

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 5 PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX I PROVIDER NO: I PERIOD I INTERMEDIARY USE ONLY I DATE RECEIVED: I
COST REPORT CERTIFICATION I 52-3300 I FROM 1/ 1/2009 I --AUDITED --DESK REVIEW I / / I
AND SETTLEMENT SUMMARY I I TO 12/31/2009 I --INITIAL --REOPENED I INTERMEDIARY NO: I
I I I --FINAL 1-MCR CODE I I
I 00 - # OF REOPENINGS I I

ELECTRONICALLY FILED COST REPORT DATE: 5/26/2010 TIME 17:08

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: CHILDREN'S HOSPITAL OF WISCONSIN 52-3300 FOR THE COST REPORTING PERIOD BEGINNING 1/ 1/2009 AND ENDING 12/31/2009 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

Handwritten signature of CFO, Treasurer. Title: CFO, Treasurer. Date: 5/27/10.

ECR ENCRYPTION INFORMATION DATE: 5/26/2010 TIME 17:08

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PI ENCRYPTION INFORMATION DATE: 5/26/2010 TIME 17:08

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PART II - SETTLEMENT SUMMARY

Table with columns: TITLE V, A, B, TITLE XVIII, B, TITLE XIX, 4. Rows: 1 HOSPITAL, 100 TOTAL. Values: 0, 102,577, 41,302, 49,533,520.

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

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



HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 9000 W WISCONSIN AVE P.O. BOX: 1997
 1.01 CITY: MILWAUKEE STATE: WI ZIP CODE: 53201- COUNTY: MILWAUKEE

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION;

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P,T,O OR N)
02.00 HOSPITAL	CHILDREN'S HOSPITAL OF WISCONSIN	52-3300	2.01	1/ 1/1984	V XVIII XIX 4 5 6 O T O
16.00 RENAL DIALYSIS	RENAL DIALYSIS	52-2319		1/ 1/2004	

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 1/ 1/2009 TO: 12/31/2009 1 2
 18 TYPE OF CONTROL 2

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL 7
 20 SUBPROVIDER

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO.

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? ENTER IN COLUMN 1 "Y" FOR YES OR "N" FOR NO. IS THIS FACILITY SUBJECT TO THE PROVISIONS OF 42 CFR 412.106(C)(2) (PICKLE AMENDMENT HOSPITALS)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. N N

21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS).

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY)(SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N N 33340

21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1

21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1

21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL; UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA §5105 OR MIPPA §147? (SEE INSTRU) ENTER "Y" FOR YES, AND "N" FOR NO. N

21.07 DOES THIS HOSPITAL QUALIFY AS A SCH WITH 100 OR FEWER BEDS UNDER MIPPA §147? ENTER "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS) N

21.08 WHICH METHOD IS USED TO DETERMINE MEDICAID DAYS ON S-3, PART I, COL. 5 ENTER IN COLUMN 1, "1" IF IT IS BASED ON DATE OF ADMISSION, "2" IF IT IS BASED ON CENSUS DAYS, OR "3" IF IT IS BASED ON DATE OF DISCHARGE. IS THIS METHOD DIFFERENT THAN THE METHOD USED IN THE PRECEEDING COST REPORTING PERIOD? ENTER IN COLUMN 2, "Y" FOR YES OR "N" FOR NO. 3 N

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? Y

23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW.

23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. 1/ 1/1984 / /

23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /

23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION DATE IN COL. 3. / / / /

24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION DATE IN COLUMN 3 (MM/DD/YYYY) / /

24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER 12/26/2007) IN COLUMN 3 (mm/dd/yyyy). / /

25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? Y

25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4? Y

25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II. Y

25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N

25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N

25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS) N N

25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS) Y N

26 IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES. 0

26.01 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /

26.02 ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /

27 DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2. N / /

28 IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02

28.01 IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS) 1 2 3 4

 0 0.0000 0.0000

28.02 ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY 0.00 0

A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)

28.03 STAFFING % Y/N
0.00%

28.04 RECRUITMENT 0.00%

28.05 RETENTION 0.00%

28.06 TRAINING 0.00%

29 IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT? N

30 DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff) N

30.01 IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70

30.02 IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS) N

30.03 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000). N

30.04 IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II N

31 IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.01 IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.02 IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.03 IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.04 IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

31.05 IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c). N

MISCELLANEOUS COST REPORT INFORMATION

32 IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2. N

33 IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2 N

34 IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA? N

35 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.01 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)? N

35.02 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?

35.03 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?

35.04 HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?

PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL V XVIII XIX
 1 2 3
 36 DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N N N
 36.01 DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.320? (SEE INSTRUCTIONS) N N N
 37 DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS) N N N
 37.01 IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE? N N N

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-I, CHAP 10? IF YES, AND THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER IN COLUMN 2 THE CHAIN HOME OFFICE CHAIN NUMBER. (SEE INSTRUCTIONS). Y
 40.01 NAME: CHILDREN'S HOSPITAL AND HEALTH SYSTE FI/CONTRACTOR NAME NATIONAL GOVERNMENT SERVICES FI/CONTRACTOR #
 40.02 STREET: 9000 W WISCONSIN AVE P.O. BOX: 7064
 40.03 CITY: MILWAUKEE STATE: WI ZIP CODE: 53201-
 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? N
 45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT? N 00/00/0000
 SEE CMS PUB. 15-II, 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
52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS)					Y
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: 484,122 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.	DATE	Y OR N	LIMIT	Y OR N	FEES
	0	1	2	3	4
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.		N	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? N
- 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. N
- 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).
- 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) 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). 0

MULTICAMPUS

- 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

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). Y 3/11/2010

COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH N/A 2.01	TITLE V 3	I/P DAYS / TITLE XVIII 4	O/P VISITS / NOT LTCH N/A 4.01	TRIPS TOTAL TITLE XIX 5
1 ADULTS & PEDIATRICS	139	50,735				72	9,943
2 HMO							19,728
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS	139	50,735				72	9,943
6 INTENSIVE CARE UNIT	97	35,405				76	10,864
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
10 OTHER SPEC CARE HOT	24	8,760				69	1,984
11 NURSERY							
12 TOTAL	260	94,900				217	22,791
13 RPCH VISITS							
14 SUBPROVIDER							
15 SKILLED NURSING FACILITY							
16 NURSING FACILITY							
16 01 ICF/MR							
17 OTHER LONG TERM CARE							
18 HOME HEALTH AGENCY							
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE							
23 CORF							
25 TOTAL	260						
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	TITLE XIX OBSERVATION BEDS ADMITTED 5.01	I/P DAYS / NOT ADMITTED 5.02	O/P VISITS TOTAL ALL PATS 6	TRIPS TOTAL OBSERVATION BEDS ADMITTED 6.01	NOT ADMITTED 6.02	INTERNS & RES. FTES TOTAL 7	LESS I&R REPL NON-PHYS ANES 8
1 ADULTS & PEDIATRICS			37,658				
2 HMO							
2 01 HMO - (IRF PPS SUBPROVIDER)							
3 ADULTS & PED-SB SNF							
4 ADULTS & PED-SB NF							
5 TOTAL ADULTS AND PEDS			37,658				
6 INTENSIVE CARE UNIT			31,783				
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
10 OTHER SPEC CARE HOT			6,808				
11 NURSERY							
12 TOTAL			76,249			179.88	
13 RPCH VISITS							
14 SUBPROVIDER							
15 SKILLED NURSING FACILITY							
16 NURSING FACILITY							
16 01 ICF/MR							
17 OTHER LONG TERM CARE							
18 HOME HEALTH AGENCY							
20 AMBULATORY SURGICAL CENTER (
21 HOSPICE							
23 CORF							
25 TOTAL						179.88	
26 OBSERVATION BED DAYS							
27 AMBULANCE TRIPS							
28 EMPLOYEE DISCOUNT DAYS							
28 01 EMP DISCOUNT DAYS -IRF							
29 LABOR & DELIVERY DAYS							

COMPONENT	I & R FTES NET 9	FULL TIME EMPLOYEES ON PAYROLL 10	EQUIV NONPAID WORKERS 11	TITLE V 12	DISCHARGES TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15
1 ADULTS & PEDIATRICS						2,808	12,845
2 HMO							
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							
7 CORONARY CARE UNIT							
8 BURN INTENSIVE CARE UNIT							
9 SURGICAL INTENSIVE CARE UNIT							
10 OTHER SPEC CARE HOT							
11 NURSERY							

HOSPITAL RENAL DIALYSIS DEPARTMENT
 STATISTICAL DATA

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2010
 I 52-3300 I FROM 1/ 1/2009 I
 I SATELLITE NO: I TO 12/31/2009 I WORKSHEET S-5
 I I I

DESCRIPTION	----- OUTPATIENT -----		----- TRAINING -----		----- HOME -----	
	REGULAR 1	HIGH FLUX 2	HEMO- DIALYSIS 3	CAPD CCPD 4	HEMO- DIALYSIS 5	CAPD CCPD 6
1 NUMBER OF PATIENTS IN PROGRAM AT END OF COST REPORTING PERIOD		6				7
2 NUMBER OF TIMES PER WEEK PATIENT RECEIVES DIALYSIS	3.00			5.00		7.00
3 AVERAGE PATIENT DIALYSIS TIME INCLUDING SETUP	4.00			10.00		
4 CAPD EXCHANGES PER DAY				8.00		5.00
5 NUMBER OF DAYS IN YEAR DIALYSIS FURNISHED	156					
6 NUMBER OF STATIONS	5			2		
7 TREATMENT CAPACITY PER DAY PER STATION	2					
8 UTILIZATION (SEE INSTRUCTIONS)						
9 AVERAGE TIMES DIALYZERS RE-USED						
10 PERCENTAGE OF PATIENTS RE-USING DIALYSIZERS						
TRANSPLANT INFORMATION						
11 NUMBER OF PATIENTS ON TRANSPLANT LIST	11					
12 NUMBER OF PATIENTS TRANSPLANTED DURING THE COST REPORTING PERIOD	6					
EPOIETIN						
13 NET COSTS OF EPOIETIN FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER	16,251					
13 . 1 EPOIETIN AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM						
14 NUMBER OF EPO UNITS FURNISHED RELATING TO THE RENAL DIALYSIS DEPARTMENT	1,520					
14 . 1 NUMBER OF EPO UNITS FURNISHED RELATING TO THE HOME DIALYSIS DEPARTMENT						
PHYSICIAN PAYMENT METHOD (ENTER "X" IF METHOD(S) IS APPLICABLE)						
15 MCP <input checked="" type="checkbox"/> INITIAL METHOD <input type="checkbox"/>						
ARANESP						
16 NET COSTS OF ARANESP FURNISHED TO ALL MAINTENANCE DIALYSIS PATIENTS BY THE PROVIDER						
17 ARANESP AMOUNT FROM WORKSHEET A FOR HOME DIALYSIS PROGRAM						
18 NUMBER OF ARANESP UNITS FURNISHED RELATING TO RENAL DIALYSIS DEPARTMENT						
19 NUMBER OF ARANESP UNITS FURNISHED RELATING TO HOME DIALYSIS DEPARTMENT						

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

I PROVIDER NO:
I 52-3300
I

I PERIOD:
I FROM 1/ 1/2009 I
I TO 12/31/2009 I
I PREPARED 5/26/2010
I 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		17,443,462	17,443,462	14,284,993	31,728,455
4	0400 NEW CAP REL COSTS-MVBLE EQUIP		16,672,779	16,672,779	530,805	17,203,584
5	0500 EMPLOYEE BENEFITS				6,369,103	6,369,103
6	0600 ADMINISTRATIVE & GENERAL	12,931,745	95,414,681	108,346,426	-31,906,275	76,440,151
7	0700 MAINTENANCE & REPAIRS					
8	0800 OPERATION OF PLANT	2,511,940	10,275,277	12,787,217	294,056	13,081,273
9	0900 LAUNDRY & LINEN SERVICE		1,102,231	1,102,231		1,102,231
10	1000 HOUSEKEEPING	3,094,524	3,242,621	6,337,145	-433	6,336,712
11	1100 DIETARY	654,629	2,925,711	3,580,340		3,580,340
12	1200 CAFETERIA	1,134,366	1,053,478	2,187,844	183,890	2,371,734
13	1300 MAINTENANCE OF PERSONNEL					
14	1400 NURSING ADMINISTRATION	6,453,847	2,985,708	9,439,555		9,439,555
15	1500 CENTRAL SERVICES & SUPPLY	3,557,978	6,122,243	9,680,221	-3,425,524	6,254,697
16	1600 PHARMACY	6,921,153	22,435,592	29,356,745	-20,016,582	9,340,163
17	1700 MEDICAL RECORDS & LIBRARY	2,471,523	2,767,879	5,239,402		5,239,402
18	1800 SOCIAL SERVICE	2,530,222	2,020,684	4,550,906	-978,211	3,572,695
20	2000 NONPHYSICIAN ANESTHETISTS					
21	2100 NURSING SCHOOL					
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD		9,899,677	9,899,677	3,840,783	13,740,460
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD				9,223,026	9,223,026
24	2400 PARAMED ED PRGM					
	INPAT ROUTINE SRVC CNTRS					
25	2500 ADULTS & PEDIATRICS	18,115,944	8,504,233	26,620,177	-925,662	25,694,515
26	2600 INTENSIVE CARE UNIT	25,905,442	14,057,003	39,962,445	-3,351,352	36,611,093
27	2700 CORONARY CARE UNIT					
28	2800 BURN INTENSIVE CARE UNIT					
29	2900 SURGICAL INTENSIVE CARE UNIT					
30	2601 OTHER SPEC CARE HOT	3,787,169	4,504,607	8,291,776	-34,565	8,257,211
31	3100 SUBPROVIDER					
33	3300 NURSERY					
34	3400 SKILLED NURSING FACILITY					
35	3500 NURSING FACILITY					
35.01	3510 ICF/MR					
36	3600 OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	3700 OPERATING ROOM	8,936,230	17,897,673	26,833,903	-13,622,916	13,210,987
38	3800 RECOVERY ROOM	1,583,151	652,755	2,235,906	-1,574	2,234,332
39	3900 DELIVERY ROOM & LABOR ROOM					
40	4000 ANESTHESIOLOGY	285,441	1,404,594	1,690,035	-1,026,699	663,336
41	4100 RADIOLOGY-DIAGNOSTIC	7,292,857	6,509,672	13,802,529	584,123	14,386,652
42	4200 RADIOLOGY-THERAPEUTIC					
43	4300 RADIOISOTOPE					
44	4400 LABORATORY	5,557,084	14,241,122	19,798,206	485,556	20,283,762
45	4500 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47	4700 BLOOD STORING, PROCESSING & TRANS.		8,121,628	8,121,628	-1,078	8,120,550
48	4800 INTRAVENOUS THERAPY					
49	4900 RESPIRATORY THERAPY	4,646,901	4,180,100	8,827,001	-518,452	8,308,549
50	5000 PHYSICAL THERAPY	2,064,781	937,260	3,002,041	33,122	3,035,163
51	5100 OCCUPATIONAL THERAPY					
52	5200 SPEECH PATHOLOGY	1,949,946	1,133,017	3,082,963	-362,147	2,720,816
53	5300 ELECTROCARDIOLOGY	1,960,078	3,030,215	4,990,293	122,363	5,112,656
54	5400 ELECTROENCEPHALOGRAPHY	571,008	255,618	826,626	65,451	892,077
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS				26,306,134	26,306,134
56	5600 DRUGS CHARGED TO PATIENTS				19,957,984	19,957,984
57	5700 RENAL DIALYSIS	217,965	295,210	513,175	72,092	585,267
58	5800 ASC (NON-DISTINCT PART)					
59	3550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,542,460	567,004	2,109,464	275,600	2,385,064
59.01	3950 TRANSPORT	2,139,295	2,776,479	4,915,774	-90,190	4,825,584
59.02	3951 GENETICS CENTER	559,407	555,401	1,114,808	62,831	1,177,639
59.03	3470 NUCLEAR MEDICINE-THERAPEUTIC	227,794	594,463	822,257	-148	822,109
59.04	3551 CHILD DEVELOPMENT CENTER	74,879	325,147	400,026	75,544	475,570
59.05	3552 CHILD PROTECTION CENTER	977,108	748,844	1,725,952	118,579	1,844,531
59.06	3250 DENTAL SERVICES	2,433,787	1,347,388	3,781,175	-463,761	3,317,414
	OUTPAT SERVICE COST CNTRS					
60	6000 CLINIC					
60.01	6001 URGENT CARE					
60.02	6002 ID PRIM CARE SUPP NETWORK	299,909	156,047	455,956	75,904	531,860
60.03	6003 PAIN/PALLIATIVE CARE	478,940	203,942	682,882	-11,571	671,311
60.04	6004 PEDIATRIC EXTENDED CARE	200,561	97,286	297,847	4,150	301,997
60.05	6005 DIABETIC CLINIC	497,859	222,514	720,373	10,077	730,450
60.06	6006 GI CLINIC	1,236,654	477,294	1,713,948	250,496	1,964,444
60.07	6007 CLINIC FOR SPECIAL NEEDS	536,576	411,823	948,399	-250,514	697,885
60.08	6008 DIETETICS	1,484,482	512,092	1,996,574	-33,756	1,962,818
60.09	6009 INFUSION ROOM	229,268	74,271	303,539	-6,565	296,974
60.10	6010 RADIOLOGY CLINIC	881,946	441,605	1,323,551		1,323,551
60.11	6011 PULMONARY CLINIC	440,904	208,730	649,634	-34,693	614,941
60.12	6012 CLINIC					
60.13	6013 ENT CLINIC	455,490	232,518	688,008	197,654	885,662
60.14	6014 ORTHOPEDIC CLINIC	582,297	316,153	898,450	-93,840	804,610
60.15	6015 EYE CLINIC	192,417	86,484	278,901	17,808	296,709
60.16	6016 CLINIC					
60.17	6017 ONCOLOGY CLINIC	1,214,997	681,958	1,896,955	-221,443	1,675,512
60.18	6018 SURGICAL SPECIALTIES	773,852	352,786	1,126,638	15,595	1,142,233

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSESI PROVIDER NO:
I 52-3300
II PERIOD:
I FROM 1/ 1/2009
I TO 12/31/2009I PREPARED 5/26/2010
I WORKSHEET A
I

COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
60.19 6019	OUTPAT SERVICE COST CNTRS ALLERGY CLINIC	712,190	418,872	1,131,062	170,314	1,301,376
60.20 6020	CLINIC					
60.21 6021	CLINIC					
60.22 6022	CLINIC					
60.23 6023	LASER CLINIC	34,169	28,724	62,893	851	63,744
60.24 6024	DERMATOLOGY CLINIC	429,567	237,031	666,598	17,480	684,078
60.25 6025	CLINIC					
60.26 6026	CLINIC					
60.27 6027	CLINIC ADMINISTRATION	408,410	167,396	575,806	-575,806	
60.28 6028	CRANIOFACIAL CENTER	82,214	36,570	118,784	1,662	120,446
60.29 6029	HEMATOLOGY CLINIC	309,432	107,148	416,580	-961	415,619
60.30 6030	SPINA BIFIDA	229,101	86,446	315,547	28,606	344,153
60.31 6031	NEUROSCIENCES CENTER	769,706	281,679	1,051,385	76,682	1,128,067
60.32 6032	RHEUMATOLOGY CLINIC	184,350	73,979	258,329	53,334	311,663
60.33 6033	ENDOCRINE CENTER	151,008	57,426	208,434	149,386	357,820
60.34 6034	CLINIC					
60.35 6035	CLINIC					
60.36 6036	CLINIC					
60.37 6037	RENAL CLINIC	254,635	86,512	341,147	4,353	345,500
60.38 6038	GREENWAY CLINIC	373,985	580,489	954,474	445	954,919
60.39 6039	NEW BERLIN CLINIC	483,047	1,623,979	2,107,026	-195	2,106,831
61 6100	EMERGENCY	5,181,579	2,919,908	8,101,487	-781,722	7,319,765
62 6200	OBSERVATION BEDS (NON-DISTINCT PART) OTHER REIMBURS COST CNTRS					
64 6400	HOME PROGRAM DIALYSIS	16,851	83,125	99,976	28,580	128,556
65 6500	AMBULANCE SERVICES					
66 6600	DURABLE MEDICAL EQUIP-RENTED					
67 6700	DURABLE MEDICAL EQUIP-SOLD					
69 6900	CORF					
70 7000	I&R SERVICES-NOT APPRVD PRGM					
71 7100	HOME HEALTH AGENCY SPEC PURPOSE COST CENTERS					
82 8200	LUNG ACQUISITION	21,240	14,016	35,256		35,256
83 8300	KIDNEY ACQUISITION	133,854	161,280	295,134	-29,316	265,818
84 8400	LIVER ACQUISITION		273,527	273,527		273,527
85 8500	HEART ACQUISITION	100,055	743,366	843,421		843,421
85.01 8510	PANCREAS ACQUISITION					
86 8600	SOLID ORGAN TRANSPLANT	64,183	26,741	90,924		90,924
88 8800	INTEREST EXPENSE		12,190,699	12,190,699	-12,190,699	
89 8900	UTILIZATION REVIEW-SNF					
90 9000	OTHER CAPITAL RELATED COSTS		384,389	384,389	-384,389	
92 9200	AMBULATORY SURGICAL CENTER (D.P.)					
93 9300	HOSPICE					
95	SUBTOTALS	152,536,382	312,060,261	464,596,643	-7,351,627	457,245,016
96 9600	NONREIMBURS COST CENTERS GIFT, FLOWER, COFFEE SHOP & CANTEEN		169,166	169,166		169,166
97 9700	RESEARCH				348,340	348,340
97.01 9701	RESEARCH/GRANT ACTIVITY	1,277,841	1,248,157	2,525,998	208,515	2,734,513
98 9800	PHYSICIANS' PRIVATE OFFICES					
99 9900	NONPAID WORKERS					
100 7950	DOWNTOWN HEALTH CENTER		338,319	338,319		338,319
100.01 7951	POISON CENTER	1,172,495	523,563	1,696,058		1,696,058
100.02 7952	PUBLIC RELATIONS		114,735	114,735	3,931,594	4,046,329
100.03 7953	OUTREACH	462,567	270,365	732,932	695,462	1,428,394
100.04 7954	OTHER OFFSITE CLINICS	158,913	142,699	301,612	1,971,867	2,273,479
100.05 7955	CHILDREN'S SPECIALTY GROUP	258,975	95,720	354,695		354,695
100.08 7958	EAST SIDE SPEECH AND HEARING	116,416	87,176	203,592	2,775	206,367
100.09 7959	NORTH SHORE CLINIC	17,107	20,545	37,652	-4,065	33,587
100.10 7960	OTHER CHS SUPPORT					
100.11 7961	PHYSICIAN RELATIONS				155,034	155,034
100.12 7962	ADOLESCENT MEDICINE	84,769	51,071	135,840	42,105	177,945
101	TOTAL	156,085,465	315,121,777	471,207,242	-0-	471,207,242

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSES

I PROVIDER NO:
I 52-3300
I

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

I PREPARED 5/26/2010
I WORKSHEET A
I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 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	-10,669,193	21,059,262
4	0400 NEW CAP REL COSTS-MVBLE EQUIP	254,635	17,458,219
5	0500 EMPLOYEE BENEFITS		6,369,103
6	0600 ADMINISTRATIVE & GENERAL	-3,421,221	73,018,930
7	0700 MAINTENANCE & REPAIRS		
8	0800 OPERATION OF PLANT	-144,928	12,936,345
9	0900 LAUNDRY & LINEN SERVICE		1,102,231
10	1000 HOUSEKEEPING	-1,489	6,335,223
11	1100 DIETARY	-649,558	2,930,782
12	1200 CAFETERIA	-1,891,053	480,681
13	1300 MAINTENANCE OF PERSONNEL		
14	1400 NURSING ADMINISTRATION	-121,667	9,317,888
15	1500 CENTRAL SERVICES & SUPPLY		6,254,697
16	1600 PHARMACY	-1,776,869	7,563,294
17	1700 MEDICAL RECORDS & LIBRARY	-33,076	5,206,326
18	1800 SOCIAL SERVICE	-10,825	3,561,870
20	2000 NONPHYSICIAN ANESTHETISTS		
21	2100 NURSING SCHOOL		
22	2200 I&R SERVICES-SALARY & FRINGES APPRVD		13,740,460
23	2300 I&R SERVICES-OTHER PRGM COSTS APPRVD	-3,389,575	5,833,451
24	2400 PARAMED ED PRGM		
	INPAT ROUTINE SRVC CNTRS		
25	2500 ADULTS & PEDIATRICS	-99,975	25,594,540
26	2600 INTENSIVE CARE UNIT	-342,204	36,268,889
27	2700 CORONARY CARE UNIT		
28	2800 BURN INTENSIVE CARE UNIT		
29	2900 SURGICAL INTENSIVE CARE UNIT		
30	2601 OTHER SPEC CARE HOT	-299,627	7,957,584
31	3100 SUBPROVIDER		
33	3300 NURSERY		
34	3400 SKILLED NURSING FACILITY		
35	3500 NURSING FACILITY		
35.01	3510 ICF/MR		
36	3600 OTHER LONG TERM CARE		
	ANCILLARY SRVC COST CNTRS		
37	3700 OPERATING ROOM	-731,295	12,479,692
38	3800 RECOVERY ROOM		2,234,332
39	3900 DELIVERY ROOM & LABOR ROOM		
40	4000 ANESTHESIOLOGY	-25,382	637,954
41	4100 RADIOLOGY-DIAGNOSTIC	-629,692	13,756,960
42	4200 RADIOLOGY-THERAPEUTIC		
43	4300 RADIOISOTOPE		
44	4400 LABORATORY	-215,490	20,068,272
45	4500 PBP CLINICAL LAB SERVICES-PRGM ONLY		
46	4600 WHOLE BLOOD & PACKED RED BLOOD CELLS		
47	4700 BLOOD STORING, PROCESSING & TRANS.		8,120,550
48	4800 INTRAVENOUS THERAPY		
49	4900 RESPIRATORY THERAPY	-101,123	8,207,426
50	5000 PHYSICAL THERAPY		3,035,163
51	5100 OCCUPATIONAL THERAPY		
52	5200 SPEECH PATHOLOGY		2,720,816
53	5300 ELECTROCARDIOLOGY	-91,790	5,020,866
54	5400 ELECTROENCEPHALOGRAPHY		892,077
55	5500 MEDICAL SUPPLIES CHARGED TO PATIENTS		26,306,134
56	5600 DRUGS CHARGED TO PATIENTS		19,957,984
57	5700 RENAL DIALYSIS	-15,252	570,015
58	5800 ASC (NON-DISTINCT PART)		
59	3550 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	-15,643	2,369,421
59.01	3950 TRANSPORT	-2,137	4,823,447
59.02	3951 GENETICS CENTER	-24,293	1,153,346
59.03	3470 NUCLEAR MEDICINE-THERAPEUTIC		822,109
59.04	3551 CHILD DEVELOPMENT CENTER	-24,828	450,742
59.05	3552 CHILD PROTECTION CENTER	-55,931	1,788,600
59.06	3250 DENTAL SERVICES	-9,625	3,307,789
	OUTPAT SERVICE COST CNTRS		
60	6000 CLINIC		
60.01	6001 URGENT CARE		
60.02	6002 ID PRIM CARE SUPP NETWORK	-34,041	497,819
60.03	6003 PAIN/PALLIATIVE CARE	-36,398	634,913
60.04	6004 PEDIATRIC EXTENDED CARE		301,997
60.05	6005 DIABETIC CLINIC		730,450
60.06	6006 GI CLINIC	-102,344	1,862,100
60.07	6007 CLINIC FOR SPECIAL NEEDS		697,885
60.08	6008 DIETETICS	-722	1,962,096
60.09	6009 INFUSION ROOM		296,974
60.10	6010 CARDIOLOGY CLINIC		1,323,551
60.11	6011 PULMONARY CLINIC	-13,168	601,773
60.12	6012 CLINIC		
60.13	6013 ENT CLINIC	-5,079	880,583
60.14	6014 ORTHOPEDIC CLINIC	-49,210	755,400
60.15	6015 EYE CLINIC		296,709
60.16	6016 CLINIC		
60.17	6017 ONCOLOGY CLINIC		1,675,512
60.18	6018 SURGICAL SPECIALTIES		1,142,233

RECLASSIFICATION AND ADJUSTMENT OF
TRIAL BALANCE OF EXPENSESI PROVIDER NO:
I 52-3300
II PERIOD:
I FROM 1/ 1/2009
I TO 12/31/2009I PREPARED 5/26/2010
I WORKSHEET A
I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	OUTPAT SERVICE COST CNTRS		
60.19 6019	ALLERGY CLINIC	-323,174	978,202
60.20 6020	CLINIC		
60.21 6021	CLINIC		
60.22 6022	CLINIC		
60.23 6023	LASER CLINIC		63,744
60.24 6024	DERMATOLOGY CLINIC		684,078
60.25 6025	CLINIC		
60.26 6026	CLINIC		
60.27 6027	CLINIC ADMINISTRATION		
60.28 6028	CRANIOFACIAL CENTER		120,446
60.29 6029	HEMATOLOGY CLINIC		415,619
60.30 6030	SPINA BIFIDA		344,153
60.31 6031	NEUROSCIENCES CENTER		1,128,067
60.32 6032	RHEUMATOLOGY CLINIC	-23,407	288,256
60.33 6033	ENDOCRINE CENTER	-64,320	293,500
60.34 6034	CLINIC		
60.35 6035	CLINIC		
60.36 6036	CLINIC		
60.37 6037	RENAL CLINIC	-53,755	291,745
60.38 6038	GREENWAY CLINIC		954,919
60.39 6039	NEW BERLIN CLINIC		2,106,831
61 6100	EMERGENCY	-58,477	7,261,288
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)		
	OTHER REIMBURS COST CNTRS		
64 6400	HOME PROGRAM DIALYSIS		128,556
65 6500	AMBULANCE SERVICES		
66 6600	DURABLE MEDICAL EQUIP-RENTED		
67 6700	DURABLE MEDICAL EQUIP-SOLD		
69 6900	CORF		
70 7000	I&R SERVICES-NOT APPRVD PRGM		
71 7100	HOME HEALTH AGENCY		
	SPEC PURPOSE COST CENTERS		
82 8200	LUNG ACQUISITION	-5,874	29,382
83 8300	KIDNEY ACQUISITION		265,818
84 8400	LIVER ACQUISITION		273,527
85 8500	HEART ACQUISITION	-53,737	789,684
85.01 8510	PANCREAS ACQUISITION		
86 8600	SOLID ORGAN TRANSPLANT		90,924
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		
95	SUBTOTALS	-25,362,812	431,882,204
	NONREIMBURS COST CENTERS		
96 9600	GIFT, FLOWER, COFFEE SHOP & CANTEEN	-112,880	56,286
97 9700	RESEARCH		348,340
97.01 9701	RESEARCH/GRANT ACTIVITY	-489,847	2,244,666
98 9800	PHYSICIANS' PRIVATE OFFICES		
99 9900	NONPAID WORKERS		
100 7950	DOWNTOWN HEALTH CENTER		338,319
100.01 7951	POISON CENTER	-6,494	1,689,564
100.02 7952	PUBLIC RELATIONS		4,046,329
100.03 7953	OUTREACH	-694,925	733,469
100.04 7954	OTHER OFFSITE CLINICS		2,273,479
100.05 7955	CHILDREN'S SPECIALTY GROUP		354,695
100.08 7958	EAST SIDE SPEECH AND HEARING		206,367
100.09 7959	NORTH SHORE CLINIC	38,426	72,013
100.10 7960	OTHER CHS SUPPORT		
100.11 7961	PHYSICIAN RELATIONS		155,034
100.12 7962	ADOLESCENT MEDICINE		177,945
101	TOTAL	-26,628,532	444,578,710

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	
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	
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 ED PRGM	2400	
INPAT ROUTINE SRVC C			
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
30	OTHER SPEC CARE HOT	2601	INTENSIVE CARE UNIT
31	SUBPROVIDER	3100	
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	
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	
59	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	3550	PSYCHIATRIC/PSYCHOLOGICAL SERVICES
59.01	TRANSPORT	3950	OTHER ANCILLARY SERVICE COST CENTERS
59.02	GENETICS CENTER	3951	OTHER ANCILLARY SERVICE COST CENTERS
59.03	NUCLEAR MEDICINE-THERAPEUTIC	3470	NUCLEAR MEDICINE-THERAPEUTIC
59.04	CHILD DEVELOPMENT CENTER	3551	PSYCHIATRIC/PSYCHOLOGICAL SERVICES
59.05	CHILD PROTECTION CENTER	3552	PSYCHIATRIC/PSYCHOLOGICAL SERVICES
59.06	DENTAL SERVICES	3250	DENTAL SERVICES
OUTPAT SERVICE COST			
60	CLINIC	6000	
60.01	URGENT CARE	6001	CLINIC
60.02	ID PRIM CARE SUPP NETWORK	6002	CLINIC
60.03	PAIN/PALLIATIVE CARE	6003	CLINIC
60.04	PEDIATRIC EXTENDED CARE	6004	CLINIC
60.05	DIABETIC CLINIC	6005	CLINIC
60.06	GI CLINIC	6006	CLINIC
60.07	CLINIC FOR SPECIAL NEEDS	6007	CLINIC
60.08	DIETETICS	6008	CLINIC
60.09	INFUSION ROOM	6009	CLINIC
60.10	CARDIOLOGY CLINIC	6010	CLINIC
60.11	PULMONARY CLINIC	6011	CLINIC
60.12	CLINIC	6012	CLINIC
60.13	ENT CLINIC	6013	CLINIC
60.14	ORTHOPEDIC CLINIC	6014	CLINIC
60.15	EYE CLINIC	6015	CLINIC
60.16	CLINIC	6016	CLINIC
60.17	ONCOLOGY CLINIC	6017	CLINIC
60.18	SURGICAL SPECIALTIES	6018	CLINIC
60.19	ALLERGY CLINIC	6019	CLINIC

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	OUTPAT SERVICE COST		
60.20	CLINIC	6020	CLINIC
60.21	CLINIC	6021	CLINIC
60.22	CLINIC	6022	CLINIC
60.23	LASER CLINIC	6023	CLINIC
60.24	DERMATOLOGY CLINIC	6024	CLINIC
60.25	CLINIC	6025	CLINIC
60.26	CLINIC	6026	CLINIC
60.27	CLINIC ADMINISTRATION	6027	CLINIC
60.28	CRANIOFACIAL CENTER	6028	CLINIC
60.29	HEMATOLOGY CLINIC	6029	CLINIC
60.30	SPINA BIFIDA	6030	CLINIC
60.31	NEUROSCIENCES CENTER	6031	CLINIC
60.32	RHEUMATOLOGY CLINIC	6032	CLINIC
60.33	ENDOCRINE CENTER	6033	CLINIC
60.34	CLINIC	6034	CLINIC
60.35	CLINIC	6035	CLINIC
60.36	CLINIC	6036	CLINIC
60.37	RENAL CLINIC	6037	CLINIC
60.38	GREENWAY CLINIC	6038	CLINIC
60.39	NEW BERLIN CLINIC	6039	CLINIC
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	OTHER REIMBURS COST		
64	HOME PROGRAM DIALYSIS	6400	
65	AMBULANCE SERVICES	6500	
66	DURABLE MEDICAL EQUIP-RENTED	6600	
67	DURABLE MEDICAL EQUIP-SOLD	6700	
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	SOLID ORGAN TRANSPLANT	8600	
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	
95	SUBTOTALS		OLD CAP REL COSTS-BLDG & FIXT
	NONREIMBURS COST CEN		
96	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9600	
97	RESEARCH	9700	
97.01	RESEARCH/GRANT ACTIVITY	9701	RESEARCH
98	PHYSICIANS' PRIVATE OFFICES	9800	
99	NONPAID WORKERS	9900	
100	DOWNTOWN HEALTH CENTER	7950	OTHER NONREIMBURSABLE COST CENTERS
100.01	POISON CENTER	7951	OTHER NONREIMBURSABLE COST CENTERS
100.02	PUBLIC RELATIONS	7952	OTHER NONREIMBURSABLE COST CENTERS
100.03	OUTREACH	7953	OTHER NONREIMBURSABLE COST CENTERS
100.04	OTHER OFFSITE CLINICS	7954	OTHER NONREIMBURSABLE COST CENTERS
100.05	CHILDREN'S SPECIALTY GROUP	7955	OTHER NONREIMBURSABLE COST CENTERS
100.08	EAST SIDE SPEECH AND HEARING	7958	OTHER NONREIMBURSABLE COST CENTERS
100.09	NORTH SHORE CLINIC	7959	OTHER NONREIMBURSABLE COST CENTERS
100.10	OTHER CHS SUPPORT	7960	OTHER NONREIMBURSABLE COST CENTERS
100.11	PHYSICIAN RELATIONS	7961	OTHER NONREIMBURSABLE COST CENTERS
100.12	ADOLESCENT MEDICINE	7962	OTHER NONREIMBURSABLE COST CENTERS
101	TOTAL		OLD CAP REL COSTS-BLDG & FIXT

RECLASSIFICATIONS

PROVIDER NO: 523300	PERIOD: FROM 1/ 1/2009 TO 12/31/2009	PREPARED 5/26/2010 WORKSHEET A-6
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EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE		SALARY 4	OTHER 5
			LINE NO 3			
1 RECLASS INSURANCE EXPENSE	A	NEW CAP REL COSTS-BLDG & FIXT	3			291,915
2		NEW CAP REL COSTS-MVBLE EQUIP	4			92,474
3						
4 RECLASS INTEREST EXPENSE	B	NEW CAP REL COSTS-BLDG & FIXT	3			12,167,241
5		NEW CAP REL COSTS-MVBLE EQUIP	4			23,458
6 RECLASS MALPRACTICE INSURANCE	C	I&R SERVICES-OTHER PRGM COSTS APPRVD	23			484,122
7 RECLASS I&R DENTAL SALARIES	D	I&R SERVICES-SALARY & FRINGES APPRVD	22		386,435	129,671
8 RECLASS DRUGS CHARGED TO PATIENTS	E	DRUGS CHARGED TO PATIENTS	56			19,989,964
9 RECLASS MED SUPPL CHGD TO PATIENTS	F	MEDICAL SUPPLIES CHARGED TO PATIENTS	55			3,043,342
10 RECLASS RENTAL EXPENSES TO CRC	G	NEW CAP REL COSTS-BLDG & FIXT	3			1,727,627
11 RECLASS EQUIPMENT RENTAL COSTS	H	NEW CAP REL COSTS-MVBLE EQUIP	4			513,083
12		RADIOLOGY-DIAGNOSTIC	41			4,470
13						
14						
15						
16						
17						
18						
19 RECLASS MCW PURCH SRVC FROM A&G	J	I&R SERVICES-OTHER PRGM COSTS APPRVD	23			8,738,904
20		ADULTS & PEDIATRICS	25			227,732
21		INTENSIVE CARE UNIT	26			504,196
22		OTHER SPEC CARE HOT	30			324,922
23		OPERATING ROOM	37			810,222
24		ANESTHESIOLOGY	40			76,798
25		RADIOLOGY-DIAGNOSTIC	41			625,441
26		LABORATORY	44			518,895
27		RESPIRATORY THERAPY	49			138,492
28		ELECTROCARDIOLOGY	53			205,804
29		ELECTROENCEPHALOGRAPHY	54			20,520
30		RENAL DIALYSIS	57			34,720
31		PSYCHIATRIC/PSYCHOLOGICAL SERVICES	59			159,220
32		GENETICS CENTER	59.02			47,882
33		CHILD DEVELOPMENT CENTER	59.04			56,531
34		CHILD PROTECTION CENTER	59.05			95,095
35		ID PRIM CARE SUPP NETWORK	60.02			69,572
1 RECLASS MCW PURCH SRVC FROM A&G	J	GI CLINIC	60.06			231,772
2		ADOLESCENT MEDICINE	100.12			40,289
3		ENT CLINIC	60.13			219,021
4		EYE CLINIC	60.15			13,907
5		ALLERGY CLINIC	60.19			154,704
6		DERMATOLOGY CLINIC	60.24			8,894
7		SPINA BIFIDA	60.30			28,365
8		NEUROSCIENCES CENTER	60.31			20,520
9		RHEUMATOLOGY CLINIC	60.32			53,352
10		ENDOCRINE CENTER	60.33			146,449
11		EMERGENCY	61			133,073
12		RESEARCH/GRANT ACTIVITY	97.01			46,364
13 RECLASS IRIS FELLOWS FROM A&G	K	I&R SERVICES-SALARY & FRINGES APPRVD	22			3,324,677
14 RECLASS DEPTE FOR A&E FEES	M	NEW CAP REL COSTS-BLDG & FIXT	3			98,210
15 RECLASS SOCIAL SERVICES EXP	O	ADMINISTRATIVE & GENERAL	6		417,701	540,000
16 RECLASS DIALYSIS SALARIES	P	RENAL DIALYSIS	57		10,893	3,654
17		HOME PROGRAM DIALYSIS	64		19,731	6,621
18 RECLASS CHHS SALARY AND OTHER EXP	Q	EMPLOYEE BENEFITS	5		3,231,397	3,137,706
19		OPERATION OF PLANT	8		66,165	227,891
20		CAFETERIA	12			183,890
21		GREENWAY CLINIC	60.38			445
22		PHYSICIAN RELATIONS	100.11		99,807	55,227
23		PUBLIC RELATIONS	100.02		1,036,101	2,895,493
24		OUTREACH	100.03		472,713	221,826
25		OTHER OFFSITE CLINICS	100.04		1,139,897	831,109
26		ADMINISTRATIVE & GENERAL	6		16,256,445	20,138,773
27 RECLASS AMBULATORY ADMIN	R	PHYSICAL THERAPY	50		28,413	8,242
28		SPEECH PATHOLOGY	52		29,121	13,454
29		ELECTROENCEPHALOGRAPHY	54		8,527	3,035
30		RENAL DIALYSIS	57			2,105
31		RENAL DIALYSIS	57		3,068	1,401
32		PSYCHIATRIC/PSYCHOLOGICAL SERVICES	59		23,035	6,733
33		GENETICS CENTER	59.02		8,354	6,595
34		CHILD DEVELOPMENT CENTER	59.04		1,118	3,861
35		CHILD PROTECTION CENTER	59.05		14,592	8,892

RECLASSIFICATIONS

PROVIDER NO: 523300	PERIOD: FROM 1/ 1/2009 TO 12/31/2009	PREPARED 5/26/2010 WORKSHEET A-6 CONTD
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EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 2	INCREASE		
			LINE NO 3	SALARY 4	OTHER 5
1 RECLASS AMBULATORY ADMIN	R	DENTAL SERVICES	59.06	25,442	10,459
2		DENTAL SERVICES	59.06	2,652	1,199
3		DENTAL SERVICES	59.06	8,252	4,341
4		ID PRIM CARE SUPP NETWORK	60.02	4,479	1,853
5		PEDIATRIC EXTENDED CARE	60.04	2,995	1,155
6		DIABETIC CLINIC	60.05	7,435	2,642
7		GI CLINIC	60.06	18,468	5,668
8		CLINIC FOR SPECIAL NEEDS	60.07	8,013	4,890
9		PULMONARY CLINIC	60.11	6,584	2,479
10		ADOLESCENT MEDICINE	100.12	1,266	606
11		ENT CLINIC	60.13	6,802	2,761
12		ORTHOPEDIC CLINIC	60.14	8,696	3,754
13		EYE CLINIC	60.15	2,874	1,027
14		SURGICAL SPECIALTIES	60.18	4,802	1,666
15		SURGICAL SPECIALTIES	60.18	6,755	2,524
16		ALLERGY CLINIC	60.19	10,636	4,974
17		LASER CLINIC	60.23	510	341
18		DERMATOLOGY CLINIC	60.24	6,415	2,815
19		CRANIOFACIAL CENTER	60.28	1,228	434
20		SPINA BIFIDA	60.30	1,827	537
21		SPINA BIFIDA	60.30	1,594	490
22		NEUROSCIENCES CENTER	60.31	11,495	3,345
23		RHEUMATOLOGY CLINIC	60.32	2,753	878
24		ENDOCRINE CENTER	60.33	2,255	682
25		RENAL CLINIC	60.37	3,803	1,027
26		HOME PROGRAM DIALYSIS	64	1,241	987
27		OUTREACH	100.03	709	214
28		OTHER OFFSITE CLINICS	100.04	16	845
29		EAST SIDE SPEECH AND HEARING	100.08	1,740	1,035
30		NORTH SHORE CLINIC	100.09	251	244
31 SUPPLY RECLASS	S	MEDICAL SUPPLIES CHARGED TO PATIENTS	55		23,266,183
32					
33					
34					
35					
1 SUPPLY RECLASS	S				
2					
3					
4					
5					
6					
7					
8 RECLASS COST OF EPO TO DIALYSIS	T	RENAL DIALYSIS	57		16,251
9 RECLASS BEHAV HLTH AND NEURO ADMIN	U	ELECTROENCEPHALOGRAPHY	54	25,131	8,442
10		PSYCHIATRIC/PSYCHOLOGICAL SERVICES	59	67,887	18,725
11		CHILD DEVELOPMENT CENTER	59.04	3,296	10,738
12		NEUROSCIENCES CENTER	60.31	33,879	9,302
13 RECLASS CLIN TRIAL CST TO RESEARCH	V	RESEARCH/GRANT ACTIVITY	97.01		162,151
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RECLASSIFICATIONS

PROVIDER NO: 523300	PERIOD: FROM 1/ 1/2009 TO 12/31/2009	PREPARED 5/26/2010 WORKSHEET A-6 CONTD
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EXPLANATION OF RECLASSIFICATION	INCREASE				
	CODE (1) 1	COST CENTER 2	LINE NO 3	SALARY 4	OTHER 5
1 RECLASS CLIN TRIAL CST TO RESEARCH	V				
2					
3					
4					
5					
6					
7					
8 RECLASS RESEARCH GRANT EXP	W	RESEARCH	97	52,659	213,931
9					
10		RESEARCH	97	8,733	2,838
11		RESEARCH	97	7,278	2,329
12		RESEARCH	97	2,268	1,939
13		RESEARCH	97	29,739	11,603
14		RESEARCH	97	2,235	733
15		RESEARCH	97	12,055	
16 RECLASS KIDNEY COORD PRE OP TIME	X	ADMINISTRATIVE & GENERAL	6	29,316	
36 TOTAL RECLASSIFICATIONS				23,689,977	107,729,900

(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: 523300	PERIOD: FROM 1/ 1/2009 TO 12/31/2009	PREPARED 5/26/2010 WORKSHEET A-6
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EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE			A-7 REF 10
			LINE NO	SALARY	OTHER	
	1	6	7	8	9	
1 RECLASS INSURANCE EXPENSE	A					12
2						12
3		OTHER CAPITAL RELATED COSTS	90		384,389	
4 RECLASS INTEREST EXPENSE	B	INTEREST EXPENSE	88		12,190,699	11
5						11
6 RECLASS MALPRACTICE INSURANCE	C	ADMINISTRATIVE & GENERAL	6		484,122	
7 RECLASS I&R DENTAL SALARIES	D	DENTAL SERVICES	59.06	386,435	129,671	
8 RECLASS DRUGS CHARGED TO PATIENTS	E	PHARMACY	16		19,989,964	
9 RECLASS MED SUPPL CHGD TO PATIENTS	F	CENTRAL SERVICES & SUPPLY	15		3,043,342	
10 RECLASS RENTAL EXPENSES TO CRC	G	ADMINISTRATIVE & GENERAL	6		1,727,627	9
11 RECLASS EQUIPMENT RENTAL COSTS	H	ADMINISTRATIVE & GENERAL	6		2,575	10
12		HOUSEKEEPING	10		433	
13		CENTRAL SERVICES & SUPPLY	15		382,182	
14		PHARMACY	16		26,618	
15		RESPIRATORY THERAPY	49		18,896	
16		ELECTROCARDIOLOGY	53		82,094	
17		NEW BERLIN CLINIC	60.39		195	
18		NORTH SHORE CLINIC	100.09		4,560	
19 RECLASS MCW PURCH SRVC FROM A&G	J	ADMINISTRATIVE & GENERAL	6		13,751,656	
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32						
33						
34						
35						
1 RECLASS MCW PURCH SRVC FROM A&G	J					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13 RECLASS IRIS FELLOWS FROM A&G	K	ADMINISTRATIVE & GENERAL	6		3,324,677	
14 RECLASS DEPREE FOR A&E FEES	M	NEW CAP REL COSTS-MVBLE EQUIP	4		98,210	
15 RECLASS SOCIAL SERVICES EXP	O	SOCIAL SERVICE	18	417,701	540,000	9
16 RECLASS DIALYSIS SALARIES	P	SOCIAL SERVICE	18	12,981	4,356	
17		DIETETICS	60.08	17,643	5,919	
18 RECLASS CHHS SALARY AND OTHER EXP	Q	ADMINISTRATIVE & GENERAL	6		49,994,885	
19						
20						
21						
22						
23						
24						
25						
26						
27 RECLASS AMBULATORY ADMIN	R	CLINIC ADMINISTRATION	60.27	278,216	120,190	
28						
29						
30						
31						
32						
33						
34						
35						

RECLASSIFICATIONS

PROVIDER NO: 523300	PERIOD: FROM 1/ 1/2009 TO 12/31/2009	PREPARED 5/26/2010 WORKSHEET A-6 CONTD
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EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER	DECREASE				A-7 REF 10
			LINE NO	SALARY	OTHER		
1 RECLASS AMBULATORY ADMIN	R	6					
2							
3							
4							
5							
6							
7							
8							
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23							
24							
25							
26							
27							
28							
29							
30							
31 SUPPLY RECLASS	S	ADULTS & PEDIATRICS	25		1,150,899		
32		INTENSIVE CARE UNIT	26		3,855,548		
33		OTHER SPEC CARE HOT	30		347,429		
34		OPERATING ROOM	37		14,423,715		
35		ANESTHESIOLOGY	40		1,102,331		
1 SUPPLY RECLASS	S	RESPIRATORY THERAPY	49		637,156		
2		SPEECH PATHOLOGY	52		404,617		
3		TRANSPORT	59.01		90,190		
4		ENT CLINIC	60.13		30,930		
5		ORTHOPEDIC CLINIC	60.14		97,265		
6		ONCOLOGY CLINIC	60.17		211,395		
7		EMERGENCY	61		914,708		
8 RECLASS COST OF EPO TO DIALYSIS	T	DRUGS CHARGED TO PATIENTS	56		16,251		
9 RECLASS BEHAV HLTH AND NEURO ADMIN	U	CLINIC ADMINISTRATION	60.27	130,193	47,207		
10							
11							
12							
13 RECLASS CLIN TRIAL CST TO RESEARCH	V	ADULTS & PEDIATRICS	25		2,495		
14		OTHER SPEC CARE HOT	30		3		
15		OPERATING ROOM	37		9,423		
16		RECOVERY ROOM	38		1,574		
17		ANESTHESIOLOGY	40		1,166		
18		RADIOLOGY-DIAGNOSTIC	41		45,788		
19		LABORATORY	44		33,339		
20		BLOOD STORING, PROCESSING & TRANS.	47		1,078		
21		RESPIRATORY THERAPY	49		892		
22		PHYSICAL THERAPY	50		3,533		
23		SPEECH PATHOLOGY	52		105		
24		ELECTROCARDIOLOGY	53		1,347		
25		ELECTROENCEPHALOGRAPHY	54		204		
26		MEDICAL SUPPLIES CHARGED TO PATIENTS	55		3,391		
27		DRUGS CHARGED TO PATIENTS	56		15,729		
28		NUCLEAR MEDICINE-THERAPEUTIC	59.03		148		
29		GI CLINIC	60.06		5,412		
30		DIETETICS	60.08		587		
31		INFUSION ROOM	60.09		6,565		
32		PULMONARY CLINIC	60.11		2,414		
33		ORTHOPEDIC CLINIC	60.14		9,025		
34		ONCOLOGY CLINIC	60.17		10,048		
35		SURGICAL SPECIALTIES	60.18		152		

RECLASSIFICATIONS

PROVIDER NO: 523300	PERIOD: FROM 1/ 1/2009 TO 12/31/2009	PREPARED 5/26/2010 WORKSHEET A-6 CONTD
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EXPLANATION OF RECLASSIFICATION	CODE (1)	COST CENTER 6	DECREASE			A-7 REF 10
			LINE NO 7	SALARY 8	OTHER 9	
1 RECLASS CLIN TRIAL CST TO RESEARCH	V	DERMATOLOGY CLINIC	60.24		644	
2		HEMATOLOGY CLINIC	60.29		961	
3		NEUROSCIENCES CENTER	60.31		1,859	
4		RHEUMATOLOGY CLINIC	60.32		3,649	
5		RENAL CLINIC	60.37		477	
6		EMERGENCY	61		87	
7		ADOLESCENT MEDICINE	100.12		56	
8 RECLASS RESEARCH GRANT EXP	W	CLINIC FOR SPECIAL NEEDS	60.07	50,260	213,157	
9		SOCIAL SERVICE	18	2,399	774	
10		PAIN/PALLIATIVE CARE	60.03	8,733	2,838	
11		DIETETICS	60.08	7,278	2,329	
12		SPINA BIFIDA	60.30	2,268	1,939	
13		PULMONARY CLINIC	60.11	29,739	11,603	
14		ADMINISTRATIVE & GENERAL	6	2,235	733	
15		OTHER SPEC CARE HOT	30	12,055		
16 RECLASS KIDNEY COORD PRE OP TIME	X	KIDNEY ACQUISITION	83	29,316		
36 TOTAL RECLASSIFICATIONS				1,387,452	130,032,425	

(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:	PERIOD:	PREPARED
523300	FROM 1/1/2009	5/26/2010
	TO 12/31/2009	WORKSHEET A-6
		NOT A CMS WORKSHEET

RECLASS CODE: A
EXPLANATION : RECLASS INSURANCE EXPENSE

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	291,915
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	92,474
3.00			0
TOTAL RECLASSIFICATIONS FOR CODE A			384,389

DECREASE			
COST CENTER	LINE	AMOUNT	
OTHER CAPITAL RELATED COSTS	90	384,389	384,389

RECLASS CODE: B
EXPLANATION : RECLASS INTEREST EXPENSE

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	12,167,241
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	23,458
TOTAL RECLASSIFICATIONS FOR CODE B			12,190,699

DECREASE			
COST CENTER	LINE	AMOUNT	
INTEREST EXPENSE	88	12,190,699	12,190,699

RECLASS CODE: C
EXPLANATION : RECLASS MALPRACTICE INSURANCE

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	I&R SERVICES-OTHER PRGM COSTS	23	484,122
TOTAL RECLASSIFICATIONS FOR CODE C			484,122

DECREASE			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	484,122	484,122

RECLASS CODE: D
EXPLANATION : RECLASS I&R DENTAL SALARIES

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	I&R SERVICES-SALARY & FRINGES	22	516,106
TOTAL RECLASSIFICATIONS FOR CODE D			516,106

DECREASE			
COST CENTER	LINE	AMOUNT	
DENTAL SERVICES	59.06	516,106	516,106

RECLASS CODE: E
EXPLANATION : RECLASS DRUGS CHARGED TO PATIENTS

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	DRUGS CHARGED TO PATIENTS	56	19,989,964
TOTAL RECLASSIFICATIONS FOR CODE E			19,989,964

DECREASE			
COST CENTER	LINE	AMOUNT	
PHARMACY	16	19,989,964	19,989,964

RECLASS CODE: F
EXPLANATION : RECLASS MED SUPPL CHGD TO PATIENTS

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	3,043,342
TOTAL RECLASSIFICATIONS FOR CODE F			3,043,342

DECREASE			
COST CENTER	LINE	AMOUNT	
CENTRAL SERVICES & SUPPLY	15	3,043,342	3,043,342

RECLASS CODE: G
EXPLANATION : RECLASS RENTAL EXPENSES TO CRC

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	1,727,627
TOTAL RECLASSIFICATIONS FOR CODE G			1,727,627

DECREASE			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	1,727,627	1,727,627

RECLASS CODE: H
EXPLANATION : RECLASS EQUIPMENT RENTAL COSTS

INCREASE			
LINE	COST CENTER	LINE	AMOUNT
1.00	NEW CAP REL COSTS-MVBLE EQUIP	4	513,083
2.00	RADIOLOGY-DIAGNOSTIC	41	4,470
3.00			0
4.00			0
5.00			0
6.00			0
7.00			0
8.00			0
TOTAL RECLASSIFICATIONS FOR CODE H			517,553

DECREASE			
COST CENTER	LINE	AMOUNT	
ADMINISTRATIVE & GENERAL	6	2,575	2,575
HOUSEKEEPING	10	433	433
CENTRAL SERVICES & SUPPLY	15	382,182	382,182
PHARMACY	16	26,618	26,618
RESPIRATORY THERAPY	49	18,896	18,896
ELECTROCARDIOLOGY	53	82,094	82,094
NEW BERLIN CLINIC	60.39	195	195
NORTH SHORE CLINIC	100.09	4,560	4,560
TOTAL RECLASSIFICATIONS FOR CODE H			517,553

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
523300	FROM 1/ 1/2009	5/26/2010
	TO 12/31/2009	WORKSHEET A-6
		NOT A CMS WORKSHEET

RECLASS CODE: J
 EXPLANATION : RECLASS MCW PURCH SRVC FROM A&G

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	I&R SERVICES-OTHER PRGM COSTS	23	8,738,904	ADMINISTRATIVE & GENERAL	6	13,751,656	
2.00	ADULTS & PEDIATRICS	25	227,732				0
3.00	INTENSIVE CARE UNIT	26	504,196				0
4.00	OTHER SPEC CARE HOT	30	324,922				0
5.00	OPERATING ROOM	37	810,222				0
6.00	ANESTHESIOLOGY	40	76,798				0
7.00	RADIOLOGY-DIAGNOSTIC	41	625,441				0
8.00	LABORATORY	44	518,895				0
9.00	RESPIRATORY THERAPY	49	138,492				0
10.00	ELECTROCARDIOLOGY	53	205,804				0
11.00	ELECTROENCEPHALOGRAPHY	54	20,520				0
12.00	RENAL DIALYSIS	57	34,720				0
13.00	PSYCHIATRIC/PSYCHOLOGICAL SERV	59	159,220				0
14.00	GENETICS CENTER	59.02	47,882				0
15.00	CHILD DEVELOPMENT CENTER	59.04	56,531				0
16.00	CHILD PROTECTION CENTER	59.05	95,095				0
17.00	ID PRIM CARE SUPP NETWORK	60.02	69,572				0
18.00	GI CLINIC	60.06	231,772				0
19.00	ADOLESCENT MEDICINE	100.12	40,289				0
20.00	ENT CLINIC	60.13	219,021				0
21.00	EYE CLINIC	60.15	13,907				0
22.00	ALLERGY CLINIC	60.19	154,704				0
23.00	DERMATOLOGY CLINIC	60.24	8,894				0
24.00	SPINA BIFIDA	60.30	28,365				0
25.00	NEUROSCIENCES CENTER	60.31	20,520				0
26.00	RHEUMATOLOGY CLINIC	60.32	53,352				0
27.00	ENDOCRINE CENTER	60.33	146,449				0
28.00	EMERGENCY	61	133,073				0
29.00	RESEARCH/GRANT ACTIVITY	97.01	46,364				0
TOTAL RECLASSIFICATIONS FOR CODE J			13,751,656				13,751,656

RECLASS CODE: K
 EXPLANATION : RECLASS IRIS FELLOWS FROM A&G

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	I&R SERVICES-SALARY & FRINGES	22	3,324,677	ADMINISTRATIVE & GENERAL	6	3,324,677	
TOTAL RECLASSIFICATIONS FOR CODE K			3,324,677				3,324,677

RECLASS CODE: M
 EXPLANATION : RECLASS DEPREE FOR A&E FEES

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	98,210	NEW CAP REL COSTS-MVBLE EQUIP	4	98,210	
TOTAL RECLASSIFICATIONS FOR CODE M			98,210				98,210

RECLASS CODE: O
 EXPLANATION : RECLASS SOCIAL SERVICES EXP

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	957,701	SOCIAL SERVICE	18	957,701	
TOTAL RECLASSIFICATIONS FOR CODE O			957,701				957,701

RECLASS CODE: P
 EXPLANATION : RECLASS DIALYSIS SALARIES

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RENAL DIALYSIS	57	14,547	SOCIAL SERVICE	18	17,337	
2.00	HOME PROGRAM DIALYSIS	64	26,352	DIETETICS	60.08	23,562	
TOTAL RECLASSIFICATIONS FOR CODE P			40,899				40,899

RECLASS CODE: Q
 EXPLANATION : RECLASS CHHS SALARY AND OTHER EXP

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	EMPLOYEE BENEFITS	5	6,369,103	ADMINISTRATIVE & GENERAL	6	49,994,885	

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
523300	FROM 1/ 1/2009	5/26/2010
	TO 12/31/2009	WORKSHEET A-6
		NOT A CMS WORKSHEET

RECLASS CODE: Q
 EXPLANATION : RECLASS CHHS SALARY AND OTHER EXP

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
2.00	OPERATION OF PLANT	8	294,056			0	
3.00	CAFETERIA	12	183,890			0	
4.00	GREENWAY CLINIC	60.38	445			0	
5.00	PHYSICIAN RELATIONS	100.11	155,034			0	
6.00	PUBLIC RELATIONS	100.02	3,931,594			0	
7.00	OUTREACH	100.03	694,539			0	
8.00	OTHER OFFSITE CLINICS	100.04	1,971,006			0	
9.00	ADMINISTRATIVE & GENERAL	6	36,395,218			0	
TOTAL RECLASSIFICATIONS FOR CODE Q			49,994,885			49,994,885	

RECLASS CODE: R
 EXPLANATION : RECLASS AMBULATORY ADMIN

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	PHYSICAL THERAPY	50	36,655	CLINIC ADMINISTRATION	60.27	398,406	
2.00	SPEECH PATHOLOGY	52	42,575			0	
3.00	ELECTROENCEPHALOGRAPHY	54	11,562			0	
4.00	RENAL DIALYSIS	57	2,105			0	
5.00	RENAL DIALYSIS	57	4,469			0	
6.00	PSYCHIATRIC/PSYCHOLOGICAL SERV	59	29,768			0	
7.00	GENETICS CENTER	59.02	14,949			0	
8.00	CHILD DEVELOPMENT CENTER	59.04	4,979			0	
10.00	CHILD PROTECTION CENTER	59.05	23,484			0	
12.00	DENTAL SERVICES	59.06	35,901			0	
13.00	DENTAL SERVICES	59.06	3,851			0	
14.00	DENTAL SERVICES	59.06	12,593			0	
15.00	ID PRIM CARE SUPP NETWORK	60.02	6,332			0	
16.00	PEDIATRIC EXTENDED CARE	60.04	4,150			0	
17.00	DIABETIC CLINIC	60.05	10,077			0	
18.00	GI CLINIC	60.06	24,136			0	
19.00	CLINIC FOR SPECIAL NEEDS	60.07	12,903			0	
20.00	PULMONARY CLINIC	60.11	9,063			0	
21.00	ADOLESCENT MEDICINE	100.12	1,872			0	
22.00	ENT CLINIC	60.13	9,563			0	
23.00	ORTHOPEDIC CLINIC	60.14	12,450			0	
24.00	EYE CLINIC	60.15	3,901			0	
25.00	SURGICAL SPECIALTIES	60.18	6,468			0	
26.00	SURGICAL SPECIALTIES	60.18	9,279			0	
27.00	ALLERGY CLINIC	60.19	15,610			0	
28.00	LASER CLINIC	60.23	851			0	
29.00	DERMATOLOGY CLINIC	60.24	9,230			0	
30.00	CRANIOFACIAL CENTER	60.28	1,662			0	
31.00	SPINA BIFIDA	60.30	2,364			0	
32.00	SPINA BIFIDA	60.30	2,084			0	
33.00	NEUROSCIENCES CENTER	60.31	14,840			0	
34.00	RHEUMATOLOGY CLINIC	60.32	3,631			0	
35.00	ENDOCRINE CENTER	60.33	2,937			0	
36.00	RENAL CLINIC	60.37	4,830			0	
37.00	HOME PROGRAM DIALYSIS	64	2,228			0	
38.00	OUTREACH	100.03	923			0	
39.00	OTHER OFFSITE CLINICS	100.04	861			0	
40.00	EAST SIDE SPEECH AND HEARING	100.08	2,775			0	
41.00	NORTH SHORE CLINIC	100.09	495			0	
TOTAL RECLASSIFICATIONS FOR CODE R			398,406			398,406	

RECLASS CODE: S
 EXPLANATION : SUPPLY RECLASS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	MEDICAL SUPPLIES CHARGED TO PA	55	23,266,183	ADULTS & PEDIATRICS	25	1,150,899	
2.00			0	INTENSIVE CARE UNIT	26	3,855,548	
3.00			0	OTHER SPEC CARE HOT	30	347,429	
4.00			0	OPERATING ROOM	37	14,423,715	
5.00			0	ANESTHESIOLOGY	40	1,102,331	
6.00			0	RESPIRATORY THERAPY	49	637,156	
7.00			0	SPEECH PATHOLOGY	52	404,617	
8.00			0	TRANSPORT	59.01	90,190	
9.00			0	ENT CLINIC	60.13	30,930	
10.00			0	ORTHOPEDIC CLINIC	60.14	97,265	
11.00			0	ONCOLOGY CLINIC	60.17	211,395	
12.00			0	EMERGENCY	61	914,708	
TOTAL RECLASSIFICATIONS FOR CODE S			23,266,183			23,266,183	

RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED
523300	FROM 1/ 1/2009	5/26/2010
	TO 12/31/2009	WORKSHEET A-6
		NOT A CMS WORKSHEET

RECLASS CODE: T
 EXPLANATION : RECLASS COST OF EPO TO DIALYSIS

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RENAL DIALYSIS	57	16,251	DRUGS CHARGED TO PATIENTS	56	16,251	
TOTAL RECLASSIFICATIONS FOR CODE T			16,251				

RECLASS CODE: U
 EXPLANATION : RECLASS BEHAV HLTH AND NEURO ADMIN

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ELECTROENCEPHALOGRAPHY	54	33,573	CLINIC ADMINISTRATION	60.27	177,400	
2.00	PSYCHIATRIC/PSYCHOLOGICAL SERV	59	86,612			0	
3.00	CHILD DEVELOPMENT CENTER	59.04	14,034			0	
4.00	NEUROSCIENCES CENTER	60.31	43,181			0	
TOTAL RECLASSIFICATIONS FOR CODE U			177,400	177,400			

RECLASS CODE: V
 EXPLANATION : RECLASS CLIN TRIAL CST TO RESEARCH

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RESEARCH/GRANT ACTIVITY	97.01	162,151	ADULTS & PEDIATRICS	25	2,495	
2.00			0	OTHER SPEC CARE HOT	30	3	
3.00			0	OPERATING ROOM	37	9,423	
4.00			0	RECOVERY ROOM	38	1,574	
5.00			0	ANESTHESIOLOGY	40	1,166	
6.00			0	RADIOLOGY-DIAGNOSTIC	41	45,788	
7.00			0	LABORATORY	44	33,339	
8.00			0	BLOOD STORING, PROCESSING & TR	47	1,078	
9.00			0	RESPIRATORY THERAPY	49	892	
10.00			0	PHYSICAL THERAPY	50	3,533	
11.00			0	SPEECH PATHOLOGY	52	105	
12.00			0	ELECTROCARDIOLOGY	53	1,347	
13.00			0	ELECTROENCEPHALOGRAPHY	54	204	
14.00			0	MEDICAL SUPPLIES CHARGED TO PA	55	3,391	
15.00			0	DRUGS CHARGED TO PATIENTS	56	15,729	
16.00			0	NUCLEAR MEDICINE-THERAPEUTIC	59.03	148	
17.00			0	GI CLINIC	60.06	5,412	
18.00			0	DIETETICS	60.08	587	
19.00			0	INFUSION ROOM	60.09	6,565	
20.00			0	PULMONARY CLINIC	60.11	2,414	
21.00			0	ORTHOPEDIC CLINIC	60.14	9,025	
22.00			0	ONCOLOGY CLINIC	60.17	10,048	
23.00			0	SURGICAL SPECIALTIES	60.18	152	
24.00			0	DERMATOLOGY CLINIC	60.24	644	
25.00			0	HEMATOLOGY CLINIC	60.29	961	
26.00			0	NEUROSCIENCES CENTER	60.31	1,859	
27.00			0	RHEUMATOLOGY CLINIC	60.32	3,649	
28.00			0	RENAL CLINIC	60.37	477	
29.00			0	EMERGENCY	61	87	
30.00			0	ADOLESCENT MEDICINE	100.12	56	
TOTAL RECLASSIFICATIONS FOR CODE V			162,151	162,151			

RECLASS CODE: W
 EXPLANATION : RECLASS RESEARCH GRANT EXP

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	RESEARCH	97	266,590	CLINIC FOR SPECIAL NEEDS	60.07	263,417	
2.00			0	SOCIAL SERVICE	18	3,173	
3.00	RESEARCH	97	11,571	PAIN/PALLIATIVE CARE	60.03	11,571	
4.00	RESEARCH	97	9,607	DIETETICS	60.08	9,607	
5.00	RESEARCH	97	4,207	SPINA BIFIDA	60.30	4,207	
6.00	RESEARCH	97	41,342	PULMONARY CLINIC	60.11	41,342	
7.00	RESEARCH	97	2,968	ADMINISTRATIVE & GENERAL	6	2,968	
8.00	RESEARCH	97	12,055	OTHER SPEC CARE HOT	30	12,055	
TOTAL RECLASSIFICATIONS FOR CODE W			348,340	348,340			

RECLASS CODE: X
 EXPLANATION : RECLASS KIDNEY COORD PRE OP TIME

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	ADMINISTRATIVE & GENERAL	6	29,316	KIDNEY ACQUISITION	83	29,316	
TOTAL RECLASSIFICATIONS FOR CODE X			29,316	29,316			

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

	DESCRIPTION	BEGINNING	PURCHASES	ACQUISITIONS	TOTAL	DISPOSALS	ENDING	FULLY
		BALANCES		DONATION		AND		BALANCE
		1	2	3	4	5	6	7
1	LAND							
2	LAND IMPROVEMENTS							
3	BUILDINGS & FIXTURE							
4	BUILDING IMPROVEMEN							
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	PURCHASES	ACQUISITIONS	TOTAL	DISPOSALS	ENDING	FULLY
		BALANCES		DONATION		AND		BALANCE
		1	2	3	4	5	6	7
1	LAND							
2	LAND IMPROVEMENTS	2,485,380	7,398,752		7,398,752		9,884,132	
3	BUILDINGS & FIXTURE	356,431,761	35,540,029		35,540,029	2,959,368	389,012,422	
4	BUILDING IMPROVEMEN	70,417,722	2,105,077		2,105,077	409,701	72,113,098	
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT	136,152,544	20,425,474		20,425,474	14,719,798	141,858,220	
7	SUBTOTAL	565,487,407	65,469,332		65,469,332	18,088,867	612,867,872	
8	RECONCILING ITEMS	152,866,373	13,318,549		13,318,549	152,866,373	13,318,549	
9	TOTAL	412,621,034	52,150,783		52,150,783	-134,777,506	599,549,323	

PART III - RECONCILIATION OF CAPITAL COST CENTERS

* 1 2 3 4 5	DESCRIPTION	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			TOTAL 8
		GROSS ASSETS 1	CAPITIALIZED LEASES 2	GROSS ASSETS FOR RATIO 3	RATIO 4	INSURANCE 5	TAXES 6	
	OLD CAP REL COSTS-BL							
	OLD CAP REL COSTS-MV							
	NEW CAP REL COSTS-BL	438,798,140		438,798,140	.730775			
	NEW CAP REL COSTS-MV	161,657,824		161,657,824	.269225			
	TOTAL	600,455,964		600,455,964	1.000000			

* 1 2 3 4 5	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13		
	OLD CAP REL COSTS-BL							
	OLD CAP REL COSTS-MV							
	NEW CAP REL COSTS-BL	14,167,269	-35,813	6,635,891	291,915		21,059,262	
	NEW CAP REL COSTS-MV	16,469,461	513,083	383,201	92,474		17,458,219	
	TOTAL	30,636,730	477,270	7,019,092	384,389		38,517,481	

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4
 DESCRIPTION SUMMARY OF OLD AND NEW CAPITAL

* 1 2 3 4 5	DESCRIPTION	SUMMARY OF OLD AND NEW CAPITAL					OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13		
	OLD CAP REL COSTS-BL							
	OLD CAP REL COSTS-MV							
	NEW CAP REL COSTS-BL	17,443,462					17,443,462	
	NEW CAP REL COSTS-MV	16,672,779					16,672,779	
	TOTAL	34,116,241					34,116,241	

* All lines numbers except line 5 are to be consistent with workshheet 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

I PROVIDER NO:
I 52-3300
I

I PERIOD: I PREPARED 5/26/2010
I FROM 1/ 1/2009 I WORKSHEET A-8
I TO 12/31/2009 I

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
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	B	-5,125,692	NEW CAP REL COSTS-BLDG &	3	11
4 INVESTMENT INCOME-NEW MOVABLE EQUIP	A	359,743	NEW CAP REL COSTS-MVBLE E	4	11
5 INVESTMENT INCOME-OTHER					
6 TRADE, QUANTITY AND TIME DISCOUNTS	A	-181,045	ADMINISTRATIVE & GENERAL	6	
7 REFUNDS AND REBATES OF EXPENSES	A	-446,136	ADMINISTRATIVE & GENERAL	6	
8 RENTAL OF PRVIDER SPACE BY SUPPLIERS					
9 TELEPHONE SERVICES	A	-68,560	ADMINISTRATIVE & GENERAL	6	
10 TELEVISION AND RADIO SERVICE					
11 PARKING LOT	B	-76,125	ADMINISTRATIVE & GENERAL	6	
12 PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-4,719,610			
13 SALE OF SCRAP, WASTE, ETC.	B	-412	RADIOLOGY-DIAGNOSTIC	41	
14 RELATED ORGANIZATION TRANSACTIONS	A-8-1				
15 LAUNDRY AND LINEN SERVICE					
16 CAFETERIA--EMPLOYEES AND GUESTS	B	-1,891,053	CAFETERIA	12	
17 RENTAL OF QTRS TO EMPLOYEE AND OTHRS	B	-4,858,696	NEW CAP REL COSTS-BLDG &	3	9
18 SALE OF MED AND SURG SUPPLIES					
19 SALE OF DRUGS TO OTHER THAN PATIENTS	B	-1,776,589	PHARMACY	16	
20 SALE OF MEDICAL RECORDS & ABSTRACTS	B	-33,076	MEDICAL RECORDS & LIBRARY	17	
21 NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)					
22 VENDING MACHINES	B	-75,815	DIETARY	11	
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 DEDUCT REGIONAL SERVICES	A	-509,929	OUTREACH	100.03	
37.01 ADD LOSS ON ADVANCED REFUNDING '93	A	99,495	NEW CAP REL COSTS-BLDG &	3	11
37.02 ADDBACK SITE SELECTION COSTS	A	125,840	NEW CAP REL COSTS-BLDG &	3	9
37.03 ADDBACK BUILDERS RISK INSUR CRC -BLD	A	1,161	NEW CAP REL COSTS-BLDG &	3	9
37.04 1989 CAP INT OFFSET DEPR CRC EQUIP	A	-105,865	NEW CAP REL COSTS-MVBLE E	4	9
37.05 INTEREST OFFSET 1998 REV BONDS	A	-675,030	NEW CAP REL COSTS-BLDG &	3	11
37.06 DEDUCT PRESIDENT ADMINISTRATION	A	-2,141,051	ADMINISTRATIVE & GENERAL	6	
37.07 ADDBACK LOSS ON 2004 REFUNDING	A	169,877	NEW CAP REL COSTS-BLDG &	3	11
37.08 NUTRITION SRVC REVENUE	B	-573,743	DIETARY	11	
37.09 GIFT, FLOWER AND COFFEE SHOP	B	-112,880	GIFT, FLOWER, COFFEE SHOP	96	
37.10 OFFSET RELATED PARTY INCOME	B	-22,500	ADMINISTRATIVE & GENERAL	6	
37.11 INVESTIGATIONAL STUDIES	B	-280	PHARMACY	16	
37.12 MISCELLANEOUS REVENUE	B	-485,804	ADMINISTRATIVE & GENERAL	6	
37.14 MANAGEMENT FEE REVENUE	B	-35,813	NEW CAP REL COSTS-BLDG &	3	10
37.15 CLINICAL ENGINEERING REVE	B	-144,928	OPERATION OF PLANT	8	
37.16 DELIVERY TEAM	B	-120,898	INTENSIVE CARE UNIT	26	
37.17 LAB REVENUE	B	-215,490	LABORATORY	44	
37.18 MISC REVENUE	B	-558,494	OPERATING ROOM	37	
37.19 MISC REVENUE	B	-14,169	CHILD PROTECTION CENTER	59.05	
37.20					
37.21 MISC REVENUE	B	-121,667	NURSING ADMINISTRATION	14	
37.22 MISC REVENUE	B	-30	EMERGENCY	61	
37.25 1989 AHA ADJUSTMENT	A	-393,938	NEW CAP REL COSTS-BLDG &	3	9
37.27 AHA GUIDELINES 1990	A	23,603	NEW CAP REL COSTS-BLDG &	3	9
37.28 AHA GUIDELINES 1990	A	757	NEW CAP REL COSTS-MVBLE E	4	9
37.31 MISC REVENUE OUTREACH	B	-184,996	OUTREACH	100.03	
37.32 ALLERGY REVENUE	B	-255,264	ALLERGY CLINIC	60.19	
37.33 MISC REVENUE - EKG	B	-1,440	ELECTROCARDIOLOGY	53	
37.34 MISC REVENUE RESEARCH	B	-327,696	RESEARCH/GRANT ACTIVITY	97.01	
37.35 HEART TRANSPLANT - REVENUE	B	-53,737	HEART ACQUISITION	85	
37.36 LUNG TRANSPLANT REVENUE	B	-5,874	LUNG ACQUISITION	82	
37.38 POISON CTR	B	-6,494	POISON CENTER	100.01	
37.39 NORTH SHORE CLINIC	B	38,426	NORTH SHORE CLINIC	100.09	
37.40 RADIOLOGY	B	-368,652	RADIOLOGY-DIAGNOSTIC	41	
37.41 GENETICS CENTER	B	-3,247	GENETICS CENTER	59.02	
37.42 RESPIRATORY THERAPY REV	B	-40,299	RESPIRATORY THERAPY	49	
37.43 PSYCH REV	B	-15,643	PSYCHIATRIC/PSYCHOLOGICAL	59	
37.44 FAMILY SERVICES REVENUE	B	-10,825	SOCIAL SERVICE	18	
37.48 GI CLINIC	B	-627	GI CLINIC	60.06	
37.50 DIETETICS	B	-722	DIETETICS	60.08	
37.51 ENVIRONMENTAL SERVICES	B	-1,489	HOUSEKEEPING	10	
37.52 ONCOLOGY	B	-157,012	OTHER SPEC CARE HOT	30	
37.53 HIV - OUTSIDE SALARY SUPPORT	B	-3,472	ID PRIM CARE SUPP NETWORK	60.02	
37.54 ANESTHESIOLOGY	B	-25,382	ANESTHESIOLOGY	40	
37.55 OUTSIDE SALARY SUPPORT	B	-13,168	PULMONARY CLINIC	60.11	
37.56 ORTHO CLINIC OUTSIDE SAL SUPPORT	B	-49,210	ORTHOPEDIC CLINIC	60.14	
37.57 RENAL OUTSIDE SAL SUPPORT	B	-53,755	RENAL CLINIC	60.37	
37.58 SURGERY REBATES	B	-172,801	OPERATING ROOM	37	
37.61 TRANSPORT	B	-2,137	TRANSPORT	59.01	

ADJUSTMENTS TO EXPENSES

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST. A-7 REF. 5
			COST CENTER	LINE NO	
37.62 PALLIATIVE CARE	1		3	4	
37.63 DOWNTOWN DENTAL CENTER	B	-36,398	PAIN/PALLIATIVE CARE	60.03	
37.64 RESEARCH COSTS	B	-9,625	DENTAL SERVICES	59.06	
38 OTHER ADJUSTMENTS (SPECIFY)	A	-162,151	RESEARCH/GRANT ACTIVITY	97.01	
39 OTHER ADJUSTMENTS (SPECIFY)					
40 OTHER ADJUSTMENTS (SPECIFY)					
41 OTHER ADJUSTMENTS (SPECIFY)					
42 OTHER ADJUSTMENTS (SPECIFY)					
43 OTHER ADJUSTMENTS (SPECIFY)					
44 OTHER ADJUSTMENTS (SPECIFY)					
45 OTHER ADJUSTMENTS (SPECIFY)					
46 OTHER ADJUSTMENTS (SPECIFY)					
47 OTHER ADJUSTMENTS (SPECIFY)					
48 OTHER ADJUSTMENTS (SPECIFY)					
49 OTHER ADJUSTMENTS (SPECIFY)					
50 TOTAL (SUM OF LINES 1 THRU 49)		-26,628,532			

- (1) Description - all chapter references in this column pertain to CMS Pub. 15-I.
 (2) Basis for adjustment (see instructions).
 A. Costs - if cost, including applicable overhead, can be determined.
 B. Amount Received - if cost cannot be determined.
 (3) Additional adjustments may be made on lines 37 thru 49 and subscripts thereof.
 Note: See instructions for column 5 referencing to worksheet A-7

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

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	6	ADMINISTRATIVE & GENERAL	40,880,394	40,880,394		
2	53	ELECTROCARDIOLOGY	580,240	580,240		
3	59	5 CHILD PROTECTION CENTER	126,131	126,131		
4	100	4 OTHER OFFSITE CLINICS	36,755	36,755		
5		TOTALS	41,623,520	41,623,520		

* 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	G	SEEGER HEALTH RESOURCES		0.00	
2	G	CHILDREN'S HEALTH SYSTEM		0.00	
3	G	CHILDREN'S SER SCTY OF WI		0.00	
4	G	CHILDREN'S HEALTH SYSTEM'		0.00	
5				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.
 FINANCIAL ENTITIES

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 23	I&R SERVICES - OTHER	12,063,581		12,063,581	140,600	128,321	8,674,006	433,700
2 25	ADULTS AND PEDI	227,732		227,732	140,600	1,890	127,757	6,388
3 26	INTENSIVE CARE UNIT	504,196		504,196	140,600	4,185	282,890	14,145
4 30	OTHER SPECIAL CARE	324,922		324,922	140,600	2,697	182,307	9,115
5 37	OPERATING ROOM	810,222		810,222	208,000	12,944	1,294,400	64,720
6 40	ANESTHESIA	76,798		76,798	200,300	4,688	451,445	22,572
7 41	RADIOLOGY	625,441		625,441	225,300	3,368	364,813	18,241
8 44	PATHOLOGY	518,895		518,895	215,700	6,004	622,626	31,131
9 49	PULMONARY	138,492		138,492	140,600	1,149	77,668	3,883
10 53	PEDI - CARDIOLOGY	205,804		205,804	140,600	1,708	115,454	5,773
11 54	NEUROLOGY	20,520		20,520	140,600	784	52,995	2,650
12 57	PEDI- NEPHROLOGY	34,720		34,720	140,600	288	19,468	973
13 59	PSYCH - CHILD	159,220		159,220	154,100	2,317	171,658	8,583
14 59 2	PEDI GENETICS	47,882		47,882	140,600	397	26,836	1,342
15 59 4	PEDI - CHILD DEVELOPMENT	56,531		56,531	140,600	469	31,703	1,585
16 59 5	PEDI - CHILD PROTECTION	95,095		95,095	140,600	789	53,333	2,667
17 60 2	PEDI - INFECT DISEASES	69,572		69,572	140,600	577	39,003	1,950
18 60 6	PEDI - GI	231,772		231,772	140,600	1,924	130,055	6,503
19 60 13	OTOLARYNGOLOGY	219,021		219,021	140,600	3,165	213,942	10,697
20 60 15	OPHTHALMOLOGY	13,907		13,907	140,600	474	32,041	1,602
21 60 19	PEDI- ALLERGY	154,704		154,704	140,600	1,284	86,794	4,340
22 60 24	DERMATOLOGY	8,894		8,894	140,600	1,114	75,302	3,765
23 60 30	PHYS MED AND REHAB	28,365		28,365	140,600	867	58,606	2,930
24 60 31	NEUROLOGY	20,520		20,520	140,600	784	52,995	2,650
25 60 32	PEDI - RHEUMATOLOGY	53,352		53,352	140,600	443	29,945	1,497
26 60 33	PEDI - ENDOCRINE	146,449		146,449	140,600	1,215	82,129	4,106
27 61	EMERGENCY	133,073		133,073	140,600	1,104	74,626	3,731
28								
29								
30								
101	TOTAL	16,989,680		16,989,680		184,949	13,424,797	671,239

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
1 23	I&R SERVICES - OTHER					8,674,006	3,389,575	3,389,575
2 25	ADULTS AND PEDS					127,757	99,975	99,975
3 26	INTENSIVE CARE UNIT					282,890	221,306	221,306
4 30	OTHER SPECIAL CARE					182,307	142,615	142,615
5 37	OPERATING ROOM					1,294,400		
6 40	ANESTHESIA					451,445		
7 41	RADIOLOGY					364,813	260,628	260,628
8 44	PATHOLOGY					622,626		
9 49	PULMONARY					77,668	60,824	60,824
10 53	PEDS - CARDIOLOGY					115,454	90,350	90,350
11 54	NEUROLOGY					52,995		
12 57	PEDS- NEPHROLOGY					19,468	15,252	15,252
13 59	PSYCH - CHILD					171,658		
14 59 2	PEDS GENETICS					26,836	21,046	21,046
15 59 4	PEDS - CHILD DEVELOPMENT					31,703	24,828	24,828
16 59 5	PEDS - CHILD PROTECTION					53,333	41,762	41,762
17 60 2	PEDS - INFECT DISEASES					39,003	30,569	30,569
18 60 6	PEDS - GI					130,055	101,717	101,717
19 60 13	OTOLARYNGOLOGY					213,942	5,079	5,079
20 60 15	OPHTHALMOLOGY					32,041		
21 60 19	PEDS- ALLERGY					86,794	67,910	67,910
22 60 24	DERMATOLOGY					75,302		
23 60 30	PHYS MED AND REHAB					58,606		
24 60 31	NEUROLOGY					52,995		
25 60 32	PEDS - RHEUMATOLOGY					29,945	23,407	23,407
26 60 33	PEDS - ENDOCRINE					82,129	64,320	64,320
27 61	EMERGENCY					74,626	58,447	58,447
28								
29								
30								
101	TOTAL					13,424,797	4,719,610	4,719,610

COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2010
 I 52-3300 I FROM 1/ 1/2009 I NOT A CMS WORKSHEET
 I I TO 12/31/2009 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION		
	GENERAL SERVICE COST				
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	ENTERED
4	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR	VALUE	ENTERED
5	EMPLOYEE BENEFITS	5	GROSS	SALARIES	ENTERED
6	ADMINISTRATIVE & GENERAL	-6	ACCUM.	COST	NOT ENTERED
7	MAINTENANCE & REPAIRS	7	SQUARE	FEET	NOT ENTERED
8	OPERATION OF PLANT	8	SQUARE	FEET	ENTERED
9	LAUNDRY & LINEN SERVICE	9	POUNDS OF	LAUNDRY	ENTERED
10	HOUSEKEEPING	10	SQUARE	FEET	ENTERED
11	DIETARY	11	MEALS	SERVED	ENTERED
12	CAFETERIA	12	FTES		ENTERED
13	MAINTENANCE OF PERSONNEL	13	NUMBER	HOUSED	NOT ENTERED
14	NURSING ADMINISTRATION	14	NURSING	FTES	ENTERED
15	CENTRAL SERVICES & SUPPLY	15	COSTED	REQUIS.	ENTERED
16	PHARMACY	16	COSTED	REQUIS.	ENTERED
17	MEDICAL RECORDS & LIBRARY	17	GROSS	REVENUE	ENTERED
18	SOCIAL SERVICE	18	TIME	SPENT	ENTERED
20	NONPHYSICIAN ANESTHETISTS	19	ASSIGNED	TIME	NOT ENTERED
21	NURSING SCHOOL	20	ASSIGNED	TIME	NOT ENTERED
22	I&R SERVICES-SALARY & FRINGES APPRVD	21	ASSIGNED	TIME	ENTERED
23	I&R SERVICES-OTHER PRGM COSTS APPRVD	22	ASSIGNED	TIME	ENTERED
24	PARAMED ED PRGM	23	ASSIGNED	TIME	NOT ENTERED

COST ALLOCATION - GENERAL SERVICE COSTS

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-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL
	0	1	2	3	4	5	5a.00
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &	21,059,262			21,059,262			
005 NEW CAP REL COSTS-MVBLE E	17,458,219				17,458,219		
006 EMPLOYEE BENEFITS	6,369,103			167,885	1,286	6,538,274	
007 ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS	73,018,930			1,996,015	6,466,243	1,101,323	82,582,511
008 OPERATION OF PLANT	12,936,345			712,610	264,686	95,002	14,008,643
009 LAUNDRY & LINEN SERVICE	1,102,231				9,753		1,111,984
010 HOUSEKEEPING	6,335,223			158,804	136,030	117,035	6,747,092
011 DIETARY	2,930,782			25,315	1,350	24,758	2,982,205
012 CAFETERIA	480,681			579,340	67,395	42,902	1,170,318
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	9,317,888			65,055	130,914	244,084	9,757,941
015 CENTRAL SERVICES & SUPPLY	6,254,697						6,254,697
016 PHARMACY	7,563,294						7,563,294
017 MEDICAL RECORDS & LIBRARY	5,206,326			199,041	13,042	93,473	5,511,882
018 SOCIAL SERVICE	3,561,870			162,718	15,089	79,364	3,819,041
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI	13,740,460			25,891	14,456	12,347	13,793,154
023 I&R SERVICES-OTHER PRGM C	5,833,451			596			5,834,047
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	25,594,540			4,211,716	414,533	685,145	30,905,934
027 INTENSIVE CARE UNIT	36,268,889			2,329,201	1,504,914	979,183	41,082,187
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
030 SURGICAL INTENSIVE CARE U							
031 OTHER SPEC CARE HOT	7,957,584			551,263	91,023	143,231	8,743,101
032 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
036 01 ICF/MR							
037 OTHER LONG TERM CARE							
038 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	12,479,692			1,248,294	895,231	337,968	14,961,185
040 RECOVERY ROOM	2,234,332			117,911	24,619	59,875	2,436,737
041 DELIVERY ROOM & LABOR ROO							
042 ANESTHESIOLOGY	637,954			38,211	324,511	10,795	1,011,471
043 RADIOLOGY-DIAGNOSTIC	13,756,960			1,214,952	2,824,381	275,816	18,072,109
044 RADIOLOGY-THERAPEUTIC							
045 RADIOISOTOPE							
046 LABORATORY	20,068,272			796,244	501,686	204,719	21,570,921
047 PBP CLINICAL LAB SERVICES							
048 WHOLE BLOOD & PACKED RED							
049 BLOOD STORING, PROCESSING	8,120,550				92,652		8,213,202
050 INTRAVENOUS THERAPY							
051 RESPIRATORY THERAPY	8,207,426			179,668	320,575	177,637	8,885,306
052 PHYSICAL THERAPY	3,035,163			455,329	28,156	79,165	3,597,813
053 OCCUPATIONAL THERAPY							
054 SPEECH PATHOLOGY	2,720,816			240,213	57,502	74,848	3,093,379
055 ELECTROCARDIOLOGY	5,020,866			272,641	442,660	67,391	5,803,558
056 ELECTROENCEPHALOGRAPHY	892,077			53,471	138,338	21,918	1,105,804
057 MEDICAL SUPPLIES CHARGED	26,306,134			275,204	1,124,342	134,563	27,840,243
058 DRUGS CHARGED TO PATIENTS	19,957,984			243,034	225,642	261,758	20,688,418
059 RENAL DIALYSIS	570,015			49,815	21,596	8,359	649,785
060 ASC (NON-DISTINCT PART)							
061 PSYCHIATRIC/PSYCHOLOGICAL	2,369,421			162,977	22,094	64,131	2,618,623
062 TRANSPORT	4,823,447				91,198	80,908	4,995,553
063 GENETICS CENTER	1,153,346			209,115	9,384	21,473	1,393,318
064 NUCLEAR MEDICINE-THERAPEU	822,109			29,806	84,943	8,615	945,473
065 CHILD DEVELOPMENT CENTER	450,742				10,257	2,874	463,873
066 CHILD PROTECTION CENTER	1,788,600			23,328	4,678	37,506	1,854,112
067 DENTAL SERVICES	3,307,789			170,865	69,690	80,761	3,629,105
068 OUTPAT SERVICE COST CNTRS							
069 CLINIC							
070 01 URGENT CARE							
071 ID PRIM CARE SUPP NETWORK	497,819			57,843	346	11,512	567,520
072 PAIN/PALLIATIVE CARE	634,913			106,505	9,307	18,114	768,839
073 PEDIATRIC EXTENDED CARE	301,997			68,235		7,698	377,930
074 DIABETIC CLINIC	730,450			131,164	25,590	19,110	906,314
075 GI CLINIC	1,862,100			356,573	74,807	47,469	2,340,949
076 CLINIC FOR SPECIAL NEEDS	697,885			80,614	24,937	14,243	817,679
077 DIETETICS	1,962,096					47,852	2,009,948
078 INFUSION ROOM	296,974			35,767	1,304	8,671	342,716
079 CARDIOLOGY CLINIC	1,323,551			32,726	16,024	33,355	1,405,656
080 PULMONARY CLINIC	601,773			38,012	12,833	16,310	668,928
081 CLINIC							
082 ENT CLINIC	880,583			69,745	33,994	17,484	1,001,806
083 ORTHOPEDIC CLINIC	755,400			243,372	104,583	22,351	1,125,706
084 EYE CLINIC	296,709			32,011	10,951	7,386	347,057
085 CLINIC							
086 ONCOLOGY CLINIC	1,675,512			261,851	61,957	45,951	2,045,271

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-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL
	0	1	2	3	4	5	5a.00
060 18 OUTPAT SERVICE COST CNTRS							
060 18 SURGICAL SPECIALTIES	1,142,233			72,467	39,002	29,704	1,283,406
060 19 ALLERGY CLINIC	978,202			208,817	84,504	27,337	1,298,860
060 20 CLINIC							
060 21 CLINIC							
060 22 CLINIC							
060 23 LASER CLINIC	63,744			11,644	12,870	1,312	89,570
060 24 DERMATOLOGY CLINIC	684,078			60,386	30,764	16,489	791,717
060 25 CLINIC							
060 26 CLINIC							
060 27 CLINIC ADMINISTRATION							
060 28 CRANIOFACIAL CENTER	120,446			45,702	1,809	3,156	171,113
060 29 HEMATOLOGY CLINIC	415,619			75,309		11,703	502,631
060 30 SPINA BIFIDA	344,153			55,895		8,794	408,842
060 31 NEUROSCIENCES CENTER	1,128,067			48,126	43,417	29,545	1,249,155
060 32 RHEUMATOLOGY CLINIC	288,256			78,806	2,436	7,076	376,574
060 33 ENDOCRINE CENTER	293,500			71,513	155	5,796	370,964
060 34 CLINIC							
060 35 CLINIC							
060 36 CLINIC							
060 37 RENAL CLINIC	291,745			18,420	4,266	9,774	324,205
060 38 GREENWAY CLINIC	954,919				63,422	14,144	1,032,485
060 39 NEW BERLIN CLINIC	2,106,831			541,467	148,031	18,269	2,814,598
061 EMERGENCY	7,261,288			378,073	121,954	195,967	7,957,282
062 OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS)							
064 HOME PROGRAM DIALYSIS	128,556			13,989		684	143,229
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION	29,382				390	803	30,575
SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION	265,818					5,062	270,880
084 LIVER ACQUISITION	273,527						273,527
085 HEART ACQUISITION	789,684					3,784	793,468
085 01 PANCREAS ACQUISITION							
086 SOLID ORGAN TRANSPLANT	90,924			6,895		2,427	100,246
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS	431,882,204			20,168,455	17,374,502	6,338,259	430,707,665
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	56,286			33,164			89,450
097 RESEARCH	348,340			277,489	3,406	57,015	686,250
097 01 RESEARCH/GRANT ACTIVITY	2,244,666						2,244,666
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
100 DOWNTOWN HEALTH CENTER	338,319				5,683		344,002
100 01 POISON CENTER	1,689,564			60,803	19,502	44,344	1,814,213
100 02 PUBLIC RELATIONS	4,046,329			177,323	2,046	39,185	4,264,883
100 03 OUTREACH	733,469			216,348		24,821	974,638
100 04 OTHER OFFSITE CLINICS	2,273,479				20,975	6,010	2,300,464
100 05 CHILDREN'S SPECIALTY GROU	354,695				1,918	9,794	366,407
100 08 EAST SIDE SPEECH AND HEAR	206,367				6,142	4,469	216,978
100 09 NORTH SHORE CLINIC	72,013				4,855	657	77,525
100 10 OTHER CHS SUPPORT				73,143			73,143
100 11 PHYSICIAN RELATIONS	155,034					3,775	158,809
100 12 ADOLESCENT MEDICINE	177,945			52,537	19,190	9,945	259,617
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL	444,578,710			21,059,262	17,458,219	6,538,274	444,578,710

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	6	7	8	9	10	11	12
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL	82,582,511						
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT	3,195,806		17,204,449				
010 LAUNDRY & LINEN SERVICE	253,678			1,365,662			
011 HOUSEKEEPING	1,539,221		154,871	11,302	8,452,486		
012 DIETARY	680,333		24,688		12,387	3,699,613	
013 CAFETERIA	266,986		564,994	73	283,492		2,285,863
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION	2,226,089		63,445		31,834		87,708
016 CENTRAL SERVICES & SUPPLY	1,426,890						
017 PHARMACY	1,725,422						
018 MEDICAL RECORDS & LIBRARY	1,257,431		194,113		97,398		59,883
019 SOCIAL SERVICE	871,242		158,689		79,624		40,815
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI	3,146,646		25,250	4,228	12,669		106,545
023 I&R SERVICES-OTHER PRGM C	1,330,927		581		292		
024 PARAMED ED PRGM							
025 ADULTS & PEDIATRICS	7,050,602		4,107,426	426,048	2,060,949	2,708,419	319,846
026 INTENSIVE CARE UNIT	9,372,078		2,271,525	157,859	1,139,763	201,872	377,281
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE U							
030 OTHER SPEC CARE HOT	1,994,572		537,612	74,703	269,753	597,513	64,587
031 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
036 01 ICF/MR							
037 OTHER LONG TERM CARE							
038 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	3,413,110		1,217,384	238,881	610,836	354	124,801
040 RECOVERY ROOM	555,895		114,991	28,232	57,698		22,308
041 DELIVERY ROOM & LABOR ROO							
042 ANESTHESIOLOGY	230,748		37,264		18,698		6,149
043 RADIOLOGY-DIAGNOSTIC	4,122,808		1,184,867	78,821	594,520		113,296
044 RADIOLOGY-THERAPEUTIC							
045 RADIOISOTOPE							
046 LABORATORY	4,920,996		776,528	90	389,631		99,794
047 PBP CLINICAL LAB SERVICES							
048 WHOLE BLOOD & PACKED RED							
049 BLOOD STORING, PROCESSING	1,873,686						
050 INTRAVENOUS THERAPY							
051 RESPIRATORY THERAPY	2,027,014		175,219	7,201	87,918	579	77,115
052 PHYSICAL THERAPY	820,773		444,054	5,597	222,809	740	29,931
053 OCCUPATIONAL THERAPY							
054 SPEECH PATHOLOGY	705,696		234,264	11	117,545	965	30,533
055 ELECTROCARDIOLOGY	1,323,971		265,890	10,096	133,413		21,134
056 ELECTROENCEPHALOGRAPHY	252,268		52,147	12,983	26,165		11,866
057 MEDICAL SUPPLIES CHARGED	6,351,222		268,390	71,613	134,667		93,766
058 DRUGS CHARGED TO PATIENTS	4,719,669		237,016	42	118,925		80,195
059 RENAL DIALYSIS	148,236		48,581	1,894	24,376		3,370
060 ASC (NON-DISTINCT PART)							
061 PSYCHIATRIC/PSYCHOLOGICAL	597,389		158,941		79,750	9,325	22,970
062 TRANSPORT	1,139,641						28,657
063 02 GENETICS CENTER	317,859		203,937				10,021
064 03 NUCLEAR MEDICINE-THERAPEU	215,692		29,067	3,997	14,585		2,718
065 04 CHILD DEVELOPMENT CENTER	105,824						2,056
066 05 CHILD PROTECTION CENTER	422,980		22,750	1,600	11,415		16,099
067 06 DENTAL SERVICES	827,911		166,634	11,385	83,610		28,256
068 OUTPAT SERVICE COST CNTRS							
069 CLINIC							
070 01 URGENT CARE							
071 02 ID PRIM CARE SUPP NETWORK	129,469		56,410		28,304		3,962
072 03 PAIN/PALLIATIVE CARE	175,396		103,868	580	52,117		6,871
073 04 PEDIATRIC EXTENDED CARE	86,218		66,545	5,364	33,390		4,363
074 05 DIABETIC CLINIC	206,758		127,916	37	64,183	9,036	8,235
075 06 GI CLINIC	534,043		347,744	402	174,484	1,415	20,523
076 07 CLINIC FOR SPECIAL NEEDS	186,538		78,618		39,447		7,794
077 08 DIETETICS	458,531						28,868
078 09 INFUSION ROOM	78,184		34,881	3,827	17,502		3,180
079 10 CARDIOLOGY CLINIC	320,674		31,916	5,502	16,014		15,106
080 11 PULMONARY CLINIC	152,603		37,071	3,890	18,601	129	6,650
081 12 CLINIC							
082 13 ENT CLINIC	228,543		68,018	1,537	34,129		8,436
083 14 ORTHOPEDIC CLINIC	256,808		237,346	9,756	119,091		12,177
084 15 EYE CLINIC	79,174		31,218		15,664		3,792
085 16 CLINIC							
086 17 ONCOLOGY CLINIC	466,590		255,367	9,592	128,133	166,597	22,669

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL		MAINTENANCE & REPAIRS		OPERATION OF PLANT		LAUNDRY & LINEN SERVICE		HOUSEKEEPING		DIETARY		CAFETERIA	
	6	7	8	9	10	11	12							
060 18 OUTPAT SERVICE COST CNTRS														
060 18 SURGICAL SPECIALTIES	292,785		70,673		35,461		16,942							
060 19 ALLERGY CLINIC	296,310		203,647		761		13,341							
060 20 CLINIC														
060 21 CLINIC														
060 22 CLINIC														
060 23 LASER CLINIC	20,434		11,356		5,698		722							
060 24 DERMATOLOGY CLINIC	180,615		58,891		29,549		8,476							
060 25 CLINIC														
060 26 CLINIC														
060 27 CLINIC ADMINISTRATION														
060 28 CRANIOFACIAL CENTER	39,036		44,570		22,364		1,103							
060 29 HEMATOLOGY CLINIC	114,666		73,444		36,851	161	4,293							
060 30 SPINA BIFIDA	93,270		54,511		27,352		3,792							
060 31 NEUROSCIENCES CENTER	284,971		46,934		23,550	64	13,511							
060 32 RHEUMATOLOGY CLINIC	85,908		76,854		38,563	64	3,761							
060 33 ENDOCRINE CENTER	84,628		69,743		34,994		2,889							
060 34 CLINIC														
060 35 CLINIC														
060 36 CLINIC														
060 37 RENAL CLINIC	73,961		17,964		9,013		4,103							
060 38 GREENWAY CLINIC	235,542				2,940		8,686							
060 39 NEW BERLIN CLINIC	642,097				12,705		8,616							
061 EMERGENCY	1,815,303		368,711		157,862		78,469							
062 OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS														
064 HOME PROGRAM DIALYSIS	32,675		13,642		6,845		592							
065 AMBULANCE SERVICES														
066 DURABLE MEDICAL EQUIP-REN														
067 DURABLE MEDICAL EQUIP-SOL														
069 CORF														
070 I&R SERVICES-NOT APPRVD P														
071 HOME HEALTH AGENCY														
082 LUNG ACQUISITION	6,975						512							
SPEC PURPOSE COST CENTERS														
083 KIDNEY ACQUISITION	61,796						1,826							
084 LIVER ACQUISITION	62,400													
085 HEART ACQUISITION	181,015						1,063							
085 01 PANCREAS ACQUISITION														
086 SOLID ORGAN TRANSPLANT	22,869		6,724		3,374		993							
092 AMBULATORY SURGICAL CENTE														
093 HOSPICE														
095 SUBTOTALS	79,418,096		16,335,700		1,365,662		2,208,016							
NONREIMBURS COST CENTERS														
096 GIFT, FLOWER, COFFEE SHOP	20,406		32,342		16,228									
097 RESEARCH	156,555		270,618		135,786		16,611							
097 01 RESEARCH/GRANT ACTIVITY	512,078													
098 PHYSICIANS' PRIVATE OFFIC														
099 NONPAID WORKERS														
100 DOWNTOWN HEALTH CENTER	78,478													
100 01 POISON CENTER	413,878		59,298		29,753		13,842							
100 02 PUBLIC RELATIONS	972,952		172,932		86,771		17,844							
100 03 OUTREACH	222,345		210,991		105,867		21,486							
100 04 OTHER OFFSITE CLINICS	524,807													
100 05 CHILDREN'S SPECIALTY GROU	83,589						5,396							
100 08 EAST SIDE SPEECH AND HEAR	49,499													
100 09 NORTH SHORE CLINIC	17,686													
100 10 OTHER CHS SUPPORT	16,686		71,332		35,791									
100 11 PHYSICIAN RELATIONS	36,229													
100 12 ADOLESCENT MEDICINE	59,227		51,236		25,708		1,795							
101 CROSS FOOT ADJUSTMENT														
102 NEGATIVE COST CENTER														
103 TOTAL	82,582,511		17,204,449		1,365,662		2,285,863							

COST CENTER DESCRIPTION	MAINTENANCE O	NURSING ADMIN	CENTRAL SERVI	PHARMACY	MEDICAL RECOR	SOCIAL	SERVIC	NONPHYSICIAN
	F PERSONNEL	ISTRATION	CES & SUPPLY		DS & LIBRARY	E		ANESTHETISTS
	13	14	15	16	17	18		20
001 GENERAL SERVICE COST CNTR								
002 OLD CAP REL COSTS-BLDG &								
003 OLD CAP REL COSTS-MVBLE E								
004 NEW CAP REL COSTS-BLDG &								
005 NEW CAP REL COSTS-MVBLE E								
006 EMPLOYEE BENEFITS								
007 ADMINISTRATIVE & GENERAL								
008 MAINTENANCE & REPAIRS								
009 OPERATION OF PLANT								
010 LAUNDRY & LINEN SERVICE								
011 HOUSEKEEPING								
012 DIETARY								
013 CAFETERIA								
014 MAINTENANCE OF PERSONNEL								
015 NURSING ADMINISTRATION		12,167,017						
016 CENTRAL SERVICES & SUPPLY		762,302	8,443,889					
017 PHARMACY				9,288,716				
018 MEDICAL RECORDS & LIBRARY			4,222		7,124,929			
020 SOCIAL SERVICE			829		572		4,970,812	
021 NONPHYSICIAN ANESTHETISTS								
022 NURSING SCHOOL								
023 I&R SERVICES-SALARY & FRI			3,963	5,176				
024 I&R SERVICES-OTHER PRGM C								
025 PARMED ED PRGM								
026 INPAT ROUTINE SRVC CNTRS								
027 ADULTS & PEDIATRICS		2,779,909	139,335	3,489	781,346		2,144,831	
028 INTENSIVE CARE UNIT		3,279,102	106,146	1,550	1,131,350		700,664	
029 CORONARY CARE UNIT								
030 BURN INTENSIVE CARE UNIT								
031 SURGICAL INTENSIVE CARE U								
032 OTHER SPEC CARE HOT		561,875	26,380	808	233,069		172,310	
033 SUBPROVIDER								
034 NURSERY								
035 SKILLED NURSING FACILITY								
036 NURSING FACILITY								
037 01 ICF/MR								
038 OTHER LONG TERM CARE								
039 ANCILLARY SRVC COST CNTRS								
040 OPERATING ROOM		1,084,694	98,249	2,505	395,797		35,700	
041 RECOVERY ROOM		193,888	4,570	220	90,781			
042 DELIVERY ROOM & LABOR ROO								
043 ANESTHESIOLOGY		53,441	19,103	52,728	48,495			
044 RADIOLOGY-DIAGNOSTIC		983,914	58,474	27,719	487,766		39,032	
045 RADIOLOGY-THERAPEUTIC								
046 RADIOISOTOPE								
047 LABORATORY		867,354	125,377	1,165	874,727			
048 PBP CLINICAL LAB SERVICES								
049 WHOLE BLOOD & PACKED RED								
050 BLOOD STORING, PROCESSING						164,203		
051 INTRAVENOUS THERAPY								
052 RESPIRATORY THERAPY		670,240	14,080	228	312,054		9,044	
053 PHYSICAL THERAPY			6,959	62	89,673		106,623	
054 OCCUPATIONAL THERAPY								
055 SPEECH PATHOLOGY			1,835		55,456		11,424	
056 ELECTROCARDIOLOGY		183,688	5,937	2,231	115,446			
057 ELECTROENCEPHALOGRAPHY			229	260	44,085			
058 MEDICAL SUPPLIES CHARGED			6,963,877	58	821,352			
059 DRUGS CHARGED TO PATIENTS			187,442	9,112,517	857,255			
060 RENAL DIALYSIS		26,416	424	61	25,996		72,827	
061 ASC (NON-DISTINCT PART)								
062 PSYCHIATRIC/PSYCHOLOGICAL			3,906	120	21,416		18,564	
063 01 TRANSPORT			10,315	50	51,941			
064 02 GENETICS CENTER			3,560	109	3,332		63,783	
065 03 NUCLEAR MEDICINE-THERAPEU			6,359	411	19,396			
066 04 CHILD DEVELOPMENT CENTER			1,134		3,765		9,996	
067 05 CHILD PROTECTION CENTER			10,507	17,530	10,115			
068 06 DENTAL SERVICES			117,682	177	57,115		8,568	
069 OUTPAT SERVICE COST CNTRS								
070 CLINIC								
071 01 URGENT CARE								
072 02 ID PRIM CARE SUPP NETWORK						366	17,612	
073 03 PAIN/PALLIATIVE CARE			2,170	69	1,869		2,856	
074 04 PEDIATRIC EXTENDED CARE			405	132	1,472			
075 05 DIABETIC CLINIC			1,203	2,055	10,283		38,556	
076 06 GI CLINIC			4,807	613	21,696		135,658	
077 07 CLINIC FOR SPECIAL NEEDS			3,493	370	2,346		61,879	
078 08 DIETETICS			1,369	11	5,933		952	
079 09 INFUSION ROOM					19,936			
080 10 CARDIOLOGY CLINIC			7,749	117	15,197		249,897	
081 11 PULMONARY CLINIC			2,270	2,740	5,653		76,159	
082 12 CLINIC								
083 13 ENT CLINIC			10,028	2,805	13,380		28,084	
084 14 ORTHOPEDIC CLINIC			3,112	499	15,495		49,503	
085 15 EYE CLINIC			3,732	1,037	5,490		7,616	
086 16 CLINIC								
087 17 ONCOLOGY CLINIC			7,347		34,600		281,789	

COST ALLOCATION - GENERAL SERVICE COSTS

COST CENTER DESCRIPTION	MAINTENANCE O	NURSING ADMIN	CENTRAL SERVI	PHARMACY	MEDICAL RECOR	SOCIAL	SERVIC	NONPHYSICIAN
	F PERSONNEL	ISTRATION	CES & SUPPLY		DS & LIBRARY	E		ANESTHETISTS
	13	14	15	16	17	18	20	
060 18 OUTPAT SERVICE COST CNTRS								
060 18 SURGICAL SPECIALTIES			5,682	1,196	12,484		9,996	
060 19 ALLERGY CLINIC			9,112	7,947	14,410		25,228	
060 20 CLINIC								
060 21 CLINIC								
060 22 CLINIC								
060 23 LASER CLINIC					1,616		1,428	
060 24 DERMATOLOGY CLINIC			9,547	16,972	10,439		19,040	
060 25 CLINIC								
060 26 CLINIC								
060 27 CLINIC ADMINISTRATION				18				
060 28 CRANIOFACIAL CENTER					2,828		108,527	
060 29 HEMATOLOGY CLINIC			533		2,837			
060 30 SPINA BIFIDA			65	61	2,452			
060 31 NEUROSCIENCES CENTER			966	320	8,280		225,621	
060 32 RHEUMATOLOGY CLINIC			709	1,617	2,647		57,119	
060 33 ENDOCRINE CENTER			361	252	3,507		2,856	
060 34 CLINIC								
060 35 CLINIC								
060 36 CLINIC								
060 37 RENAL CLINIC			26		2,293		24,276	
060 38 GREENWAY CLINIC			4,398	49	17,737			
060 39 NEW BERLIN CLINIC			25,962	5,271	7,924			
061 EMERGENCY		682,009	31,685	3,546	138,906			
062 OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS								
064 HOME PROGRAM DIALYSIS					19,608			
065 AMBULANCE SERVICES								
066 DURABLE MEDICAL EQUIP-REN								
067 DURABLE MEDICAL EQUIP-SOL								
069 CORF								
070 I&R SERVICES-NOT APPRVD P								
071 HOME HEALTH AGENCY								
082 LUNG ACQUISITION		4,446				18		
SPEC PURPOSE COST CENTERS								
083 KIDNEY ACQUISITION		15,867		110	2,725		102,339	
084 LIVER ACQUISITION					4,140			
085 HEART ACQUISITION		9,241			11,161			
085 01 PANCREAS ACQUISITION		8,631						
086 SOLID ORGAN TRANSPLANT								
092 AMBULATORY SURGICAL CENTE								
093 HOSPICE								
095 SUBTOTALS		12,167,017	8,057,625	9,277,553	7,115,659		4,920,357	
NONREIMBURS COST CENTERS								
096 GIFT, FLOWER, COFFEE SHOP			349,120					
097 RESEARCH			165		5,372			
097 01 RESEARCH/GRANT ACTIVITY								
098 PHYSICIANS' PRIVATE OFFIC								
099 NONPAID WORKERS								
100 DOWNTOWN HEALTH CENTER			3,190					
100 01 POISON CENTER			8,940					
100 02 PUBLIC RELATIONS								
100 03 OUTREACH			15,468	127				
100 04 OTHER OFFSITE CLINICS			113	3,366	1,406			
100 05 CHILDREN'S SPECIALTY GROU			8,903					
100 08 EAST SIDE SPEECH AND HEAR			104		2,492			
100 09 NORTH SHORE CLINIC			17	4				
100 10 OTHER CHS SUPPORT								
100 11 PHYSICIAN RELATIONS								
100 12 ADOLESCENT MEDICINE			244	7,666			50,455	
101 CROSS FOOT ADJUSTMENT								
102 NEGATIVE COST CENTER								
103 TOTAL		12,167,017	8,443,889	9,288,716	7,124,929		4,970,812	

COST CENTER DESCRIPTION	NURSING SCHOO	I&R SERVICES-	I&R SERVICES-	PARAMED ED PR	SUBTOTAL	I&R COST	TOTAL
	L	SALARY & FRI	OTHER PRGM C	GM		POST STEP- DOWN ADJ	
	21	22	23	24	25	26	27
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION							
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY							
018 MEDICAL RECORDS & LIBRARY							
019 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI		17,097,631					
023 I&R SERVICES-OTHER PRGM C			7,165,847				
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS		5,701,209	2,389,456		61,518,799	-8,090,665	53,428,134
027 INTENSIVE CARE UNIT		1,187,925	497,875		61,507,177	-1,685,800	59,821,377
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
030 SURGICAL INTENSIVE CARE U							
031 OTHER SPEC CARE HOT		150,469	63,063		13,489,815	-213,532	13,276,283
032 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
036 01 ICF/MR							
037 OTHER LONG TERM CARE							
038 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM		1,493,046	625,755		24,302,297	-2,118,801	22,183,496
040 RECOVERY ROOM					3,505,320		3,505,320
041 DELIVERY ROOM & LABOR ROO							
042 ANESTHESIOLOGY		1,595,404	668,655		3,742,156	-2,264,059	1,478,097
043 RADIOLOGY-DIAGNOSTIC		309,213	129,595		26,202,134	-438,808	25,763,326
044 RADIOLOGY-THERAPEUTIC							
045 RADIOISOTOPE							
046 LABORATORY		70,755	29,654		29,726,992	-100,409	29,626,583
047 PBP CLINICAL LAB SERVICES							
048 WHOLE BLOOD & PACKED RED							
049 BLOOD STORING, PROCESSING					10,251,091		10,251,091
050 INTRAVENOUS THERAPY							
051 RESPIRATORY THERAPY					12,265,998		12,265,998
052 PHYSICAL THERAPY		176,343	73,908		5,575,285	-250,251	5,325,034
053 OCCUPATIONAL THERAPY							
054 SPEECH PATHOLOGY					4,251,108		4,251,108
055 ELECTROCARDIOLOGY		1,324,752	555,221		9,745,337	-1,879,973	7,865,364
056 ELECTROENCEPHALOGRAPHY		95,811	40,156		1,641,774	-135,967	1,505,807
057 MEDICAL SUPPLIES CHARGED					42,545,188		42,545,188
058 DRUGS CHARGED TO PATIENTS					36,001,479		36,001,479
059 RENAL DIALYSIS		39,106	16,390		1,057,462	-71,747	985,715
060 ASC (NON-DISTINCT PART)							
061 PSYCHIATRIC/PSYCHOLOGICAL		412,891	173,048		4,116,943	-585,939	3,531,004
062 TRANSPORT					6,226,157		6,226,157
063 GENETICS CENTER					1,995,919		1,995,919
064 NUCLEAR MEDICINE-THERAPEU					1,237,698		1,237,698
065 CHILD DEVELOPMENT CENTER					586,648		586,648
066 CHILD PROTECTION CENTER					2,367,108		2,367,108
067 DENTAL SERVICES		850,746	356,559		6,137,748	-1,207,305	4,930,443
068 OUTPAT SERVICE COST CNTRS							
069 CLINIC							
070 01 URGENT CARE							
071 02 ID PRIM CARE SUPP NETWORK					803,643		803,643
072 03 PAIN/PALLIATIVE CARE					1,114,635		1,114,635
073 04 PEDIATRIC EXTENDED CARE					575,819		575,819
074 05 DIABETIC CLINIC					1,374,576		1,374,576
075 06 GI CLINIC		424,350	177,851		4,184,535	-602,201	3,582,334
076 07 CLINIC FOR SPECIAL NEEDS					1,198,164		1,198,164
077 08 DIETETICS					2,505,612		2,505,612
078 09 INFUSION ROOM					500,226		500,226
079 10 CARDIOLOGY CLINIC					2,067,828		2,067,828
080 11 PULMONARY CLINIC		184,619	77,376		1,236,689	-261,995	974,694
081 12 CLINIC							
082 13 ENT CLINIC		318,262	133,388		1,848,416	-451,650	1,396,766
083 14 ORTHOPEDIC CLINIC					1,829,493		1,829,493
084 15 EYE CLINIC		83,669	35,067		613,516	-118,736	494,780
085 16 CLINIC							
086 17 ONCOLOGY CLINIC					3,417,955		3,417,955

COST CENTER DESCRIPTION	NURSING SCHOO	I&R SERVICES-	I&R SERVICES-	PARAMED ED PR	SUBTOTAL	I&R COST	TOTAL
	L	SALARY & FRI	OTHER PRGM C	GM		POST STEP- DOWN ADJ	
	21	22	23	24	25	26	27
060 18 OUTPAT SERVICE COST CNTRS					1,729,386		1,729,386
060 19 SURGICAL SPECIALTIES					2,596,302	-624,399	1,971,903
060 20 ALLERGY CLINIC		439,992	184,407				
060 21 CLINIC							
060 22 CLINIC							
060 23 LASER CLINIC					130,824		130,824
060 24 DERMATOLOGY CLINIC		399,886	167,597		1,694,316	-567,483	1,126,833
060 25 CLINIC							
060 26 CLINIC							
060 27 CLINIC ADMINISTRATION					18		18
060 28 CRANIOFACIAL CENTER					389,541		389,541
060 29 HEMATOLOGY CLINIC					737,214		737,214
060 30 SPINA BIFIDA					590,345		590,345
060 31 NEUROSCIENCES CENTER		95,811	40,156		1,989,339	-135,967	1,853,372
060 32 RHEUMATOLOGY CLINIC		50,020	20,964		714,800	-70,984	643,816
060 33 ENDOCRINE CENTER		357,141	149,683		1,077,018	-506,824	570,194
060 34 CLINIC							
060 35 CLINIC							
060 36 CLINIC							
060 37 RENAL CLINIC					455,841		455,841
060 38 GREENWAY CLINIC					1,301,837		1,301,837
060 39 NEW BERLIN CLINIC					3,517,173		3,517,173
061 EMERGENCY		880,758	369,137		12,671,053	-1,249,895	11,421,158
062 OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS					216,591		216,591
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION					42,526		42,526
SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION					455,543		455,543
084 LIVER ACQUISITION					340,067		340,067
085 HEART ACQUISITION					995,948		995,948
085 01 PANCREAS ACQUISITION							
086 SOLID ORGAN TRANSPLANT					142,837		142,837
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS		16,642,178	6,974,961		425,057,259	-23,633,390	401,423,869
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP					507,546		507,546
097 RESEARCH					1,271,357		1,271,357
097 01 RESEARCH/GRANT ACTIVITY					2,756,744		2,756,744
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
100 DOWNTOWN HEALTH CENTER		47,064	19,725		492,459	-66,789	425,670
100 01 POISON CENTER					2,339,924		2,339,924
100 02 PUBLIC RELATIONS					5,515,382		5,515,382
100 03 OUTREACH					1,550,922		1,550,922
100 04 OTHER OFFSITE CLINICS					2,830,156		2,830,156
100 05 CHILDREN'S SPECIALTY GROU					464,295		464,295
100 08 EAST SIDE SPEECH AND HEAR					269,073		269,073
100 09 NORTH SHORE CLINIC					95,232		95,232
100 10 OTHER CHS SUPPORT					196,952		196,952
100 11 PHYSICIAN RELATIONS					195,911		195,911
100 12 ADOLESCENT MEDICINE		408,389	171,161		1,035,498	-579,550	455,948
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 TOTAL		17,097,631	7,165,847		444,578,710	-24,279,729	420,298,981

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	SUBTOTAL	EMPLOYEE BENE FITS
	NEW CAPITAL REL COSTS	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E		
	0	1	2	3	4	4a	5
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS				167,885	1,286	169,171	169,171
007 ADMINISTRATIVE & GENERAL				1,996,015	6,466,243	8,462,258	28,427
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT				712,610	264,686	977,296	2,459
010 LAUNDRY & LINEN SERVICE					9,753	9,753	
011 HOUSEKEEPING				158,804	136,030	294,834	3,030
012 DIETARY				25,315	1,350	26,665	641
013 CAFETERIA				579,340	67,395	646,735	1,111
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION				65,055	130,914	195,969	6,318
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY							
018 MEDICAL RECORDS & LIBRARY				199,041	13,042	212,083	2,420
020 SOCIAL SERVICE				162,718	15,089	177,807	2,054
021 NONPHYSICIAN ANESTHETISTS							
022 NURSING SCHOOL							
023 I&R SERVICES-SALARY & FRI				25,891	14,456	40,347	320
024 I&R SERVICES-OTHER PRGM C				596		596	
025 PARAMED ED PRGM							
026 INPAT ROUTINE SRVC CNTRS							
027 ADULTS & PEDIATRICS				4,211,716	414,533	4,626,249	17,736
028 INTENSIVE CARE UNIT				2,329,201	1,504,914	3,834,115	25,347
029 CORONARY CARE UNIT							
030 BURN INTENSIVE CARE UNIT							
031 SURGICAL INTENSIVE CARE U							
032 OTHER SPEC CARE HOT				551,263	91,023	642,286	3,708
033 SUBPROVIDER							
034 NURSERY							
035 SKILLED NURSING FACILITY							
036 NURSING FACILITY							
037 01 ICF/MR							
038 OTHER LONG TERM CARE							
039 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM				1,248,294	895,231	2,143,525	8,749
041 RECOVERY ROOM				117,911	24,619	142,530	1,550
042 DELIVERY ROOM & LABOR ROO							
043 ANESTHESIOLOGY				38,211	324,511	362,722	279
044 RADIOLOGY-DIAGNOSTIC				1,214,952	2,824,381	4,039,333	7,140
045 RADIOLOGY-THERAPEUTIC							
046 RADIOISOTOPE							
047 LABORATORY				796,244	501,686	1,297,930	5,299
048 PBP CLINICAL LAB SERVICES							
049 WHOLE BLOOD & PACKED RED							
050 BLOOD STORING, PROCESSING					92,652	92,652	
051 INTRAVENOUS THERAPY							
052 RESPIRATORY THERAPY				179,668	320,575	500,243	4,598
053 PHYSICAL THERAPY				455,329	28,156	483,485	2,049
054 OCCUPATIONAL THERAPY							
055 SPEECH PATHOLOGY				240,213	57,502	297,715	1,938
056 ELECTROCARDIOLOGY				272,641	442,660	715,301	1,744
057 ELECTROENCEPHALOGRAPHY				53,471	138,338	191,809	567
058 MEDICAL SUPPLIES CHARGED				275,204	1,124,342	1,399,546	3,483
059 DRUGS CHARGED TO PATIENTS				243,034	225,642	468,676	6,776
060 RENAL DIALYSIS				49,815	21,596	71,411	216
061 ASC (NON-DISTINCT PART)							
062 PSYCHIATRIC/PSYCHOLOGICAL				162,977	22,094	185,071	1,660
063 01 TRANSPORT					91,198	91,198	2,094
064 02 GENETICS CENTER				209,115	9,384	218,499	556
065 03 NUCLEAR MEDICINE-THERAPEU				29,806	84,943	114,749	223
066 04 CHILD DEVELOPMENT CENTER					10,257	10,257	74
067 05 CHILD PROTECTION CENTER				23,328	4,678	28,006	971
068 06 DENTAL SERVICES				170,865	69,690	240,555	2,091
069 OUTPAT SERVICE COST CNTRS							
070 CLINIC							
071 01 URGENT CARE					346	58,189	298
072 02 ID PRIM CARE SUPP NETWORK				57,843	9,307	115,812	469
073 03 PAIN/PALLIATIVE CARE				106,505		70,618	199
074 04 PEDIATRIC EXTENDED CARE		2,383		68,235		156,754	495
075 05 DIABETIC CLINIC				131,164	25,590	431,380	1,229
076 06 GI CLINIC				356,573	74,807	105,551	369
077 07 CLINIC FOR SPECIAL NEEDS				80,614	24,937		1,239
078 08 DIETETICS							224
079 09 INFUSION ROOM				35,767	1,304	37,071	863
080 10 CARDIOLOGY CLINIC				32,726	16,024	50,845	422
081 11 PULMONARY CLINIC				38,012	12,833		453
082 12 CLINIC							579
083 13 ENT CLINIC				69,745	33,994	347,955	191
084 14 ORTHOPEDIC CLINIC				243,372	104,583	42,962	
085 15 EYE CLINIC				32,011	10,951		
086 16 CLINIC							
087 17 ONCOLOGY CLINIC				261,851	61,957	323,808	1,189

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	DIR ASSGND	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	SUBTOTAL	EMPLOYEE BENE FITS
	NEW CAPITAL REL COSTS	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E		
	0	1	2	3	4	4a	5
060 18 OUTPAT SERVICE COST CNTRS							
060 18 SURGICAL SPECIALTIES				72,467	39,002	111,469	769
060 19 ALLERGY CLINIC				208,817	84,504	293,321	708
060 20 CLINIC							
060 21 CLINIC							
060 22 CLINIC							
060 23 LASER CLINIC				11,644	12,870	24,514	34
060 24 DERMATOLOGY CLINIC				60,386	30,764	91,150	427
060 25 CLINIC							
060 26 CLINIC							
060 27 CLINIC ADMINISTRATION							
060 28 CRANIOFACIAL CENTER				45,702	1,809	47,511	82
060 29 HEMATOLOGY CLINIC				75,309		75,309	303
060 30 SPINA BIFIDA				55,895		55,895	228
060 31 NEUROSCIENCES CENTER				48,126	43,417	91,543	765
060 32 RHEUMATOLOGY CLINIC				78,806	2,436	81,242	183
060 33 ENDOCRINE CENTER				71,513	155	71,668	150
060 34 CLINIC							
060 35 CLINIC							
060 36 CLINIC							
060 37 RENAL CLINIC				18,420	4,266	22,686	253
060 38 GREENWAY CLINIC					63,422	63,422	366
060 39 NEW BERLIN CLINIC				541,467	148,031	689,498	473
061 EMERGENCY				378,073	121,954	500,027	5,073
062 OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS							
064 HOME PROGRAM DIALYSIS				13,989		13,989	18
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION					390	390	21
SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION							131
084 LIVER ACQUISITION							
085 HEART ACQUISITION							98
085 01 PANCREAS ACQUISITION							
086 SOLID ORGAN TRANSPLANT				6,895		6,895	63
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS	2,383			20,168,455	17,374,502	37,545,340	163,992
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP				33,164		33,164	
097 RESEARCH				277,489	3,406	280,895	1,476
097 01 RESEARCH/GRANT ACTIVITY							
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
100 DOWNTOWN HEALTH CENTER					5,683	5,683	
100 01 POISON CENTER				60,803	19,502	80,305	1,148
100 02 PUBLIC RELATIONS				177,323	2,046	179,369	1,014
100 03 OUTREACH				216,348		216,348	643
100 04 OTHER OFFSITE CLINICS					20,975	20,975	156
100 05 CHILDREN'S SPECIALTY GROU					1,918	1,918	254
100 08 EAST SIDE SPEECH AND HEAR					6,142	6,142	116
100 09 NORTH SHORE CLINIC					4,855	4,855	17
100 10 OTHER CHS SUPPORT				73,143		73,143	
100 11 PHYSICIAN RELATIONS							98
100 12 ADOLESCENT MEDICINE				52,537	19,190	71,727	257
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	2,383			21,059,262	17,458,219	38,519,864	169,171

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	6	7	8	9	10	11	12
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS	8,490,685						
008 OPERATION OF PLANT	328,573		1,308,328				
009 LAUNDRY & LINEN SERVICE	26,082			35,835			
010 HOUSEKEEPING	158,253		11,777	297	468,191		
011 DIETARY	69,948		1,877		686	99,817	
012 CAFETERIA	27,450		42,965	2	15,703		733,966
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	228,873		4,825		1,763		28,162
015 CENTRAL SERVICES & SUPPLY	146,704						
016 PHARMACY	177,397						
017 MEDICAL RECORDS & LIBRARY	129,281		14,761		5,395		19,228
018 SOCIAL SERVICE	89,576		12,068		4,410		13,105
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI	323,518		1,920	111	702		34,210
023 I&R SERVICES-OTHER PRGM C	136,838		44		16		
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS	724,899		312,357	11,180	114,161	73,073	102,699
027 INTENSIVE CARE UNIT	963,646		172,740	4,142	63,132	5,447	121,141
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
030 SURGICAL INTENSIVE CARE U							
031 OTHER SPEC CARE HOT	205,069		40,883	1,960	14,942	16,121	20,738
032 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
036 01 ICF/MR							
037 OTHER LONG TERM CARE							
038 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM	350,915		92,577	6,268	33,835	10	40,072
040 RECOVERY ROOM	57,154		8,745	741	3,196		7,163
041 DELIVERY ROOM & LABOR ROO							
042 ANESTHESIOLOGY	23,724		2,834		1,036		1,974
043 RADIOLOGY-DIAGNOSTIC	423,881		90,104	2,068	32,931		36,378
044 RADIOLOGY-THERAPEUTIC							
045 RADIOISOTOPE							
046 LABORATORY	505,946		59,052	2	21,582		32,043
047 PBP CLINICAL LAB SERVICES							
048 WHOLE BLOOD & PACKED RED							
049 BLOOD STORING, PROCESSING	192,641						
050 INTRAVENOUS THERAPY							
051 RESPIRATORY THERAPY	208,405		13,325	189	4,870	16	24,761
052 PHYSICAL THERAPY	84,387		33,768	147	12,342	20	9,611
053 OCCUPATIONAL THERAPY							
054 SPEECH PATHOLOGY	72,555		17,815		6,511	26	9,804
055 ELECTROCARDIOLOGY	136,122		20,220	265	7,390		6,786
056 ELECTROENCEPHALOGRAPHY	25,937		3,966	341	1,449		3,810
057 MEDICAL SUPPLIES CHARGED	652,993		20,410	1,879	7,459		30,107
058 DRUGS CHARGED TO PATIENTS	485,247		18,024	1	6,587		25,750
059 RENAL DIALYSIS	15,241		3,694	50	1,350		1,082
060 ASC (NON-DISTINCT PART)							
061 PSYCHIATRIC/PSYCHOLOGICAL	61,420		12,087		4,417	252	7,375
062 TRANSPORT	117,171						9,202
063 GENETICS CENTER	32,680		15,509				3,217
064 NUCLEAR MEDICINE-THERAPEU	22,176		2,210	105	808		873
065 CHILD DEVELOPMENT CENTER	10,880						660
066 CHILD PROTECTION CENTER	43,488		1,730	42	632		5,169
067 DENTAL SERVICES	85,121		12,672	299	4,631		9,073
068 OUTPAT SERVICE COST CNTRS							
069 CLINIC							
070 01 URGENT CARE							
071 ID PRIM CARE SUPP NETWORK	13,311		4,290		1,568		1,272
072 PAIN/PALLIATIVE CARE	18,033		7,899	15	2,887		2,206
073 PEDIATRIC EXTENDED CARE	8,864		5,060	141	1,849		1,401
074 DIABETIC CLINIC	21,258		9,728	1	3,555	244	2,644
075 GI CLINIC	54,907		26,444	11	9,665	38	6,590
076 CLINIC FOR SPECIAL NEEDS	19,179		5,979		2,185		2,502
077 DIETETICS	47,143						9,269
078 INFUSION ROOM	8,038		2,653	100	969		1,021
079 CARDIOLOGY CLINIC	32,970		2,427	144	887		4,850
080 PULMONARY CLINIC	15,690		2,819	102	1,030	3	2,135
081 CLINIC							
082 ENT CLINIC	23,497		5,172	40	1,890		2,709
083 ORTHOPEDIC CLINIC	26,403		18,049	256	6,597		3,910
084 EYE CLINIC	8,140		2,374		868		1,217
085 CLINIC							
086 ONCOLOGY CLINIC	47,972		19,420	252	7,097	4,495	7,279

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	6	7	8	9	10	11	12
060 18 OUTPAT SERVICE COST CNTRS							
060 18 SURGICAL SPECIALTIES	30,102		5,374	20	1,964		5,440
060 19 ALLERGY CLINIC	30,465		15,486	23	5,660		4,284
060 20 CLINIC							
060 21 CLINIC							
060 22 CLINIC							
060 23 LASER CLINIC	2,101		864		316		232
060 24 DERMATOLOGY CLINIC	18,570		4,478	42	1,637		2,722
060 25 CLINIC							
060 26 CLINIC							
060 27 CLINIC ADMINISTRATION							
060 28 CRANIOFACIAL CENTER	4,013		3,389		1,239		354
060 29 HEMATOLOGY CLINIC	11,789		5,585	47	2,041	4	1,378
060 30 SPINA BIFIDA	9,589		4,145		1,515		1,217
060 31 NEUROSCIENCES CENTER	29,299		3,569		1,304	2	4,338
060 32 RHEUMATOLOGY CLINIC	8,833		5,844		2,136	2	1,208
060 33 ENDOCRINE CENTER	8,701		5,304		1,938		928
060 34 CLINIC							
060 35 CLINIC							
060 36 CLINIC							
060 37 RENAL CLINIC	7,604		1,366		499		1,317
060 38 GREENWAY CLINIC	24,217			77			2,789
060 39 NEW BERLIN CLINIC	66,016			333			2,767
061 EMERGENCY	186,638		28,039	4,142	10,248	64	25,196
062 OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS)							
064 HOME PROGRAM DIALYSIS	3,359		1,037		379		190
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION	717						164
SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION	6,353						586
084 LIVER ACQUISITION	6,416						
085 HEART ACQUISITION	18,611						341
085 01 PANCREAS ACQUISITION							
086 SOLID ORGAN TRANSPLANT	2,351		511		187		319
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS	8,165,340		1,242,264	35,835	444,046	99,817	708,968
NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP	2,098		2,460		899		
097 RESEARCH	16,096		20,579		7,521		5,334
097 01 RESEARCH/GRANT ACTIVITY	52,649						
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
100 DOWNTOWN HEALTH CENTER	8,069						
100 01 POISON CENTER	42,552		4,509		1,648		4,445
100 02 PUBLIC RELATIONS	100,033		13,151		4,806		5,730
100 03 OUTREACH	22,860		16,045		5,864		6,899
100 04 OTHER OFFSITE CLINICS	53,957						
100 05 CHILDREN'S SPECIALTY GROU	8,594						1,733
100 08 EAST SIDE SPEECH AND HEAR	5,089						
100 09 NORTH SHORE CLINIC	1,818						
100 10 OTHER CHS SUPPORT	1,716		5,424		1,983		
100 11 PHYSICIAN RELATIONS	3,725						280
100 12 ADOLESCENT MEDICINE	6,089		3,896		1,424		577
101 CROSS FOOT ADJUSTMENTS							
102 NEGATIVE COST CENTER							
103 TOTAL	8,490,685		1,308,328	35,835	468,191	99,817	733,966

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	MAINTENANCE O	NURSING ADMIN	CENTRAL SERVI	PHARMACY	MEDICAL RECOR	SOCIAL SERVIC	NONPHYSICIAN
	F PERSONNEL	ISTRATION	CES & SUPPLY		DS & LIBRARY	E	ANESTHETISTS
	13	14	15	16	17	18	20
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION		465,910					
016 CENTRAL SERVICES & SUPPLY		29,191	175,895				
017 PHARMACY				177,397			
018 MEDICAL RECORDS & LIBRARY			88		383,256		
020 SOCIAL SERVICE			17	11		299,048	
021 NONPHYSICIAN ANESTHETISTS							
022 NURSING SCHOOL							
023 I&R SERVICES-SALARY & FRI			83	99			
024 I&R SERVICES-OTHER PRGM C							
025 PARAMED ED PRGM							
026 INPAT ROUTINE SRVC CNTRS							
027 ADULTS & PEDIATRICS		106,451	2,902	67	41,998	129,035	
028 INTENSIVE CARE UNIT		125,566	2,211	30	61,095	42,153	
029 CORONARY CARE UNIT							
030 BURN INTENSIVE CARE UNIT							
031 SURGICAL INTENSIVE CARE U							
032 OTHER SPEC CARE HOT		21,516	550	15	12,528	10,366	
033 SUBPROVIDER							
034 NURSERY							
035 SKILLED NURSING FACILITY							
036 NURSING FACILITY							
037 01 ICF/MR							
038 OTHER LONG TERM CARE							
039 ANCILLARY SRVC COST CNTRS							
040 OPERATING ROOM		41,536	2,047	48	21,274	2,148	
041 RECOVERY ROOM		7,425	95	4	4,880		
042 DELIVERY ROOM & LABOR ROO							
043 ANESTHESIOLOGY		2,046	398	1,007	2,607		
044 RADIOLOGY-DIAGNOSTIC		37,677	1,218	529	26,218	2,348	
045 RADIOLOGY-THERAPEUTIC							
046 RADIOISOTOPE							
047 LABORATORY		33,213	2,612	22	47,017		
048 PBP CLINICAL LAB SERVICES							
049 WHOLE BLOOD & PACKED RED							
050 BLOOD STORING, PROCESSING					8,826		
051 INTRAVENOUS THERAPY							
052 RESPIRATORY THERAPY		25,665	293	4	16,773	544	
053 PHYSICAL THERAPY			145	1	4,820	6,415	
054 OCCUPATIONAL THERAPY							
055 SPEECH PATHOLOGY			38		2,981	687	
056 ELECTROCARDIOLOGY		7,034	124	43	6,205		
057 ELECTROENCEPHALOGRAPHY			5	5	2,370		
058 MEDICAL SUPPLIES CHARGED			145,067	1	44,148		
059 DRUGS CHARGED TO PATIENTS			3,905	174,033	46,078		
060 RENAL DIALYSIS		1,012	9	1	1,397	4,381	
061 ASC (NON-DISTINCT PART)							
062 PSYCHIATRIC/PSYCHOLOGICAL			81	2	1,151	1,117	
063 01 TRANSPORT			215	1	2,792		
064 02 GENETICS CENTER			74	2	179	3,837	
065 03 NUCLEAR MEDICINE-THERAPEU			132	8	1,043		
066 04 CHILD DEVELOPMENT CENTER			24		202	601	
067 05 CHILD PROTECTION CENTER			219	335	544		
068 06 DENTAL SERVICES			2,451	3	3,070	515	
069 OUTPAT SERVICE COST CNTRS							
070 CLINIC							
071 01 URGENT CARE					20	1,060	
072 02 ID PRIM CARE SUPP NETWORK					100	172	
073 03 PAIN/PALLIATIVE CARE			45	1	79		
074 04 PEDIATRIC EXTENDED CARE			8	3			
075 05 DIABETIC CLINIC			25	39	553	2,320	
076 06 GI CLINIC			100	12	1,166	8,161	
077 07 CLINIC FOR SPECIAL NEEDS			73	7	126	3,723	
078 08 DIETETICS			29		319	57	
079 09 INFUSION ROOM					1,072		
080 10 CARDIOLOGY CLINIC			161	2	817	15,034	
081 11 PULMONARY CLINIC			47	52	304	4,582	
082 12 CLINIC							
083 13 ENT CLINIC			209	54	719	1,690	
084 14 ORTHOPEDIC CLINIC			65	10	833	2,978	
085 15 EYE CLINIC			78	20	295	458	
086 16 CLINIC							
087 17 ONCOLOGY CLINIC			153		1,860	16,953	

ALLOCATION OF NEW CAPITAL RELATED COSTS

COST CENTER DESCRIPTION	MAINTENANCE O	NURSING ADMIN	CENTRAL SERVI	PHARMACY	MEDICAL RECOR	SOCIAL	SERVIC	NONPHYSICIAN
	F PERSONNEL	ISTRATION	CES & SUPPLY		DS & LIBRARY	E		ANESTHETISTS
	13	14	15	16	17	18	20	
060 18 OUTPAT SERVICE COST CNTRS								
060 18 SURGICAL SPECIALTIES			118	23	671		601	
060 19 ALLERGY CLINIC			190	152	775		1,518	
060 20 CLINIC								
060 21 CLINIC								
060 22 CLINIC								
060 23 LASER CLINIC					87		86	
060 24 DERMATOLOGY CLINIC			199	324	561		1,145	
060 25 CLINIC								
060 26 CLINIC								
060 27 CLINIC ADMINISTRATION								
060 28 CRANIOFACIAL CENTER					152		6,529	
060 29 HEMATOLOGY CLINIC			11		152			
060 30 SPINA BIFIDA			1	1	132			
060 31 NEUROSCIENCES CENTER			20	6	445		13,574	
060 32 RHEUMATOLOGY CLINIC			15	31	142		3,436	
060 33 ENDOCRINE CENTER			8	5	189		172	
060 34 CLINIC								
060 35 CLINIC								
060 36 CLINIC								
060 37 RENAL CLINIC			1		123		1,460	
060 38 GREENWAY CLINIC			92	1	953			
060 39 NEW BERLIN CLINIC			541	101	426			
061 EMERGENCY		26,116	660	68	7,466			
062 OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS						1,054		
064 HOME PROGRAM DIALYSIS								
065 AMBULANCE SERVICES								
066 DURABLE MEDICAL EQUIP-REN								
067 DURABLE MEDICAL EQUIP-SOL								
069 CORF								
070 I&R SERVICES-NOT APPRVD P								
071 HOME HEALTH AGENCY								
082 LUNG ACQUISITION			170			1		
SPEC PURPOSE COST CENTERS								
083 KIDNEY ACQUISITION		608		2	146		6,157	
084 LIVER ACQUISITION					223			
085 HEART ACQUISITION		354			600			
085 01 PANCREAS ACQUISITION								
086 SOLID ORGAN TRANSPLANT		330						
092 AMBULATORY SURGICAL CENTE								
093 HOSPICE								
095 SUBTOTALS		465,910	167,852	177,185	382,757		296,013	
NONREIMBURS COST CENTERS								
096 GIFT, FLOWER, COFFEE SHOP			7,272					
097 RESEARCH			3		289			
097 01 RESEARCH/GRANT ACTIVITY								
098 PHYSICIANS' PRIVATE OFFIC								
099 NONPAID WORKERS								
100 DOWNTOWN HEALTH CENTER			66					
100 01 POISON CENTER			186					
100 02 PUBLIC RELATIONS								
100 03 OUTREACH			322	2				
100 04 OTHER OFFSITE CLINICS			2	64	76			
100 05 CHILDREN'S SPECIALTY GROU			185					
100 08 EAST SIDE SPEECH AND HEAR			2		134			
100 09 NORTH SHORE CLINIC								
100 10 OTHER CHS SUPPORT								
100 11 PHYSICIAN RELATIONS								
100 12 ADOLESCENT MEDICINE			5	146			3,035	
101 CROSS FOOT ADJUSTMENTS								
102 NEGATIVE COST CENTER								
103 TOTAL		465,910	175,895	177,397	383,256		299,048	

COST CENTER DESCRIPTION	NURSING SCHOO I&R SERVICES- I&R SERVICES- PARAMED ED PR				SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	L	SALARY & FRI	OTHER PRGM C	GM			
	21	22	23	24	25	26	27
001 GENERAL SERVICE COST CNTR							
002 OLD CAP REL COSTS-BLDG &							
003 OLD CAP REL COSTS-MVBLE E							
004 NEW CAP REL COSTS-BLDG &							
005 NEW CAP REL COSTS-MVBLE E							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENERAL							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVICE							
011 HOUSEKEEPING							
012 DIETARY							
013 CAFETERIA							
014 MAINTENANCE OF PERSONNEL							
015 NURSING ADMINISTRATION							
016 CENTRAL SERVICES & SUPPLY							
017 PHARMACY							
018 MEDICAL RECORDS & LIBRARY							
019 SOCIAL SERVICE							
020 NONPHYSICIAN ANESTHETISTS							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & FRI		401,310					
023 I&R SERVICES-OTHER PRGM C			137,494				
024 PARAMED ED PRGM							
025 INPAT ROUTINE SRVC CNTRS							
026 ADULTS & PEDIATRICS					6,262,807		6,262,807
027 INTENSIVE CARE UNIT					5,420,765		5,420,765
028 CORONARY CARE UNIT							
029 BURN INTENSIVE CARE UNIT							
030 SURGICAL INTENSIVE CARE U							
031 OTHER SPEC CARE HOT					990,682		990,682
032 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
036 01 ICF/MR							
037 OTHER LONG TERM CARE							
038 ANCILLARY SRVC COST CNTRS							
039 OPERATING ROOM					2,743,004		2,743,004
040 RECOVERY ROOM					233,483		233,483
041 DELIVERY ROOM & LABOR ROO							
042 ANESTHESIOLOGY					398,627		398,627
043 RADIOLOGY-DIAGNOSTIC					4,699,825		4,699,825
044 RADIOLOGY-THERAPEUTIC							
045 RADIOISOTOPE							
046 LABORATORY					2,004,718		2,004,718
047 PBP CLINICAL LAB SERVICES							
048 WHOLE BLOOD & PACKED RED							
049 BLOOD STORING, PROCESSING					294,119		294,119
050 INTRAVENOUS THERAPY							
051 RESPIRATORY THERAPY					799,686		799,686
052 PHYSICAL THERAPY					637,190		637,190
053 OCCUPATIONAL THERAPY							
054 SPEECH PATHOLOGY					410,070		410,070
055 ELECTROCARDIOLOGY					901,234		901,234
056 ELECTROENCEPHALOGRAPHY					230,259		230,259
057 MEDICAL SUPPLIES CHARGED					2,305,093		2,305,093
058 DRUGS CHARGED TO PATIENTS					1,235,077		1,235,077
059 RENAL DIALYSIS					99,844		99,844
060 ASC (NON-DISTINCT PART)							
061 PSYCHIATRIC/PSYCHOLOGICAL					274,633		274,633
062 01 TRANSPORT					222,673		222,673
063 02 GENETICS CENTER					274,553		274,553
064 03 NUCLEAR MEDICINE-THERAPEU					142,327		142,327
065 04 CHILD DEVELOPMENT CENTER					22,698		22,698
066 05 CHILD PROTECTION CENTER					81,136		81,136
067 06 DENTAL SERVICES					360,481		360,481
068 OUTPAT SERVICE COST CNTRS							
069 CLINIC							
070 01 URGENT CARE					80,008		80,008
071 02 ID PRIM CARE SUPP NETWORK					147,639		147,639
072 03 PAIN/PALLIATIVE CARE					88,222		88,222
073 04 PEDIATRIC EXTENDED CARE					197,616		197,616
074 05 DIABETIC CLINIC					539,703		539,703
075 06 GI CLINIC					139,694		139,694
076 07 CLINIC FOR SPECIAL NEEDS					58,056		58,056
077 08 DIETETICS					51,148		51,148
078 09 INFUSION ROOM					106,905		106,905
079 10 CARDIOLOGY CLINIC					78,031		78,031
080 11 PULMONARY CLINIC							
081 12 CLINIC							
082 13 ENT CLINIC					140,172		140,172
083 14 ORTHOPEDIC CLINIC					407,635		407,635
084 15 EYE CLINIC					56,603		56,603
085 16 CLINIC							
086 17 ONCOLOGY CLINIC					430,478		430,478

COST CENTER DESCRIPTION	NURSING SCHOO	I&R SERVICES-	I&R SERVICES-	PARAMED ED PR	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
	L	SALARY & FRI	OTHER PRGM C	GM			
	21	22	23	24	25	26	27
060 18 OUTPAT SERVICE COST CNTRS							
060 18 SURGICAL SPECIALTIES					156,551		156,551
060 19 ALLERGY CLINIC					352,582		352,582
060 20 CLINIC							
060 21 CLINIC							
060 22 CLINIC							
060 23 LASER CLINIC					28,234		28,234
060 24 DERMATOLOGY CLINIC					121,255		121,255
060 25 CLINIC							
060 26 CLINIC							
060 27 CLINIC ADMINISTRATION							
060 28 CRANIOFACIAL CENTER					63,269		63,269
060 29 HEMATOLOGY CLINIC					96,619		96,619
060 30 SPINA BIFIDA					72,723		72,723
060 31 NEUROSCIENCES CENTER					144,865		144,865
060 32 RHEUMATOLOGY CLINIC					103,072		103,072
060 33 ENDOCRINE CENTER					89,063		89,063
060 34 CLINIC							
060 35 CLINIC							
060 36 CLINIC							
060 37 RENAL CLINIC					35,309		35,309
060 38 GREENWAY CLINIC					91,917		91,917
060 39 NEW BERLIN CLINIC					760,155		760,155
061 EMERGENCY					793,737		793,737
062 OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS)							
064 HOME PROGRAM DIALYSIS					20,026		20,026
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP-REN							
067 DURABLE MEDICAL EQUIP-SOL							
069 CORF							
070 I&R SERVICES-NOT APPRVD P							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION					1,463		1,463
083 SPEC PURPOSE COST CENTERS							
083 KIDNEY ACQUISITION					13,983		13,983
084 LIVER ACQUISITION					6,639		6,639
085 HEART ACQUISITION					20,004		20,004
085 01 PANCREAS ACQUISITION							
086 SOLID ORGAN TRANSPLANT					10,656		10,656
092 AMBULATORY SURGICAL CENTE							
093 HOSPICE							
095 SUBTOTALS					36,549,016		36,549,016
096 NONREIMBURS COST CENTERS							
096 GIFT, FLOWER, COFFEE SHOP					45,893		45,893
097 RESEARCH					332,193		332,193
097 01 RESEARCH/GRANT ACTIVITY					52,649		52,649
098 PHYSICIANS' PRIVATE OFFIC							
099 NONPAID WORKERS							
100 DOWNTOWN HEALTH CENTER					13,818		13,818
100 01 POISON CENTER					134,793		134,793
100 02 PUBLIC RELATIONS					304,103		304,103
100 03 OUTREACH					268,983		268,983
100 04 OTHER OFFSITE CLINICS					75,230		75,230
100 05 CHILDREN'S SPECIALTY GROU					12,684		12,684
100 08 EAST SIDE SPEECH AND HEAR					11,483		11,483
100 09 NORTH SHORE CLINIC					6,690		6,690
100 10 OTHER CHS SUPPORT					82,266		82,266
100 11 PHYSICIAN RELATIONS					4,103		4,103
100 12 ADOLESCENT MEDICINE					87,156		87,156
101 CROSS FOOT ADJUSTMENTS		401,310	137,494		538,804		538,804
102 NEGATIVE COST CENTER							
103 TOTAL		401,310	137,494		38,519,864		38,519,864

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCILIATION
	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E	FITS	
	(SQUARE FEET	(DOLLAR)VALUE	(SQUARE FEET	(DOLLAR)VALUE	(GROSS)SALARIES	
	1	2	3	4	5	6a.00
GENERAL SERVICE COST						
001 OLD CAP REL COSTS-BLD						
002 OLD CAP REL COSTS-MVB						
003 NEW CAP REL COSTS-BLD			1,059,834			
004 NEW CAP REL COSTS-MVB				16,398,536		
005 EMPLOYEE BENEFITS			8,449	1,208	172,877,167	
006 ADMINISTRATIVE & GENE			100,452	6,073,758	29,118,471	-82,582,511
007 MAINTENANCE & REPAIRS						
008 OPERATION OF PLANT			35,863	248,620	2,511,940	
009 LAUNDRY & LINEN SERVI				9,161		
010 HOUSEKEEPING			7,992	127,773	3,094,524	
011 DIETARY			1,274	1,268	654,629	
012 CAFETERIA			29,156	63,304	1,134,366	
013 MAINTENANCE OF PERSON						
014 NURSING ADMINISTRATIO			3,274	122,968	6,453,847	
015 CENTRAL SERVICES & SU						
016 PHARMACY						
017 MEDICAL RECORDS & LIB			10,017	12,250	2,471,523	
018 SOCIAL SERVICE			8,189	14,173	2,098,461	
020 NONPHYSICIAN ANESTHET						
021 NURSING SCHOOL						
022 I&R SERVICES-SALARY &			1,303	13,579	326,469	
023 I&R SERVICES-OTHER PR			30			
024 PARAMED ED PRGM						
INPAT ROUTINE SRVC CN						
025 ADULTS & PEDIATRICS			211,960	389,371	18,115,944	
026 INTENSIVE CARE UNIT			117,220	1,413,568	25,890,620	
027 CORONARY CARE UNIT						
028 BURN INTENSIVE CARE U						
029 SURGICAL INTENSIVE CA						
030 OTHER SPEC CARE HOT			27,743	85,498	3,787,169	
031 SUBPROVIDER						
033 NURSERY						
034 SKILLED NURSING FACIL						
035 NURSING FACILITY						
035 01 ICF/MR						
036 OTHER LONG TERM CARE						
ANCILLARY SRVC COST C						
037 OPERATING ROOM			62,822	840,892	8,936,230	
038 RECOVERY ROOM			5,934	23,125	1,583,151	
039 DELIVERY ROOM & LABOR						
040 ANESTHESIOLOGY			1,923	304,814	285,441	
041 RADIOLOGY-DIAGNOSTIC			61,144	2,652,945	7,292,857	
042 RADIOLOGY-THERAPEUTIC						
043 RADIOISOTOPE						
044 LABORATORY			40,072	471,234	5,412,994	
045 PBP CLINICAL LAB SERV						
046 WHOLE BLOOD & PACKED				87,028		
047 BLOOD STORING, PROCES						
048 INTRAVENOUS THERAPY			9,042	301,117	4,696,904	
049 RESPIRATORY THERAPY			22,915	26,447	2,093,193	
050 PHYSICAL THERAPY						
051 OCCUPATIONAL THERAPY			12,089	54,012	1,979,068	
052 SPEECH PATHOLOGY			13,721	415,791	1,781,880	
053 ELECTROCARDIOLOGY			2,691	129,941	579,535	
054 ELECTROENCEPHALOGRAPH			13,850	1,056,096	3,557,978	
055 MEDICAL SUPPLIES CHAR			12,231	211,946	6,921,153	
056 DRUGS CHARGED TO PATI			2,507	20,285	221,033	
057 RENAL DIALYSIS						
058 ASC (NON-DISTINCT PAR			8,202	20,753	1,695,685	
059 PSYCHIATRIC/PSYCHOLOG				85,662	2,139,295	
059 01 TRANSPORT				8,814	567,761	
059 02 GENETICS CENTER			10,524	79,787	227,794	
059 03 NUCLEAR MEDICINE-THER			1,500	9,634	75,997	
059 04 CHILD DEVELOPMENT CEN				4,394	991,700	
059 05 CHILD PROTECTION CENT			1,174	65,460	2,135,412	
059 06 DENTAL SERVICES			8,599			
OUTPAT SERVICE COST C						
060 CLINIC						
060 01 URGENT CARE						
060 02 ID PRIM CARE SUPP NET			2,911	325	304,388	
060 03 PAIN/PALLIATIVE CARE			5,360	8,742	478,940	
060 04 PEDIATRIC EXTENDED CA			3,434		203,556	
060 05 DIABETIC CLINIC			6,601	24,037	505,294	
060 06 GI CLINIC			17,945	70,266	1,255,122	
060 07 CLINIC FOR SPECIAL NE			4,057	23,423	376,593	
060 08 DIETETICS					1,265,263	
060 09 INFUSION ROOM			1,800	1,225	229,268	
060 10 CARDIOLOGY CLINIC			1,647	15,051	881,946	
060 11 PULMONARY CLINIC			1,913	12,054	431,266	
060 12 CLINIC						
060 13 ENT CLINIC			3,510	31,931	462,292	

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCILIATION
	OSTS-BLDG &	OSTS-MVBLE E	OSTS-BLDG &	OSTS-MVBLE E	FITS	
	(SQUARE FEET)	(DOLLAR VALUE)	(SQUARE FEET)	(DOLLAR VALUE)	(GROSS SALARIES)	
	1	2	3	4	5	6a.00
060 14 OUTPAT SERVICE COST C						
060 14 ORTHOPEDIC CLINIC			12,248	98,235	590,993	
060 15 EYE CLINIC			1,611	10,286	195,291	
060 16 CLINIC						
060 17 ONCOLOGY CLINIC			13,178	58,196	1,214,997	
060 18 SURGICAL SPECIALTIES			3,647	36,635	785,409	
060 19 ALLERGY CLINIC			10,509	79,375	722,826	
060 20 CLINIC						
060 21 CLINIC						
060 22 CLINIC						
060 23 LASER CLINIC			586	12,089	34,679	
060 24 DERMATOLOGY CLINIC			3,039	28,897	435,982	
060 25 CLINIC						
060 26 CLINIC						
060 27 CLINIC ADMINISTRATION						
060 28 CRANIOFACIAL CENTER			2,300	1,699	83,442	
060 29 HEMATOLOGY CLINIC			3,790		309,432	
060 30 SPINA BIFIDA			2,813		232,522	
060 31 NEUROSCIENCES CENTER			2,422	40,782	781,201	
060 32 RHEUMATOLOGY CLINIC			3,966	2,288	187,103	
060 33 ENDOCRINE CENTER			3,599	146	153,263	
060 34 CLINIC						
060 35 CLINIC						
060 36 CLINIC						
060 37 RENAL CLINIC			927	4,007	258,438	
060 38 GREENWAY CLINIC				59,572	373,985	
060 39 NEW BERLIN CLINIC			27,250	139,046	483,047	
061 EMERGENCY			19,027	114,552	5,181,579	
062 OBSERVATION BEDS (NON OTHER REIMBURS COST C						
064 HOME PROGRAM DIALYSIS			704		18,092	
065 AMBULANCE SERVICES						
066 DURABLE MEDICAL EQUIP						
067 DURABLE MEDICAL EQUIP						
069 CORF						
070 I&R SERVICES-NOT APPR						
071 HOME HEALTH AGENCY						
082 LUNG ACQUISITION				366	21,240	
083 SPEC PURPOSE COST CEN						
083 KIDNEY ACQUISITION					133,854	
084 LIVER ACQUISITION						
085 HEART ACQUISITION					100,055	
085 01 PANCREAS ACQUISITION						
086 SOLID ORGAN TRANSPLAN			347		64,183	
092 AMBULATORY SURGICAL C						
093 HOSPICE						
095 SUBTOTALS			1,015,003	16,319,901	167,588,565	-82,582,511
096 NONREIMBURS COST CENT						
096 GIFT, FLOWER, COFFEE			1,669			
097 RESEARCH			13,965	3,199	1,507,537	
097 01 RESEARCH/GRANT ACTIVI						
098 PHYSICIANS' PRIVATE O						
099 NONPAID WORKERS						
100 DOWNTOWN HEALTH CENTE						
100 01 POISON CENTER			3,060	18,318	1,172,495	
100 02 PUBLIC RELATIONS			8,924	1,922	1,036,101	
100 03 OUTREACH			10,888		656,290	
100 04 OTHER OFFSITE CLINICS				19,702	158,913	
100 05 CHILDREN'S SPECIALTY				1,802	258,975	
100 08 EAST SIDE SPEECH AND				5,769	118,155	
100 09 NORTH SHORE CLINIC				4,560	17,362	
100 10 OTHER CHS SUPPORT			3,681			
100 11 PHYSICIAN RELATIONS					99,807	
100 12 ADOLESCENT MEDICINE			2,644	18,025	262,967	
101 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED (WRKSHT B, PART I)			21,059,262	17,458,219	6,538,274	
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)			19.870340		.037820	
105 COST TO BE ALLOCATED (WRKSHT B, PART II)				1.064621		
106 UNIT COST MULTIPLIER (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED (WRKSHT B, PART III)					169,171	
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)					.000979	

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2010
 I 52-3300 I FROM 1/ 1/2009 I WORKSHEET B-1
 I I TO 12/31/2009 I

COST CENTER DESCRIPTION	ADMINISTRATIVE MAINTENANCE & OPERATION OF E & GENERAL REPAIRS PLANT			LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	(FTES)
	6	7	8	9	10	11	12
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
004 NEW CAP REL COSTS-MVB							
005 EMPLOYEE BENEFITS							
006 ADMINISTRATIVE & GENERAL MAINTENANCE & REPAIRS	361,996,199						
007							
008 OPERATION OF PLANT	14,008,643		887,820				
009 LAUNDRY & LINEN SERVICE	1,111,984			1,299,048			
010 HOUSEKEEPING	6,747,092		7,992	10,751	869,304		
011 DIETARY	2,982,205		1,274		1,274	115,054	
012 CAFETERIA	1,170,318		29,156	69	29,156		227,889
013 MAINTENANCE OF PERSONNEL							
014 NURSING ADMINISTRATION	9,757,941		3,274		3,274		8,744
015 CENTRAL SERVICES & SUPPORT	6,254,697						
016 PHARMACY	7,563,294						
017 MEDICAL RECORDS & LIBRARY	5,511,882		10,017		10,017		5,970
018 SOCIAL SERVICE	3,819,041		8,189		8,189		4,069
020 NONPHYSICIAN ANESTHESIOLOGIST							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY & BENEFITS	13,793,154		1,303	4,022	1,303		10,622
023 I&R SERVICES-OTHER PROGRAMS	5,834,047		30		30		
024 INPATIENT ROUTINE SERVICES CENTER							
025 ADULTS & PEDIATRICS	30,905,934		211,960	405,265	211,960	84,229	31,887
026 INTENSIVE CARE UNIT	41,082,187		117,220	150,159	117,220	6,278	37,613
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE UNIT							
029 SURGICAL INTENSIVE CARE UNIT							
030 OTHER SPECIAL CARE HOT	8,743,101		27,743	71,059	27,743	18,582	6,439
031 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACILITY							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
037 ANCILLARY SERVICE COST CENTER							
038 OPERATING ROOM	14,961,185		62,822	227,229	62,822	11	12,442
039 RECOVERY ROOM	2,436,737		5,934	26,855	5,934		2,224
040 DELIVERY ROOM & LABOR							
041 ANESTHESIOLOGY	1,011,471		1,923		1,923		613
042 RADIOLOGY-DIAGNOSTIC	18,072,109		61,144	74,976	61,144		11,295
043 RADIOLOGY-THERAPEUTIC							
044 RADIOISOTOPE LABORATORY	21,570,921		40,072	86	40,072		9,949
045 PBP CLINICAL LAB SERVICE							
046 WHOLE BLOOD & PACKED							
047 BLOOD STORING, PROCESSING	8,213,202						
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY	8,885,306		9,042	6,850	9,042	18	7,688
050 PHYSICAL THERAPY	3,597,813		22,915	5,324	22,915	23	2,984
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY	3,093,379		12,089	10	12,089	30	3,044
053 ELECTROCARDIOLOGY	5,803,558		13,721	9,604	13,721		2,107
054 ELECTROENCEPHALOGRAPHY	1,105,804		2,691	12,350	2,691		1,183
055 MEDICAL SUPPLIES CHARACTERIZED	27,840,243		13,850	68,120	13,850		9,348
056 DRUGS CHARGED TO PATIENT	20,688,418		12,231	40	12,231		7,995
057 RENAL DIALYSIS	649,785		2,507	1,802	2,507		336
058 ASC (NON-DISTINCT PAR)							
059 PSYCHIATRIC/PSYCHOLOGIST	2,618,623		8,202		8,202	290	2,290
059 01 TRANSPORT	4,995,553						2,857
059 02 GENETICS CENTER	1,393,318		10,524				999
059 03 NUCLEAR MEDICINE-THERAPY	945,473		1,500	3,802	1,500		271
059 04 CHILD DEVELOPMENT CENTER	463,873						205
059 05 CHILD PROTECTION CENTER	1,854,112		1,174	1,522	1,174		1,605
059 06 DENTAL SERVICES	3,629,105		8,599	10,830	8,599		2,817
060 OUTPAT SERVICE COST CENTER							
060 01 URGENT CARE CLINIC							
060 02 ID PRIM CARE SUPPORT NET	567,520		2,911		2,911		395
060 03 PAIN/PALLIATIVE CARE	768,839		5,360	552	5,360		685
060 04 PEDIATRIC EXTENDED CARE	377,930		3,434	5,102	3,434		435
060 05 DIABETIC CLINIC	906,314		6,601	35	6,601	281	821
060 06 GI CLINIC	2,340,949		17,945	382	17,945	44	2,046
060 07 CLINIC FOR SPECIAL NEEDS	817,679		4,057		4,057		777
060 08 DIETETICS	2,009,948						2,878
060 09 INFUSION ROOM	342,716		1,800	3,640	1,800		317
060 10 CARDIOLOGY CLINIC	1,405,656		1,647	5,234	1,647		1,506
060 11 PULMONARY CLINIC	668,928		1,913	3,700	1,913	4	663
060 12 CLINIC							
060 13 ENT CLINIC	1,001,806		3,510	1,462	3,510		841

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO:
I 52-3300
I

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

I PREPARED 5/26/2010
I WORKSHEET 8-1
I

COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
	(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF)LAUNDRY	(SQUARE FEET)	(MEALS)SERVED	(FTES)
	6	7	8	9	10	11	12
OUTPAT SERVICE COST C							
060 14 ORTHOPEDIC CLINIC	1,125,706		12,248	9,280	12,248		1,214
060 15 EYE CLINIC	347,057		1,611		1,611		378
060 16 CLINIC							
060 17 ONCOLOGY CLINIC	2,045,271		13,178	9,124	13,178	5,181	2,260
060 18 SURGICAL SPECIALTIES	1,283,406		3,647	724	3,647		1,689
060 19 ALLERGY CLINIC	1,298,860		10,509	824	10,509		1,330
060 20 CLINIC							
060 21 CLINIC							
060 22 CLINIC							
060 23 LASER CLINIC	89,570		586		586		72
060 24 DERMATOLOGY CLINIC	791,717		3,039	1,510	3,039		845
060 25 CLINIC							
060 26 CLINIC							
060 27 CLINIC ADMINISTRATION							
060 28 CRANIOFACIAL CENTER	171,113		2,300		2,300		110
060 29 HEMATOLOGY CLINIC	502,631		3,790	1,710	3,790	5	428
060 30 SPINA BIFIDA	408,842		2,813		2,813		378
060 31 NEUROSCIENCES CENTER	1,249,155		2,422		2,422	2	1,347
060 32 RHEUMATOLOGY CLINIC	376,574		3,966		3,966	2	375
060 33 ENDOCRINE CENTER	370,964		3,599		3,599		288
060 34 CLINIC							
060 35 CLINIC							
060 36 CLINIC							
060 37 RENAL CLINIC	324,205		927		927		409
060 38 GREENWAY CLINIC	1,032,485			2,797			866
060 39 NEW BERLIN CLINIC	2,814,598			12,085			859
061 EMERGENCY	7,957,282		19,027	150,162	19,027	74	7,823
062 OBSERVATION BEDS (NON OTHER REIMBURS COST C							
064 HOME PROGRAM DIALYSIS	143,229		704		704		59
065 AMBULANCE SERVICES							
066 DURABLE MEDICAL EQUIP							
067 DURABLE MEDICAL EQUIP							
069 CORF							
070 I&R SERVICES-NOT APPR							
071 HOME HEALTH AGENCY							
082 LUNG ACQUISITION	30,575						51
083 SPEC PURPOSE COST CEN							182
084 KIDNEY ACQUISITION	270,880						
084 LIVER ACQUISITION	273,527						
085 HEART ACQUISITION	793,468						106
085 01 PANCREAS ACQUISITION			347		347		99
086 SOLID ORGAN TRANSPLAN	100,246						
092 AMBULATORY SURGICAL C							
093 HOSPICE							
095 SUBTOTALS	348,125,154		842,989	1,299,048	824,473	115,054	220,128
NONREIMBURS COST CENT							
096 GIFT, FLOWER, COFFEE	89,450		1,669		1,669		
097 RESEARCH	686,250		13,965		13,965		1,656
097 01 RESEARCH/GRANT ACTIVI	2,244,666						
098 PHYSICIANS' PRIVATE O							
099 NONPAID WORKERS							
100 DOWNTOWN HEALTH CENTE	344,002						
100 01 POISON CENTER	1,814,213		3,060		3,060		1,380
100 02 PUBLIC RELATIONS	4,264,883		8,924		8,924		1,779
100 03 OUTREACH	974,638		10,888		10,888		2,142
100 04 OTHER OFFSITE CLINICS	2,300,464						
100 05 CHILDREN'S SPECIALTY	366,407						538
100 08 EAST SIDE SPEECH AND	216,978						
100 09 NORTH SHORE CLINIC	77,525						
100 10 OTHER CHS SUPPORT	73,143		3,681		3,681		
100 11 PHYSICIAN RELATIONS	158,809						87
100 12 ADOLESCENT MEDICINE	259,617		2,644		2,644		179
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED (WRKSHT B, PART I)	82,582,511		17,204,449	1,365,662	8,452,486	3,699,613	2,285,863
104 UNIT COST MULTIPLIER (WRKSHT B, PT I)	.228131		19.378308	1.051279	9.723280	32.155449	10.030598
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)	8,490,685		1,308,328	35,835	468,191	99,817	733,966
108 UNIT COST MULTIPLIER (WRKSHT B, PT III)	.023455		1.473641	.027586	.538581	.867567	3.220717

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	MAINTENANCE O	NURSING ADMIN	CENTRAL SERVI	PHARMACY	MEDICAL RECOR	SOCIAL SERVIC	NONPHYSICIAN
	F PERSONNEL	ISTRATION	CES & SUPPLY		DS & LIBRARY	E	ANESTHETISTS
	(NUMBER HOUSED	(NURSING)FTES	(COSTED)REQUIS.	(COSTED)REQUIS.	(GROSS)REVENUE	(TIME)SPENT	(ASSIGNED)TIME
	13	14	15	16	17	18	20
GENERAL SERVICE COST							
001 OLD CAP REL COSTS-BLD							
002 OLD CAP REL COSTS-MVB							
003 NEW CAP REL COSTS-BLD							
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		139,562					
015 CENTRAL SERVICES & SU		8,744	3,880,116				
016 PHARMACY				20,376,710			
017 MEDICAL RECORDS & LIB			1,940		832,592,984		
018 SOCIAL SERVICE			381	1,255		10,443	
020 NONPHYSICIAN ANESTHET							
021 NURSING SCHOOL							
022 I&R SERVICES-SALARY &			1,821	11,355			
023 I&R SERVICES-OTHER PR							
024 PARAMED ED PRGM							
INPAT ROUTINE SRVC CN							
025 ADULTS & PEDIATRICS		31,887	64,027	7,654	91,300,087	4,506	
026 INTENSIVE CARE UNIT		37,613	48,776	3,401	132,244,835	1,472	
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE U							
029 SURGICAL INTENSIVE CA							
030 OTHER SPEC CARE HOT		6,445	12,122	1,773	27,234,067	362	
031 SUBPROVIDER							
033 NURSERY							
034 SKILLED NURSING FACIL							
035 NURSING FACILITY							
035 01 ICF/MR							
036 OTHER LONG TERM CARE							
ANCILLARY SRVC COST C							
037 OPERATING ROOM		12,442	45,147	5,495	46,248,758	75	
038 RECOVERY ROOM		2,224	2,100	482	10,607,703		
039 DELIVERY ROOM & LABOR							
040 ANESTHESIOLOGY		613	8,778	115,669	5,666,651		
041 RADIOLOGY-DIAGNOSTIC		11,286	26,870	60,808	56,995,383	82	
042 RADIOLOGY-THERAPEUTIC							
043 RADIOISOTOPE							
044 LABORATORY		9,949	57,613	2,555	102,211,566		
045 PBP CLINICAL LAB SERV							
046 WHOLE BLOOD & PACKED							
047 BLOOD STORING, PROCES					19,187,106		
048 INTRAVENOUS THERAPY							
049 RESPIRATORY THERAPY		7,688	6,470	500	36,463,368	19	
050 PHYSICAL THERAPY			3,198	137	10,478,314	224	
051 OCCUPATIONAL THERAPY							
052 SPEECH PATHOLOGY			843		6,480,054	24	
053 ELECTROCARDIOLOGY		2,107	2,728	4,894	13,489,842		
054 ELECTROENCEPHALOGRAPH			105	570	5,151,285		
055 MEDICAL SUPPLIES CHAR			3,200,023	128	95,974,716		
056 DRUGS CHARGED TO PATI			86,133	19,990,181	100,170,072		
057 RENAL DIALYSIS		303	195	134	3,037,615	153	
058 ASC (NON-DISTINCT PAR							
059 PSYCHIATRIC/PSYCHOLOG			1,795	263	2,502,507	39	
059 01 TRANSPORT			4,740	110	6,069,285		
059 02 GENETICS CENTER			1,636	239	389,376	134	
059 03 NUCLEAR MEDICINE-THER			2,922	902	2,266,393		
059 04 CHILD DEVELOPMENT CEN			521		439,917	21	
059 05 CHILD PROTECTION CENT			4,828	38,456	1,181,939		
059 06 DENTAL SERVICES			54,077	389	6,673,838	18	
OUTPAT SERVICE COST C							
060 CLINIC							
060 01 URGENT CARE							
060 02 ID PRIM CARE SUPP NET					42,761	37	
060 03 PAIN/PALLIATIVE CARE			997	152	218,419	6	
060 04 PEDIATRIC EXTENDED CA			186	289	172,044		
060 05 DIABETIC CLINIC			553	4,508	1,201,593	81	
060 06 GI CLINIC			2,209	1,344	2,535,154	285	
060 07 CLINIC FOR SPECIAL NE			1,605	812	274,174	130	
060 08 DIETETICS			629	25	693,222	2	
060 09 INFUSION ROOM					2,329,525		
060 10 CARDIOLOGY CLINIC			3,561	256	1,775,775	525	
060 11 PULMONARY CLINIC			1,043	6,011	660,547	160	
060 12 CLINIC							
060 13 ENT CLINIC			4,608	6,154	1,563,469	59	

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	MAINTENANCE O	NURSING ADMIN	CENTRAL SERVI	PHARMACY	MEDICAL RECOR	SOCIAL	SERVIC	NONPHYSICIAN
	F PERSONNEL	ISTRATION	CES & SUPPLY		DS & LIBRARY	E		ANESTHETISTS
	(NUMBER HOUSED)	(NURSING)FTES	(COSTED)REQUIS.	(COSTED)REQUIS.	(GROSS)REVENUE	(TIME)SPENT	(ASSIGNED)TIME	
	13	14	15	16	17	18	20	
060 14 ORTHOPEDIC CLINIC			1,430	1,094	1,810,619		104	
060 15 EYE CLINIC			1,715	2,274	641,493		16	
060 16 CLINIC								
060 17 ONCOLOGY CLINIC			3,376		4,042,961		592	
060 18 SURGICAL SPECIALTIES			2,611	2,623	1,458,735		21	
060 19 ALLERGY CLINIC			4,187	17,433	1,683,849		53	
060 20 CLINIC								
060 21 CLINIC								
060 22 CLINIC								
060 23 LASER CLINIC					188,873		3	
060 24 DERMATOLOGY CLINIC			4,387	37,231	1,219,774		40	
060 25 CLINIC								
060 26 CLINIC								
060 27 CLINIC ADMINISTRATION				40				
060 28 CRANIOFACIAL CENTER					330,487		228	
060 29 HEMATOLOGY CLINIC			245		331,464			
060 30 SPINA BIFIDA			30	134	286,462			
060 31 NEUROSCIENCES CENTER			444	702	967,471		474	
060 32 RHEUMATOLOGY CLINIC			326	3,547	309,328		120	
060 33 ENDOCRINE CENTER			166	553	409,837		6	
060 34 CLINIC								
060 35 CLINIC								
060 36 CLINIC								
060 37 RENAL CLINIC			12		267,942		51	
060 38 GREENWAY CLINIC			2,021	108	2,072,552			
060 39 NEW BERLIN CLINIC			11,930	11,562	925,965			
061 EMERGENCY		7,823	14,560	7,778	16,231,110			
062 OBSERVATION BEDS (NON OTHER REIMBURS COST C								
064 HOME PROGRAM DIALYSIS					2,291,148			
065 AMBULANCE SERVICES								
066 DURABLE MEDICAL EQUIP								
067 DURABLE MEDICAL EQUIP								
069 CORF								
070 I&R SERVICES-NOT APPR								
071 HOME HEALTH AGENCY								
082 LUNG ACQUISITION		51			2,078			
083 SPEC PURPOSE COST CEN								
084 KIDNEY ACQUISITION		182		242	318,375		215	
085 LIVER ACQUISITION					483,769			
086 HEART ACQUISITION		106			1,304,164			
092 01 PANCREAS ACQUISITION								
093 SOLID ORGAN TRANSPLAN		99						
095 AMBULATORY SURGICAL C								
096 HOSPICE								
097 SUBTOTALS		139,562	3,702,620	20,352,222	831,509,816		10,337	
098 NONREIMBURS COST CENT								
099 GIFT, FLOWER, COFFEE			160,427					
100 RESEARCH			76		627,770			
101 01 RESEARCH/GRANT ACTIVI								
102 PHYSICIANS' PRIVATE O								
103 NONPAID WORKERS								
104 DOWNTOWN HEALTH CENTE			1,466					
105 01 POISON CENTER			4,108					
106 02 PUBLIC RELATIONS								
107 03 OUTREACH			7,108	278				
108 04 OTHER OFFSITE CLINICS			52	7,385	164,258			
109 05 CHILDREN'S SPECIALTY			4,091					
110 08 EAST SIDE SPEECH AND			48		291,140			
111 09 NORTH SHORE CLINIC			8	9				
112 10 OTHER CHS SUPPORT								
113 11 PHYSICIAN RELATIONS								
114 12 ADOLESCENT MEDICINE			112	16,816			106	
115 CROSS FOOT ADJUSTMENT								
116 NEGATIVE COST CENTER								
117 COST TO BE ALLOCATED		12,167,017	8,443,889	9,288,716	7,124,929		4,970,812	
118 (WRKSHT B, PART I)								
119 UNIT COST MULTIPLIER		87.180013		.455850			475.994638	
120 (WRKSHT B, PT I)			2.176195		.008558			
121 COST TO BE ALLOCATED								
122 (WRKSHT B, PART II)								
123 UNIT COST MULTIPLIER								
124 (WRKSHT B, PT II)								
125 COST TO BE ALLOCATED		465,910	175,895	177,397	383,256		299,048	
126 (WRKSHT B, PART III)								
127 UNIT COST MULTIPLIER		3.338373		.008706			28.636216	
128 (WRKSHT B, PT III)			.045332		.000460			

COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO:
I 52-3300
I

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

I PREPARED 5/26/2010
I WORKSHEET B-1
I

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PRGM
	(ASSIGNED TIME	(ASSIGNED)TIME	(ASSIGNED)TIME	(ASSIGNED TIME)
	21	22	23	24
GENERAL SERVICE COST				
001 OLD CAP REL COSTS-BLD				
002 OLD CAP REL COSTS-MVB				
003 NEW CAP REL COSTS-BLD				
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				
020 NONPHYSICIAN ANESTHET				
021 NURSING SCHOOL				
022 I&R SERVICES-SALARY &		375,999		
023 I&R SERVICES-OTHER PR			375,999	
024 PARAMED ED PRGM				
INPAT ROUTINE SRVC CN				
025 ADULTS & PEDIATRICS		125,377	125,377	
026 INTENSIVE CARE UNIT		26,124	26,124	
027 CORONARY CARE UNIT				
028 BURN INTENSIVE CARE U				
029 SURGICAL INTENSIVE CA				
030 OTHER SPEC CARE HOT		3,309	3,309	
031 SUBPROVIDER				
033 NURSERY				
034 SKILLED NURSING FACIL				
035 NURSING FACILITY				
035 01 ICF/MR				
036 OTHER LONG TERM CARE				
ANCILLARY SRVC COST C				
037 OPERATING ROOM		32,834	32,834	
038 RECOVERY ROOM				
039 DELIVERY ROOM & LABOR				
040 ANESTHESIOLOGY		35,085	35,085	
041 RADIOLOGY-DIAGNOSTIC		6,800	6,800	
042 RADIOLOGY-THERAPEUTIC				
043 RADIOISOTOPE				
044 LABORATORY		1,556	1,556	
045 PBP CLINICAL LAB SERV				
046 WHOLE BLOOD & PACKED				
047 BLOOD STORING, PROCES				
048 INTRAVENOUS THERAPY				
049 RESPIRATORY THERAPY				
050 PHYSICAL THERAPY		3,878	3,878	
051 OCCUPATIONAL THERAPY				
052 SPEECH PATHOLOGY				
053 ELECTROCARDIOLOGY		29,133	29,133	
054 ELECTROENCEPHALOGRAPH		2,107	2,107	
055 MEDICAL SUPPLIES CHAR				
056 DRUGS CHARGED TO PATI				
057 RENAL DIALYSIS		860	860	
058 ASC (NON-DISTINCT PAR				
059 PSYCHIATRIC/PSYCHOLOG		9,080	9,080	
059 01 TRANSPORT				
059 02 GENETICS CENTER				
059 03 NUCLEAR MEDICINE-THER				
059 04 CHILD DEVELOPMENT CEN				
059 05 CHILD PROTECTION CENT				
059 06 DENTAL SERVICES		18,709	18,709	
OUTPAT SERVICE COST C				
060 CLINIC				
060 01 URGENT CARE				
060 02 ID PRIM CARE SUPP NET				
060 03 PAIN/PALLIATIVE CARE				
060 04 PEDIATRIC EXTENDED CA				
060 05 DIABETIC CLINIC				
060 06 GI CLINIC		9,332	9,332	
060 07 CLINIC FOR SPECIAL NE				
060 08 DIETETICS				
060 09 INFUSION ROOM				
060 10 CARDIOLOGY CLINIC				
060 11 PULMONARY CLINIC		4,060	4,060	
060 12 CLINIC				
060 13 ENT CLINIC		6,999	6,999	

COST ALLOCATION - STATISTICAL BASIS

COST CENTER DESCRIPTION	NURSING SCHOOL	I&R SERVICES- SALARY & FRI	I&R SERVICES- OTHER PRGM C	PARAMED ED PR GM
	(ASSIGNED TIME	(ASSIGNED TIME	(ASSIGNED TIME	(ASSIGNED TIME
	21	22	23	24
060 14 OUTPAT SERVICE COST C				
060 15 ORTHOPEDIC CLINIC				
060 16 EYE CLINIC		1,840	1,840	
060 17 CLINIC				
060 18 ONCOLOGY CLINIC				
060 19 SURGICAL SPECIALTIES				
060 20 ALLERGY CLINIC		9,676	9,676	
060 21 CLINIC				
060 22 CLINIC				
060 23 LASER CLINIC				
060 24 DERMATOLOGY CLINIC		8,794	8,794	
060 25 CLINIC				
060 26 CLINIC				
060 27 CLINIC ADMINISTRATION				
060 28 CRANIOFACIAL CENTER				
060 29 HEMATOLOGY CLINIC				
060 30 SPINA BIFIDA				
060 31 NEUROSCIENCES CENTER		2,107	2,107	
060 32 RHEUMATOLOGY CLINIC		1,100	1,100	
060 33 ENDOCRINE CENTER		7,854	7,854	
060 34 CLINIC				
060 35 CLINIC				
060 36 CLINIC				
060 37 RENAL CLINIC				
060 38 GREENWAY CLINIC				
060 39 NEW BERLIN CLINIC				
061 EMERGENCY		19,369	19,369	
062 OBSERVATION BEDS (NON OTHER REIMBURS COST C				
064 HOME PROGRAM DIALYSIS				
065 AMBULANCE SERVICES				
066 DURABLE MEDICAL EQUIP				
067 DURABLE MEDICAL EQUIP				
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 SOLID ORGAN TRANSPLAN				
092 AMBULATORY SURGICAL C				
093 HOSPICE				
095 SUBTOTALS		365,983	365,983	
NONREIMBURS COST CENT				
096 GIFT, FLOWER, COFFEE				
097 RESEARCH				
097 01 RESEARCH/GRANT ACTIVI				
098 PHYSICIANS' PRIVATE O				
099 NONPAID WORKERS				
100 DOWNTOWN HEALTH CENTE		1,035	1,035	
100 01 POISON CENTER				
100 02 PUBLIC RELATIONS				
100 03 OUTREACH				
100 04 OTHER OFFSITE CLINICS				
100 05 CHILDREN'S SPECIALTY				
100 08 EAST SIDE SPEECH AND				
100 09 NORTH SHORE CLINIC				
100 10 OTHER CHS SUPPORT				
100 11 PHYSICIAN RELATIONS				
100 12 ADOLESCENT MEDICINE		8,981	8,981	
101 CROSS FOOT ADJUSTMENT				
102 NEGATIVE COST CENTER				
103 COST TO BE ALLOCATED		17,097,631	7,165,847	
(PER WRKSHT B, PART				
104 UNIT COST MULTIPLIER		45.472544	19.058154	
(WRKSHT B, PT I)				
105 COST TO BE ALLOCATED				
(PER WRKSHT B, PART				
106 UNIT COST MULTIPLIER				
(WRKSHT B, PT II)				
107 COST TO BE ALLOCATED		401,310	137,494	
(PER WRKSHT B, PART				
108 UNIT COST MULTIPLIER		1.067317	.365677	
(WRKSHT B, PT III)				

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27	THERAPY ADJUSTMENT	TOTAL COSTS	RCE DISALLOWANCE	TOTAL COSTS
		1	2	3	4	5
	INPAT ROUTINE SRVC CNTRS					
25	ADULTS & PEDIATRICS	53,428,134		53,428,134		
26	INTENSIVE CARE UNIT	59,821,377		59,821,377		
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
30	OTHER SPEC CARE HOT	13,276,283		13,276,283		
31	SUBPROVIDER					
33	NURSERY					
34	SKILLED NURSING FACILITY					
35	NURSING FACILITY					
35	01 ICF/MR					
36	OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	22,183,496		22,183,496		
38	RECOVERY ROOM	3,505,320		3,505,320		
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY	1,478,097		1,478,097		
41	RADIOLOGY-DIAGNOSTIC	25,763,326		25,763,326		
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
44	LABORATORY	29,626,583		29,626,583		
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING	10,251,091		10,251,091		
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	12,265,998		12,265,998		
50	PHYSICAL THERAPY	5,325,034		5,325,034		
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY	4,251,108		4,251,108		
53	ELECTROCARDIOLOGY	7,865,364		7,865,364		
54	ELECTROENCEPHALOGRAPHY	1,505,807		1,505,807		
55	MEDICAL SUPPLIES CHARGED	42,545,188		42,545,188		
56	DRUGS CHARGED TO PATIENTS	36,001,479		36,001,479		
57	RENAL DIALYSIS	985,715		985,715		
58	ASC (NON-DISTINCT PART)					
59	PSYCHIATRIC/PSYCHOLOGICAL	3,531,004		3,531,004		
59	01 TRANSPORT	6,226,157		6,226,157		
59	02 GENETICS CENTER	1,995,919		1,995,919		
59	03 NUCLEAR MEDICINE-THERAPEU	1,237,698		1,237,698		
59	04 CHILD DEVELOPMENT CENTER	586,648		586,648		
59	05 CHILD PROTECTION CENTER	2,367,108		2,367,108		
59	06 DENTAL SERVICES	4,930,443		4,930,443		
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60	01 URGENT CARE					
60	02 ID PRIM CARE SUPP NETWORK	803,643		803,643		
60	03 PAIN/PALLIATIVE CARE	1,114,635		1,114,635		
60	04 PEDIATRIC EXTENDED CARE	575,819		575,819		
60	05 DIABETIC CLINIC	1,374,576		1,374,576		
60	06 GI CLINIC	3,582,334		3,582,334		
60	07 CLINIC FOR SPECIAL NEEDS	1,198,164		1,198,164		
60	08 DIETETICS	2,505,612		2,505,612		
60	09 INFUSION ROOM	500,226		500,226		
60	10 CARDIOLOGY CLINIC	2,067,828		2,067,828		
60	11 PULMONARY CLINIC	974,694		974,694		
60	12 CLINIC					
60	13 ENT CLINIC	1,396,766		1,396,766		
60	14 ORTHOPEDIC CLINIC	1,829,493		1,829,493		
60	15 EYE CLINIC	494,780		494,780		
60	16 CLINIC					
60	17 ONCOLOGY CLINIC	3,417,955		3,417,955		
60	18 SURGICAL SPECIALTIES	1,729,386		1,729,386		
60	19 ALLERGY CLINIC	1,971,903		1,971,903		
60	20 CLINIC					
60	21 CLINIC					
60	22 CLINIC					
60	23 LASER CLINIC	130,824		130,824		
60	24 DERMATOLOGY CLINIC	1,126,833		1,126,833		
60	25 CLINIC					
60	26 CLINIC					
60	27 CLINIC ADMINISTRATION	18		18		
60	28 CRANIOFACIAL CENTER	389,541		389,541		
60	29 HEMATOLOGY CLINIC	737,214		737,214		
60	30 SPINA BIFIDA	590,345		590,345		
60	31 NEUROSCIENCES CENTER	1,853,372		1,853,372		
60	32 RHEUMATOLOGY CLINIC	643,816		643,816		
60	33 ENDOCRINE CENTER	570,194		570,194		
60	34 CLINIC					
60	35 CLINIC					
60	36 CLINIC					
60	37 RENAL CLINIC	455,841		455,841		
60	38 GREENWAY CLINIC	1,301,837		1,301,837		
60	39 NEW BERLIN CLINIC	3,517,173		3,517,173		
61	EMERGENCY	11,421,158		11,421,158		
62	OBSERVATION BEDS (NON-DIS					
	OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS	216,591		216,591		

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
65	OTHER REIMBURS COST CNTRS					
66	AMBULANCE SERVICES					
67	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	399,446,948		399,446,948		
102	LESS OBSERVATION BEDS					
103	TOTAL	399,446,948		399,446,948		

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	91,300,087		91,300,087			
26	INTENSIVE CARE UNIT	132,244,835		132,244,835			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
30	OTHER SPEC CARE HOT	27,234,067		27,234,067			
31	SUBPROVIDER						
33	NURSERY						
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35	01 ICF/MR						
36	OTHER LONG TERM CARE						
37	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	27,535,185	5,076,515	32,611,700	.680231	.680231	
38	RECOVERY ROOM	3,395,902	7,211,801	10,607,703	.330450	.330450	
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	2,609,521	3,051,599	5,661,120	.261096	.261096	
41	RADIOLOGY-DIAGNOSTIC	19,873,122	37,122,271	56,995,393	.452025	.452025	
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	56,516,576	45,694,990	102,211,566	.289855	.289855	
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING	11,635,800	7,551,306	19,187,106	.534270	.534270	
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	32,055,738	4,407,630	36,463,368	.336392	.336392	
50	PHYSICAL THERAPY	5,360,860	5,117,454	10,478,314	.508196	.508196	
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY	1,555,503	4,924,551	6,480,054	.656030	.656030	
53	ELECTROCARDIOLOGY	3,908,284	9,581,558	13,489,842	.583058	.583058	
54	ELECTROENCEPHALOGRAPHY	3,923,623	1,227,653	5,151,276	.292317	.292317	
55	MEDICAL SUPPLIES CHARGED	80,653,745	28,963,561	109,617,306	.388125	.388125	
56	DRUGS CHARGED TO PATIENTS	76,755,466	23,414,606	100,170,072	.359404	.359404	
57	RENAL DIALYSIS	1,328,168	1,709,447	3,037,615	.324503	.324503	
58	ASC (NON-DISTINCT PART)						
59	PSYCHIATRIC/PSYCHOLOGICAL	217,657	2,284,850	2,502,507	1.410987	1.410987	
59	01 TRANSPORT	5,740,574	328,711	6,069,285	1.025847	1.025847	
59	02 GENETICS CENTER	20,527	368,849	389,376	5.125943	5.125943	
59	03 NUCLEAR MEDICINE-THERAPEU	416,932	1,849,461	2,266,393	.546109	.546109	
59	04 CHILD DEVELOPMENT CENTER		439,917	439,917	1.333542	1.333542	
59	05 CHILD PROTECTION CENTER		1,181,939	1,181,939	2.002733	2.002733	
59	06 DENTAL SERVICES	16,680	6,657,158	6,673,838	.738772	.738772	
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 URGENT CARE						
60	02 ID PRIM CARE SUPP NETWORK		42,761	42,761	18.793831	18.793831	
60	03 PAIN/PALLIATIVE CARE	601	217,818	218,419	5.103196	5.103196	
60	04 PEDIATRIC EXTENDED CARE		172,044	172,044	3.346929	3.346929	
60	05 DIABETIC CLINIC	141	1,201,452	1,201,593	1.143961	1.143961	
60	06 GI CLINIC	216,544	2,318,611	2,535,155	1.413063	1.413063	
60	07 CLINIC FOR SPECIAL NEEDS		274,174	274,174	4.370086	4.370086	
60	08 DIETETICS	472,051	221,171	693,222	3.614444	3.614444	
60	09 INFUSION ROOM	5,562	2,323,963	2,329,525	.214733	.214733	
60	10 CARDIOLOGY CLINIC	156,251	1,619,524	1,775,775	1.164465	1.164465	
60	11 PULMONARY CLINIC	6,117	654,430	660,547	1.475586	1.475586	
60	12 CLINIC						
60	13 ENT CLINIC	9,208	1,554,261	1,563,469	.893376	.893376	
60	14 ORTHOPEDIC CLINIC	8,748	1,801,871	1,810,619	1.010424	1.010424	
60	15 EYE CLINIC	132	641,361	641,493	.771294	.771294	
60	16 CLINIC						
60	17 ONCOLOGY CLINIC	303,970	3,738,991	4,042,961	.845409	.845409	
60	18 SURGICAL SPECIALTIES	9,093	1,449,642	1,458,735	1.185538	1.185538	
60	19 ALLERGY CLINIC	2,086	1,681,763	1,683,849	1.171069	1.171069	
60	20 CLINIC						
60	21 CLINIC						
60	22 CLINIC						
60	23 LASER CLINIC		188,873	188,873	.692656	.692656	
60	24 DERMATOLOGY CLINIC	2,378	1,217,396	1,219,774	.923805	.923805	
60	25 CLINIC						
60	26 CLINIC						
60	27 CLINIC ADMINISTRATION						
60	28 CRANIOFACIAL CENTER	1,008	329,479	330,487	1.178688	1.178688	
60	29 HEMATOLOGY CLINIC	834	330,630	331,464	2.224115	2.224115	
60	30 SPINA BIFIDA	1,780	284,682	286,462	2.060814	2.060814	
60	31 NEUROSCIENCES CENTER	10,097	957,374	967,471	1.915687	1.915687	
60	32 RHEUMATOLOGY CLINIC	1,507	307,821	309,328	2.081338	2.081338	
60	33 ENDOCRINE CENTER	172	409,665	409,837	1.391270	1.391270	
60	34 CLINIC						
60	35 CLINIC						
60	36 CLINIC						
60	37 RENAL CLINIC	2,543	265,399	267,942	1.701267	1.701267	
60	38 GREENWAY CLINIC	458	2,072,094	2,072,552	.628132	.628132	
60	39 NEW BERLIN CLINIC	1,297	924,669	925,966	3.798382	3.798382	
61	EMERGENCY	2,176,045	14,055,065	16,231,110	.703658	.703658	
62	OBSERVATION BEDS (NON-DIS						
62	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS	3,833	2,287,316	2,291,149	.094534	.094534	

COMPUTATION OF RATIO OF COSTS TO CHARGES

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	OTHER REIMBURS COST CNTRS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	587,691,308	241,710,127	829,401,435			
102	LESS OBSERVATION BEDS						
103	TOTAL	587,691,308	241,710,127	829,401,435			

COMPUTATION OF RATIO OF COSTS TO CHARGES
 SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	61,518,799		61,518,799		
26	INTENSIVE CARE UNIT	61,507,177		61,507,177		
27	CORONARY CARE UNIT					
28	BURN INTENSIVE CARE UNIT					
29	SURGICAL INTENSIVE CARE U					
30	OTHER SPEC CARE HOT	13,489,815		13,489,815		
31	SUBPROVIDER					
33	NURSERY					
34	SKILLED NURSING FACILITY					
35	NURSING FACILITY					
35	01 ICF/MR					
36	OTHER LONG TERM CARE					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	24,302,297		24,302,297		
38	RECOVERY ROOM	3,505,320		3,505,320		
39	DELIVERY ROOM & LABOR ROO					
40	ANESTHESIOLOGY	3,742,156		3,742,156		
41	RADIOLOGY-DIAGNOSTIC	26,202,134		26,202,134		
42	RADIOLOGY-THERAPEUTIC					
43	RADIOISOTOPE					
44	LABORATORY	29,726,992		29,726,992		
45	PBP CLINICAL LAB SERVICES					
46	WHOLE BLOOD & PACKED RED					
47	BLOOD STORING, PROCESSING	10,251,091		10,251,091		
48	INTRAVENOUS THERAPY					
49	RESPIRATORY THERAPY	12,265,998		12,265,998		
50	PHYSICAL THERAPY	5,575,285		5,575,285		
51	OCCUPATIONAL THERAPY					
52	SPEECH PATHOLOGY	4,251,108		4,251,108		
53	ELECTROCARDIOLOGY	9,745,337		9,745,337		
54	ELECTROENCEPHALOGRAPHY	1,641,774		1,641,774		
55	MEDICAL SUPPLIES CHARGED	42,545,188		42,545,188		
56	DRUGS CHARGED TO PATIENTS	36,001,479		36,001,479		
57	RENAL DIALYSIS	1,041,211		1,041,211		
58	ASC (NON-DISTINCT PART)					
59	PSYCHIATRIC/PSYCHOLOGICAL	4,116,943		4,116,943		
59	01 TRANSPORT	6,226,157		6,226,157		
59	02 GENETICS CENTER	1,995,919		1,995,919		
59	03 NUCLEAR MEDICINE-THERAPEU	1,237,698		1,237,698		
59	04 CHILD DEVELOPMENT CENTER	586,648		586,648		
59	05 CHILD PROTECTION CENTER	2,367,108		2,367,108		
59	06 DENTAL SERVICES	6,137,748		6,137,748		
	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60	01 URGENT CARE					
60	02 ID PRIM CARE SUPP NETWORK	803,643		803,643		
60	03 PAIN/PALLIATIVE CARE	1,114,635		1,114,635		
60	04 PEDIATRIC EXTENDED CARE	575,819		575,819		
60	05 DIABETIC CLINIC	1,374,576		1,374,576		
60	06 GI CLINIC	4,184,535		4,184,535		
60	07 CLINIC FOR SPECIAL NEEDS	1,198,164		1,198,164		
60	08 DIETETICS	2,505,612		2,505,612		
60	09 INFUSION ROOM	500,226		500,226		
60	10 CARDIOLOGY CLINIC	2,067,828		2,067,828		
60	11 PULMONARY CLINIC	1,236,689		1,236,689		
60	12 CLINIC					
60	13 ENT CLINIC	1,848,416		1,848,416		
60	14 ORTHOPEDIC CLINIC	1,829,493		1,829,493		
60	15 EYE CLINIC	613,516		613,516		
60	16 CLINIC					
60	17 ONCOLOGY CLINIC	3,417,955		3,417,955		
60	18 SURGICAL SPECIALTIES	1,729,386		1,729,386		
60	19 ALLERGY CLINIC	2,596,302		2,596,302		
60	20 CLINIC					
60	21 CLINIC					
60	22 CLINIC					
60	23 LASER CLINIC	130,824		130,824		
60	24 DERMATOLOGY CLINIC	1,694,316		1,694,316		
60	25 CLINIC					
60	26 CLINIC					
60	27 CLINIC ADMINISTRATION	18		18		
60	28 CRANIOFACIAL CENTER	389,541		389,541		
60	29 HEMATOLOGY CLINIC	737,214		737,214		
60	30 SPINA BIFIDA	590,345		590,345		
60	31 NEUROSCIENCES CENTER	1,989,339		1,989,339		
60	32 RHEUMATOLOGY CLINIC	714,800		714,800		
60	33 ENDOCRINE CENTER	1,077,018		1,077,018		
60	34 CLINIC					
60	35 CLINIC					
60	36 CLINIC					
60	37 RENAL CLINIC	455,841		455,841		
60	38 GREENWAY CLINIC	1,301,837		1,301,837		
60	39 NEW BERLIN CLINIC	3,517,173		3,517,173		
61	EMERGENCY	12,671,053		12,671,053		
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS					
64	HOME PROGRAM DIALYSIS	216,591		216,591		

COMPUTATION OF RATIO OF COSTS TO CHARGES
 SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
65	OTHER REIMBURS COST CNTRS					
	AMBULANCE SERVICES					
66	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	SUBTOTAL	423,064,087		423,064,087		
102	LESS OBSERVATION BEDS					
103	TOTAL	423,064,087		423,064,087		

COMPUTATION OF RATIO OF COSTS TO CHARGES
 SPECIAL TITLE XIX WORKSHEET

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS	91,300,087		91,300,087			
26	INTENSIVE CARE UNIT	132,244,835		132,244,835			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
30	OTHER SPEC CARE HOT	27,234,067		27,234,067			
31	SUBPROVIDER						
33	NURSERY						
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35	01 ICF/MR						
36	OTHER LONG TERM CARE						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	27,535,185	5,076,515	32,611,700	.745202	.745202	
38	RECOVERY ROOM	3,395,902	7,211,801	10,607,703	.330450	.330450	
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	2,609,521	3,051,599	5,661,120	.661027	.661027	
41	RADIOLOGY-DIAGNOSTIC	19,873,122	37,122,271	56,995,393	.459724	.459724	
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	56,516,576	45,694,990	102,211,566	.290838	.290838	
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING	11,635,800	7,551,306	19,187,106	.534270	.534270	
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	32,055,738	4,407,630	36,463,368	.336392	.336392	
50	PHYSICAL THERAPY	5,360,860	5,117,454	10,478,314	.532078	.532078	
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY	1,555,503	4,924,551	6,480,054	.656030	.656030	
53	ELECTROCARDIOLOGY	3,908,284	9,581,558	13,489,842	.722420	.722420	
54	ELECTROENCEPHALOGRAPHY	3,923,623	1,227,653	5,151,276	.318712	.318712	
55	MEDICAL SUPPLIES CHARGED	80,653,745	28,963,561	109,617,306	.388125	.388125	
56	DRUGS CHARGED TO PATIENTS	76,755,466	23,414,606	100,170,072	.359404	.359404	
57	RENAL DIALYSIS	1,328,168	1,709,447	3,037,615	.342773	.342773	
58	ASC (NON-DISTINCT PART)						
59	PSYCHIATRIC/PSYCHOLOGICAL	217,657	2,284,850	2,502,507	1.645127	1.645127	
59	01 TRANSPORT	5,740,574	328,711	6,069,285	1.025847	1.025847	
59	02 GENETICS CENTER	20,527	368,849	389,376	5.125943	5.125943	
59	03 NUCLEAR MEDICINE-THERAPEU	416,932	1,849,461	2,266,393	.546109	.546109	
59	04 CHILD DEVELOPMENT CENTER		439,917	439,917	1.333542	1.333542	
59	05 CHILD PROTECTION CENTER		1,181,939	1,181,939	2.002733	2.002733	
59	06 DENTAL SERVICES	16,680	6,657,158	6,673,838	.919673	.919673	
60	OUTPAT SERVICE COST CNTRS CLINIC						
60	01 URGENT CARE		42,761	42,761	18.793831	18.793831	
60	02 ID PRIM CARE SUPP NETWORK		217,818	218,419	5.103196	5.103196	
60	03 PAIN/PALLIATIVE CARE	601	172,044	172,044	3.346929	3.346929	
60	04 PEDIATRIC EXTENDED CARE		1,201,452	1,201,593	1.143961	1.143961	
60	05 DIABETIC CLINIC	141	2,318,611	2,535,155	1.650603	1.650603	
60	06 GI CLINIC	216,544	274,174	274,174	4.370086	4.370086	
60	07 CLINIC FOR SPECIAL NEEDS		221,171	693,222	3.614444	3.614444	
60	08 DIETETICS	472,051	2,323,963	2,329,525	.214733	.214733	
60	09 INFUSION ROOM	5,562	1,619,524	1,775,775	1.164465	1.164465	
60	10 CARDIOLOGY CLINIC	156,251	654,430	660,547	1.872220	1.872220	
60	11 PULMONARY CLINIC	6,117					
60	12 CLINIC						
60	13 ENT CLINIC	9,208	1,554,261	1,563,469	1.182253	1.182253	
60	14 ORTHOPEDIC CLINIC	8,748	1,801,871	1,810,619	1.010424	1.010424	
60	15 EYE CLINIC	132	641,361	641,493	.956388	.956388	
60	16 CLINIC						
60	17 ONCOLOGY CLINIC	303,970	3,738,991	4,042,961	.845409	.845409	
60	18 SURGICAL SPECIALTIES	9,093	1,449,642	1,458,735	1.185538	1.185538	
60	19 ALLERGY CLINIC	2,086	1,681,763	1,683,849	1.541885	1.541885	
60	20 CLINIC						
60	21 CLINIC						
60	22 CLINIC						
60	23 LASER CLINIC		188,873	188,873	.692656	.692656	
60	24 DERMATOLOGY CLINIC	2,378	1,217,396	1,219,774	1.389041	1.389041	
60	25 CLINIC						
60	26 CLINIC						
60	27 CLINIC ADMINISTRATION						
60	28 CRANIOFACIAL CENTER	1,008	329,479	330,487	1.178688	1.178688	
60	29 HEMATOLOGY CLINIC	834	330,630	331,464	2.224115	2.224115	
60	30 SPINA BIFIDA	1,780	284,682	286,462	2.060814	2.060814	
60	31 NEUROSCIENCES CENTER	10,097	957,374	967,471	2.056226	2.056226	
60	32 RHEUMATOLOGY CLINIC	1,507	307,821	309,328	2.310816	2.310816	
60	33 ENDOCRINE CENTER	172	409,665	409,837	2.627918	2.627918	
60	34 CLINIC						
60	35 CLINIC						
60	36 CLINIC						
60	37 RENAL CLINIC	2,543	265,399	267,942	1.701267	1.701267	
60	38 GREENWAY CLINIC	458	2,072,094	2,072,552	.628132	.628132	
60	39 NEW BERLIN CLINIC	1,297	924,669	925,966	3.798382	3.798382	
61	EMERGENCY	2,176,045	14,055,065	16,231,110	.780665	.780665	
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS	3,833	2,287,316	2,291,149	.094534	.094534	

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27	CAPITAL COST WKST B PT II & III, COL. 27	OPERATING COST NET OF CAPITAL COST	CAPITAL REDUCTION	OPERATING COST REDUCTION AMOUNT	COST NET OF CAP AND OPER COST REDUCTION
		1	2	3	4	5	6
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	22,183,496	2,743,004	19,440,492			22,183,496
38	RECOVERY ROOM	3,505,320	233,483	3,271,837			3,505,320
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	1,478,097	398,627	1,079,470			1,478,097
41	RADIOLOGY-DIAGNOSTIC	25,763,326	4,699,825	21,063,501			25,763,326
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	29,626,583	2,004,718	27,621,865			29,626,583
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING	10,251,091	294,119	9,956,972			10,251,091
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	12,265,998	799,686	11,466,312			12,265,998
50	PHYSICAL THERAPY	5,325,034	637,190	4,687,844			5,325,034
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY	4,251,108	410,070	3,841,038			4,251,108
53	ELECTROCARDIOLOGY	7,865,364	901,234	6,964,130			7,865,364
54	ELECTROENCEPHALOGRAPHY	1,505,807	230,259	1,275,548			1,505,807
55	MEDICAL SUPPLIES CHARGED	42,545,188	2,305,093	40,240,095			42,545,188
56	DRUGS CHARGED TO PATIENTS	36,001,479	1,235,077	34,766,402			36,001,479
57	RENAL DIALYSIS	985,715	99,844	885,871			985,715
58	ASC (NON-DISTINCT PART)						
59	PSYCHIATRIC/PSYCHOLOGICAL	3,531,004	274,633	3,256,371			3,531,004
59 01	TRANSPORT	6,226,157	222,673	6,003,484			6,226,157
59 02	GENETICS CENTER	1,995,919	274,553	1,721,366			1,995,919
59 03	NUCLEAR MEDICINE-THERAPEU	1,237,698	142,327	1,095,371			1,237,698
59 04	CHILD DEVELOPMENT CENTER	586,648	22,698	563,950			586,648
59 05	CHILD PROTECTION CENTER	2,367,108	81,136	2,285,972			2,367,108
59 06	DENTAL SERVICES	4,930,443	360,481	4,569,962			4,930,443
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	URGENT CARE						
60 02	ID PRIM CARE SUPP NETWORK	803,643	80,008	723,635			803,643
60 03	PAIN/PALLIATIVE CARE	1,114,635	147,639	966,996			1,114,635
60 04	PEDIATRIC EXTENDED CARE	575,819	88,222	487,597			575,819
60 05	DIABETIC CLINIC	1,374,576	197,616	1,176,960			1,374,576
60 06	GI CLINIC	3,582,334	539,703	3,042,631			3,582,334
60 07	CLINIC FOR SPECIAL NEEDS	1,198,164	139,694	1,058,470			1,198,164
60 08	DIETETICS	2,505,612	58,056	2,447,556			2,505,612
60 09	INFUSION ROOM	500,226	51,148	449,078			500,226
60 10	CARDIOLOGY CLINIC	2,067,828	106,905	1,960,923			2,067,828
60 11	PULMONARY CLINIC	974,694	78,031	896,663			974,694
60 12	CLINIC						
60 13	ENT CLINIC	1,396,766	140,172	1,256,594			1,396,766
60 14	ORTHOPEDIC CLINIC	1,829,493	407,635	1,421,858			1,829,493
60 15	EYE CLINIC	494,780	56,603	438,177			494,780
60 16	CLINIC						
60 17	ONCOLOGY CLINIC	3,417,955	430,478	2,987,477			3,417,955
60 18	SURGICAL SPECIALTIES	1,729,386	156,551	1,572,835			1,729,386
60 19	ALLERGY CLINIC	1,971,903	352,582	1,619,321			1,971,903
60 20	CLINIC						
60 21	CLINIC						
60 22	CLINIC						
60 23	LASER CLINIC	130,824	28,234	102,590			130,824
60 24	DERMATOLOGY CLINIC	1,126,833	121,255	1,005,578			1,126,833
60 25	CLINIC						
60 26	CLINIC						
60 27	CLINIC ADMINISTRATION	18		18			18
60 28	CRANIOFACIAL CENTER	389,541	63,269	326,272			389,541
60 29	HEMATOLOGY CLINIC	737,214	96,619	640,595			737,214
60 30	SPINA BIFIDA	590,345	72,723	517,622			590,345
60 31	NEUROSCIENCES CENTER	1,853,372	144,865	1,708,507			1,853,372
60 32	RHEUMATOLOGY CLINIC	643,816	103,072	540,744			643,816
60 33	ENDOCRINE CENTER	570,194	89,063	481,131			570,194
60 34	CLINIC						
60 35	CLINIC						
60 36	CLINIC						
60 37	RENAL CLINIC	455,841	35,309	420,532			455,841
60 38	GREENWAY CLINIC	1,301,837	91,917	1,209,920			1,301,837
60 39	NEW BERLIN CLINIC	3,517,173	760,155	2,757,018			3,517,173
61	EMERGENCY	11,421,158	793,737	10,627,421			11,421,158
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS	216,591	20,026	196,565			216,591
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	272,921,154	23,822,017	249,099,137			272,921,154
102	LESS OBSERVATION BEDS						
103	TOTAL	272,921,154	23,822,017	249,099,137			272,921,154

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B TO CHRGRATIO
		7	8	9
37	ANCILLARY SRVC COST CNTRS			
	OPERATING ROOM	32,611,700	.680231	.680231
38	RECOVERY ROOM	10,607,703	.330450	.330450
39	DELIVERY ROOM & LABOR ROO			
40	ANESTHESIOLOGY	5,661,120	.261096	.261096
41	RADIOLOGY-DIAGNOSTIC	56,995,393	.452025	.452025
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	102,211,566	.289855	.289855
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED			
47	BLOOD STORING, PROCESSING	19,187,106	.534270	.534270
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	36,463,368	.336392	.336392
50	PHYSICAL THERAPY	10,478,314	.508196	.508196
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY	6,480,054	.656030	.656030
53	ELECTROCARDIOLOGY	13,489,842	.583058	.583058
54	ELECTROENCEPHALOGRAPHY	5,151,276	.292317	.292317
55	MEDICAL SUPPLIES CHARGED	109,617,306	.388125	.388125
56	DRUGS CHARGED TO PATIENTS	100,170,072	.359404	.359404
57	RENAL DIALYSIS	3,037,615	.324503	.324503
58	ASC (NON-DISTINCT PART)			
59	PSYCHIATRIC/PSYCHOLOGICAL	2,502,507	1.410987	1.410987
59 01	TRANSPORT	6,069,285	1.025847	1.025847
59 02	GENETICS CENTER	389,376	5.125943	5.125943
59 03	NUCLEAR MEDICINE-THERAPEU	2,266,393	.546109	.546109
59 04	CHILD DEVELOPMENT CENTER	439,917	1.333542	1.333542
59 05	CHILD PROTECTION CENTER	1,181,939	2.002733	2.002733
59 06	DENTAL SERVICES	6,673,838	.738772	.738772
	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60 01	URGENT CARE			
60 02	ID PRIM CARE SUPP NETWORK	42,761	18.793831	18.793831
60 03	PAIN/PALLIATIVE CARE	218,419	5.103196	5.103196
60 04	PEDIATRIC EXTENDED CARE	172,044	3.346929	3.346929
60 05	DIABETIC CLINIC	1,201,593	1.143961	1.143961
60 06	GI CLINIC	2,535,155	1.413063	1.413063
60 07	CLINIC FOR SPECIAL NEEDS	274,174	4.370086	4.370086
60 08	DIETETICS	693,222	3.614444	3.614444
60 09	INFUSION ROOM	2,329,525	.214733	.214733
60 10	CARDIOLOGY CLINIC	1,775,775	1.164465	1.164465
60 11	PULMONARY CLINIC	660,547	1.475586	1.475586
60 12	CLINIC			
60 13	ENT CLINIC	1,563,469	.893376	.893376
60 14	ORTHOPEDIC CLINIC	1,810,619	1.010424	1.010424
60 15	EYE CLINIC	641,493	.771294	.771294
60 16	CLINIC			
60 17	ONCOLOGY CLINIC	4,042,961	.845409	.845409
60 18	SURGICAL SPECIALTIES	1,458,735	1.185538	1.185538
60 19	ALLERGY CLINIC	1,683,849	1.171069	1.171069
60 20	CLINIC			
60 21	CLINIC			
60 22	CLINIC			
60 23	LASER CLINIC	188,873	.692656	.692656
60 24	DERMATOLOGY CLINIC	1,219,774	.923805	.923805
60 25	CLINIC			
60 26	CLINIC			
60 27	CLINIC ADMINISTRATION			
60 28	CRANIOFACIAL CENTER	330,487	1.178688	1.178688
60 29	HEMATOLOGY CLINIC	331,464	2.224115	2.224115
60 30	SPINA BIFIDA	286,462	2.060814	2.060814
60 31	NEUROSCIENCES CENTER	967,471	1.915687	1.915687
60 32	RHEUMATOLOGY CLINIC	309,328	2.081338	2.081338
60 33	ENDOCRINE CENTER	409,837	1.391270	1.391270
60 34	CLINIC			
60 35	CLINIC			
60 36	CLINIC			
60 37	RENAL CLINIC	267,942	1.701267	1.701267
60 38	GREENWAY CLINIC	2,072,552	.628132	.628132
60 39	NEW BERLIN CLINIC	925,966	3.798382	3.798382
61	EMERGENCY	16,231,110	.703658	.703658
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS	2,291,149	.094534	.094534
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	578,622,446		
102	LESS OBSERVATION BEDS			
103	TOTAL	578,622,446		

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	24,302,297	2,743,004	21,559,293			24,302,297
39	RECOVERY ROOM	3,505,320	233,483	3,271,837			3,505,320
40	DELIVERY ROOM & LABOR ROO						
41	ANESTHESIOLOGY	3,742,156	398,627	3,343,529			3,742,156
42	RADIOLOGY-DIAGNOSTIC	26,202,134	4,699,825	21,502,309			26,202,134
43	RADIOLOGY-THERAPEUTIC						
44	RADIOISOTOPE						
45	LABORATORY	29,726,992	2,004,718	27,722,274			29,726,992
46	PBP CLINICAL LAB SERVICES						
47	WHOLE BLOOD & PACKED RED						
48	BLOOD STORING, PROCESSING	10,251,091	294,119	9,956,972			10,251,091
49	INTRAVENOUS THERAPY						
50	RESPIRATORY THERAPY	12,265,998	799,686	11,466,312			12,265,998
51	PHYSICAL THERAPY	5,575,285	637,190	4,938,095			5,575,285
52	OCCUPATIONAL THERAPY						
53	SPEECH PATHOLOGY	4,251,108	410,070	3,841,038			4,251,108
54	ELECTROCARDIOLOGY	9,745,337	901,234	8,844,103			9,745,337
55	ELECTROENCEPHALOGRAPHY	1,641,774	230,259	1,411,515			1,641,774
56	MEDICAL SUPPLIES CHARGED	42,545,188	2,305,093	40,240,095			42,545,188
57	DRUGS CHARGED TO PATIENTS	36,001,479	1,235,077	34,766,402			36,001,479
58	RENAL DIALYSIS	1,041,211	99,844	941,367			1,041,211
59	ASC (NON-DISTINCT PART)						
59	PSYCHIATRIC/PSYCHOLOGICAL	4,116,943	274,633	3,842,310			4,116,943
59	01 TRANSPORT	6,226,157	222,673	6,003,484			6,226,157
59	02 GENETICS CENTER	1,995,919	274,553	1,721,366			1,995,919
59	03 NUCLEAR MEDICINE-THERAPEU	1,237,698	142,327	1,095,371			1,237,698
59	04 CHILD DEVELOPMENT CENTER	586,648	22,698	563,950			586,648
59	05 CHILD PROTECTION CENTER	2,367,108	81,136	2,285,972			2,367,108
59	06 DENTAL SERVICES	6,137,748	360,481	5,777,267			6,137,748
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 URGENT CARE						
60	02 ID PRIM CARE SUPP NETWORK	803,643	80,008	723,635			803,643
60	03 PAIN/PALLIATIVE CARE	1,114,635	147,639	966,996			1,114,635
60	04 PEDIATRIC EXTENDED CARE	575,819	88,222	487,597			575,819
60	05 DIABETIC CLINIC	1,374,576	197,616	1,176,960			1,374,576
60	06 GI CLINIC	4,184,535	539,703	3,644,832			4,184,535
60	07 CLINIC FOR SPECIAL NEEDS	1,198,164	139,694	1,058,470			1,198,164
60	08 DIETETICS	2,505,612	58,056	2,447,556			2,505,612
60	09 INFUSION ROOM	500,226	51,148	449,078			500,226
60	10 CARDIOLOGY CLINIC	2,067,828	106,905	1,960,923			2,067,828
60	11 PULMONARY CLINIC	1,236,689	78,031	1,158,658			1,236,689
60	12 CLINIC						
60	13 ENT CLINIC	1,848,416	140,172	1,708,244			1,848,416
60	14 ORTHOPEDIC CLINIC	1,829,493	407,635	1,421,858			1,829,493
60	15 EYE CLINIC	613,516	56,603	556,913			613,516
60	16 CLINIC						
60	17 ONCOLOGY CLINIC	3,417,955	430,478	2,987,477			3,417,955
60	18 SURGICAL SPECIALTIES	1,729,386	156,551	1,572,835			1,729,386
60	19 ALLERGY CLINIC	2,596,302	352,582	2,243,720			2,596,302
60	20 CLINIC						
60	21 CLINIC						
60	22 CLINIC						
60	23 LASER CLINIC	130,824	28,234	102,590			130,824
60	24 DERMATOLOGY CLINIC	1,694,316	121,255	1,573,061			1,694,316
60	25 CLINIC						
60	26 CLINIC						
60	27 CLINIC ADMINISTRATION	18		18			18
60	28 CRANIOFACIAL CENTER	389,541	63,269	326,272			389,541
60	29 HEMATOLOGY CLINIC	737,214	96,619	640,595			737,214
60	30 SPINA BIFIDA	590,345	72,723	517,622			590,345
60	31 NEUROSCIENCES CENTER	1,989,339	144,865	1,844,474			1,989,339
60	32 RHEUMATOLOGY CLINIC	714,800	103,072	611,728			714,800
60	33 ENDOCRINE CENTER	1,077,018	89,063	987,955			1,077,018
60	34 CLINIC						
60	35 CLINIC						
60	36 CLINIC						
60	37 RENAL CLINIC	455,841	35,309	420,532			455,841
60	38 GREENWAY CLINIC	1,301,837	91,917	1,209,920			1,301,837
60	39 NEW BERLIN CLINIC	3,517,173	760,155	2,757,018			3,517,173
61	EMERGENCY	12,671,053	793,737	11,877,316			12,671,053
62	OBSERVATION BEDS (NON-DIS						
64	OTHER REIMBURS COST CNTRS						
65	HOME PROGRAM DIALYSIS	216,591	20,026	196,565			216,591
66	AMBULANCE SERVICES						
67	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	SUBTOTAL	286,548,296	23,822,017	262,726,279			286,548,296
102	LESS OBSERVATION BEDS						
103	TOTAL	286,548,296	23,822,017	262,726,279			286,548,296

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	32,611,700	.745202	.745202
38	RECOVERY ROOM	10,607,703	.330450	.330450
39	DELIVERY ROOM & LABOR ROO			
40	ANESTHESIOLOGY	5,661,120	.661027	.661027
41	RADIOLOGY-DIAGNOSTIC	56,995,393	.459724	.459724
42	RADIOLOGY-THERAPEUTIC			
43	RADIOISOTOPE			
44	LABORATORY	102,211,566	.290838	.290838
45	PBP CLINICAL LAB SERVICES			
46	WHOLE BLOOD & PACKED RED			
47	BLOOD STORING, PROCESSING	19,187,106	.534270	.534270
48	INTRAVENOUS THERAPY			
49	RESPIRATORY THERAPY	36,463,368	.336392	.336392
50	PHYSICAL THERAPY	10,478,314	.532078	.532078
51	OCCUPATIONAL THERAPY			
52	SPEECH PATHOLOGY	6,480,054	.656030	.656030
53	ELECTROCARDIOLOGY	13,489,842	.722420	.722420
54	ELECTROENCEPHALOGRAPHY	5,151,276	.318712	.318712
55	MEDICAL SUPPLIES CHARGED	109,617,306	.388125	.388125
56	DRUGS CHARGED TO PATIENTS	100,170,072	.359404	.359404
57	RENAL DIALYSIS	3,037,615	.342773	.342773
58	ASC (NON-DISTINCT PART)			
59	PSYCHIATRIC/PSYCHOLOGICAL	2,502,507	1.645127	1.645127
59 01	TRANSPORT	6,069,285	1.025847	1.025847
59 02	GENETICS CENTER	389,376	5.125943	5.125943
59 03	NUCLEAR MEDICINE-THERAPEU	2,266,393	.546109	.546109
59 04	CHILD DEVELOPMENT CENTER	439,917	1.333542	1.333542
59 05	CHILD PROTECTION CENTER	1,181,939	2.002733	2.002733
59 06	DENTAL SERVICES	6,673,838	.919673	.919673
60	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60 01	URGENT CARE			
60 02	ID PRIM CARE SUPP NETWORK	42,761	18.793831	18.793831
60 03	PAIN/PALLIATIVE CARE	218,419	5.103196	5.103196
60 04	PEDIATRIC EXTENDED CARE	172,044	3.346929	3.346929
60 05	DIABETIC CLINIC	1,201,593	1.143961	1.143961
60 06	GI CLINIC	2,535,155	1.650603	1.650603
60 07	CLINIC FOR SPECIAL NEEDS	274,174	4.370086	4.370086
60 08	DIETETICS	693,222	3.614444	3.614444
60 09	INFUSION ROOM	2,329,525	.214733	.214733
60 10	CARDIOLOGY CLINIC	1,775,775	1.164465	1.164465
60 11	PULMONARY CLINIC	660,547	1.872220	1.872220
60 12	CLINIC			
60 13	ENT CLINIC	1,563,469	1.182253	1.182253
60 14	ORTHOPEDIC CLINIC	1,810,619	1.010424	1.010424
60 15	EYE CLINIC	641,493	.956388	.956388
60 16	CLINIC			
60 17	ONCOLOGY CLINIC	4,042,961	.845409	.845409
60 18	SURGICAL SPECIALTIES	1,458,735	1.185538	1.185538
60 19	ALLERGY CLINIC	1,683,849	1.541885	1.541885
60 20	CLINIC			
60 21	CLINIC			
60 22	CLINIC			
60 23	LASER CLINIC	188,873	.692656	.692656
60 24	DERMATOLOGY CLINIC	1,219,774	1.389041	1.389041
60 25	CLINIC			
60 26	CLINIC			
60 27	CLINIC ADMINISTRATION			
60 28	CRANIOFACIAL CENTER	330,487	1.178688	1.178688
60 29	HEMATOLOGY CLINIC	331,464	2.224115	2.224115
60 30	SPINA BIFIDA	286,462	2.060814	2.060814
60 31	NEUROSCIENCES CENTER	967,471	2.056226	2.056226
60 32	RHEUMATOLOGY CLINIC	309,328	2.310816	2.310816
60 33	ENDOCRINE CENTER	409,837	2.627918	2.627918
60 34	CLINIC			
60 35	CLINIC			
60 36	CLINIC			
60 37	RENAL CLINIC	267,942	1.701267	1.701267
60 38	GREENWAY CLINIC	2,072,552	.628132	.628132
60 39	NEW BERLIN CLINIC	925,966	3.798382	3.798382
61	EMERGENCY	16,231,110	.780665	.780665
62	OBSERVATION BEDS (NON-DIS			
	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS	2,291,149	.094534	.094534
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-REN			
67	DURABLE MEDICAL EQUIP-SOL			
101	SUBTOTAL	578,622,446		
102	LESS OBSERVATION BEDS			
103	TOTAL	578,622,446		

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	37,658	72			166.31	11,974
26	INTENSIVE CARE UNIT	31,783	76			170.56	12,963
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
30	OTHER SPEC CARE HOT	6,808	69			145.52	10,041
31	SUBPROVIDER						
33	NURSERY						
101	TOTAL	76,249	217				34,978

TITLE XVIII, PART A HOSPITAL TEFRA

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						
37	OPERATING ROOM		2,743,004	32,611,700	83,285		
38	RECOVERY ROOM		233,483	10,607,703	7,039		
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY		398,627	5,661,120	10,111		
41	RADIOLOGY-DIAGNOSTIC		4,699,825	56,995,393	64,971		
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY		2,004,718	102,211,566	376,652		
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING		294,119	19,187,106	127,511		
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY		799,686	36,463,368	250,166		
50	PHYSICAL THERAPY		637,190	10,478,314	14,415		
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY		410,070	6,480,054			
53	ELECTROCARDIOLOGY		901,234	13,489,842	4,696		
54	ELECTROENCEPHALOGRAPHY		230,259	5,151,276	1,049		
55	MEDICAL SUPPLIES CHARGED		2,305,093	109,617,306	152,809		
56	DRUGS CHARGED TO PATIENTS		1,235,077	100,170,072	854,824		
57	RENAL DIALYSIS		99,844	3,037,615	39,779		
58	ASC (NON-DISTINCT PART)						
59	PSYCHIATRIC/PSYCHOLOGICAL		274,633	2,502,507	1,227		
59 01	TRANSPORT		222,673	6,069,285			
59 02	GENETICS CENTER		274,553	389,376			
59 03	NUCLEAR MEDICINE-THERAPEU		142,327	2,266,393	875		
59 04	CHILD DEVELOPMENT CENTER		22,698	439,917			
59 05	CHILD PROTECTION CENTER		81,136	1,181,939			
59 06	DENTAL SERVICES		360,481	6,673,838			
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60 01	URGENT CARE						
60 02	ID PRIM CARE SUPP NETWORK		80,008	42,761			
60 03	PAIN/PALLIATIVE CARE		147,639	218,419			
60 04	PEDIATRIC EXTENDED CARE		88,222	172,044			
60 05	DIABETIC CLINIC		197,616	1,201,593			
60 06	GI CLINIC		539,703	2,535,155	172		
60 07	CLINIC FOR SPECIAL NEEDS		139,694	274,174			
60 08	DIETETICS		58,056	693,222	964		
60 09	INFUSION ROOM		51,148	2,329,525			
60 10	CARDIOLOGY CLINIC		106,905	1,775,775			
60 11	PULMONARY CLINIC		78,031	660,547			
60 12	CLINIC						
60 13	ENT CLINIC		140,172	1,563,469			
60 14	ORTHOPEDIC CLINIC		407,635	1,810,619			
60 15	EYE CLINIC		56,603	641,493			
60 16	CLINIC						
60 17	ONCOLOGY CLINIC		430,478	4,042,961	3,645		
60 18	SURGICAL SPECIALTIES		156,551	1,458,735	4,000		
60 19	ALLERGY CLINIC		352,582	1,683,849			
60 20	CLINIC						
60 21	CLINIC						
60 22	CLINIC						
60 23	LASER CLINIC		28,234	188,873			
60 24	DERMATOLOGY CLINIC		121,255	1,219,774			
60 25	CLINIC						
60 26	CLINIC						
60 27	CLINIC ADMINISTRATION						
60 28	CRANIOFACIAL CENTER		63,269	330,487			
60 29	HEMATOLOGY CLINIC		96,619	331,464			
60 30	SPINA BIFIDA		72,723	286,462			
60 31	NEUROSCIENCES CENTER		144,865	967,471			
60 32	RHEUMATOLOGY CLINIC		103,072	309,328			
60 33	ENDOCRINE CENTER		89,063	409,837			
60 34	CLINIC						
60 35	CLINIC						
60 36	CLINIC						
60 37	RENAL CLINIC		35,309	267,942	262		
60 38	GREENWAY CLINIC		91,917	2,072,552			
60 39	NEW BERLIN CLINIC		760,155	925,966			
61	EMERGENCY		793,737	16,231,110	7,790		
62	OBSERVATION BEDS (NON-DIS						
62	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS		20,026	2,291,149	2,555		
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL		23,822,017	578,622,446	2,008,797		

TITLE XVIII, PART A HOSPITAL TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	NEW CAPITAL CST/CHRG RATIO 7	COSTS 8
37	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.084111	7,005
38	RECOVERY ROOM	.022011	155
39	DELIVERY ROOM & LABOR ROO		
40	ANESTHESIOLOGY	.070415	712
41	RADIOLOGY-DIAGNOSTIC	.082460	5,358
42	RADIOLOGY-THERAPEUTIC		
43	RADIOISOTOPE		
44	LABORATORY	.019613	7,387
45	PBP CLINICAL LAB SERVICES		
46	WHOLE BLOOD & PACKED RED		
47	BLOOD STORING, PROCESSING	.015329	1,955
48	INTRAVENOUS THERAPY		
49	RESPIRATORY THERAPY	.021931	5,486
50	PHYSICAL THERAPY	.060810	877
51	OCCUPATIONAL THERAPY		
52	SPEECH PATHOLOGY	.063282	
53	ELECTROCARDIOLOGY	.066808	314
54	ELECTROENCEPHALOGRAPHY	.044699	47
55	MEDICAL SUPPLIES CHARGED	.021029	3,213
56	DRUGS CHARGED TO PATIENTS	.012330	10,540
57	RENAL DIALYSIS	.032869	1,307
58	ASC (NON-DISTINCT PART)		
59	PSYCHIATRIC/PSYCHOLOGICAL	.109743	135
59	01 TRANSPORT	.036689	
59	02 GENETICS CENTER	.705110	
59	03 NUCLEAR MEDICINE-THERAPEU	.062799	55
59	04 CHILD DEVELOPMENT CENTER	.051596	
59	05 CHILD PROTECTION CENTER	.068647	
59	06 DENTAL SERVICES	.054014	
60	OUTPAT SERVICE COST CNTRS		
60	CLINIC		
60	01 URGENT CARE		
60	02 ID PRIM CARE SUPP NETWORK	1.871051	
60	03 PAIN/PALLIATIVE CARE	.675944	
60	04 PEDIATRIC EXTENDED CARE	.512787	
60	05 DIABETIC CLINIC	.164462	
60	06 GI CLINIC	.212888	37
60	07 CLINIC FOR SPECIAL NEEDS	.509509	
60	08 DIETETICS	.083748	81
60	09 INFUSION ROOM	.021956	
60	10 CARDIOLOGY CLINIC	.060202	
60	11 PULMONARY CLINIC	.118131	
60	12 CLINIC		
60	13 ENT CLINIC	.089654	
60	14 ORTHOPEDIC CLINIC	.225136	
60	15 EYE CLINIC	.088236	
60	16 CLINIC		
60	17 ONCOLOGY CLINIC	.106476	388
60	18 SURGICAL SPECIALTIES	.107320	429
60	19 ALLERGY CLINIC	.209391	
60	20 CLINIC		
60	21 CLINIC		
60	22 CLINIC		
60	23 LASER CLINIC	.149487	
60	24 DERMATOLOGY CLINIC	.099408	
60	25 CLINIC		
60	26 CLINIC		
60	27 CLINIC ADMINISTRATION		
60	28 CRANIOFACIAL CENTER	.191442	
60	29 HEMATOLOGY CLINIC	.291492	
60	30 SPINA BIFIDA	.253866	
60	31 NEUROSCIENCES CENTER	.149736	
60	32 RHEUMATOLOGY CLINIC	.333213	
60	33 ENDOCRINE CENTER	.217313	
60	34 CLINIC		
60	35 CLINIC		
60	36 CLINIC		
60	37 RENAL CLINIC	.131779	35
60	38 GREENWAY CLINIC	.044350	
60	39 NEW BERLIN CLINIC	.820932	
61	EMERGENCY	.048902	381
62	OBSERVATION BEDS (NON-DIS		
62	OTHER REIMBURS COST CNTRS		
64	HOME PROGRAM DIALYSIS	.008741	22
65	AMBULANCE SERVICES		
66	DURABLE MEDICAL EQUIP-REN		
67	DURABLE MEDICAL EQUIP-SOL		
101	TOTAL		45,919

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

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2010
 I 52-3300 I FROM 1/ 1/2009 I WORKSHEET D
 I I TO 12/31/2009 I PART III
 TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS ADULTS & PEDIATRICS					37,658	
26	INTENSIVE CARE UNIT					31,783	
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
30	OTHER SPEC CARE HOT					6,808	
31	SUBPROVIDER						
33	NURSERY						
34	SKILLED NURSING FACILITY						
35	NURSING FACILITY						
35 01	ICF/MR						
101	TOTAL					76,249	

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

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2010
 I 52-3300 I FROM 1/ 1/2009 I WORKSHEET D
 I I TO 12/31/2009 I PART III

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS 7	INPAT PROGRAM PASS THRU COST 8
25	ADULTS & PEDIATRICS		72
26	INTENSIVE CARE UNIT		76
27	CORONARY CARE UNIT		
28	BURN INTENSIVE CARE UNIT		
29	SURGICAL INTENSIVE CARE U		
30	OTHER SPEC CARE HOT		69
31	SUBPROVIDER		
33	NURSERY		
34	SKILLED NURSING FACILITY		
35	NURSING FACILITY		
35 01	ICF/MR		
101	TOTAL		217

TITLE XVIII, PART A HOSPITAL TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST	MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	2	2.01	2.02	2.03
	1.01					
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					
50	RESPIRATORY THERAPY					
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					
59	ASC (NON-DISTINCT PART)					
59	PSYCHIATRIC/PSYCHOLOGICAL					
59	01 TRANSPORT					
59	02 GENETICS CENTER					
59	03 NUCLEAR MEDICINE-THERAPEU					
59	04 CHILD DEVELOPMENT CENTER					
59	05 CHILD PROTECTION CENTER					
59	06 DENTAL SERVICES					
60	OUTPAT SERVICE COST CNTRS					
60	CLINIC					
60	01 URGENT CARE					
60	02 ID PRIM CARE SUPP NETWORK					
60	03 PAIN/PALLIATIVE CARE					
60	04 PEDIATRIC EXTENDED CARE					
60	05 DIABETIC CLINIC					
60	06 GI CLINIC					
60	07 CLINIC FOR SPECIAL NEEDS					
60	08 DIETETICS					
60	09 INFUSION ROOM					
60	10 CARDIOLOGY CLINIC					
60	11 PULMONARY CLINIC					
60	12 CLINIC					
60	13 ENT CLINIC					
60	14 ORTHOPEDIC CLINIC					
60	15 EYE CLINIC					
60	16 CLINIC					
60	17 ONCOLOGY CLINIC					
60	18 SURGICAL SPECIALTIES					
60	19 ALLERGY CLINIC					
60	20 CLINIC					
60	21 CLINIC					
60	22 CLINIC					
60	23 LASER CLINIC					
60	24 DERMATOLOGY CLINIC					
60	25 CLINIC					
60	26 CLINIC					
60	27 CLINIC ADMINISTRATION					
60	28 CRANIOFACIAL CENTER					
60	29 HEMATOLOGY CLINIC					
60	30 SPINA BIFIDA					
60	31 NEUROSCIENCES CENTER					
60	32 RHEUMATOLOGY CLINIC					
60	33 ENDOCRINE CENTER					
60	34 CLINIC					
60	35 CLINIC					
60	36 CLINIC					
60	37 RENAL CLINIC					
60	38 GREENWAY CLINIC					
60	39 NEW BERLIN CLINIC					
61	EMERGENCY					
62	OBSERVATION BEDS (NON-DIS					
64	OTHER REIMBURS COST CNTRS					
65	HOME PROGRAM DIALYSIS					
66	AMBULANCE SERVICES					
67	DURABLE MEDICAL EQUIP-REN					
67	DURABLE MEDICAL EQUIP-SOL					
101	TOTAL					

TITLE XVIII, PART A

HOSPITAL

TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P RATIO OF COST TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
37	ANCILLARY SRVC COST CNTRS							
38	OPERATING ROOM			32,611,700			83,285	
39	RECOVERY ROOM			10,607,703			7,039	
40	DELIVERY ROOM & LABOR ROO							
41	ANESTHESIOLOGY			5,661,120			10,111	
42	RADIOLOGY-DIAGNOSTIC			56,995,393			64,971	
43	RADIOISOTOPE							
44	LABORATORY			102,211,566			376,652	
45	PBP CLINICAL LAB SERVICES							
46	WHOLE BLOOD & PACKED RED							
47	BLOOD STORING, PROCESSING			19,187,106			127,511	
48	INTRAVENOUS THERAPY							
49	RESPIRATORY THERAPY			36,463,368			250,166	
50	PHYSICAL THERAPY			10,478,314			14,415	
51	OCCUPATIONAL THERAPY							
52	SPEECH PATHOLOGY			6,480,054				
53	ELECTROCARDIOLOGY			13,489,842			4,696	
54	ELECTROENCEPHALOGRAPHY			5,151,276			1,049	
55	MEDICAL SUPPLIES CHARGED			109,617,306			152,809	
56	DRUGS CHARGED TO PATIENTS			100,170,072			854,824	
57	RENAL DIALYSIS			3,037,615			39,779	
58	ASC (NON-DISTINCT PART)							
59	PSYCHIATRIC/PSYCHOLOGICAL			2,502,507			1,227	
59 01	TRANSPORT			6,069,285				
59 02	GENETICS CENTER			389,376				
59 03	NUCLEAR MEDICINE-THERAPEU			2,266,393			875	
59 04	CHILD DEVELOPMENT CENTER			439,917				
59 05	CHILD PROTECTION CENTER			1,181,939				
59 06	DENTAL SERVICES			6,673,838				
60	OUTPAT SERVICE COST CNTRS							
60	CLINIC							
60 01	URGENT CARE			42,761				
60 02	ID PRIM CARE SUPP NETWORK			218,419				
60 03	PAIN/PALLIATIVE CARE			172,044				
60 04	PEDIATRIC EXTENDED CARE			1,201,593				
60 05	DIABETIC CLINIC			2,535,155			172	
60 06	GI CLINIC			274,174				
60 07	CLINIC FOR SPECIAL NEEDS			693,222			964	
60 08	DIETETICS			2,329,525				
60 09	INFUSION ROOM			1,775,775				
60 10	CARDIOLOGY CLINIC			660,547				
60 11	PULMONARY CLINIC							
60 12	CLINIC							
60 13	ENT CLINIC			1,563,469				
60 14	ORTHOPEDIC CLINIC			1,810,619				
60 15	EYE CLINIC			641,493				
60 16	CLINIC							
60 17	ONCOLOGY CLINIC			4,042,961			3,645	
60 18	SURGICAL SPECIALTIES			1,458,735			4,000	
60 19	ALLERGY CLINIC			1,683,849				
60 20	CLINIC							
60 21	CLINIC							
60 22	CLINIC							
60 23	LASER CLINIC			188,873				
60 24	DERMATOLOGY CLINIC			1,219,774				
60 25	CLINIC							
60 26	CLINIC							
60 27	CLINIC ADMINISTRATION							
60 28	CRANIOFACIAL CENTER			330,487				
60 29	HEMATOLOGY CLINIC			331,464				
60 30	SPINA BIFIDA			286,462				
60 31	NEUROSCIENCES CENTER			967,471				
60 32	RHEUMATOLOGY CLINIC			309,328				
60 33	ENDOCRINE CENTER			409,837				
60 34	CLINIC							
60 35	CLINIC							
60 36	CLINIC							
60 37	RENAL CLINIC			267,942			262	
60 38	GREENWAY CLINIC			2,072,552				
60 39	NEW BERLIN CLINIC			925,966				
61	EMERGENCY			16,231,110			7,790	
62	OBSERVATION BEDS (NON-DIS							
64	OTHER REIMBURS COST CNTRS							
65	HOME PROGRAM DIALYSIS			2,291,149			2,555	
66	AMBULANCE SERVICES							
67	DURABLE MEDICAL EQUIP-REN							
67	DURABLE MEDICAL EQUIP-SOL							
101	TOTAL			578,622,446			2,008,797	

TITLE XVIII, PART A

HOSPITAL

TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	OUTPAT PROG CHARGES	OUTPAT PROG D,V COL 5.03	OUTPAT PROG D,V COL 5.04	OUTPAT PROG PASS THRU COST	COL 8.01 * COL 5	COL 8.02 * COL 5
		8	8.01	8.02	9	9.01	9.02
37	ANCILLARY SRVC COST CNTRS						
	OPERATING ROOM	8,092					
38	RECOVERY ROOM	5,108					
39	DELIVERY ROOM & LABOR ROO						
40	ANESTHESIOLOGY	6,486					
41	RADIOLOGY-DIAGNOSTIC	62,060					
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY	27,626					
45	PBP CLINICAL LAB SERVICES						
46	WHOLE BLOOD & PACKED RED						
47	BLOOD STORING, PROCESSING	62,265					
48	INTRAVENOUS THERAPY						
49	RESPIRATORY THERAPY	24,325					
50	PHYSICAL THERAPY	45					
51	OCCUPATIONAL THERAPY						
52	SPEECH PATHOLOGY	4,500					
53	ELECTROCARDIOLOGY	66,982					
54	ELECTROENCEPHALOGRAPHY	425					
55	MEDICAL SUPPLIES CHARGED	10,701					
56	DRUGS CHARGED TO PATIENTS	72,978					
57	RENAL DIALYSIS	2,027					
58	ASC (NON-DISTINCT PART)						
59	PSYCHIATRIC/PSYCHOLOGICAL	4,491					
59	01 TRANSPORT						
59	02 GENETICS CENTER	1,572					
59	03 NUCLEAR MEDICINE-THERAPEU	126					
59	04 CHILD DEVELOPMENT CENTER						
59	05 CHILD PROTECTION CENTER						
59	06 DENTAL SERVICES						
60	OUTPAT SERVICE COST CNTRS						
60	CLINIC						
60	01 URGENT CARE						
60	02 ID PRIM CARE SUPP NETWORK	387					
60	03 PAIN/PALLIATIVE CARE	183					
60	04 PEDIATRIC EXTENDED CARE						
60	05 DIABETIC CLINIC	1,127					
60	06 GI CLINIC	2,360					
60	07 CLINIC FOR SPECIAL NEEDS	1,304					
60	08 DIETETICS	31					
60	09 INFUSION ROOM	20,171					
60	10 CARDIOLOGY CLINIC	12,038					
60	11 PULMONARY CLINIC	6,232					
60	12 CLINIC						
60	13 ENT CLINIC	960					
60	14 ORTHOPEDIC CLINIC	541					
60	15 EYE CLINIC	3,903					
60	16 CLINIC						
60	17 ONCOLOGY CLINIC	35,637					
60	18 SURGICAL SPECIALTIES	1,109					
60	19 ALLERGY CLINIC	29,084					
60	20 CLINIC						
60	21 CLINIC						
60	22 CLINIC						
60	23 LASER CLINIC	297					
60	24 DERMATOLOGY CLINIC	373					
60	25 CLINIC						
60	26 CLINIC						
60	27 CLINIC ADMINISTRATION						
60	28 CRANIOFACIAL CENTER	120					
60	29 HEMATOLOGY CLINIC	6,519					
60	30 SPINA BIFIDA	219					
60	31 NEUROSCIENCES CENTER	526					
60	32 RHEUMATOLOGY CLINIC	1,172					
60	33 ENDOCRINE CENTER	148					
60	34 CLINIC						
60	35 CLINIC						
60	36 CLINIC						
60	37 RENAL CLINIC	14,951					
60	38 GREENWAY CLINIC						
60	39 NEW BERLIN CLINIC	1,788					
61	EMERGENCY	2,497					
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
64	HOME PROGRAM DIALYSIS						
65	AMBULANCE SERVICES						
66	DURABLE MEDICAL EQUIP-REN						
67	DURABLE MEDICAL EQUIP-SOL						
101	TOTAL	503,486					

TITLE XVIII, PART B

HOSPITAL

	Cost/Charge Ratio (C, Pt I, col. 9)	Cost/Charge Ratio (C, Pt II, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic
Cost Center Description	1	1.02	2	3	4
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.680231	.680231			
38 RECOVERY ROOM	.330450	.330450			
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY	.261096	.261096			
41 RADIOLOGY-DIAGNOSTIC	.452025	.452025			
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE					
44 LABORATORY	.289855	.289855			
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47 BLOOD STORING, PROCESSING & TRANS.	.534270	.534270			
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY	.336392	.336392			
50 PHYSICAL THERAPY	.508196	.508196			
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY	.656030	.656030			
53 ELECTROCARDIOLOGY	.583058	.583058			
54 ELECTROENCEPHALOGRAPHY	.292317	.292317			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.388125	.388125			
56 DRUGS CHARGED TO PATIENTS	.359404	.359404			
57 RENAL DIALYSIS	.324503	.324503			
58 ASC (NON-DISTINCT PART)					
59 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.410987	1.410987			
59 01 TRANSPORT	1.025847	1.025847			
59 02 GENETICS CENTER	5.125943	5.125943			
59 03 NUCLEAR MEDICINE-THERAPEUTIC	.546109	.546109			
59 04 CHILD DEVELOPMENT CENTER	1.333542	1.333542			
59 05 CHILD PROTECTION CENTER	2.002733	2.002733			
59 06 DENTAL SERVICES	.738772	.738772			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 URGENT CARE					
60 02 ID PRIM CARE SUPP NETWORK	18.793831	18.793831			
60 03 PAIN/PALLIATIVE CARE	5.103196	5.103196			
60 04 PEDIATRIC EXTENDED CARE	3.346929	3.346929			
60 05 DIABETIC CLINIC	1.143961	1.143961			
60 06 GI CLINIC	1.413063	1.413063			
60 07 CLINIC FOR SPECIAL NEEDS	4.370086	4.370086			
60 08 DIETETICS	3.614444	3.614444			
60 09 INFUSION ROOM	.214733	.214733			
60 10 CARDIOLOGY CLINIC	1.164465	1.164465			
60 11 PULMONARY CLINIC	1.475586	1.475586			
60 12 CLINIC					
60 13 ENT CLINIC	.893376	.893376			
60 14 ORTHOPEDIC CLINIC	1.010424	1.010424			
60 15 EYE CLINIC	.771294	.771294			
60 16 CLINIC					
60 17 ONCOLOGY CLINIC	.845409	.845409			
60 18 SURGICAL SPECIALTIES	1.185538	1.185538			
60 19 ALLERGY CLINIC	1.171069	1.171069			
60 20 CLINIC					
60 21 CLINIC					
60 22 CLINIC					
60 23 LASER CLINIC	.692656	.692656			
60 24 DERMATOLOGY CLINIC	.923805	.923805			
60 25 CLINIC					
60 26 CLINIC					
60 27 CLINIC ADMINISTRATION					
60 28 CRANIOFACIAL CENTER	1.178688	1.178688			
60 29 HEMATOLOGY CLINIC	2.224115	2.224115			
60 30 SPINA BIFIDA	2.060814	2.060814			
60 31 NEUROSCIENCES CENTER	1.915687	1.915687			
60 32 RHEUMATOLOGY CLINIC	2.081338	2.081338			
60 33 ENDOCRINE CENTER	1.391270	1.391270			
60 34 CLINIC					
60 35 CLINIC					
60 36 CLINIC					
60 37 RENAL CLINIC	1.701267	1.701267			
60 38 GREENWAY CLINIC	.628132	.628132			
60 39 NEW BERLIN CLINIC	3.798382	3.798382			
61 EMERGENCY	.703658	.703658			
62 OBSERVATION BEDS (NON-DISTINCT PART)					
64 OTHER REIMBURS COST CNTRS					
65 HOME PROGRAM DIALYSIS	.094534	.094534			
66 AMBULANCE SERVICES					
67 DURABLE MEDICAL EQUIP-RENTED					
101 DURABLE MEDICAL EQUIP-SOLD					
102 SUBTOTAL					
103 CRNA CHARGES					
104 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
NET CHARGES					

TITLE XVIII, PART B

HOSPITAL

	All Other (1)	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr
Cost Center Description	5	5.01	5.02	5.03	6
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		8,092			
38 RECOVERY ROOM		5,108			
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY		6,486			
41 RADIOLOGY-DIAGNOSTIC		62,060			
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE					
44 LABORATORY		27,626			
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47 BLOOD STORING, PROCESSING & TRANS.		62,265			
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY		24,325			
50 PHYSICAL THERAPY		45			
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY		4,500			
53 ELECTROCARDIOLOGY		66,982			
54 ELECTROENCEPHALOGRAPHY		425			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		10,701			
56 DRUGS CHARGED TO PATIENTS		72,978			
57 RENAL DIALYSIS		2,027			
58 ASC (NON-DISTINCT PART)					
59 PSYCHIATRIC/PSYCHOLOGICAL SERVICES		4,491			
59 01 TRANSPORT					
59 02 GENETICS CENTER		1,572			
59 03 NUCLEAR MEDICINE-THERAPEUTIC		126			
59 04 CHILD DEVELOPMENT CENTER					
59 05 CHILD PROTECTION CENTER					
59 06 DENTAL SERVICES					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 URGENT CARE					
60 02 ID PRIM CARE SUPP NETWORK		387			
60 03 PAIN/PALLIATIVE CARE		183			
60 04 PEDIATRIC EXTENDED CARE					
60 05 DIABETIC CLINIC		1,127			
60 06 GI CLINIC		2,360			
60 07 CLINIC FOR SPECIAL NEEDS		1,304			
60 08 DIETETICS		31			
60 09 INFUSION ROOM		20,171			
60 10 CARDIOLOGY CLINIC		12,038			
60 11 PULMONARY CLINIC		6,232			
60 12 CLINIC					
60 13 ENT CLINIC		960			
60 14 ORTHOPEDIC CLINIC		541			
60 15 EYE CLINIC		3,903			
60 16 CLINIC					
60 17 ONCOLOGY CLINIC		35,637			
60 18 SURGICAL SPECIALTIES		1,109			
60 19 ALLERGY CLINIC		29,084			
60 20 CLINIC					
60 21 CLINIC					
60 22 CLINIC					
60 23 LASER CLINIC		297			
60 24 DERMATOLOGY CLINIC		373			
60 25 CLINIC					
60 26 CLINIC					
60 27 CLINIC ADMINISTRATION					
60 28 CRANIOFACIAL CENTER		120			
60 29 HEMATOLOGY CLINIC		6,519			
60 30 SPINA BIFIDA		219			
60 31 NEUROSCIENCES CENTER		526			
60 32 RHEUMATOLOGY CLINIC		1,172			
60 33 ENDOCRINE CENTER		148			
60 34 CLINIC					
60 35 CLINIC					
60 36 CLINIC					
60 37 RENAL CLINIC		14,951			
60 38 GREENWAY CLINIC					
60 39 NEW BERLIN CLINIC		1,788			
61 EMERGENCY		2,497			
62 OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURS COST CNTRS					
64 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
101 SUBTOTAL		503,486			
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES		503,486			

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				5,504	
38 RECOVERY ROOM				1,688	
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY				1,693	
41 RADIOLOGY-DIAGNOSTIC				28,053	
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE					
44 LABORATORY				8,008	
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47 BLOOD STORING, PROCESSING & TRANS.				33,266	
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY				8,183	
50 PHYSICAL THERAPY				23	
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY				2,952	
53 ELECTROCARDIOLOGY				39,054	
54 ELECTROENCEPHALOGRAPHY				124	
55 MEDICAL SUPPLIES CHARGED TO PATIENTS				4,153	
56 DRUGS CHARGED TO PATIENTS				26,229	
57 RENAL DIALYSIS				658	
58 ASC (NON-DISTINCT PART)					
59 PSYCHIATRIC/PSYCHOLOGICAL SERVICES				6,337	
59 01 TRANSPORT					
59 02 GENETICS CENTER				8,058	
59 03 NUCLEAR MEDICINE-THERAPEUTIC				69	
59 04 CHILD DEVELOPMENT CENTER					
59 05 CHILD PROTECTION CENTER					
59 06 DENTAL SERVICES					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 URGENT CARE					
60 02 ID PRIM CARE SUPP NETWORK				7,273	
60 03 PAIN/PALLIATIVE CARE				934	
60 04 PEDIATRIC EXTENDED CARE					
60 05 DIABETIC CLINIC				1,289	
60 06 GI CLINIC				3,335	
60 07 CLINIC FOR SPECIAL NEEDS				5,699	
60 08 DIETETICS				112	
60 09 INFUSION ROOM				4,331	
60 10 CARDIOLOGY CLINIC				14,018	
60 11 PULMONARY CLINIC				9,196	
60 12 CLINIC					
60 13 ENT CLINIC				858	
60 14 ORTHOPEDIC CLINIC				547	
60 15 EYE CLINIC				3,010	
60 16 CLINIC					
60 17 ONCOLOGY CLINIC				30,128	
60 18 SURGICAL SPECIALTIES				1,315	
60 19 ALLERGY CLINIC				34,059	
60 20 CLINIC					
60 21 CLINIC					
60 22 CLINIC					
60 23 LASER CLINIC				206	
60 24 DERMATOLOGY CLINIC				345	
60 25 CLINIC					
60 26 CLINIC					
60 27 CLINIC ADMINISTRATION					
60 28 CRANIOFACIAL CENTER				141	
60 29 HEMATOLOGY CLINIC				14,499	
60 30 SPINA BIFIDA				451	
60 31 NEUROSCIENCES CENTER				1,008	
60 32 RHEUMATOLOGY CLINIC				2,439	
60 33 ENDOCRINE CENTER				206	
60 34 CLINIC					
60 35 CLINIC					
60 36 CLINIC					
60 37 RENAL CLINIC				25,436	
60 38 GREENWAY CLINIC					
60 39 NEW BERLIN CLINIC				6,792	
61 EMERGENCY				1,757	
62 OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURS COST CNTRS					
64 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
101 SUBTOTAL				343,436	
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES				343,436	

TITLE XVIII, PART B

HOSPITAL

PPS Services Hospital I/P Hospital I/P
 1/1 to FYE Part B Charges Part B Costs

Cost Center Description 9.03 10 11

- (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
- 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)
- 59 PSYCHIATRIC/PSYCHOLOGICAL SERVICES
- 59 01 TRANSPORT
- 59 02 GENETICS CENTER
- 59 03 NUCLEAR MEDICINE-THERAPEUTIC
- 59 04 CHILD DEVELOPMENT CENTER
- 59 05 CHILD PROTECTION CENTER
- 59 06 DENTAL SERVICES
- 60 OUTPAT SERVICE COST CNTRS
- 60 CLINIC
- 60 01 URGENT CARE
- 60 02 ID PRIM CARE SUPP NETWORK
- 60 03 PAIN/PALLIATIVE CARE
- 60 04 PEDIATRIC EXTENDED CARE
- 60 05 DIABETIC CLINIC
- 60 06 GI CLINIC
- 60 07 CLINIC FOR SPECIAL NEEDS
- 60 08 DIETETICS
- 60 09 INFUSION ROOM
- 60 10 CARDIOLOGY CLINIC
- 60 11 PULMONARY CLINIC
- 60 12 CLINIC
- 60 13 ENT CLINIC
- 60 14 ORTHOPEDIC CLINIC
- 60 15 EYE CLINIC
- 60 16 CLINIC
- 60 17 ONCOLOGY CLINIC
- 60 18 SURGICAL SPECIALTIES
- 60 19 ALLERGY CLINIC
- 60 20 CLINIC
- 60 21 CLINIC
- 60 22 CLINIC
- 60 23 LASER CLINIC
- 60 24 DERMATOLOGY CLINIC
- 60 25 CLINIC
- 60 26 CLINIC
- 60 27 CLINIC ADMINISTRATION
- 60 28 CRANIOFACIAL CENTER
- 60 29 HEMATOLOGY CLINIC
- 60 30 SPINA BIFIDA
- 60 31 NEUROSCIENCES CENTER
- 60 32 RHEUMATOLOGY CLINIC
- 60 33 ENDOCRINE CENTER
- 60 34 CLINIC
- 60 35 CLINIC
- 60 36 CLINIC
- 60 37 RENAL CLINIC
- 60 38 GREENWAY CLINIC
- 60 39 NEW BERLIN CLINIC
- 61 EMERGENCY
- 62 OBSERVATION BEDS (NON-DISTINCT PART)
- OTHER REIMBURS COST CNTRS
- 64 HOME PROGRAM DIALYSIS
- 65 AMBULANCE SERVICES
- 66 DURABLE MEDICAL EQUIP-RENTED
- 67 DURABLE MEDICAL EQUIP-SOLD
- 101 SUBTOTAL
- 102 CRNA CHARGES
- 103 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES
- 104 NET CHARGES

TITLE XIX - O/P

HOSPITAL

	Cost/Charge Ratio (C, Pt I, col. 9)	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology	Other Outpatient Diagnostic	All Other (1)
Cost Center Description	1	2	3	4	5
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM	.745202				1,422,435
38 RECOVERY ROOM	.330450				973,848
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY	.661027				415,114
41 RADIOLOGY-DIAGNOSTIC	.459724				5,579,755
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE					
44 LABORATORY	.290838				7,709,710
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47 BLOOD STORING, PROCESSING & TRANS.	.534270				1,445,679
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY	.336392				944,691
50 PHYSICAL THERAPY	.532078				149,964
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY	.656030				592,256
53 ELECTROCARDIOLOGY	.722420				1,184,296
54 ELECTROENCEPHALOGRAPHY	.318712				280,961
55 MEDICAL SUPPLIES CHARGED TO PATIENTS	.388125				4,197,404
56 DRUGS CHARGED TO PATIENTS	.359404				3,852,697
57 RENAL DIALYSIS	.342773				416,045
58 ASC (NON-DISTINCT PART)					
59 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.645127				528,003
59 01 TRANSPORT	1.025847				19,207
59 02 GENETICS CENTER	5.125943				73,285
59 03 NUCLEAR MEDICINE-THERAPEUTIC	.546109				307,188
59 04 CHILD DEVELOPMENT CENTER	1.333542				112,742
59 05 CHILD PROTECTION CENTER	2.002733				183,511
59 06 DENTAL SERVICES	.919673				1,774,561
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 URGENT CARE					
60 02 ID PRIM CARE SUPP NETWORK	18.793831				8,056
60 03 PAIN/PALLIATIVE CARE	5.103196				21,460
60 04 PEDIATRIC EXTENDED CARE	3.346929				
60 05 DIABETIC CLINIC	1.143961				67,072
60 06 GI CLINIC	1.650603				386,510
60 07 CLINIC FOR SPECIAL NEEDS	4.370086				13,759
60 08 DIETETICS	3.614444				10,704
60 09 INFUSION ROOM	.214733				503,753
60 10 CARDIOLOGY CLINIC	1.164465				261,205
60 11 PULMONARY CLINIC	1.872220				154,440
60 12 CLINIC					
60 13 ENT CLINIC	1.182253				234,161
60 14 ORTHOPEDIC CLINIC	1.010424				265,205
60 15 EYE CLINIC	.956388				103,805
60 16 CLINIC					
60 17 ONCOLOGY CLINIC	.845409				626,788
60 18 SURGICAL SPECIALTIES	1.185538				198,080
60 19 ALLERGY CLINIC	1.541885				141,739
60 20 CLINIC					
60 21 CLINIC					
60 22 CLINIC					
60 23 LASER CLINIC	.692656				8,159
60 24 DERMATOLOGY CLINIC	1.389041				89,682
60 25 CLINIC					
60 26 CLINIC					
60 27 CLINIC ADMINISTRATION					
60 28 CRANIOFACIAL CENTER	1.178688				45,382
60 29 HEMATOLOGY CLINIC	2.224115				85,835
60 30 SPINA BIFIDA	2.060814				120,437
60 31 NEUROSCIENCES CENTER	2.056226				215,511
60 32 RHEUMATOLOGY CLINIC	2.310816				35,563
60 33 ENDOCRINE CENTER	2.627918				51,994
60 34 CLINIC					
60 35 CLINIC					
60 36 CLINIC					
60 37 RENAL CLINIC	1.701267				49,333
60 38 GREENWAY CLINIC	.628132				22,778
60 39 NEW BERLIN CLINIC	3.798382				69,752
61 EMERGENCY	.780665				1,822,694
62 OBSERVATION BEDS (NON-DISTINCT PART)					
64 OTHER REIMBURS COST CNTRS					
65 HOME PROGRAM DIALYSIS	.094534				481,373
66 AMBULANCE SERVICES					
67 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
101 SUBTOTAL					38,258,582
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES					38,258,582

TITLE XIX - O/P

HOSPITAL

	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE	Outpatient Ambulatory Surgical Ctr	Outpatient Radiology
Cost Center Description	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					
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)					
59 PSYCHIATRIC/PSYCHOLOGICAL SERVICES					
59 01 TRANSPORT					
59 02 GENETICS CENTER					
59 03 NUCLEAR MEDICINE-THERAPEUTIC					
59 04 CHILD DEVELOPMENT CENTER					
59 05 CHILD PROTECTION CENTER					
59 06 DENTAL SERVICES					
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 URGENT CARE					
60 02 ID PRIM CARE SUPP NETWORK					
60 03 PAIN/PALLIATIVE CARE					
60 04 PEDIATRIC EXTENDED CARE					
60 05 DIABETIC CLINIC					
60 06 GI CLINIC					
60 07 CLINIC FOR SPECIAL NEEDS					
60 08 DIETETICS					
60 09 INFUSION ROOM					
60 10 CARDIOLOGY CLINIC					
60 11 PULMONARY CLINIC					
60 12 CLINIC					
60 13 ENT CLINIC					
60 14 ORTHOPEDIC CLINIC					
60 15 EYE CLINIC					
60 16 CLINIC					
60 17 ONCOLOGY CLINIC					
60 18 SURGICAL SPECIALTIES					
60 19 ALLERGY CLINIC					
60 20 CLINIC					
60 21 CLINIC					
60 22 CLINIC					
60 23 LASER CLINIC					
60 24 DERMATOLOGY CLINIC					
60 25 CLINIC					
60 26 CLINIC					
60 27 CLINIC ADMINISTRATION					
60 28 CRANIOFACIAL CENTER					
60 29 HEMATOLOGY CLINIC					
60 30 SPINA BIFIDA					
60 31 NEUROSCIENCES CENTER					
60 32 RHEUMATOLOGY CLINIC					
60 33 ENDOCRINE CENTER					
60 34 CLINIC					
60 35 CLINIC					
60 36 CLINIC					
60 37 RENAL CLINIC					
60 38 GREENWAY CLINIC					
60 39 NEW BERLIN CLINIC					
61 EMERGENCY					
62 OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURS COST CNTRS					
64 HOME PROGRAM DIALYSIS					
65 AMBULANCE SERVICES					
66 DURABLE MEDICAL EQUIP-RENTED					
67 DURABLE MEDICAL EQUIP-SOLD					
101 SUBTOTAL					
102 CRNA CHARGES					
103 LESS PBP CLINIC LAB SVCS- PROGRAM ONLY CHARGES					
104 NET CHARGES					

TITLE XIX - O/P

HOSPITAL

	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services	PPS Services 1/1 to FYE
Cost Center Description	8	9	9.01	9.02	9.03
(A) ANCILLARY SRVC COST CNTRS					
37 OPERATING ROOM		1,060,001			
38 RECOVERY ROOM		321,808			
39 DELIVERY ROOM & LABOR ROOM					
40 ANESTHESIOLOGY		274,402			
41 RADIOLOGY-DIAGNOSTIC		2,565,147			
42 RADIOLOGY-THERAPEUTIC					
43 RADIOISOTOPE					
44 LABORATORY		2,242,277			
45 PBP CLINICAL LAB SERVICES-PRGM ONLY					
46 WHOLE BLOOD & PACKED RED BLOOD CELLS					
47 BLOOD STORING, PROCESSING & TRANS.		772,383			
48 INTRAVENOUS THERAPY					
49 RESPIRATORY THERAPY		317,786			
50 PHYSICAL THERAPY		79,793			
51 OCCUPATIONAL THERAPY					
52 SPEECH PATHOLOGY		388,538			
53 ELECTROCARDIOLOGY		855,559			
54 ELECTROENCEPHALOGRAPHY		89,546			
55 MEDICAL SUPPLIES CHARGED TO PATIENTS		1,629,117			
56 DRUGS CHARGED TO PATIENTS		1,384,675			
57 RENAL DIALYSIS		142,609			
58 ASC (NON-DISTINCT PART)					
59 PSYCHIATRIC/PSYCHOLOGICAL SERVICES		868,632			
59 01 TRANSPORT		19,703			
59 02 GENETICS CENTER		375,655			
59 03 NUCLEAR MEDICINE-THERAPEUTIC		167,758			
59 04 CHILD DEVELOPMENT CENTER		150,346			
59 05 CHILD PROTECTION CENTER		367,524			
59 06 DENTAL SERVICES		1,632,016			
60 OUTPAT SERVICE COST CNTRS					
60 CLINIC					
60 01 URGENT CARE					
60 02 ID PRIM CARE SUPP NETWORK		151,403			
60 03 PAIN/PALLIATIVE CARE		109,515			
60 04 PEDIATRIC EXTENDED CARE					
60 05 DIABETIC CLINIC		76,728			
60 06 GI CLINIC		637,975			
60 07 CLINIC FOR SPECIAL NEEDS		60,128			
60 08 DIETETICS		38,689			
60 09 INFUSION ROOM		108,172			
60 10 CARDIOLOGY CLINIC		304,164			
60 11 PULMONARY CLINIC		289,146			
60 12 CLINIC					
60 13 ENT CLINIC		276,838			
60 14 ORTHOPEDIC CLINIC		267,969			
60 15 EYE CLINIC		99,278			
60 16 CLINIC					
60 17 ONCOLOGY CLINIC		529,892			
60 18 SURGICAL SPECIALTIES		234,831			
60 19 ALLERGY CLINIC		218,545			
60 20 CLINIC					
60 21 CLINIC					
60 22 CLINIC					
60 23 LASER CLINIC		5,651			
60 24 DERMATOLOGY CLINIC		124,572			
60 25 CLINIC					
60 26 CLINIC					
60 27 CLINIC ADMINISTRATION					
60 28 CRANIOFACIAL CENTER		53,491			
60 29 HEMATOLOGY CLINIC		190,907			
60 30 SPINA BIFIDA		248,198			
60 31 NEUROSCIENCES CENTER		443,139			
60 32 RHEUMATOLOGY CLINIC		82,180			
60 33 ENDOCRINE CENTER		136,636			
60 34 CLINIC					
60 35 CLINIC					
60 36 CLINIC					
60 37 RENAL CLINIC		83,929			
60 38 GREENWAY CLINIC		14,308			
60 39 NEW BERLIN CLINIC		264,945			
61 EMERGENCY		1,422,913			
62 OBSERVATION BEDS (NON-DISTINCT PART)					
64 OTHER REIMBURS COST CNTRS					
65 HOME PROGRAM DIALYSIS		45,506			
66 AMBULANCE SERVICES					
67 DURABLE MEDICAL EQUIP-RENTED					
101 DURABLE MEDICAL EQUIP-SOLD					
102 SUBTOTAL		22,224,923			
103 CRNA CHARGES					
104 LESS PBP CLINIC LAB SVCS-PROGRAM ONLY CHARGES					
NET CHARGES		22,224,923			

TITLE XVIII PART A HOSPITAL TEFRA

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	37,658
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	37,658
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	37,658
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	72
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	53,428,134
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	53,428,134

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	93,724,777
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	93,724,777
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.570053
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	2,488.84
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	53,428,134

TITLE XVIII PART A HOSPITAL TEFRA

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM					1,418.77
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					102,151
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM					
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST					102,151

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY) INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS				
43	59,821,377	31,783	1,882.18	76	143,046
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	13,276,283	6,808	1,950.10	69	134,557
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				
49	TOTAL PROGRAM INPATIENT COSTS				

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	34,978
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	45,919
52	TOTAL PROGRAM EXCLUDABLE COST	80,897
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	1,061,042

TARGET AMOUNT AND LIMIT COMPUTATION

54	PROGRAM DISCHARGES	28
55	TARGET AMOUNT PER DISCHARGE	9,635.55
56	TARGET AMOUNT	269,795
57	DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT	-791,247
58	BONUS PAYMENT	
58.01	LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET	7,975.00
58.02	LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET	7,698.05
58.03	IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.	
58.04	RELIEF PAYMENT	26,980
59	ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT	377,672
59.01	ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)	
59.02	PROGRAM DISCHARGES PRIOR TO JULY 1	
59.03	PROGRAM DISCHARGES AFTER JULY 1	
59.04	PROGRAM DISCHARGES (SEE INSTRUCTIONS)	
59.05	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)	
59.06	REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)	
59.07	REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)	
59.08	REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)	

PROGRAM INPATIENT ROUTINE SWING BED COST

60	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
61	MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)
62	TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
63	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD
64	TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD
65	TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

TITLE XVIII PART A HOSPITAL TEFRA

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 1,418.77
 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		53,428,134			
87 NEW CAPITAL-RELATED COST	6,262,807	53,428,134	.117219		
88 NON PHYSICIAN ANESTHETIST		53,428,134			
89 MEDICAL EDUCATION		53,428,134			
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

TITLE XIX - I/P HOSPITAL OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	37,658
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	37,658
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	12,845
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	24,813
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	9,943
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	61,518,799
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	61,518,799

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	93,724,777
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	93,724,777
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.656377
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	3,777.24
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	61,518,799

TITLE XIX - I/P HOSPITAL OTHER

PART II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 1,633.62
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 16,243,084
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 16,243,084

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY)					
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	61,507,177	31,783	1,935.22	10,864	21,024,230
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPEC CARE HOT	13,489,815	6,808	1,981.47	1,984	3,931,236
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					39,057,302
49 TOTAL PROGRAM INPATIENT COSTS					80,255,852

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES
 52 TOTAL PROGRAM EXCLUDABLE COST
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN
 ANESTHETIST, AND MEDICAL EDUCATION COSTS

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES
 55 TARGET AMOUNT PER DISCHARGE
 56 TARGET AMOUNT
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT
 58 BONUS PAYMENT
 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED
 AND COMPOUNDED BY THE MARKET BASKET
 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET
 BASKET
 58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE
 LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN
 EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56)
 OTHERWISE ENTER ZERO.
 58.04 RELIEF PAYMENT
 59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT
 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)
 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1
 59.03 PROGRAM DISCHARGES AFTER JULY 1
 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)
 59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1
 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1
 (SEE INSTRUCTIONS) (LTCH ONLY)
 59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)
 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST
 REPORTING PERIOD (SEE INSTRUCTIONS)
 61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST
 REPORTING PERIOD (SEE INSTRUCTIONS)
 62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS
 63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE
 COST REPORTING PERIOD
 64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE
 COST REPORTING PERIOD
 65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

TITLE XIX - I/P HOSPITAL 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 1,633.62
 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 TEFRA

WKST A LINE NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
25	INPAT ROUTINE SRVC CNTRS			
26	ADULTS & PEDIATRICS		255,301	
27	INTENSIVE CARE UNIT		400,750	
28	CORONARY CARE UNIT			
29	BURN INTENSIVE CARE UNIT			
30	SURGICAL INTENSIVE CARE UNIT			
31	OTHER SPEC CARE HOT SUBPROVIDER		468,670	
37	ANCILLARY SRVC COST CNTRS			
38	OPERATING ROOM	.680231	83,285	56,653
39	RECOVERY ROOM	.330450	7,039	2,326
40	DELIVERY ROOM & LABOR ROOM			
41	ANESTHESIOLOGY	.261096	10,111	2,640
42	RADIOLOGY-DIAGNOSTIC	.452025	64,971	29,369
43	RADIOLOGY-THERAPEUTIC			
44	RADIOISOTOPE			
45	LABORATORY	.289855	376,652	109,174
46	PBP CLINICAL LAB SERVICES-PRGM ONLY			
47	WHOLE BLOOD & PACKED RED BLOOD CELLS			
48	BLOOD STORING, PROCESSING & TRANS.	.534270	127,511	68,125
49	INTRAVENOUS THERAPY			
50	RESPIRATORY THERAPY	.336392	250,166	84,154
51	PHYSICAL THERAPY	.508196	14,415	7,326
52	OCCUPATIONAL THERAPY			
53	SPEECH PATHOLOGY	.656030		
54	ELECTROCARDIOLOGY	.583058	4,696	2,738
55	ELECTROENCEPHALOGRAPHY	.292317	1,049	307
56	MEDICAL SUPPLIES CHARGED TO PATIENTS	.388125	152,809	59,309
57	DRUGS CHARGED TO PATIENTS	.359404	854,824	307,227
58	RENAL DIALYSIS	.324503	39,779	12,908
59	ASC (NON-DISTINCT PART)			
59	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.410987	1,227	1,731
59	01 TRANSPORT	1.025847		
59	02 GENETICS CENTER	5.125943		
59	03 NUCLEAR MEDICINE-THERAPEUTIC	.546109	875	478
59	04 CHILD DEVELOPMENT CENTER	1.333542		
59	05 CHILD PROTECTION CENTER	2.002733		
59	06 DENTAL SERVICES	.738772		
60	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60	01 URGENT CARE			
60	02 ID PRIM CARE SUPP NETWORK	18.793831		
60	03 PAIN/PALLIATIVE CARE	5.103196		
60	04 PEDIATRIC EXTENDED CARE	3.346929		
60	05 DIABETIC CLINIC	1.143961		
60	06 GI CLINIC	1.413063	172	243
60	07 CLINIC FOR SPECIAL NEEDS	4.370086		
60	08 DIETETICS	3.614444	964	3,484
60	09 INFUSION ROOM	.214733		
60	10 CARDIOLOGY CLINIC	1.164465		
60	11 PULMONARY CLINIC	1.475586		
60	12 CLINIC			
60	13 ENT CLINIC	.893376		
60	14 ORTHOPEDIC CLINIC	1.010424		
60	15 EYE CLINIC	.771294		
60	16 CLINIC			
60	17 ONCOLOGY CLINIC	.845409	3,645	3,082
60	18 SURGICAL SPECIALTIES	1.185538	4,000	4,742
60	19 ALLERGY CLINIC	1.171069		
60	20 CLINIC			
60	21 CLINIC			
60	22 CLINIC			
60	23 LASER CLINIC	.692656		
60	24 DERMATOLOGY CLINIC	.923805		
60	25 CLINIC			
60	26 CLINIC			
60	27 CLINIC ADMINISTRATION			
60	28 CRANIOFACIAL CENTER	1.178688		
60	29 HEMATOLOGY CLINIC	2.224115		
60	30 SPINA BIFIDA	2.060814		
60	31 NEUROSCIENCES CENTER	1.915687		
60	32 RHEUMATOLOGY CLINIC	2.081338		
60	33 ENDOCRINE CENTER	1.391270		
60	34 CLINIC			
60	35 CLINIC			
60	36 CLINIC			
60	37 RENAL CLINIC	1.701267	262	446
60	38 GREENWAY CLINIC	.628132		
60	39 NEW BERLIN CLINIC	3.798382		
61	EMERGENCY	.703658	7,790	5,481
62	OBSERVATION BEDS (NON-DISTINCT PART)			
64	OTHER REIMBURS COST CNTRS			
65	HOME PROGRAM DIALYSIS	.094534	2,555	242
66	AMBULANCE SERVICES			
67	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

WKST A LINE NO.	TITLE XVIII, PART A COST CENTER DESCRIPTION	HOSPITAL	RATIO COST TO CHARGES 1	TEFRA	
				INPATIENT CHARGES 2	INPATIENT COST 3
101	OTHER REIMBURS COST CNTRS TOTAL			2,008,797	762,185
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES				
103	NET CHARGES			2,008,797	

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

WKST A LINE NO.	TITLE XIX COST CENTER DESCRIPTION	HOSPITAL	OTHER	
			RATIO COST TO CHARGES 1	INPATIENT CHARGES 2
25	INPAT ROUTINE SRVC CNTRS			
26	ADULTS & PEDIATRICS		26,792,250	
27	INTENSIVE CARE UNIT		42,640,262	
28	CORONARY CARE UNIT			
29	BURN INTENSIVE CARE UNIT			
30	SURGICAL INTENSIVE CARE UNIT			
31	OTHER SPEC CARE HOT		5,145,280	
31	SUBPROVIDER			
37	ANCILLARY SRVC COST CNTRS			
38	OPERATING ROOM	.745202	5,024,890	3,744,558
39	RECOVERY ROOM	.330450	480,917	158,919
40	DELIVERY ROOM & LABOR ROOM			
41	ANESTHESIOLOGY	.661027	611,056	403,925
42	RADIOLOGY-DIAGNOSTIC	.459724	5,143,666	2,364,667
43	RADIOLOGY-THERAPEUTIC			
44	RADIOISOTOPE			
45	LABORATORY	.290838	16,227,748	4,719,646
46	PBP CLINICAL LAB SERVICES-PRGM ONLY			
47	WHOLE BLOOD & PACKED RED BLOOD CELLS			
48	BLOOD STORING, PROCESSING & TRANS.	.534270	3,476,741	1,857,518
49	INTRAVENOUS THERAPY			
50	RESPIRATORY THERAPY	.336392	11,885,979	3,998,348
51	PHYSICAL THERAPY	.532078	1,518,216	807,809
52	OCCUPATIONAL THERAPY			
53	SPEECH PATHOLOGY	.656030	310,491	203,691
54	ELECTROCARDIOLOGY	.722420	630,268	455,318
55	ELECTROENCEPHALOGRAPHY	.318712	1,150,187	366,578
56	MEDICAL SUPPLIES CHARGED TO PATIENTS	.388125	26,002,265	10,092,129
57	DRUGS CHARGED TO PATIENTS	.359404	22,533,954	8,098,793
58	RENAL DIALYSIS	.342773	216,112	74,077
59	ASC (NON-DISTINCT PART)			
59	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1.645127	36,029	59,272
59	01 TRANSPORT	1.025847		
59	02 GENETICS CENTER	5.125943	1,294	6,633
59	03 NUCLEAR MEDICINE-THERAPEUTIC	.546109	108,574	59,293
59	04 CHILD DEVELOPMENT CENTER	1.333542		
59	05 CHILD PROTECTION CENTER	2.002733		
59	06 DENTAL SERVICES	.919673	6,638	6,105
60	OUTPAT SERVICE COST CNTRS			
60	CLINIC			
60	01 URGENT CARE			
60	02 ID PRIM CARE SUPP NETWORK	18.793831		
60	03 PAIN/PALLIATIVE CARE	5.103196	351	1,791
60	04 PEDIATRIC EXTENDED CARE	3.346929		
60	05 DIABETIC CLINIC	1.143961	141	161
60	06 GI CLINIC	1.650603	25,366	41,869
60	07 CLINIC FOR SPECIAL NEEDS	4.370086		
60	08 DIETETICS	3.614444	239,448	865,471
60	09 INFUSION ROOM	.214733	1,706	366
60	10 CARDIOLOGY CLINIC	1.164465	37,513	43,683
60	11 PULMONARY CLINIC	1.872220	2,155	4,035
60	12 CLINIC			
60	13 ENT CLINIC	1.182253	3,036	3,589
60	14 ORTHOPEDIC CLINIC	1.010424	1,726	1,744
60	15 EYE CLINIC	.956388	25	24
60	16 CLINIC			
60	17 ONCOLOGY CLINIC	.845409	79,756	67,426
60	18 SURGICAL SPECIALTIES	1.185538	2,641	3,131
60	19 ALLERGY CLINIC	1.541885	36	56
60	20 CLINIC			
60	21 CLINIC			
60	22 CLINIC			
60	23 LASER CLINIC	.692656		
60	24 DERMATOLOGY CLINIC	1.389041	369	513
60	25 CLINIC			
60	26 CLINIC			
60	27 CLINIC ADMINISTRATION			
60	28 CRANIOFACIAL CENTER	1.178688		
60	29 HEMATOLOGY CLINIC	2.224115	169	376
60	30 SPINA BIFIDA	2.060814	513	1,057
60	31 NEUROSCIENCES CENTER	2.056226	2,431	4,999
60	32 RHEUMATOLOGY CLINIC	2.310816	246	568
60	33 ENDOCRINE CENTER	2.627918		
60	34 CLINIC			
60	35 CLINIC			
60	36 CLINIC			
60	37 RENAL CLINIC	1.701267	836	1,422
60	38 GREENWAY CLINIC	.628132		
60	39 NEW BERLIN CLINIC	3.798382	76	289
61	EMERGENCY	.780665	688,300	537,332
62	OBSERVATION BEDS (NON-DISTINCT PART)			
64	OTHER REIMBURS COST CNTRS			
64	HOME PROGRAM DIALYSIS	.094534	1,278	121
65	AMBULANCE SERVICES			
66	DURABLE MEDICAL EQUIP-RENTED			
67	DURABLE MEDICAL EQUIP-SOLD			

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

WKST A LINE NO.	TITLE XIX COST CENTER DESCRIPTION	HOSPITAL	RATIO COST TO CHARGES 1	OTHER	
				INPATIENT CHARGES 2	INPATIENT COST 3
101	OTHER REIMBURS COST CNTRS TOTAL			96,453,143	39,057,302
102	LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES				
103	NET CHARGES			96,453,143	

KIDNEY

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

COMPUTATION OF INPATIENT ROUTINE SERVICE COSTS APPLICABLE TO ORGAN ACQUISITION		INPATIENT ROUTINE ORGAN CHARGES		PER DIEM COSTS FROM WKST. D-1	ORGAN ACQUISITION DAYS	COST (COL. 2 X COL. 3)
		1	D	2	3	4
1	ADULTS & PEDIATRICS	40,511	38	1,418.77	18	25,538
2	INTENSIVE CARE UNIT		43	1,882.18		
3	CORONARY CARE UNIT		44			
4	BURN INTENSIVE CARE UNIT		45			
5	SURGICAL INTENSIVE CARE UNIT		46			
6	OTHER SPEC CARE HOT		47	1,950.10		
7	TOTAL (SUM OF LINES 1-6)	40,511			18	25,538

COMPUTATION OF ANCILLARY SERVICE COST APPLICABLE TO ORGAN ACQUISITION		RATIO OF COST/ CHARGES	ORGAN ACQUISITION ANCILLARY CHARGES	ORGAN ACQUISITION ANCILLARY COSTS
		1	2	3
8	OPERATING ROOM	37	.680231	666
9	RECOVERY ROOM	38	.330450	
10	DELIVERY ROOM & LABOR ROO	39		
11	ANESTHESIOLOGY	40	.261096	
12	RADIOLOGY-DIAGNOSTIC	41	.452025	507
13	RADIOLOGY-THERAPEUTIC	42		229
14	RADIOISOTOPE	43		
15	LABORATORY	44	.289855	11,487
16	PBP CLINICAL LAB SERVICES	45		3,330
17	WHOLE BLOOD & PACKED RED	46		
18	BLOOD STORING, PROCESSING	47	.534270	1,579
19	INTRAVENOUS THERAPY	48		844
20	RESPIRATORY THERAPY	49	.336392	725
21	PHYSICAL THERAPY	50	.508196	244
22	OCCUPATIONAL THERAPY	51		
23	SPEECH PATHOLOGY	52	.656030	
24	ELECTROCARDIOLOGY	53	.583058	
25	ELECTROENCEPHALOGRAPHY	54	.292317	
26	MEDICAL SUPPLIES CHARGED	55	.388125	6,066
27	DRUGS CHARGED TO PATIENTS	56	.359404	7,223
28	RENAL DIALYSIS	57	.324503	2,354
29	ASC (NON-DISTINCT PART)	58		2,596
30	PSYCHIATRIC/PSYCHOLOGICAL	59	1.410987	
30.01	TRANSPORT	59.01	1.025847	
30.02	GENETICS CENTER	59.02	5.125943	
30.03	NUCLEAR MEDICINE-THERAPEU	59.03	.546109	
30.04	CHILD DEVELOPMENT CENTER	59.04	1.333542	
30.05	CHILD PROTECTION CENTER	59.05	2.002733	
30.06	DENTAL SERVICES	59.06	.738772	
31	CLINIC	60		
31.01	URGENT CARE	60.01		
31.02	ID PRIM CARE SUPP NETWORK	60.02	18.793831	
31.03	PAIN/PALLIATIVE CARE	60.03	5.103196	
31.04	PEDIATRIC EXTENDED CARE	60.04	3.346929	
31.05	DIABETIC CLINIC	60.05	1.143961	
31.06	GI CLINIC	60.06	1.413063	
31.07	CLINIC FOR SPECIAL NEEDS	60.07	4.370086	
31.08	DIETETICS	60.08	3.614444	
31.09	INFUSION ROOM	60.09	.214733	
31.10	CARDIOLOGY CLINIC	60.10	1.164465	
31.11	PULMONARY CLINIC	60.11	1.475586	
31.12	CLINIC	60.12		
31.13	ENT CLINIC	60.13	.893376	
31.14	ORTHOPEDIC CLINIC	60.14	1.010424	
31.15	EYE CLINIC	60.15	.771294	
31.16	CLINIC	60.16		
31.17	ONCOLOGY CLINIC	60.17	.845409	
31.18	SURGICAL SPECIALTIES	60.18	1.185538	
31.19	ALLERGY CLINIC	60.19	1.171069	
31.20	CLINIC	60.20		
31.21	CLINIC	60.21		
31.22	CLINIC	60.22		
31.23	LASER CLINIC	60.23	.692656	
31.24	DERMATOLOGY CLINIC	60.24	.923805	
31.25	CLINIC	60.25		
31.26	CLINIC	60.26		
31.27	CLINIC ADMINISTRATION	60.27		
31.28	CRANIOFACIAL CENTER	60.28	1.178688	
31.29	HEMATOLOGY CLINIC	60.29	2.224115	
31.30	SPINA BIFIDA	60.30	2.060814	
31.31	NEUROSCIENCES CENTER	60.31	1.915687	

Health Financial Systems
 COMPUTATION OF ORGAN ACQUISITION
 COSTS AND CHARGES

FOR CHILDREN'S HOSPITAL OF WISCONSIN IN LIEU OF FORM CMS-2552-96(07/2009)
 I PROVIDER NO: I PERIOD: I PREPARED 5/26/2010
 I 52-3300 I FROM 1/ 1/2009 I WORKSHEET D-6
 I OPO NO.: I TO 12/31/2009 I PART I
 I - I I

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
31.32	RHEUMATOLOGY CLINIC	60.32	2.081338	
31.33	ENDOCRINE CENTER	60.33	1.391270	
31.34	CLINIC	60.34		
31.35	CLINIC	60.35		
31.36	CLINIC	60.36		
31.37	RENAL CLINIC	60.37	1.701267	387
31.38	GREENWAY CLINIC	60.38	.628132	658
31.39	NEW BERLIN CLINIC	60.39	3.798382	
32	EMERGENCY	61	.703658	
33	OBSERVATION BEDS (NON-DIS	62		
35	TOTAL (SUM OF LINES 8-34)		28,640	10,708

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		18	
37	INTENSIVE CARE UNIT			
38	CORONARY CARE UNIT			
39	BURN INTENSIVE CARE UNIT			
40	SURGICAL INTENSIVE CARE UNIT			
41	OTHER SPEC CARE HOT			
42	TOTAL (SUM OF LINES 36-41)		18	

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	URGENT CARE			20.01
43.02	ID PRIM CARE SUPP NETWORK			20.02
43.03	PAIN/PALLIATIVE CARE			20.03
43.04	PEDIATRIC EXTENDED CARE			20.04
43.05	DIABETIC CLINIC			20.05
43.06	GI CLINIC			20.06
43.07	CLINIC FOR SPECIAL NEEDS			20.07
43.08	DIETETICS			20.08
43.09	INFUSION ROOM			20.09
43.10	CARDIOLOGY CLINIC			20.10
43.11	PULMONARY CLINIC			20.11
43.12	CLINIC			20.12
43.13	ENT CLINIC			20.13
43.14	ORTHOPEDIC CLINIC			20.14
43.15	EYE CLINIC			20.15
43.16	CLINIC			20.16
43.17	ONCOLOGY CLINIC			20.17
43.18	SURGICAL SPECIALTIES			20.18
43.19	ALLERGY CLINIC			20.19
43.20	CLINIC			20.20
43.21	CLINIC			20.21
43.22	CLINIC			20.22
43.23	LASER CLINIC			20.23
43.24	DERMATOLOGY CLINIC			20.24
43.25	CLINIC			20.25
43.26	CLINIC			20.26
43.27	CLINIC ADMINISTRATION			20.27
43.28	CRANIOFACIAL CENTER			20.28
43.29	HEMATOLOGY CLINIC			20.29
43.30	SPINA BIFIDA			20.30
43.31	NEUROSCIENCES CENTER			20.31
43.32	RHEUMATOLOGY CLINIC			20.32
43.33	ENDOCRINE CENTER			20.33
43.34	CLINIC			20.34
43.35	CLINIC			20.35
43.36	CLINIC			20.36
43.37	RENAL CLINIC	387		20.37
43.38	GREENWAY CLINIC			20.38
43.39	NEW BERLIN CLINIC			20.39
44	EMERGENCY			21
45	OBSERVATION BEDS (NON-DISTINCT PART)			22
47	TOTAL (SUM OF LINES 43-46)	387		

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	36,246		69,151	
49 INTERNS & RESIDENTS (INPATIENT)				
50 INTERNS & RESIDENTS (OUTPATIENT)				
51 DIRECT ORGAN ACQUISITION	455,543		324,126	
52 COST OF SERVS OF TEACHING PHYSICIANS				
53 TOTAL (SUM OF LINES 48-52)	491,789		393,277	
54 TOTAL USABLE ORGANS		6		
55 MEDICARE USABLE ORGANS		1		
56 RATIO MEDICARE USABLE ORGANS TO TOTAL USABLE ORGANS		0.166667		
57 MEDICARE COST/CHARGES	81,965		65,546	
58 REVENUE FOR ORGANS SOLD				
59 SUBTOTAL (LN 57 MINUS LN 58)	81,965		65,546	
60 ORGANS FURNISHED PART B				
61 NET ORGAN ACQUISITION COST & CHARGES	81,965		65,546	

PART IV - STATISTICS

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

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

CALCULATION OF REIMBURSEMENT SETTLEMENT

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2010
 I 52-3300 I FROM 1/ 1/2009 I WORKSHEET E
 I COMPONENT NO: I TO 12/31/2009 I PART B
 I 52-3300 I I

PART B - MEDICAL AND OTHER HEALTH SERVICES

HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	343,436
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	175,300
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.743
1.04	LINE 1.01 TIMES LINE 1.03.	255,173
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	68.70
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	79,873
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)	255,173

COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	41,853
19	SUBTOTAL (SEE INSTRUCTIONS)	213,320
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	3,282
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	216,602
24	PRIMARY PAYER PAYMENTS	
25	SUBTOTAL	216,602

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	216,602
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	216,602
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	175,300
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	41,302
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, 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)	

TITLE XVIII HOSPITAL

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY 1	AMOUNT 2	MM/DD/YYYY 3	AMOUNT 4
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER		353,806		175,300
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		NONE		NONE
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
ADJUSTMENTS TO PROVIDER	.01			
ADJUSTMENTS TO PROVIDER	.02			
ADJUSTMENTS TO PROVIDER	.03			
ADJUSTMENTS TO PROVIDER	.04			
ADJUSTMENTS TO PROVIDER	.05			
ADJUSTMENTS TO PROGRAM	.50			
ADJUSTMENTS TO PROGRAM	.51			
ADJUSTMENTS TO PROGRAM	.52			
ADJUSTMENTS TO PROGRAM	.53			
ADJUSTMENTS TO PROGRAM	.54			
SUBTOTAL	.99	NONE		NONE
4 TOTAL INTERIM PAYMENTS		353,806		175,300
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER	.01			
TENTATIVE TO PROVIDER	.02			
TENTATIVE TO PROVIDER	.03			
TENTATIVE TO PROGRAM	.50			
TENTATIVE TO PROGRAM	.51			
TENTATIVE TO PROGRAM	.52			
SUBTOTAL	.99	NONE		NONE
6 DETERMINED NET SETTLEMENT AMOUNT (BALANCE DUE) BASED ON COST REPORT (1)		102,577		41,302
7 TOTAL MEDICARE PROGRAM LIABILITY		456,383		216,602

NAME OF INTERMEDIARY:
 INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: _____

DATE: ___/___/___

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

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

	TITLE XIX	HOSPITAL	OTHER TITLE V OR TITLE XIX 1	TITLE XVIII SNF PPS 2
	COMPUTATION OF NET COST OF COVERED SERVICE			
1	INPATIENT HOSPITAL/SNF/NF SERVICES		80,255,852	
2	MEDICAL AND OTHER SERVICES		22,224,923	
3	INTERNS AND RESIDENTS (SEE INSTRUCTIONS)			
4	ORGAN ACQUISITION (CERT TRANSPLANT CENTERS ONLY)		284,887	
5	COST OF TEACHING PHYSICIANS (SEE INSTRUCTIONS)			
6	SUBTOTAL		102,765,662	
7	INPATIENT PRIMARY PAYER PAYMENTS		3,945,117	
8	OUTPATIENT PRIMARY PAYER PAYMENTS		271,171	
9	SUBTOTAL		98,549,374	
	COMPUTATION OF LESSER OF COST OR CHARGES			
	REASONABLE CHARGES			
10	ROUTINE SERVICE CHARGES		73,606,272	
11	ANCILLARY SERVICE CHARGES		134,711,725	
12	INTERNS AND RESIDENTS SERVICE CHARGES			
13	ORGAN ACQUISITION CHARGES, NET OF REVENUE		284,887	
14	TEACHING PHYSICIANS			
15	INCENTIVE FROM TARGET AMOUNT COMPUTATION			
16	TOTAL REASONABLE CHARGES		208,602,884	
	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)		208,602,884	
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		110,053,510	
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			
23	COST OF COVERED SERVICES		98,549,374	
	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		98,549,374	
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		98,549,374	
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)			
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
34	EXCESS OF REASONABLE COST			
35	SUBTOTAL		98,549,374	
36	COINSURANCE		25,900	
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)		98,523,474	
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		98,523,474	
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)			
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER		98,523,474	
56	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)			
57	INTERIM PAYMENTS		48,989,954	
57.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)			
58	BALANCE DUE PROVIDER/PROGRAM		49,533,520	
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS)			

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

TITLE XIX

HOSPITAL

OTHER
TITLE V OR
TITLE XIX
1

TITLE XVIII
SNF PPS
2

IN ACCORDANCE WITH CMS PUB. 15-II, 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		120.16
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		120.16
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)	120.16	240.32
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS		172.63
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.		172.63
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.		77.95
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.		67.45
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.		145.40
3.10	SEE INSTRUCTIONS		145.40
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.		8.65
3.12	SEE INSTRUCTIONS		76.10
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)		67.81
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)		66.89
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS	70.27
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)		70.27
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.		74,902.00
3.18	SEE INSTRUCTIONS		5,263,364
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)		78.08
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)		73.86
3.21	SEE INSTRUCTIONS	RES INIT YEARS	76.63
3.22	SEE INSTRUCTIONS		76.63
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001		5,263,364

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		217
5	TOTAL INPATIENT DAYS		76,249
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.002846
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	14,980	14,980
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		76,249
6.04	ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS)		100.00
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.		
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)		
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	PRIOR TO 422 E-3,6 LN 12	100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD		

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

7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS		
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES		5,328,764
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)	1,141,939
13	ORGAN ACQUISITION COSTS	81,965
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	
16	TOTAL PART A REASONABLE COST	1,223,904

PART B REASONABLE COST

17	REASONABLE COST	343,436
18	PRIMARY PAYER PAYMENTS	
19	TOTAL PART B REASONABLE COST	343,436
20	TOTAL REASONABLE COST	1,567,340
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.780880
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.219120

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)	14,980
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	11,698
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	3,282

TITLE XIX

COMPUTATION OF TOTAL DIRECT GME AMOUNT

- 1 NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE
- 1.01 NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)
- 2 UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY
- 2.01 UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)
- 3 AGGREGATE APPROVED AMOUNT
- 3.01 UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96
- 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)
- 3.05 UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS
- 3.06 ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.
- 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.
- 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.
- 3.09 ENTER THE SUM OF LINES 3.07 AND 3.08.
- 3.10 SEE INSTRUCTIONS
- 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
- 3.13 TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)
- 3.14 TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)
- 3.15 ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS) RES INIT YEARS
- 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)
- 3.17 ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.
- 3.18 SEE INSTRUCTIONS
- 3.19 ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)
- 3.20 ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS) RES INIT YEARS
- 3.21 SEE INSTRUCTIONS
- 3.22 SEE INSTRUCTIONS
- 3.23 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001
- 3.24 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001
- 3.25 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001

COMPUTATION OF PROGRAM PATIENT LOAD

- 4 PROGRAM PART A INPATIENT DAYS 22,791
- 5 TOTAL INPATIENT DAYS 76,249
- 6 RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS. LN 6 * LN 3.25 + E-3, 6 L 11 .298902
- 6.01 TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS
- 6.02 PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)
- 6.03 ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE. 76,249
- 6.04 ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS) 100.00
- 6.05 GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.
- 6.06 PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)
- 6.07 ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS) 100.00
- 6.08 GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD PRIOR TO 422 E-3,6 LN 12

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
- 9 RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES

TITLE XIX

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

APPORTIONMENT BASED ON MEDICARE REASONABLE COST TITLE XVIII ONLY

PART A REASONABLE COST

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

PART B REASONABLE COST

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

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

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

TITLE XVIII

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA

- 1 RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD.
- 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)

COLUMN 1 COLUMN 1.01
 1.000000

CALCULATION OF ADDITIONAL DIRECT GME PAYMENT ATTRIBUTABLE TO SECTION 422 OF MMA

- 5 ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)
- 5.01 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)
- 7 SECT. 422 ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)
- 8 ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)
- 9 MULTIPLY LINE 7 TIMES LINE 8
- 10 MEDICARE PROGRAM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6.
- 11 DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS (MULTIPLY LN 9 * LN 10)
- 12 DIRECT GME PAYMENT FOR MANAGED CARE DAYS (MULTIPLY LINE 9 BY WKST E-3, PART IV [(LINE 6.02+6.06)/LINE 5])

3.50

CALCULATION OF REDUCED IME CAP UNDER SECTION 422 OF MMA

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

CALCULATION OF ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

- 16 NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(c).
- 17 IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)
- 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)
- 19 RESIDENT TO BED COUNT (DIVIDE LINE 18 BY LINE 3 OF WKST E, PART A)
- 20 IME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)
- 21 DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005.
- 22 SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005
- 23 ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

TITLE XIX

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA

- 1 RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD.
- 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)

COLUMN 1
1.000000

COLUMN 1.01

CALCULATION OF ADDITIONAL DIRECT GME PAYMENT ATTRIBUTABLE TO SECTION 422 OF MMA

- 5 ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)
- 5.01 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)
- 7 SECT. 422 ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)
- 8 ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)
- 9 MULTIPLY LINE 7 TIMES LINE 8
- 10 MEDICARE PROGRAM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6.
- 11 DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS (MULTIPLY LN 9 * LN 10)
- 12 DIRECT GME PAYMENT FOR MANAGED CARE DAYS (MULTIPLY LINE 9 BY WKST E-3, PART IV [(LINE 6.02+6.06)/LINE 5])

3.50

CALCULATION OF REDUCED IME CAP UNDER SECTION 422 OF MMA

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

CALCULATION OF ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

- 16 NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(c).
- 17 IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)
- 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)
- 19 RESIDENT TO BED COUNT (DIVIDE LINE 18 BY LINE 3 OF WKST E, PART A)
- 20 IME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)
- 21 DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005.
- 22 SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005
- 23 ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

BALANCE SHEET

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2010
 I 52-3300 I FROM 1/ 1/2009 I
 I I TO 12/31/2009 I WORKSHEET G

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS	62,736,687			
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	60,016,984			
5 OTHER RECEIVABLES	33,584,245			
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE	-2,781,894			
7 INVENTORY	3,236,907			
8 PREPAID EXPENSES	1,990,661			
9 OTHER CURRENT ASSETS				
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	158,783,590			
FIXED ASSETS				
12 LAND				
12.01				
13 LAND IMPROVEMENTS	9,884,132			
13.01 LESS ACCUMULATED DEPRECIATION	-725,560			
14 BUILDINGS	365,369,963			
14.01 LESS ACCUMULATED DEPRECIATION	-106,907,659			
15 LEASEHOLD IMPROVEMENTS	68,130,659			
15.01 LESS ACCUMULATED DEPRECIATION	-23,833,971			
16 FIXED EQUIPMENT				
16.01 LESS ACCUMULATED DEPRECIATION				
17 AUTOMOBILES AND TRUCKS	79,457			
17.01 LESS ACCUMULATED DEPRECIATION	-60,968			
18 MAJOR MOVABLE EQUIPMENT	141,778,762			
18.01 LESS ACCUMULATED DEPRECIATION	-34,635,958			
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	419,078,857			
OTHER ASSETS				
22 INVESTMENTS	167,802,877			
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS				
25 OTHER ASSETS	331,054,868			
26 TOTAL OTHER ASSETS	498,857,745			
27 TOTAL ASSETS	1076,720,192			

BALANCE SHEET

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2010
 I 52-3300 I FROM 1/ 1/2009 I
 I I TO 12/31/2009 I WORKSHEET G

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	16,125,828			
29 SALARIES, WAGES & FEES PAYABLE	2,283,761			
30 PAYROLL TAXES PAYABLE	633,816			
31 NOTES AND LOANS PAYABLE (SHORT TERM)	4,514,491			
32 DEFERRED INCOME	540,541			
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS				
35 OTHER CURRENT LIABILITIES	33,771,346			
36 TOTAL CURRENT LIABILITIES	57,869,783			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	287,681,819			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES	40,133,586			
42 TOTAL LONG-TERM LIABILITIES	327,815,405			
43 TOTAL LIABILITIES	385,685,188			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	691,035,004			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	691,035,004			
52 TOTAL LIABILITIES AND FUND BALANCES	1076,720,192			

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND		SPECIFIC PURPOSE FUND	
	1	2	3	4
1 FUND BALANCE AT BEGINNING OF PERIOD		514,602,302		
2 NET INCOME (LOSS)		115,141,069		
3 TOTAL		629,743,371		
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 CAPITAL ACQUISITIONS	2,303,974			
6 INTEREST IN CHF	4,513,340			
7 PENSION ADJUSTMENT	68,319,877			
8				
9				
10 TOTAL ADDITIONS		75,137,191		
11 SUBTOTAL		704,880,562		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 SWAP ADJUSTMENT				
14 TRANSFERS TO AFFILIATES	13,845,558			
15				
16				
17				
18 TOTAL DEDUCTIONS		13,845,558		
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET		691,035,004		

	ENDOWMENT FUND		PLANT FUND	
	5	6	7	8
1 FUND BALANCE AT BEGINNING OF PERIOD				
2 NET INCOME (LOSS)				
3 TOTAL				
4 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)				
5 CAPITAL ACQUISITIONS				
6 INTEREST IN CHF				
7 PENSION ADJUSTMENT				
8				
9				
10 TOTAL ADDITIONS				
11 SUBTOTAL				
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)				
13 SWAP ADJUSTMENT				
14 TRANSFERS TO AFFILIATES				
15				
16				
17				
18 TOTAL DEDUCTIONS				
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET				

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	93,724,777		93,724,777
2 00 SUBPROVIDER			
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	93,724,777		93,724,777
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	134,980,527		134,980,527
11 00 CORONARY CARE UNIT			
12 00 BURN INTENSIVE CARE UNIT			
13 00 SURGICAL INTENSIVE CARE UNIT			
14 00 OTHER SPEC CARE HOT	21,886,491		21,886,491
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	156,867,018		156,867,018
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	250,591,795		250,591,795
17 00 ANCILLARY SERVICES	331,308,534	189,683,315	520,991,849
18 00 OUTPATIENT SERVICES		61,876,088	61,876,088
19 00 HOME HEALTH AGENCY			
20 00 AMBULANCE SERVICES			
21 00 CORF			
22 00 AMBULATORY SURGICAL CENTER (D.P.)			
23 00 HOSPICE			
24 00			
25 00 TOTAL PATIENT REVENUES	581,900,329	251,559,403	833,459,732

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES	471,207,242		
ADD (SPECIFY)			
27 00			
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		471,207,242	

STATEMENT OF REVENUES AND EXPENSES

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/26/2010
I	52-3300	I	FROM 1/ 1/2009	I	WORKSHEET	G-3
I		I	TO 12/31/2009	I		

DESCRIPTION		
1	TOTAL PATIENT REVENUES	833,459,732
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	307,132,175
3	NET PATIENT REVENUES	526,327,557
4	LESS: TOTAL OPERATING EXPENSES	471,207,242
5	NET INCOME FROM SERVICE TO PATIENTS	55,120,315
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	764,775
7	INCOME FROM INVESTMENTS	5,961,140
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	989,409
12	PARKING LOT RECEIPTS	77,212
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	3,083,341
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHR THAN PATIENTS	1,390,177
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	2,450
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	253,687
21	RENTAL OF VENDING MACHINES	75,815
22	RENTAL OF HOSPITAL SPACE	4,858,696
23	GOVERNMENTAL APPROPRIATIONS	
24	OTHER REVENUE	10,638,010
25	TOTAL OTHER INCOME	28,094,712
26	TOTAL	83,215,027
	OTHER EXPENSES	
27	UNREALIZED GAIN OR LOSS	
28	LOSS ON SWAP	
29	OTHER	-31,926,042
30	TOTAL OTHER EXPENSES	-31,926,042
31	NET INCOME (OR LOSS) FOR THE PERIOD	115,141,069

CHECK ONE: XX RENAL DIALYSIS DEPARTMENT — HOME PROGRAM DIALYSIS

	TOTAL COSTS	BASIS	STATISTICS	FTEs PER 2080 HOURS
	1	2	3	4
1 REGISTERED NURSES	217,965	HOURS OF SERVICE	402.75	.19
2 LICENSED PRACTICAL NURSES		HOURS OF SERVICE		
3 NURSES AIDES		HOURS OF SERVICE		
4 TECHNICIANS	199	HOURS OF SERVICE	80.00	.04
5 SOCIAL WORKERS	4,617	HOURS OF SERVICE	210.00	.10
6 DIETICIANS	6,276	HOURS OF SERVICE	251.04	.12
7 PHYSICIANS		ACCUMULATED COST		
8 NON-PATIENT CARE SALARY		ACCUMULATED COST		
9 SUBTOTAL (SUM OF LINES 1-8)	229,057			
10 EMPLOYEE BENEFITS	76,965	SALARY		
11 OLD & NEW CAPITAL RELATED COSTS-BLDGS. &		SQUARE FEET		
12 OLD & NEW CAPITAL RELATED COSTS-MOV. EQU		PERCENTAGE OF TIME		
13 MACHINE COSTS & REPAIRS	36,315	PERCENTAGE OF TIME		
14 SUPPLIES	208,257	REQUISITIONS		
15 DRUGS	18,118	REQUISITIONS		
16 OTHER	1,303	ACCUMULATED COST		
17 SUBTOTAL (SUM OF LINES 9-16)*	570,015			
18 OLD CAPITAL RELATED COSTS-BLDGS. & FIXTU		SQUARE FEET		
19 OLD CAPITAL RELATED COSTS-MOV. EQUIP.		PERCENTAGE OF TIME		
20 NEW CAPITAL RELATED COSTS-BLDGS. & FIXTU	49,815	SQUARE FEET		
21 NEW CAPITAL RELATED COSTS-MOV. EQUIP.	21,596	PERCENTAGE OF TIME		
22 EMPLOYEE BENEFITS	8,359	SALARY		
23 ADMINISTRATIVE AND GENERAL	148,236	ACCUMULATED COST		
24 MAINT./REPAIRS-OPERERATION-HOUSEKEEPING	72,957	SQUARE FEET		
25 MEDICAL EDUCATION PROGRAM COSTS				
26 CENTRAL SERVICES & SUPPLIES	424	REQUISITIONS		
27 PHARMACY	-16,190	REQUISITIONS		
28 OTHER ALLOCATED COST	130,503	ACCUMULATED COST		
29 SUBTOTAL (SUM OF LINES 17-28)*	985,715			
30 LABORATORY (SEE INSTRUCTIONS)		CHARGES		
31 RESPIRATORY THERAPY (SEE INSTRUCTIONS)		CHARGES		
32 OTHER (SEE INSTRUCTIONS)		CHARGES		
33 TOTAL COSTS (SUM OF LINES 29-32)	985,715			

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

ALLOCATION OF RENAL DEPARTMENT COSTS TO TREATMENT MODILITIES

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2010
 I 52-3300 I FROM 1/ 1/2009 I
 I SATELLITE NO: I TO 12/31/2009 I WORKSHEET I-2
 I I I

CHECK ONE: XX RENAL DIALYSIS DEPARTMENT HOME PROGRAM DIALYSIS

	OUTPATIENT SERVICES COMPOSITE PAYMENT RATE	CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE SALARY		EMPLOYEE BENEFITS
		BUILDING	EQUIPMENT	RNS	OTHER	
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	122,772	57,911	217,965	11,092	85,324
2	HEMODIALYSIS			208,589	4,473	80,662
3	INTERMITTENT PERITONEAL TRAINING	73,695	23,338			
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP					
8	HOME					
9	HEMODIALYSIS					
10	INTERMITTENT PERITONEAL					
11	CAPD					
12	CCDP					
13	OTHER BILLABLE SERVICES					
14	INPATIENT DIALYSIS	49,077	34,573	9,376	6,619	4,662
15	METHOD II HOME PATIENT					
16	EPO (INCLUDED IN RENAL DEPARTMENT)					
17	ARANESP (INCLUDED IN RENAL DEPARTMENT)					
18	OTHER					
	TOTAL (SUM OF LINES 2-15)	122,772	57,911	217,965	11,092	85,324
	MEDICAL EDUCATION PROGRAM COSTS					
	TOTAL RENAL COSTS (LINE 16 + LINE 17)					

	OUTPATIENT SERVICES COMPOSITE PAYMENT RATE	DRUGS	MEDICAL SUPPLIES	ROUTINE ANCILLARY SERVICES	SUBTOTAL (SUM OF COLS. 1-8)	OVERHEAD
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	1,928	208,681		705,673	280,042
2	HEMODIALYSIS	1,928	125,238		420,890	167,028
3	INTERMITTENT PERITONEAL TRAINING				97,033	38,507
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP					
8	HOME					
9	HEMODIALYSIS					
10	INTERMITTENT PERITONEAL					
11	CAPD					
12	CCDP					
13	OTHER BILLABLE SERVICES					
14	INPATIENT DIALYSIS		83,443		187,750	74,507
15	METHOD II HOME PATIENT					
16	EPO (INCLUDED IN RENAL DEPARTMENT)	18,118				
17	ARANESP (INCLUDED IN RENAL DEPARTMENT)					
18	OTHER					
	TOTAL (SUM OF LINES 2-15)	1,928	208,681		705,673	280,042
	MEDICAL EDUCATION PROGRAM COSTS					
	TOTAL RENAL COSTS (LINE 16 + LINE 17)					

	OUTPATIENT SERVICES COMPOSITE PAYMENT RATE	TOTAL (COL. 9 + COL. 10)
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	985,715
2	HEMODIALYSIS	587,918
3	INTERMITTENT PERITONEAL TRAINING	135,540
4	HEMODIALYSIS	
5	INTERMITTENT PERITONEAL	
6	CAPD	
7	CCDP	
8	HOME	
9	HEMODIALYSIS	
10	INTERMITTENT PERITONEAL	
11	CAPD	
12	CCDP	
13	OTHER BILLABLE SERVICES	
14	INPATIENT DIALYSIS	262,257
15	METHOD II HOME PATIENT	
16	EPO (INCLUDED IN RENAL DEPARTMENT)	
17	ARANESP (INCLUDED IN RENAL DEPARTMENT)	
18	OTHER	
	TOTAL (SUM OF LINES 2-15)	985,715
	MEDICAL EDUCATION PROGRAM COSTS	
	TOTAL RENAL COSTS (LINE 16 + LINE 17)	985,715

DIRECT AND INDIRECT RENAL DIALYSIS COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2010
 I 52-3300 I FROM 1/ 1/2009 I
 I SATELLITE NO: I TO 12/31/2009 I WORKSHEET I-3
 I I I

CHECK ONE: XX RENAL DIALYSIS DEPARTMENT ___ HOME PROGRAM DIALYSIS

COMPOSITE PAYMENT SERVICES		CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE SALARY		EMPLOYEE BENEFITS
		BUILDING	EQUIPMENT	RNS	OTHER	
		1	2	3	4	5
		(SQUARE FEET)	(% OF TIME)	(HOURS)	(HOURS)	(SALARY)
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	122,772	57,911	217,965	11,092	85,324
2	HEMODIALYSIS			8,854.00	150.00	216,542
3	INTERMITTENT PERITONEAL TRAINING	1,377	40.30			
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP					
8	HOME					
9	HEMODIALYSIS					
10	INTERMITTENT PERITONEAL					
11	CAPD					
12	OTHER BILLABLE SERVICES INPATIENT DIALYSIS TREATMENTS 623	917	59.70	398.00	222.00	12,515
13	METHOD II HOME PATIENT					
14	EPO					
14.01	ARANESP					
15	OTHER					
16	TOTAL STATISTICAL BASIS	2,294	100.00	9,252.00	372.00	229,057
17	UNIT COST MULTIPLIER (LINE 1 DIVIDED BY LINE 16)	53.518745	579.110000	23.558690	29.817204	.372501

COMPOSITE PAYMENT SERVICES		DRUGS	MEDICAL SUPPLIES	ROUTINE ANCILLARY SERVICES	SUBTOTAL (SUM OF COLS. 1-8)	OVERHEAD
		6	7	8	9	10
		(REQUIST.)	(REQUIST.)	(CHARGES)		(ACCUMULATED COST)
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	1,928	208,681		705,673	280,042
2	HEMODIALYSIS	135	20,679			
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP					
8	HOME					
9	HEMODIALYSIS					
10	INTERMITTENT PERITONEAL					
11	CAPD					
12	OTHER BILLABLE SERVICES INPATIENT DIALYSIS TREATMENTS 623		13,778			
13	METHOD II HOME PATIENT					
14	EPO					
14.01	ARANESP					
15	OTHER					
16	TOTAL STATISTICAL BASIS	135	34,457			705,673
17	UNIT COST MULTIPLIER (LINE 1 DIVIDED BY LINE 16)	14.281481	6.056273			.396844

ANALYSIS OF RENAL DIALYSIS DEPARTMENT COSTS

I PROVIDER NO: I PERIOD: I PREPARED 5/26/2010
 I 52-3300 I FROM 1/ 1/2009 I
 I SATELLITE NO: I TO 12/31/2009 I WORKSHEET I-1
 I I I RATE 0

CHECK ONE: RENAL DIALYSIS DEPARTMENT HOME PROGRAM DIALYSIS

	TOTAL COSTS 1	BASIS 2	STATISTICS 3	FTEs PER 2080 HOURS 4
1 REGISTERED NURSES	19,082	HOURS OF SERVICE	636.10	.31
2 LICENSED PRACTICAL NURSES		HOURS OF SERVICE		
3 NURSES AIDES		HOURS OF SERVICE		
4 TECHNICIANS		HOURS OF SERVICE		
5 SOCIAL WORKERS	8,363	HOURS OF SERVICE	380.13	.18
6 DIETICIANS	11,367	HOURS OF SERVICE	454.68	.22
7 PHYSICIANS		ACCUMULATED COST		
8 NON-PATIENT CARE SALARY		ACCUMULATED COST		
9 SUBTOTAL (SUM OF LINES 1-8)	38,812			
10 EMPLOYEE BENEFITS	12,350	SALARY		
11 OLD & NEW CAPITAL RELATED COSTS-BLDGS. &		SQUARE FEET		
12 OLD & NEW CAPITAL RELATED COSTS-MOV. EQU		PERCENTAGE OF TIME		
13 MACHINE COSTS & REPAIRS		PERCENTAGE OF TIME		
14 SUPPLIES	77,394	REQUISITIONS		
15 DRUGS		REQUISITIONS		
16 OTHER		ACCUMULATED COST		
17 SUBTOTAL (SUM OF LINES 9-16)*	128,556			
18 OLD CAPITAL RELATED COSTS-BLDGS. & FIXTU		SQUARE FEET		
19 OLD CAPITAL RELATED COSTS-MOV. EQUIP.		PERCENTAGE OF TIME		
20 NEW CAPITAL RELATED COSTS-BLDGS. & FIXTU	13,989	SQUARE FEET		
21 NEW CAPITAL RELATED COSTS-MOV. EQUIP.		PERCENTAGE OF TIME		
22 EMPLOYEE BENEFITS	684	SALARY		
23 ADMINISTRATIVE AND GENERAL	32,675	ACCUMULATED COST		
24 MAINT./REPAIRS-OPERERATION-HOUSEKEEPING	20,487	SQUARE FEET		
25 MEDICAL EDUCATION PROGRAM COSTS				
26 CENTRAL SERVICES & SUPPLIES		REQUISITIONS		
27 PHARMACY		REQUISITIONS		
28 OTHER ALLOCATED COST	20,200	ACCUMULATED COST		
29 SUBTOTAL (SUM OF LINES 17-28)*	216,591			
30 LABORATORY (SEE INSTRUCTIONS)		CHARGES		
31 RESPIRATORY THERAPY (SEE INSTRUCTIONS)		CHARGES		
32 OTHER (SEE INSTRUCTIONS)		CHARGES		
33 TOTAL COSTS (SUM OF LINES 29-32)	216,591			

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

CHECK ONE: RENAL DIALYSIS DEPARTMENT HOME PROGRAM DIALYSIS

	OUTPATIENT SERVICES COMPOSITE PAYMENT RATE	CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE SALARY		EMPLOYEE BENEFITS
		BUILDING	EQUIPMENT	RNS	OTHER	
		1	2	3	4	5
1	TOTAL RENAL DEPARTMENT COSTS	34,476		19,082	19,730	13,034
2	MAINTENANCE					
3	HEMODIALYSIS					
4	INTERMITTENT PERITONEAL TRAINING					
5	HEMODIALYSIS					
6	INTERMITTENT PERITONEAL					
7	CAPD					
7	CCDP	143		14,387	77	50
8	HOME					
8	HEMODIALYSIS					
9	INTERMITTENT PERITONEAL					
10	CAPD					
11	CCDP	33,334		4,619	19,423	12,834
12	OTHER BILLABLE SERVICES					
13	INPATIENT DIALYSIS					
14	METHOD II HOME PATIENT	999		76	230	150
14	EPO (INCLUDED IN RENAL DEPARTMENT)					
14.01	ARANESP (INCLUDED IN RENAL DEPARTMENT)					
15	OTHER					
16	TOTAL (SUM OF LINES 2-15)	34,476		19,082	19,730	13,034
17	MEDICAL EDUCATION PROGRAM COSTS					
18	TOTAL RENAL COSTS (LINE 16 + LINE 17)					

	OUTPATIENT SERVICES COMPOSITE PAYMENT RATE	DRUGS	MEDICAL SUPPLIES	ROUTINE ANCILLARY SERVICES	SUBTOTAL (SUM OF COLS. 1-8)	OVERHEAD
1	TOTAL RENAL DEPARTMENT COSTS		77,394		163,716	52,875
2	MAINTENANCE					
3	HEMODIALYSIS					
4	INTERMITTENT PERITONEAL TRAINING					
5	HEMODIALYSIS					
6	INTERMITTENT PERITONEAL					
7	CAPD					
7	CCDP		218		14,875	4,804
8	HOME					
8	HEMODIALYSIS					
9	INTERMITTENT PERITONEAL					
10	CAPD					
11	CCDP		76,525		146,735	47,391
12	OTHER BILLABLE SERVICES					
13	INPATIENT DIALYSIS					
14	METHOD II HOME PATIENT		651		2,106	680
14	EPO (INCLUDED IN RENAL DEPARTMENT)					
14.01	ARANESP (INCLUDED IN RENAL DEPARTMENT)					
15	OTHER					
16	TOTAL (SUM OF LINES 2-15)		77,394		163,716	52,875
17	MEDICAL EDUCATION PROGRAM COSTS					
18	TOTAL RENAL COSTS (LINE 16 + LINE 17)					

	OUTPATIENT SERVICES COMPOSITE PAYMENT RATE	TOTAL (COL. 9 + COL. 10)
1	TOTAL RENAL DEPARTMENT COSTS	216,591
2	MAINTENANCE	
3	HEMODIALYSIS	
4	INTERMITTENT PERITONEAL TRAINING	
5	HEMODIALYSIS	
6	INTERMITTENT PERITONEAL	
7	CAPD	
7	CCDP	19,679
8	HOME	
8	HEMODIALYSIS	
9	INTERMITTENT PERITONEAL	
10	CAPD	
11	CCDP	194,126
12	OTHER BILLABLE SERVICES	
13	INPATIENT DIALYSIS	
14	METHOD II HOME PATIENT	2,786
14	EPO (INCLUDED IN RENAL DEPARTMENT)	
14.01	ARANESP (INCLUDED IN RENAL DEPARTMENT)	
15	OTHER	
16	TOTAL (SUM OF LINES 2-15)	216,591
17	MEDICAL EDUCATION PROGRAM COSTS	
18	TOTAL RENAL COSTS (LINE 16 + LINE 17)	216,591

CHECK ONE: RENAL DIALYSIS DEPARTMENT HOME PROGRAM DIALYSIS

COMPOSITE PAYMENT SERVICES		CAPITAL AND RELATED COSTS		DIRECT PATIENT CARE SALARY		EMPLOYEE BENEFITS
		BUILDING	EQUIPMENT	RNS	OTHER	
		1	2	3	4	5
		(SQUARE FEET)	(% OF TIME)	(HOURS)	(HOURS)	(SALARY)
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE	34,476		19,082	19,730	13,034
2	HEMODIALYSIS					
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP HOME	3	.38	190.00	3.00	149
8	HEMODIALYSIS					
9	INTERMITTENT PERITONEAL					
10	CAPD					
11	CCDP	701	98.47	61.00	760.00	38,216
OTHER BILLABLE SERVICES						
12	INPATIENT DIALYSIS TREATMENTS	0				
13	METHOD II HOME PATIENT	21	1.15	1.00	9.00	447
14	EPO					
14.01	ARANESP					
15	OTHER					
16	TOTAL STATISTICAL BASIS	725	100.00	252.00	772.00	38,812
17	UNIT COST MULTIPLIER (LINE 1 DIVIDED BY LINE 16)	47.553103		75.722222	25.556995	.335824

COMPOSITE PAYMENT SERVICES		DRUGS	MEDICAL SUPPLIES	ROUTINE ANCILLARY SERVICES	SUBTOTAL (SUM OF COLS. 1-8)	OVERHEAD
		6	7	8	9	10
		(REQUIST.)	(REQUIST.)	(CHARGES)		(ACCUMULATED COST)
1	TOTAL RENAL DEPARTMENT COSTS MAINTENANCE		77,394		163,716	52,875
2	HEMODIALYSIS					
3	INTERMITTENT PERITONEAL TRAINING					
4	HEMODIALYSIS					
5	INTERMITTENT PERITONEAL					
6	CAPD					
7	CCDP HOME		97			
8	HEMODIALYSIS					
9	INTERMITTENT PERITONEAL					
10	CAPD					
11	CCDP		34,070			
OTHER BILLABLE SERVICES						
12	INPATIENT DIALYSIS TREATMENTS	0				
13	METHOD II HOME PATIENT		290			
14	EPO					
14.01	ARANESP					
15	OTHER					
16	TOTAL STATISTICAL BASIS		34,457			163,716
17	UNIT COST MULTIPLIER (LINE 1 DIVIDED BY LINE 16)		2.246104			.322968

CHECK ONE: RENAL DIALYSIS DEPARTMENT HOME PROGRAM DIALYSIS

	NUMBER OF TOTAL TREATMENTS	TOTAL COST (FROM WKST. I-2, COL 11)	AVERAGE COST OF PROGRAM TREATMENTS	NUMBER OF PROGRAM TREATMENTS PRIOR TO 4/1/2005	NUMBER OF PROGRAM TREATMENTS OR OR AFTER 4/1/2005
	1	2	3	4	4.01
1 MAINTENANCE - HEMODIALYSIS					
2 MAINTENANCE - PERITONEAL DIALYSIS					
3 TRAINING - HEMODIALYSIS					
4 TRAINING - PERITONEAL DIALYSIS					
5 TRAINING - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS					
6 TRAINING - CONTINUOUS CYCLING PERITONEAL DIALYSIS	7	19,679	2,811.29		
7 HOME PROGRAM - HEMODIALYSIS					
8 HOME PROGRAM - PERITONEAL DIALYSIS					
		PATIENT WEEKS		PATIENT WEEKS	
9 HOME PROGRAM - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS		7			
10 HOME PROGRAM - CONTINUOUS CYCLING PERITONEAL DIALYSIS	433	194,126	448.33	75	
11 TOTALS (SUM OF LINES 1-8, COLUMNS 1 AND 4) (SUM OF LINES 1-10, COLUMNS 2, 5, AND 7)	7	213,805			

	TOTAL PROGRAM EXPENSES	PAYMENT RATE PRIOR TO 4/1/2005	PAYMENT RATE ON OR AFTER 4/1/2005	TOTAL PROGRAM PAYMENT
	5	6	6.01	7
1 MAINTENANCE - HEMODIALYSIS				
2 MAINTENANCE - PERITONEAL DIALYSIS				
3 TRAINING - HEMODIALYSIS				
4 TRAINING - PERITONEAL DIALYSIS		224.86		
5 TRAINING - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS				
6 TRAINING - CONTINUOUS CYCLING PERITONEAL DIALYSIS				
7 HOME PROGRAM - HEMODIALYSIS				
8 HOME PROGRAM - PERITONEAL DIALYSIS				
9 HOME PROGRAM - CONTINUOUS AMBULATORY PERITONEAL DIALYSIS				
10 HOME PROGRAM - CONTINUOUS CYCLING PERITONEAL DIALYSIS	33,625	96.37		7,228
11 TOTALS (SUM OF LINES 1-8, COLUMNS 1 AND 4) (SUM OF LINES 1-10, COLUMNS 2, 5, AND 7)	33,625			7,228

CALCULATION OF REIMBURSABLE
BAD DEBTS - TITLE XVIII - PART B

I	PROVIDER NO:	I	PERIOD:	I	PREPARED	5/26/2010
I	52-3300	I	FROM 1/ 1/2009	I		
I	SATELLITE NO:	I	TO 12/31/2009	I	WORKSHEET I-5	
I		I		I	RATE	0

	DESCRIPTION	
1	TOTAL EXPENSES RELATED TO CARE OF PROGRAM BENEFICIARIES (SEE INSTRUCTIONS)	353,219
2	TOTAL PAYMENT (FROM WORKSHEET I-4, COLUMN 7, LINE 11)	115,161
3	DEDUCTIBLES BILLED TO MEDICARE (PART B) PATIENTS	
4	COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS	
5	BAD DEBTS FOR DEDUCTIBLES AND COINSURANCE, NET OF BAD DEBT RECOVERIES	
5.01	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	
6	NET DEDUCTIBLES AND COINSURANCE BILLED TO MEDICARE (PART B) PATIENTS (SUM OF LINES 3 & 4 LESS LINE 5)	
7	PROGRAM PAYMENT (LINE 2 LESS LINE 3, TIMES 80%)	92,129
8	UNRECOVERED FROM MEDICARE (PART B) PATIENTS (LESSER OF LINE 1 OR LINE 2 MINUS THE SUM OF LINES 6 AND 7. IF NEGATIVE, ENTER ZERO AND DO NOT COMPLETE LINE 9.)	23,032
9	REIMBURSABLE BAD DEBTS (LESSER OF LINE 8 OR LINE 5)(TRANSFER TO WORKSHEET E, PART B, LINE 26)	