2

1	INPATIENT HOSPITAL SERVICES (SEE INSTRUCTIONS)		
1.01	HOSPITAL SPECIFIC AMOUNT (SEE INSTRUCTIONS)		
1.02	ENTER FROM THE PS&R, THE IRF PPS PAYMENT		1,791,677
1.03	MEDICARE SSI RATIO (IRF PPS ONLY) (SEE INSTR.)		.0431
1.04	INPATIENT REHABILITATION FACILITY LIP PAYMENTS (SEE INSTRUCTIONS)		271,892
1.05	OUTLIER PAYMENTS		449,905
1.06	TOTAL PPS PAYMENTS (SUM OF LINES 1.01, (1.02, 1.04 FOR COLUMNS 1 & 1.01), 1.05 AND 1.42)		2,623,198
1.07	NURSING AND ALLIED HEALTH MANAGED CARE PAYMENT (SEE INSTRUCTIONS)		
	INPATIENT PSYCHIATRIC FACILITY (IPF)		
1.08	NET FEDERAL IPF PPS PAYMENTS (EXCLUDING OUTLIER, ECT, STOP-LOSS, AND MEDICAL EDUCATION PAYMENTS)		
1.09	NET IPF PPS OUTLIER PAYMENTS		
1.10	NET IPF PPS ECT PAYMENTS		
1.11	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR LATEST COST REPORT FILED PRIOR TO NOVEMBER 15, 2004 (SEE INSTRUCTIONS)		
1.12	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)		
1.13	CURRENT YEARS UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.14	CURRENT YEARS UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.15	INTERN AND RESIDENT COUNT FOR IPF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		
1.16	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)		
1.17	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.15/1.16)))$ RAISED TO THE POWER OF .5150 - 1}.		
1.18	MEDICAL EDUCATION ADJUSTMENT (LINE 1.08 MULTIPLIED BY LINE 1.17).		
1.19	ADJUSTED NET IPF PPS PAYMENTS (SUM OF LINES 1.08, 1.09, 1.10 AND 1.18)		
1.20	STOP LOSS PAYMENT FLOOR (LINE 1 x 70%)		
1.21	ADJUSTED NET PAYMENT FLOOR (LINE 1.20 x THE APPROPRIATE FEDERAL BLEND PERCENTAGE)		
1.22	STOP LOSS ADJUSTMENT (IF LINE 1.21 IS GREATER THAN LINE 1.19 ENTER THE AMOUNT ON LINE 1.21 LESS LINE 1.19 OTHERWISE ENTER -0-)		
1.23	TOTAL IPF PPS PAYMENTS (SUM OF LINES 1.01, 1.19 AND 1.22)		
	INPATIENT REHABILITATION FACILITY (IRF)		
1.35	UNWEIGHTED INTERN AND RESIDENT FTE COUNT FOR COST REPORT PERIODS ENDING ON/OR PRIOR TO NOVEMBER 15, 2004. (SEE INST.)		1.50
1.36	NEW TEACHING PROGRAM ADJUSTMENT. (SEE INSTRUCTIONS)		
1.37	CURRENT YEAR'S UNWEIGHTED FTE COUNT OF I&R OTHER THAN FTES IN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		1.27
1.38	CURRENT YEAR'S UNWEIGHTED I&R FTE COUNT FOR RESIDENTS WITHIN THE FIRST 3 YEARS OF A "NEW TEACHING PROGRAM". (SEE INST.)		
1.39	INTERN AND RESIDENT COUNT FOR IRF PPS MEDICAL EDUCATION ADJUSTMENT (SEE INSTRUCTIONS)		1.27
1.40	AVERAGE DAILY CENSUS (SEE INSTRUCTIONS)		18.627397
1.41	MEDICAL EDUCATION ADJUSTMENT FACTOR $\{((1 + (LINE 1.39/1.40)))$ RAISED TO THE POWER OF .9012 - 1}.		.061241
1.42	MEDICAL EDUCATION ADJUSTMENT (LINE 1.02 MULTIPLIED BY LINE 1.41).		109,724
2	ORGAN ACQUISITION		
3	COST OF TEACHING PHYSICIANS		
4	SUBTOTAL (SEE INSTRUCTIONS)		2,623,198
5	PRIMARY PAYER PAYMENTS		3,932
6	SUBTOTAL		2,619,266
7	DEDUCTIBLES		12,684
8	SUBTOTAL		2,606,582
9	COINSURANCE		71,679
10	SUBTOTAL		2,534,903
11	REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROF SERV)		
11.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)		
11.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
12	SUBTOTAL		2,534,903
13	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		
13.01	OTHER PASS THROUGH COSTS (SEE INSTRUCTIONS)		2,942
14	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
15	OTHER ADJUSTMENTS (SPECIFY)		
15.99	OUTLIER RECONCILIATION ADJUSTMENT		
16	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS		

PART I - MEDICARE PART A SERVICES - TEFRA AND IRF PPS AND LTCH PPS AND IPF PPS
SUBPROVIDER 2

RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
17	TOTAL AMOUNT PAYABLE TO THE PROVIDER (SEE INSTRUCTIONS)	2,537,845
18	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
19	INTERIM PAYMENTS	2,619,685
19.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
20	BALANCE DUE PROVIDER/PROGRAM	-81,840
21	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.	

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

	TITLE XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX	TITLE XVIII SNF PPS
			1	2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES		32,228,160	
2	MEDICAL AND OTHER SERVICES		12,472,697	
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL		44,700,857	
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL		44,700,857	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES			
11	ANCILLARY SERVICE CHARGES		75,643,174	
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES		75,643,174	
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
19	RATIO OF LINE 17 TO LINE 18			
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)		75,643,174	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		30,942,317	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES		44,700,857	
	PROSPECTIVE PAYMENT AMOUNT			
24	OTHER THAN OUTLIER PAYMENTS			
25	OUTLIER PAYMENTS			
26	PROGRAM CAPITAL PAYMENTS			
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
30	SUBTOTAL		44,700,857	
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30		44,700,857	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL		44,700,857	
36	COINSURANCE			
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
39	UTILIZATION REVIEW			
40	SUBTOTAL (SEE INSTRUCTIONS)		44,700,857	
41	INPATIENT ROUTINE SERVICE COST			
42	MEDICARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
45	RATIO OF LINE 43 TO 44			
46	TOTAL CUSTOMARY CHARGES			
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			
50	OTHER ADJUSTMENTS (SPECIFY)			
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
52	SUBTOTAL		44,700,857	
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER		44,700,857	
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS			
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM		44,700,857	
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

TITLE XIX

HOSPITAL

OTHER
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.

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

	TITLE XIX	SUBPROVIDER 1	OTHER TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES			
2	MEDICAL AND OTHER SERVICES			
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL			
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL			
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES			
11	ANCILLARY SERVICE CHARGES			
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES			
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
19	RATIO OF LINE 17 TO LINE 18			
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES			
	PROSPECTIVE PAYMENT AMOUNT			
24	OTHER THAN OUTLIER PAYMENTS			
25	OUTLIER PAYMENTS			
26	PROGRAM CAPITAL PAYMENTS			
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
30	SUBTOTAL			
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30			
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL			
36	COINSURANCE			
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
39	UTILIZATION REVIEW			
40	SUBTOTAL (SEE INSTRUCTIONS)			
41	INPATIENT ROUTINE SERVICE COST			
42	MEDICARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
45	RATIO OF LINE 43 TO 44			
46	TOTAL CUSTOMARY CHARGES			
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION OTHER ADJUSTMENTS (SPECIFY)			
50	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
51	SUBTOTAL			
52	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
53	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
54	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
55	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
56	INTERIM PAYMENTS			
57	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
57.01	BALANCE DUE PROVIDER/PROGRAM			
58	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			
59				

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

TITLE XIX

SUBPROVIDER 1

OTHER
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.

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

	TITLE XIX	SUBPROVIDER 2	OTHER TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES			
2	MEDICAL AND OTHER SERVICES			
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)			
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL			
7	INPATIENT PRIMARY PAYER PAYMENTS			
8	OUTPATIENT PRIMARY PAYER PAYMENTS			
9	SUBTOTAL			
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES			
11	ANCILLARY SERVICE CHARGES			
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE			
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES			
	CUSTOMARY CHARGES			
17	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
18	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e)			
19	RATIO OF LINE 17 TO LINE 18			
20	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)			
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES			
	PROSPECTIVE PAYMENT AMOUNT			
24	OTHER THAN OUTLIER PAYMENTS			
25	OUTLIER PAYMENTS			
26	PROGRAM CAPITAL PAYMENTS			
27	CAPITAL EXCEPTION PAYMENTS (SEE INSTRUCTIONS)			
28	ROUTINE SERVICE OTHER PASS THROUGH COSTS			
29	ANCILLARY SERVICE OTHER PASS THROUGH COSTS			
30	SUBTOTAL			
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)			
32	TITLES V OR XIX PPS, LESSER OF LNS 30 OR 31; NON PPS & TITLE XVIII ENTER AMOUNT FROM LINE 30			
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL			
36	COINSURANCE			
37	SUM OF AMOUNTS FROM WKST. E, PARTS C, D & E, LN 19			
38	REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)			
38.01	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING BEFORE 10/01/05 (SEE INSTRUCTIONS)			
38.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES			
38.03	ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS BEGINNING ON OR AFTER 10/01/05 (SEE INSTRUCTIONS)			
39	UTILIZATION REVIEW			
40	SUBTOTAL (SEE INSTRUCTIONS)			
41	INPATIENT ROUTINE SERVICE COST			
42	MEDICARE INPATIENT ROUTINE CHARGES			
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS			
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT OF PART A SERVICES			
45	RATIO OF LINE 43 TO 44			
46	TOTAL CUSTOMARY CHARGES			
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION OTHER ADJUSTMENTS (SPECIFY)			
50	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			
51	SUBTOTAL			
52	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
53	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
54	TOTAL AMOUNT PAYABLE TO THE PROVIDER			
55	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
56	INTERIM PAYMENTS			
57	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
57.01	BALANCE DUE PROVIDER/PROGRAM			
58	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			
59				

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

TITLE XIX

SUBPROVIDER 2

OTHER
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

IN ACCORDANCE WITH CMS PUB. 15-11, SECTION 115.2.

TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE		
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)		
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY		
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)		
3	AGGREGATE APPROVED AMOUNT		
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96		324.18
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)		
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4).	E-3, PT 6 LN 4 + LINE 3.03	
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)		324.18
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		342.39
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		324.18
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		85.04
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		225.97
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		311.01
3.10	SEE INSTRUCTIONS		294.47
3.11	WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		
3.12	SEE INSTRUCTIONS		213.95
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		206.11
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		200.69
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	206.92
3.16	ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS)		206.92
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		78,019.00
3.18	SEE INSTRUCTIONS		16,143,691
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		84.69
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		87.23
3.21	SEE INSTRUCTIONS	RES INIT YEARS	84.15
3.22	SEE INSTRUCTIONS		84.15
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		78,019.00
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		6,565,299
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		22,708,990

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		44,850
5	TOTAL INPATIENT DAYS		137,030
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.327301
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	7,432,675 359,543	7,792,218
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		7,160
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		137,030
6.04	ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS)		100.00
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.		1,018,905
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)		
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	PRIOR TO 422 E-3, 6 LN 12	100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD	49,288	49,288

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

7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS		
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES		5,198,733
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES		

TITLE XVIII

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

APPORTIONMENT BASED ON MEDICARE REASONABLE COST TITLE XVIII ONLY

PART A REASONABLE COST

12	REASONABLE COST (SEE INSTRUCTIONS)	138,099,795
13	ORGAN ACQUISITION COSTS	14,441,029
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	106,919
16	TOTAL PART A REASONABLE COST	152,433,905

PART B REASONABLE COST

17	REASONABLE COST	64,670,211
18	PRIMARY PAYER PAYMENTS	6,968
19	TOTAL PART B REASONABLE COST	64,663,243
20	TOTAL REASONABLE COST	217,097,148
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.702146
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.297854

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

23	TOTAL PROGRAM GME PAYMENT	
23.01	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 10/1/97 (SUM OF LINES 6.01, 6.05, & 6.08)	8,860,411
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	6,221,302
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	2,639,109

TITLE XVII I

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA

	COLUMN 1	COLUMN 1.01
1 RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD.	1.000000	
2 REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)		
3 UNADJUSTED DIRECT GME FTE CAP (WKST E-3, PART IV, SUM OF LINES 3.01 AND 3.02)		
4 PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)		

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)	15.50	
5.01 PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP SLOTS (COST REPORTING PERIODS OVERLAPPING 7/1/2005 ONLY)		
6 DIRECT GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	18.21	
7 SECT. 422 ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)	14.08	
8 ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)	78,019.00	
9 MULTIPLY LINE 7 TIMES LINE 8	1,098,508	
10 MEDICARE PROGRAM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6.	.327301	
11 DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS (MULTIPLY LN 9 * LN 10)	359,543	
12 DIRECT GME PAYMENT FOR MANAGED CARE DAYS (MULTIPLY LINE 9 BY WKST E-3, PART IV [(LINE 6.02+6.06)/LINE 5])	49,288	

CALCULATION OF REDUCED IIME CAP UNDER SECTION 422 OF MMA

13 REDUCED IIME FTE CAP (SEE INSTRUCTIONS)		
14 UNADJUSTED IIME FTE CAP (WKST E, PART A, SUM OF LINES 3.04 AND 3.05)		
15 PRORATED REDUCED ALLOWABLE IIME FTE CAP		

CALCULATION OF ADDITIONAL IIME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

16 NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IIME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C).	15.50	
17 IIME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)	50.26	
18 IF THE AMOUNT ON LINE 17 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 16 OR LINE 17 (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2005)	15.50	
19 RESIDENT TO BED COUNT (DIVIDE LINE 18 BY LINE 3 OF WKST E, PART A)	.035161	
20 IIME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)	.009302	
21 DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005.	77,720,348	
22 SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005	13,717,197	
23 ADDITIONAL IIME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA	850,552	

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	22,068,150			
29 SALARIES, WAGES & FEES PAYABLE	42,406,859			
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)				
32 DEFERRED INCOME	1,680,310			
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	36,961,570			
36 TOTAL CURRENT LIABILITIES	103,116,889			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE				
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	322,606,689			
42 TOTAL LONG-TERM LIABILITIES	322,606,689			
43 TOTAL LIABILITIES	425,723,578			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	496,112,759			
45 SPECIFIC PURPOSE FUND		7,366,482		
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED			1,169,087	
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICTED				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	496,112,759	7,366,482	1,169,087	
52 TOTAL LIABILITIES AND FUND BALANCES	921,836,337	7,366,482	1,169,087	

		GENERAL FUND		SPECIFIC PURPOSE FUND	
		1	2	3	4
1	FUND BALANCE AT BEGINNING OF PERIOD		454,152,147		17,467,344
2	NET INCOME (LOSS)		41,960,612		
3	TOTAL		496,112,759		17,467,344
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM				
6					
7					
8					
9					
10	TOTAL ADDITIONS				
11	SUBTOTAL		496,112,759		17,467,344
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM			10,100,862	
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				10,100,862
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		496,112,759		7,366,482

		ENDOWMENT FUND		PLANT FUND	
		5	6	7	8
1	FUND BALANCE AT BEGINNING OF PERIOD		1,080,245		
2	NET INCOME (LOSS)				
3	TOTAL		1,080,245		
4	ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5	ADDITIONS (CREDIT ADJUSTM	88,842			
6					
7					
8					
9					
10	TOTAL ADDITIONS		88,842		
11	SUBTOTAL		1,169,087		
12	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13	DEDUCTIONS (DEBIT ADJUSTM				
14					
15					
16					
17					
18	TOTAL DEDUCTIONS				
19	FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		1,169,087		

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	141,366,895		141,366,895
2 00 SUBPROVIDER	5,120,034		5,120,034
2 01 SUBPROVIDER-REHAB	7,970,958		7,970,958
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
6 00 SKILLED NURSING FACILITY			
7 00 NURSING FACILITY			
7 01 ICF/MR			
8 00 OTHER LONG TERM CARE			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	154,457,887		154,457,887
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT			
10 01 TRAUMA INTENSIVE CARE UNIT	35,317,039		35,317,039
10 02 BURN INTENSIVE CARE UNIT	6,667,044		6,667,044
10 03 SURGICAL INTENSIVE CARE UNIT	18,480,114		18,480,114
10 04 MEDICAL INTENSIVE CARE UNIT	7,527,255		7,527,255
10 05 PEDIATRIC INTENSIVE CARE UNIT	20,592,830		20,592,830
10 06 NEURO INTENSIVE CARE UNIT	20,627,462		20,627,462
11 00 CORONARY CARE UNIT			
12 00 BURN INTENSIVE CARE UNIT			
13 00 SURGICAL INTENSIVE CARE UNIT			
14 00 PSYCHIATRIC INTENSIVE CARE UNIT			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	109,211,744		109,211,744
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	263,669,631		263,669,631
17 00 ANCILLARY SERVICES	685,055,076	758,308,477	1,443,363,553
18 00 OUTPATIENT SERVICES			
19 00 HOME HEALTH AGENCY		2,741,378	2,741,378
20 00 AMBULANCE SERVICES	77,501	9,043,405	9,120,906
21 00 CORF			
22 00 AMBULATORY SURGICAL CENTER (D.P.)			
23 00 HOSPICE			
24 00	27,264,256	36,566,140	63,830,396
25 00 TOTAL PATIENT REVENUES	976,066,464	806,659,400	1,782,725,864

PART II - OPERATING EXPENSES

26 00 OPERATING EXPENSES	903,561,218
ADD (SPECIFY)	
27 00 ADD (SPECIFY)	
28 00	
29 00	
30 00	
31 00	
32 00	
33 00 TOTAL ADDITIONS	
DEDUCT (SPECIFY)	
34 00 DEDUCT (SPECIFY)	
35 00	
36 00	
37 00	
38 00	
39 00 TOTAL DEDUCTIONS	
40 00 TOTAL OPERATING EXPENSES	903,561,218

HHA 1

	SALARIES 1	EMPLOYEE BENEFITS 2	TRANSPORTATION 3	CONTRACTED/ PURCHASED SVCS 4	OTHER COSTS 5	TOTAL 6
GENERAL SERVICE COST CENTERS						
1						
2						
3						
4						
5						
	208,121	84,286	964	1,780	211,898	507,049
HHA REIMBURSABLE SERVICES						
6	1,351,690	547,414				1,899,104
7	335,991	136,071				472,062
8	102,161	41,374				143,535
9	1,990	806				2,796
10	35,477	14,368				49,845
11	61,269	24,813				86,082
12					16,801	16,801
13						
13.20						
14						
HHA NONREIMBURSABLE SERVICES						
15						
16						
17						
18						
19						
20						
21						
22						
23						
23.50						
24	2,096,699	849,132	964	1,780	228,699	3,177,274

	RECLASSIFI- CATIONS 7	RECLASSIFIED TRIAL BALANCE 8	ADJUSTMENTS 9	NET EXPENSES FOR ALLOCATION 10
GENERAL SERVICE COST CENTERS				
1				
2				
3				
4				
5		507,049		507,049
HHA REIMBURSABLE SERVICES				
6		1,899,104		1,899,104
7		472,062		472,062
8		143,535		143,535
9		2,796		2,796
10		49,845		49,845
11		86,082		86,082
12		16,801		16,801
13				
13.20				
14				
HHA NONREIMBURSABLE SERVICES				
15				
16				
17				
18				
19				
20				
21				
22				
23				
23.50				
24		3,177,274		3,177,274

HHA 1

	CAP-REL COST-BLDG & FIX (SQUARE FEET)	CAP-REL COST-MOV EQUIP (DOLLAR VALUE)	PLANT OPER & MAINT (SQUARE FEET)	TRANSPORTATIO N (MI LEAGE)	RECONCILIATIO N (	ADMINISTRATIV E & GENERAL (ACCUM. COST)
	1	2	3	4	5A	5
GENERAL SERVICE COST CENTERS						
1	CAP-REL COST-BLDG & FIX					
2	CAP-REL COST-MOV EQUIP					
3	PLANT OPER & MAINT					
4	TRANSPORTATION					
5	ADMINISTRATIVE & GENERAL				-507,049	2,670,225
	HHA REIMBURSABLE SERVICES					
6	SKILLED NURSING CARE					1,899,104
7	PHYSICAL THERAPY					472,062
8	OCCUPATIONAL THERAPY					143,535
9	SPEECH PATHOLOGY					2,796
10	MEDICAL SOCIAL SERVICES					49,845
11	HOME HEALTH AIDE					86,082
12	SUPPLIES					16,801
13	DRUGS					
13.20	COST ADMINISTERING DRUGS					
14	DME					
	HHA NONREIMBURSABLE SERVICES					
15	HOME DIALYSIS AIDE SVCS					
16	RESPIRATORY THERAPY					
17	PRIVATE DUTY NURSING					
18	CLINIC					
19	HEALTH PROM ACTIVITIES					
20	DAY CARE PROGRAM					
21	HOME DEL MEALS PROGRAM					
22	HOMEMAKER SERVICE					
23	ALL OTHERS					
23.50	TELEMEDICINE					
24	TOTAL (SUM OF LINES 1-23)				-507,049	2,670,225
25	COST TO BE ALLOCATED					507,049
26	UNIT COST MULTIPLIER					.189890

HHA 1

HHA COST CENTER	HHA TRIAL BALANCE (1)	OLD CAP REL COSTS-BLDG &	OLD CAP REL COSTS-MVBLE	NEW CAP REL COSTS-BLDG &	NEW CAP REL COSTS-RESEAR	NEW CAP REL COSTS-WEST C
	0	1	2	3	3.01	3.02
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE	2,259,725					
3 PHYSICAL THERAPY	561,702					
4 OCCUPATIONAL THERAPY	170,791					
5 SPEECH PATHOLOGY	3,327					
6 MEDICAL SOCIAL SERVICES	59,310					
7 HOME HEALTH AIDE	102,428					
8 SUPPLIES	19,991					
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	3,177,274					
21 UNIT COST MULTIPLIER						

- (1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
- (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA COST CENTER	NEW CAP REL COSTS-EAST C	NEW CAP REL COSTS-600 HI	NEW CAP REL COSTS-WAISMA	NEW CAP REL COSTS-USTATI	NEW CAP REL COSTS-MVBLE	EMPLOYEE BENEFITS
	3.03	3.04	3.05	3.06	4	5
1 ADMIN & GENERAL		2,562				5,447
2 SKILLED NURSING CARE						35,375
3 PHYSICAL THERAPY						8,794
4 OCCUPATIONAL THERAPY						2,674
5 SPEECH PATHOLOGY						52
6 MEDICAL SOCIAL SERVICES						929
7 HOME HEALTH AIDE						1,604
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)		2,562				54,875
21 UNIT COST MULTIPLIER						

- (1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
- (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA 1

HHA COST CENTER	SUBTOTAL 5A	ADMINISTRATIVE & GENERAL 6	MAINTENANCE & REPAIRS 7	OPERATION OF PLANT 8	LAUNDRY & LINEN SERVICE 9	HOUSEKEEPING 10
1 ADMIN & GENERAL	8,009	1,672				
2 SKILLED NURSING CARE	2,295,100	479,192	215,396			94,607
3 PHYSICAL THERAPY	570,496	119,113				
4 OCCUPATIONAL THERAPY	173,465	36,218				
5 SPEECH PATHOLOGY	3,379	705				
6 MEDICAL SOCIAL SERVICES	60,239	12,577				
7 HOME HEALTH AIDE	104,032	21,721				
8 SUPPLIES	19,991	4,174				
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	3,234,711	675,372	215,396			94,607
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
 (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA COST CENTER	DIETARY 11	CAFETERIA 12	MAINTENANCE OF PERSONNEL 13	NURSING ADMINISTRATION 14	CENTRAL SERVICES & SUPPLIES 15	PHARMACY 16
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE				287,647		
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES					4,707	
9 DRUGS						4,831
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)				287,647	4,707	4,831
21 UNIT COST MULTIPLIER						

(1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
 (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA 1

HHA COST CENTER	MEDICAL RECORDS & LIBRARY 17	SOCIAL SERVICE 18	CLINICAL OFFICES 19	HISTOCOMPATIBILITY 19.01	NONPHYSICIAN ANESTHETIST 20	NURSING SCHOOL 21
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE	32,859					
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)	32,859					
21 UNIT COST MULTIPLIER						

- (1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
- (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA COST CENTER	I&R SERVICES -SALARY & FR 22	I&R SERVICES -OTHER PRGM 23	PARAMED ED P RGM 24	PARAMED ED P RGM-PHARMACY 24.01	PARAMED ED P RGM-EMERGENC 24.02	PARAMED ED P RGM-DIETARY 24.03
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)						
21 UNIT COST MULTIPLIER						

- (1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
- (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA 1

HHA COST CENTER	PARAMED ED P RGM-DIAGNOST	PARAMED ED P RGM-ULTRASOU	PARAMED ED P RGM-RADIOTHE	SUBTOTAL	POST STEP DOWN ADJUST	SUBTOTAL
	24.04	24.05	24.06	25	26	27
1 ADMIN & GENERAL				9,681		9,681
2 SKILLED NURSING CARE				3,404,801		3,404,801
3 PHYSICAL THERAPY				689,609		689,609
4 OCCUPATIONAL THERAPY				209,683		209,683
5 SPEECH PATHOLOGY				4,084		4,084
6 MEDICAL SOCIAL SERVICES				72,816		72,816
7 HOME HEALTH AIDE				125,753		125,753
8 SUPPLIES				28,872		28,872
9 DRUGS				4,831		4,831
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19) (2)				4,550,130		4,550,130
21 UNIT COST MULTIPLIER						

- (1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
- (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA COST CENTER	ALLOCATED HHA A & G 28	TOTAL HHA COSTS 29
1 ADMIN & GENERAL		
2 SKILLED NURSING CARE	7,260	3,412,061
3 PHYSICAL THERAPY	1,470	691,079
4 OCCUPATIONAL THERAPY	447	210,130
5 SPEECH PATHOLOGY	9	4,093
6 MEDICAL SOCIAL SERVICES	155	72,971
7 HOME HEALTH AIDE	268	126,021
8 SUPPLIES	62	28,934
9 DRUGS	10	4,841
9.20 COST ADMINISTERING DRUGS		
10 DME		
11 HOME DIALYSIS AIDE SVCS		
12 RESPIRATORY THERAPY		
13 PRIVATE DUTY NURSING		
14 CLINIC		
15 HEALTH PROM ACTIVITIES		
16 DAY CARE PROGRAM		
17 HOME DEL MEALS PROGRAM		
18 HOMEMAKER SERVICE		
19 ALL OTHER		
19.50 TELEMEDICINE		
20 TOTAL (SUM OF 1-19) (2)	9,681	4,550,130
21 UNIT COST MULTIPLIER	0.002132	

- (1) COLUMN 0, LINE 20 MUST AGREE WITH WKST. A, COLUMN 7, LINE 71.
- (2) COLUMNS 0 THROUGH 27, LINE 20 MUST AGREE WITH THE CORRESPONDING COLUMNS OF WKST. B, PART I, LINE 71.

HHA 1

HHA COST CENTER	OLD CAP REL COSTS-BLDG & (SQUARE FEET)	OLD CAP REL COSTS-MVBLE (DOLLAR VALUE)	NEW CAP REL COSTS-BLDG & (SQUARE FEET)	NEW CAP REL COSTS-RESEAR (SQUARE FEET)	NEW CAP REL COSTS-WEST C (SQUARE FEET)	NEW CAP REL COSTS-EAST C (SQUARE FEET)
	1	2	3	3.01	3.02	3.03
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)						
21 COST TO BE ALLOCATED						
22 UNIT COST MULTIPLIER						

HHA COST CENTER	NEW CAP REL COSTS-600 HI (SQUARE FEET)	NEW CAP REL COSTS-WAISMA (SQUARE FEET)	NEW CAP REL COSTS-USTATI (SQUARE FEET)	NEW CAP REL COSTS-MVBLE (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	RECONCILIATION
	3.04	3.05	3.06	4	5	6A
1 ADMIN & GENERAL	157				208,121	
2 SKILLED NURSING CARE					1,351,690	
3 PHYSICAL THERAPY					335,991	
4 OCCUPATIONAL THERAPY					102,161	
5 SPEECH PATHOLOGY					1,990	
6 MEDICAL SOCIAL SERVICES					35,477	
7 HOME HEALTH AIDE					61,269	
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)	157				2,096,699	
21 COST TO BE ALLOCATED	2,562				54,875	
22 UNIT COST MULTIPLIER	16.318471				0.026172	

HHA 1

HHA COST CENTER	ADMINISTRATIVE & GENERAL (ACCUM. COST) 6	MAINTENANCE & REPAIRS (SQUARE FEET) 7	OPERATION OF PLANT (SQUARE FEET) 8	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY) 9	HOUSEKEEPING (HOURS OF SERVICE) 10	DIETARY (MEALS SERVED) 11
1	ADMIN & GENERAL	8,009				
2	SKILLED NURSING CARE	2,295,100	6,070		6,070	
3	PHYSICAL THERAPY	570,496				
4	OCCUPATIONAL THERAPY	173,465				
5	SPEECH PATHOLOGY	3,379				
6	MEDICAL SOCIAL SERVICES	60,239				
7	HOME HEALTH AIDE	104,032				
8	SUPPLIES	19,991				
9	DRUGS					
9.20	COST ADMINISTERING DRUGS					
10	DME					
11	HOME DIALYSIS AIDE SVCS					
12	RESPIRATORY THERAPY					
13	PRIVATE DUTY NURSING					
14	CLINIC					
15	HEALTH PROM ACTIVITIES					
16	DAY CARE PROGRAM					
17	HOME DEL MEALS PROGRAM					
18	HOMEMAKER SERVICE					
19	ALL OTHER					
19.50	TELEMEDICINE					
20	TOTAL (SUM OF 1-19)	3,234,711	6,070		6,070	
21	COST TO BE ALLOCATED	675,372	215,396		94,607	
22	UNIT COST MULTIPLIER	0.208789	35.485338		15.585997	

HHA COST CENTER	CAFETERIAS (MEALS SERVED) 12	MAINTENANCE OF PERSONNEL (NUMBER HOUSED) 13	NURSING ADMINISTRATION (DIRECT NRS) (SING HRS) 14	CENTRAL SERVICES & SUPPLIES (COSTED EQUIP.) 15	PHARMACY (COSTED EQUIP.) 16	MEDICAL RECORDS & LIBRARY (GROSS CHARGES) 17
1	ADMIN & GENERAL					
2	SKILLED NURSING CARE		3,016			2,741,865
3	PHYSICAL THERAPY					
4	OCCUPATIONAL THERAPY					
5	SPEECH PATHOLOGY					
6	MEDICAL SOCIAL SERVICES					
7	HOME HEALTH AIDE					
8	SUPPLIES			12,518		
9	DRUGS				6,295	
9.20	COST ADMINISTERING DRUGS					
10	DME					
11	HOME DIALYSIS AIDE SVCS					
12	RESPIRATORY THERAPY					
13	PRIVATE DUTY NURSING					
14	CLINIC					
15	HEALTH PROM ACTIVITIES					
16	DAY CARE PROGRAM					
17	HOME DEL MEALS PROGRAM					
18	HOMEMAKER SERVICE					
19	ALL OTHER					
19.50	TELEMEDICINE					
20	TOTAL (SUM OF 1-19)		3,016	12,518	6,295	2,741,865
21	COST TO BE ALLOCATED		287,647	4,707	4,831	32,859
22	UNIT COST MULTIPLIER		95.373674	0.376019	0.767434	0.011984

HHA 1

HHA COST CENTER	SOCIAL SERVICE (TIME SPENT)	CLINICAL OFFICES (TIME SPENT)	HI STOCOMPATIBILITY (# OF TESTS)	NONPHYSICIAN ANESTHETIST (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	I & R SERVICES - SALARY & FR (ASSIGNED TIME)
	18	19	19.01	20	21	22
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)						
21 COST TO BE ALLOCATED						
22 UNIT COST MULTIPLIER						

HHA COST CENTER	I & R SERVICES - OTHER PRGM (ASSIGNED TIME)	PARAMED P RGM (ASSIGNED TIME)	PARAMED P RGM-PHARMACY (ASSIGNED TIME)	PARAMED P RGM-EMERGENC (ASSIGNED TIME)	PARAMED P RGM-DIETARY (ASSIGNED TIME)	PARAMED P RGM-DIAGNOST (ASSIGNED TIME)
	23	24	24.01	24.02	24.03	24.04
1 ADMIN & GENERAL						
2 SKILLED NURSING CARE						
3 PHYSICAL THERAPY						
4 OCCUPATIONAL THERAPY						
5 SPEECH PATHOLOGY						
6 MEDICAL SOCIAL SERVICES						
7 HOME HEALTH AIDE						
8 SUPPLIES						
9 DRUGS						
9.20 COST ADMINISTERING DRUGS						
10 DME						
11 HOME DIALYSIS AIDE SVCS						
12 RESPIRATORY THERAPY						
13 PRIVATE DUTY NURSING						
14 CLINIC						
15 HEALTH PROM ACTIVITIES						
16 DAY CARE PROGRAM						
17 HOME DEL MEALS PROGRAM						
18 HOMEMAKER SERVICE						
19 ALL OTHER						
19.50 TELEMEDICINE						
20 TOTAL (SUM OF 1-19)						
21 COST TO BE ALLOCATED						
22 UNIT COST MULTIPLIER						

HHA 1

PARAMED ED P	PARAMED ED P
RGM-ULTRASOU	RGM-RADIO THE
(ASSIGNED	(ASSIGNED
TIME)	TIME)
24.05	24.06

HHA COST CENTER

- 1 ADMIN & GENERAL
- 2 SKILLED NURSING CARE
- 3 PHYSICAL THERAPY
- 4 OCCUPATIONAL THERAPY
- 5 SPEECH PATHOLOGY
- 6 MEDICAL SOCIAL SERVICES
- 7 HOME HEALTH AIDE
- 8 SUPPLIES
- 9 DRUGS
- 9.20 COST ADMINISTERING DRUGS
- 10 DME
- 11 HOME DIALYSIS AIDE SVCS
- 12 RESPIRATORY THERAPY
- 13 PRIVATE DUTY NURSING
- 14 CLINIC
- 15 HEALTH PROM ACTIVITIES
- 16 DAY CARE PROGRAM
- 17 HOME DEL MEALS PROGRAM
- 18 HOMEMAKER SERVICE
- 19 ALL OTHER
- 19.50 TELEMEDICINE
- 20 TOTAL (SUM OF 1-19)
- 21 COST TO BE ALLOCATED
- 22 UNIT COST MULTIPLIER

[] TITLE V [X] TITLE XVIII [] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS:
 COMPUTATION OF THE LESSER OF AGGREGATE MEDICARE COST OR THE AGGREGATE OF THE MEDICARE LIMITATION

COST PER VISIT COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM PART I)	SHARED ANCI LLARY COSTS (FROM PART II)	TOTAL HHA COSTS	TOTAL VISITS	AVERAGE COST PER VISIT	PROGRAM VISITS
							PART A
PATIENT SERVICES							
1 SKILLED NURSING	2	3,412,061	2	3,412,061	9,304	366.73	2,581
2 PHYSICAL THERAPY	3	691,079		691,079	3,207	215.49	1,157
3 OCCUPATIONAL THERAPY	4	210,130		210,130	832	252.56	308
4 SPEECH PATHOLOGY	5	4,093		4,093	25	163.72	6
5 MEDICAL SOCIAL SERVICES	6	72,971		72,971	282	258.76	95
6 HOME HEALTH AIDE SERVICE	7	126,021		126,021	1,142	110.35	269
7 TOTAL		4,516,355		4,516,355	14,792		4,416

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
	7	8	PART A 9	PART B 10	11
1 SKILLED NURSING	2,296		946,530	842,012	1,788,542
2 PHYSICAL THERAPY	857		249,322	184,675	433,997
3 OCCUPATIONAL THERAPY	323		77,788	81,577	159,365
4 SPEECH PATHOLOGY	12		982	1,965	2,947
5 MEDICAL SOCIAL SERVICES	134		24,582	34,674	59,256
6 HOME HEALTH AIDE SERVICES	679		29,684	74,928	104,612
7 TOTAL	4,301		1,328,888	1,219,831	2,548,719

LIMITATION COST COMPUTATION	PATIENT SERVICES	1	2	3	4	PROGRAM COST LIMITS	PROGRAM VISITS
						5	PART A 6
8 SKILLED NURSING		9952					
8.01 SKILLED NURSING		4720					
8.02 SKILLED NURSING							
8.03 SKILLED NURSING							
9 PHYSICAL THERAPY		9952					
9.01 PHYSICAL THERAPY		4720					
9.02 PHYSICAL THERAPY							
9.03 PHYSICAL THERAPY							
10 OCCUPATIONAL THERAPY		9952					
10.01 OCCUPATIONAL THERAPY		4720					
10.02 OCCUPATIONAL THERAPY							
10.03 OCCUPATIONAL THERAPY							
11 SPEECH PATHOLOGY		9952					
11.01 SPEECH PATHOLOGY		4720					
11.02 SPEECH PATHOLOGY							
11.03 SPEECH PATHOLOGY							
12 MEDICAL SOCIAL SERVICES		9952					
12.01 MEDICAL SOCIAL SERVICES		4720					
12.02 MEDICAL SOCIAL SERVICES							
12.03 MEDICAL SOCIAL SERVICES							
13 HOME HEALTH AIDE SERVICE		9952					
13.01 HOME HEALTH AIDE SERVICE		4720					
13.02 HOME HEALTH AIDE SERVICE							
13.03 HOME HEALTH AIDE SERVICE							
14 TOTAL							

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	
	7	8	PART A 9	PART B 10	11
8 SKILLED NURSING					
8.01 SKILLED NURSING					
8.02 SKILLED NURSING					
8.03 SKILLED NURSING					
9 PHYSICAL THERAPY					
9.01 PHYSICAL THERAPY					
9.02 PHYSICAL THERAPY					
9.03 PHYSICAL THERAPY					
10 OCCUPATIONAL THERAPY					
10.01 OCCUPATIONAL THERAPY					
10.02 OCCUPATIONAL THERAPY					
10.03 OCCUPATIONAL THERAPY					
11 SPEECH PATHOLOGY					

TITLE V TITLE XVIII TITLE XIX

	-----PROGRAM VISITS-----		-----COST OF SERVICES-----		TOTAL PROGRAM COST	
	NOT SUBJECT TO DEDUCT & COINSUR	SUBJECT TO DEDUCT & COINSUR	PART A	SUBJECT TO DEDUCT & COINSUR		
11.01 SPEECH PATHOLOGY	7	8	9	10	11	12
11.02 SPEECH PATHOLOGY						
11.03 SPEECH PATHOLOGY						
12 MEDICAL SOCIAL SERVICES						
12.01 MEDICAL SOCIAL SERVICES						
12.02 MEDICAL SOCIAL SERVICES						
12.03 MEDICAL SOCIAL SERVICES						
13 HOME HEALTH AIDE SERVICE						
13.01 HOME HEALTH AIDE SERVICE						
13.02 HOME HEALTH AIDE SERVICE						
13.03 HOME HEALTH AIDE SERVICE						
14 TOTAL						

[] TITLE V [X] TITLE XVIII [] TITLE XIX

PART I - APPORTIONMENT OF HHA COST CENTERS:
 COMPUTATION OF THE LESSER OF AGGREGATE MEDICARE COST OR THE AGGREGATE OF THE MEDICARE LIMITATION

SUPPLIES AND EQUIPMENT COST COMPUTATION	FROM WKST H-5 PART I COL. 29, LINE:	FACILITY COSTS (FROM WKST H-5 PART I) 1	SHARED ANCILLARY COSTS (FROM PART II) 2	TOTAL HHA COSTS 3	TOTAL CHARGES 4	RATIO 5	PROGRAM COVERED CHARGES PART A 6
15 COST OF MEDICAL SUPPLIES	8.00	28,934		28,934			
16 COST OF DRUGS	9.00	4,841		4,841			
16.20 COST OF DRUGS	9.20						

	PROGRAM COVERED CHARGES -----PART B-----		-----COST OF SERVICES-----	
	NOT SUBJECT TO DEDUCT & COINSUR 7	SUBJECT TO DEDUCT & COINSUR 8	NOT SUBJECT TO DEDUCT & COINSUR 10	SUBJECT TO DEDUCT & COINSUR 11
15 COST OF MEDICAL SUPPLIES				
16 COST OF DRUGS				
16.20 COST OF DRUGS				

PER BENEFICIARY COST LIMITATION:	MSA NUMBER 1	AMOUNT 2
162 PROGRAM UNLAP CENSUS FROM WRKST S-4	9952	
16.01 PROGRAM UNLAP CENSUS FROM WRKST S-4	4720	
16.02 PROGRAM UNLAP CENSUS FROM WRKST S-4		
16.03 PROGRAM UNLAP CENSUS FROM WRKST S-4		
17 PER BENE COST LIMITATION (FRM FI)	9952	
17.01 PER BENE COST LIMITATION (FRM FI)	4720	
17.02 PER BENE COST LIMITATION (FRM FI)		
17.03 PER BENE COST LIMITATION (FRM FI)		
18 PER BENE COST LIMITATION (LN 17*18)		

PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS

	FROM WKST C PT I, COL 9	COST TO CHARGE RATIO 1	TOTAL HHA CHARGES 2	HHA SHARED ANCILLARY COSTS 3	TRANSFER TO PART I AS INDICATED 4
1 PHYSICAL THERAPY	50	.518915			COL 2, LN 2
2 OCCUPATIONAL THERAPY	51				COL 2, LN 3
3 SPEECH PATHOLOGY	52				COL 2, LN 4
4 MEDICAL SUPPLIES CHARGED TO PATIENT	55	.451202			COL 2, LN 15
5 DRUGS CHARGED TO PATIENTS	56	.498145			COL 2, LN 16

PART III - OUTPATIENT THERAPY REDUCTION COMPUTATION

	FROM PART I, COL 5 1	COST PER VISIT 2	PART B SERVICES SUBJECT TO DEDUCTIBLES AND COINSURANCE		PROGRAM COSTS		PROG VISITS ON OR AFTER 5
			PRIOR 1/1/1998 TO 12/31/1998	1/1/1998 TO 12/31/1998	PRIOR 1/1/1998 TO 12/31/1998	1/1/1998 TO 12/31/1998	
1 PHYSICAL THERAPY	2	215.49	2.01	3	3.01	4	
2 OCCUPATIONAL THERAPY	3	252.56					
3 SPEECH PATHOLOGY	4	163.72					
4 TOTAL (SUM OF LINES 1-3)							

TITLE XVII I HHA 1

PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES		PART B	PART B
PART A		NOT SUBJECT TO	SUBJECT TO
		DED & COINS	DED & COINS
		2	3
1	REASONABLE COST OF SERVICES		
2	TOTAL CHARGES	76,908,060	
3	CUSTOMARY CHARGES		
4	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		
5	AMOUNT 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(B)		
6	RATIO OF LINE 3 TO 4 (NOT TO EXCEED 1.000000)		
7	TOTAL CUSTOMARY CHARGES	76,908,060	
8	EXCESS OF TOTAL CUSTOMARY CHARGES OVER TOTAL REASONABLE COST	76,908,060	
9	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		
9	PRIMARY PAYOR AMOUNTS		

PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT

		PART A	PART B
		SERVICES	SERVICES
		1	2
10	TOTAL REASONABLE COST		
10.01	TOTAL PPS REIMBURSEMENT-FULL EPISODES WITHOUT OUTLIERS	745,513	599,524
10.02	TOTAL PPS REIMBURSEMENT-FULL EPISODES WITH OUTLIERS	16,687	28,683
10.03	TOTAL PPS REIMBURSEMENT-LUPA EPISODES	7,559	6,978
10.04	TOTAL PPS REIMBURSEMENT-PEP EPISODES	3,714	4,016
10.05	TOTAL PPS REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.06	TOTAL PPS REIMBURSEMENT-SCIC EPISODES		
10.07	TOTAL PPS OUTLIER REIMBURSEMENT-FULL EPISODES WITH OUTLIERS	2,922	10,087
10.08	TOTAL PPS OUTLIER REIMBURSEMENT-PEP EPISODES		
10.09	TOTAL PPS OUTLIER REIMBURSEMENT-SCIC WITHIN A PEP EPISODE		
10.10	TOTAL PPS OUTLIER REIMBURSEMENT-SCIC EPISODES		
10.11	TOTAL OTHER PAYMENTS		
10.12	DME PAYMENTS		
10.13	OXYGEN PAYMENTS		
10.14	PROSTHETIC AND ORTHOTIC PAYMENTS		
11	PART B DEDUCTIBLES BILLED TO MEDICARE PATIENTS (EXCLUDE COINSURANCE)		
12	SUBTOTAL	776,395	649,288
13	EXCESS REASONABLE COST		
14	SUBTOTAL	776,395	649,288
15	COINSURANCE BILLED TO PROGRAM PATIENTS		
16	NET COST	776,395	649,288
17	REIMBURSABLE BAD DEBTS		
17.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		
18	TOTAL COSTS - CURRENT COST REPORTING PERIOD	776,395	649,288
19	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
20	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM AGENCIES' TERMINATION OR DECREASE IN MEDICARE UTILIZATION		
21	OTHER ADJUSTMENTS (SPECIFY)		
22	SUBTOTAL	776,395	649,288
23	SEQUESTRATION ADJUSTMENT		
24	SUBTOTAL	776,395	649,288
25	INTERIM PAYMENTS	776,395	649,288
25.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
26	BALANCE DUE PROVIDER/PROGRAM		
27	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-11 SECTION 115.2		

